BRITISH COLUMBIA | Ministry of Mental Health and Addictions

What we heard

Roundtable Dialogue with Chinese Canadian Communities

Richmond, July 19, 2018

On July 19, 2018, the Honourable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, met with 17 service providers and community leaders who are members of and/or are working with Chinese Canadian communities for a roundtable dialogue in Richmond.

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, organizations and Indigenous people from across the province. In addition we are encouraging people to share their feedback regarding mental health and addiction services on the B.C. 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 help people. 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 experiences of members of Chinese Canadian communities—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 share what brought them to the 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, and what challenges they have encountered or observed. Next, participants discussed what changes would make a difference and identified priorities for action. In a closing circle, participants shared what gives them hope and what else needs to change in the mental health and addictions system.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.[1] A large number of participants stressed the importance of addressing the stigma and shame associated with mental health and addictions. Participants discussed how crucial it was that any outreach and promotions for Chinese Canadian communities be culturally-appropriate—and that this was not to be confused with simply translating resources. Instead, participants called on the government to tailor messages and use communication channels that reach community members organically.

[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.

Early education and prevention of mental health and addiction challenges was another key theme that arose during the session. Participants said supporting families and community connections is critical to addressing mental health and addictions holistically. There was a sense of awareness that family relationships can impact mental health positively and negatively. Many participants pointed out that the role of families is informed by traditional family values that may not translate inter-generationally.

Participants also called for initiatives to make navigation of services and access to information easier—for both service users and service providers. To this end, the importance of collaboration and sharing of resources between general practitioners, non-profits, governments and service providers, was highlighted.

Participants stressed the diversity among Chinese Canadian communities, such as the differences in needs and understandings of mental health across generations. The needs of these communities are as varied as their barriers to accessing help. For example, for very new immigrants, meeting basic needs such as housing, primary health care and employment can take precedence over addressing mental health challenges. Especially for older generations, traditional Chinese medicine can offer a pathway to holistic health care and stigma-free services

The full list of themes for priority changes and improvements includes:

- Addressing stigma and shame
- Providing language and culturally competent services
- Focusing on early education and prevention
- Supporting and centering families
- Providing a community-centered, holistic approach to mental health and addictions
- Involving those with lived experience in planning, direction and delivery of services
- Improving navigation of mental health services and information
- Increasing collaboration between service providers
- Promoting healthy family and community connections
- Reducing wait times
- More service providers that do home/off-site visits
- Incorporating traditional Chinese medicine (TCM)
- Meeting basic needs first

This report summarizes participants' input on what has been or is working in the system and what changes they suggest in more detail. Ideas and suggestions are grouped by themes, illustrated with selected responses recorded in participants' own words.

1. What is working

- **Family-oriented programs and support for families**
  - Programs for family members in a safe setting
  - Education for families to support their family members
  - Family support programs that are designed by family members
  - Outreach and education to families
  - Home and community care

- **Community collaboration**
  - Community collaboration exists between informal groups and networks such as drama clubs and dinner groups
  - Services provided by community-oriented programs and organizations
  - Organizations working together and not competing

- **Cultural competency and inclusivity (where available)**
  - Programs in Chinese languages
  - Professionals and service providers that speak the language and are culturally sensitive
  - There are language-competent counsellors in the child and youth mental health teams but not as many for adult mental health

"Working with family members is huge for the Chinese Canadian community. We have workshops in psychoeducation that help families reduce stigma and learn how to help those suffering with mental health issues."

"[Build] trust with families so they [are more willing to let their] family members access our services."

"We have a good volunteer base in Richmond. Lots of people are passionate to help. We are known for it and we try to work together."

"There are recreational activities – a community softball game and BBQ dedicated to one of the OT [occupational therapists] who was murdered…We shut down the Pathways Clubhouse, RMHCF [Richmond Mental Health Consumer and Friends], etc. and 150 people came – staff members, doctors, GPs, consumers… everybody comes! This major event comes together over a few emails between organizations. You probably wouldn't see that in other communities."

"Home visits are working well, especially for seniors and the frail – but up until now it hasn't been available."

"We're seeing more cross-cultural psychological assessment in Chinese languages and it's working really well."

"Through Pathways we have a free heart-to-heart conversation. One group is in Mandarin, one is in Cantonese, and we all discuss forming community and connections through these groups. We're seeing more and more mental health consumers coming because they feel safe and supported."

- **Easy referrals and self-referrals (where available)**
    - Improved access to services (e.g. walk-in and evening intake)
- **Existing outreach programs**
    - Outreach is very positively reviewed when it is available – but also identified as a gap in services
- **Crisis support and intervention**
    - Crisis support and intervention is very positively reviewed when it is available – but also identified as a gap in services
- **Peer support**
    - Peer support services and training is very positively reviewed when it is available – but also identified as a gap in services
- **Patient-centered care and empowerment**
- **Low barrier services (where available)**
    - Low-cost services where available. (e.g. partial Medical Services Plan (MSP) coverage of traditional Chinese medicine.)
    - Evening and weekend hours
- **Employment services**
    - E.g.: WorkBC, S.U.C.C.E.S.S., vocational training
    - Particularly to assist newcomers to settle into a new environment. People are more inclined to deal with mental health issues when basic needs such as employment are met
- **Psychoeducation (where available)**
    - Psychoeducation for families reducing fear, shame and stigma
    - Psychoeducation about gambling addictions and prevention

"Intake is now walk-in… we also have an evening intake where clinicians work until 7:30 p.m. These things are improving access."

"Programming connected to sharing food. Food is very important in Chinese culture."

"Outreach program in Richmond (TRACC: Team Response to Adolescents and Children in Crisis) – mainly to high-risk children and youth. It's working very well, but of course there are challenges… no evenings or weekends."

"S.U.C.C.E.S.S. also has a crisis phone line with counsellors who can speak Cantonese and Mandarin and they can work you through a panic attack or whatever."

"8100 Granville Ave ("Transition") is a commercial building, not a hospital – so people feel less like they are "sick"."

"Peer support workers are really working."

"Those who are living with mental illness being involved in the design of what is needed. Those are the successful services."

"Employment services re-structured to be more general support of entrepreneurship and collaboration."

"8100 Granville is a one-stop shop for general health services… When people come into the waiting room, you don't know which services they are going to access. This reduces stigma very effectively. No-one stands out and everybody is treated the same no matter what their illness is.

Specific programs, places and models:

"Peer Support Worker program – one to one", "PSSG [sic] program – Chinese/English Group"

"MCFD [Ministry of Children and Family Development] funding to VCH [Vancouver Coastal Health] (no doctor referral)"

"Chinese Mental Health Association of Canada: volunteer-run, self-initiated services"

"Home and community care"

"Treatment facilities (daytox, residential)"

"Richmond Mental Health Team"

"Richmond Mental Health Consumer and Friends Society: Recreational/Peer Support"

"Pathways Clubhouse – Chinese Family Support Group"

"Pathway 'Heart to Heart' Chinese Program"

"Everyone works together, not competing"

"S.U.C.C.E.S.S. – crisis hotline in Vancouver"

"Chinese support group peer support (Richmond)"

"Culturally competent, client centered services"

"CYMH [Child and Youth Mental Health] assessment and treatment"

"Self-referral services are convenient for parents + youth"

"Family support program that is designed by family members"

"8100 Granville Ave, Richmond – Transitions, Vancouver Coastal Health – for adults with concurrent disorders"

"British Columbia Responsible & Problem Gambling Program (BCRPGP)"

"Older Adult Mental Health Team"

"Anne Vogel Clinic"

"Home and Community Care (hospital)"

"Assertive Community Treatment (ACT) programs"

"WorkBC"

"Chimo crisis line"

"Partial MSP [Medical Services Plan] coverage of Traditional Chinese Medicine"

"Richmond – Team Response to Adolescents and Children in Crisis (TRACC)"

"Dr. Tigerson Young used to do radio shows and interviews."

2. Themes for suggested changes and improvements

- **Addressing stigma/shame**
    - Reduce underutilization of services due to stigma and shame, as well as a lack of outreach and education
    - Culturally appropriate promotions, outreach, and public discussion
    - Holding public forums and discussions about mental health and addictions
    - Mental health and addictions education and psychoeducation to be available for families, schools, and communities
    - Employing Chinese-specific media to disseminate information, such as WeChat and QR codes
    - Mental health and addictions public relations work for Chinese-Canadian communities

- **Language and culturally competent services**
    - More services that are culturally-competent and delivered in Chinese languages—from the reception desk to psychiatrists and counsellors
    - Services that consider Chinese traditional values and norms
    - Involving those with lived experience in designing culturally-competent services
    - Need to go beyond simple translation of English services to Chinese—translation is often poor and certain concepts do not translate directly into a different culture

- **Focus on early education and prevention**
    - Early education with families and schools
    - Outreach targeted for children and youth
    - Preventing/intervening in mental health and addictions issues before they become severe

"We need to find ways for young people to come forward—a platform or social media space so they can express and normalize mental health"

"People are afraid of seeking help as they do not want to be associated with mental health problems. There is stigma even within the field that some mental health issues are 'better' than others."

"I see a lot of addiction posters but… I don't see Chinese faces. Representation is important."

"It's not about translating the language. It's going out to find out what services people need and then design the program based on that. Not translating the Western system into Chinese languages"

"There is a real issue of language barriers with outreach workers and a large population of Chinese seniors."

"People are hesitant to call because they don't know if someone who can speak their language may be available."

"Education for parents at community health centres about developmental issues… support group for parents with language barriers"

"We need to wrap services around not only the person suffering with mental illness, but also the family. If illness continues in the home, illness also continues with the individual. If we don't start early with kids, our communities won't change."

"Lots of problems stem from parenting issues – such as pressuring young adults to cultural expectations… It is especially hard to bring up marital problems and

abuse as there is fear of losing face."

- **Supporting and centering families**
    - Wrap-around services for families with loved ones living with mental health and addictions issues
    - Support group for families and parents with language barriers
    - There is awareness that families can be both helpful and harmful to individuals with mental health and addictions issues
    - Mental health and addictions education and psychoeducation for families to be able to identify and support family members. Culturally-sensitive language in speaking about mental health and addictions is key
    - Support families whose children are aging out of mental health and addictions programs and supports
    - Addressing stigma within families through outreach, education and support. Families can be afraid of "losing face" and may be silent about mental health and addictions issues

"Suppose a 2nd generation Chinese-Canadian in her 30s is suffering from mental illness. She wants to move out of her parents' home but they don't let her. They want to protect her. There are a lot of cultural values that someone else might not understand."

"Parents are very frustrated about privacy policies – especially when they feel privacy stands in the way of saving their child's life."

"Dealing with [mental health] issues, emotional and behavioral issues every day, parents are exhausted, depressed and anxious themselves. There is no support for the families involved."

"Mental health clients are forced to be an educator to their own family members."

"Chinese-speaking families lack general knowledge of mental wellness, resulting in getting help too late after psychosis or more harmful events occur."

- **Providing a community-centered, holistic approach to mental health and addictions**
    - Involving schools, parents, communities and the public in addressing mental health and addictions
    - Creating community partnerships for better communication
    - Helping individuals build families and community: youth and adult counselling, marriage/divorce counselling, friendship circles and family engagement services
    - Building community geographically—similar to a safety block watch, but for residents' mental wellness
    - Traditional Chinese medicine as part of a holistic approach to mental health and addictions

"Prevention specialists can go into schools throughout Richmond. Early intervention and prevention as school-based resources. You need to build good relationships with schools."

"Chinese services that may not be accredited can be a resource."

"Chinese-speaking people with lived experience need to be involved in designing the programs. They are the experts of what they need. This should take the shape of a committee that receives the funding and in turn, can then direct funds to the services."

- **Involving those with lived experience in planning, direction and delivery of**

"Mental health peer support is strong, but there is no substance misuse peer support. This is an opportunity to use what is working for mental health to

services

- Empowering those living with mental health and addictions by involving them in the planning and direction of services
- Chinese-Canadians with lived experience can help identify needs, do grassroots outreach, and communicate with Chinese-Canadian communities more effectively
- Peer support services, where available, have been working very well. There is a need for more funding and training
- E.g. Assertive Community Treatment (ACT) program

- **Ease of navigation to mental health services and information**
  - E.g. One system, one phone number, one website – a one-stop shop for all mental health services and information
  - E.g. A community navigator to assist people in finding the services they need
  - Filling in the gaps to mental health services in Richmond locally so that clients do not need to go to different locations
  - Services that are promoted and offered in more accessible ways (such as promoting mental wellness through WeChat, or accepting walk-ins)

- **More collaboration between service providers**
  - Sharing of resources between general practitioners, nonprofits, mental health service providers and governments to provide better and continuous care for patients
  - Clearer communication between service providers as well as clients about what services are available and how they can be accessed
  - A focus on smoothly transitioning clients that are "aging out" of certain supports and services

- **Promoting healthy family and community connections**
  - Providing more resources for building connections to community
  - Addressing isolation particularly in newcomers, international students, and seniors by promoting

substance use."

"[Peer support] makes a huge difference when there is encouragement from someone in their social circle."

"Service providers also have a hard time connecting clients to services. They don't know about the resources out there."

"Even when we know what services to refer them to, people are denied those services because of where they live. Richmond families cannot go to Vancouver."

"Even as a service provider, I keep learning about the services that have been operating for many years."

"Addiction services are not available in Richmond. People have long waitlists."

"There are no continuous services for people. Sometimes the next service they need is only available in English."

"They're out of school but they still need help, and they don't know where to get help."

"A client is aging out in 2-3 months, 19 years old, she is not supported…. How can we support that person?"

"The wait time to see these professionals are very long, from 6 months to over a year. More often, Chinese-Canadian immigrants with mental illness look for help when problems become severe or their family caregivers are no longer able to provide care for them."

"People can't afford the $60-80 for a treatment session. Many of them have low incomes. This kind of service should be provided by the government free of charge or be subsidized."

"When…I know that there are 44 more

community connections

- **Reducing wait times and increasing access to services**
  - Free or low-cost services

- **Service providers that do home/off-site visits**
  - Improving access to services for people that are homebound, particularly for a large population of Chinese Canadian seniors
  - Increasing accessibility for families to be able to receive services at home where they feel safe

waiting on the list, it's hard to know if today ['s roundtable] will help them."

"Those without a doctor but homebound are in a predicament – we need more primary care providers that do home visits."

- **Incorporating traditional Chinese medicine (TCM)**
  - Traditional Chinese medicine such as acupuncture has less stigma in Chinese communities and uptake is more likely for newcomers and older generations that may be wary of Western medicine

- **Meeting basic needs first**
  - Basic needs such as affordable housing, supported employment, education, accessible primary care, and English language skills
  - New immigrants and international students in particular are under the radar as they lack both a family doctor and a supportive community

"Acupuncture is more palatable for many in the Chinese community than psychotropic drugs and then once we get them in there we can introduce them to other services."

"Meeting the basic needs for Chinese-Canadian immigrants, such as English as a Second Language (ESL), affordable housing, supported employment, is fundamental for them to settle down. Once the basic needs are met, people are more willing to deal with their mental illness."

Other comments and suggestions

"All these 23 years, we have been carrying on this work as much as we could. The most challenging things is that we don't have money. This is a group of volunteers. It is my passion, my life passion to keep this organization going. So please, Minister, we need the support. I want to see Richmond become a centre for mental health support…"

"Clients want to join programming in Richmond but we can't service them all. For my funding, you have to be a Richmond resident."

"We need more flexibility on service criteria attached to funding."

“Emphasis has been put on policies, systems and procedures. It should be focused back on service delivery. We have been asked to do more with less for far too long.”

“We need a dementia care plan (national and provincial) with emphasis on earlier advance care planning.”

"People are fearful that what they share will be shared. They don’t trust the system. Maybe back in China, the things that they said were shared with other people—confidentiality was not a big thing so people don’t trust that confidentiality will be real or they don’t know what confidentiality is.”

3. What gives you hope? And what more needs to change?

"I've gone through this type of event many times over the past 10-15 years, but we've seen too many high-level and abstract reports: it is time for action! When I'm seeing a client and I know that there are 40 more of them on the waitlist, any strategy that you're talking about is going to help. We need a shift from talking about policies to focusing on implementation—anything being done is better than nothing being done. In the past 20 years, we've had so many things imposed on us from the top down. Our strength in Richmond is that we have a lot of people working from the ground up who know the needs of the community and what works. Please respect that."

"Stigma needs to be addressed; the solution is education. People need to know that getting mental health is important for overall health. Make sure people with mental health issues get the support they need, and that will have a domino effect."

"I am hopeful because I hear the word 'preventative' and a focus on services for youth. It makes financial sense: you're going to save a lot of money by keeping people from going to the hospital. The government also needs to be proactive in anticipating future needs. Do you have anything on phone addiction? There are a lot of issues that come up in mental health and that can be seen from a long way away and nothing is done until it becomes a crisis."

"What made me hopeful is you [Minister] are here. This is the first time since I've been working in the field that the Ministry is taking an interest in ethnic communities. I'm hopeful that we've given you lots of concrete and specific material that you can take forward. I'm hoping that what we talked about today will not just be in a report but that it will actually be implemented over the long term and across changes in government."

"It's nice to see many people with lived experience listened to. Once you get the results, make sure those who have lived experience are involved in the implementation."

"I want to know the action that will come. We are waiting for more support."

"I feel hopeful because we're sitting here and I hear all the input and that I can share my opinions. Organizing different ways to incorporate the different organizations will be helpful for the Chinese community. One of the things about Chinese community immigrants is that they often depend on the medical model, which doesn't really help, so people just stay home, and don't get help. There needs to be training to teach people self-management skills and empower them to increase their self-efficacy: not only go to a doctor and get medication and then be sent away to come back in a few weeks. Many family doctors don't know that resources like Cognitive Behavioural Therapies are available."

"Trying to decrease the stigma in the Chinese community is hard. We need small steps—a bus stop poster. If there's no one to open the door, there's no way to help us."

"I feel hopeful listening to the Chinese community in Richmond. We heard today that we need a database of shared resources. We also need services specific to Chinese patients."

"It is not just funding to create resources. It also includes improving the information that is available. We might be able to find a way to help each other in our community. We're always thinking about minimizing resources and maximizing effects."

“Every dollar we spend on treatment should be matched with a dollar spent on education and prevention.”

“We need more support groups for the Chinese community and more integrated services with information available in Chinese [languages].”

“I’m a true believer in practicing what I preach: I really appreciate the Ministry engaging with people who are living and working in mental health on the frontlines. Empowering communities to inform the Ministry’s vision and structure is critical. The Community Action Team provides a direct flow of information to the ministry about what the communities need. If you continue to do that, I will maintain my hope. We need to create a system where we can handle the number of customers—20% of the population has mental health and substance use issues.”

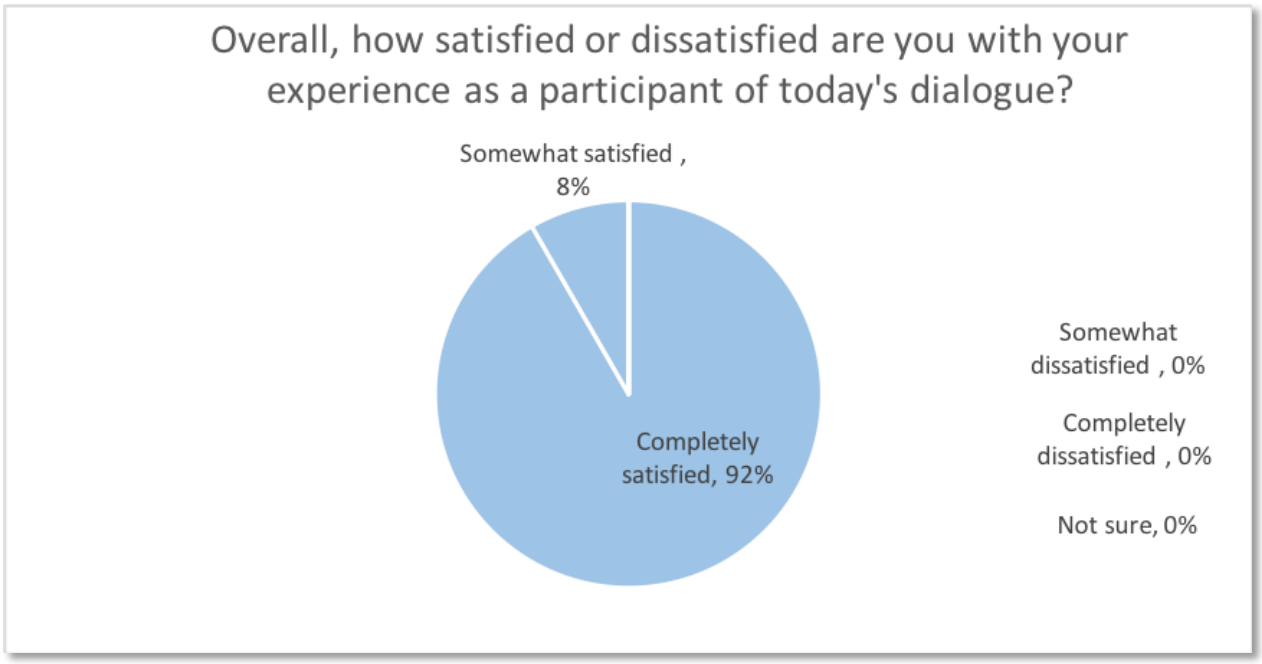
“We are passionate people who want to do this work: it’s great that the government is giving us this time and really listening to us. We need more prevention: introduce psycho-social education class early in schools. Just as we have free medical services, we should have free counselling. This is democratic in the sense that all communities are suffering from this.”

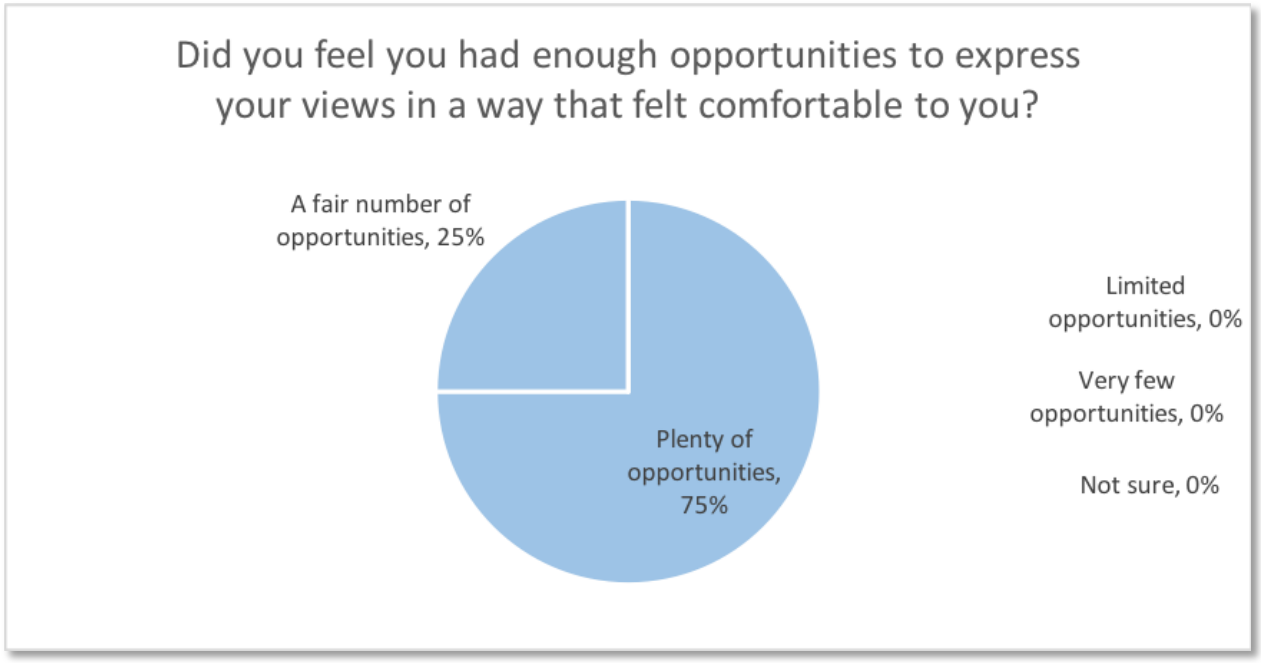
“Thank you for running this meeting: I’m glad to sit here today and to connect with new people within the community for the first time in Richmond.”

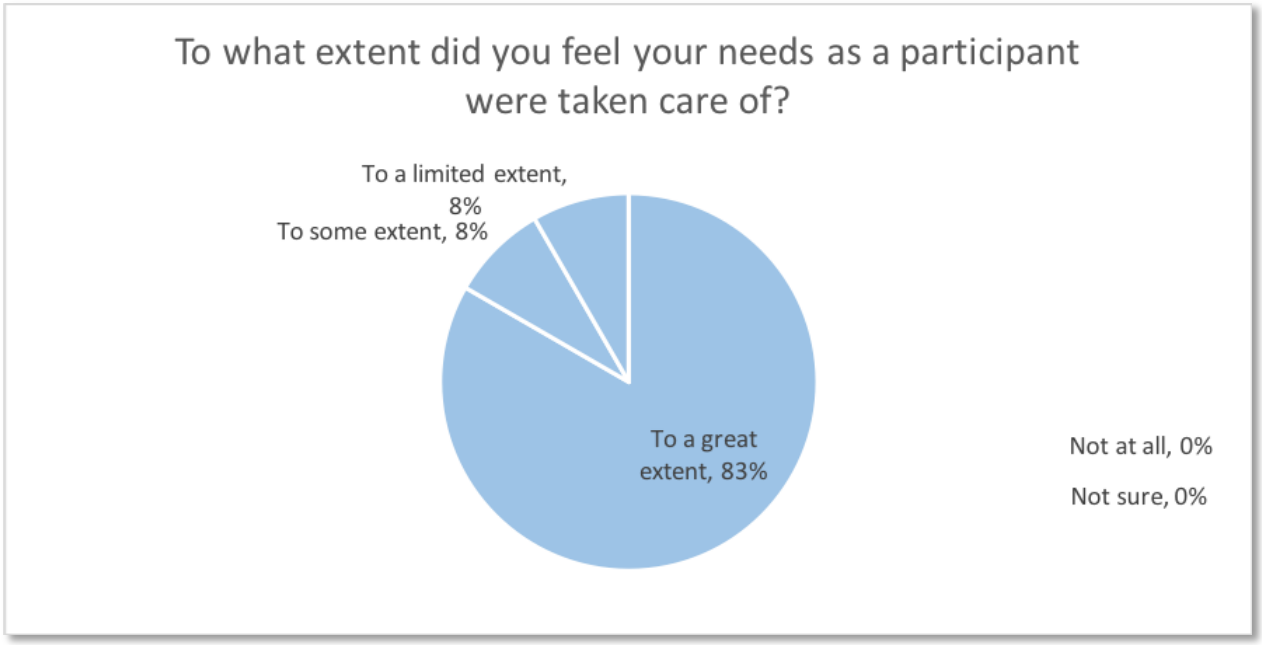
“I started this organization because a husband slaughtered his entire family after losing his job. I couldn’t help them because I didn’t know anything about depression. Once I educated myself, I had determination to start this organization. I’m so glad that I am no longer alone in the Chinese community—one spirit, one mind, one heart. The overdose problem in younger generations is another huge task.”

“It’s been a wonderful opportunity for me to be here. I heard a lot today and I see so much passion in the group. Mental health services are underutilized by the Chinese Canadian community because of stigma and shame. Encouraging celebrities who have suffered and recovered from mental illness to share their experience in the community would help a lot. For example, Korean TV dramas promote mental wellness education: this helps the community to better understand mental health issues.”

4. Participant feedback about the session







**Please note that the percentages are rounded to the nearest whole number and as a result, may not sum up to 100%*