ActionDignity

DEEP IN OUR MIND:

ISOLATION AND RACISM

A Community-Based Participatory Action Research
Report on Mental Health and Social Exclusion

June 2022

ACKNOWLEDGEMENT

REPORT SUMMARY

Background

Calgary's racial diversity continues to increase significantly. From 2006 to 2016, its racialized population grew from 30.1% to 36.2% (Statistics Canada, 2019). As Calgary's diverse population increases, so is social exclusion among racialized groups. The World Health Organization has recognized areas of exclusion, namely markets, services and spaces which impacts racialized individuals and communities (United Nations, 2016) (See Diagram 1).

Diagram 1: Exclusion to What (World Health Organization)
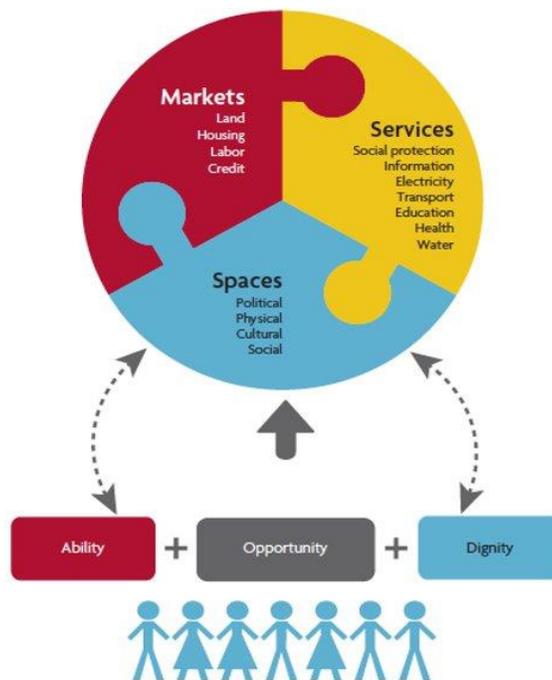
Social exclusion is defined as a "state in which individuals are unable to participate fully in economic, social, political, and cultural life, as well as the process leading to and sustaining such a state" (United Nations, 2016). Anyone can encounter forms of social exclusion in their lives, yet marginalized groups experience exclusion significantly higher which severely limits their rightful access to an equitable life (Lightman & Gingrich, 2020). Additionally, low access to resources, low social status, low levels of education and healthy child development, high levels of racial intolerance and unemployment, fragmented social networks, and limited access to health services deepens exclusion (The Population Health Template: Key Elements and Actions That Define A Population Health Approach, 2001).

Research identifies the mental health needs of ethnically diverse immigrants as a growing concern (Mental Health Commission of Canada, 2013). Studies increasingly recognize racism specifically as an important driver of inequitable health outcomes for racialized Canadians (The Population Health Template: Key Elements and Actions That Define A Population Health Approach, 2001). Two large-scale meta-analyses focused on the relationship between discrimination and mental health found significant negative impacts of discrimination on mental health (Mental Health Commission of Canada, 2013). Additional analyses focused specifically on racism found significant association of racism with mental health, self-esteem, psychological distress, and related results for life satisfaction, anxiety, and depression.

Research Methods and Objectives

ActionDignity's Social Inclusion Program (SI) conducted a community-based participatory action research (CBPAR) on social exclusion, mental health, and racism. CBPAR is a form of collaborative research done with community members, stakeholders, and researchers (Hacker, 2013).

Due to COVID-19 restrictions, data was collected virtually using focus group discussions (FGD) facilitated by the multi-lingual team of community brokers & staff. The team followed a semi-structured questions in first language. A social worker was on call for need of counselling. In recognition of the community members' participation, they each received a gift card.

CBPAR participants included 45 members from seven (7) ethnic communities within Calgary, namely Chinese, Ethiopian, Filipino, Latino, South Asian, South Sudanese, and Vietnamese Canadians. Their age ranges from 25-69. Participant inclusion criteria were being ≥ 25+years of age, belonging to the selected ethnic groups, with lived mental health experiences (as individuals, providers, or family member/caregiver). The research methods are captured in Diagram 2.

The central goal of this research is to develop a framework for social inclusion among racialized communities which would facilitate access to mental health services. In addition, the lived experiences of the participants will inform and guide service providers and policy makers to address social exclusion. Specifically, the research envisages to:

- Understand mental health perception among racialized communities.
- Identify the gaps and challenges that exist in the mental health care system; and
- Map out context-specific community practices that are identified as effective.

Data collected from FGDs was analyzed and major thematic areas were grouped, and the analysis applied an anti-racism and intersectional lens.

Diagram 2. Research Process Schematic Diagram.


Conduct Focus groups

- CBPAR participants included: 45 members from seven (7) ethnic communities within Calgary, namely Chinese, Ethiopian, Filipino, Latino, South Asian, South Sudanese, and Vietnamese Canadians. Age range 25-69.
- People with lived mental health experiences (as individuals, providers, or family member/caregiver).

Identify Participants

- Focus groups were conducted for two hours over zoom sessions and their responses were transcribed and recorded
- In recognition of the community members' participation, they each received a gift card.

- Data was collected virtually using focus groups facilitated by the multi-lingual team of community brokers & staff. The brokers followed a semi-structured questions in first language.

Collect Data

Analyze and Compile Report

- Data collected from FGDS' was analyzed and major thematic areas were grouped, and the analysis applied anti-racism and intersectional lens

KEY FINDINGS

A. Racism, Mental Health, and Social Exclusion are inextricably linked

The lived experiences of racialized communities underscored encounters of racism, mental health, economic and gender inequalities, which impact on social exclusion (See Diagram 3).

All FGD participants experienced and witnessed varying forms and extents of racism and discrimination, at different social levels. The impacts of these to mental health and exclusion are dire. Repeated bullying and discrimination whether at school, work or public arenas are themes that are frequently mentioned and are linked to fear or stress.

A white (woman) assaulted me and my friend during our trip to the Superstore. I was talking to my friend in Mandarin, minding own business, and she shouted: "Go Back to China." (I was) shocked and afraid."

– Chinese Community Member

"Back when I was still working for a garment company, racial discrimination was obvious, the minority groups were not supported by the local & federal governments. Being oppressed by people in the company, I underwent a lot of stress, was always wary of being "stabbed in the back", always looked out for malignant attack. The manager gave me more workload compared to others. I had no one to help or understand the struggles."

– Vietnamese Community Member

"The stigma of just being black, like automatically they label you as troublemaker, or somebody associated with violence, drugs and so on."

– South Sudanese Community Member

Diagram 3. Schematic Diagram on the Relationship of Racism, Mental Health, and other forms of Inequalities (Gender and Economic Inequalities) to Social Exclusion

Racism

Social Exclusion

Mental Health Issues

Intersections of Inequalities
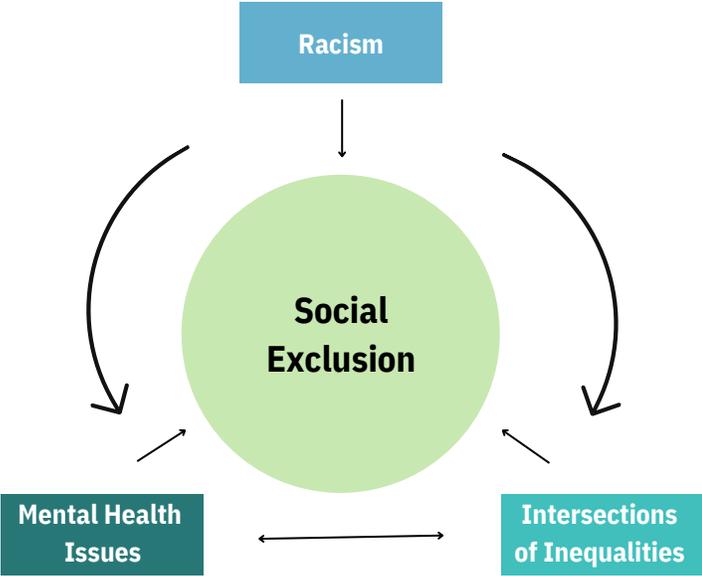
B. Definition and Experiences of Social Exclusion Vary from Culture to Culture

Social exclusion means differently for each ethnic group. The FGD participants' experiences include people being screened out or deprived from their rights to access employment, resources, basic needs (e.g., housing), education, political arenas due to their socio-economic status, class, language spoken/accent, or look, among others, by the external community, or society in general:

"Social Exclusion means to not include certain people of diverse backgrounds/ethnicities or communities. Generally, people tend to stereotype others and create a certain image or assumptions of them and exclude them based on what they think in their mind."

– South Asian Community Member

Like other communities, ethnocultural communities in Calgary have implicit biases towards each other that constrains them from building solidarity among their own members, let alone integrating in the larger community. Due to lack of awareness and holistic support towards successful settlement and integration into the Canadian society, this internal conflict/self-exclusion not only worsen the community's inability to support its members but also hinders their ability to integrate.

"We divide ourselves based on provincial, linguistic, and tribal/regional backgrounds. We do not understand each other, which leads to assumptions being made within our people."

– South Asian Community Member

C. Mental Health

As with social exclusion, mental health is also perceived differently by ethnocultural groups. There is a strong association of mental health and mental illness. Participants expressed that this perception creates a stigma leading to fear and reluctance to disclose mental health issues and seek timely help. It is a taboo to talk about mental health across cultures.

"...lack of awareness about mental health is what refrains (people) from addressing it more in South Asian households. Often, they confuse it with being insane when mental health could mean many things."

– South Asian Community Member

"There is no equivalent phrase of Mental health in Vietnamese – either you're mad, or you're not. This phrase is stigmatized, therefore many people in the Vietnamese community are afraid to speak out about this issue. We're not aware that when we're sad, we're shy, we don't want to meet or talk with anyone, those are all mental health status."

– Vietnamese Community Member

"The culture is more aware of mental illness rather than mental health – called "ebd" (crazy) and so forth."

– Ethiopian Community Member

D. Complex Intersections of Inequalities

This section discusses the complex intersections of inequalities. "Intersectionality is a metaphor for understanding the ways that multiple forms of inequality or disadvantages that sometimes compound themselves and these create obstacles that often are not understood within the conventional ways of thinking about anti- racism or feminism or ageism"(Crenshaw, 2018). Racialized women tend to have low income and lack employment opportunities and it is not simply a gender issue or a race problem but a gender and race inequality issues. The convergence of race stereotypes or gender stereotypes play out in the communities and may contribute to mental health issues and social exclusion. This section brings into light different convergence or intersections of inequalities that further compound mental health and social exclusion and the ways to understand and find solutions to these issues.

D.1. Mental Health and Domestic Violence

A few of the participants underscored the link between domestic violence and mental health. It is important to mention this given the literatures establishing exposure to domestic violence as a determinant to mental health. Cultural and societal stigmatization of domestic violence can make it more difficult to access social, community, and professional supports. Given that domestic violence is a taboo in most cultures may explain why it was rarely mentioned. But when it was expressed, the link between being subject to domestic violence and experiencing mental health issues was established:

"Some people experience domestic violence and are unable to seek help due to the social stigma and lack of info."

– Chinese Community Member

"In the past South Asian people didn't know about domestic violence, but after a while the word spread and now many people acknowledge this issue. The same should be done for mental health, this issue should be widely talked about within our people, this can lead to overall healthier families."

– South Asian Community Member

D.2. Racism and Economic Inequality

Financial, employment, and economic inequalities due to race are common themes expressed amongst different communities. These inequalities severely impact the mental health and the quality of life of racialized communities resulting to social exclusion. Chinese, South Asian, South Sudanese, and Vietnamese communities shared that they experienced prejudice in various ways during employment or when applying for jobs. Whether that be a lack of transfer of professional diplomas from countries of origin, lack of pay raise or promotion, discrimination when applying for jobs, or being treated worse than their peers in workplaces, each group reported the prejudice and microaggressions they faced due to their race. People were denied access to employment opportunities when their foreign education credentials and work experience were not recognized:

"The academic and professional experience from the country of origin cannot be transferred here; I had difficulty in securing job opportunities for 6 years; didn't even get an interview."

– Chinese Community Member

"Sometimes when you apply for a job you may experience racism because of your name."

– South Asian Community Member

"When you're frustrated and you cannot find a job or get yourself help financially, you start to have a mental breakdown."

– South Sudanese Community Member

"Financial stability is essential in terms of good mental health state."

– Chinese Community Member

D.3. Ageism, Impact of Isolation and COVID-19 to Mental Health

Senior immigrants' mental health is affected by isolation, and it became worse during Covid-19 pandemic. This is more so during the pandemic as health restrictions were implemented.

"The pandemic's restrictions forced us to be separated from family and friends."

– Latin Community Member

E. Acculturation and Family Dynamics

Participants felt that the acculturation gap between parents and children creates discord in the immigrant families and contributes to mental health problems among the youth.

"When raising their children, you will see that effect (if) they're always angry, always yelling, or they're too scared for their kids to try new stuff so you will see the kids like being prisoners in the house. It's like, feel it on the next generation."

– Ethiopian Community Member

"New generation immigrants tend to have a better attitude towards accepting Canadian Culture as opposed to first generation immigrants who take a bit more time to adjust and learn the new culture."

– South Asian Community Member

F. Challenges in Immigration

Challenges in immigration and settlement are contributors to social exclusion among immigrants. The immigration process can be isolating, as immigrants move to Canada without any social connections, relationships, or information about the society that they are transitioning into. Participants mentioned experiencing of loss of (social) status after their immigration, and feelings of having to restart their life. They discussed feeling discouraged, isolated, and lost when they first moved in Canada. These experiences during the process of settlement take a toll on the mental health of these individuals.

"Moving here we didn't have any connection, relationship or information-- we're like blind, moving around without any idea where we are going."

– Vietnamese Community Member

G. Cultural and Language Barriers

English is not the first language spoken by many racialized immigrants, particularly the first-generation immigrants. They speak with a 'foreign accent'. In Western society, those who do not have an English accent and/or full English fluency have been perceived as less competent or intelligent.

Participants stated this has led to consistent difficulties of being disregarded/cancelled, ignored, and/or manipulated by predominantly white authority figures, work colleagues, and peers. This resonates with Ro's (2021) findings that "speakers who differ from what's considered 'standard' can find themselves judged, marginalized and even penalized for the way their English sounds." This drives social exclusion because these individuals cannot always confidently exist in these spaces without the risk of being disadvantaged.

"Because of our accent, people ignore us."

– Latin Community Member

"My greatest joy is passing the citizenship test... but I still feel discriminated in the way I look or speak."

– Vietnamese Community Member

"You feel excluded by the language accent. i.e. A person of color in a meeting talking with an accent, when everybody is good at English. It's hard to express yourself, because you cannot articulate well. There is a tendency to exclude yourself from discussion. [You are] afraid that they wouldn't be able to understand the accent."

– Filipino Community Member

"My friend was divorcing from a Canadian partner. They had a court telephone hearing, the judge did not have empathy with her because of her accent. She was very nervous. Once she called the police and the policeman told her he couldn't understand her and not to call so often, despite that it was her first time calling."

– Latin Community Member

H. Access to Resources

Although there are resources available, however, due to lack of considerations for racialized minorities in developing these services, there is a low motivation for racialized minorities to use them as many feel that their needs would not be properly addressed.
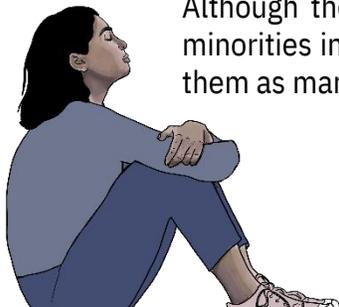
Participants across all our focus groups disclosed that service providers may unintentionally exclude racialized individuals by providing a generalized 'Western' approach to care. This exclusion includes not providing services in their first language, not having an awareness of the cultural norms and values of that particular group. Often times, these individuals feel socially excluded from life changing services. Participants overwhelmingly expressed that there is a large unmet need for resources/services that are provided in their first languages.

"Social exclusion is like a community that is unable to get to all the resources that they...deserve. They are unable to get to the services of the government. It is like a community that has issues but unable to come forward or...find solutions to their issues."

– South Sudanese Community Member

"There are two issues about mental health service for Chinese: based on my experience, most clients in the mental health organization are white or local citizens. Immigrants are usually left out in the service."

– Chinese Community Member

"There is a lack of clarity on how to access resources. It is difficult to access the mental health resources because there is not a clear procedure on how to access them."

– Latin Community Member

RECOMMENDATIONS

Following ActionDignity's model of social inclusion (See Diagram 4), it is essential to increase access to equitable services, facilitate a sense of belonging and active engagement in the community, and advocate for change at the systems and policy level.

Diagram 4: Schematic Diagram of SI Program's How do we do it and what do we do?

Equitable Public Policy and Systems Change Inclusion

Meaningful Community Participation and Civic Engagement

Equitable Service Access and Inclusion

Focus on People
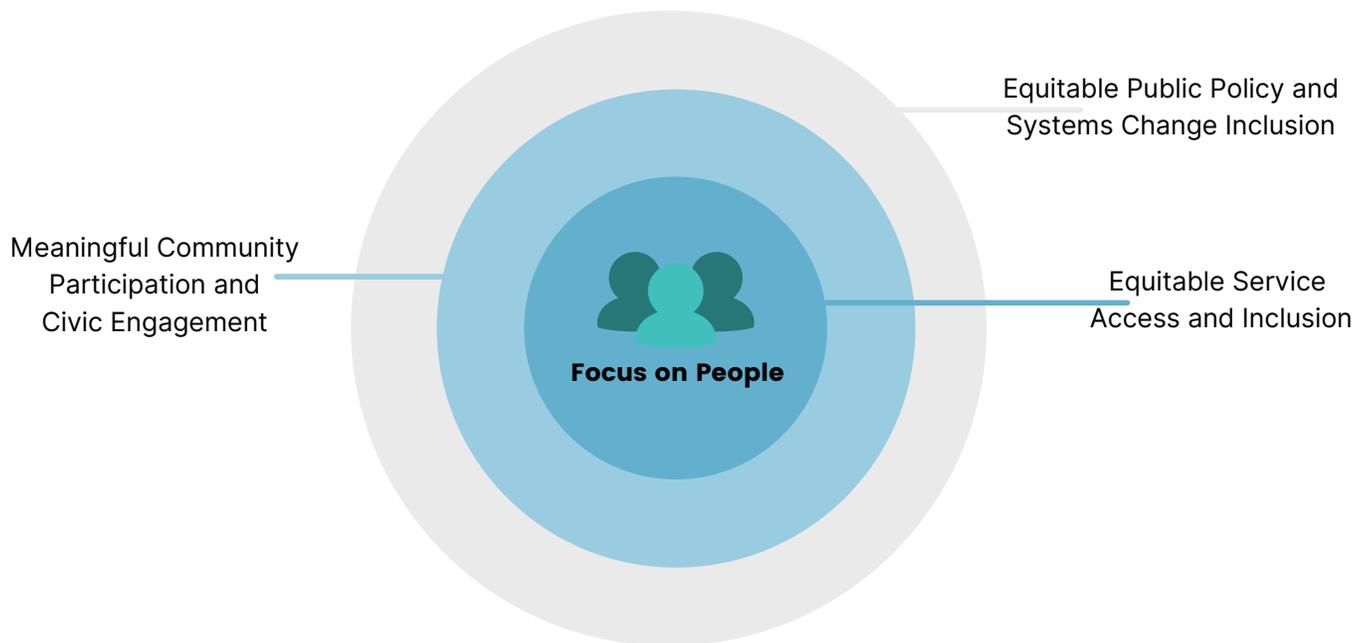
1. A comprehensive and exhaustive social inclusion programming and policy should directly address racism at individual, service, systems, and policy levels. At the heart of this response is to recognize that racism exists. It is prevalent and heavily impacts on mental health and social exclusion among racialized communities. Hence, any interventions around mental health and social exclusion must address racism.

At an Individual Level:

2. Raise the level of understanding and commitments on anti-racism and equity, diversity, and inclusion (EDI) by including these topics in community conversations, leadership training, mentoring, and integrating the same in arts and cultural performances.

3. Popularize platforms to normalize discussions (I.e., storytelling, community conversation) on mental health and social exclusion. At the heart of this is to define social exclusion and mental health in the first language to destigmatize these.terms. This also means to create race, gender and culture sensitive mental health and domestic violence education to decrease the stigma and increase service seeking behaviors.

4. Engage and train community members as peers or natural supports to effectively recognize, respond and refer mental health disclosures.

5. "Social Isolation increases the risk of developing mental health issues, has an impact on person's self -esteem and confidence, which decreases their connection with the community and inhibits them from accessing health care services, thus perpetuating isolation (Report on the Social Isolation of Seniors, 2014). Hence, there is a need to increase community participation and connection to cross cultural awareness activities to promote cultural arts, equity, diversity, and inclusion. This will address impacts of social isolation and discrimination.

6. Create more community-based programs, such as culturally responsive emotional support hotlines, and peer support groups, to accurately respond to racialized community's mental health needs.

7. More leadership capacity building for racialized communities so they acquire skills in influencing service delivery systems to provide culturally appropriate and race-sensitive services and promote interlinkages of these program/services.

Service and Systems Level:

8. Professional services should ensure and prioritize a gender-transformative and race-sensitive service and therapeutic models on mental health/domestic violence among racialized individuals. This can be done through integrating the lived experiences of racialized communities in the design and delivery of these services and practices.

9. Create a centralized and coordinated response model to ensure a seamless transition and referral of clients among various service providers. This includes a shared database and increased collaboration among different organizations.

10. The staff among service providers must reflect the diversity of communities they serve. Hence the need to integrate Equity, Diversity, and Inclusion framework into their hiring practises.

Policy:

11. Collect race-based data to improve understanding and scoping of mental health issues and social exclusion among racialized communities. This will ensure that processes, programming, practices, and policies are evidence-based and race sensitive.

12. Addressing mental health and social exclusion must advocate for changes in policies that promote discrimination and cause uneven outcomes in health, occupation, and social justice that impact on mental health and social exclusion. This includes changes in existing immigration and labor policies, occupational health and safety, and foreign credentials recognition, among others.

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