

# **Inventory of Mental Health Services in Peel**

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## Data Collection Report

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## About the Inventory

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### Purpose of the inventory

The purpose of this inventory is threefold:

- To develop a comprehensive, “settlement worker friendly” inventory of mental health services in Peel Region; it was researched and created with front-line settlement workers in mind;
- To conduct a gap analysis of the capacities of mental health services to meet the needs of diverse newcomer communities in Peel Region; and
- To make recommendations for enhancement to services and to develop long term strategies and solutions to tackle mental health related issues among newcomer communities.

### Inventory parameters

As a result of feedback from the Settlement Workers in the focus groups, it was determined the following types of *services* would be collected for the inventory:

- Assessment
- Clinical Counselling
- Crisis
- Support Groups (non clinical)
- Information & Referral

It was determined the following types of *mental health conditions* would be collected for this inventory:

- Depression/Anxiety/Stress
- Post-traumatic Stress
- Postpartum Depression
- Bereavement
- Addictions
- Anger Management
- Psychiatric
- Crisis

The parameters to be included in the inventory were as follows:

*The listed program/service must...*

- provide **clinical** counselling
- provide “mental health” clinical counselling for one or more of the above listed ‘mental health conditions’
- be located in Peel region and serving the communities in Peel
- be non-profit (either fee-based or not)

Dedicated languages of service

“Dedicated” languages of service refer to a program’s commitment to offer mental health clinical counselling in a **non-official** language at all times. To collect this information, organizations were asked this scenario question: “If you have a Polish-speaking counsellor on staff and s/he leaves, you would hire another Polish-speaking counsellor.” If the organization answered “yes”, the language was considered “dedicated” and listed in the inventory. For all others, English and/or French were listed as the dedicated languages of service.

## Data collection methods

The methods used to collect the data in this inventory were detailed and time consuming. Each organization claiming to provide “counselling” for mental health services and/or addictions were contacted by telephone to determine eligibility, to define the type of counselling provided, and other details for the inventory. Although this inventory has 60 entries, *hundreds* of organizations were contacted by phone and their websites reviewed.

The following websites were used to collect data for this inventory:

- [www.connexontario.ca](http://www.connexontario.ca) (Mental Health Service Information)
- [www.cmhapeel.ca/resourcecentre.htm](http://www.cmhapeel.ca/resourcecentre.htm) (Canadian Mental Health Association- Peel)
- [www.310ccac.ca](http://www.310ccac.ca) (Community Care Access Centre)
- [www.peel.cioc.ca](http://www.peel.cioc.ca) (Peel Community Information Database)
- [www.kidsmentalhealth.ca](http://www.kidsmentalhealth.ca) (Children’s Mental Health Ontario)
- [www.cdrcp.com](http://www.cdrcp.com) (Child Development Resource Connection Peel)
- [www.lhins.on.ca](http://www.lhins.on.ca) (Ontario Local Health Integration Networks)
- [www.pmdinpeel.ca](http://www.pmdinpeel.ca) (The Peel Postpartum Mood Disorder Program)
- [www.healthyontario.com/CommunityResources.aspx](http://www.healthyontario.com/CommunityResources.aspx) (Healthy Ontario)
- [www.health.gov.on.ca](http://www.health.gov.on.ca) (Ministry of Health & Long Term Care)
- [www.toronto.communitycareresources.ca](http://www.toronto.communitycareresources.ca) (Community Care Resources)
- [http://www.ontarioimmigration.ca/en/after/OI\\_AFTER\\_HEALTH.html](http://http://www.ontarioimmigration.ca/en/after/OI_AFTER_HEALTH.html) (Ontario Immigration)
- [www.immigrationpeel.ca](http://www.immigrationpeel.ca) (Immigration Peel)
- [www.settlement.org](http://www.settlement.org) (Settlement.org)
- Searching the Internet using keywords

## Data collection challenges

The following is an anecdotal summary of the most common challenges in collecting the data for this inventory:

- The word “counselling” is overused and misused by many organizations; very few organizations listed on their websites the ‘type’ of counselling offered (clinical versus supportive), resulting in confusion of the type of counselling one might expect and the skills/abilities of staff to provide counselling.
  - o For example, “addictions counselling” can be found in a hospital with a clinical focus, a self-help support group, and even in a settlement agency- and all claim to offer “addictions counselling”
- The term ‘mental health’ was not often defined; it is sometimes used as a “catch-all” phrase; but when organizations were contacted and provided with the parameters for this inventory, not all mental health concerns were eligible for their services/programs.
- It was very challenging to phone organizations and speak to a ‘live’ person. This was especially true for the larger organizations (especially hospitals). Phone messages must be left, with an average wait time of 2-3 days to speak to staff.
- It was sometimes challenging to have staff commit to details about their services, specifically wait list times (because of their changing nature). Most organizations asked that potential clients/settlement workers call to determine wait list times.
- Not all mental health *programs* are listed in this inventory (although all providers are listed); it is impossible to list every “program” because there are “programs within programs” that can only be accessed via internal means. This is most true for hospitals.
- Data collection by telephone results in more accurate and detailed information than reviewing websites alone; however, errors in the inventory probably exist, for the following reasons:
  - o Many organizations had to be contacted multiple times to speak to staff for *each mental health program*; many provided different answers about a client’s eligibility (immigration status) and availability of translation services; as well, not all staff are equally versed in details about their own programs/services
  - o Staff often confused the meaning of ‘dedicated’ language of service versus staff who happen to have multiple languages

- Non-profit services/programs often change and some organizations hesitated to add/delete information (for example, some organizations knew a program would be changed, but didn't know the timeline, so they asked to list it in the inventory as is)

**What makes this inventory unique?**

This inventory of mental health services in Peel region is like no other. It has a level of detail that cannot be found in the most popular websites (see list of websites in 'data collection methods'); it has been created with the specific categories needed most by Settlement Workers. This inventory is unique because it:

- Separates *clinical* counselling from *supportive* counselling
- Defines mental health needs by using *keywords* (e.g. depression, stress, anger management, etc.); these keywords were selected by Settlement Workers in the focus groups
- *Only* includes mental health and addictions services
- Lists services with *dedicated* languages on staff
- Lists wait times for ongoing, clinical counselling
- Lists individual program information
- Provides ability to search and compare services; Settlement Workers can search/sort the data by keywords, gender, language, etc. and the data is all on one page; thus, users can view multiple services at one time (instead of one program/one organization at a time) for a comparison

**What is included in this inventory?**

The inventory has been developed in an Excel spreadsheet; it is an addendum to this report. In it are the following spreadsheets:

- Clinical Counselling.....only lists services/programs that include *clinical* counselling
- Other Services .....lists support groups, information & referral, supportive counselling
- Helpful Tips .....suggestions to best use the inventory and how to search
- Updates to Inventory .....a form to be used in the future to add/edit to the inventory

## Focus Group Results

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Two focus groups were held on March 15, 2010 at the Newcomer Centre of Peel, located at 165 Dundas Street West in Mississauga. A total of 12 Settlement Workers participated in the focus groups.

Immediately following the focus groups, the results were compiled and e-mailed to Settlement Workers at Catholic Crosscultural Services. Thirteen Settlement Workers provided additional feedback and the following are the overall results:

### ***What to include in the inventory:***

Clinical counselling (individual/family) and self-help support groups under these categories:

- Depression
- Post-partum depression
- Anxiety
- Stress
- Post-traumatic stress
- Mental Health Crisis
- Bereavement
- Addictions
- Anger Management
- Mental Illnesses (specific diagnosis: schizophrenia, bi-polar, etc.)
- Assessment services
- Information & Referral

\* **Note:** in both focus groups, there was a great deal of debate regarding the inclusion of “self-help support groups”; while most everyone agreed they have value, the concerns of the focus group participants were the *quality* of self-help support groups and the expertise of the people facilitating the groups. In the end, it was agreed self-help support groups fall into the territory of ‘buyer beware’ for clients.

### ***Do not include in the inventory:***

- ‘Supportive’ counselling services

### ***Data to include about each service:***

- Agency name/contact information/address
- Clients served
- Languages
- Translation services
- Fees
- Eligibility
- Referral process
- Type of service (clinical counselling or support group)
- List individual programs
- How it’s funded

### ***Do not include the following data:***

- Waiting list information (***unless the inventory will be updated regularly***)

### ***Most positive feedback about the inventory:***

- Information will be “searchable” (because created in Excel)
- Variety of search possibilities (by client type, location, language, etc.)
- Focus is on clinical counselling, not supportive counselling
- Focus on newcomers’ needs, especially language availability

### ***Most common challenges to effective referral:***

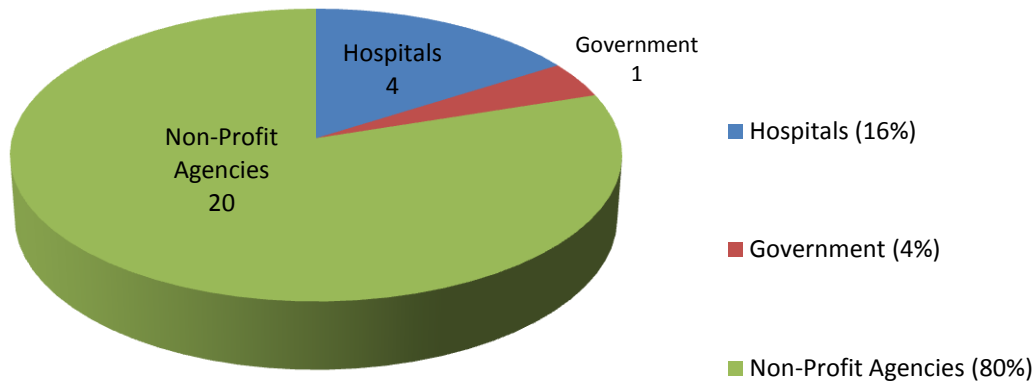
- Client resistance (stigma, cultural, etc.)
- Lack of services with multi-languages (not just translation) and with cultural understanding
- Lack of knowledge of settlement staff

## Analysis of Mental Health Services in Peel

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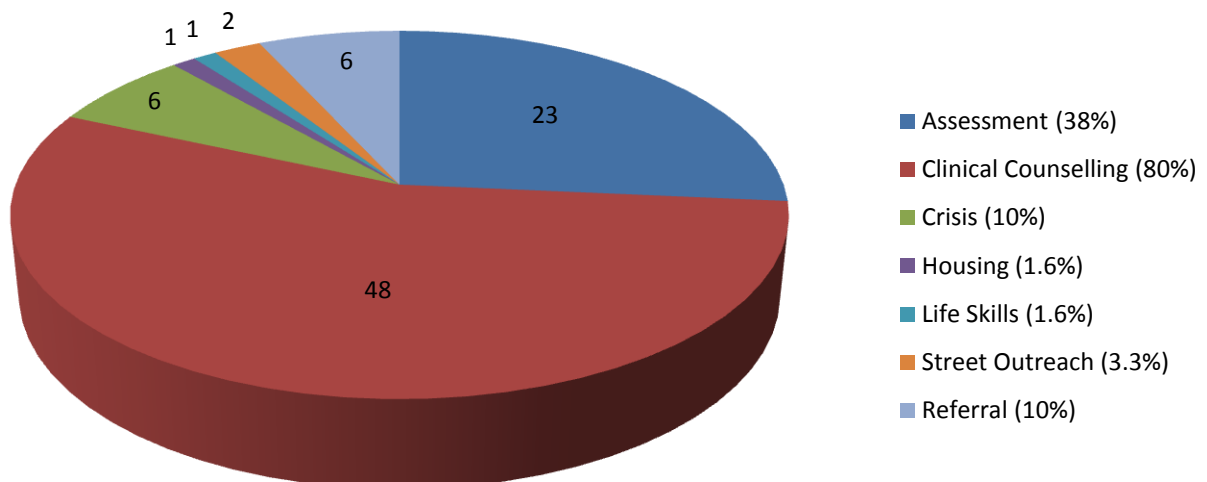
There are a total of **25 providers** of mental health services located in the region of Peel (Brampton, Caledon, and Mississauga) and listed on this inventory.

### Who are the providers of mental health services in Peel?

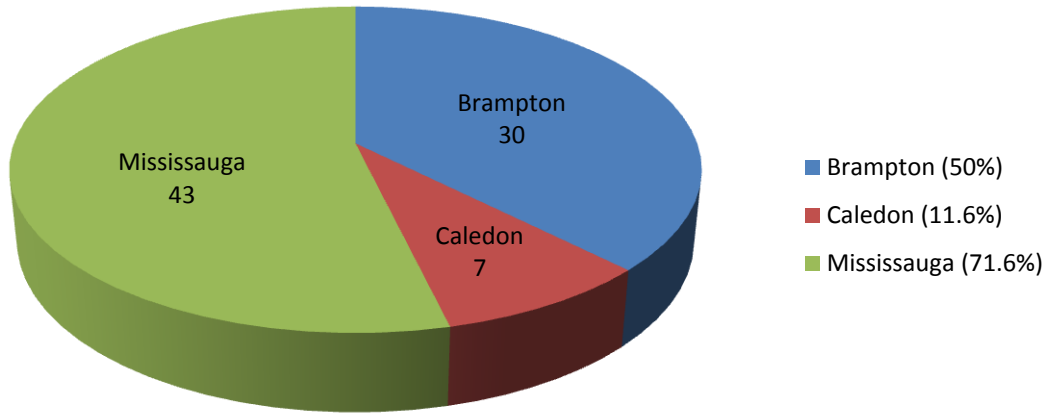


There are a total of **60 mental health services/programs** listed in this inventory and located in Peel.

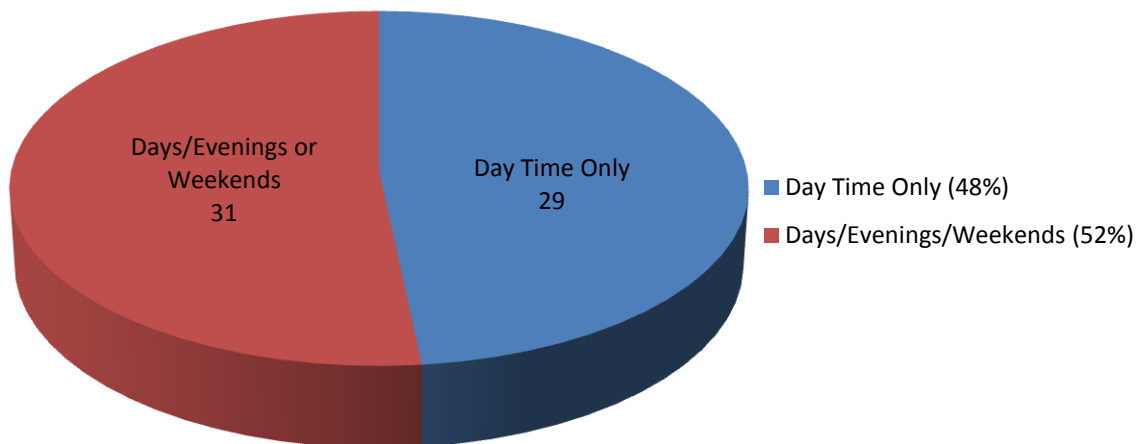
### What types of mental health services/programs are available in Peel?



**In what cities are the 60 mental health services/programs located?**

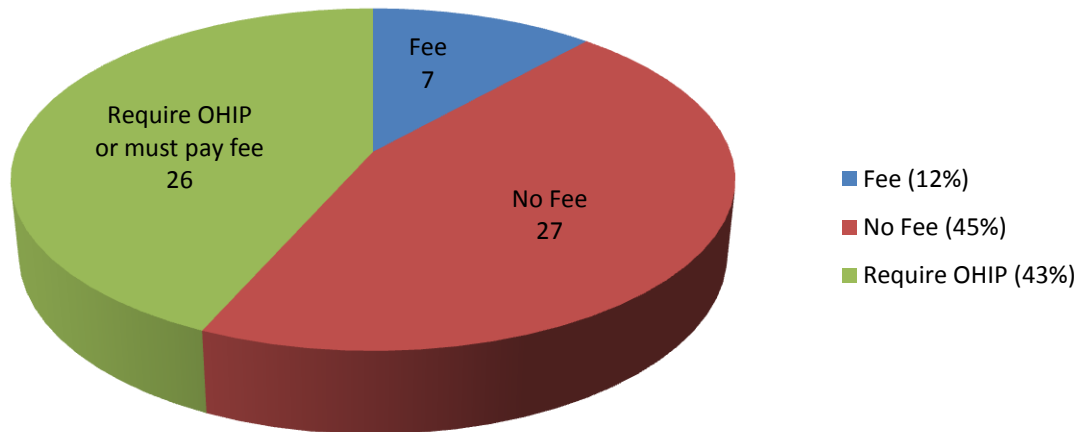


**Of the 60 mental health services/programs in Peel, how many are accessible days, evenings or weekends?**

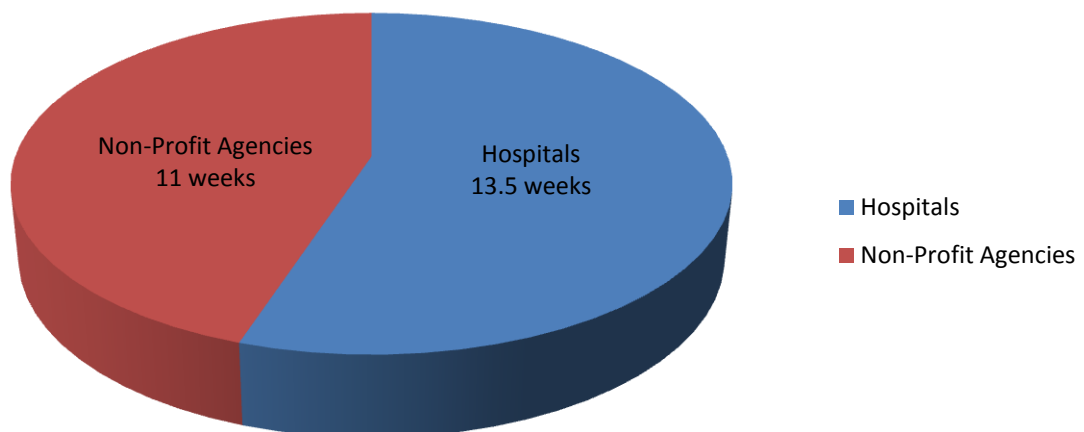




Of the 60 mental health services/programs in Peel, how many are fee-based?

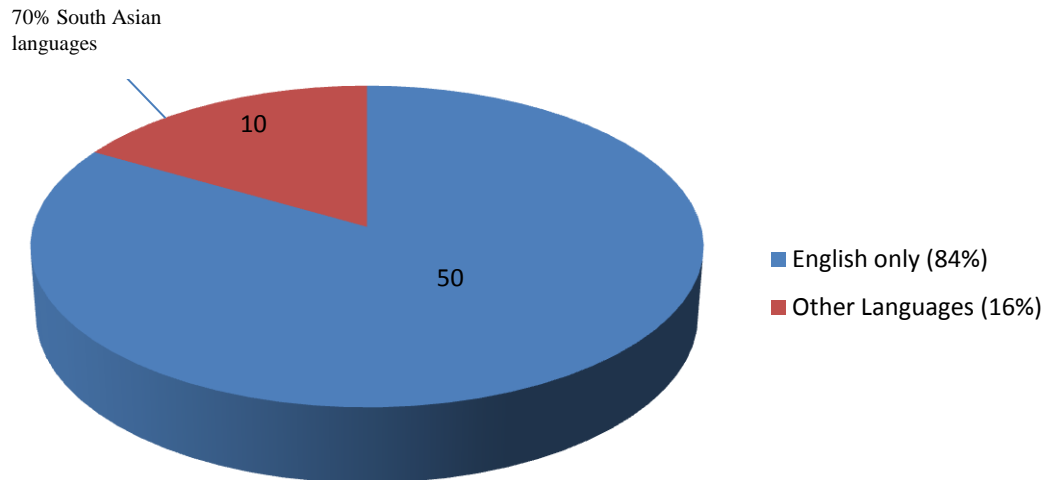


What is the average wait time\* (in weeks) for ongoing clinical counselling in Peel?



\* As of March 29, 2010

**Of the 60 services/programs, how many provide clinical counselling in dedicated languages\* other than English?**



\* Dedicated language refers to a program's commitment to offer a particular language at all times

**What is the population by mother tongue language in Peel (excluding English and French)?**

Non-Official Language	Population	How many agencies* in Peel offer <i>mental health clinical counselling</i> in these languages?
Punjabi	92,820 (8%)	6
Urdu	42,970 (3.7%)	6
Chinese	41,855 (3.6%)	1
Polish	34,830 (3%)	2
Portuguese	31,795 (2.8%)	1
Italian	30,920 (2.7%)	0
Tagalog (Pilipino, Filipino)	25,220 (2.2 %)	0
Spanish	23,620 (2%)	1
Arabic	20,475 (1.8%)	0
Tamil	16,045 (1.4%)	3

Source: Statistics Canada, Census of Canada, 2006

## Examples of Mental Health Services for Immigrants/Newcomers

The research revealed several examples of mental health services geared to immigrants and newcomers. These are all outside of Peel region, but are worth noting. These examples have the following in common:

- Provide *clinical* mental health counselling/services
- Provide service with an *ethno-cultural* focus (not only language)

Organization/ Program	Highlights	Website
Across Boundaries	<ul style="list-style-type: none"> <li>- A mental health centre that provides a range of support and services to people of color in the Greater Toronto Area who are experiencing severe mental health problems/serious mental illness</li> </ul>	<a href="http://www.acrossboundaries.ca">www.acrossboundaries.ca</a>
Canadian Mental Health Association: <b>Low German-speaking Mennonite Program</b>	<ul style="list-style-type: none"> <li>- Provides outreach, referral assistance and case management services to adults with mental illness in the Low German-speaking Mennonite community</li> <li>- Support is available in Low German and is culturally-specific to this community</li> </ul>	<a href="http://www.cmha-weeb.on.ca/programs/css/icmlgmp.asp">www.cmha-weeb.on.ca/programs/css/icmlgmp.asp</a>
Community Resource Connections: <b>COPE</b>	<ul style="list-style-type: none"> <li>- Provides culturally appropriate case management for people experiencing their first episode of psychosis and the people who care about them</li> </ul>	<a href="http://www.crct.org/services/cope.cfm">www.crct.org/services/cope.cfm</a>
Canadian Mental Health Association: <b>Healthy Living Groups</b>	<ul style="list-style-type: none"> <li>- Promotes the mental health of residents who are socially isolated and experiencing mental health and coping difficulties, including re-settlement stress</li> <li>- Co-facilitation with a Somali Settlement Worker and CMHA staff</li> </ul>	<a href="http://www.toronto.cmha.ca/ct_services_we_offer/cross_cultural_initiatives.asp">www.toronto.cmha.ca/ct_services_we_offer/cross_cultural_initiatives.asp</a>
Mount Sinai Hospital: <b>Chinese Patient Programs</b>	<ul style="list-style-type: none"> <li>- For adults experiencing persistent, complex mental health problems; team provides culturally sensitive mental health outreach services</li> <li>- Joint venture with the Hong Fook Mental Health Association and the Centre for Addiction and Mental Health</li> </ul>	<a href="http://www.mountsinai.on.ca/patients/chinese">www.mountsinai.on.ca/patients/chinese</a>
Toronto Western Hospital	<p>Asian Initiative in Mental Health (AIM)</p> <ul style="list-style-type: none"> <li>- Provides language and culturally specific assessment, consultation and treatment to Chinese speaking people with mental illness</li> </ul> <p>Portuguese Mental Health and Addictions Program</p> <ul style="list-style-type: none"> <li>- Provides assessment, treatment, and rehabilitation to Portuguese speaking people who experience mental health and/or addiction problems</li> </ul>	<a href="http://www.uhn.ca/Patients_&amp;Visitors/health_info/topics/m/mentalhealth.asp">www.uhn.ca/Patients_&amp;Visitors/health_info/topics/m/mentalhealth.asp</a>

## Recommendations for the Inventory

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The following recommendations are put forth in an effort to keep this inventory relevant and useful while continuing to meet the needs of Settlement Workers.

1. Update the inventory on a regular basis.
  - Programs, services, wait lists, etc. can become outdated and stale in a relatively short period of time. Even as this data was collected, staff revealed there would be future changes to the services.
  - Decide the key contact person for organizations to call and make changes to their own entries; develop a process for the submission of these changes.
2. Convert the information into a database.
  - This data is rich with details and various categories. This allows not only for many types of searches (language, services, mental health condition, city, gender, etc.) but for searches using multiple criteria. Microsoft Excel has limitations that does not allow for such a variety of searches.
  - Consider housing the database on a website, accessed by a password. This protects the data and integrity of the inventory and avoids user misuse. (For example, inadvertently sorting the data incorrectly using Excel and thus providing the wrong information and referral to clients.)
3. Provide training to use the inventory.
  - This data becomes useful when staff know how to best access the information. During the focus group, it was the ability to 'search' for information using a variety of keywords and categories that Settlement Workers exhibited most excitement for this inventory. It cannot be assumed all Settlement Workers know how to effectively use Excel (or a database) for the purpose of searching and manipulating data to find exact matches for services and client needs.