



WhyPsy Roundtable Report and Executive Summary

October 14, 2021





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Introduction

WhyPsy is a mental health platform to equalize access to mental health support across all communities. The organization's core values are modeled after the acronym, E-CARE, which stands for Empowerment, Compassion, Accessibility, and Equity. Uniquely, the brand aims to be akin to wifi by being accessible in every home, which is how the WhyPsy name was inspired. By addressing the barriers of stigma, language, efficacy, and cost, which are all pertinent in accessing mental health support, WhyPsy collaborates with like-minded organizations to deliver their objectives with the target population being ethnocultural communities.

Accordingly, this report aims to identify factors that contribute to how Calgary health and wellness professionals can support local mental health priorities. In light of the COVID-19 dilemma, many additional barriers are associated with the entry and adherence to mental healthcare and exacerbate the importance of deconstructing the best methods to overcome these barriers. Despite the evolving COVID-19 situation and restrictions, the WhyPsy organization ambitiously hosted an in-person mental health roundtable event in September, with some representatives attending online. The roundtable primarily involved representatives from local organizations with mental health initiatives, as well as Calgary politicians, members of Calgary Police Services (CPS), and organizations focused on ethnocultural community engagement. Specifically, the attending organizations on the roster included CPS, the University of Calgary, Aboriginal Friendship Centre, Circle of Wisdom, Calgary Catholic Immigration Society, Action Dignity, Calgary Distress Centre, The Immigration Education Society, Calgary Immigrant Women Association, Punjabi Community Health Services, Centre for Newcomers, and Calgary Bridge Foundation. Additionally, the MP for Calgary Skyview, the MLA for Calgary-East, Muslim Community Calgary, and the Muslim Council of Calgary demonstrated interest and support for the roundtable event, despite being unable to attend.

As WhyPsy recognizes the significance of a collaborative approach to address improved mental health outreach, this report integrates a qualitative research component to discuss the main takeaways from the event which was seemingly well-received by the attendees. Further, the report includes highlights of the roundtable outcomes that will support the organization's ongoing development.

Research Methods

The research for this report was conducted by utilizing databases including Google Scholar and Web of Science and searching for keywords such as the following: mental healthcare, barriers, facilitators, access, cultural, Canadians, stigma. From the search results that were produced, analyses of academic journals, government and nonprofit reports, and grey literature were conducted to explore evidence of existing mental health barriers and approaches to combat them. Research findings revealed personal, social, and cultural implications of mental health accessibility for ethnocultural Canadian communities, including Black, Arab, Indigenous, South Asian & Asian communities. Additionally, a pre-roundtable survey was conducted before the event in which the participants answered questions related to how their organizations approach engaging their target audiences and the successes and challenges of their outreach efforts. The data that was deemed relevant from the qualitative research was extracted to support the roundtable workshops and the identified conclusions of this report.

Findings

The WhyPsy mental health roundtable commenced with a presentation from one of the founders of the organization, Dr. Mahdi Qasqas. He emphasized the importance of relationship building, describing the priority of clients needing to feel at ease when seeking counseling. It is more challenging to address serious topics without establishing a sense of familiarity and comfort. Dr. Qasqas suggested that saying hello in the client's language is a welcoming approach to reduce the initial anxiety that they may be feeling. Particularly because mental health is extremely stigmatized for minority populations, the first interactions are monumental as it determines furtherance of accepting support. Consequently, first impressions, initial introductions, and saying "hello" are the foundations of trust and building a strong therapeutic relationship. Dr. Qasqas also described the concept of in-groups and out-groups concerning the essential practice of inclusiveness when receiving mental health support. As there are various components of unfamiliar territory, mental health professionals need to adopt a collaborative effort between different groups and promote cultural adaptation.

The topic of cultural competency provided a nice segue into the next presentation and discussion workshop titled, “Deconstructing the Barriers of Mental Health for Visible Minorities”, led by Dr. Rose Joudi. Her presentation began with her sharing a finding from Statistics Canada of visible minority groups being more likely than non-minority groups to report poor mental health (27.8% vs. 22.9%) and being four times more likely to engage in substance use since the COVID-19 pandemic began (Statistics Canada, 2020). This led to an important consideration that many health providers are guilty of, which is to look at people who need mental health services as a homogenous group. Although the target population may fit under the visible-minority umbrella, the reality is, not one standard approach works for everyone. Additionally, due to the challenge in recognizing the unique barriers that each person faces, Dr. Joudi invited the guests to consider and write down the barriers that their organization faces, including anticipated barriers and personal barriers. The attendees addressed over thirty barriers and some of the remarks that can be highlighted include mistrust in authority, sometimes due to bad experiences in their native country, feeling ashamed and judged, maintaining their reputation in their ethnic community, lack of access to technology, lack of understanding of mental health, affordability, unsupportive family, transportation, racism, and doubt that intervention will be effective, etc. These remarks were supported by constructive discussions and the guest organizations sharing their various experiences.

Subsequently, Dr. Joudi revealed common barriers among Indigenous, Black, Arab, South Asian, and Asian communities. Notably, much research identified that black children and youth are not receiving care unless they are interacting with the justice system or become symptomatic enough to require intensive intervention (Fante-Coleman & Jackson-Best, 2020). Black Canadians may avoid seeking care because of stigma and mistrust of healthcare professionals, along with personal factors such as the perception that an individual is not mentally ill or a pattern of self-reliance (Fante-Coleman & Jackson-Best, 2020). The representative from CPS responded with some valuable insights regarding the need for more communities to make use of their partner services such as Calgary Distress Centre and to promote the calling of 211, rather than 911, in non-emergency mental health situations. The CPS representative also described other efforts, such as the diversity unit trying to be more responsive within diverse communities, and he indicated the need for

patience from communities in regards to these efforts. Dr. Joudi added that improved partnership may help bridge the lack of trust within communities because we could incorporate approaches such as the intervening body coming dressed in civilian clothing and a civilian car. Or, an individual from a particular community who has already established trust can participate in mental health discussions, as opposed to serious police intervention.

Within Arab communities, stigma and language were also significant barriers. Additionally, among Asian communities, stigma, mistrust, and lack of cultural sensitivity were all pertinent barriers. It is common amongst Asian communities to associate mental illness with shame and only utilize mental health services as a last resort (Li & Browne, 2000). Furthermore, for Indigenous communities, various elements of systemic challenges contribute to them not accessing mental health services. “Colonization and historical intergenerational traumas (e.g. residential schools, Sixties Scoop) have plagued the survivors and later generations with physical and mental trauma, which can generate self-destructive behaviors such as alcoholism and violence. These behaviors are often portrayed inaccurately in the media, leading to negative stereotypes of Indigenous people.” (Nguyen et al., 2020). Moreover, the presence of stigma and stereotyping fails to promote an effective entryway for many Indigenous people to receive mental healthcare.

The next topic on the roundtable agenda was regarding facilitators that aid entry to mental health care. The guests were invited to participate in a workshop to brainstorm and discuss facilitators. The discussion was very productive and resulted in over thirty suggestions with some of the notable solutions being brokering between referral sources and cultural or religious programs, active listening, reduce stigma within the community and non-clinical environments, strength-based and holistic approaches, targeted outreach, and collaboration, getting their foot in the door by providing food hampers, employment opportunities, and language classes, collaborating with community leaders to adapt interventions that are more culturally appropriate. Moreover, these suggestions are supported by Planey et al. (2019), who revealed that the use of faith communities, cultural rapport, culturally competent care, a supportive social network, and supportive parent and caregiver attitudes and recognition of youth mental illness are important determinants of improving mental health care accessibility.

Conclusions

The WhyPsy mental health roundtable was a valuable event that uncovered the need for mental health professionals to incorporate more collaborative approaches to reach a wider audience. As a result of this roundtable, WhyPsy had been invited to several mental health events and ethnocultural community events, which demonstrates the need for the organization's resources. As WhyPsy is a platform that aims to promote education, awareness, and resource directing, collaborative methods will surely be an adapted approach. Additionally, the discussion workshops at the WhyPsy roundtable deviated from identifying local priorities and strategies for each organization, mainly due to time constraints. However, the consensus from the post-roundtable feedback sheets was that the workshops were well received and organizations would be interested in future collaborations with WhyPsy.

Recommendations

WhyPsy endeavors to host future workshops with an increased focus on capturing local priorities. Certain considerations, such as the geographical locations and capabilities of each organization would be better incorporated. Specifically, it may be beneficial to explore how priorities differ in informal, non-profit, or community settings vs. political, clinical, or social justice settings. Additionally, integrating the recommendations of cultural brokerage and ethnic languages would be beneficial in addressing cultural competency.

As WhyPsy is an online social innovation service, there is much research that supports the need for this initiative. For example, online health interventions may have benefits in improving continuity of care and service engagement through innovations such as interactive media and tailored approaches (Lal, 2019). Also, for populations that may prefer to seek help anonymously, an online service may be a preferred method. However, it will be important to consider and find resolve for potential challenges such as concerns about privacy, data security, financial interests of developers, and concerns of how this approach could marginalize those with cognitive and physical limitations (Lal, 2019).

Conclusively, these recommendations will be integrated with future logistics planning of the WhyPsy organization. As the roundtable event highlighted solution avenues to address barriers to mental health, WhyPsy aims to advance these avenues and would value continued support that is mutually beneficial for local mental health organizations and Calgary's ethnocultural community organizations. Conjointly, the feasibility of these solutions requires a collaborative effort to primarily encourage utilization of mental healthcare to populations that need support, despite existing barriers.

Citations

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