2020

Mental Health Focus Group Summary Report

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Acknowledgments

The information presented in this report is a result of participants from our ethno-cultural community, who were willing to share their time and experiences to help further the mandate of the PVLIP Mental Health Working Group. It is recognized that their contributions are rooted in a desire to help and offer assistance in any way they can to improve settlement and integration outcomes for newcomers.

Thanks to each of you for your participation!

In addition, a special thanks to:

Hani Ataan Al-ubeady – for facilitating the event

Table facilitators – for your willingness to gather information from your groups

PVLIP Mental Health Working Group members – for attending and participating

Regional Connections – for offering the space for this event

LJS Consulting – for providing historical background

As we collectively strive to understand the historic and ongoing relationship between settlement and the land on which we are located, PVLIP respectfully acknowledges that the land that this document was created on and where our work is done is located on Treaty 1 territory, the original lands of the Anishinabek, Cree, Oji-Cree, Dakota, and Dene Peoples, and homeland of the Metis Nation.

We would like to acknowledge Immigration, Refugees and Citizenship Canada (IRCC) for funding for this event.

Immigration, Refugees and Citizenship Canada
Immigration, Réfugiés et Citoyenneté Canada

Pembina Valley
Local Immigration
Partnership

Contents

Executive Summary

The Pembina Valley Local Immigration Partnership (PVLIP) has been established to help develop welcoming and inclusive communities and increase a sense of belonging for newcomers. Gaining a better understanding of the impact of immigration on community services and resources as well as learning from the lived experiences of newcomers, will help foster how the Pembina Valley can continue to work collaboratively on goals and objectives to make newcomers feel more at home.

This focus group was conducted as part of PVLIP's Action Planning for the Mental Health Priority. The Mental Health Working Group felt it was important to explore newcomers lived experiences to gain a current cultural perspective of mental health and well-being to better inform the implementation phase of the Action Plan.

The main intent was to discover if mental health is viewed differently in other cultures than it is in Canadian society, to learn what barriers prevent newcomers from accessing local mental health supports, and what vocabulary might be suggested as alternatives to 'mental health'.

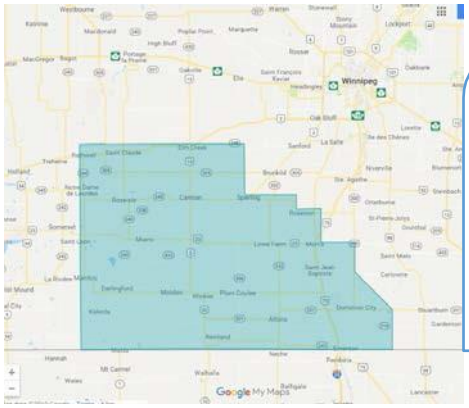
The overall goal of this focus group was to bring a clearer understanding from a cultural perspective on the topic of Mental Health. The information gained will be a building block to share with local service providers to help guide their ongoing program delivery. It will also help guide the PVLIP Mental Health Working Group on the next steps to implement for the goals in the Action Plan. For additional information about PVLIP please visit the website: www.pvlip.ca .

The PVLIP Immigrant Advisory Table helps inform the Mental Health Working Group on needs of newcomers in the Pembina Valley

Background

Local Immigration Partnerships (LIPs) were first developed in Ontario in 2008, through a partnership between Citizenship and Immigration Canada (CIC), now named Immigration, Refugees, and Citizenship Canada (IRCC) and the host organization. In 2012, the first LIPs outside of Ontario were established. (A list of current LIPs and their communities across Canada can be found on the Pathways to Prosperity website at http://p2pcanada.ca/lip/).

Regional Connections was awarded funding to establish a LIP in 2017. The goal was to develop a mechanism to formalize community-based partnerships to improve settlement and integration outcomes for newcomers in the Pembina Valley region. As a multi-community LIP located in a rural area, PVLIP is one of only a few regional LIPs across Canada.



The Pembina Valley has a combined land area of 9,791 square KM and a total population of 60,656 (2011 census).

PVLIP Catchment Area

PVLIP meets quarterly with a Local Partnership Council, representing 7 municipalities and has 18 members from various sectors including: economic development, education, law enforcement, chambers of commerce, human resources, health care, employment, settlement & language services, federal and provincial representation. These members represent decision makers in each community and help to implement the action items from the strategic plan.

Immigrant Advisory Tables also meet quarterly, both regionally and locally, representing lived experiences from newcomers through the Pembina Valley. These discussions help to identify and implement action items and work together with the Local Partnership Council to improve settlement and integration outcomes for newcomers.

Discussions began in October 2019 to organize this event. Selecting a trained facilitator with both a background in mental health and lived experience as a newcomer was a priority. The combination of both experiences was important to bring a safe environment for participants.

Efforts were made to include CMHA (Canadian Mental Health Association) as a co-facilitator but schedules were hard to match up with the availability of newcomers.

Participants were invited to attend based on their ethno-cultural connections, ability to communicate to others, and represented diverse Canadian experiences. In total, 23 people participated, representing 16 culture groups from throughout the Pembina Valley.

Twenty-three participants representing 16 cultures met to discuss a cultural perspective on Mental Health.

Methodology

The Mental Health Focus Group was originally intended to involve CMHA (Canadian Mental Health Association) as a facilitator, as well as a foreign born trained mental health facilitator to lead three individual sessions in Winkler, Morden and Altona. However, several logistical challenges prevented that from happening. As well, availability of CMHA was not able to coincide with availability of newcomers, and as a result one evening session was held in Winkler.

To accommodate the facilitator and the work schedules of participants, a three hour evening session was selected. 23 participants representing 16 cultures attended. Upon arrival participants were put through an exercise to create groups of 5 to work together for the evening.

Note takers were pre-selected and provided background knowledge on the questions to be asked to prepare them for the event. Four members of the Mental Health Working Group were in attendance and able to assist with this process.

Appendix A and Appendix B identify two true life scenarios used to help draw out the participant's views and emotions associated with challenging circumstances. Appendix C provides the collective answers as recorded by the note takers that were used to gather a cultural perspective on mental health. A detailed account of the process written by the facilitator is available as Appendix D.

Listed below are the questions prepared in advance for the table discussions.

Questions for Round Table Discussions

How is mental health understood in Canada? How is mental health understood in your ethno-cultural community?

Have you, or someone you know, considered accessing 'mental health supports' in your community? If not, what are the barriers to accessing supports? How do you view group therapy vs. one-one?

Have you experienced racism/discrimination and how does that affect your well-being? Where did you experience racism/discrimination?

Would you have any suggestions on what English vocabulary/phrases, would be the best to use to help newcomers understand mental health and it supports in Canada?

Summary of Results

Participants were asked to identify: What brings you a sense of Happiness? What brings you peace? What makes you feel at ease?

The main answers were food, family and community. Nature was also mentioned as was sports/exercise. Most of the activities mentioned had people isolated or being alone, however, getting recharged alone enables you to spend time with family, which builds a sense of community.

Everyone agrees that being 'altogether', or in community, is a common denominator. When newcomers arrive, do they have a place to be altogether bringing food family and community together? If not, has this impacted their sense belonging and well-being?

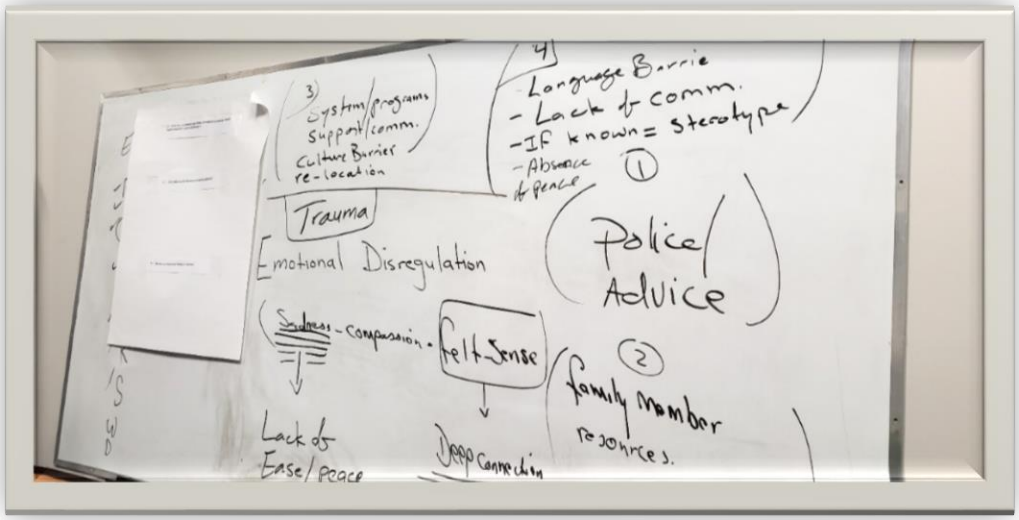
How is mental health understood in Canada vs. your ethno-cultural community?

Most attendees agreed that in Canada there is greater acceptance in discussing mental health even though there is still some stigma, it is getting better and more widely accepted.

Ethno-culturally this is not a topic that is widely accepted or discussed. There remains a larger barrier to having discussions even with immediate family members.

Have you, or someone you know, considered accessing 'mental health supports' in your community? If not, what are the barriers to accessing supports? How do you view group therapy vs. one-one?

Although almost all participants admit to accessing mental health supports, they still identify that barriers exist within their ethno cultural communities to seeking support: finances, religious backgrounds, stigma, wait times and language.



Mental Health Focus Group discuss sense of belonging

Have you experienced racism/discrimination and how does that affect your well-being? Where did you experience racism/discrimination?

All participants identified with experiencing racism/discrimination at some point either at work, school or in the community. Several personal stories were shared on how they, a family member or a friend have been impacted.

Would you have any suggestions on what English vocabulary/phrases, would be the best to use to help newcomers understand mental health and it supports in Canada?

Exploring vocabulary best used to describe mental health from a cultural perspective needed more time to explore. However, all agreed that one should not use the word 'mental' as it implied to be 'crazy' and as a result prevents people form sharing or searching out help to deal with feelings and emotions.

Conclusion

The overall sense of this event was it was a lot of content to cover in a 3 hour evening session. Evaluations indicated that a Saturday event would foster more time for processing and not be rushed with their answers.

There was a lot of energy and emotion in the room and a deep desire by all who attended to help bring light and awareness to this important conversation.

Recommendations include:

- Host a follow-up session to help take this conversation to a deeper level
- Allow more time for processing and discussing questions
- Hold event on a Saturday
- Have current local resources available for participants to take and hand out to their communities
- Invite local mental health service providers to display information
- Address racism/discrimination and the impact on mental health

The PVLIP Action Plan had identified a goal to host mental health forum and the content from this event indicated that there is a need for more awareness, both by service providers to understand the needs of newcomers, as well as for newcomers to understand how to navigate the current system.

Appendix A – Session Notes

<u>Questions used to gain a cultural perspective on Mental Health:</u> (Participants were divided into groups and recorded answers on flipcharts)

1.0 How is mental health understood in Canada?

Becoming more aware this is about 'well being' rather than mental health
It is becoming more mainstream -'Bell let's talk', hockey, Etc
Open conversation in schools
Changing with younger Generations
Still some stigma, shame
More built-in support at work and school
Focus on bringing balance, not just having problems
Employers see benefit of well-being
Enjoy and participate in life
Feeling good about self, relationships
Life or work balance
Stigma, getting better
Physical check-ups, why not mental?
Not taken seriously or as important
Viewed as laziness
Can't relate
Hard for Men, supposed to be strong
The word mental health has a stigma for newcomers too, need another word (emotional)
Stigma is being broken gradually
"How are we supposed to know"
Understood by private insurance companies that pay for counselling Etc

1.1 How is mental health understood in your ethno-cultural community?

Treated like a plague, don't want to be associated with it
Glossed over, not taken seriously
Entire family is labelled with mental illness of an individual
Craziness (Bangladesh)
It's understood as an illness, like any other disease (Congo)
Not taking it seriously (India)
Considered a problem with 'nerves' (the nervous system) but not understood
More stigma, less support in first country
Not talked about
Means someone who is nervous
Stigma, not always talked about
Nothing positive about Mental Health (weak, problems)

2.0 Have you, or someone you know, considered accessing 'mental health supports' in your community?

Yes. Myself, my family members (6 additional people 'checked' this answer)
Yes (5 checkmarks)
Yes for professional learning
No (3 checkmarks)
Yes, family doctor, counselling

2.1 If not, what are the barriers to accessing supports?

Social stigma
Religions perspective
Cultural perspective
Lack of education and awareness
Insurance, cost
Wait time to see someone
Hours of available
Muslim based guidance
Stigma, don't want to be known to have an emotional issue
Language- can't express emotions
Don't want to be judged as a newcomer
Don't want family back home to know

2.2 How do you view group therapy vs. one-one?

One on one (3 check marks by this answer)
Group therapy (1 check mark by this answer)
Prefer one-on-one. With group therapy = different skills, styles, etc
Group - Can draw strength from others
Group - Not alone
Group - Can also be draining
Both can be beneficial
Group - hear from others, eliminate loneliness, might not feel comfortable sharing
One-to-one = get to root of problem, more personal, can't hide behind group, feel safer sharing

3.0 Have you experienced racism/discrimination and how does that affect your well-being?

Shocked to hear an excuse, "that's the way he is"
Moved to a better area because of how bad it got
I have also experienced racism or discrimination due to gender
Of course
Don't really care because they don't matter to me
Feel shocked when discriminated
Feel ashamed do to others reaction
Yes but does not affect me - know that majority white people just need to get used to them
Yes it does affect me makes me sad
Yes it makes me angry

Lowers self-confidence, sense of worth, emotional state
Yes, based on language and appearance

3.1 Where did you experience racism/discrimination?

Work
School / neighbourhood
Workplace
In some other spaces
School
Community
Hospital
Workplace

4.0 Would you have any suggestions on what English vocabulary/phrases, would be the best to use to help newcomers understand mental health and it supports in Canada?

Settled - emotional, social, financial
Peace of Mind, happiness, at ease
Well being
Be forward to normalize it
"Mootloos" = unhappiness
Stress(ed) - "what is stressing you?"
" pain of heart"
There is no word for 'stress' in Africa because they don't stress about anything
Time for yourself / me time
Nerves off, how are your nerves
Emotional situation
Better understanding of the situation
Talk about specific emotions
Safety phrase IE abuse
Mental coach
Share stories –helps us not judge people
Family

Appendix B – Scenario One

Scenario One: Based on true story (Parenting and family relational dynamic):

Jena is 63 years old woman and an ethnic-war survivor from the Balkan. She barely reads and writes in her first language. She is the oldest child in her family; she helped her mother to raise her three siblings. Jena was married to an abusive man whose dream of having children was not realized and for that, he bitterly blamed Jena. When the war in 1990s broke out in the Balkan region, Jena got divorced from her abusive husband.

While she was escaping (internally displaced refugee) she met Hesso whose concentration camp's torture scars were very evident and tormenting. They were married and had their only child in 2000. The son's name is Jecko. Both Jena and Hesso provided Jecko with whatever they had of materials (if he asks for $10 allowance, he was given $20). Hesso and Jena both worked hard to provide for their son. Hesso worked as a construction worker, Jena cleaned Winnipeg's buildings, and houses. Jecko struggled with schooling and eventually dropped out before finishing high school. His parents gave him money, food and clothes. He is the only child; both Hesso and Jena would answer their friends if they were asked about Jecko's situation.

In 2019, Hesso came home from work and fell ill. He started to take antibiotic for what he was told a bacterial /stomach issue. After a few days, things got more complicated, Hesso started to faint, once he got admitted in the hospital, he was told that he had a few days to live (cancer). Hesso passed away. Jena was consumed by sadness and felt being lost. After a few days of Hesso's passing, Jecko was arrested for sex trafficking (he was not the planner but he was part of a group that conducted such activities). He was jailed. Jena spent 20,000.00 on legal proceedings. Jecko was out on bail. Jecko asked his mother for his father's insurance money. He started to bring suspicious people into the house and stayed over for days. Jecko started to threaten his mother and acting like a gangster, if she would not give him money he would be violent with her. Jecko told his mother that he needed to pay some people and if he would not then those people would come after him. Mother, Jena, does not know what to do. She is no longer sleeping at her house fearing Jecko and his friends would harm her. She cannot bear the idea of calling the police on him. She feels STUCK.

What comes to your mind when you read this story?

How do you feel about this family?

Has this story triggered anything in you that you are comfortable and willing to share?

What culturally- appropriate intervention/s do you think would be suitable for this case?

Appendix C – Scenario Two

Scenario Two- based on true story (Belief System and Mental Health)

Mamdou came to Canada to fulfill his parents wish (studying in Canada) and come back all successful and well established. A year after arrival, Mamdou fell in love with a girl at school. The relationship did not last for long. Mamdou felt shutdown from the world. He was diagnosed with schizophrenia and bipolar. He was given medication. He gained weight and made him feel isolated. His parents back in Africa along with family friends in Canada believe that he is merely possessed with bad spirit or Jennie.

Mamdou was convinced by his family to book his flight and go back home to Africa so that he can meet with a religious figure to get this bad spirit out. Mamdou's closest friend in Winnipeg (Aliyar) is very worried that Mamdou is not getting what he needs of healthcare. Aliyar believes that the medications that Mamdou is taking is making him worse and the trip back to Africa to meet this religious figure could be as bad as the medication he is getting here in Winnipeg.

What went in you mind while reading this brief story?

What feelings did it generate?

While reading these lines, have you paid attention to your body's sensation and feelings?

Where would Mamdou go from here in terms of treatment and interventions?

Appendix D – Facilitator Notes and Summary

Process-Oriented Facilitation Method (submitted by: Hani Ataan Al-ubeady)

The process of engaging the participants through an interactive facilitation method wasconducted over three hours. During the three hours, the concept of 'Self' was explored by bringing the participants awareness to the" here and now". This was mainly achieved by directing their attention to the closet part of themselves "identity and name". At this part of the process, participants moved from their comfort-by-choice type of seating to a place where they had to search for seats with structured guidance (name activity). Subsequently, the participants were brought back to the concept of SELF. This, again, the participants were asked to identify three things that bring themselves (not the world/family/community etc.) a sense of happiness, put them at ease and peacefulness.

Identity/name activity nurtured the awareness of the existence of three resources that participants identified that can be explored, understood and felt. This activity created a space for the other activities that followed by introducing the concept of "felt sense". In its simplest form, felt sense is when a person connects with another by attuning to the person's pain and emotions. The participants connected, were visibly and emotionally moved, through the body language and expressively mentioning their empathy towards the characters in both cases/vignettes. Through empathy and giving permission to be 'judgmenta-less' when connecting with emotionally triggering situations (two scenarios/cases). During these activities, grounding and mindfulness were used to keep participants grounded and be in the Here and Now.

Purpose of activities that focus on the three concepts (Self- Here & Now- Felt Sense)

In order for a full engagement of participants in answering the questions that Pembina Valley Local Immigration Partnership (PVLIP) was looking to have answers for, a full or partial emotional and cognitive attunement is needed. From my observation that most, if not all, participants had reached that expected attunement. They participated and reflected from the felt sense which is the goal for these type of focus groups-workshops and gatherings. Answering cognitively is sufficient, however, would not ensure congruence of information and answers. Having both cognitively-guided answers with full or partial felt-sense and emotional attunement would authenticate and humanize the process of sharing perspectives.

Recommendation

If PVLIP see it necessary to have a follow up session focusing on what they deem relevant to their work from the gathered information and have in-depth type of session with specific emerging theme. The follow up session can be an opportunity to process the " felt sense" and explore it from a cultural lens that facilitates awareness of external and internal resources for the PVLIP members/stakeholder and partners/members.

Outcome

Processing the mentioned themes and concepts in depth would provide an opportunity to explore ways of addressing social and cultural isolation, barriers to integrations, and access to collaborative solutions. I am satisfied that the gathered information/answers to the PVLIP's questions were answered with emotional and cognitive attunement.