

# An Engagement Model for Ethnocultural Communities to Access Psychogeriatric Services – The Mount Sinai Hospital Wellness Centre Experience

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Mount Sinai Hospital Wellness Centre:  
A Community Mental Health Program for Seniors and Caregivers

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# Today's Learning Points

- Risk Factors affect ethnic seniors' mental health
  - Major barriers encountered by ethnic seniors, especially newcomers, in utilizing psychiatric/mental health services
  - Wellness Centre Model - an innovative model to engage clients and families in making appropriate, acceptable decisions to address ethnic seniors' mental health needs
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# Risk Factors affect ethnic seniors' mental health

## Resettlement in Canada: Commonly know challenges

- **Health decline**
- **Social isolation**
- **Language and expression**
- **Retirement – role change**
- **Socioeconomic status: poverty (newcomers – no OAS, depend on their sponsors and family)**
- **Discrimination**
- **The system**
- **Caregiver burden**
- **Help-seeking behaviours: received counselling?**

Source: Bowen, 2001; Brohan et al, 2012; Guruge & Collins; 2008; Kleinman, 1998; Turner et al, 1999

## Barriers to Access to Mental Health Services for Ethnic Seniors: The Toronto Study

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Amy Yuk Mui Ong, MSW<sup>3</sup>

**Objective:** To identify and describe barriers to access to mental health services encountered by ethnoracial seniors.

**Method:** A multiracial, multicultural, and multidisciplinary team including a community workgroup worked in partnership with seniors, families, and service providers in urban Toronto Chinese and Tamil communities to develop a broad, stratified sample of participants and to guide the study. This participatory, action-research project used qualitative methodology based on grounded theory to generate areas of inquiry. Each of 17 focus groups applied the same semistructured format and sequence of inquiry.

**Results:** Key barriers to adequate care include inadequate numbers of trained and acceptable mental health workers, especially psychiatrists; limited awareness of mental disorders among all participants; limited understanding and capacity to negotiate the current system because of systemic barriers and lack of information; disturbance of family support structures; decline in individual self-worth; reliance on ethnospecific social agencies that are not designed or funded for formal mental health care; lack of services that combine ethnoracial, geriatric, and psychiatric care; inadequacy and unacceptability of interpreter services; reluctance of seniors and families to acknowledge mental health problems for fear of rejection and stigma; lack of appropriate professional responses; and inappropriate referral patterns.

**Conclusions:** There is a clear need for more mental health workers from ethnic backgrounds, especially appropriately trained psychiatrists, and for upgrading the mental health service capacity of frontline agencies through training and core funding. Active community education programs are necessary to counter stigma and improve knowledge of mental disorders and available services. Mainstream services require acceptable and appropriate entry points. Mental health services need to be flexible enough to serve changing populations and to include services specific to ethnic groups, such as providing comprehensive care for seniors.

(Can J Psychiatry 2004;49:192-199)

Information on funding and support and author affiliations appears at the end of the article.

### Clinical Implications

- The training of psychiatrists and frontline agency workers clearly needs to be redesigned, as does the service system in mainstream institutions.
- Community mental health education programs for ethnic communities and service providers are needed.

### Limitations

- We examined only 2 communities among several possible others in a metropolitan setting, limiting the scope of the data.
- Because of language requirements, some focus groups were led by team members with varying group-work experience.

**Key Words:** geriatric, culture, ethnic, services, service use

# Barriers to Access Mental Health Service for Ethnic Seniors

- Stigma & shame associated with having psychiatric illness
- Lack of knowledge about MH disorders and available resources
- Attempts to contain problems within the family
- Lack of linguistically and culturally appropriate MH services
- Reliance on family for MH service utilization
- Geographically inaccessible services; inability to travel to specialized treatment/ service location

# Barriers to Access Mental Health Service for Ethnic Seniors

- Long waiting periods of service
- Delay seeking care until crisis; reliance on ER services
- Under-detection of psychogeriatric problems at primary care
- Worry about the dominance of drug therapy and medication side-effects
- Culturally based beliefs about determinants of mental disturbances in elders

## Research Article

# Wellness Centre: An Evidence-Guided Approach to Delivering Culturally Relevant Community Psychogeriatric Services for Chinese Elders

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Ethnic elders are commonly reluctant to access mental health services and their mental health problems are often overlooked and detected late in the course of illness. Prior studies identified major barriers to ethnic seniors accessing appropriate mental health care demonstrating that language and cultural beliefs cannot be ignored if effective mental health services are to be provided to patients from diverse cultural groups. These are particularly important when care is needed by less acculturated immigrant ethnic seniors for whom language barriers are often greatest. Differences in conceptions of mental distress affect ethnic seniors' choice of help-seeking and often discourage or divert aged persons from utilizing mainstream conventional psychiatric care. Despite the extensive need for appropriate service models for ethnic populations, there have been limited data and models to illustrate how these programs can be systematically and effectively integrated within the mainstream mental health service framework. This paper describes an innovative, mainstream, community-based psychogeriatric service delivery model developed for Chinese seniors in Toronto, Canada, aiming at improving their access to care and enhancing earlier mental health problem detection. The important concepts and strategies of designing and operating a culturally acceptable program are illustrated supported by program data and the challenges analyzed.

## 1. Introduction

Canada's visible-minority population including its geriatric age group is growing at a much faster rate than the general population. Between 2001 and 2006 it grew by 27% [1]. It is estimated that by 2017, one in five Canadians will be a visible minority, and half of them will be Chinese and South Asian [2]. This ethnic diversity is particularly notable in large urban centers such as Toronto and Vancouver.

North American studies have consistently revealed a high prevalence of mental disorders among Chinese elders compared to their general population counterparts but their mental health problems are often underdiagnosed and undertreated [3–5]. Barriers to care are largely explained by eight key factors: stigma [6]; poor knowledge of resources [7]; reliance on family's support for care-seeking and

tendency of families to contain problems until they turn into crisis [7]; lack of linguistic and culturally appropriate service [2, 7, 8]; worries over medication side effects and the dominance of drug therapy [8]; underdetection at the primary care level [9, 10]; geographical inaccessibility of services [7, 11]; challenges in navigating the complex health care system and dealing with long waiting lists [8].

Culturally determined conceptions of mental health and illness determine help-seeking behaviors, shaping treatment preferences, diverting or postponing receipt of appropriate mainstream care, influencing satisfaction with services, and ultimately reducing compliance and willingness to continue treatment.

To make services acceptable and effective, mental health service planners and providers must address the identified

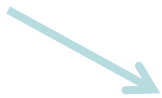
# Who We Are

3660 Midland Ave., Unit 103, Scarborough

New office



Our Team





# Background of Wellness Centre

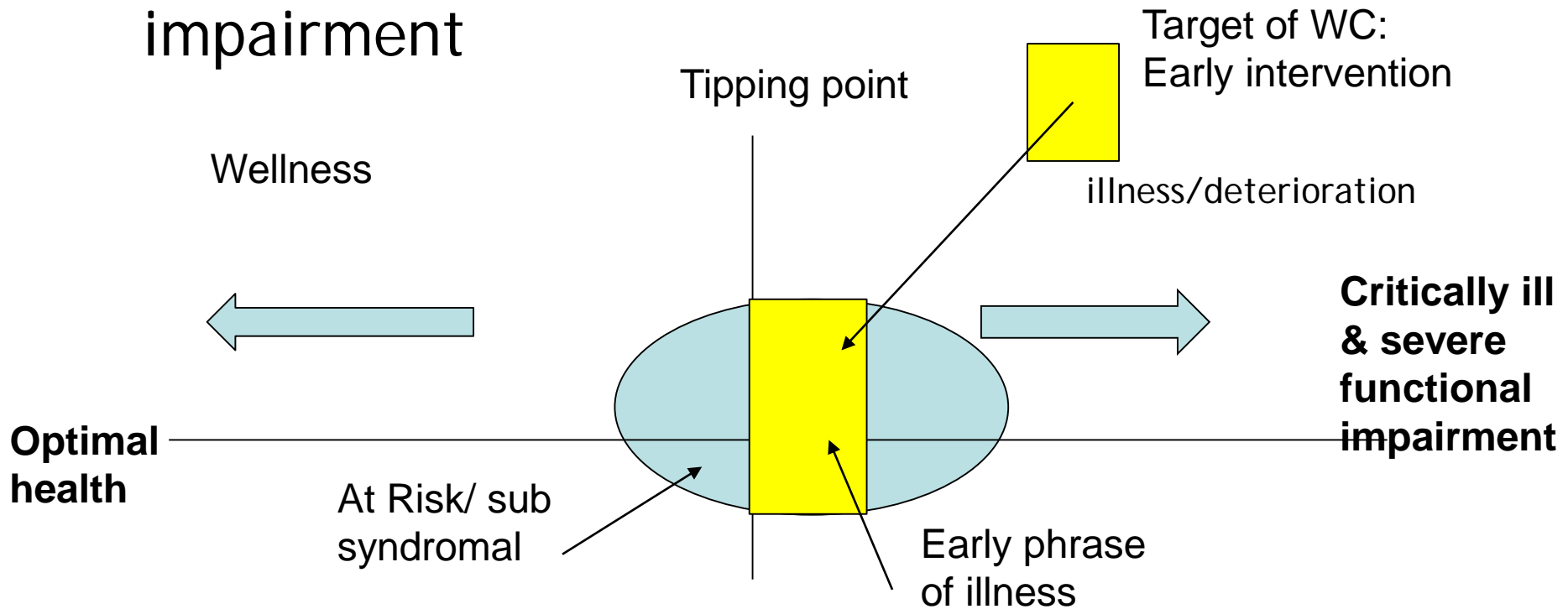
- Established in 2001
- Designed to meet the need of ethnocultural communities (Chinese) for more efficient and timely access to mental health care
- Evolved into a psychogeriatric focused program in 2006.
- A hospital-community partnership formed by :  
Mount Sinai Hospital (Sinai Health System)  
Hong Fook Mental Health Association  
Yee Hong Centre for Geriatric Care

# Primary Mandates

- Overcome barriers which prevent or delay Chinese communities to access needed mental health services
- Early identification of mental disorders among older adults (55 +)
- Provide culturally competent psychogeriatric care
- Support families and caregivers who provide care to a family elder having psychogeriatric issues

# Wellness Centre Philosophy

- Health is a continuum ranging from optimal health to critically ill & severe functional impairment



# Wellness Centre: Philosophy

- An individual's health condition is a dynamic rather than stagnant point on this continuum
- At different times, individuals have to employ or reply on different combinations of health and wellness strategies to promote their own health and prevent illness or health deterioration
- Wellness intervention - a culturally acceptable, integrated, active and engaging process to facilitate health and well being, empowering the individual to move towards the optimal end of the continuum

# Wellness Centre Program Components

## 1) Clinical services

- Psycho-geriatric assessment and consultation
- Early identification of mental disorders
- Mental health follow-up (pharmacotherapy, psychotherapy, supportive counselling, care coordination)
- Outreach: home visits if needed
- **Urgent intervention (started in 2009)**
  - Within 48 hours we respond and provide initial assessment (telephone screening) for urgent service requests
  - Fast track patients/clients for psychiatric assessment if needed
  - Follow up

# Wellness Centre Program Components

- Outreach Clinic to Yee Hong LTC (Started in July 2012)
  - Dr. Mark Lachmann, a psychiatrist, and a clinician of Wellness Centre
  - Psycho-geriatric assessment & consultation - Once a month for each 4 sites
  - On-going treatment for both residents and caregivers if needed (pharmacotherapy and supportive counselling service)
  - In-service training



# Wellness Centre Program Components

- **Supportive Counselling, psychotherapy and educational support for caregivers of older adults**
  - individual counselling
  - CARERS group for Chinese community (psychotherapy group)
- **Group Psychotherapy to Depressive Chinese Elderly**

# Wellness Centre Program Components

## 2) Mental health promotion

- Community education and workshops
- Mental health information and fact sheets
- Actively involve in Community Networks: CMHI, CMHN, OCHC, CCN, Community Behavioural Support Outreach Planning meeting, Canadian Chinese Mental Health and Addictions Network Tasks Force

## 3) Wellness programs

- Relaxation
- Stress management
- Holistic health education
- Traditional Chinese exercise and nutrition classes



# Wellness Centre Program Components

## 4) Education and Professional Training

- Psychiatry Residents
- Offer practicum for MSW students - local & internationally
  - University of Toronto
  - University of Windsor
  - University of Hong Kong
  - Hong Kong Polytechnic University
- Psychogeriatric Consultation for professionals

## 5) Research

# Staffing

- Interdisciplinary team
  - Psychiatrists/ Clinical Director
  - 1 FTE Program Manager
  - 3 FTE Program Clinicians, including Social Worker, Nurse, Psychotherapist
  - 1 FTE Program Support Coordinator

# Strategies in Overcoming Barriers

- A hospital-community partnership of a teaching hospital and 2 major ethnic community agencies; widely advertised through community education programs
- Focus on early identification/ intervention with flexible paths of access (professional, self and family referrals)
- Culturally acceptable, family-as-unit-of-care model, routinely focusing on and supporting family and caregivers as appropriate.

# Strategies in Overcoming Barriers

- Geographically accessible storefront location in community close to shopping centre near the centre of the target community
- Culturally familiar environment and wellness activities foster a destigmatized environment
- Interdisciplinary service team made up of professional staff (psychiatrist, social workers, health promoters, nurse and psychotherapist)

# Strategies in Overcoming Barriers

- Simplified referral process and timely response
- Culturally-relevant treatment options and self-help wellness programs integrated with evidence-based western psychiatric care
- Formal service/shared care alliance with primary care physicians and social services agencies in the target community.

# Conclusions

- Clinical services for seniors in ethnocultural communities address a complex array of factors over and above the common factors affecting accessibility and acceptance of psychiatric and mental health services by seniors.
- Programs whose structure and function systematically address these factors may markedly improve early detection, acceptability of services and reduce key barriers to access to care for ethnocultural seniors and caregiver.

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