A Guide to Leadership Training in Community Mental Health

For Strengthening Mental Health in Cultural-Linguistic Communities Project

Region of Waterloo

The Kitchener Downtown Community Health Centre
and
Partner Organizations

About the Cover Photograph "Unlock the Barriers" by Lina Dhingra

"Having experienced firsthand the challenges of being a caretaker to a mentally-ill parent, often we are left to cope alone. Witnessing the dysfunctions within the mental healthcare system, accessibility, stigma and shame surrounding this issue, when asked to participate in this worthy cause, I welcomed the opportunity. I'm very concerned about what patients are faced with and I believe someone needs to be that 'voice' to illicit change. Through education, awareness and understanding with an open heart, only then will we be able to bridge that gap."

Toronto native, Lina Dhingra is a self-taught photographer. Inspired by nature, people and world culture, through her many travels, she decided to capture those special moments through her lens. Her mother's tragic passing in June 2006, forced her to deal with emotional matters beyond her means and it was through photography that helped Lina on her healing journey. By 2007, Lina was asked to participate in photo exhibitions in the UK and her hometown. Both 'Wonders of Morocco' and 'Indianesque Elements' were well received by many.

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ACKNOWLEDGEMENTS

Thank you to the Ontario Trillium Foundation, the Lyle S. Hallman Foundation, the Kitchener and Waterloo Community Foundation, and the Waterloo-Wellington Local Health Integration Network (WWLHIN) for support of the project, including the publication of this training manual.

Thank you also to The Centre for Community Based Research (CCBR) for continued support and meeting space, The Self-Help Alliance for Meeting Space, and Rachel Fayter, PhD. Candidate, for external evaluation support.

The project would also like to acknowledge the people who served on the project Steering Committee and provided guidance to the project, who facilitated the Volunteer Leadership Training, who participated in the initial Volunteer Leadership Training and those who helped throughout the development of this manual:

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ABOUT THE PROJECT

The Strengthening Mental Health in Cultural-Linguistic Communities Project was a two-year demonstration project started as part of the Community University Research Alliance (CURA) research study called "Taking Culture Seriously in Community Mental Health". The project was lead by the Kitchener Downtown Community Health Centre in partnership with the Centre for Community Based Research, seven cultural-linguistic communities, and mental health and settlement organizations.

The purpose of the project was to promote mental health education and leadership training for cultural linguistic minority communities in Waterloo Region. Seven different cultural-linguistic communities were involved in this project: Sikh-Punjabi, Polish, Afghani, Chinese Mandarin speaking, Somali, Sudanese and Latin American.

Project goals were to:

- Build relationships between communities and mental health organizations,
- Help communities understand the mental health system, and
- Create positive change by working with cultural-linguistic communities and mental health organizations and service providers in the Waterloo Region.

A Steering Committee with representatives from the Kitchener Downtown Community Health Centre (lead agency), each of the 7 cultural-linguistic communities in addition to the following partner organizations: MOSAIC Counselling Centre, Kitchener-Waterloo Counselling, Canadian Mental Health Association (CMHA) Grand River Branch, Centre for Addiction and Mental Health (CAMH), Kitchener-Waterloo Multicultural Centre and Grand River Hospital Psychiatry Ward, worked together closely over the duration of the project to provide guidance and assistance to the project.

Twenty-seven participants from each of the cultural-linguistic communities participated in 30 hours of Volunteer Leadership Training. The topics included in this training manual were presented over a 10 week period, between January and March 2009, by a diverse range of professionals and members from various cultural-linguistic communities.

Following the Volunteer Leadership Training, the project hired 7 **Mental Health Navigators**, one from each cultural-linguistic community, to build bridges within the communities and various mental health organizations and services in Waterloo Region. Mental Health Navigators worked closely with their respective community and mental health organizations to build strong and effective partnerships and respond to mental health issues in a culturally and linguistically sensitive manner.

INTRODUCTION TO THE GUIDE

This guide is for individuals from various cultural linguistic communities who are interested in being leaders in mental health in Waterloo Region. It is also for the organizations that will provide mental health and settlement services to support people from various cultural linguistic communities.

We cover topics that are important for leaders in mental health. The information you find here is not comprehensive, but we hope it will:

- Provide some basic information on mental health and mental illness;
- Encourage you to ask questions and search for more information; and
- Help mental health organizations think about cultural and linguistic diversity in their service provision.

This training manual is available in print and electronic formats. Copies of this training manual are available from the Kitchener Downtown Community Health Centre.

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It is also available at other local mental health and settlement organizations.

Kitchener-Waterloo, Ontario
March 2010

INTRODUCTION TO KITCHENER-WATERLOO

Kitchener (population ~213,300) and Waterloo (population ~113,100) are two separate cities in the Region of Waterloo in southern Ontario. The two cities are commonly referred to as Kitchener-Waterloo, or K-W, because they are located next to each other.

Many of the early settlers in Waterloo Region were Mennonites who came as refugees from Europe, Russia and the United States of America. Refugees and other immigrants continue to be attracted to this region because it:

- Has a long standing history of hospitality and generosity in supporting refugees;
- Is a clean, medium-sized community close to Toronto;
- Has an increasingly ethnically diverse population;
- Has two excellent universities and a community college; and
- Has a strong economy.

Canada is a nation of many immigrants and this is evident in Kitchener-Waterloo, where about a quarter of the residents are foreign-born. Between 2001 and 2006, over 17,000 immigrants arrived in Waterloo. A large number of these people were forced to leave their homes as refugees, like the Mennonites who arrived here many years ago.

K-W continues to be shaped and influenced by people who arrive here from many other countries. Diversity is a defining aspect of life in Kitchener-Waterloo. This diversity, represented by the more than 50 languages spoken in the community, signifies the important resources that are available to continue to develop K-W as a strong, supportive, and healthy community.

PART 1: WHAT IS MENTAL HEALTH?

What is Mental Health?

> **"Mental health** is the capacity of each and all of us to **feel, think, and act** in ways that **enhance our ability to enjoy life and deal with the challenges we face**. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity."[1]

Mental Health can be defined in many ways. Not too long ago, a person was thought to have good mental health as long as they did not show any overt signs or symptoms of a mental illness. Now, mental health definitions are more holistic, meaning that **mental health covers much more than just the absence of illness**.

> "Mental health means **striking a balance in all aspects of your life**: social, physical, spiritual, economic and mental. Reaching a balance is a **learning process**... Your **personal balance will be unique**, and your challenge will be to stay mentally healthy by keeping that balance."[2]

When we have good mental health, we feel good and we feel that life is good. Mental health is an important part of our overall health and mental health affects:

- how we feel about ourselves,
- how we feel about others,
- how we are able to meet everyday demands, and
- how we make choices in life.

> "Mental health is about **how you feel**, **how you think** and **how you see the world around you**. Without good mental health it is difficult to do the things you need to do each day to have a full and happy life."[3]

There is no one official or best definition of mental health. Mental health is not absolute – some people have better mental health than others, even if they have been diagnosed with a mental illness.[4]

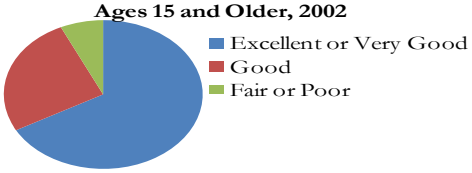
The Canadian Context of Mental Health

A good picture of mental health in Canada can be seen by looking at the results of surveys which study self-perceived mental health. Because most people have a good sense of their own state of mind, self-perceived mental health is often the best way to look at the mental health of a population. While people with mental illness may not be able to accurately report their mental state, this method still gives a good picture of mental health in Canada.

Self-perceived mental health means how people rate their own state of mind.

In a study done in 2002, **67% of Canadians said that their mental health was excellent or very good**. Another 26% reported their mental health as good. Therefore, **most Canadians have good mental health or better**. *Figure 1.1* gives a breakdown of self-perceived mental health among Canadians.

Figure 1.1: Self-Perceived Mental Health in Canada, Men and Women, Ages 15 and Older, 2002



Canadian women tend to report having fair or poor mental health more often than men. The gap between men and women may be due to different patterns of thinking about mental health or of reporting behaviour. Young women are more likely than young men to have mood, anxiety and eating disorders. Men may also be less willing than women to admit that they suffer from mood or anxiety disorders or that they cannot handle the issues of everyday life.

Most Canadian older adults feel they are as happy as they did when they were younger. However, older adults may feel lonely when friends and other close relations pass on. **About half of Canadians aged 80 years and older report feeling lonely**.[1]

The Cultural Context of Mental Health

Canadians come from many different cultural backgrounds. Many people who now live in Canada were born in another country or have parents who immigrated to Canada. Being part of an ethnic, cultural or racial group can have an impact on mental health. Culture can shape how we cope with stress and from whom we get support. For example, someone from the Latin American community may have a different way of coping with stress compared to someone from the Sudanese community. Issues such as racism, discrimination and poverty can also have an effect on mental health.[1]

Ideas and practices around mental health in non-Western cultures often differ from Canadian ideas and practices. Cultural groups may think mental illness comes from different causes. Some examples are: **imbalances of the mind and body, loss of the soul, the intrusion of a spirit into the body, sorcery or the result of having angered a deity**. In some cultures, there are no lines drawn between health and disease, mind and body.[5] Signs and symptoms of mental illness may come out as physical complaints, rather than feelings of depression. For example, someone might say, **'I have a sore back. I feel tired. I'm thinking too much. I feel heavy'**.[6] Healers in cultural communities may treat these symptoms with religious or cultural rituals. They may use herbs or special foods and may recommend performing specific daily task.[5]

Factors Affecting Our Mental Health

There are many factors that can affect our mental health. These factors also play a role in the overall health of a person, and can impact individuals, families and communities.
Common factors affecting mental health include:[1]

- **Feelings of Stress** from illness, money issues, school, personal or family duties, work, and discrimination.
- **Income:** We need money to meet our basic needs, such as safe housing, clothes and food, but more money does not always equal more happiness. However, inadequate income can affect mental and physical health.
- **Education:** Higher education can lead to a better job and income. Mental health status improves with each level of education.

- **Social Support:** People who are lonely or feel isolated often have poorer mental health compared to people who have support from family and friends.
- **Job Status:** Jobs provide the income needed to meet basic needs. People who do not have a job tend to have higher stress and poorer health.
- **Work Stress:** Control over a job and working conditions, such as, a supervisor, health and safety issues, part-time work, or too much overtime, can affect mental health.
- **Personal Health Practices and Coping Skills:** Healthy lifestyles, including healthy eating and physical activity, and how we cope with stress can determine mental health status.
- **Chronic Physical Conditions:** People with high stress are more likely to develop infections or chronic disease while people with existing health problems, such as diabetes and heart disease, are at high risk of developing depression.
- **Healthy Child Development:** Resilience, or being able to cope with stress or a crisis, begins developing in childhood. Parents can promote resilience in children through love, respect and healthy family relationships. Children who are exposed to family violence and/or substance abuse are at higher risk for mental health problems.
- **Gender roles:** "Gender" includes the roles and relationships, personality traits, attitudes, behaviours, values and power differences that society places on males and females and "gender roles" refers to what is considered normal behaviour for males and females. This is different from "sex" which refers to the biological differences between men and women. Our mental health may be affected if we do not act according to society's gender roles because there is a stigma attached to acting against expectations.
- **Spirituality:** A spiritual connection, or belief in a higher power, can help improve mental health or spirituality can be a barrier to seeking help for mental health problems.
- **Physical Environment**: Environmental factors, such as air and water quality, housing and workplace safety, have an important impact on health.

Ten Tips for Mental Health from Canadian Mental Health Association (CMHA)[7]

1. **Build Confidence** – Accept your strengths and weaknesses. Try to figure out how to build on your strengths and how to deal with your weaknesses.
2. **Eat Right, Keep Active** – A healthy diet, exercise and enough sleep can help you feel great, enjoy life and reduce stress.
3. **Make Time for Family and Friends** – Friends and family can help you through the joys and sorrows of life. Make sure to keep these relationships alive.
4. **Give and Accept Support** – Allow your family and friends to support you when you need it, and support these people in return.
5. **Create a Meaningful Budget** – Money problems can cause stress. Try to be responsible with your personal finances.
6. **Volunteer** – Being involved in the community can bring new friendships and a sense of purpose in life.
7. **Manage Stress** – We all have stress in our lives and need to learn how to deal with it so we can stay mentally healthy during stressful times.
8. **Find Strength in Numbers** – Sharing a personal problem with others will help you feel less isolated. Other people may also have ideas for solutions to your problem.
9. **Identify and Deal with Moods** – We all need to find ways to express and deal with times of joy, sadness, anger and fear.
10. **Learn to be at Peace with Yourself** – Get to know who you really are, what makes you happy, and learn to deal with what you cannot change about yourself.

Mental Health Promotion

Mental health promotion is "the process of **enhancing the capacity** of individuals and communities **to take control over their lives and improve their mental health**."[1]

Mental health promotion seeks to **empower people and communities** by working to improve self-esteem, or feelings of worth, coping skills, social support and overall well-being. Resilience of the individual and a supportive community are also goals of mental health promotion.

Resilience is the ability to cope with, or 'bounce back' from a stressful experience, a crisis or some other challenges. People who are resilient survive difficult experiences and as a result, can cope better with future challenges.

Stigma includes negative views or attitudes and negative actions or behaviour aimed at people with mental illness. Due to poor knowledge about mental illness, stigma can lead to stereotyping, fear and discrimination.

Mental health promotion works to challenge the stereotypes and negative labels given to those with mental illness. It also works to eliminate the stigma attached to mental health.

Mental health promotion helps the whole community. Everyone needs good mental health to cope with daily living and major life events. Good mental health also helps those with long-term illness and disability to cope.[1]

Mental health promotion among diverse cultural groups should keep the following in mind:[8]

- There are cultural differences in mental health concepts and practices.
- Mental health promotion materials need to be translated and adapted to include cultural values. Testing of materials with the target audience is essential.
- Programs need to be delivered in a culturally-appropriate way.
- Working together with cultural community groups is the best way to deliver mental health promotion activities.

These principles should be considered when developing mental health promotion programs, initiatives and materials for culturally diverse populations.

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Part 1 Additional Resources

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http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf

PART 2: INTERCULTURAL AWARENESS AND COMMUNICATION

Culture

"Culture is the widening of the mind and spirit." Jawaharial Nehru

Culture is the unique composition of a person or group, including common language and rules or models for beliefs and behaviour. In other words, culture is what we live everyday and what we bring with us to our communities and the workplace.

Culture is the "**collective mental programming**" that we share with other members of our nation, region, or group, but not with members of other nations, regions, or groups.[1]

Culture includes the shared beliefs that separate one group of people from another group and impacts how people feel, think and act. Beliefs, values, religion, healthcare perceptions and practices, behaviour and the hierarchy (order) of society, family roles, money, politics, and legal systems are all part of culture.

Culture is "the totality of thought, experience and patterns of behaviours and its **concepts, values and assumptions about life that guide behaviour** and how those evolve with contact with other cultures".[2]

Globalization, including the movement of people and ideas, opens up doors for countries to become more culturally diverse. Immigration and relations across and among countries, especially in business, have brought more cultural interaction and conflict all over the world. Diversity may lead to "well-meaning cultural clashes" when people from different cultures interact.[3]

Diversity means understanding that each individual is unique, and recognizing our differences. These can include differences in race, ethnicity, gender, sexual orientation, socio-economic status, age, physical ability, religious beliefs, political beliefs, or other ideology. Diversity is constantly changing and is about understanding each other and moving beyond simple tolerance to embracing and celebrating individual differences.

People may not understand and respect other cultures because of:

- **Language barriers** – need for interpretation or translation services; women are less likely than men to communicate in English if it is not their first language
- **Cultural competency** – healthcare professionals (for example, doctors, nurses, dentists) need to be respectful and understanding of cultural differences
- **Poverty and social exclusion** – impact of determinants of health, such as education, poor housing conditions, stereotyping, discrimination, racism, etc.
- **Legislation** – current immigration and residency laws may have a negative impact on cultural interaction

Social exclusion means you feel as if you do not belong and that others do not accept you because of your race, ethnicity, gender, disability or religion.

Intercultural Communication

As the world becomes more connected, we all need to be aware of the challenges that come with intercultural interactions and communication. Learning the language and non-verbal patterns of a culture is only one part of understanding how people interact and communicate. *Figure 2.1* shows the process of understanding and communicating with people, including making sense of cultural values and attitudes, and communication styles.

Cultural empathy is the capacity to identify with the feelings, thoughts and behaviour of individuals from different cultural backgrounds.

English as a second language (ESL) classes not only teach the language but also provide a way for minorities to start integrating into Canadian society through interaction and communication with people from other cultures (see *Figure 2.2*).

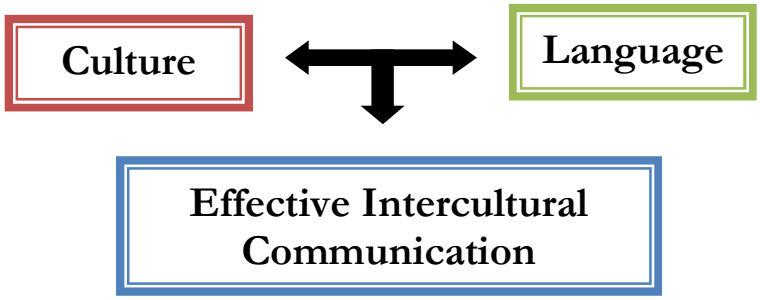


Figure 2.2: Model of Intercultural Communication

Goals of Language Teaching and Learning:

- Competence and skills in communication.
- Ability to speak, understand, read and write
- Awareness of one's culture and identity.
- Awareness of and respect for other cultures and cultural diversity.
- Openness, flexibility in working with others from different cultures
- Understanding and respect of other people's culture and differences in beliefs, customs, traditions, values.
- Developing appropriate ways of relating to each other.
- Awareness and acceptance of diverse manners of communicating.

Intercultural Awareness

Intercultural awareness includes:

- Knowing and understanding one's own cultural ideas and attitudes
- Feeling comfortable in another culture
- Moving away from the idea that one's own cultural group is better than other cultural groups (**ethnocentrism**)
- Understanding that we share the same basic goals in life
- Seeing the world as a global village

People from all cultural communities want to be treated with dignity and respect in order to lead a happy, healthy life in any part of the world. When we are not treated with respect, we feel socially

excluded and unhappy. These negative feelings can affect our family, our community and society as a whole.

Education and training programs can help people to work better with others from culturally diverse communities. Countries such as Canada, Australia and Sweden have seen improvement in the health of ethnic minorities when those minorities are included in all aspects of society including politics, community groups, sports and the arts. Intercultural awareness training deals understanding different styles of communication in a diverse society. Misunderstandings often arise from our own biases. A good intercultural awareness training program will help people recognize these biases in order to work and communicate successfully in a diverse society.

Some of the important skills for cultural competence include:

- **Adaptation skills:** These skills allow individuals to cope with the transition to a new culture.
- **Open-mindedness:** The absence of prejudice toward other cultures and other behaviours.
- **Cross-cultural communication skills**: These skills are needed to build trust and understanding between people of different cultures (skills on how to watch and listen, accept differences and participate)
- **Negotiation skills:** These skills focus on dealing with interactions and on joint decision making.

Training includes a two step approach. One is the lecture part that should give people information about a certain country and its culture. The second step is hands-on learning that involves activities such as role-playing that help in acceptance of different cultures.

This training leads to two other shifts. The first shift is the ability to see issues from the other person's point of view and thus opens our minds to think "outside of the box". The second shift is the understanding of different cultural issues, which brings about a cross-cultural thought process rather than a focus on our own cultural group.

Lack of Intercultural Awareness:

- May lead to poor relationships,
- May lead to long term misunderstanding and a lack of trust in another culture,
- May result in lost opportunities in work and life.

Intercultural Sensitivity

"Intercultural sensitivity is **sensitivity to the importance of cultural differences** and to the points of view of people in other cultures."[4]

Three skills come together to guide people to be successful in intercultural interactions:[5]

(1) **Intercultural awareness** Understanding cultural context and symbols that affect how people think and act is the first step in developing intercultural sensitivity.

(2) **Intercultural sensitivity**: Feeling positive about understanding and respecting cultural differences makes people more aware of their own biases about other cultures.

(3) **Intercultural competence**: "Knowing what to say and how, when, where and why to say it" [6]

- This is the practical part where we act in a way the shows we appreciate cultural differences. People will be able to use intercultural competence in all cross-cultural situations they come across.

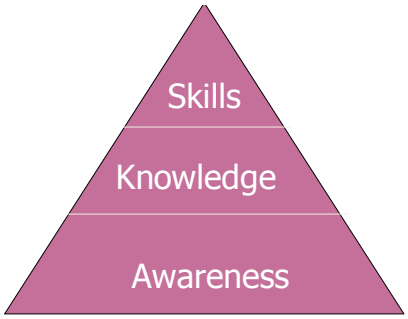
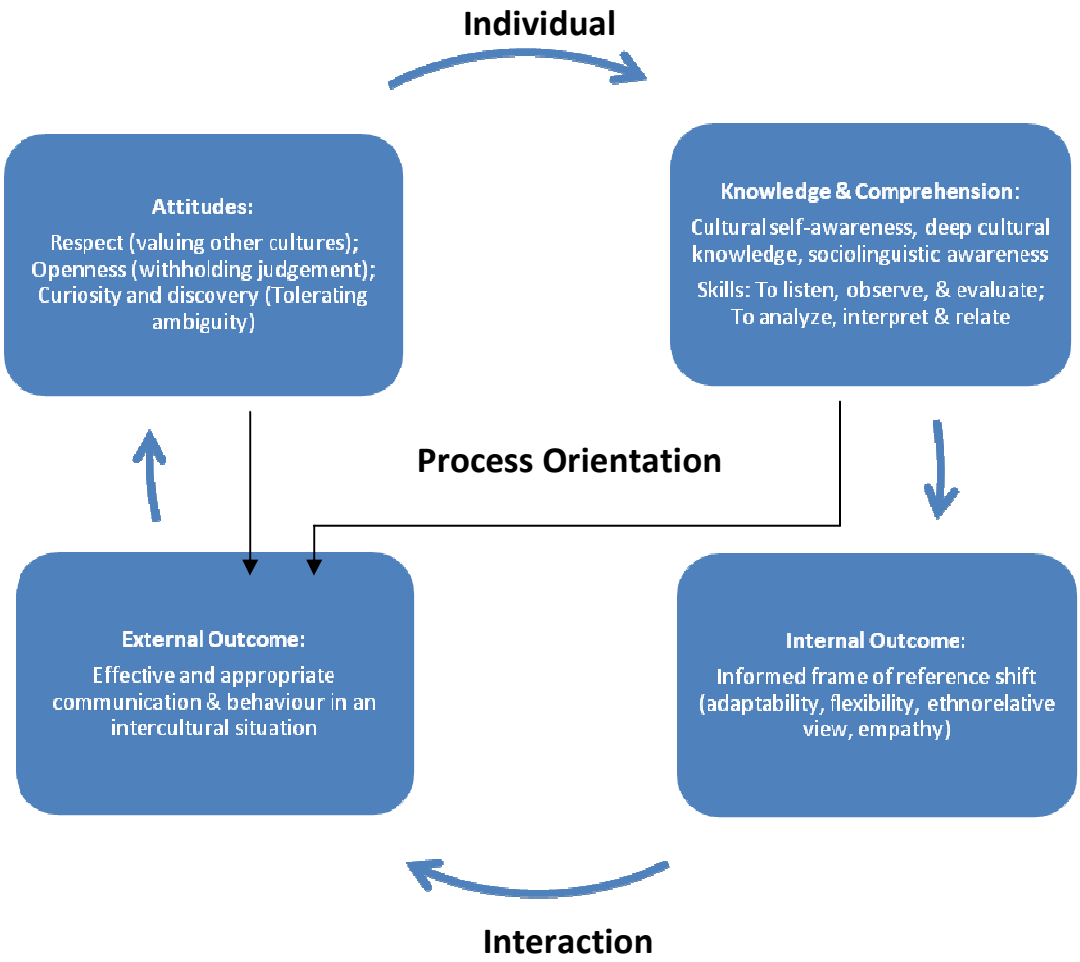


Figure 2.3: Developing Intercultural Competence

Intercultural competence can help organizations understand different cultural groups and thus, better understand and meet the needs of ethnically diverse clients. People with better intercultural skills can work or live in culturally diverse communities, and are better prepared to enter a new culture, for example, travel to a new country. *Figure 2.4* shows the process of cultural competence through building relationships between individuals and their environment.



Note: Begin with attitudes; move from individual level (attitudes) to interaction level (outcomes). Degree of intercultural competence depends on degree of attitudes, knowledge/comprehension, and skills achieved.

Figure 2.4: Process model of intercultural competence[7]

High and Low Context Cultures

The terms "high context" and "low context" are sometimes used when talking about cultural differences. Individuals from high context countries such as Japan, China, Africa and Latin America prefer an indirect communication style, in which meaning is carried less by the literal (spoken) meaning of the words and more by context, such as the place, time, situation and the relationship between the speakers. There is a large emphasis on nonverbal codes. Individuals from low context countries such as Canada, USA and other western countries prefer a literal style of interaction. People are expected to say more or less exactly what they mean. Low context cultures value self-expression skills such as clarity, fluency and brevity (conciseness/briefness). Most messages are communicated via verbal communication. "High context" means people have close links over a long time period, while those working in a "low context" have connections, but for a shorter period of time.

Characteristics of high context cultures: [8]

- Less open spoken communication, less written/ formal information;
- More implied or unspoken understanding of what is communicated;
- Many ties and connections with others;
- Long term relationships;
- Strong boundaries – who belongs vs. who is an "outsider";
- Knowledge depends on the situation and the relationship between people;
- Decisions and activities focus around personal face-to-face relationships, often around one central person who has authority and power.

Examples: Small religious congregations, a party with friends, family gatherings, expensive gourmet restaurants and neighbourhood restaurants with a regular customers, university/college on-campus friendships, regular pick-up games, hosting a friend in your home overnight.

Characteristics of low context cultures: [8]

- Rule oriented, people play by the rules;
- More knowledge is available, public, and accessible;
- Order and separation of time, of space, of activities, of relationships;
- More interpersonal connections of shorter duration;
- Knowledge can be more easily shared or transferred;
- Task-centered. Decisions and activities focus around what needs to be done, responsibilities are divided up.

Examples: Large airports, a chain supermarket, a cafeteria, a convenience store, sports where rules are clearly laid out, a motel.

While the terms "high context" and "low context" can be helpful in describing part of a culture, all cultural groups will have some "high" and "low" context situations. We cannot say a culture is "high" or "low", but we can describe certain situations in this way.

"One should be globally appropriate and culturally relevant."

Anne Pakir (1999)

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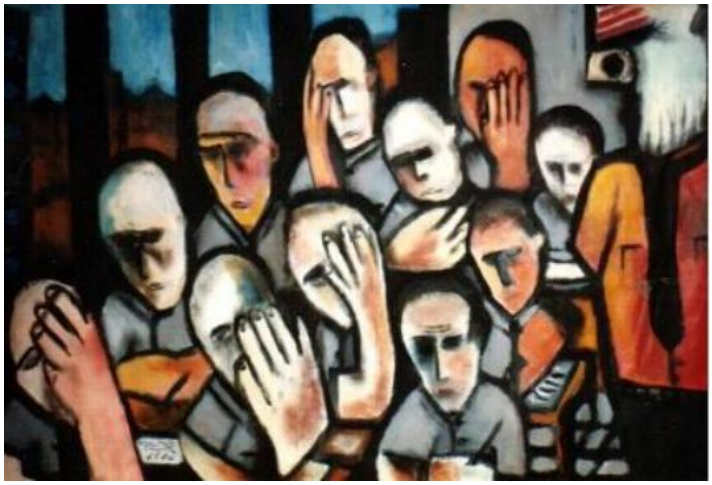
PART 3: NEWCOMERS AND MENTAL HEALTH



Immigrants/Newcomers are people who were born overseas and have come to Canada under an immigration program. There are currently three main streams in Canada's immigration program:

> Canada accepts about 225,000 immigrants each year. Of these, 20,000 are refugees.[1] There are more than 200 ethnic groups in Canada.

1. Skilled/Business

The **General Skills Category** uses a points-based system which rates potential immigrants on their qualifications, work experience, age and settlement factors. The **Business Category** focuses on getting experienced and successful business people to develop new business opportunities in Canada.

2. Family Sponsored

Under the **Family Category**, Canadian citizens or permanent residents can sponsor their close family members to apply for residence in Canada.

3. International/ Humanitarian

The **Humanitarian Category** allows refugees and people needing protection come to Canada where serious humanitarian conditions exist in their country of origin. Groups and individuals can sponsor refugees, or people can come to Canada and make a refugee claim.

Mental Health Problems

When someone shows signs and symptoms of emotional or mental distress, but these symptoms are not severe enough and/or do not last long enough to meet the criteria for a mental disorder, the person has a **mental health problem.**[2] Most of us have had a mental health problem at some point in our lives. One common example of a mental health problem is feeling sad while working at a stressful job.

The mental health status of most immigrants and refugees is similar to other Canadians, but these groups may be at higher risk of post-traumatic stress disorder. Newcomers may not seek help for mental health problems because of stigma, and/or culture and language barriers.

Factors associated with an increased risk of mental disorder among immigrants and refugees[3]

- A drop in socio-economic status following migration (for example, being unable to find a good paying job)
- Not being able to speak the language of the host country
- Separation from family and friends
- Not being welcomed by the host population
- Not being around people of a similar cultural background
- A traumatic experience before migration
- Being a teenager or senior at time of migration
- Taking care of family members who live in a war-torn area
- Being the only person in the family who has a job
- Family is scattered over several continents
- Your spouse or another family member dies
- Your marriage breaks down
- A child is born
- You lose your job

Host country factors can also contribute to mental health problems. In Canada, the federal and provincial governments have made cuts to English as a Second Language and settlement programs. The refugee claim process can last up to five years, having a negative impact on mental health as refugees live with uncertainty about whether they will be accepted.

What is Stress?

Stress is our response to a situation that we feel is beyond our ability and resources to manage. It is feeling pressure because of all the things you have to worry about.[3]

Physical stress occurs if we do not get enough sleep, if we do not get regular exercise, or if we have a poor diet. When we worry too much or feel uneasy, we may have mental stress. Too much stress can lead to mental health problems or even physical health problems.

People deal with stress in different ways. Some people can stay calm in even the most stressful situations. It is normal to react to stress, especially when there are major events in your life. How you deal with stress can affect your mental health; you should be aware of how you react. Do you get a little bit stressed? Do you get very stressed? If you are easily stressed, you should seek help and support when the stress is too much to handle. Ask your family and friends for help and if you still do not feel better, seek help from your healthcare provider.

Resettlement Stress

Before coming to Canada many immigrants and refugees may have lived through very stressful situations. They may have lived in a war zone or an area hit by a natural disaster. They may have been tortured. When newcomers arrive in Canada, they may face a lot of stress. Immigrants and refugees must adapt to a new society and culture and may face racism and discrimination. The stresses newcomers face might lead to mental health issues.

Three kinds of stresses are unique to settling in a new county:

- **migration stress**,
- the stress of adapting to a new culture (**acculturative stress**), and
- **traumatic stress**.

Newcomers often face the most resettlement stress during their first two years in Canada. After three to five years of living in a new country, most people have adapted and have lower stress levels.[3]

Migration Stress

Migration stress is the stress caused by having to rebuild a life in a new country. Newcomers have to find housing, get a job, buy food and clothing, learn a new language and meet new people. Many

are also responsible for their family. Even if you were a trained professional in your home country, you may have to live on a very low income and make less money than you did before you came to Canada. If you have a job, you may be working at a much lower level than in your home country. Being separated from family and friend can also be stressful.

Acculturative Stress

Acculturative stress is the stress of learning a new culture, including learning a new language, customs and norms. Newcomers may have to deal with racism and discrimination. Finding physical and mental health services in your own language and culture may be difficult and stressful.

Traumatic Stress

Traumatic stress is the stress caused by very painful events, such as, surviving war or torture, being a refugee, or living through a natural disaster. Anyone who has experienced a traumatic or very painful event may face traumatic stress. The effects of this stress may not appear for some time, even years, after arrival in Canada.

High-Risk Groups

Adolescents

Newcomer youth are more likely to suffer from depression than those aged 35 years and older. Teens that have migrated must face the challenges of growing up, deal with past trauma, and try to find a new identity that incorporates both their home culture and the new Canadian culture.

Issues that young newcomers might face:[3]

- Being left out from peer groups or feeling they do not fit in
- Living in unsafe environments or neighbourhoods
- Being separated from family and friends
- Feeling grief or guilt about family members who have died
- Discrimination because of race, culture, ethnicity, country of origin, religion, language, ability, immigration status, or sexual orientation
- Negative media images about their religion, culture, or racial or ethnic group
- Taking on adult roles, such as interpreting or translating English for parents
- Having difficulty at school because their education was interrupted
- Not having enough money
- Memories of war, violence or disaster

Elderly People

Seniors who migrate feel extra stress, and thus are at higher risk of depression. Elderly people may lose their independence and have to rely on others for everything. They may leave behind supportive family and friends, and it can be very difficult for seniors to meet new people once they arrive in Canada. Learning a new language and culture is very difficult when you are older.

Refugees

Refugees are at high risk for depression and post-traumatic stress disorder, due to trauma prior to migration and the stress of adapting and living in a new culture. Refugees from smaller ethnic groups are very vulnerable because they do not have people from their own community to support them through the resettlement process. These refugees may be very isolated and lonely, and therefore may experience stress and depression.[4] Refugee youth are at high risk of mental health problems because of language problems, racism, and discrimination. These youth have a very hard time negotiating between two separate cultures, and may have a difficult time finding a job.[5,6]

Adaptation Problems and Difficulties

Language

Being able to communicate with the host population improves the mental health of immigrants and refugees. When newcomers cannot speak, read or write in English, every other problem seems bigger. Learning English can be especially difficult for elderly immigrants and refugees. These groups tend to rely on their children and grandchildren for translation and interpretation.

Employment

Refugees and immigrants may have difficulty finding a job, even if they can speak English. Degrees and qualifications from other countries are often not accepted, and newcomers do not have Canadian work experience. Older immigrants and refugees tend to have even more difficulty finding a good job. Unemployment (not having a job) increases the risk of depression, and reduces the likelihood that a newcomer will adjust to the new culture. Newcomers who do not have a job may experience money problems, a loss of social status and self-esteem, and have fewer social contacts. People who work part-time are also at high risk of mental health problems because of loss of social status and personal and family stress.

Family and Social Support Networks

Social support helps protect against stress and mental health problems. Those with social support can better cope with the stress of migration, and are less likely to suffer from emotional disorders.

Social support means we know that we are loved, cared for and supported by family, close friends and our community.

Most refugees have had to leave their home out of fear or persecution and may have left behind family and close friends. Thus, refugees are often isolated and lonely because they have few social supports. Groups that have problems finding social supports in their new country include elderly migrants, women and children who migrate without their parents.

Some families must deal with separation of family members, such as when one family member migrates to Canada before the rest of the family. Family separation can lead to divorce, conflict between parents and children, behaviour and mental health problems. When immigrants can maintain contact with their home country, they are at lower risk of mental health issues. However, refugees often cannot contact family or friends in their homeland.

Traumatic Experiences Prior to Migration

Many refugees have fled their home country after suffering severe trauma or torture. Problems that occur before migration can have long-term effects on refugee mental health. Those who have suffered trauma and torture may develop mental disorders, such as post traumatic stress disorder (PTSD), depression or other problems. Culture can have an impact on how refugees deal with their traumatic experiences prior to migrating.

Post traumatic stress disorder (PTSD) can occur after severe trauma or torture and might include flashbacks or nightmares where one re-lives the intense fear and horror of what has happened. These flashbacks may cause one to be unable to feel anything.[7]

Recommendations for Promoting Mental Health in Different Communities

- **Increase public support for cultural diversity** – Acceptance of newcomers and cultural diversity is important for the mental health of newcomers. Education to promote openness and awareness of different cultures should take place in schools, universities, in work settings and the media.[8]
- **Provide lots of information before and after migration** – Newcomers should have access to accurate information about employment, housing, schooling, language training and social and cultural relations both before and after migrating to help them participate in Canadian society.[8]

- **Improve access to English language education** – Not being able to speak English can make newcomers feel lonely and isolated. This may be a barrier to finding a job. Learning English can be empowering for newcomers.[8]

- **Encourage and support the development of community support programs** – Community support programs can help newcomers find housing, transportation, employment and make social contacts. Activities and support groups for women, youth and older people are important as these groups tend to feel more lonely and isolated. Ethnic community gatherings can provide social support for newcomers and help maintain pride and cultural identity.[8]

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http://cep.lse.ac.uk/textonly/research/mentalhealth/GrahamThornicroft_Actions-Speak-Louder.pdf

PART 4: WHAT IS MENTAL ILLNESS?

The word "mental" means "to do with the mind". "**Mental illness**" refers to a group of **illnesses that affect a person's mind**.[1]

Ideas about mental illness in Canada often come from the Western medical model. This model sees mental illness as a chemical problem in the brain. To deal with mental illness under this model, a medical doctor or psychiatrist must make a diagnosis of mental illness and recommend treatment.[5]

Mental illness has become one of the main health issues affecting Canadians and in the future will be a major health problem around the world.[2,3] Mental illness can affect anyone regardless of age, religion or social and economic status. Mental illness can be either:

- **Acute** – sudden and severe, but lasting only a short time or
- **Chronic** – may start slowly, but lasting a long time.

Some people may experience mental illness once and then fully recover while others may live with mental illness for many years and need ongoing support and treatment. Just like anyone dealing with a long-term illness, people living with chronic mental illness need acceptance and understanding.

People living with mental illness should not be blamed for their illness. It is not known exactly what causes mental illness. Some mental illnesses may have a genetic component while other types of mental illnesses may be caused by drug and alcohol abuse. Mental illness often arises from a combination of these factors. Most of the time we cannot see mental illness, but it may cause a person to think, feel, talk and act in a different way than usual. People may be afraid of mental illness because they do not understand it.[1]

Many people around the world live with mental illness. In Canada, 20% of the population will have to deal with a mental illness at some point in their life. The other 80% of Canadians will likely know someone who has a mental illness and will also feel the impact.[4]

Four factors have an impact on mental illness:

- **Type of illness**,
- **Symptoms** –mild or severe,
- **Individual personality**,
- **Environment** – family and socioeconomic status.

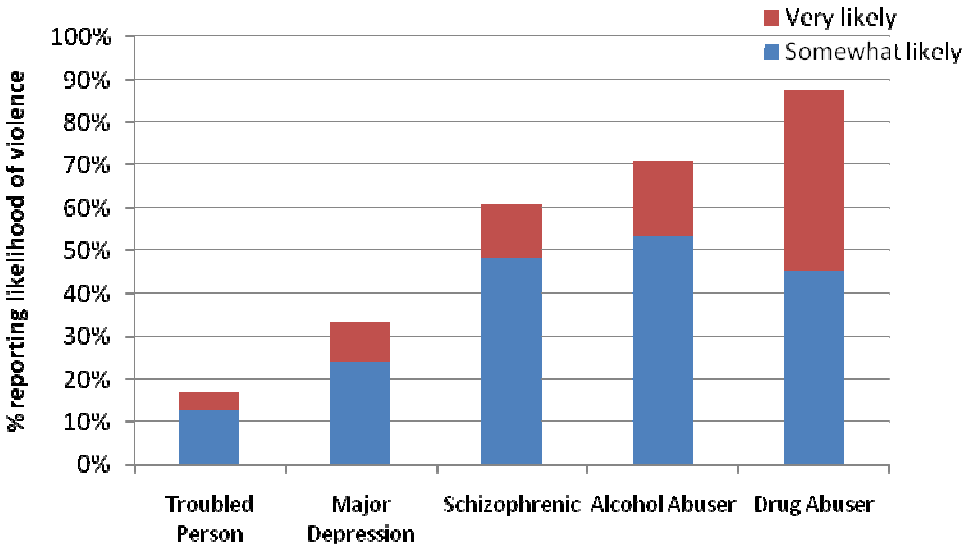
Mental health includes all of the above factors, and is also closely linked with physical health. People with mental illness are more likely to have a serious physical illness that affects how they live their lives and interact with others.

What is not Mental Illness?

We all face stress and sadness caused by daily life events, loss of loved ones, physical diseases, marital and family problems, and problems at work. These feelings are normal and we usually do not need treatment, although if we feel overwhelmed, we may want to go for counselling. If these feelings are allowed to go on for too long, they may turn into mental illnesses.[5] When we have symptoms that look like mental illness, an assessment by an open-minded mental health professional and/or spiritual healer can help us figure out the problem and get us on the path to feeling better.[5]

Perceptions of Mental Illness

In order for mentally ill people to be included in society, public attitudes toward mental illness and mental illness facilities must be positive.[6,7] However, the stigma of mental illness means it is difficult for people with mental illness to be properly diagnosed and to gain acceptance in the community. Mentally ill people may be seen as dangerous and violent, or as poor communicators, having bizarre behaviour and poor social skills.[1] *Figure 4.1* shows the results of a study looking at the public's perceptions of violence and mentally ill people.



Source: Pescosolido, B.A., Monahan, J., Link, B.G., Stueve, A., Kikuzawa, S. (1999). The public's view of the competence, dangerousness, and need for legal coercion of person's with mental health problems. *American Journal of Public Health*, 89(9): 1339-1345.

Figure 4.1: Public Views of Mental Illness

Negative attitudes towards mentally ill people are due to lack of knowledge and can further isolate those who suffer from mental illness. However, the myths around mental illness are changing, and today we try to support and treat the mentally ill in the community so that people can recover and live more normal lives. Greater contact with mentally ill people increases acceptance and caring for more people in the community, rather than placing the mentally ill in psychiatric hospitals, helps in the process of acceptance.[8,9,10]

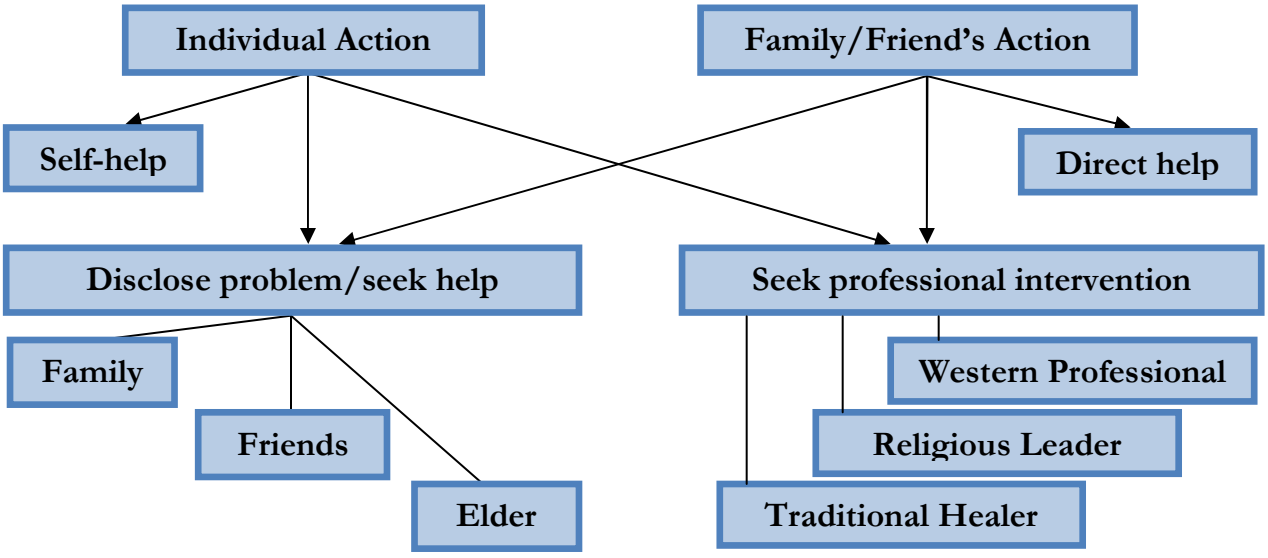
Dealing with Mental Illness

It is important to understand that:[5]

- Mental illness is an illness. It is not a sign of weakness.
- We do not choose to have a mental illness just as we do not choose to be physically sick.
- Mental illness can be caused by genetics, chemical imbalances, learned behaviour, trauma, and/or physical or emotional issues in childhood.
- Severe and chronic physical illness can cause symptoms of mental illness.
- Drug abuse and brain injury can cause symptoms of mental illness.
- Mental illness can be as painful as or more painful than physical illness.
- A very small number of severely mentally ill people may be at risk for harm to self or others.

- Mental illness is treatable but treatment may not be as simple as the treatment of physical illness and involves both clinical and psychosocial supports.
- Family members often need to be involved in treatment and support of a mentally ill person. Without support, recovery can be very difficult or even impossible.
- Some types of mental illness need long-term treatment and may never be healed.
- Some mentally ill people may need to be treated in a hospital.
- Context plays an important role in the onset, length and treatment of mental illness.

Figure 4.2 shows a holistic approach to dealing with mental illnesses.



Source: Bailes, M. (2005). Mental Illness Perceptions in the Somali Community in Melbourne. *Centre for International Mental Health, University of Melbourne.*

Figure 4.2: Actions to address a mental health problem

Types of Mental Illnesses

There are a number of different types of mental illness. Most can be divided into:

- Anxiety Disorders
- Mood Disorders
- Psychotic Disorders
- Personality Disorders

Anxiety Disorders

Feeling anxious during times of stress or in the face of danger is normal. People react to stress in different ways. Some people feel low levels of stress, worry, sleeplessness and poor concentration that pass when the source of stress is taken away. Others have a more severe reaction and feel helpless and fearful for a long time or develop symptoms such as a fast heartbeat, shaking, sweating and/or sleeplessness.

There are a number of different anxiety disorders including:

A **phobia** is an intense and ongoing fear of a specific object or situation. Some common examples include insects, being up high and flying.

Panic Disorders/Attacks

A panic attack is a type of anxiety disorder. People with anxiety or a phobia are those most likely to have a panic attack. Symptoms of a panic attack include trembling or shaking, sweating, being unable to breathe, increased heart rate, chest pain, nausea, light headedness, chills and hot flashes and fear of losing control. A sudden pain attack may accompany a panic attack as the body's reaction to fear.

Generalized Anxiety Disorder

Generalized Anxiety Disorder is characterized by excessive anxiety, worry and distress for at least 6 months and may include restlessness, fatigue, difficulty concentrating, irritability and disturbed sleep.

Obsessive Compulsive Disorder (OCD)

People with obsessive compulsive disorder have one idea that keeps coming into their minds that is difficult to get rid of, called an **obsession**. Being **compulsive** means the person wants to keep repeating an act over and over. People may be unable to do their day to day activities because they are so focused on one idea or action. People can be obsessed with a variety of things, for example excessive hand washing, counting or repeating words or phrases.

Mood Disorders

Depression

All of us feel depressed at times, for example, when something upsetting happens in our lives. Depression can be caused by many factors, for example a change in the weather, a negative social interaction or it may occur for no reason at all but it is important to note that depression is not a weakness. It is an illness that can be treated by counselling, support and/or medication. When depression starts to change sleep patterns and appetite, and is left untreated, it can become a very

serious illness. In some cases, a depressed person may be treated in a hospital. New mothers can be at high risk for depression, sometimes called postnatal or postpartum depression. About one in ten mothers faces depression after the birth of her baby, with more severe cases lasting for over a year. It is important to seek help as early as possible when dealing with severe depression.

Bipolar Disorder

Bipolar disorder is also called **manic depression** because it makes people cycle between severe depression and extreme elation or mania. During mania, the person is over-excited for no reason and they may take risks, speak randomly or be unable to sleep. Some people have a few bipolar disorder episodes in their lifetime with many stable years in between, while others experience many bipolar cycles in their lifetime. *Table 4.1* outlines symptoms of depression and mania.

Table 4.1: Symptoms of Depression and Mania

Symptoms	
Depression	**Mania**
• Feeling worthless, helpless and hopeless • Loss of interest or pleasure • Changes in appetite • Sleep issues • Loss of energy or feeling very tired without any physical activity • Poor concentration or difficulty in making decisions	• Very high or elated mood • Unreasonable optimism and hopefulness or poor judgement • Racing thoughts • Decreased sleep • Very short attention span • Fast shifts to rage or sadness • Irritability or feeling touchy

Source: Public Health Agency of Canada. (2002). *A Report on Mental Illnesses in Canada.*

Psychotic Disorders

Schizophrenia

Schizophrenia is a complex disorder that can have a serious impact on both the mentally ill person and their family. Schizophrenia may develop gradually or suddenly, and commonly strikes between the ages of 15 and 25 years of age. In Canada one in every one hundred persons is diagnosed with schizophrenia. People with schizophrenia may lose touch with reality and experience hallucinations and/or delusions. The hallucinations may cause people to act in a strange way or to have confused speech and thinking. Individuals with schizophrenia may lose track of a conversation, give answers that are not linked to the question asked or jump from topic to topic. Symptoms of schizophrenia are classified into four categories:

Hallucinations can occur in any of the five senses, but hearing voices that are not actually there is the most common type of hallucination.

- **Positive symptoms**: Hallucinations, delusions, disorganized behaviour;
- **Negative symptoms**: Loss of interest in daily activities, lack of energy;
- **Cognitive symptoms**: Poor concentration, disordered thinking; and
- **Emotional symptoms**: depression.

Psychosis

Some individuals may experience episodes of psychosis that do not meet the criteria for schizophrenia and may be associated with other illness such as a mood disorder, significant stress or a medical condition or may be caused by substance use.

Personality Disorders

Personality disorders involve patterns of behaviour, mood, social interaction, and impulsiveness that cause distress to one experiencing them, as well as to other people in their lives. Many of these behaviours may cause severe disturbances in the individual's personal and work life. In general, individuals with personality disorders have difficulty with close, intimate or attachment relationships. They experience chronic interpersonal problems, have difficulties in establishing a coherent sense of self or identity, and may be seen to be impulsive, irritable, fearful, demanding, hostile and manipulative. Problem alcohol or drug use, mood disorders, certain anxiety or eating disorders, suicidal thoughts or attempts, and sexual problems often accompany personality disorders.

Eating Disorders

There are two major types of eating disorders: anorexia nervosa and bulimia nervosa.

Anorexia nervosa

People with anorexia nervosa are obsessed with dieting and weight. These people have an intense fear of gaining weight and will starve themselves, under-eat, exercise excessively and abuse laxatives to avoid weight gain. These actions can result in extreme weight loss.

Bulimia nervosa

People with bulimia nervosa will binge (eat a large portion of a food they crave) and then compensate by vomiting or using laxatives to get the food out of their body.

Both anorexia and bulimia are most common among young women, particularly between the ages of 15 and 25 years, but about 10% of those suffering from an eating disorder are men. About 3% of all women will develop an eating disorder at some point in their lifetime.

Dementia

Dementia is an illness that changes the way the brain works, leading to loss of memory or other problems. Losing central control from the brain causes people to act differently than usual and they may lose the ability to care for themselves. While dementia mostly affects older adults, it can have an impact on the lives of younger people as well.

Concurrent Disorders

When a person has both a mental health issue and a substance use problem, we say they have a concurrent disorder.

Dual Diagnosis

Dual diagnosis refers to individuals with a mental illness and a co-occurring developmental disability. An individual with a developmental disability has below average intellectual functioning.

Treatment

In the past, most people with serious mental illness were taken out of society and placed in institutions. Since then attitudes have changed and today these illnesses are treated with medication,

counselling, education and support. More serious cases may require care in a hospital. Most people with mental illness are able to live happy and productive lives in the community.

How to live well with mental health problems[11]

- Eat a healthy diet
- Get regular physical activity
- Get involved in community and volunteer activities
- Reduce intake of non-prescribed drugs and alcohol
- Develop social support networks

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(9) Olmstead, D. & Durham, K. (1976) Stability of Mental Health Attitudes: A Semantic Differential Study. *Journal of Health and Social Behaviour*, 1 35-744.
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(11) World Health Organization. (2003). Module F: Living well with mental health problems. *Helping people with mental illness: A mental health training programme for community health workers*. Retrieved January 25, 2010 from http://www.who.int/mental_health/policy/en/Module%20F.pdf

Part 4 Additional Resources

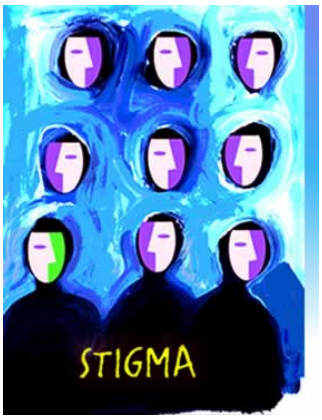
www.bbc.co.uk/health/conditions/mental_health/disorders_index.shtml
www.mind.org.uk/Information/
www.patient.co.uk/display/16777226/
www.rcpsych.ac.uk/mentalhealthinformation.aspx
www.rethink.org/about_mental_illness/index.html
www.sane.org.uk/public_html/About_Mental_Illness/Mental_Illness.shtm
http://www.who.int/mental_health/policy/en/Module%20F.pdf
http://www.shifa.ca/indexmain_files/articles_files/Dealing%20with%20Mental%20Illness.pdf
http://www.hull.ac.uk/counselling/downloads/Mnd-U-stndg-Mntl-Illness.pdf
http://www.ehow.com/how_2342456_recognize-different-types-mental-illness.html
http://www.rethink.org/about_mental_illness/index.html
http://www.radpsynet.org/teaching/brown.html
http://www.warrington.gov.uk/Healthandsocialcare/Mentalhealth/mhealthsub/Types_of_Mental_Illness.aspx
http://www.buzzle.com/articles/types-mental-illness-list-disorders.html
http://www.webmd.com/mental-health/mental-health-types-illness
http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Depression_different_types?OpenDocument

PART 5: TACKLING STIGMA, JUDGMENT AND SHAME

What is Stigma?

Stigma includes any trait or disorder that marks an individual as being different from the "normal" people with whom they interact. This trait or disorder often makes other people feel uncomfortable, and can lead to some form of exclusion of the stigmatized person.[1]

Stigma includes three main components: lack of knowledge (**ignorance**), negative attitudes (**prejudice**), and negative behaviour (**discrimination**).The stigma of mental illness may be due to **fear**, beliefs that the **person with mental illness is weak**, and/or beliefs that the person with mental illness is cursed, being punished by God, and/or possessed by spirits.



Stigma, judgment and discrimination greatly affect people who suffer from mental health problems.[2] Stigma can lead to more intense symptoms of a mental health problem, and reduce overall quality of life.

Stigma and discrimination make people want to avoid those who suffer from mental health problems. This results in people with mental health problems being excluded from society at a time that they really need social support. In one survey, almost all (84%) of the people with mental health problems said they felt isolated from society, compared to only 33% of people without mental health problems.[2]

Stigma also makes it difficult for those facing mental health problems to find a job. Employers may be hesitant to hire someone with a mental health problem; thus, someone suffering from such a problem may not want to tell anyone about their condition. One study found that only about four in ten employers were open to hiring someone with a mental health problem.[2]

"I'm a human being, with all the feelings that brings but stigma makes my life harder to bear."[3]

Stigmatization and discrimination can occur anywhere, at home or work, during social activities, or in healthcare and the media. People may also expect rejection and discrimination, which is called **self-stigma**.[3]

> "I don't think a person like me can have friends. I tried; I tried hard to keep some, but in vain. The psychosis makes people afraid of me. I don't know. Perhaps they are right."(3)

While support and acceptance of people with mental illness is important, there is not one country, society or culture in the world where those who are mentally ill are accepted or have the same value or respect as people who do not have mental illness. Even family members may react in a negative way. Some common reactions are to:[3]

- urge the person to 'snap out of it';
- accuse the person of being weak or lazy;
- react as if the change in behaviour is funny;
- avoid the person whose behaviour is hard to understand;
- think (wrongly) that talking about the problem, such as suicidal ideas, might make them come true, and thus avoid talking about it;
- think (wrongly) that the person will never recover; and
- feel blamed by others for having somehow caused the mental health problem.

Process of Stigmatization

The process of stigmatization has four key components: [3]

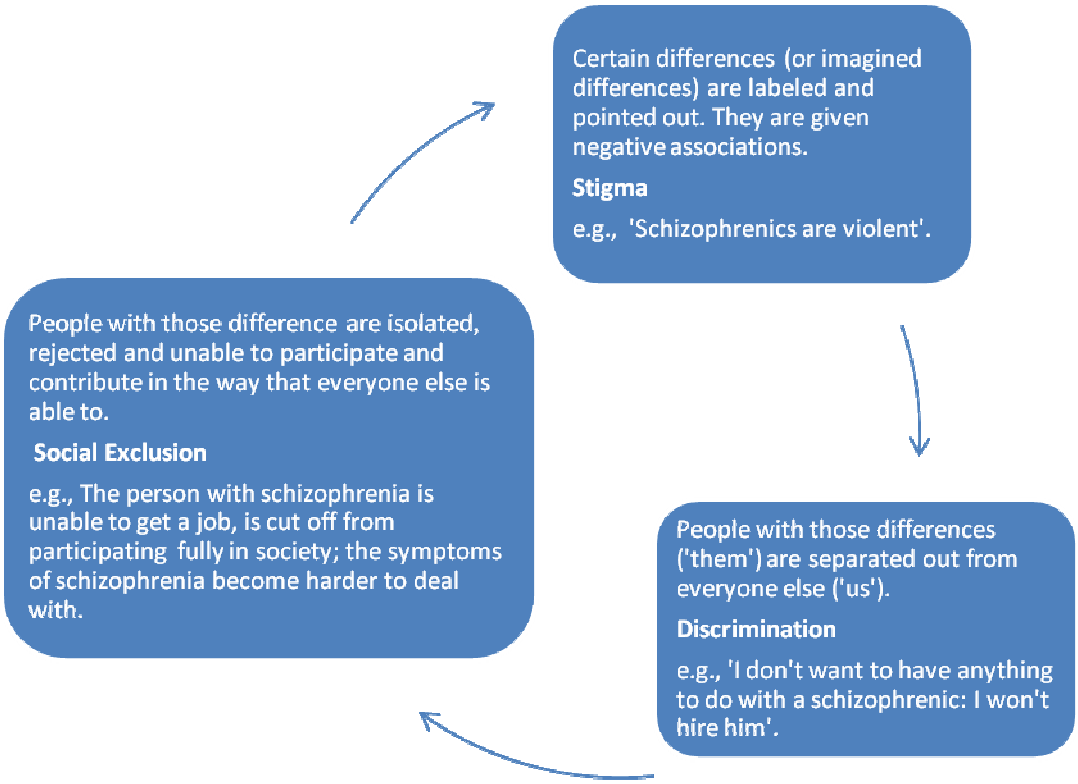
(1) **Labelling**: some individual traits are seen by others as different.

(2) **Stereotyping**: the differences are linked to the undesirable traits.

(3) **Separating**: a distinction is made between the 'normal' group and the labelled group.

(4) **Status loss and discrimination**: the labelled group is rejected and excluded.

Figure 5.1 gives a different way of looking at the process of stigmatization and cycle of injustice towards people suffering from mental illness.



Source: World Health Organization Europe. (2008). *Stigma: An international Briefing Paper.* http://www.healthscotland.com/uploads/documents/6422-Stigma_An_International_Briefing_Paper_2704.pdf

Figure 5.1: Mental Illness Cycle of Injustice

Why Stigma is Important to Address

Stigma is a problem because it leads to poor understanding of mental health and makes it difficult to get support from family and friends. Someone with a mental health problem may delay asking for help for months or years.

Stigma can lead to:[4]

- Refusing to admit you have signs of mental illness and refusing to seek help;
- Failing to see signs of mental illness in others;
- Being excluded by friends, family and co-workers;
- Self-blame;
- Alcohol or drug abuse or problem gambling to deal with symptoms;
- Isolation and loneliness;
- Problems in relationships and problems at school or work.

In extreme cases, stigma may lead to loss of career, family breakdown and/or suicide.

What is the Cultural Context of Stigma?

Many people from both non-Western and Canadian cultures think that mental illness affects only those who have a weak will or poor self-control. People do not realize that mental illness, like physical illness, cannot be controlled. The media may wrongly portray those with mental illness as violent, crazy and dangerous. However, most people dealing with mental illness are not violent. If properly treated, those with mental illness can have a job and live a normal life.

Many non-Western cultures put the family at the centre of life, and may prefer to hide emotions, rather than talk about feelings openly. In some cultures, people will hide their illness from their family and community in order to avoid having to talk about feelings and deal with the stigma of mental illness. Some people fear that they will bring shame to themselves and their family if others know about their mental illness.

Decreasing the Stigma of Mental Illness

Stigma is an important barrier for people with mental illness who need help. It is easy for someone with a physical illness to get treatment, medication and family support, but in the case of mental illness, treatment is often put off until there is a crisis. While it is very hard to decrease the stigma of mental illness, it is important to deal with stigma in order to make it easier for people to seek help.

The first step to decreasing stigma is knowledge and understanding of mental illness. We should work towards policies that promote mental health for all and reduce discrimination against individuals and groups with mental health problems. Other strategies include:[1]

(1) Listening to the communities' beliefs about the causes of mental illness and respecting their view of the world.

(2) Being sensitive to people's feelings of shame that are linked to seeking help for mental illness and the consequences of sharing their problems with outsiders.

(3) Explaining the symptoms and treatment options available to people. Making sure that communities and families know about support services and programs in their area. Educating those with mental health problems and their families can start to decrease the stigma of mental illness.

Role of the Media

The media help the public form opinions and gain knowledge about mental illness. Mass media tend to portray mental illness as something we should be afraid of. Movies, television and newspapers tell society to be nervous about mental health issues and that it is best to avoid and exclude those with mental illness. Most forms of mass media do not give accurate information about mental health issues but rather focus on rare cases of violence and harm.

Looking back at the three components of stigma (ignorance, prejudice and discrimination), the media:[3]

- provide more inaccurate (wrong) information than accurate (true) information,
- promote more negative than positive emotional reactions, and
- increase rather than decrease discrimination against people with mental illness.

Part 5 References

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About the Photograph "Life" by Kinu Grove

"My mother has suffered from depression and other mental health challenges for many years. Through her painful experiences I have come to personally understand the social stigmas and misunderstandings that surround people with mental health challenges. In order to facilitate healing to people who suffer from mental illnesses, open communication is essential."

Kinu Grove is a vibrant and passionate photographer. He has a natural talent for capturing magical moments in life, by creating images that captivate and inspire. To him, photography is more than just a career; it is his life. He has a diverse portfolio including portrait, wedding, and landscape photography.

PART 6: SEEKING MENTAL HEALTH HELP

When trying to help a family member or friend suffering from mental illness, it is important to remember that mental illness is not the person's fault and that they cannot recover by willpower alone. We often focus only on physical health problems, even though mental health is an important part of overall health. When mental health problems are ignored or we assume those with mental illness are weak, it becomes difficult for people to get professional help. We need to be aware that anyone who is stressed or in a difficult or frightening situation can be at risk of mental health problems and that there are many services and treatments available. Mental illnesses usually occur because of the interaction among three factors:[1]

(1) **Biological**: mental illness can be hereditary (passed down in families);
(2) **Psychological**: mental illness can stem from painful experiences, including trauma, war, torture or loss of a loved one;
(3) **Social**: mental illness can follow life events like migration, family trauma such as divorce or separation, and/or loneliness.

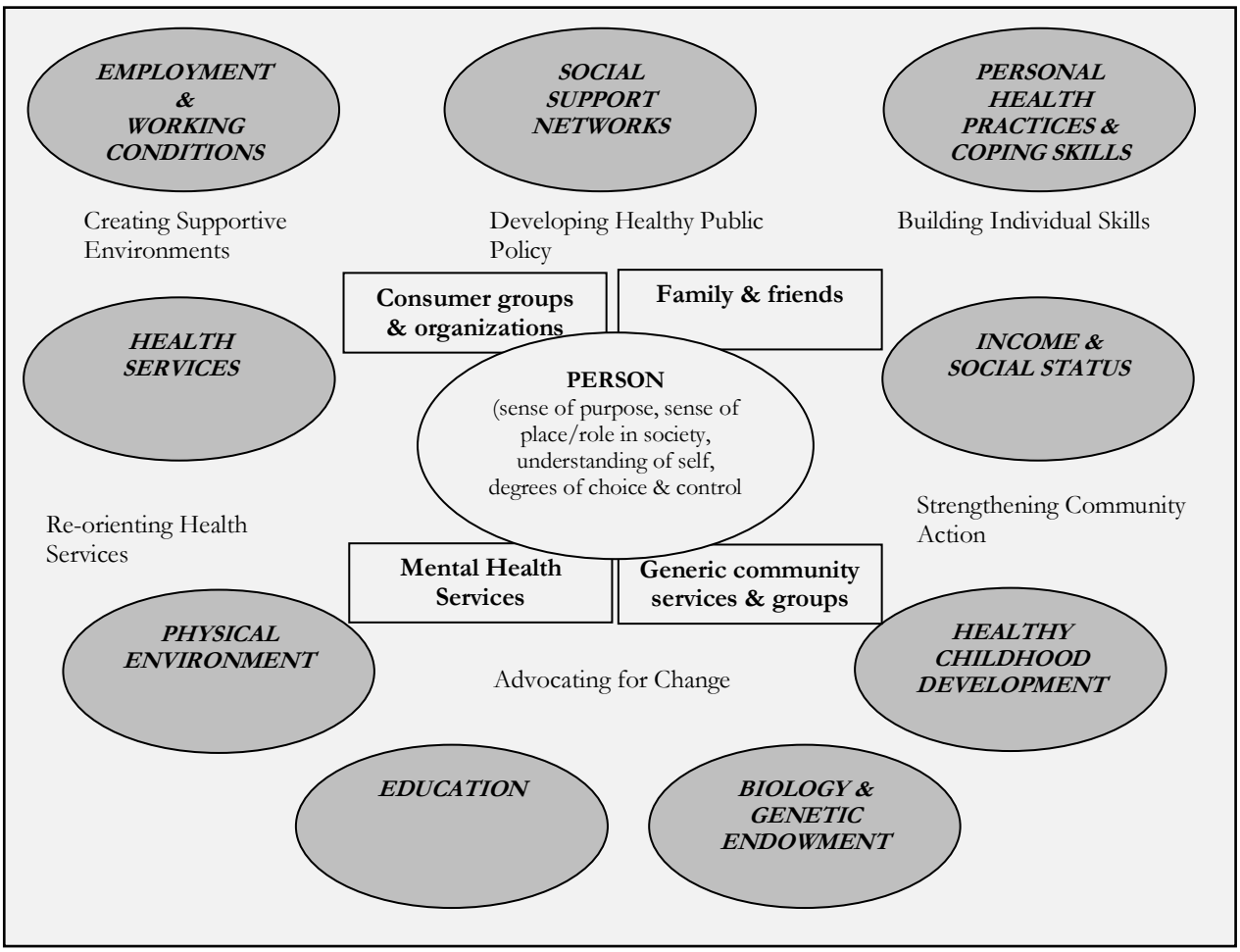
We need to look at mental health in a holistic way and assure people that **they are not alone** and **recovery is possible**. People who admit they have a mental health issue are taking a brave step toward improving their overall health.

Some possible symptoms of mental health problems among adults are listed below:[2]

- large decline in work performance, not going to work, lack of productivity
- not attending social activities, isolation from family and friends
- physical complaints, like being tense all the time and/or aches and pains are not linked to a physical cause or injury
- sleep issues (ongoing nightmares, not being able to sleep)
- excessive worry and/or anxiety
- sudden feelings of panic, dizziness, increased heartbeat
- harmful behaviour (criminal activity, stealing)
- changes in appetite (weight gain or loss)
- alcohol and drug abuse
- feelings of guilt, hopelessness
- threats to self or others
- thoughts and/or talk of suicide
- thoughts of death
- aggression and anger
- low energy
- lying and/or cheating
- depression
- sexually "acting out"

Helping Someone with Mental Illness

Most mental illnesses can be treated through medication, counselling or other support services. A holistic approach, including individual understanding and community and institutional support should be used. As seen in *Figure 6.1*, emotional support from family and friends is very important during treatment.



Source: Public Health Agency of Canada. (2005). *Mental Health Promotion for People with Mental Illness.* http://www.phac-aspc.gc.ca/publicat/mh-sm/mhp02-psm02/2-eng.php

Figure 6.1 Mental Health Promotion Model for Persons with Mental Illness

Before you can help someone deal with their mental illness, you need to take the following steps:

(1) Educate Yourself: You need to accept the fact that the person has a real illness. Mental illness is not a sign of personal weakness and the person cannot be blamed for the disorder. Learn all you can about the mental disorder and its treatment. Educate others about accepting and treating mental illness. Getting help from a professional is important, but be prepared for the person with mental illness to resist medication and to be offended by their diagnosis. Respect of

others' beliefs is an important part of education.

(2) Attitudes: Changes in attitudes should be noted and watched. If the person talks about violence or suicide, this should be taken very seriously. With disorders in which the person loses touch with reality, never argue. Trying to take the person out of delusions will not help. Only proper treatment will help the person come back to reality. However, you can be supportive, positive, and calm when the person becomes tense or agitated. If the person lives with you, set boundaries and rules. If a situation becomes scary or abusive, call someone who can help and get you to safety.

(3) Create a support system: Dealing with mental illness is easier if you use available resources and services. Keep a phone list of therapists, doctors, family members and friends who can help out. For times of crisis, have ready phone numbers for a suicide crisis line, substance abuse centre and/ or mental health hospital. Having a large number of people to call will make sure you are not the only one caring for the person with a mental illness.

Ways you can help a family member, friend, co-worker, or neighbour who is living with mental illness

Communicate

- Be understanding. Let him/her know they can count on your help.
- Be a good listener and offer emotional support.
- Find times when you can make him/her laugh.

Help them stay active

- Arrange a regular time to walk or go to the gym together.
- Get him/her involved in hobbies, sports, religious or cultural activities they used to enjoy.

Offer practical support

- Help with tasks, such as grocery shopping or taking children to activities.
- Cook dinner once a week.
- Drive him/her to doctor's appointments.
- Help to complete insurance forms and explain benefits.
- Help him/her track symptoms and medications, make medical appointments and report changes to a medical professional.

Treatment Options for People with Mental Illness

There is a wide range of safe and effective treatments available that can help people through their suffering. Seeking out a mental health professional for diagnosis and treatment is an important first step to recovery from a mental health illness or problem.

Counselling

Talking to a **counsellor** can help you to name the problem, discover what is causing the problem and come up with options to deal with the problem. When you are looking for a counsellor, you should:[3]

- trust and feel comfortable talking to your counsellor;
- believe the treatment you get is helpful;
- find a counsellor that understands you and accepts your opinions;
- agree on the goals of your treatment and how long the treatment will continue;
- be able to change your treatment goals at any time;
- feel you are making progress towards your goals; and
- feel your counsellor is acting in a professional manner.

Talk to Your Doctor

One treatment option is to talk to a doctor. About 60% to 65% of people with mental health problems get help from a family doctor, paediatrician (doctor for children) or other specialist.[4] After the doctor diagnoses a specific mental illness, they may give you medication to treat the disorder, or refer you on to another specialist, like a clinical psychologist or psychiatrist.

Clinical psychologists are trained in psychotherapy (talk therapy) to treat mental illness.[4]

Psychiatrists are doctors who are trained in the treatment of mental illness using medication.[4]

When you talk to your doctor or another professional, they will try to find the treatment that is right for you, one that will keep you independent. Talking about your mental health problem does not mean you will be taken out of your home and placed in an institution. Mental health professionals will not try to change your religion or cultural practices.

Medication

If your diagnosis and symptoms cannot be treated through talk therapy, a mental health professional may put you on medication. There are many different medications that can reduce the symptoms of mental illnesses, such as schizophrenia, depression, bipolar disorder and anxiety disorders. Medications are also sometimes used together with talk therapy.[5]

Medication will not cure a mental illness, but it will help reduce the symptoms, so that people can continue with everyday activities. Each person will react to medication in a different way. Some people may need the medication for only a few weeks while others may be on medication for their whole life.[5]

Tips for Staying Mentally Healthy[3]

- Don't keep your emotions in. Share your feelings with others.
- Try to manage your time and make sure you get enough rest and free time.
- Try to avoid situations, such as arguments, that cause you stress.
- Get ready for a stressful event by imagining feeling calm and handling the situation.
- Spend time helping others.
- Participate in activities you enjoy with people who have the same interests as you.
- Learn to laugh and have fun.
- Give yourself small rewards that make you feel good.
- Live a healthy lifestyle: eat well, exercise and sleep enough.
- Try something new.
- Leave your mistakes behind you - no one is perfect.
- Set reasonable goals for yourself.
- Be flexible when dealing with people and events.
- Be proud of yourself when you do something good.
- See the positives and good things in life.

Community Mental Health Resources and Services

These website provide more information on mental health services and resources.

Canadian Mental Health Association
http://www.cmha.ca/bins/index.asp

Centre for Suicide Prevention
http://www.suicideinfo.ca/csp/assets/alert35.pdf

Working Together for Mental Health 2009
http://www.wmhc2009.com/static/index.html

Public Health Agency of Canada
http://www.phac-aspc.gc.ca/chn-rcs/index-eng.php

Seniors Mental Health
http://www.seniorsmentalhealth.ca/PolicyLensENG_17_06.pdf

Canadian Coalition for Seniors' Mental Health
http://ccsmh.ca/en/default.cfm

The Globe and Mail – Canada's Mental Health Crisis
http://www.theglobeandmail.com/breakdown/

Part 6 References

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PART 7: EFFECTIVE LEADERSHIP

"As immigrants, we often struggle so much that it is hard to think of ourselves as leaders. But I guess each one of us is a potential leader and we need to allow ourselves to tap into our power to relate well to other people".

What is Leadership?

Leadership can mean:

- Helping people work towards a common goal;
- Sharing new ideas;
- Having a vision for how things should be;
- Wanting to create change or making things better;
- Taking initiative, speaking up and speaking out;
- Being ready to take responsibility and authority, as decided by the group.

There are two types of leaders:

(1) **Leaders in a position of formal authority**, such as religious leaders, elected officials, executive directors of organizations, boards of directors, and so on. They are people who are 'in charge' or 'at the top' of an organization and are considered leaders because they hold that position.

(2) **Leaders without a position of formal authority**. They are influential people/leaders because they are known as the 'person to talk to' or as 'somebody who gets things done'. These people might be **opinion leaders** and **gatekeepers**.

Opinion leaders are people who serve as a model to others through ideas and behaviour. **Gatekeepers** are people who will decide whether a health message will be passed on to their community.

There are currently not enough leaders in mental health. This problem needs to be solved in order to improve mental health services. Two sets of skills are needed to be a good leader: [1,2,3]

- **transformational leadership skills**
    - help your group see issues in a new way, allowing for creative ways to solve problems
    - promote creativity and participation in decision-making

- **transactional leadership skills**
    - include setting goals and giving feedback to others
    - makes sure the project will continue over a long period of time.

Strong leaders are needed to plan and implement programs for people with mental disorders in their own communities. These leaders will require training to improve their knowledge and capacity to implement programs.

Capacity can mean:

- the power of knowledge and mental ability
- the ability to make decisions for oneself

Capacity building includes training or resources given to help groups improve their ability to work in the community.

The Vision for Leadership Development

- Demonstrate an **understanding and knowledge** of risk factors for mental disorders including social factors such as poverty, gender inequity, violence, stigma, mental hospitals and lack of human resources and mental health leadership.
- Develop a tool box for a **mental health program plan** that starts from mapping the needs and resources of cultural communities through to monitoring and evaluation.
- Improve **management of common mental disorders** by combining primary health care with community support.
- Training in **monitoring and evaluation** will focus on setting goals or targets and developing tracking systems for mental health programs.
- Empower people who have the skills and knowledge to become **mental health leaders in communities.** The focus is on **advocacy** to challenge stigma and **working with community organizations** to improve public mental health.

How to be a good leader

- Support people. Your encouragement and support will help people feel excited and hopeful about their work and about their group or organization.
- Ask people to brainstorm ways in which they could make contributions in their workplace or community. Ask them what skills they would like to learn.
- Offer a warm welcome. Even if you can't give others all the training or opportunities they want, you can find other ways to challenge them to keep them in their volunteer position or job. People in some societies/cultures are often told not to see themselves as having important ideas, taking action or making a contribution.
- Know and identify different groups in your community by age, gender, income groups, social institutions (such as schools, places of worship, media, local businesses, and government agencies), ethnic clubs, sporting groups, hospitals, neighbourhood groups, religious groups, social service agencies, and so on. Socialize with the different subgroups and put people at ease so that they feel they can open up and share their thoughts with you.

Make sure that each person:

- Gets the training he/she needs to get the job done,
- Understands the mission, policies, and procedures of the organization,
- Knows what his/her role is and
- Is realistic about what can be done.

To engage people with mental illness, you may need to:[5]

- Deal with stigma and attitudes;
- Improve community communication;
- Give people a sense of belonging by bringing them into society and assuring them they will no longer be ignored;
- Deal with resistance;
- Give people a sense of empowerment,
- Understand the needs of your audience: to improve or maintain self-esteem, to feel one's contribution is useful, to have influence with an issues, to have some control of self and environment, to make friends and to be recognized for one's efforts.

Communication

Communication is a **life skill** that helps you to make your way through different situations, including school, employment, leisure and relationships. When you communicate effectively, you

make and keep friends, you are valued at work, and your colleagues and clients will respect and trust you. Good communication is important in all kind of relationship, but it is especially important when we take on a leadership position, where we become role models to others.

One skill we can learn that allows us to express our feelings and resolve some of the problems caused by poor communication is use of an 'I message' rather than a 'you message'. An 'I message' allows us to express concerns or feelings such as anger and frustration without blaming others.

'You message'	'I message'
A: Hurry up! You are always late for our meeting. **B:** Instead of picking on me, why can't you just slow down. **A**: I just think if you were not so lazy, we wouldn't always have to deal with this. **B:** How dare you call me lazy! You try dealing with what I have to deal with.	**A**: It is time to start the meeting. I am concerned we will not have enough time complete the agenda. **B**: I am running late because my son has been sick for the last three days and I am coming from the urgent care clinic. **A**: I forgot you were having family problem. How can I help? **B**: Can you go ahead with the meeting? I will catch up later. **A**: That is a good idea. May be we can talk later, too. May be if I understood your family situation more, we could figure out ways to make things easier for you and our group. **B**: I am worried, too. I think talking more would be good.

Conflict Resolution

- Deal with conflict as soon as possible. Try to find a time to talk when you have enough time and privacy to have a full discussion without other interruptions
- Talk directly to the person with whom you have a conflict. Don't go behind each other's backs.
- Listen to try to understand the other person's point of view. Create opportunities for two-way communication. Make an effort to listen without judgment, assumptions, or defensiveness. Try to honestly hear what the other person is saying and feeling, and why they might think that way.
- Try to make sure each person has a chance to speak.
- Use 'I' statements. Avoid attacking, blaming and/or generalizing.
- Work towards win/win outcomes. Focus on solutions that will work for everyone.

Advocacy and Leadership

Advocacy can be defined as:

- Speaking, acting, and/or writing to promote and defend the rights, needs and interests of people who are disadvantaged by society.
- Action taken by individuals or groups to improve their own situation or someone else's.
- Helping individuals and groups overcome barriers so that they can assert their right to resources and change the system.

An advocate is a person who will help individuals, families or groups understand and fight for their rights. She/he will help the individual, family or group speak up! A good advocate will:

- Listen to the problem,
- Give their opinion of what has happened,
- Explain what the law says about rights pertaining to the problem,
- Explain what choices are available, and
- Escort the individual, family or group to other community agencies.

Collective Advocacy

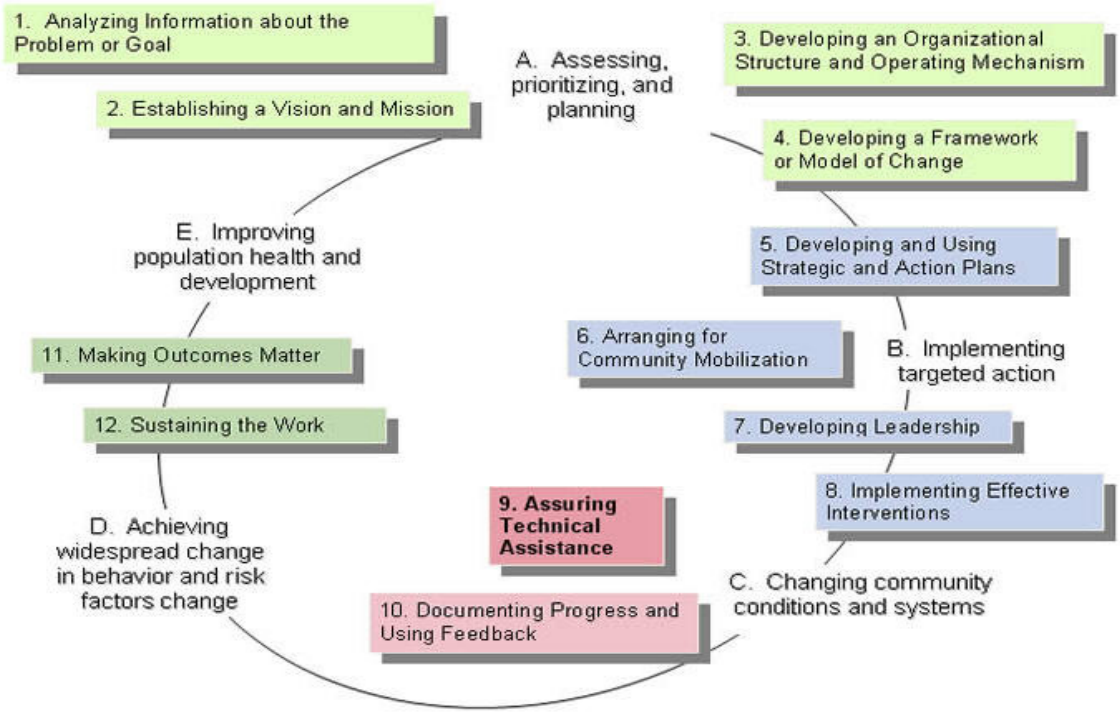
Collective advocacy occurs when groups or community members unite to campaign on issues that affect them collectively.

Steps in Collective Advocacy

1. **Create an issue** – Choose a problem to work on that is important to the people.
2. **Strategize and build the action vehicle** – Develop your goals and SMART objective and, identify resources.
3. **Mobilize** – Get more people actively involved, nurture a sense of group identity and build a sense of community power.
4. **Act** – Carry out planned activities, hold community meetings and press conferences, meet with local officials, monitor public opinion and publicize positive changes.
5. **Evaluate** – Evaluate your advocacy efforts as a group – what went well and what could you do better next time? Measure what has been accomplished and what still needs to be done. Publish your results.
6. **Continue, move on or shut down** – Eventually the campaign is won or lost. Make a decision on whether to continue or to close down.

SMART objectives are:
Specific
Measureable
Attainable
Relevant
Time-bound

Figure 7.1 gives a more comprehensive look at the steps in community advocacy.



Source: Workgroup for Community Health and Development, University of Kansas. (2010). *The Community Tool Box*. Retrieved January 29, 2010 from http://ctb.ku.edu.

Figure 7.1: Best Processes for Community Change and Improvement

Collective advocacy in mental health will lead to the **community mental health movement**.

A **community mental health movement** is an exciting change in society that leads to healing, joy and contentment. "The movement is away from the futile pattern of warehouse care in isolated institutions and toward a **broad continuum of early, intensive, and varied treatment in the local community**".[4]

This approach brings those with mental illness back into society, and ensures that people living with mental illness can fully participate in society. Partnering with cultural communities, the community mental health movement can provide appropriate support and programs.

****Remember****

We came to Canada from different cultures and different countries. We speak different languages. Nevertheless, we all must lead our communities so that they can actively participate in the community and the Canadian society. Each one of us can make the decision to take individual initiative and lead our communities, be their voice and show them that they have a **POWER** to change the system.

Part 7 References

(1) Bass, B.M. (1990). From transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics, 18,* 19±31.
(2) Bass, B.M. (1997). Transformational leadership: Industrial, military, and educational impact. Mahwah, NJ: Lawrence Erlbaum Associates Inc.
(3) Corrigan, P.W. (1999). Transformational and transactional leadership skills for mental health teams. *Community Mental Health Journal*, 35(4).
(4) Clinebell, H.J. (1970). Community *Mental Health: The Role of Church and Temple*. School of Theology at Claremont, California. Abingdon Press, New York.
(5) Workgroup for Community Health and Development, University of Kansas. (2010). Involving people most affected by the problem. *The Community Tool Box*. Retrieved February 1, 2010 from http://ctb.ku.edu/en/tablecontents/sub_section_main_1084.htm

Part 7 Additional Resources

The Oakland County Community Mental Health Authority's Improving Practices Leadership Team Charter http://www.occmha.org/pi/ebp/IPLTcharter.pdf

Leadership and mentoring for mental health service reform
http://www.contemporarynurse.com/archives/vol/14/issue/3/article/1891/leadership-and-mentoring-for-mental-health

Mental Health Social Care Leadership Symposium: Workshop notes
http://www.scie.org.uk/news/events/leadershipsymposium07/jointworking.pdf

Leadership BC – Nanaimo
http://www.nanaimochamber.bc.ca/assets/images/uploads/File/Leadership%20BC%20Brochure%20Oct%202008.pdf

PART 8: INVOLVEMENT IN GOVERNANCE

Governance Basics

Governance is difficult to describe in one simple definition. There is a need for governance any time a group of people come together to reach a goal. However, most people would say that decision-making is the most important part of governance. The process through which a group of people make a decision will help direct their goals and joint efforts.

Governance is about getting organizations and societies to work together towards agreed-upon goals using an accepted set of rules.

When a group is too large to make decisions, it will create a separate subgroup, called the **board of directors**, to carry out the decision-making process. In addition to making decisions, governance is about "steering", guiding, directing and controlling the organization to make sure the mission and purpose are met. Governance refers to who is in charge; who sets the direction for the organization; who makes decisions and who sets performance indicators, monitors progress and evaluates results. The bylaws and constitution of the organization form the basis for its governance.

Governance includes the policies that define the roles and responsibilities of the board, determine how the board will function and the processes the board will use to direct and manage the organization. Policies outline how governance is supposed to work.

What is Good Governance?

Good governance allows all stakeholders to participate and keeps leaders accountable. It is transparent, meaning there is easy access to information and decision-making processes are easily understood. Good governance is also fair and ensures all voices are heard in decision-making.

A s**takeholder** is someone who is involved in or affected by decisions made by the organization.

Core characteristics of good governance

1) **Participation**: All men and women should have a voice in decision-making, either directly or through others who represent them.
2) **Rule of law:** The law should be fair and unprejudiced, especially laws on human rights.
3) **Transparency:** Transparency comes from the free flow of information.
4) **Responsiveness:** Organizations should try to serve all stakeholders.
5) **Consensus orientation:** Good governance takes into account different stakeholder interests to reach consensus (agreement) on what is best for the group.
6) **Equity:** All men and women have the opportunity to improve or maintain their well-being.
7) **Effectiveness and efficiency:** Processes and organizations produce results that meet needs while making best use of resources.
8) **Accountability:** Decision-makers in government, the private sector and civil society organizations report to the public and to other stakeholders.
9) **Strategic vision:** Leaders and the public have a broad and long-term view on good governance and human development, and how to get there.

Bad governance happens because of:

1) A misunderstanding of the roles of the board, executive director and staff,
2) Lack of or limited participation by board members,
3) Poor accountability,
4) Lack of vision.

What is a Board?

A board is the ruling group of a voluntary or community sector organization. The board is made up of volunteers, called **trustees** or **directors**, and has overall responsibility for running the organization. Other names for a board are: management committee, executive committee, executive, board of governors or board of directors. Whatever it is called, the ruling or supervisory body of an organization is its board.

What does a board do?

1. Set and maintain vision, mission and values.
2. Determine goals.
3. Develop strategy to reach those goals.
4. Establish and monitor policies.
5. Set up employment procedures.
6. Ensure compliance with governing documents and the law.
7. Ensure accountability.
8. Maintain proper fiscal oversight.
9. Select, manage and support the chief executive.
10. Respect the role of staff.
11. Maintain effective board performance.
12. Promote the organization.

How does a Board Govern?

Most board work is done during meetings. Meetings are led by the board chair who is usually the president. At meetings, trustees review information and debate organizational issues. Staff members and other stakeholders may give the board advice. To make a decision, the board votes and the majority carries the decision. Individual trustees and small groups of trustees only have authority and power as part of the larger board group. The executive director usually attends board meetings and reports on behalf of the staff. Other staff may attend meetings to report about a particular program. Staff members do not vote at board meetings.

Governance decisions are only legitimate when they are approved by a majority vote of the entire board. Good governance systems make this process of decision-making effective. Board decisions are official and must be respected by the rest of the organization. Boards need to communicate decisions and make sure they put decisions into action. The board often works closely with senior staff and management to put decisions into action, especially the executive director.

Board Committees

Committees are a good way to spread out the responsibilities of the Board or core members of an organization and make good use of volunteers' time. Committees that set goals and evaluate their work on a yearly basis will be most effective. Committees report regularly to the board.

- Establish committees when there are too many issues to be handled by the entire board.
- For ongoing, major activities, establish **Standing Committees**. These should be included in organization bylaws. For short-term activities, establish **Ad hoc Committees** that end when the activities are completed.
- Committees recommend policies or projects that need approval by the entire board.
- Committees operate at the board level, not the staff level.
- Committee may meet only every two months, or every three months. If meetings are not held monthly, attempt to have committee meet during the months between full board meetings. This is typical in new organizations, with working boards.

Some common committees include:

- **Executive Committee** – Works for the Board in times of emergency and in the time between regular meetings. It has the authority to make decisions but each action must be confirmed by the full board at the next meeting. This committee also sets the agenda for full board meetings, maintains communication with other committees and plans the budget. The executive committee usually includes the Board Chair, Vice-Chair, Secretary, Treasurer, and may include chairs of standing committees.
- **Finance Committee** – Responsible for creating an annual budget, proposing changes in the budget to the Board, monitoring the approved budget and making recommendations about the organization's assets. The Treasurer, Board Chair and other directors usually sit on this committee.
- **Board Development Committee** – Assumes the responsibility for recruiting and nominating new board members, as well as orientation, training and evaluation of the board.
- **Fundraising or Resource Development Committee** –This committee is set up for developing a fundraising plan, carrying out fundraising activities, and involving other Board members in fundraising. Some organizations have moved away from a fundraising committee so that fundraising becomes the responsibility of a subgroup of the board instead of the responsibility of all board members. Board members are expected to support fundraising activities.

** The Board Chair is usually an honorary member of all committees.

Board of Directors - Governance Guidelines

The Board of Directors is elected by the members at an Annual General Meeting (AGM). The Board hires or appoints the Chief Executive Officer and other senior management. The Board is responsible for establishing and maintaining the personnel policies for the organization.

Size of the Board: The size of the Board can vary, although a board of eight to twelve is usually considered sufficient. The Board may review the numbers and may expand the Board as needed.

Member Qualifications and Board Balance: The Board is responsible for determining the skills, perspectives, experiences, and characteristics required of Board candidates, taking into account the Organization's needs and current make-up of the Board. It is desirable to have a diverse board (backgrounds, varied experiences and perspectives).

Director Selection: The Board is responsible for selecting its members and nominating them for election and for filling vacancies on the Board. A **Nominating Committee** will evaluate candidates using the qualification guidelines and then seek Board approval of the selected candidate(s). Once a candidate is selected to join the Board, the Chairman of the Board will invite the candidate to join the Board, usually at an Annual General Meeting.

Term Limits: Term limits (the number of years one can serve on a board) are good for Board renewal. Some Boards do not have term limits; instead, a **Committee on Directors and Governance** will review continuation on the Board.

Conflict of Interest: The Board determines on a case-by-case basis whether a conflict of interest exists. Each Director will advise the Board of any situation that could potentially be a conflict of interest and will not vote on an issue in which he or she has an interest.

Meetings: Directors are expected to attend Board meetings and meetings of Committees on which they serve and to spend the time needed as necessary to prepare for such meetings and to carry out their responsibilities. At the beginning of each year, the Board will determine how many meetings are needed. Usually six to eight regular meetings are held during the year.

Responsibilities and Expectations of Board Members

Each board will be different depending on a number of factors (organization, mandate, purpose, etc.). However, board members are usually expected an active participant in a body that works best as a whole and act with due diligence.

In order to act with **due diligence**, board members should:

Due diligence is making sure everything is as it should be by taking care to examine background information and research.

- Be informed of the organization's by-laws, missions, values, and other policies around the duties of a Board member;
- Keep informed about the activities of the organization and the community;
- Attend board meetings, serve on committees and contribute to the work of the Board;
- Be prepared for meetings by reading minutes and reports received before the meeting;
- Offer personal perspectives and opinions on issues that are the subject of board discussion and decision;
- Voice any opposition to or concerns around a decision being considered by the Board. However, decisions are made by the majority and must be accepted by all.
- Unite with fellow board members in support of a decision that has been made in good faith in a meeting;
- Ask board members to review a decision if there are grounds to believe that the Board has acted without full information or in a manner that conflicts with Board obligations, and if a poor decision stands after such a review, ask that the membership have a chance to review the issue;
- Work with staff and other trustees on committees or task forces of the Board;
- Know and respect the roles of the Board and staff;
- Be alert to any conflicts of interest.

Confidentiality is agreeing not to discuss information learned through a board meeting with anyone outside the board.

Board members must respect the confidentiality of any client names and/or situations that might identify clients. All issues the Board deals with during "in camera" meetings and matters related personnel must be held in confidence. This means board members cannot tell anyone, including family members. The duty of confidentiality continues, even after a board member has left the Board. A sample Oath of Office and Confidentiality and a sample Code of Conduct is included at the end of this section.

Questions to Ask Yourself Before Joining Your Next Board

1) **Is this the right organization for me to work with?** Is the kind of work the organization does something that I am strongly interested in and support?
2) **Do I have the time and energy to work with the organization at this time?**
3) **What can I contribute to this organization?** Can I make a commitment to attending at least 75% of the meetings? Am I willing to give up one or more evenings a month? Can I volunteer on occasional evenings and weekends?
4) **Am I comfortable being associated with this organizations?**
5) **What do I hope to get out of working with this organization?**

Diversity Within Boards

Leaders in the future will reflect the world's cultural diversity, with greater representation from women and people of all ages and ethnicities. In neighbourhood organizations, schools, and religious communities, there are individuals with leadership potential and desire to lead and serve.

Leaders will be individuals who are:

- **Willing to challenge the status quo –** are not satisfied with current norms and will confront assumptions.
- **Curious** – actively explore the environment and look at new possibilities
- **Self-motivated** - initiate new projects proactively
- **Visionary** – think about the future and very imaginative
- **Willing to take risks** – step out of comfort zones and are willing to try new things
- **Reflective** – think deeply about problems and challenges
- **Recognize patterns** – notice trends and see the "Big Picture"
- **Collaborative** – get organizational support when needed and work with other community groups and organizations
- **Formally articulate** – communicate ideas effectively
- **Resilient** – bounce back from disappointment, learn quickly from feedback and willing to try again
- **Persevering** – hardworking and persistent
- **Culturally competent** – embrace diversity and take a global perspective
- **Dedicated to teamwork** – able to work with others and recognize the strength of joint decision-making

Importance of Civic Participation

Many Canadians of lower or middle social and economic status have decided that government is not concerned with their interests and that they are not invited to participate in society.

Civic participation is important because:

1) **Participation makes for better citizens** – Through involvement in public life, Canadian residents come to understand their own political views and how their interests connect to their neighbours' interests. Engaging in civic activity allows individuals to see themselves as public citizens.
2) **It makes for better societies** – Civic participation builds social capital which involves bringing citizens together to build relationships of trust and respect.
3) **It makes for better governance** – Civic participation can improve the quality of life in a city by producing wiser public policies and increasing their effectiveness.

NATIONAL MENTAL HEALTH ASSOCIATIONS

Alzheimer Society of Canada www.alzheimer.ca

Canadian Association for the Mentally Ill www.cami.org

Canadian Association of Social Workers www.casw-acts.ca

Canadian Institute for Health Information www.cihi.ca

Canadian Institutes of Health Research - Institute of Neurosciences, Mental Health and Addiction www.cihr-irsc.gc.ca/institutes/inmha

Canadian Medical Association www.cma.ca

Canadian Mental Health Association www.cmha.ca

Canadian Psychiatric Association www.cpa-apc.org

Canadian Psychiatric Research Foundation www.cprf.ca

Canadian Psychological Association www.cpa.ca

Centre for Addiction and Mental Health http://www.camh.net/index.html

The College of Family Physicians of Canada www.cfpc.ca

Health Canada, Mental Health http://www.hc-sc.gc.ca/hl-vs/mental/index_e.html

The Mood Disorders Society of Canada www.mooddisorderscanada.ca

The National Eating Disorder Information Centre www.nedic.ca

National Network for Mental Health www.nnmh.ca

Schizophrenia Society of Canada www.schizophrenia.ca

Statistics Canada www.statscan.ca

Canadian Association of Occupational Therapists http://www.caot.ca/default_new.asp

SERVICES AND RESOURCES IN WATERLOO REGION

1) **Help for New Immigrants:**

Settlement & Immigration Service **519-624-1621** - providing information and answers to settle in Ontario, Canada

K-W Multicultural Centre **519-745-2531**

2) **Distress Phone Lines:**

Distress Centre **519-745-1166** - If you are feeling suicidal/ depressed or distressed about anything

Telecare **519-658-6805** - If you are feeling suicidal, or distressed about anything

Crisis Clinic at Grand River Hospital **519-742-3611** - on King St. at the Kitchener-Waterloo border

Youth Line **(18 years old, or younger) 519-745-9909** - does not show up on your phone bill if you call from Kitchener, Waterloo or Cambridge

Kids Help Phone **1-800-668-6868** - there is no cost to call this and it does not show up on the phone bill

Kitchener-Waterloo Sexual Assault Support Centre **519-741-8633** - for females or males

"EARS" Line **519-570-3277** or toll-free **1-800-553-2377** for **male victims** of sexual assault

Anselma House **519-742-5894** - Domestic Violence

Parents Help Line Phone **1-888-603-9100**

3) **Sexual Assault Support**

Sexual Assault Support Centre of Waterloo Region http://sascwr.org/
201-151 Frederick St,
Kitchener Phone: **519-571-0121**
Wilmot Area: Phone: **519-662-2731**
Woolwich area: Phone: **519-669-5139**
Sexual Assault Support Crisis: **519-741-8633**

Sexual Abuse Treatment 519-744-6549
Community Justice Initiatives of Waterloo Region 49 Queen Street North - 3rd Floor
Kitchener, Ontario N2H 2G9

Waterloo Regional Police Victim Service Unit 519-653-7700 Extension 858

Waterloo Region Sexual Assault/Domestic Violence Treatment Centre TTY 519-749-6864 - This number is for use by hearing impaired people with a special device on their phones.

4) **Victims of Crimes and Anger Management**:

Waterloo Regional Crime Stoppers 1-800-265-2222 - If you have information about a crime and want to remain anonymous.

Victim/Witness Assistance Program 519-741-3351 or to find the office nearest you, call the **Victim Support Line toll free at 1-888-579-2888**

Anger Management- Youth 12-15
John Howard Society of Waterloo-Wellington 289 Frederick St**,** Kitchener **519-743-6071**
Cambridge Place, 3-73 Water St N, Cambridge **519-622-0815**

5) **Suicide Help:**

Feeling suicidal, or you just don't want to be alive? You are definitely not alone. Call **911** emergency or following numbers:

Distress Centre 519-745-1166 - If you are feeling suicidal or distressed about anything.

Telecare 519-658-6805 - If you are feeling suicidal, or distressed about anything

Crisis Clinic at Grand River Hospital 519-742-3611 on King St. at the Kitchener-Waterloo border

Kids Help Phone: 1-800-668-6868 there is no cost to call this and it does not show up on the phone bill

Depression site for support and knowledge, online forum: http://www.depression-understood.org/

6) **Ontario Problem Gambling Helpline** : 1-888-230-3505

7) **General and Family Counselling:**

Cambridge & North Dumfries Family Services 519-621-5090 - issues relating to family violence, poverty, families and marriage counselling. Sliding scale fees so you can afford it.

Cambridge Interfaith Family Counselling Centre 519-622-1670
35 Dickson St, Cambridge

Cambridge Family & Children's Services 519-623-6970
If you suspect Child Abuse, please call **519-576-0540**
168 Hespeler Rd., Cambridge, ON, N1R 6V7

Cornerstone Christian Counsel - uses a prayer based approach to counseling

Woolwich Interfaith Counselling Centre 519-669-8651
60 Arthur St S, 2nd Floor, Elmira

Kitchener-Waterloo Family & Children's Services 519-576-0540

Kitchener-Waterloo Counselling Services 519-884-0000
480 Charles Street East Kitchener, Ontario, N2G 4K5

Interfaith Pastoral Counselling Centre, Centre for Marriage and Family Therapy 519-884-0000
480 Charles Street East, Kitchener

Mosaic Counselling and Family Services 519-743-6333
400 Queen Street South, Kitchener

Interfaith Community Counselling Centre 519-662-3092
Trinity Lutheran Church, Basement, 23 Church St, New Hamburg

Financial Counselling

Credit Counselling Services, Mosaic Counselling and Family Services 519-743-6333 - Get family or financial counselling - in a financial hole you can't get out of?
400 Queen St S, Kitchener

Bereavement counselling (having lost a loved one)

Coping Centre 519-650-0852 or **1-877-554-4498** - Service for people who are bereaved by having lost a loved one
1740 Blair Rd, Cambridge.

People Needing People Bereavement Resource Centre 519-745-2195
Kuntz House, 171 King St S, Waterloo

8) **Mental Health**

Beautiful Minds 1-888-439-0033 - provide information and education on mental health issues. Also provides information and referral to local agencies providing support to individuals who have experience mental health problems.
201 - 21 Surrey St. West, Guelph

Cambridge Active Self Help Organization **519-623-6024** – Self-help group for those 16 or older
13 Water St N, Cambridge

Centre for Mental Health (Monday to Friday, 9 AM to 5 PM)
WALK-IN and talk: 9 Wellington St. #3, Cambridge, Ontario, or phone **519-740-7782**
WALK-IN and talk: 67 King St. East, Kitchener, Ontario, or phone **519-744-7645**

Waterloo Region Self Help **519-750-4595** - self-help for people who have experience mental health problems
100 Queen St S, Kitchener

9) Physical Health

Telehealth Ontario **1-866-797-0000** - a confidential telephone service you can call to get health advice or general health information from a Registered Nurse

Grand River Hospital **519-742-3611** - on King St., on the border of Kitchener and Waterloo

St. Mary's General Hospital **519-744-3311** - Kitchener, on Queen's Boulevard

Cambridge Memorial Hospital **519-621-2330**

Cambridge Urgent Care Centre **519-624-2273**
350 Hespeler Rd, Cambridge

Langs Farm Village Association Community Health Centre **519-653-1470**
Langs Park Plaza, 887 Langs Dr, Unit 1, Cambridge

Kitchener Downtown Community Health Centre **519-745-4404** www.kdchc.org
44 Francis St. Kitchener, ON

Urgent Care Clinics
751 Victoria St S, Kitchener **519-745-2273**
385 Fairway Rd S, Kitchener **519-748-2327**
The Doctor's Office, University Shops Plaza II, 170 University Ave W, Waterloo **519-725-1514**

Woolwich Community Health Centre **519-664-3794**
10 Parkside Drive, St Jacobs

Wellesley Township Community Health Centre **519-656-9025**
1180 Queen's Bush Rd. Wellesley, ON

10) Detox Centres

Addiction Enders 1-800-419-7941

Stonehenge Therapeutic Community 519-837-1470 - for people over 16 with severe drug addiction who must make a long term commitment
111 Farquhar St, Guelph

Grand River Hospital -Withdrawal Management Services 519-749-4318 - for people with problems with alcohol, solvents, drugs (legal or not)
52 Glasgow St, Kitchener

11) Sexual Health

If you are worried about going to an STD (Sexually Transmitted Disease) clinic in Waterloo Region, stop worrying. Services and medications, including Hepatitis B vaccine, are **free and confidential**. So are condoms. **And you do not need your Health Card for treatment!**

http://chd.region.waterloo.on.ca/web/health.nsf/DocID/3F45C9C84C1F69D685256B110076B399?Opendocument

Sexual Health Clinics 519-883-2251
99 Regina St. S. 2nd floor, Waterloo
150 Main St. 1st floor, Cambridge

12) Social Services:

Welfare

Waterloo Region Social Services Department 519-883-2100, or **519-883-2230** for crisis (after hours)
99 Regina St S, 5th Floor, Waterloo

The Mall 519-740-5711 for inquiries or **519-883-2100** for applications, or **519-883-2230** crisis (after hours)
150 Main St, Cambridge N1R 8H6

Social Services Counseling

Lutherwood Social Services - including but not limited to Youth: Mental Health, Employment service, senior's services

13) Shelters: (General and Youth)

House of Friendship Men's Hostel 519-742-8327

Lutherwood CODA Safe Haven 519-749-1450

Reaching Our Outdoor Friends (ROOF) 519-742-2788 - ROOF is committed to providing for the safety, support, and overall well-being of **homeless youth and youth-at-risk, age 12-25**, in the Waterloo Region.

Salvation Army Men's Hostel, Community and Family Services 519-744-4666

YWCA 519-744-0120 - Women only

Shelters for Women and children who have been abused

Haven House 519-653-2442 Cambridge

Anselma House 519-742-5894 Kitchener-Waterloo

Mary's Place 519-744-0120 Kitchener-Waterloo

YWCA 519-744-0120 - Women only