

LEADERS MOBILIZING CHANGE



*Making Community Mental Health
More Culturally Responsive*

PARTICIPANT WORKBOOK



CENTRE FOR
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Acknowledgements

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Table of Contents

Theory and Context

Introduction	3
Taking Culture Seriously in Community Mental Health	3
Leaders Mobilizing Change	3
About This Workbook	4
Consider	5
A Case Study: Mary's Story	5
Federal & Provincial Context	6
• Why Think About Culture?	6
• Why Think About Power?	6
Consider	7
Policy/System Challenges	7
Service Provider Challenges	7
Community Challenges	7
<i>The Other End of the Line</i>	8
Localizing the Context for Your Region	9
Naming the Challenges & Barriers	9
Naming the Stakeholders and Their Relationships	10
Localizing the Context for Your Organization	11
For Service Providers and Policy Makers/Funders	11
For Community Members	12
The Framework	13
Provincial Solutions	14
Acknowledging Change Can and Is Happening	14
Lessons Learned	14
Moving from the Margins to the Core	15
Effecting Change in Your Region	16
A Success Story	18
Moving Forward	20
And Taking that Next Step	20
Creating an Action Plan	21
Reciprocal Collaboration	22
Evaluating Progress	23
Assessing Your Accomplishments	23
Participatory Action Research as an Approach to Evaluation	24
References	26
Appendix A: About Us	28
Appendix B: <i>Taking Culture Seriously in Community Mental Health</i> Framework	29
Appendix C: CURA Demonstration Projects	33

Tools and Resources

Introduction

Taking Culture Seriously in Community Mental Health

In just one generation, the cultural face of Canadian society has changed dramatically. Community mental health organizations in Canada's cities have been struggling to respond to this new diversity. Many cultural groups lack access to effective mental health services, even though community-based supports have the potential to improve their mental health.

Taking Culture Seriously in Community Mental Health (www.takingcultureseriouslycura.ca) was a five year research program lead by the **Centre for Community Based Research** (see Appendix A: About Us). It explored how best to provide community-based mental health supports that are effective within multicultural Canada. The program brought together a variety of university and community partners in Toronto and Waterloo Region. It was funded by Social Sciences and Humanities Research Council of Canada (SSHRC) as part of its Community University Research Alliance (CURA) program, and by the Ontario Trillium Foundation.

Research, training and knowledge mobilization are the core components of *Taking Culture Seriously in Community Mental Health*. The research explored, developed and evaluated how best to provide effective community-based mental health services and supports for people from culturally diverse backgrounds. Research findings are being used to inform professional education curricula, such as academic programs for social service workers, social workers, community psychologists, nurses, psychiatrists, and other mental health practitioners. Knowledge mobilization initiatives include innovative strategies that speak to academics, mental health practitioners, public policy-makers and people who belong to diverse cultural-linguistic communities.

Leaders Mobilizing Change

Founded on *Taking Culture Seriously In Community Mental Health* research findings, ***Leaders Mobilizing Change*** is meant to provoke discussions among senior management and decision makers in mental health and settlement organizations and in cultural linguistic communities about culturally effective mental health practice. The workshop uses theatre presentation to **INSPIRE** participants to look at the mental health system through the eyes of marginalized cultural communities. It also aims to **EDUCATE** participants on how the mental health system and cultural communities can come together to strengthen mental health services and to **EQUIP** participants with take-home tools for improving practice. The workshop aims to be one step in the process of effecting systems and organizational change, and eliminating barriers in the community mental health service system across Ontario.

About This Workbook

This workbook is the companion to the *Leaders Mobilizing Change* workshop. It is designed to support systems and organizational change – but that won't happen without your vision and commitment to making mental health services more culturally responsive. The workbook includes space for taking notes and jotting down ideas. It also includes reflection and vision exercises to complete during the workshop AND to take back to your organization or community. We hope that you, as a Leader Mobilizing Change, will use the ideas and opportunities from this workshop to engage others in the process of systems change. We have provided some background information as well as templates for strategic planning and evaluation.

Throughout this process, there are some critical questions to keep in mind:

- Where is your organization or community at now?
- Where does your organization or community need to get to?
- What is going to get you there?
- And importantly, who are the key partners across stakeholder groups that will help you get there?

A few definitions...

By *marginalized cultural-linguistic community* we mean a cultural, religious or linguistic community that do not have adequate access to, or support from, formal and/or informal mental health services in Ontario.

By *culturally responsive* we mean being aware of, and capable of functioning in the context of, cultural difference. Cultural responsiveness includes building capacities and skills to communicate effectively with persons from any culture in a way that recognizes their strengths and respects their competencies. It also includes being attuned to inequities in status, access to resources and social and political power.

By *reciprocal collaboration* we mean the process through which diverse stakeholders (i.e., cultural-linguistic communities, service providers and policy-makers) achieve a common vision by working together such that the responsibilities and benefits are mutually shared by all. Core values of reciprocal collaboration are equity and inclusion, self-determination, synergy and commitment.

Consider

A Case Study: Mary's Story

Background

Mary is a middle-aged Mandarin-speaking woman who twice immigrated to Canada. Mary first came to Canada in 1992 with her husband and two small children. Two years later they were back in her home country. It was during this return that Mary's family situation changed. She learned that her husband had a mistress and wanted a separation. Mary's husband brought her and their children back to Canada in 1998. After helping them settle, he returned to his home country. Being introverted and concerned about her husband's reputation, Mary was not open about her experiences or feelings and instead internalized her pain.

Problems Surface

Mary tried to conceal her emotions, but on one occasion she lost control of her feelings. It happened while visiting with a married couple who were her friends. Mary did not cry in front of them but they saw enough of Mary's pain to raise their concerns. That night Mary cried herself to sleep. In the days that followed Mary describes herself as having a muddled mind, even forgetting her birthday. Her friends at church began to talk among themselves (but not directly to Mary) about her strangeness. She sometimes began to reveal her story to them but would abruptly stop. A mental health counsellor even offered Mary her business card. But Mary failed to realize her mental health problem. Besides, she had heard that counselling was much too expensive to consider.

The Situation Worsens

Mary describes how determined she was to keep going; how she continued to go to work and take care of her children. To ease the pain, Mary allowed another man to enter her life. Mary had two children with this man. He required Mary to stay home to look after the new children. Upon hearing about the first child, Mary's first husband demanded a divorce. He took back his children from Mary. Mary also transferred all her property rights and financial savings to her first husband. Severed from her first family and controlled by her new partner, Mary was in despair.

Barriers to Seeking Help

Mary's disclosures to her friends were minimal as Mary struggled to trust others about revealing her pain. This lack of trust was compounded by the stigma and shame associated with mental illness. Mary's friend explained that seeking help from mental health professionals is considered only for the "psychotic". Mary spoke of her financial limitations in paying for services, even the transportation to get to them. She also acknowledged that her English skills made it difficult for her to speak about the issues deep within her heart. Later, Mary explained that she wasn't knowledgeable about Canada and had no idea where to seek mental health services. Besides she said "I dared not use it even if I knew where it was" and believed "no one could help me."

* Case Study from *Taking Culture Seriously in Community Mental Health*

www.takingcultureseriouslycura.ca

Federal & Provincial Context

Cultural diversity brings new realities for the mental health system, and requires a rethink of both Culture and Power.

- **Why Think About Culture?**

- **Why Think About Power?**

Consider

A lot of people's needs are not being met by the community mental health system.

- **WHY?**

Policy/System Challenges

"I am convinced that newcomers are being seen as a burden on the mental health system and a whole lot of other systems rather than seeing them as bringing so much with them that might be a contribution to the new country" CURA Focus Group Participant

Service Provider Challenges

"I think we see immigrants and refugees as harder to reach communities. But harder to reach is the agencies, not the communities - the reason is all programs or services are geared toward mainstream society" CURA Focus Group Participant

Community Challenges

"We need to have much more community activism and mental health promotion to reduce the level of stigma and shame and discomfort within a lot of ethno-racial communities ... The first thing we need to do is recognize that this is a legitimate issue and getting that to happen is a challenge" CURA Key Informant Interview

The Other End of the Line

Theatre Performance

The Other End of the Line theatre performance was commissioned by the CURA: *Taking Culture Seriously in Community Mental Health* and creatively presents research findings. Written and performed by MT Space, it demonstrates the barriers that immigrants and people of cultural minorities face in the Canadian Mental Health System.



The Multicultural Theatre Space (The MT Space) was founded in 2004 by Artistic Director Majdi Bou-Matar. In less than five years the company has toured to Hamilton, London, Toronto, Ottawa and Montreal and garnered several awards and rave reviews. The MT Space also offers educational programs, professional development workshops, and provides mentoring and assistance to local artists. In 2009 The MT Space successfully launched the International Multicultural Platform for Alternative Contemporary Theatre (IMPACT 09). For 10 days, over 100 artists, 90 volunteers and 3300 visitors from across Canada and abroad attended IMPACT 09 in an environment of collaboration and cultural exchange.

<http://www.mtspace.ca>

To watch a clip of *The Other End of the Line*, go to:
<http://www.takingcultureseriouslycura.ca/mt-space>

- **In the theatre performance, what do you see as the main challenges for members of cultural-linguistic communities as they interact with the community mental health system?**

Localizing the Context for Your Region

Naming the Challenges & Barriers

How you define problems determines **action**.

Problems should be written in ways that are **solvable**.

Problems should be written in ways that show how real people are **affected**.

- **What are the key challenges to culturally responsive mental health services in your region?**

- **What are the barriers to overcoming these challenges?**

Localizing the Context for Your Region

Naming the Stakeholders and Their Relationships

Develop a picture of the relationships between community mental health, settlement and cultural-linguistic communities in your region.

List the key stakeholders in you region.

Draw arrows between the stakeholders that you listed to demonstrate the current links you and/or your organization has with them.

Identify the direction of these links – are they unidirectional from one group out to another? Are there mutual inputs and influences?

What are ways to support greater reciprocal linkages?

The diagram consists of three overlapping circles arranged in a triangle. Each circle is light gray with a darker gray border and contains a list of lines for notes, preceded by a bullet point.

- Mental Health & Settlement Service Providers**
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
- Policy Makers/Funders**
 - _____
 - _____
 - _____
 - _____
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 - _____
 - _____
 - _____
- Cultural Linguistic Communities**
 - _____
 - _____
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 - _____
 - _____

Localizing the Context for Your Organization

For Service Providers and Policy Makers/Funders

Please reflect on how your organization responds to cultural linguistic diversity in the following areas. Illustrate with examples.

- *Needs Assessment:* How and to what extent has your organization identified the needs of marginalized cultural linguistic communities in your region?

- *Human Resources:* How and to what extent has your organization implemented strategies to ensure that the marginalized cultural linguistic communities in your region are represented and well-served?

- *Linguistic Capacity:* How and to what extent can your organization meet the linguistic needs of the demographic population in your region?

- *Governance:* How and to what extent does your organization have policies and processes that represent and include the needs of marginalized cultural linguistic communities?

Localizing the Context for Your Community

For Community Members

Please reflect on your experience of how community members respond to mental health issues and interact with mental health services. Illustrate with examples.

- *Stigma:* How and to what extent does your community speak about mental health issues?

What issues are the most stigmatized?

- *Informal Support:* How and to what extent do members of your community support each other through their mental health issues?

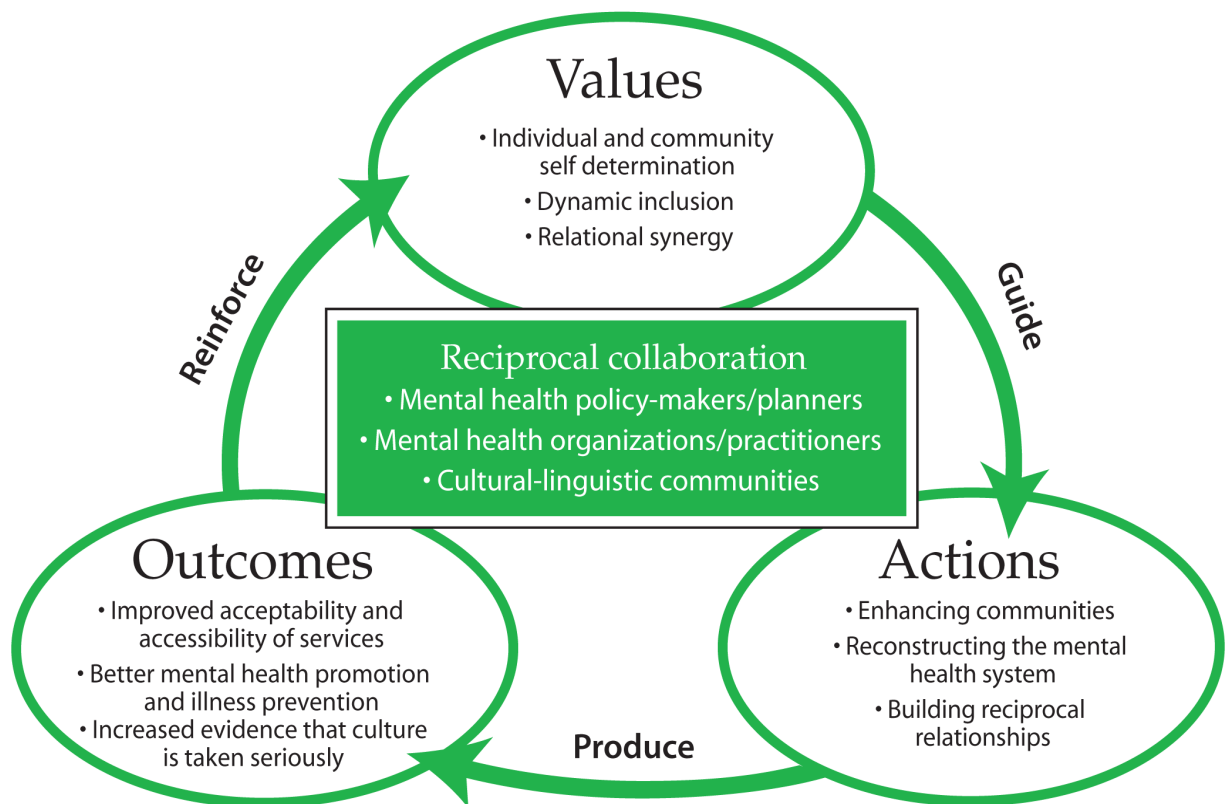
- *Awareness of Services:* How and to what extent does your community know about mental health services?

- *Access:* How and to what extent does your community make use of informal and/or formal mental health services?

The Framework

This diagram demonstrates how we envision the *Taking Culture Seriously in Community Mental Health* Framework. It includes three main components: **values** that guide concrete **actions** which in turn produces desired **outcomes** to reinforce the stated values. (See Appendix B for detailed diagrams of each component of the Framework)

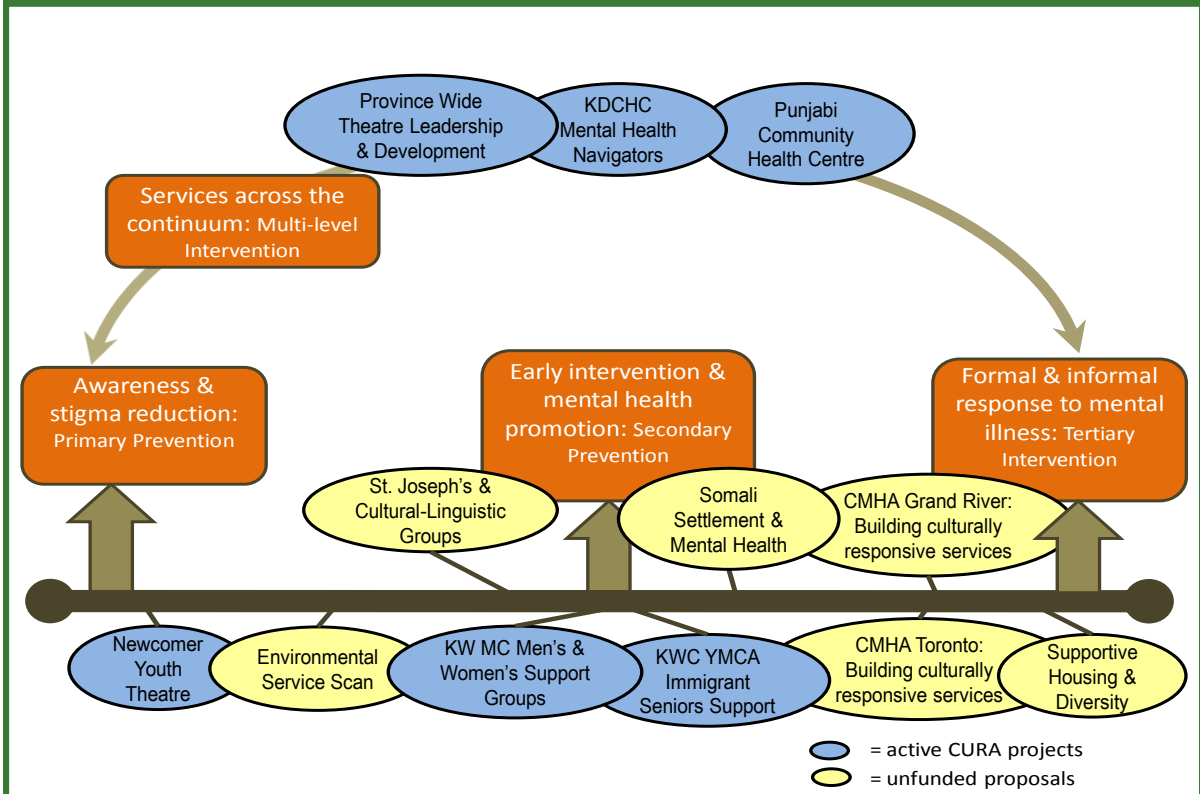
Central to the framework is the active collaboration and involvement of mental health policy-makers and system planners, mental health organizations and practitioners, and cultural-linguistic communities. Through reciprocal collaboration, the values, actions and outcomes of the framework are achieved.



Provincial Solutions

Acknowledging Change Can and Is Happening

CURA Demonstration Projects: Illustrated on the continuum of mental health intervention



*For descriptions of each of the funded demonstration projects, see Appendix C.

Lessons Learned

Moving from the Margins to the Core

- To help meet the needs of cultural linguistic communities for mental health services, what you like to see happen in your region in:

2020: _____

2015: _____

2012: _____

2010: _____



Moving from the Margins to the Core

Effecting Change in Your Region

How Does Systems Change Happen?

The following chart shows the four stages that movements for systems change usually go through. When reading the chart, notice how the focus of activities shifts over time. Early on in the movement, there is a strong effort in pointing out that a problem exists. Eventually, the strategy shifts to a broader audience. People working for change take advantage of trigger events which put a public spotlight on the problem. Change becomes possible when the majority is aware that a problem exists and is willing to support change. The focus then shifts from identifying problems to suggesting creative solutions.

STAGE 1 Steady State		STAGE 2 Build up of Stress in the System		STAGE 3 Seen as a General Problem		STAGE 4 Resolution	
<i>The system is okay</i>		<i>Not all agree the system is OK, but most still do</i>		<i>Most think the system is not OK</i>		<i>The system starts changing</i>	
Business as usual	Normal channels fail	Conditions ripen	Trigger events happen and take off!	Perception of failure	Majority of public opinion	Achieving alternatives	Moving on
The problem exists but it is not on the social and political agenda. Public not aware of the problem.	People begin to point out that there is a problem. Opposition directed to existing decision-makers	Growing conditions for change. Some people become increasingly frustrated with the problem and the inability of power-holders to make the needed changes.	A trigger event puts spotlight on a problem that violates widely-held values, sparking public attention and upset. A crisis atmosphere follows with many direct action campaigns	Many people working for change become disillusioned with lack of real change. Unrealistic hope of quick success is unmet. Some "Burnout", some turn more militant acting on anger and despair (threatening to alienate movement).	Movement transforms from protest in crisis to long-term struggle/ negotiations with power holders. Focus on winning public support and begin proposing alternatives. Movement's position increasingly adopted as mainstream.	A long process of proposing alternatives. Shift from "opposing" to "suggesting". More costly for power-holders to continue old policies than to adopt new ones. Broad-based coalitions of support formed.	Movement needs to protect and extend successes that were achieved. Long term goal is to achieve a paradigm shift. People mostly work within the "new system" to push change forward.

Based on Moyer, 1990
(used with permission)

Initial Trigger Event

More Trigger Events

Discussion Questions

- At what stage is your region?
- What are trigger events in your community?
- What kind of thinking and acting needs to take place next?

Localizing the Solutions

What Roles Are Needed to Make Change?

There are many roles to play in effecting systems change. The two most needed are the “diplomat” and the “radical”.

Insider: Profile of the Diplomat	Outsider: Profile of the Radical
<ul style="list-style-type: none"> • Very familiar with how the present system works • Relates well to existing power-holding officials (such as government officials or politicians) • Suggests solutions to change the present system • Uses official routes to challenge the structures of the system • Lobbies and negotiates directly with officials of the system • Brokers deals between what the group wants and what the power-holders offer • Needed most when the group is trying to entrench their agenda into official policy or law • Increasingly more active over the long term 	<ul style="list-style-type: none"> • Very familiar with how the issue impacts people’s lives • Relates well and inspires the people most affected by the issue • Says “no” to the injustices of the present system • Uses nonviolent means outside of the official routes of the system (e.g., rallies, civil disobedience) • Uses a variety of media and public avenues to indirectly communicate with officials of the system • Focuses on getting the group’s message out to the general public • Needed most at critical moments of opportunity • Active at “trigger point” bursts, usually at the beginning and middle of a movement’s life

Discussion Questions

- What role do you play?
- What kind of partners do you need from inside your organization/community?
- What kind of partners do you need from outside your organization/community?

A Success Story

Strengthening Mental Health in Cultural Linguistic Communities

“Strengthening Mental Health in Cultural Linguistic Communities” is a CURA demonstration project undertaken by the Kitchener Downtown Community Health Centre. The purpose of this project is to promote mental health education and leadership training for cultural linguistic minority communities in the Waterloo Region.

PROJECT GOALS INCLUDE:

- Enhance partnerships built between communities and mental health organizations to increase responsiveness of existing mental health services to cultural diversity and community awareness of available resources.
- Build the capacity of the seven cultural-linguistic communities, associations and groups in order to be able to work more effectively with mental health organizations and respond to mental health issues.
- Employ a Mental Health Navigator from each of the 7 communities for a 9 month trial period.
- Establish new models of support and approaches transferable to other communities and culturally empowering.

The project is funded by the Trillium Foundation, the Lyle S. Hallman Foundation, the Kitchener and Waterloo Community Foundation, and the Waterloo-Wellington Local Health Integration Network (WWLHIN). It is an innovative and diverse project which aims to demonstrate a higher level of reciprocal collaboration between cultural linguistic communities, practitioners and policy-makers. Seven different cultural-linguistic communities are involved in this project: Sikh-Punjabi, Polish, Afghani, Chinese Mandarin speaking, Somali, Sudanese and Latin American.

Vital elements of this project are the community driven focus, relationship building and the peer-to-peer approach which the 7 hired Mental Health Navigators use in their roles in the community. Finding reliable sources of sustainable funding is also critical, it is hoped that this project will be extended beyond the 2-year funded term both within and between cultural-linguistic minority communities in the Waterloo Region.

Real Reflections from A. Abbott, Project Coordinator:

To date, this project has been both demanding and exciting; a great deal of research went into the initial stages of the project, and taking this research and putting it into practice in a meaningful and inclusive way while respecting the views, opinions and sentiments of all involved has been a big job. Effective communication, collaboration and organization have greatly assisted the Project Coordinator in attaining the following project milestones and goals.

In August of 2008, the Official Project launch was held with a wonderfully diverse group of people, representing the various cultural-linguistic communities, settlement organizations, practitioners and policy makers in addition to interested community members. The enthusiasm in the room was

definitely catching and subsequently the following and most logical task of forming a Steering Committee was easily achieved.

In September of 2008, the first Steering Committee meeting was held where the “guts” of the project were discussed, a plan of action was outlined and commitments were made. Our board consists of representatives from each of the 7 cultural linguistic communities in addition to representatives from: MOSAIC Counselling, Kitchener Downtown Community Health Centre, KW Multicultural Centre, Grand River Hospital, CMHA Waterloo, CAMH and KW Counselling Services.

Since then, we have continued to work closely with all 7 representatives from each of the cultural linguistic communities and representatives from a broad range of agencies to ensure that all phases of the project come together. This continual engagement in meaningful and respectful ways with everyone involved in this project is what generates real enthusiasm and involvement at many different levels. The process of inviting individuals, (28 people in total, 4 from each of the cultural linguistic communities) who would partake in the 30 hours of Volunteer Leadership Training was quite time consuming, yet a very valuable and meaningful experience. It taught us that forming relationships with each and every one of these people on a one to one basis was a significant step in recognizing the importance of the reciprocal collaborative aspect goal of this project. Ensuring this continued communication requires dedication and employing numerous creative strategies of correspondence in addition to being sensitive to cultural differences and needs.

We then moved into the phase of hiring 7 Mental Health Navigators who play a vital role in building bridges within the 7 different cultural-linguistic communities and various mental health agencies and services in the Waterloo Region. This project has allowed the Navigators to gain confidence and experience working within a social service environment as peer-to-peer workers. They receive ongoing training in mental health issues, substance abuse and addictions, communication skills and community capacity building, among other training.

Some of the Navigators’ most valuable contributions are the connections and individual encounters they experience and facilitate within their own communities due to the culturally and linguistically bound connotations. Their ability to navigate the wide variety of different support services within the region, while keeping the best interest of their clients in mind in a culturally sensitive manner has made their roles as Navigators unique. Significant time is spent gathering information, talking and supporting different community members with and about various issues pertaining to Mental Health. The one to one support that they offer through the Peer-to-Peer approach has been extremely successful. Their mobility within the communities and participate in important events put on by the different communities is also noteworthy.

The educational workshops and presentations given by the group of navigators has had a positive effect in particular amongst the various mental health agencies and service providers within the region. A definite shift in cross sectoral collaboration amongst different stakeholders is being felt. The time it has taken to build these powerful partnerships is paying off as the community is now very much empowered to build better relationships with existing mental health services and vice versa while responding to mental health issues more proactively. These have been key objectives throughout the duration of this project.

Moving Forward

And Taking that Next Step

By this point, there should be some clarity and shared understanding about the local challenges and opportunities for your region for making mental health services more responsive to the needs of marginalized cultural communities. To move forward, begin planning strategies for realizing the vision.

- **What is the priority for your community in making mental health services more culturally responsive?**

- **What are the obstacles for your community in making mental health services more culturally responsive?**

- **Who are the partners that will contribute in making mental health services more culturally responsive?**

- **What is a manageable next step that will contribute to realizing the opportunities?**

Creating an Action Plan

The discussion cannot end with this workshop. To effect real and meaningful change, concrete planning, collaborations and actions need to start happening. Use the following questions and template to help jump start your process of mobilizing change.

- **What are your action items to take back to your organization or community?**
- **What is your timeframe for starting these action items?**
- **How will you involve your staff?**
- **What resources do you need to realize these action items?**
- **Who do you need to partner with to realize these action items?**
- **What challenges may you encounter in realizing these action items?**
- **What are some strategies for mitigating these challenges?**



Creating an Action Plan

Complete this table to outline an action plan for your organization or community. Identify priorities.

Opportunity	Opportunity
Actions	Actions
Timeframe	Timeframe
Staff Involvement	Staff Involvement
Resource Requirements	Resource Requirements
Key Players and Partners	Key Players and Partners
Anticipated Challenges	Anticipated Challenges
Strategies to Overcome Challenges	Strategies to Overcome Challenges

Reciprocal Collaboration

Identify **new** contacts that you will follow up with from this workshop

1. _____

2. _____

3. _____

4. _____

- **How will you work together with these partners to achieve change in your organization or community?**

Evaluating Progress

Assessing Your Accomplishments

Evaluation is an important part of sustaining change. By systematically assessing each major activity, a group know what works, what doesn't and how to be more effective. It is easy to think nothing is changing if you only evaluate your success based on your long-term goals. Often it is the small steps that lead to more substantial and sustainable changes down the road.

Following are some guiding questions and indicators for organizations and communities to start thinking about how you will reflect on and measure your accomplishment. These may be used to support organizational change by identifying gaps and pointing direction for making your organization more responsive to the needs of marginalized cultural linguistic communities.

Guiding Questions:

- What is working well?
- What is not working well
- What helped bring about successes?
- What has hindered success?
- What will contribute to more effective practices in the future?

Indicators

Good indicators provide useful and meaningful information about the implementation of a plan and whether intended outcomes are being achieved. Some meaningful indicators of change may be related to:

Organizational practice

- *Needs assessment of diverse community members*
 - Data collected on race/ethnicity and language
 - Demographic, cultural, and epidemiological profile of service area
 - Needs assessment of service area
- *Human Resources*
 - Diversity
 - Training on working with those who have limited English proficiency
 - Cultural competency
- *Linguistic Capacity*
 - Language assistance
 - Competence with mental health care content

- Availability of material
- *Governance*
 - Mission statement
 - Strategic plan
 - Budgetary provision
- *Participation, inclusion and empowerment of diverse community members within the organization*
 - Governing board
 - Responsiveness to concerns
 - Conflict and grievance resolution processes

Communities

- *Stigma*
 - Awareness of mental health issues
 - Openness to Discussion
 - Champion in Community
- *Informal Support*
 - Peer networks
 - Family
 - Religious Support
- *Awareness of Services*
 - Level of awareness of mental health services
 - Sources of information about services
 - Connections between community with mental health services
- *Access*
 - Level of access
 - Change agents within mental health services
 - Sources of referrals

Participatory Action Research as an Approach to Evaluation

Participatory Action Research (PAR) (Kemmis, & McTaggart, 2005) can be defined as a “research approach that involves the active participation of stakeholders, those whose lives are affected by the issue being studied, in all phases of research for the purpose of producing useful results to make positive changes” (Nelson, Ochocka, Lord, & Griffen, 1998, p.12). PAR is a value-driven approach consonant with reciprocal collaboration and the values of Taking Culture Seriously in Community Mental Health Framework. When done well, a PAR approach to evaluation can facilitate supportive relationships, empowerment, learning as ongoing process, and social change. Ultimately, PAR is about improving practice and creating knowledge in social groups to open up new ways of working and interacting.

[illegible]

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Appendix A: About Us



The Centre for Community Based Research

The Centre for Community Based Research (www.communitybasedresearch.ca) is an independent, non-profit organization with over 25 years experience in participatory program evaluation and community-based research. Located in downtown Kitchener, Ontario, our projects are local, provincial, national and international in scope. In all Centre work, we use a participatory, action-oriented approach which is well suited to enable groups to develop relevant and innovative solutions to address important social issues and meet individual and community needs. Today CCBR employs 25 research staff and manages approximately 35 applied research and evaluation projects at any given time.

Our Mission

Our Centre is committed to social change and the development of communities and human services that are responsive and supportive, especially to people with limited access to power and opportunity. Demonstrating leadership through research, education and community involvement, our Centre stimulates the creation of awareness, policies and practices that advance equitable participation and integration of all members of our community.

Distinctive Features

Our organization is **Independent**. It is an incorporated non-profit organization guided by a volunteer board of directors, and is not permanently affiliated with any funder or institution.

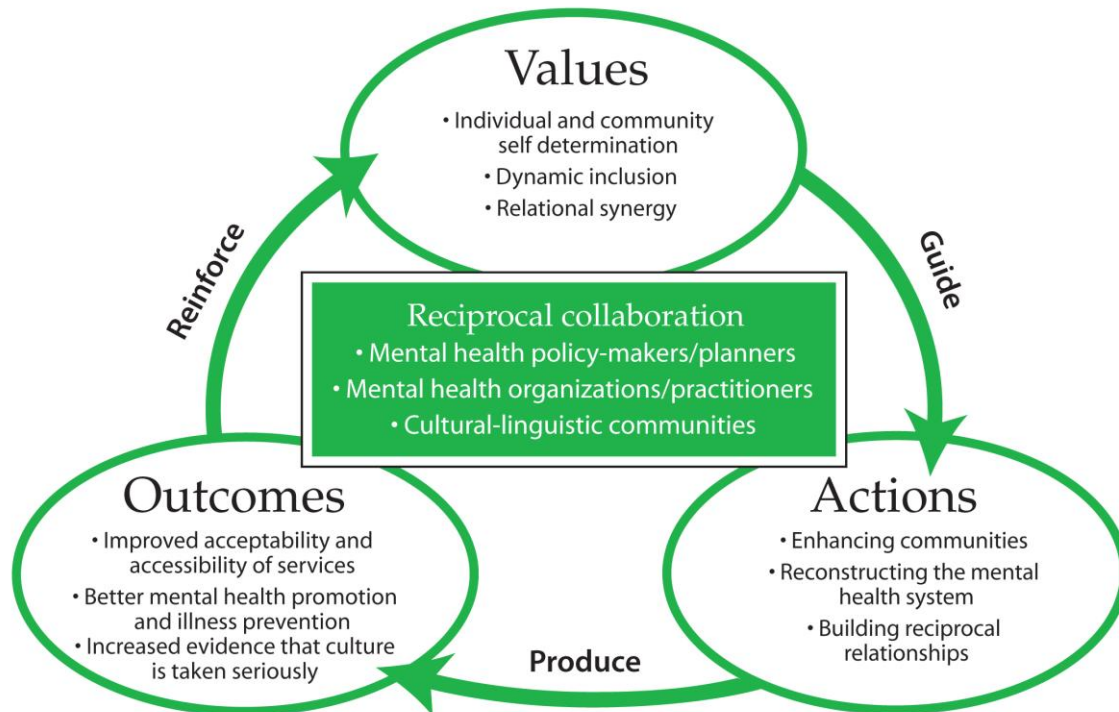
Our approach is **Collaborative**. We collaborate with academics, service organizations and government to support innovations in human service policy and practice. We see research as an opportunity to give voice to less powerful stakeholders and as a means to foster social cohesion. Stakeholders set the agenda for each research project, and our approach emphasizes ongoing feedback in all directions throughout the process.

Our organization is **Responsive**. We design multi-phase research projects so that our methodologies can be adapted to changing situations. We apply lessons across different projects and communities, and disseminate findings through our newsletters, workshops, and web pages. Our organization is **Experienced**. It was founded 27 years ago, and has an established reputation for managing projects successfully. Our team includes experienced researchers, facilitators and academic instructors, and we have produced a body of published scholarly and popular writings.

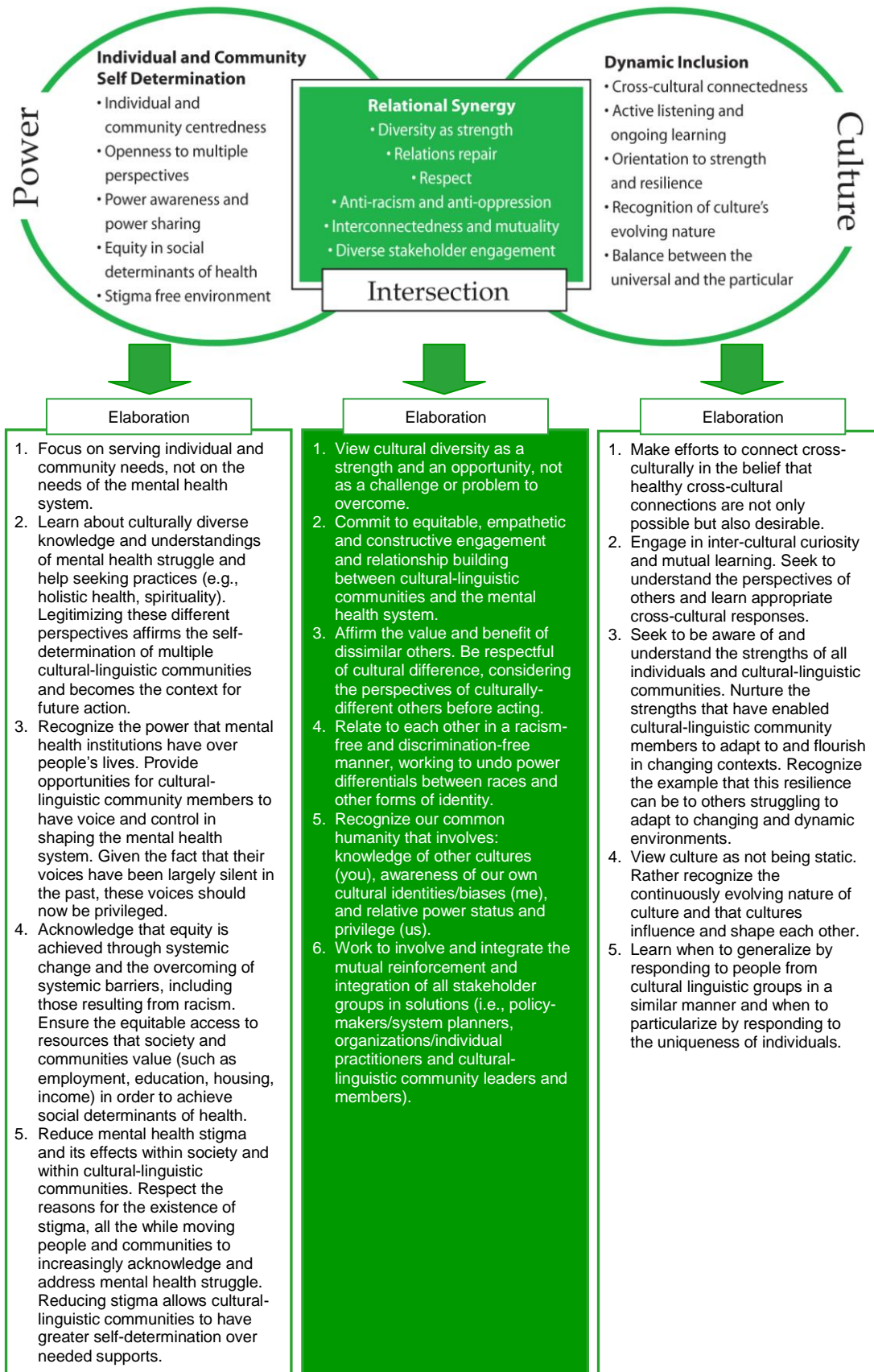
Our team is **Multidisciplinary**. It includes members with graduate degrees in social work, community psychology, developmental and social psychology, women's issues, sociology, and planning. Our team has content expertise in diverse issues including, immigration and cultural diversity, settlement and integration, social housing, family support, community mental health, disability issues, community safety and violence prevention, poverty and international development.

For more information about CCBR, visit our web site at: www.communitybasedresearch.ca.

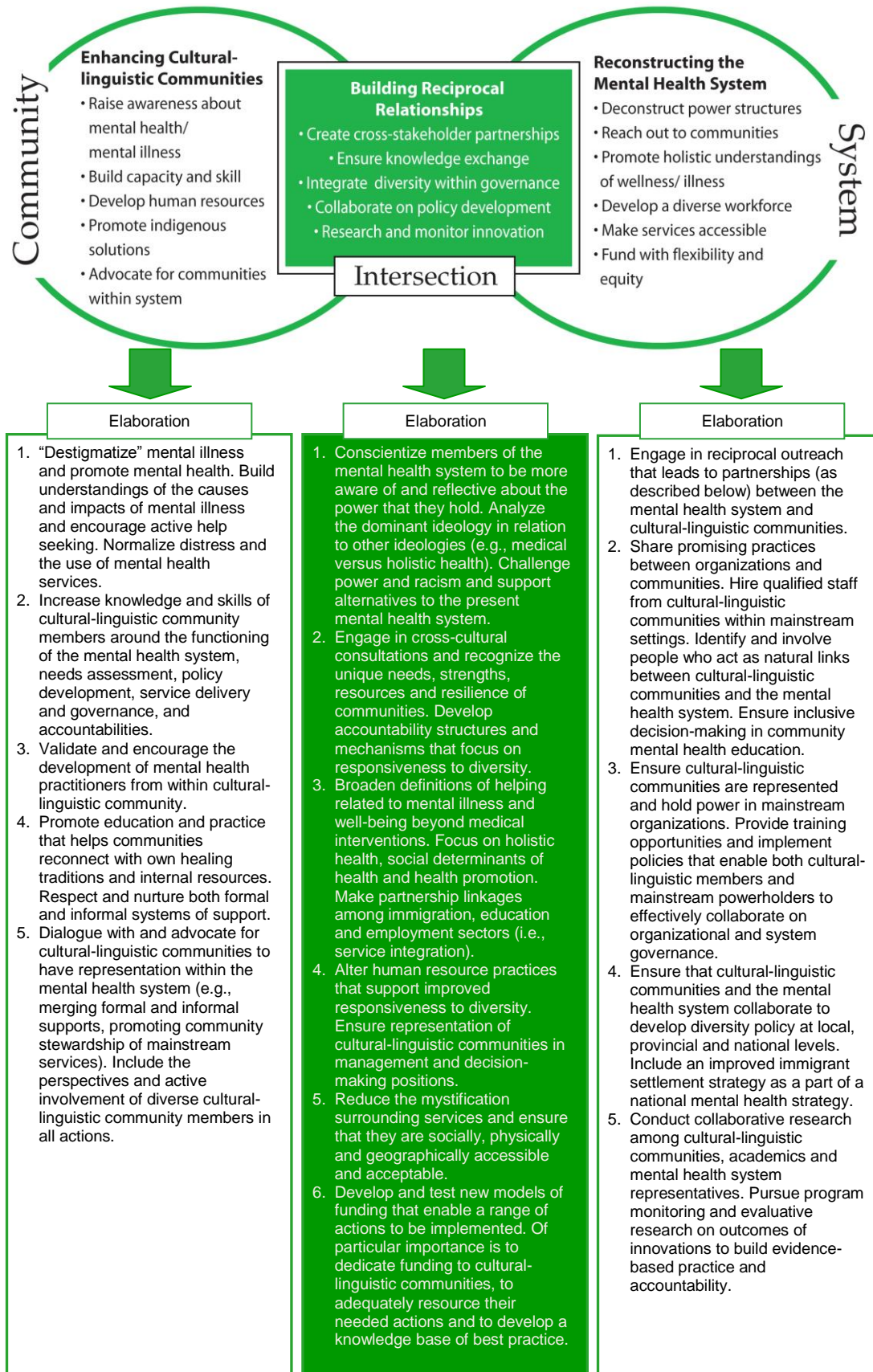
Appendix B: *Taking Culture Seriously in Community Mental Health Framework*



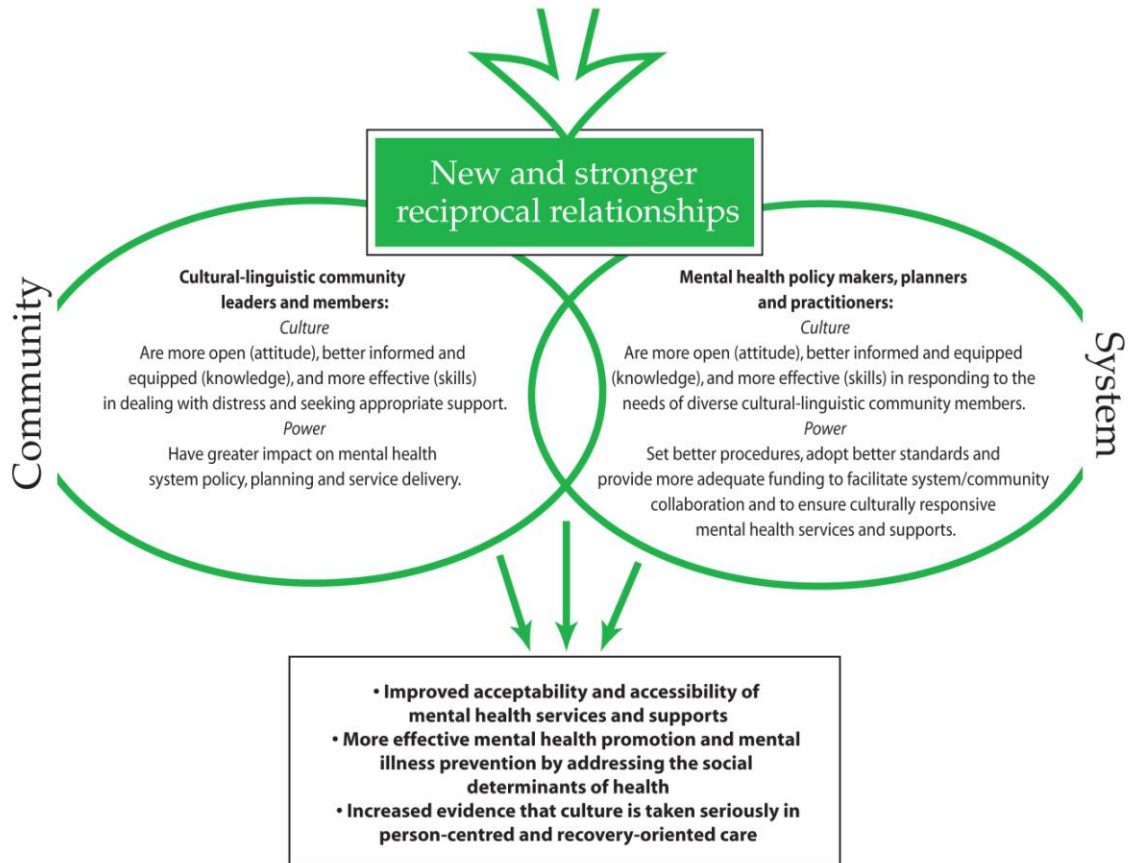
Values of the Framework



Actions of the Framework



Outcomes of the Framework



Appendix C: CURA Demonstration Projects

1. A Mental Health Case Management, Outreach, and Support Services Program for the Punjabi Community

Led by Punjabi Community Health Services

Punjabi Community Health Services, located in Brampton, Ontario has embarked on an exciting new program. The purpose of this demonstration project is to provide culturally appropriate case management, outreach, and support services to the Punjabi community in the areas of mental health and addictions. This project aims to de-stigmatize mental illness and addictions by offering supports, outreach and awareness-raising so that people who are in need of services can actually seek help in a manner that is most appropriate and relevant to their situation and circumstances. To meet the goals of this project, Punjabi Community Health Services will also establish stronger relations with mainstream organizations in the areas of referrals and working with clients and their families in a holistic manner.

For more information: www.punjabiservices.com

2. Strengthening Mental Health in Cultural-Linguistic Communities

Led by Kitchener Downtown Community Health Centre

“Strengthening Mental Health in Cultural Linguistic Communities” is a unique two year project of The Kitchener Downtown Community Health Centre. The purpose of this demonstration project is to promote mental health education and leadership training for cultural linguistic minority communities in the Waterloo Region. This project will create a synergistic effect, creating change at three levels: cultural linguistic communities, mental health practitioners and system policy/planning. Essential to this project is relationship building and sustainability beyond the two-year funded term both within and amongst cultural-linguistic minority communities in the Waterloo Region. The Cultural-linguistic communities participating in this project are: Afghani, Chinese (Mandarin), Latin American (Spanish), Polish, Sikh-Punjabi, Somali and Sudanese. Seven Mental Health Navigators have been hired for this project.

For more information: alida@communitybasedresearch.ca

3. Newcomer Youth Theatre

Led by the Kitchener-Waterloo Cambridge YMCA

This project offers newcomer youth opportunities to express their experiences and challenges through theatre. The project aims to build an atmosphere of support and openness to diversity within the high school community. This project focuses on awareness of settlement stress, with a goal to develop increased mutual understanding between students and teachers. In 2009, 11 Waterloo Collegiate Institute (WCI) students (from six different countries of origin) performed a

theatre piece to hundreds of staff and students at their school, three other high schools, one primary school, and the school board

For more information: thaworth@ckwymca.ca

4. Older Adult Conversation Circle

Led by the Kitchener-Waterloo-Cambridge YMCA

Monthly dialogue about mental health offers mental health promotion for newcomer and Canadian older adults. The goal of this project is to create increased awareness about mental health issues and services available in Waterloo Region. In 2009, mental health service providers from the Canadian Mental Health Association (CMHA), Kitchener Downtown Community Health Centre (KDCHC) and other agencies have shared about services available and received feedback for improving services for older adult newcomers. Citizenship and Immigration Canada funds this project.

For more information: hingold@ckwymca.ca

5. Women's and Men's Support Groups

Led by the Kitchener-Waterloo Multicultural Centre

This project involves eight gender-specific informal discussion groups in Mandarin, Polish, Arabic and Spanish to promote mental health and positive settlement for culturally diverse women and men in Waterloo Region. The project intends to increase mutual understanding between cultural communities and service providers

For more information: takingcultureseriouslycura.ca/kwmc

6. Leaders Mobilizing Change

Led by the Centre for Community Based Research

This initiative involves a series of full day workshops on making community mental health services more culturally responsive. By partnering with each of the Local Health Integration Networks, the workshop will be brought to 14 communities across Ontario in early in 2010. The workshops are facilitated by the Centre for Community Based Research and are designed to be interactive and action-oriented. It brings together senior management and decision makers in community mental health and settlement organizations, and leaders in cultural-linguistic communities.

For more information: tanya@communitybasedresearch.ca