TAKING CULTURE SERIOUSLY IN COMMUNITY MENTAL HEALTH: A FIVE-YEAR STUDY BRIDGING RESEARCH AND ACTION

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ABSTRACT

Taking Culture Seriously in Community Mental Health (2005-2010) is a collaborative interdisciplinary project with over 40 partners conducted in two Ontario sites. With the project now coming to an end, this article presents a synopsis of empirical findings, emergent theoretical implications, and recommendations for research, policy and practice within mental health services in Canada.

INTRODUCTION

In just one generation the cultural face of Canadian society has changed dramatically. Community mental health organizations across Canada have been struggling to respond to this new diversity. Western-trained service providers and program planners often do not understand the culturally specific meanings and stigma attached to mental illness practice (Beiser, 2003; Clarke, Colantonio, Rhodes & Escobar, 2008; Hsu & Alden, 2008; Whitley, Kirmayer & Groleau, 2006; Tiwari & Wang, 2008; Wu, Noh, Kaspar & Schimmele, 2003). As a result, many cultural groups lack access to effective mental health services, even though community-based supports have the potential to improve their mental health (Li & Browne, 2000; Chiu, Ganesan & Morrow, 2005).

The reality of cultural diversity is coming at a time when many community mental health service providers are embracing a new emphasis on personal empowerment (i.e., consumers having voice and choice) and the full integration of people with mental illness into community life. Yet mental health practice typically views cultural diversity as a challenge to be overcome. Culture could rather be seen as strength, by encouraging diverse cultural communities to help create and shape culturally appropriate supports. This means a serious commitment to cultural understanding, including a need for service providers to reflect on their own cultural assumptions. In short, community mental health practice needs to take culture seriously (Simich, Maiter, Moorlag, & Ochocka, 2009).

DESCRIPTION OF THE *TAKING CULTURE SERIOUSLY IN COMMUNITY MENTAL HEALTH* STUDY

The purpose of the *Taking Culture Seriously in Community Mental Health* study was to explore, develop, pilot and evaluate how best to provide more effective community-based mental health services for Canada's culturally diverse population. The project, a five year SSHRC-funded Community University Research Alliance (CURA), was housed at the Centre for Community Based Research. It was a collaboration among 45 partners from the Waterloo and Toronto Regions, including interdisciplinary academics, ethno-cultural community groups, and leading practitioners (from mental health and settlement sectors).

From 2005 to 2010, 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.

The *Taking Culture Seriously in Community Mental Health* study used a participatory action research (PAR) approach (Kemmis & McTaggart, 2005) that sought to meaningfully involve stakeholders throughout the research process, and that placed an emphasis on producing useful results for positive change (Ochocka, Janzen & Nelson, 2002). Five ethno-cultural communities were actively involved (Somali, Sikh- Punjabi, Polish, Mandarin, Spanish Latin-American) in both Toronto and Waterloo Regions. Community researchers from all cultural communities in both sites (10 in total) 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 (Ochocka, 2007; Ochocka & Janzen, 2008).

Within the first phase, five methods were used (international literature review, key informant interviews, focus groups, service provider surveys and case studies) to gather 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 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.

This CURA study represents five years of simultaneous research and knowledge transfer from a participatory action framework. One of the project's goals was to emphasize the transferability of knowledge gained to all of multicultural Canada (Jacobson, Ochocka, Wise & Janzen, 2007; Ochocka, 2007describe CURA beginnings). Strong knowledge transfer efforts included: bi-yearly CURA bulletins sent to over 300 researchers, practitioners and policy makers in Ontario, two professional theatre productions, a round table for policy makers and senior bureaucrats, 10 community forums, two conferences, ten peer-reviewed articles and over 40 conference presentations delivered nationally and internationally. A crucial element of the success of this CURA was the ability to engage a multidisciplinary team of leading academics, innovation-focused mental health service providers and practitioners, and dedicated members of diverse ethno-cultural communities around a core vision of effecting change within the mental health system.

RESULTS

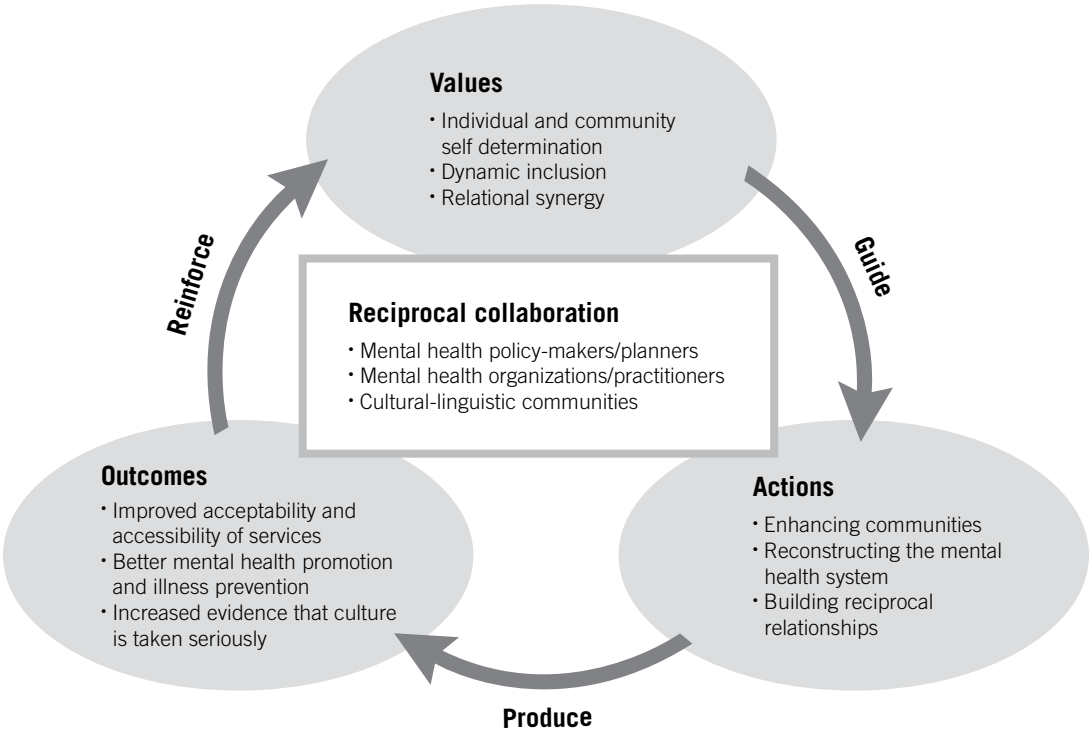
DEVELOPMENT OF THE FRAMEWORK

Through analysis of the data compiled from the study, we proceeded to develop a framework to guide future mental health policy and practice. Our intent was to develop a framework that was principle-driven, action-oriented and that could 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 our CURA publications (Westhues, Ochocka, Jacobson, Simich, Maiter, Janzen & Fleras, 2008).

Figure 1 graphically shows the *Taking Culture Seriously in Community Mental Health* framework. This framework adequately addresses combined ideals of both the culture-oriented and the power-oriented theories (Janzen, Ochocka, et al., 2007). It includes three main components: *values* that guide concrete *action* that in turn produces desired *outcomes* that serve to reinforce the stated values. Central to the framework is the active involvement of mental health policy-makers/system planners, mental health organizations/practitioners and cultural-linguistic communities. Their collaboration in innovating mental health policy and practice is characterized by reciprocity in which the benefits and responsibilities of collaboration are shared (Maiter, Simich, Jacobson & Wise, 2008). This type of reciprocal collaboration is the transformational process by which the present context of disconnections is rectified and through which the values, actions and outcomes of the emerging framework are achieved (for details see Janzen, Ochocka et al., 2009, *in press*).

The *Taking Culture Seriously in Community Mental Health* study participants affirmed what our earlier literature revealed: the need to develop a conceptual framework that synthesizes notions of culture and power if improvements to mental health policy and practice are to be made. Such a position resonates with recent mental health discourse that, on the one hand, points out the detrimental effects of abuses of power in the mental health system and the need for critical voices to keep that power in-check and to remain consumer-centered (Bassman, 2001). On the other hand are growing calls to take culture seriously and develop competencies towards more effective mental health policy and practice in

FIGURE 1: "Taking Culture Seriously in Community Mental Health" Framework



increasingly cross-cultural settings (CAMH, Report by the Mental Health Commission of Canada Task Group on Diversity, 2009). By synthesizing both culture and power our framework stresses that the mental health system's responsiveness to diversity rests as much in naming and addressing privilege and socio-economic inequalities, as it does in understanding and managing cultural differences (Maitra, 2008). The emerging theoretical framework lays out how mental health policy and practice can change to become more responsive to people from diverse cultural-linguistic backgrounds.

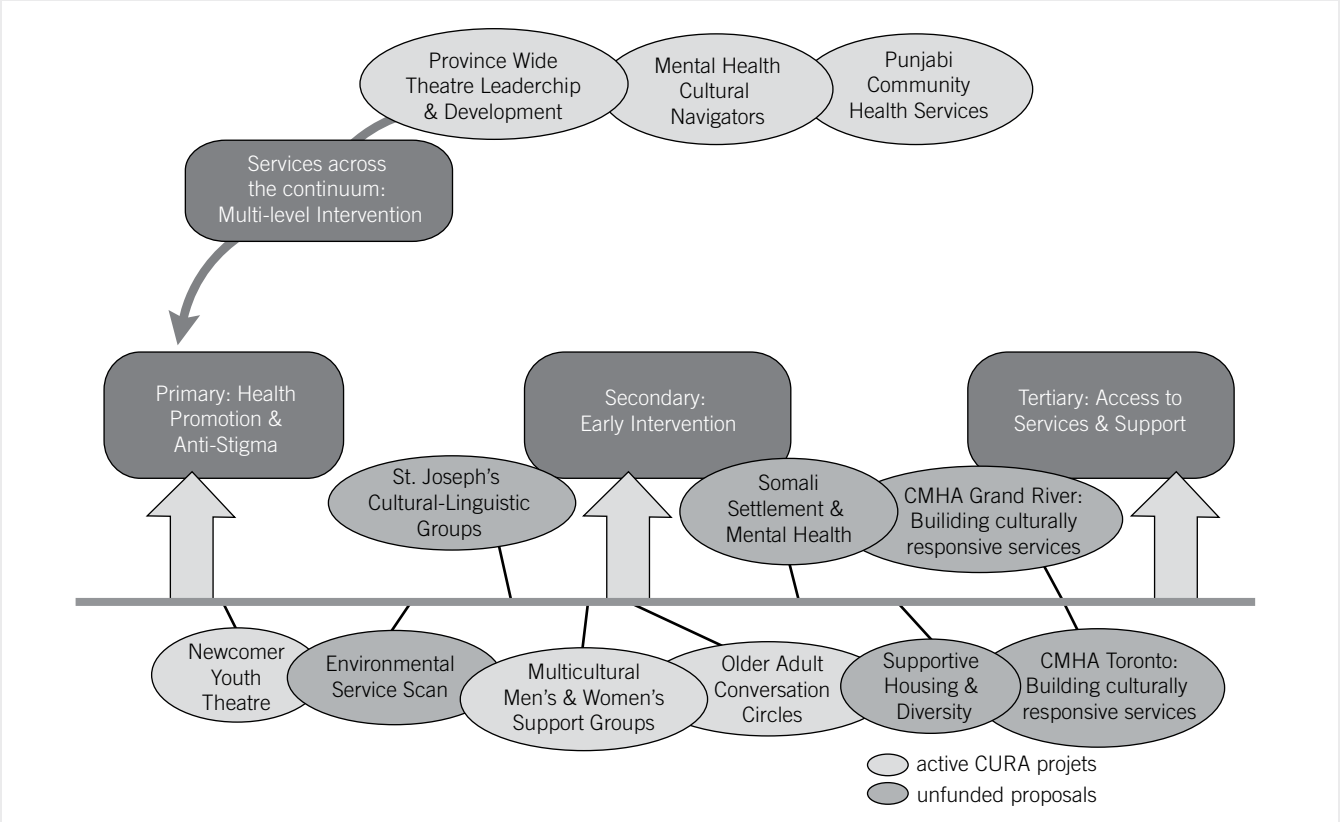
DEMONSTRATION PROJECT IMPLEMENTATION AND EVALUATION

After building a theoretical framework and discussing its practical implications at community forums and a CURA conference, our CURA 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 cultural linguistic communities. 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 among CURA partners and additional collaborators and were submitted to funders. Some projects were initiated by cultural communities, some by settlement and mental health service organizations. Of the twelve demonstration projects that were developed, six were funded and are currently active beyond the end date of the CURA study. Contained in Figure 2 is a representation of each of the demonstration projects on the continuum of mental health service delivery, from primary to tertiary intervention.

The CURA evaluation committee developed a common evaluation design to test and refine the project's emerging theoretical framework. The evaluation aimed to 1) gain insights about the process of implementing the

FIGURE 2: The 12 CURA Demonstration Projects on the continuum of mental health service delivery



emerging framework, 2) assess the degree to which study findings guided or influenced the demonstration projects, and 3) assess the degree to which the study findings have enhanced the ability of demonstration projects to have an impact on the mental health system and cultural linguistic communities. Preliminary evaluation results were shared at a conference concluding the CURA project on December 4th, 2009, deepening our collective understanding of the framework's "theory of change"—of the logical link between its values, actions and desired outcomes. Evaluation findings will be further described in future presentations and publications.

CONCLUSIONS

While the deeply ingrained current policies cannot be expected to change overnight to make the mental health services effective for multicultural Canada, one important thing that this CURA study did was foster a broad, cross-sectoral collaboration of a large number of people in Ontario, without which any relevant changes may not be possible at all. It also equipped and inspired people for change due to the collaborative research production and knowledge mobilization efforts. In keeping with the core values of the emerging theoretical framework, throughout the project there were ample opportunities for reciprocal relationship building, dynamic inclusion of community members, mental health providers and academics alike, as well as a necessary space for developing the self-determination that is crucial within cultural communities for change to occur. This CURA initiative demonstrated how community based research using participatory and action oriented approaches can inspire innovative practice to address gaps and barriers in policy and in practice.

MAIN MESSAGES OF THE CURA STUDY

The *Taking Culture Seriously in Community Mental Health* study results indicate the importance of a reciprocal relationship between the mental health system and diverse communities. It points out that all stakeholders involved need to work together differently, so that collaborators are mutually responsible for ensuring power is shared to optimize mutual benefits. We acknowledge this goal is not easily accomplished, but it becomes more attainable when:

- Time, space and resources are devoted to collaboration
- The mental health system is open to change
- Policies & procedures within the mental health system support innovation
- The problem to be addressed is clearly defined
- There is a long term vision and commitment
- Diverse cultural groups, policy makers, & practitioners take leadership in different parts of the solution

Our study results have implications specific to each stakeholder group: policy makers, service providers and cultural communities. Out of the data collected throughout this project, it is suggested that policy makers need to facilitate changes at the structural level while simultaneously working toward better processes. This would involve developing flexible funding structures to accommodate innovative, collaborative culturally-appropriate practice. For instance, positive change would result if funding requirements for organizations were to include benchmarks based on collaboration and power-sharing for cultural-linguistic communities in decision-making. Furthermore, the area of mental health and diversity does not neatly fall into one policy portfolio, so collaboration is paramount to develop effective policy that intersects across the health, education, immigration, and employment arenas.

Two recommendations for service providers are to engage in ongoing reciprocal outreach and collaboration with cultural-linguistic groups, and to challenge power and racism within and outside the organization. Increased mutuality can be achieved through cross-cultural consultations, sustained partnerships and the development of a diverse work force. Key elements of challenging power imbalances and racism include a recognition that "cultural competency" involves reciprocal collaboration, an emphasis on building community awareness around mental health and service use, and promotion of holistic understandings of wellness/illness.

According to our data, cultural communities must also take responsibility for increasing the effectiveness of the mental health system. Positive change results when communities are mobilized through increased dialogue aimed at de-stigmatizing mental illness and through active exchange with mental health services to increase knowledge & skills for both sides. Cultural communities optimize their strengths when they develop ongoing collaboration strategies, validate and encourage mental health practitioners from within the cultural community itself, and recognize that individuals and organizations that bridge across cultures and services contribute to solutions.

The *Taking Culture Seriously in Community Mental Health* results indicate 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.

For more information about the CURA study, see www.takingcultureseriouslyCURA.ca

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