



## **BACKGROUND**

### ***Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement***

The report was prepared by the Diversity Task Group, a subcommittee of the Commission's Service Systems Advisory Committee and the Social Equity and Health Research department of the Centre for Addiction and Mental Health (CAMH), Ontario.

The report's plan is firmly rooted in the Commission's development of a Mental Health Strategy for Canada.

There are five groups of actions required to improve mental health services for IREER groups:

- 1. Changed focus** – an increased emphasis on prevention and promotion
- 2. Improvement within services** – organisational and individual cultural competence
- 3. Improved diversity of treatment** – diversity of providers, evaluation of treatment options
- 4. Linguistic competence** – improved communication plans and actions to meet Canada's diverse needs
- 5. Needs linked to expertise** – plans to offer support by people and services with expertise to areas with lower IREER populations so they can offer high quality care

#### **Sixteen specific recommendations have been made:**

##### **CATEGORY 1: *Co-ordination of policy, knowledge and accountability***

1. Each province and territory should include strategies and performance measures in their mental health plans to address the needs of immigrant, refugee, ethno-cultural, and racialized (IREER) groups.
2. Each province should gather data on the size and the mental health needs of their IREER populations. They should plan their services based on this population data.
3. The mental health strategy of each province should consider a cross-sectoral plan for improving the social determinants of mental health problems and illness for IREER groups.
4. A virtual national centre for research into the mental health and mental health problems and illness in IREER groups should be developed. The Centre could perform a regular one-day mental health census of mental health care service use and a community needs survey sampled by province.
5. Health Canada, Canadian Institutes of Health Research and the provinces and territories should produce a research and development fund for studies aimed at answering strategic policy and practice questions for IREER groups' mental health and service provision. For instance there is an urgent need for Canadian research into the identification and evaluation of culturally appropriate systems of care for immigrant children and youth.



**CATEGORY 2: *The involvement of communities, families and consumers***

6. A central part of each provincial and regional plan to improve the mental health of immigrant, refugee, ethno-cultural and racialized groups must include the involvement of IRER communities, consumers, and families in planning, decision-making, implementation, and evaluation.

**CATEGORY 3: *More appropriate and improved services***

7. Health funders should require that service providers take steps to attract a more diverse workforce and that there is a monitoring of the workforce to assess how it reflects the communities being served.

8. Service provider organizations and provincial ministries should develop strategies to enable good candidates from IRER groups to advance into appropriate leadership positions within their organizations.

9. Each service provider should have an organizational cultural competence strategy.

10. Cultural competence training should be made available to all who have direct contact with clients and should be provided to existing staff in all service organizations.

11. Cultural competence training should become a standard part of the training of all professional care staff. This should be insured through standards of accreditation of training programs and institutions and licensing professions.

12. Provinces and territories should encourage diversity in the organizations that provide care, the models of care used, and the sites at which care is offered in order to meet the mental health needs of IRER groups.

13. A knowledge transfer strategy for promising practices in the delivery of care to IRER groups developed and implemented so that the most effective models are known to and can be deployed by providers.

14. A linguistic competence strategy should be mandatory for local/ regional service providers and funding for this should be provided by their funders.

15. A virtual centre of excellence in the treatment and support of immigrant and IRER groups should be developed.

16. The MHCC could develop a project similar to the national homelessness demonstration project to plan, document and evaluate promising practice in the development of diversity strategies in at least five communities across the country.

For more information please contact:  
**Karleena Suppiah, Communications Specialist**  
**403 385 4050**  
**[ksuppiah@mentalhealthcommission.ca](mailto:ksuppiah@mentalhealthcommission.ca)**

