

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 peoples 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 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, 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 present 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