

ETHNIC MINORITIES' SATISFACTION AMONG MENTAL HEALTH SERVICES IN METRO VANCOUVER

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INTRODUCTION

Language barriers, difficulty navigating the healthcare system, and lack of culturally tailored resources are just a few of the challenges that ethnic minorities face in health care. Culturally responsiveness resources are needed in culturally diverse communities but are often limited. This study investigates the experience ethnic minorities have with current mental health services in Metro Vancouver and gather their recommendations for future mental health services.

METHODS

- This mixed method study involved three phases:
- Participants (N=136) responded to an online survey to inquire about their e-mental health use, the severity of their depression and anxiety symptoms, and socio-demographic characteristics
 - Interested survey participants (N=14) shared their experience at one of four semi-structured focus group discussions to further ask about their needs for future resources
 - Participants (N=5) engaged in one-on-one semi-structured interviews to review implications from findings
- Qualitative data was analyzed through coding and thematic categorization using NVivo. Quantitative data was analyzed using descriptive statistics.

RESULTS

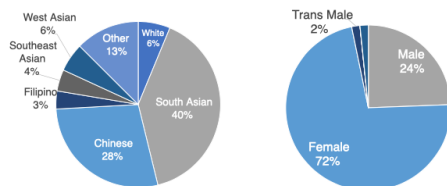


Figure 1. Participant Characteristics: Ethnicity and Gender



FOCUS GROUP QUOTES

"...I'm Chinese, and I feel like the doctors, the multiple doctors, psychiatrists, and like, psychologists that I had are, were primarily white men... There was one main incident in my hospitalization where it took me four visits to different hospitals before anybody would take me seriously... I had, like people who I just felt like they culturally didn't understand some of the things that I was talking about." - Participant 'Diamond'

"I think adding counsellors from different ethnic backgrounds would really help. Counsellors who actually know the kind of things from different backgrounds or cultures because they went through similar things. They were just like cultural differences between people from different cultures - between say Chinese, Indian, Asian and White culture - it's actually just very different and knowing that there are counsellors who are able to relate to people from different backgrounds would be very helpful. Just having their bios up there and maybe the person would be able to choose who to talk to." - Participant 'Alana'

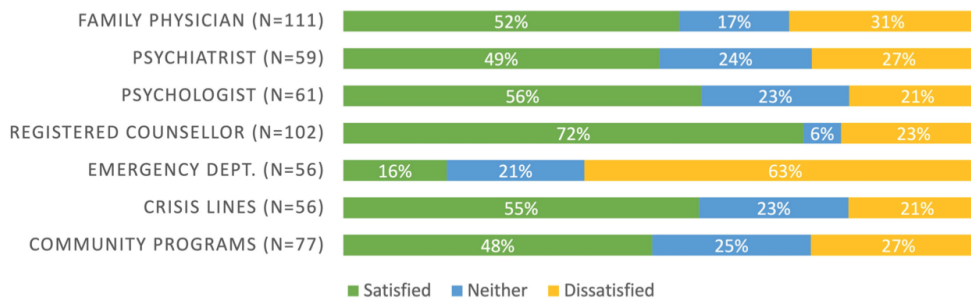


Figure 2. Patient Satisfaction: Participants were asked to choose their level of satisfaction for a list of services provided

SUGGESTIONS

- Invest more funding in the development of mental health resources and culturally tailored services
- Develop a service that pairs you with a physician, counsellor, or other HCP that is from the same cultural group as you and/or can speak your primary language
- Advocate for intersectionality and anti-racist resources and services; provide more cultural competency training for HCP; Educate HCPs about mental health challenges rooting from cultural stigmas, racism, and intergenerational trauma
- Hire and train more ethnic, religious, gender, sexual, and language minorities as physicians, counsellors, or other HCPs so individuals can receive care from someone of the same cultural group and/or who speaks their primary language

IMPACT

The implications from this study have the potential to benefit culturally diverse communities by improving CDP's access to effective treatment for anxiety and depressive disorders using technology.

Thank you to participants for sharing your valuable experiences. The presenting author is funded by the Institute of Mental Health Marshall Scholars program. This study was funded by the University of British Columbia, Vancouver Coastal Health, and Pacific Blue Cross Health Foundation.