



Health and Mental Health Working Group

Meeting Minutes

FCJ Refugee Centre

208 Oakwood Avenue, Toronto, Ontario

Wednesday, December 03, 2014

2:00pm-4:00pm

Agenda

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| 1. Welcome and Introductions | 10min |
| 2. Approval of minutes | 5min |
| 3. Launch of finalized Research Projects | 30min |
| 4. Recommendations & Community Projects
(Health Services for the Uninsured, cultural
Competency training for healthcare professionals) | 30min |
| • Break Out Sessions | |
| 5. Partnership SCC update: Championing ideas/agency | 5min |
| 6. Recap and Future Trainings | 10min |
| 7. Agency Updates | 10min |
| 8. Action Items | 10min |

Attendance

Present:

Antonella Scali

Orith Flores

Miu Lin Wong

Roberta Wong

Sidonia Couto

Zahra Mohammad

Melody Costi

Diana Da Silva

Schizophrenia Society of Ontario

Florence Booth House

Toronto Western Hospital

Hong Fook Mental Health Association

Canadian Centre For Victims of Torture (CCVT)

Aids Committee of Toronto

Schizophrenia Society of Ontario

FCJ Refugee Centre

Regrets:

Janet Ngo

Rosa Ribeiro

Cindy Rose

Nivedita Balachandran

Anita Fortuno

Andrew Omurangi

Sogol Zand

Centre for Addiction and Mental Health(CAMH)

Parkdale Community Health Centre

Toronto Public Health

Sherburne Health Centre

Access Alliance Multicultural HCS

South Riverdale Community Health Centre

Afghan Women's Organization

Staff: Mbalu Lumor, Kailey Morin

1. Welcome and Introductions

Each working group member was welcomed by LIP staff, and provided with a copy of the meeting agenda and previous meeting's minutes. Members were given an opportunity to introduce themselves/their agency.

2. Approval of minutes

Miu Lin raised that her name was missing on the August 13, 2014 attendance list. Miu Lin was informed that the minutes will be amended to include her name.

The working group members agreed upon the details of the August 13, 2014 minutes.

3. Launch of finalized Research Projects

LIP staff presented and launched the two final Research Reports: *Health Services for the Uninsured* and *Cultural Competency Training for Healthcare professionals (with Directory)* and reviewed the recommendations with the group.

A) Cultural Competency Training for Healthcare Report

LIP staff informed members of the identified gaps in existing trainings and recommendations identified in the report below:

1. *Populations-Specific Modules*
2. *Focus on LGBTQ Newcomers*
3. *Awareness of Geography, International Politics and International Affairs*
4. *Acknowledgement of Authority-Related Barriers*
5. *Language as an Access Barrier*
6. *Culturally Sensitive Language*
7. *Diversifying Perspectives on Treatment*

LIP staff also emphasized that gaps were identified in existing Cultural Competency training and recommendations were made however, Health Service providers working with newcomers should always make a commitment to ongoing learning and work from Cultural humility lens which engages more in asking questions to get clarity and better understanding of each individual unique experience.

LIP staff also informed Health and Mental Health working group that a copy of the Cultural Competency Directory will be posted online as a “live” directory so that members can add more training opportunities.

B) Free To Some Report: Examining the landscape of Health Services for Uninsured Residents

Recommendations:

1. Support the elimination of the three-month wait period for OHIP
2. Support the re-instatement of the funding model for the Interim Federal Health Plan prior

to the 2012 cuts.

3. Lobby for the increased funding of CHCs, dedicated uninsured clinics, and midwifery clinics in order to improve service access for the uninsured.
4. Facilitate a discussion between hospitals and frontline agencies to work towards the establishment of consistent hospital fees and administrative processes.
5. Enhance collaboration between agencies through the establishment of a knowledge-sharing network on available services for the uninsured.
6. Increase training of staff and volunteers to reduce administrative confusion associated with health service accessibility for the uninsured and for refugees.
7. Increase outreach and public education efforts to increase public awareness of the health challenges faced by uninsured residents and to reduce levels of discrimination and harassment.
8. Enhance collaboration between the settlement and legal sectors, in order to enhance frontline knowledge of the legal immigration issues that affect the availability of health services.

Based on the above recommendations members were asked to answer the following questions:

- 1) Do these recommendations make sense and are they reasonable?
- 2) Are there any current projects that you know of that are supporting these recommendations?
- 3) What can the LIP membership do to support these recommendations?

Member Feedbacks:

- Members felt that the recommendations were fair and reasonable, but that they were “loaded” and would not be easy fixes. Also, members noted that it would be important to show the benefits (economic, public health) of providing health services to the uninsured in order to convince others of its value.
- Diana Dasilva from FCJ Refugee centre reviewed the definition of uninsured residents and determined that it was inclusive and correct.
- The sixth recommendation regarding increased training of staff to reduce administrative confusion, is a possible champion project being led by FCJ for the new fiscal year
- Members were very interested in looking to ways to support the fourth recommendation of facilitating discussions between hospitals and frontline agencies to establish consistent hospital and administrative fees.
 - Conversation arose about the difficulty in this due to the lack of communication between health providers and the financial department of hospitals

- It was noted that Schizophrenia Society of Ontario conducts conversations and trains both the legal sector and refugee front line mental health providers in their “Justice + Mental Health” course. This training is ongoing and can be requested on an ad-hoc basis.
- Members discussed pre-existing networks who are working towards removing the three-month waiting period including OCASI and the Refugee Health Network.
- Members suggested looking to the UN’s “Healthy Cities” model and to use “story-telling” from those with lived experience of being uninsured as resources for these recommendations.

LIP Staff also distributed some Uninsured Clinic resources to members to share with their agency. Diana DaSilva expressed that there are some Uninsured Clinics missing from the list and she will share them with members at the next meeting.

4) Partnership and Service Coordination Committee (PSCC) update: Championing ideas/agency

Health and Mental Health members were informed of three champion ideas discussed at the Partnership Service Coordination Committee that may fit in the 2015 action plan.

5) Recap and Future Trainings

The LIP staff recapped the two Health and Mental Health workshop trainings: Self-Care and Vicarious Trauma and Cultural Competency training to members and commented that they received both positive feedback and were high on demand.

Members were informed of the next upcoming training workshops and asked members on the content of the trainings.

- *Self-Care and Vicarious Trauma*

Members suggested that for the upcoming training more in-depth session and interactive activities with fellow participants will be useful.

- *Newcomer Youth Mental Health*

- How to help family members recognize the signs and symptoms and to be proactive
- Review the wide spectrum of Mental Health issues and not just the “primary” ones and review concurrent disorders
- Touch on how inter-generational conflict can influence and affect youth mental health
- Provide a self-assessment tool for youth
- Tips on engaging youth, recognizing stigma
- Incorporate youth themselves into the training (lived experience)

- Specific needs of unaccompanied youth

6) Agency Updates

- Zahra spoke about a “Peer Positive” project by the Northwest Toronto Service Collaborative which supports organizations in engaging peers as equal partners in the design, delivery, and review of services. This includes individuals and families with lived experience of mental health and addictions, and also other marginalized groups who have experienced negative health outcomes. Members were encouraged to watch a short video explaining the project: www.vimeo.com111561118
- Miu Lin announced two upcoming trainings that may be of interest to members
 - 1) UHN + LHIN cultural competency training for healthcare professionals on Aboriginal communities on January 19th
 - 2) Conference on May 2015

7) Action Items

Next Steps		Who
Professional Development opportunities	Miu Lin will email LIP staff the UHN+LHIN competency training for healthcare professionals and LIP staff will circulate it to the Health and Mental Health working group	Miu Lin and TSLIP Staff
Resources: More Uninsured clinics	Diana informed members that she will send an email to the LIP staff about more Uninsured clinic resources	Diana Dasilva and TSLIP Staff