Policy Brief: Mental Health Disparities among the IRER groups in Canada

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Personal Relevance to Topic

Before I discuss my personal connection to the topic of mental health disparities among the immigrant, refugee, ethnocultural and racialized (IRER) groups, I think it would be worthwhile to mention some of my intersectionalities so as to provide a bit more insight into my thought patterns. I am a twenty-two year old Iranian-Canadian woman. Moving to Canada at the age of seven, I never received any formal education in my home country. While integrating into the Canadian community I always felt the disconnect between the cultural and traditional values expressed to me in my family life versus school community. As such it is no wonder that through my childhood and adulthood development I often felt restless and indecisive in selecting the values I wanted to embody.

With any type of cultural upbringing people often have experiences that were either beneficial or led to some harm on some aspect of their 'self', I am no exception to this phenomenon. From as far as I could remember the messages incorporated within TV shows and school preached the importance of mental health and wellbeing. On the other hand, my family has for the most part denied the need to recognize the value behind having a therapist or given me tools to take care of my mental health. Since I gave a lot of weight to the values I learned from my family I was very reluctant to believe that mental health awareness was important.

I have chosen this topic as I believe that there are a multitude of reasons behind why an individual may not be choosing or not having the ability to benefit from the mental health resources available here in Canada. Whether it is due to not having knowledge behind the importance of mental health as a result of a cultural upbringing similar to mine or having barriers in accessing such resources. I believe it is important to shine a light on this topic and work towards closing the gap in this health disparity.

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Identification of Issue and Call to Action

Mental disorders have been found to be one of the predominant causes of disability and early mortality (Grace et al., 2016). Although challenges in regards to mental health impacts all demographics in Canada, there are certain populations which are disproportionately affected i.e. the immigrant, refugee, ethnocultural and racialized (IRER) groups (Moyser, 2020). During the COVID-19 pandemic in 2020, it was found that individuals from the IRER group had poorer mental health outcomes than white participants (Moyser, 2020). We call for action to bring light to this health disparity and address the problem with an intervention that would aim to support change focusing on social determinants and barriers these individuals may be facing to access mental healthcare.

Key points

- Ethnocultural groups underutilize the mainstream Canadian mental health services (Mental Health Commission of Canada, 2019).
- Barriers to accessing the mainstream canadian mental health services include lack of English proficiency and low level of understanding of the cultural norms and expectations within the mainstream (Li & Browne, 2009).
- Low income or even perceived low income can reduce one's ability to access mental health services (Mental Health Commission of Canada, 2019).
- Discrimination towards the IRER groups facilitates unhealthy help seeking behaviors (Mental Health Commission of Canada, 2019).
- There tends to exist a high level of stigmatization of mental illness within ethnocultural groups (Li & Browne, 2009).

Background and Pathways to this Health Disparity

In Canada the major driver of the population is through immigration, thus it could be argued that the economy is being built on the backs of immigrants (Government of Canada, 2022). Yet, it has been reported that this demographic, more specifically the IRER groups, is disproportionately affected with poorer mental health outcomes compared to white Canadians (Moyser, 2020). Given that this population is only growing with time it is essential to identify the gaps, create initiatives to mitigate the decline of mental health and ensure equity of access and outcome within the IRER population (Mental Health Commission of Canada, 2019). This paper aims to explore the most common barriers to accessing mental health faced by the IRER groups including– language, education and income, discrimination and cultural beliefs.

Although ethnocultural groups tend to have good help seeking behaviors towards their physical illnesses, the same cannot be said for their mental illnesses (Grace et al., 2016). Asian Canadians, an ethnocultural and racialized group within Canada, have consistently been found to underutilize the mainstream Canadian mental health services (Li & Browne, 2009). One of the main roadblocks in trying to access these resources was found to be the lack of English-language proficiency within the population (Li & Browne, 2009). Due to their poor English language abilities, they may not be able to properly and accurately describe their symptoms thus causing them to choose to not seek these services (Li & Browne, 2009). Additionally, there is often a low level of understanding of the cultural norms and expectations by the mainstream health professionals which further exacerbates the disconnect when trying to access these mental health services (Li & Browne, 2009).

In Canada, many mental health interventions such as psychotherapy require patients to pay out of pocket (Mental Health Commission of Canada, 2019). Within the 2016 Census, it

showed that there is a disproportionate number of racialized and immigrant households that fall under the category of low income, consequently making it difficult for these groups to access mental health services (Mental Health Commission of Canada, 2019). It has been found that in addition to being low income, being *perceived* as low income can also act as a social determinant thus once again reducing one's ability to obtain these services (Mental Health Commission of Canada, 2019). Therefore, in efforts to promote health equity it is important to expand the access to publicly funded mental health services (Mental Health Commission of Canada, 2019).

Another social determinant that acts as a common barrier for the IRER groups is discrimination and perceived discrimination (Mental Health Commission of Canada, 2019). This social determinant is extremely relevant as amidst the COVID-19 pandemic there were increased levels of discrimination and hate directed towards the East Asian communities (Wu et al., 2020). Studies indicated that this intolerance only exacerbated the disproportionate decline in the mental health of East Asian groups (Wu et al., 2020). This socially inflicted trauma has been seen to weaken the mental health of the IRER groups and lead them to expect the same discrimination if they try to get help from health services (Mental Health Commission of Canada, 2019). Thus, discrimination towards the IRER groups has been seen to discourage these groups from healthy help seeking behaviors (Mental Health Commission of Canada, 2019).

The high levels of stigmatization of mental illness within most ethnocultural groups is another facilitator for the development of unhealthy help seeking behaviors (Li & Browne, 2009). Within some cultures they tend to associate mental illness with shame, thus in an effort to not impair the reputation of their family, individuals within these cultures are discouraged from seeking help (Sadavoy et al., 2004). This often results in mental illnesses becoming family secrets and mental health services are seen as last resort options (Li & Browne, 2009).

The yearly cost of mental illness in Canada is approximately $50 billion dollars (Moroz et al., 2020). This figure includes the healthcare cost, loss of productivity and reductions in health related quality of life as a result of mental illness (Moroz et al., 2020). Studies have shown that early intervention can help improve the outcomes and mental health needs of the IRER populations as well as result in cost savings for the healthcare system and the economy (Mental Health Commission of Canada, 2019). Therefore, to reduce the burden on society and improve the health of the IRER we propose that the recommendations below be taken into consideration.

Recommendations

1. Cultural competency training should become a standard requirement created for all mental health professionals who directly work with clients in Canada.

In efforts to move towards practicing equitable mental health care, it is important to create awareness about the barriers and struggles faced by IRER groups in the search to access culturally competent mental health services. We propose cultural competent professional development programs, which are required to be completed by mental health professionals dealing with clients directly. Through these sessions we hope that mainstream health professionals gain a higher level of understanding of the cultural norms and expectations.

To implement this program, we suggest partnering with the Multicultural Mental Health Resource Centre to create cultural competency and safety courses. The content of these courses would be tailored to serve the unique demographics of each of the provinces of Canada. The interactive and engaging program would be created by a group of professionals (i.e., epidemiologist, mental healthcare professional, EDI (Equity, Diversity and Inclusion) and IRER advocates, members from IRER groups...) and the content of the workshops will be gathered from peer-reviewed articles and IRER lived experiences.

Potential challenges in implementing these programs include financial restraints. Additionally, due to the higher level responsibility and busy work schedule there may be concern regarding the participation among the healthcare professionals. To solve financial barriers, we can apply for grants and individual funding sources (i.e., CIHR grants). Additionally, making this a standardized program required to be completed by all mental health professionals will provide individuals incentive to take the course.

2. It should be mandatory to have linguistic competence strategies set in place for mental health service providers in each province.

We call on all health funding bodies (i.e. Health Canada) to help fund professional interpreter positions within every province in Canada. These certified interpreters would sign and work under confidentiality agreements. Their services would ideally be freely available and accessible to the public, more specifically individuals from IRER groups trying to access mainstream mental health services. This intervention will improve mental healthcare access for IRER individuals and motivate people from these groups to seek help in a timely manner.

3. There should be education campaigns regarding the de-stigmatization of mental health illness and accessing mental health services within the IRER population across Canada.

As a starting point these campaigns can be launched through education programs in elementary and secondary schools across Canada. Whereby, all parents and children would be invited to attend an education workshop on the importance of mental health and timely access to service. This can work to potentially shift biases within the parents minds and teach both the parent and the child healthy help seeking behaviors. This intervention would not only benefit the IRER groups but the population as a whole.

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