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Affiliation of Multicultural Societies and Service Agencies of British Columbia

AMSSA is an affiliation of Member Agencies providing immigrant settlement and multicultural services in communities throughout BC.

VISION
AMSSA believes in a just and equitable society which values Canada’s cultural diversity.

MISSION
AMSSA provides leadership in advocacy and education in British Columbia for anti-racism, human rights, and social justice. AMSSA supports its members in serving immigrants, refugees and culturally diverse communities.

GOALS
To build Member Agencies’ capacity through effective communication, facilitation, and collaboration.

To advocate for social justice and equity in immigration, multiculturalism, anti-racism, and human rights.

To increase AMSSA’s profile as a provincial organization.

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This issue of Cultures West funded by BC Gaming Policy and Enforcement Branch.

ISSN 0844-1715
Health and well being take on very different meanings depending on whether we’re approaching it from an eastern or western based model. This is also true for mental health. Yet what is consistent across cultures is the huge stigma that is attached to mental health. We simply don’t talk about it!

The more we talk, the more we realize just how deep this topic goes.

When we shift our attention to mental health in immigrants and refugees we open up a whole new conversation. But we’re still not talking about it. Not enough anyway, and that means that many newcomers continue to suffer in silence.

In this edition of Cultures West we are going to talk about this subject – taboos and all. Starting the conversation is just that—opening up the whole topic about what’s not working for immigrants and refugees and how we can do better. Then we find out about national and provincial programs, and perspectives from front line workers about the clients they serve.

The more we talk, the more we realize just how deep this topic goes. We learn how post partum depression affects immigrant mothers, that the challenges that refugees face are very different from those that immigrants face and where the service gaps exist. Early intervention and addictions need more attention. For those of you who work with newcomers and experience vicarious trauma, how do you cope? We close by offering some suggestions on how you can also take care of yourselves.

We know that Cultures West readers like to hear about actual people, so you’ll have a chance to hear real life case studies and frank personal reflections. It’s an enlightening conversation. One that we hope will get you talking and helping to erase the dark cloud that still shrouds mental health.

Our regular departments are also back. Give your mind a work out with the Mind Buster Quiz, celebrate AMSSA Member Achievements and learn about mental health resources in our Bibliography. There’s more – our Post Script revisits the last Cultures West theme with a provocative piece on the clash of federal, provincial and municipal jurisdictions as they apply to Temporary Foreign Workers.

Mason Loh, President
Immigration is the very foundation of Canada. This has been the case for generations and with a declining birth rate Canadians will need to rely increasingly on immigrants in order to thrive. It therefore becomes our collective responsibility as Canadians to ensure that immigrants and refugees settle, adapt and integrate successfully. We also need to ensure that Canada is a haven where newcomers feel physically, socially and mentally safe.

Research shows that regardless of whether we're talking about immigrants or refugees, the first two years are the most stressful time for both. Within this time frame, their most important priorities are first adopting the new language, second finding employment and third feeling a sense of belonging to and acceptance by their new community. It is imperative that we do whatever we can to reduce their psychological, social and economic stress during these early years.

We already know that migration creates stress and the many main stress factors can be divided into pre-migration, migration and post-migration.

The pre-migration stress factors are primarily those that affect the person or family prior to immigration. These include the kinds of supports that are available to them and how much they know and understand about the social and cultural system that they are coming into. The more preparation they are able to do before arriving in Canada, the better off they fare. For those who arrive in the immigrant category this preparation is less challenging than it is for refugees. This is especially true for refugees who are accepted into Canada directly from their country of origin. In contrast, refugees who spend time in camps receive orientations that prepare them for life in Canada. However, during this time refugees are preoccupied with their immediate physical safety and are unable to retain much of that information. In addition, many of the orientations are in English or French and sometimes refugees speak neither language. We could reduce the amount of stress by regularly repeating the orientations as this would allow them to retain more information.

Migration also has its share of stress. When newcomers arrive in Canada, the different age groups are exposed to different stressors. The younger group of adolescents and children are caught between two cultures and face regular trauma all day long. They wake up with their traditional culture, spend six to seven hours engrossed in Canadian culture and then go home where they are again encouraged to stick with their traditional culture. We need to do more to help this demographic in its adjustment. For example, the parenting programs that we offer school boards are a start. So yes, in some areas we are providing support, but we need to do much more.

With adults there is a whole other set of challenges. Again, learning the language and getting a job are the top priorities. Studies show that most immigrants are better educated than the average Canadian. Yet, they are often classified as illiterate because they do not have either English or French fluency up to a grade seven level. So we often have university professors who are considered illiterate because they don’t speak either of Canada’s official languages. That’s a major contributor to adult stress. There is another downside for Canada. When im-

The younger group of adolescents and children are caught between two cultures and face regular trauma all day long. They wake up with their traditional culture, spend six to seven hours engrossed in Canadian culture and then go home where they are again encouraged to stick with their traditional culture.
migrants and refugees are unable to work in their area of expertise it prevents us from utilizing and benefiting from their knowledge.

What about stress in our seniors? Most people don't consider stress as it relates to seniors. Yet, seniors who come to Canada give up a lot. They lose their social status, home, income, social network and independence. They often become homemakers or baby sitters for the children with whom they live. Many times their traditions are no longer respected by their families and their contributions go unrecognized.

The family roles also shift during settlement with the family member who speaks the most fluent English generally becoming the head of the household. What happens is that slowly the adolescents and younger generation take over and this creates more conflict in the home between them, their parents and grandparents. When the youth end up assuming more and more responsibility but lack maturity and training this creates a mentally stressful environment for everyone.

Then there are the changing gender roles to consider. The roles of men and women back home in their country of origin are often more defined than they are here in Canada. Immigrants and refugees can overcome these differences in their outlook, but only if we make a deliberate effort to provide them with appropriate and easily accessible information.

The lack of a job creates another source of mental stress for immigrants and refugees. Not only is employment a key factor for successful settlement, but also a key factor for happiness. People are happier when they can find appropriate employment and are able to support themselves. If we provide the supports and tools that allow them to do this we can guarantee successful settlement.

Besides the stress of migration, there are other factors that we need to look at such as the role of taboos. The taboos surrounding mental health are universal – it doesn’t just apply to immigrants and refugees. Research shows that people are fairly comfortable talking about their diabetes or high blood pressure but not many are willing to share their experiences with depression or anxiety. What compounds the situation for immigrants and refugees is how mental health issues are viewed in their culture or home country and the stigmas attached to these issues. In most cases mental health services are not as organized in their country of origin as they are here in Canada. Consequently the newcomers arrive with poor knowledge of mental health and misconceptions about available resources.

One way to improve the situation would be to include this in the preparatory information they receive during pre-migration. And the information materials need to be in their language, not just in English or French. It’s interesting that many time people say “just translate the documents on depression and anxiety and give it to them.” However, the documents need to be culturally specific otherwise newcomers would read them without understanding what they say. Mental health provision should have a multi-level approach—the individual, formal mental health services and informal mental health support offered through immigrant and settlement agencies. These agencies have to be part of the solution, along with school boards and other institutions. And when we talk about institutions we’re talking about universities and colleges and how their training must be more culturally specific. So far we’ve failed to influence the curricula at professional schools for social work, nursing, medical schools and so on. The western model doesn’t recognize the needs of a multicultural society or patient base. Yet, the professionals that they train are going to be serving huge immigrant populations. In Vancouver, Toronto and Montreal, 50% of the population do not share the same concept of mental health as the western population. So when they leave school these professionals are prepared to serve only half of the population. The other half of immigrants and refugees falls through the cracks. Training people in interpretation and translation would be one way to address that gap.

So these are just some thoughts that I would like to share and I hope that by starting the conversation people will realize how we can help our immigrants and refugees achieve better mental health.

Dr. Ganesan, a trained doctor, came to Canada as a refugee. Today he is a Clinical Professor of Psychiatry, UBC; Director of UBC’s Cross Cultural Health Program; Medical Director, Department of Psychiatry, VGH and UBC; and Medical Director of Vancouver Community Mental Health Services. He also co-chairs the Annual Cross Cultural Immigrants and Refugees Conference in Vancouver.
Moving towards a National Mental Health Strategy

by Sri Pendakur

In 2007 the Canadian government announced that it was creating the Mental Health Commission of Canada. This was one of the recommendations from the Senate Committee Report *Out of the Shadows at Last.* The Commission is a non-profit organization with a mandate to focus national attention on mental health. It has a Board of Directors, which includes 11 non-governmental members and seven appointed by federal, provincial and territorial governments.

During 2008, the board established eight advisory committees: Child and Youth; Mental Health and the Law; Seniors; Workforce; First Nations, Inuit and Metis; Family Caregivers; Service Systems and Science.

One of the Commission’s major initiatives is to develop a national mental health strategy. In February 2009, the Commission began a series of consultations across the country that will form the building blocks of a National Strategy.

The strategy will be a blueprint for promoting mental health and preventing mental illness in Canada.

The strategy will be based on the belief that recovery is possible for those living with mental illness.

The strategy will be based on the belief that people living with mental health problems should be full participating members of their communities.

All stakeholders, governments and Canadians will help develop the strategy.

A national strategy will attract more funding for mental health and make more effective use of existing funding.

The Commission is also a member of the Service Systems Committee which has put together one of the first Task Groups—the Task Group on Ethno-racial and Immigrant Services. The group developed a synthesis paper for consultation, which it released in February of 2009. What now follows is a round of e-consultations on the paper and focus group consultations in major sites across Canada. The paper and consultations will focus on understanding the issues, best practices and options for creating services to meet the needs of ethno-cultural groups, immigrants, refugees and racialized groups in Canada.

Although the Mental Health Commission of Canada is in its infancy, it is encouraging that like many other health issues; mental health will have a national focus.

The Commission will become the catalyst for making mental health issues come “Out of the Shadows at Last.”

For further information on the Commission please visit the website: www.mentalhealthcommission.ca

*Sri Pendakur* is the Professional Practice Lead for the Adult Mental Health, Vancouver Community Mental Health which is a part of the Vancouver Coastal Health. He is also on the Service Systems Committee of the Mental Health Commission of Canada.
Moving towards a National Mental Health Strategy

The International Labour Organization (ILO) estimates that around the world there are 100 million foreign-born workers and more than 200 bilateral labour agreements.

Multicultural Outreach Counselling Program

Sonya Boya, MSc & Leslyn V. Johnson

In 2003, the Provincial Child and Youth Mental Health Plan identified a “need to develop appropriate services for children and their families who belong to the diverse ethno-cultural groups that are part of BC.”

During the consultation process, participants raised many of the more common barriers to accessing services such as cultural stigmas, a lack of awareness regarding mental health services, fear of authority, and poor understanding about the roles of police, Child/Youth Mental Health clinicians and Child Protection social workers. Other concerns that they identified included:

- A need for culturally relevant assessment tools, staff training and hiring practices that include cultural diversity, and stronger links between Child and Youth Mental Health Services and ethno-cultural service agencies.
- Intergenerational conflict exists related to cultural adjustment, particularly between teens and parents, which contributes to high rates of depression, anxiety, drug and alcohol abuse and other mental health difficulties.
- There is poor understanding of legal rights. Many fear repercussions if they seek help, e.g. being denied employment, insurance, housing or being sent back to their country of origin.

With the need identified in the Plan and significant community support from ethno-cultural service agencies around Victoria, the Multicultural Outreach Counselling Program was created within Ministry of Children and Family Development (MCFD) Child and Youth Mental Health Services for the South Island Region.

The Program provides direct clinical services (intake, assessment, diagnosis, treatment, crisis intervention) to children, youth and their families who identify as being first or second generation immigrants or refugees. Services are available in community based settings that immigrants and refugees perceive as non-threatening and culturally appropriate. The Mental Health Clinician meets clients at cultural minority and immigrant/refugee serving agencies as well as at their homes, schools, places of work and in the community. The Program is particularly suited to those who are reluctant to attend a mental health centre, and who are unable or unwilling to comply with the mainstream centres’ intake procedures. Often there is a clear cultural basis for the presenting problem and/or the individual/family has expressed a preference for a multicultural counsellor.

Individuals and families receive referrals if they show signs of depression, anxiety, violence to family/peers or psychosomatic complaints. Referrals are also suggested if the child is refusing to go to school or has behavioural issues, drug/ alcohol use/abuse or internet/computer “addiction.”

In addition to mainstream pressures ethno-cultural groups may experience parent-child conflict over cultural differences. Typical examples are peer relations, academic expectations and family roles and protocols. Cultural adjustment may be further complicated due to grief and loss issues related to loss of extended family and social support systems, death, persecution and natural disasters. In addition, trauma related issues often effect adjustment, family relationships, schooling and social skill development. Also, parental adjustment influences child adjustment, so particular attention is given to parenting and family functioning, and linking parents to appropriate services in the community.

Every effort is made to provide culturally-appropriate services with attention to spoken and unspoken language, and culturally-based definitions of family and family roles. Power dynamics between service providers and cultural-minority families are also recognized and taken into consideration. The program recognizes and respects cultural differences in parenting, family values and lifestyles and expressions of illness and distress.

An important part of the Program is to provide consultation services and work collaboratively with schools, ethno-cultural service agencies, doctors and other professionals serving the ethnic minority and immigrant/refugee populations.

Sonya Boya is the Mental Health Clinician with the Multicultural Outreach Counselling Program in the Greater Victoria Region. She may be reached at Sonya.Boya@gov.bc.ca
Interpreting in mental health

by Annie Carnot

The Provincial Language Service (PLS)* has developed and delivers a community-based mental health interpreter training called Mental Health Interpreting: A Team Approach. This course is the only training of its kind in the entire province and is unique in its understanding of the relationship between mental health care provider, client and interpreter.

Over the last five years, PLS has trained 101 interpreters across British Columbia in mental health interpretation. In the past year alone, we received 300 requests for mental health interpreters, mostly in Cantonese, Punjabi, Vietnamese and Mandarin.

The model presents an innovative approach to interpreting in a mental health setting as it takes into consideration the unique and diverse cultural manifestations of mental health. The model and training curriculum incorporate cultural awareness and allow the interpreter to address cultural issues with the mental health worker and client. The Mental Health Interpreting: A Team Model supports the role of the interpreter as a contextual and cultural facilitator, and as an integral part of the team.

This approach to interpreting in mental health involves training not only the interpreter, but also the mental health worker. The training provides mental health care workers with an opportunity to better understand the role of an interpreter within a mental health care encounter. Mental health care workers also learn tips and techniques on how to work effectively with interpreters within the mental health team approach model. Mental health workers explore the various cultural contexts of mental health and the ways in which an interpreter can support and facilitate the mental health professional’s relationship with the client.

If you would like more information on how to access the services of a specially trained mental health interpreter, or would like more information on the Mental Health Interpreting: A Team Approach model, please contact the PLS Training and Quality Assurance service at 604 875-2760, or visit the website at www.phsa.ca/pls

*PLS is a program of the Provincial Health Services Authority.

Annie Carnot is the Coordinator, Communications and Consulting with the Provincial Language Service at PHSA

AMSSA is working in close collaboration with BC Mental Health & Addiction Services (BCMHAS) and is an active member of the newly established Provincial Health Literacy Network to improve Health Literacy in Mental Health and Substance Use. The network will provide leadership on the implementation of the provincial strategy to improve health literacy in mental health and substance use in British Columbia for communities including people with mental health and addictions and their families.
1 According to a recent study by the government of Canada, which of the following is important to maintaining mental health?
   a) A home
   b) A job
   c) A friend
   b) All of the above

2 Which of the following statements is true?
   a) There is evidence that immigrant mental health declines the longer people are in Canada
   b) There is evidence that immigrant mental health improves the longer people are in Canada

3 Studies show that people with serious mental illness are likely to die earlier than the general population by an average of how many years?
   a) 10 years
   b) 15 years
   c) 20 years
   d) 25 years

4 In 2007 Canada spent what percentage of its health budget on mental health services?
   a) 2%
   b) 3%
   c) 7%
   d) 11%

5 How much did the Senate Committee Report Out of the Shadows at Last propose to spend on improving access to community based mental health services across the country?
   a) $1.6 billion
   b) $3.4 billion
   c) $5.3 billion
   d) $7.1 billion

6 Which of the following statistics is true for Canada?
   a) Less than 30% of people get treatment for mental illness
   b) Less than 25% of people get treatment for mental illness
   c) Less than 20% of people get treatment for mental illness
   d) Less than 15% of people get treatment for mental illness

7 Of those people who do get treatment for mental illness, what percentage do not get the services they actually need?
   a) 26%
   b) 36%
   c) 50%
   d) 60%

8 The Canadian government is working to improve access to mental health and primary health care. Which of the following is NOT part of its strategy?
   a) Improving available services to help refugees
   b) Increasing employment opportunities for newcomers
   c) Improving cultural competence and language interpretation
   d) Increasing research funding

Taken from My list: 10 things to do improve mental health care in Canada by Steve Lurie, executive director of Canadian Mental Health Association, Toronto Branch. Courtesy of Globe and Mail.

Answers can be found on page 17
From the front line:
agency perspectives and programs

Campbell River & Area Immigrant and Multicultural Services Association

by Rachel Blaney

One out of every five Canadians is affected by some form of mental illness. Even with knowing the statistics, the topic of mental illness still carries shame and taboos. Canadians don’t often share their experience with depression.

When newcomers immigrate to Canada, they come carrying their own perceptions of what mental illness is. If those perceptions are negative, then newcomers face the double whammy of carrying both their source country and their new country’s attitudes.

Working in a smaller rural centre, our organization is already limited in its ability to provide services. Dealing with the mental health issues of our clients can sometimes be daunting. When there are both language and cultural barriers, it becomes difficult to create dialogues between newcomers and the people who want to help them.

The child of one client was diagnosed with more than one form of mental illness while in the 3rd grade. After the diagnoses, the doctor gave a prescription that would help the child. Any family, regardless of cultural background, would struggle with this issue. Many ensuing questions cannot be answered once, but must be answered many times by many people before a parent can begin to feel secure. This is natural and there are resources to provide that, e.g. mental health workers, school counselors and doctors. What many people often forget is that when there is a language barrier these parents do not get consistent messages from a variety of stakeholders. Their access to support is lower.

Cultural barriers may cause a lot of stress. Although adapting to Canadian culture is often an immigrant’s goal, many continue their cultural practices and belief systems. If mental illness is seen as something that shames the family or as an illness of the spirit, providing medication does not seem like a logical answer.

In our case, a settlement worker provided support to the family for over a year. The settlement worker was repeatedly called upon; when the child refused to take medication, when the parents thought the child had “gotten better” and stopped the medication, when the school wanted to be able to give the medication at school. Although this particular issue has now slowed down, it does resurface on occasion.

The needs of newcomers dealing with mental health issues are unique and important. With the stigma of mental illness in Canada, a newcomer may choose silence rather than adding another barrier to the adaptation process.

South Vancouver Neighbourhood House

by Preet Pandher

Today, there is more information available about the importance of mental health prevention and support programs targeting the South Asian population in Vancouver. South Asian people are having difficulty accessing mainstream mental health services because of cultural and language barriers. South Vancouver Neighbourhood House (SVNH) has been working with our health and mental health partners to address these barriers. SVNH provides a continuum of services to prevent mental health problems as well as provide extra supports for those who experience mental illness.

SVNH started a support program for isolated South Asian Women who have experienced mental illness and are under the care of Vancouver’s Mental Health Teams. These women get together once a week to socialize and receive information regarding their health. They also go on local outings to add some fun and variety to their life. The program is facilitated by a client of mental health services and is supervised by the SVNH South Asian settlement worker and Mental Health Team staff.

In partnership with the South Community Health Office and Sunset Community Centre, SVNH introduces mental health information and activities into our South Asian seniors programs. We have been able to produce a volunteer manual in Punjabi to train seniors to take a leadership role as program volunteers. The program takes a holistic approach—in addition to promoting wellness activities such as a walking club, mental health information and guest speakers on various topics of interest, seniors are able to empower themselves by volunteering. Volunteering helps seniors find belonging in their new country and helps them to fight/prevent the depression that may result from the dislocation of immigration.
Quite often immigrant and refugee seniors experience isolation and depression in Canada. They may feel they are facing a great number of barriers such as language, finances and a loss of importance within the family unit. Yet, grandparents play a very important role in their grandchildren’s lives.

We can always benefit from some extra help in fine-tuning and enhancing our parenting and grandparenting skills within a Canadian context. Keeping this in mind, Richmond Multicultural Concerns Society (RMCS) runs a program of this nature for grandparents. Richmond Family Place was glad to partner with the RMCS for this much needed project, titled Growing Together.

Initially, the South Asian grandparenting group started in October 2007 with a number of seniors and their grandchildren. Later on, another group from the Filipino community got under way. Then, in October 2008, a third group from the Chinese community came on board. Now the three groups run out of the Richmond Family Place every week.

The main focus of Growing Together is to empower and enable grandparents to lead healthy and productive lives. This includes providing them with the skills and strategies relating to health, personal safety, self-esteem, basic English language/communication, socialization and awareness about the services available in the community. Professionals in various disciplines share their knowledge with the participants. They encourage the participants to make social connections with each other so that they receive support and don’t feel isolated or lonely.

Another important component of this program is assisting the grandparents to improve their skills so that they can take better care of their grandchildren. To facilitate this, the program encourages grandchildren to interact with their grandparents for part of the two-hour session.

Growing Together has been successful in empowering grandparents within the home and reducing isolation and stress.
Skeena Diversity Society

Program: Skeena Stories: Strangers No More

Skeena Diversity Society has successfully immortalized the words of past and present Terrace residents in its recent publication, Skeena Stories: Strangers No More. The book is a compilation of true personal stories by local authors from diverse backgrounds and different walks of life. All members of the community regardless of age, creed or ethnic background were encouraged to submit their story. The stories were gathered by email, audio taping one-on-one interviews and video-taping in a “story tent” at local festivals.

At the Open House Public Book Launch in December 2008, courageous authors read short excerpts from their stories before an appreciative audience. Skeena Stories: Strangers No More allows each reader opening the cover to embark on a journey of empathy and understanding.

For more information: visit www.skeenadiversity.com

Inter-Cultural Association of Greater Victoria (ICA)

Program: Safe Harbour Youth Ambassador Program

ICA recently delivered two highly successful Youth Ambassador training workshops for youth between 14-20 years old. The interactive sessions combined discussions, games, role plays, exercises and reflection. The 24 youth learned facilitating skills, about racism and discrimination, diversity and inclusion and shared their own experiences and thoughts regarding these topics.

The Safe Harbour training and workshops were very well received in the community. Teams of three to five Youth Ambassadors were invited to deliver workshops in various settings, with each being tailored for the specific audience and age-group. The Youth Ambassadors expressed commitment, concern for others and eagerness to learn and share how to be more inclusive. ICA hopes to provide more Youth Ambassador training and workshops in the future.

Canadian Cancer Society

Program: The North Shore Persian Women’s Walking Club

The goal of the project was to improve health in North Shore residents through regular physical activity. So, targeting Persian females over 18 years of age, the Canadian Cancer Society created the walking club and trained six walk leaders. A Canadian Cancer Society volunteer from the Persian community assisted in engaging the community, mostly through word of mouth. As a result of this initiative, nearly 100 Persian ladies ranging from 30-65 years of age participated in weekly walks last summer and fall. They report being much more active since joining the walking club.

S. Okanagan Immigrant & Community Services (SOICS)

New Name, New Location, New Services

This first snowfall of the season did not dampen spirits as over 100 people attended the opening of SOICS new Regional Office at 508 Main Street, Penticton. Formerly the Penticton & District Multicultural Society, the name change speaks to the new vision established by Executive Director Hilma LaBelle in May 2007.

Visitors and dignitaries alike were treated to “Smart Board” demonstrations, a tour of the new Language Learning lab, SOICS offers immigrants standard classroom instruction, one-on-one tutoring, self-paced and self-directed computer assisted language learning (ELLIS) and computer skill building programs. Expanded ESL, Settlement, Labour Market, Bridging and Early Childhood programs support our newcomers and enhance the skills and contributions that they bring with them.

SOICS is now delivering technology based services, including video conferencing, to support rural and remote immigrant communities throughout the South Okanagan.
SPARC BC (Social Planning and Research Council of BC)
Program: Building Bridges Together, Resources for Intercultural Work between Aboriginal and non-Aboriginal Peoples
From June 2006 to April 2008, SPARC BC and members of an advisory committee called Building Bridges Together, built two resources to encourage intercultural work between Aboriginal and non-Aboriginal peoples in BC.

The resources guide the reader to achieve three learning objectives about intercultural work between BC’s Aboriginal and non-Aboriginal. They are to increase:
- an understanding of key concepts, as well as typical historical and contemporary developments;
- an awareness of the diverse perspectives and lived experiences that are inherent in the working relationship, and;
- knowledge about existing online and text resources.

The series has been exceptionally popular, with over 1,000 downloads since the release in July 2008. It is available for download at www.sparc.bc.ca and in print form (by order 604 718-7751).

Immigrant Services Society of BC (ISS of BC)
Program: Mentoring Connections
- Helping skilled immigrants do what they do best!
With a long history of helping new immigrants build a future for themselves and their families, ISS of BC has expanded its services by launching Mentoring Connections. This is a dynamic new community initiative that matches skilled immigrants with established professionals in career-focused mentoring relationships.

By offering valuable industry-specific advice, mentors help equip new immigrants with the knowledge they need to find meaningful, professional work more quickly. Newcomers can develop networking skills, job search strategies and learn more about the Canadian context of their profession, all with the help of an insider’s knowledge—their mentor. Mentoring relationships generally last three to six months.

Mentoring Connections is accepting applications from potential mentors and mentees. If you are an established professional with five or more years of experience in Canada, or you are a skilled immigrant who wants to partner with a mentor in your profession, please contact Mentoring Connections at 604 637-1307 or mentoring.connections@issbc.org.

For more information: visit www.issbc.org/employers/mentoring.

YMCA
Program: The Collectively Canadian Camp
The Collectively Canadian Camp was a joint project between the YMCA Connections Program and YMCA Camps. The camp brought together youth from over 20 different ethnocultural backgrounds for intercultural leadership training. The week long training sessions began with a weekend program for the youth and their families. Participants enjoyed traditional Canadian camp activities such as canoeing, kayaking and marshmallow roasts. There was a participation fee, with the option of waiving it entirely for families in need. Youth participated in fundraising activities to raise awareness about the camp and to help them develop their own fundraising skills.

A follow up mini-conference in October reinforced the connections between the youth and evaluated the camp’s impact. Building on lessons learned, the program will now extend over the course of one year.

For more information, contact Linda Rubuliak, at the YMCA Connections program: 604 685-8066.

PHOTO: L-R: Wendy Carter (Telus), Rita Douglas (Community Services & International Development) and David Woolven (YMCA Camps).

PHOTO CREDIT: Adrian Frecautanu

Agency: Multifaith Action Society
Program: Partnership with Be the Change Earth Alliance
The Multifaith Action Society’s mandate is to strengthen relationships within diverse faith communities and encourage faith leaders to educate and influence their constituencies in sustainable living. Now they can do even more with the Be The Change program and Action Circles tool kit. Be The Change will work with faith leaders to present symposiums to their communities, followed up by workshops on leadership training and circle mentoring. The program is designed to enable these leaders to promote lifestyles that support sustainability.

The partnership will reduce energy, water and plastics use, auto and air travel and meat consumption. It will also reinforce the visions, missions and goals of both the Multifaith Action Society and Be The Change Earth Alliance.

For more information: call 604 269-9874 or email admin@bethechangeEarthAlliance.org

COMING EVENTS
DIVERSEcity
14th Annual Cultural DIVERSEcity Awards for Business
DIVERSEcity hosts the 14th Annual Cultural DIVERSEcity Awards for Business on Wednesday, April 15, 2009 at the Hilton Vancouver Metrotown in Burnaby. Emcee for the event is Sophie Lui of Global Television while Lionel Larochce, a cross-cultural communication expert, will deliver the keynote address.

For more information: visit www.dcrs.ca or call 604 597-0205 ext. 1213.
Real life case studies from S.U.C.C.E.S.S.

by Veronica Yu

New immigrants encounter many challenges in the process of settling down in Canada. Changes in culture, language, social and economic status, all demand adaptation and adjustment mentally and psychologically. The following cases collected from different services from our agency reflect some of the challenges that surface.

Settlement Service: A anxious young lady needs social support and counseling

We first saw Emily when she came with her mother. She was in her late teens and appeared very anxious. She held both her mother’s arms with her two hands while her mother tried to comfort her by telling her that the settlement worker was there to help them. The settlement worker smiled at her and greeted her in a softer voice than she would normally use with other clients. While the worker spoke to her mother about their eligibility for social benefits, Emily stared at her and listened attentively. During subsequent visits, she started telling the worker about her anxiety problems. From time to time, Emily made appointments regarding their benefits but was really coming so she could talk about her issues. The settlement worker persuaded her to contact the counseling service in Surrey where she lived. However, Emily said that the service did not have a Cantonese speaking counsellor and that she found it difficult to fully express herself with her limited English in the mainstream service. She volunteered that she had been on psychiatric medication for a number of years but could not find anyone to talk to. With the limited resources, staff tried to be empathetic and could only listen. When Emily was told that the settlement worker was being transferred to another office, she was very upset about losing that connection. After assurances and explanations, she agreed to come to our counseling service in Chinatown, Vancouver. However staff was not was sure of Emily’s commitment as it meant a long commute and she was already anxious about new environments.

Through expanding her social circle and enhancing her adaptation skills, the wife recovered well from depression and went on to find a job.

Employment service: A middle age man rejects referral for mental health service

Mr. Kim was a new immigrant when he approached our employment service three years ago. He was in his late 30s with a high school education in China and some proficiency in English. Through some employment training, he was able to gain a job but nine months later he was laid off and returned for more services. He was sad and was reluctant to talk about his difficulties. A few months later, he returned again, this time with poor personal hygiene, very unhappy and repeating the same question again and again. When our staff offered information about mental health service, he seemed to be offended and denied that he needed any help except the practical one such as searching for a job. Due to Mr. Kim’s denial of his situations, our front line staff was unable to provide more help and could only watch helplessly as his mental health deteriorated.
Family and Youth Service:
a young mother suffering from post partum depression

The Lee family was referred to our counseling service by MCFD because the wife was emotionally out of control and during an argument with her husband she had threatened to take her own life and that of her baby. Overwhelmed, the husband called the police who contacted Ministry of Children and Family Development (MCFD). The wife was diagnosed post partum depression. The young couple came to Canada four years ago and their first child was just weeks old. Trying hard to establish their new life in Canada, the husband devoted his first two years to getting a professional certificate from the BCIT. The wife, feeling neglected and without support, became overwhelmed by all the changes in culture, social status and family duties. Furthermore, because of language barrier, she felt inadequate and resented having to rely on her husband. These feelings intensified after she had their baby and she experienced the various challenges in child care.

With counseling, the couple was able to acknowledge their needs and challenges and work towards solutions. The husband invited his mother to come from China to support them in child care for six months. The couple also attended No Body’s Perfect workshops to improve their parenting skills. With the changes, the wife was able to find time to learn English and made some new friends in community activities. She later completed a professional training in accounting. Through expanding her social circle and enhancing her adaptation skills, the wife recovered well from depression and went on to find a job.

The cases reflect some of the issues that immigrants face:

- Some immigrants have a hard time accessing mental health services because of language barriers. This means that they are unable to:
  - obtain more information about mental health issues in general
  - communicate clearly and effectively with the mental health workers
  - benefit from psychological/counseling services offered in English.

- Many newcomers are unable to recognize mental health symptoms because they do not have enough knowledge of mental health.

- Society’s negative attitudes and stigmas surrounding mental illness result in people denying that they might have a problem.

- In most cultures men are socialized to be mentally strong and so they are reluctant to admit having problems.

- If a person’s mental issue is not serious enough he/she may have difficulty in accessing service from a mental health team.

- Front line workers need support and training so that they can help clients with mental health issues.

- There is not enough collaboration between settlement service agencies and mental health services.

*Names of clients changed for protection of privacy
Postpartum Depression in Immigrant Women

by Paola Ardiles

Although childbirth is a common experience for women, for some it can also represent a time of great vulnerability to psychological stress. Postpartum depression (PPD) is a major health issue for many women, including immigrant women. The cause of PPD remains unclear but research suggests that risk factors for postpartum depression, such as experiencing depression before or during pregnancy, are generally consistent across different ethno-cultural groups. However, some research also points to various culturally specific risk factors for PPD. In particular, there is a link between infant sex and PPD due to some cultures preferring male offspring. Other culturally-specific family variables that have been identified as possible risk factors include lack of practical support from the baby’s father, and a poor relationship with in-laws. One can argue that in Western cultures these variables are also factors, considering the strong link between a lack of social or partner support and PPD.

Recent research suggests immigrant status is in itself a risk factor for postpartum depression. In a Canadian study, immigrant women were five times more likely than Canadian-born mothers to develop depressive symptoms in the early postpartum period. In adapting to their host country, immigrant women face many challenges, such as learning a new language, adapting to unfamiliar customs, adjusting to a different manner of social interaction, and accepting new rules and laws. Also, immigration is often associated with a significant change in the family’s socioeconomic status (e.g., if education or work experience is not recognized in the host country) that may contribute to PPD.

Traditional postpartum rituals are one factor that may have a protective effect on the development of PPD. Traditional practices include organized support (e.g., female relatives caring for the new mother), dietary restrictions, hygiene practices, and restricted physical activities. In most cultures, these practices are typically performed for between 30 to 40 days after delivery. For example, many Chinese postpartum women perform Tso-Yueh-Tzu, or “doing the month.” For one month they eat warm “yang” food (eggs, poultry, meat, potatoes), stay at home and use warm water for washing themselves. Other researchers suggest that PPD may develop less frequently, or is easier to cope with, in religious women because of the more cohesive social structure, emphasis on rituals, and greater community support.

However, other studies suggest that for some immigrant women childbirth traditions can be a source of stress, particularly those without enough support or resources to adhere to or participate in practices considered important to health. If a woman cannot participate in her cultural traditions, this can lead to future depression.

It is important to acknowledge that there are many common elements in the experience of PPD, regardless of a woman’s ethno-cultural background or immigrant status. However, many of the issues related to PPD and immigrant mothers are complex and we need to recognize that each mother is unique. For instance, the support from the extended family may play a prominent role for many women coping with PPD. In other cases, the role of religion or family may have a significant impact on a woman’s healing strategy. A holistic approach to health that considers the different aspects of a mother’s physical, social, emotional, and spiritual health, as well as consideration to the context in which immigrant mothers live (discrimination, poverty, social isolation) is critical to understanding PPD in immigrant women.

Paola Ardiles is the Project Manager, Education and Population Health with BC Mental Health & Addiction Services (BCMHAS). BMHAS is an agency of the Provincial Health Services Authority.

Straight Talk —
Mental Health in Refugee Claimants

by Alexandra Charlton

When government and privately sponsored refugees arrive in Canada they are already accepted. Refugee claimants enjoy no such assurance, either legally or socially. They must begin their settlement in Canada while completing a complex immigration process at a time when they are most vulnerable and confused.

Imagine that you were to arrive, traumatised, in a new country with little or no language capacity. Where do you seek help? Whom do you trust? How do you find out what you must do and when to do it? Bear in mind that if you do not comply with this unknown system, whose rules you do not understand, people will think you are trying to cheat.

Within this framework even a balanced person might feel further traumatised or depressed. In addition claimants are expected to perform an emotional balancing act by settling down and accepting Canadian norms but not getting too comfortable because they may not be allowed to stay. Ask yourself: “Could I do that?”

That is the working context of SOS settlement staff. The high anxiety level of our new arrivals also means that they find it difficult to absorb lots of new information all at once. Therefore, it’s necessary for us, as settlement workers, to repeat much of the information or proceed in small steps.

The level of mistrust often means that seemingly efficient group sessions are not, in fact, effective. At SOS, we now incorporate an on-site weekly counselling session so that clients can receive a quick referral for treatment in a non-clinical setting. The counsellor who sees them is familiar with group orientation sessions and so is able to understand some of the client concerns. What we have not yet been able to address is the attitudinal bias of some within the receiving communities.

Alexandra Charlton is the Coordinator at the SOS Centre.

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Mind Buster quiz

1 According to a recent study by the government of Canada, which of the following is important to maintaining mental health?
   d. All of the above

2 Which of the following statements is true? There is evidence that immigrant mental health declines the longer people are in Canada

3 Studies show that people with serious mental illness are likely to die earlier than the general population by an average of how many years?
   d. 25 years

4 In 2007 Canada spent what percentage of its health budget on mental health services?
   b. 3%

5 How much did the Senate Committee Report Out of the Shadows at Last propose to spend on improving access to community based mental health services across the country?
   c. $5.3 billion

6 Which of the following statistics is true for Canada?
   Less than 30% of people get treatment for mental illness

7 Of those people who do get treatment for mental illness, what percentage do not get the services they actually need?
   c. 50%

8 The Canadian government is working to improve access to mental health and primary health care. Which of the following is NOT part of its strategy?
   b. Increasing employment opportunities for newcomers
I was born in South Sudan. In 1983 when the civil war started in my country many people in that region, including members of my family, were persecuted, abducted and killed. I was afraid that I would also be killed or that I would be forced to become a child soldier. That’s when I fled from my homeland. At the time I was still a child; just ten years old. And I was all alone.

After escaping, I went to one village then to another and eventually found my way to a refugee camp in Uganda. I was there for almost one year and then returned to Sudan where I lived in a camp for displaced persons four years before going to yet another refugee camp in Ethiopia. That was home for five years and I finally came to Canada in 1997.

Life in the refugee camps was extremely difficult and I basically had to live one day at a time. Many times I didn’t know where the next meal would be coming from. Or even if there was going to be another meal.

I was still a youth, and it was a very challenging time for me. I experienced so many different emotions. There were times when I felt angry, frustrated, fearful and sad. The question that I kept asking was “Why me?” “Why us?” But there was no one to talk to. There was no way to deal with the constant mental stress that I was under.

It was my belief in God that helped me to sort out my feelings. Whenever I felt sad, lonely, frustrated, angry etc, I would open the Bible and read a passage and take comfort from God’s encouraging word such as Psalms 23: 1-3. It says that the Lord is my shepherd I shall not want ... and that He would lead me through the valley of the shadow of death so I shouldn’t be afraid. Now when I look back, I realize that I somehow I must have learned courage, perseverance and to keep moving on as long as I still had strength, breath and food to eat.

As a refugee coming to Canada there was no preparation at all. I waited and waited until the UNHCR told me to get ready because I was going to Canada. Then it took years before immigration granted me permanent residence. And even so, I was not prepared for what life was going to be like here in Canada. As a result I faced many challenges. There were housing problems since landlords were not willing to rent their suite to me because I was new to Canada and didn’t yet have a job. Trying to get a job was frustrating. Employers kept asking for “Canadian experience” even after I told them I had only recently arrived here. There was a lot of pressure from the government and employment agencies to find a job without giving me adequate information or even training. I also faced isolation and financial hardship.

Life has come full circle for me. Today I’m part of the Settlement Worker in Schools (SWIS) team and I often recognize that the students I work with might be experiencing some of the same mental stresses that I experienced. The challenges that immigrant students face are different from those faced by students who came as refugees. The students who are immigrants come with their family for a better life or better educational opportunities. Those who are refugees experienced violence and war first hand and their education was disrupted. For them coming to Canada is a matter of survival. Some have never lived in the city, some came with an older sister or brother or maybe an uncle but probably lost the rest of their family.

I’m able to provide one-on-one support by sharing my personal story as a refugee and how I overcame my own mental health challenges. I also provide referrals to other agencies and colleagues such as school counsellors.

Charles Lumodak is a settlement worker with the Vancouver School Board SWIS team. He shares his compelling life experience in A Story to Tell and a Place for Telling Series: We fled by Land, Sea and Air. The series is presented by the Canadian Red Cross in collaboration with UNHCR, Vancouver School Board SWIS Team and Immigrant Services Society of BC (ISS). For more information, call Canadian Red Cross 604.709.6662 or check www.redcross.ca/lowermainland.
Addictions and Mental Health in Immigrants

by Hajera Rostam

In addressing the mental health and addiction problems of Canada’s diverse immigrant population, policy makers, researchers and service providers are up against some unique challenges. Being an immigrant and refugee from Afghanistan, having worked as an addictions counselor in Vancouver, and now researching how immigrants use formal addiction services, I am only too aware of the complex issues that immigrants face. While this article focuses on the challenges, I want to acknowledge the multiple opportunities and the amazing support that I have received from my Canadian mentors, colleagues and friends as I have made sense of my life as an immigrant here.

A small body of Canadian research indicates that in general immigrant groups are less likely to use mental health services than persons born in Canada. However, there are still questions about whether such pronounced under-utilization indicates protective factors, untreated mental health problems or gaps in health service delivery. Similarly, information regarding the prevalence and severity of various mental health problems encountered by immigrants is almost non-existent. Little attention has been paid to contextual factors that operate in immigrants’ daily lives, such as culture, gender, post-migration stressors, systemic barriers and social inequities. For instance, culture influences how individuals and their community recognize, understand, discuss and manage a mental health problem such as addiction. Few Canadian studies take into account how immigrants’ cultural values and practices may contribute to the process of seeking help in the host country. Though research shows a “healthy immigrant effect” for newly arrived immigrants to Canada, it also suggests that during the first ten to 24 months after arrival, immigrants may be at a higher risk for developing mental health and addiction problems, due to acculturation stress.

While working as an addictions counsellor, the few immigrant clients seeking treatment often spoke about challenges at community and formal health services level. Our euro-centric intervention models were not effectively tailored to meet their needs. For example, our instructional workshops, written assignments, counseling sessions and strict residential guidelines led to confusion, conflict and at times involuntary discharge from the centre. Similarly, upon discharge no follow-up attempts were made to find out how these clients coped. I faced my own challenges as an ethnic minority professional working within an institution and advocating for the rights of my clients.

These challenges call for implementing policies and services that address diversity issues, and are developed in collaboration with immigrant communities to reduce health disparities. Programs that focus on outreach, health promotion and community empowerment are crucial for engaged and informed participation of immigrants. Finally, it is important to train mental health and addiction service providers about such complex needs so that they can deliver treatment and programs that are culturally competent, responsible and safe.

Hajera Rostam is an IMPART, Doctoral Trainee in Counselling Psychology at UBC.

REFERENCES


Gaps in Service:
Prevention, Early Intervention & Treatment

by Norma Sanchez

Migration on its own does not increase the risk of mental illness in immigrants and refugees. Still, the multiple stressors most of them face during the adaptation process may trigger the two most common mental disorders among them, depression and anxiety. In refugees, the risk of suffering from these disorders is higher due to traumatic events most of them have experienced.

The level of stress most new immigrants and refugees experience in the first three to 18 months after arrival can be very high, and take a toll on their physical, emotional, mental and social wellbeing. Sleep disturbances, somatic complaints, feelings of sadness and anxiety and suspicion are common.

Agencies providing settlement services help newcomers at their most critical time. By providing information and support, they help reduce the levels of potential stress. Language and job training also decrease the risk of mental disorders caused by social isolation and loss of socioeconomic status. The support of family, settlement and community agencies, teachers, peer groups, and religious communities during this period has proven to be extremely valuable. From a mental health perspective they all contribute to providing primary prevention.

Helping new immigrants learn about the adaptation process and teaching them stress management can also be effective in preventing distress and decreasing the risk of mental disorders, substance abuse, family violence and other unhealthy behaviors.

After the settlement period different rates of acculturation within the family may lead to marital discord and intergenerational conflict. They can also cause distress and mental disorders.

When immigrants and refugees need professional help for individual and/or family problems, addictions, and trauma finding culturally appropriate services can be challenging. Information about existing services is sometimes fragmented and networking becomes extremely relevant.

Early intervention and treatment of mental disorders can also be challenging. Lack of information and cultural and linguistic barriers, are some of the main reasons for underutilization or delay in seeking treatment by immigrants and refugees. The cultural sensitivity of mainstream mental health services when accessed by this population is also important.

Community mental health services, in general, are accessible mostly to those immigrants and refugees who are severely depressed and/or suicidal, or experiencing symptoms of psychosis, or another severe mental illness. One of the biggest challenges for those working with this population is finding services for those who are not ill enough to meet the eligibility criteria of most community mental health services, but who are not well enough to go untreated. Physicians in primary care play an important role in treating many of them. There is evidence that a combination of medication and psychotherapy is the most effective form of treatment for mood and anxiety disorders. Yet psychotherapy is not covered by the health care system and it may not be available through community based counseling programs. As a result, treatment outcomes may not be successful, which may lead to long term effects on the individual and the family.

Good mental health is the key to successful integration and full participation in Canadian society by all immigrants and refugees. We can all do our part in helping them achieve both.

Norma Sanchez is a Cross Cultural Mental worker, with Vancouver Community Mental Health Services, Vancouver Coastal Health.

"One of the biggest challenges for those working with this population is finding services for those who are not ill enough to meet the eligibility criteria of most community mental health services, but who are not well enough to go untreated."
Vicarious Trauma — The Secret Shame of Caring

by Liz Choquette

As service providers to immigrants and refugees from around the world we care. And because we care, we feel and are affected by the sorrows and suffering of our clients. We hold these feelings secret, afraid that we are weak, believing we should be strong. If we are good at the work we do, witnessing and supporting those who suffer from traumatic experiences, we may be vicariously traumatized.

According to Judith Herman, “Trauma is contagious.” And so it is! Vicarious Trauma is the personal transformation we undergo as a result of engaging empathetically with our clients’ traumatic experiences. This is not the result of exposure to a single story but rather the cumulative effect of exposure to traumatic material over and over again.

We begin to view and experience people, the world and ourselves differently. Once we experience trauma the world is never the same. We understand that terrible things happen. As workers we may find that we become preoccupied with our work.

- We have no time or energy for ourselves.
- We feel disconnected from our friends and family.
- We wish to withdraw socially.
- We become cynical, pessimistic, and feel hopeless.
- We have nightmares or intrusive images regarding clients’ experiences.
- We begin to see the world as unsafe and “bad.”
- We become numb and have difficulties with our emotions.
- We feel helpless and inadequate.

We can address Vicarious Trauma by:
1. Being **aware** of our own needs, limits, feelings, energy and resources. We must remain in touch with ourselves and know how we are managing physically and emotionally.
2. We need **balance** in our lives. To engage in play, rest and work. Too often we become absorbed by the work we do and forget that there is a world that is not full of pain and suffering, but also joy and happiness.
3. **Connecting** to others, to ourselves and to something greater than us is a necessity. We may want to retreat from the world and others, as if isolation will protect us from further pain. However it is just the opposite. Connection and communication offset the feelings of isolation and offer validation and hope for us as workers.

We must attend to ourselves personally, professionally and as organizations. We must provide mutual support and understanding. We must find ways to create meaning, hope and challenge negative beliefs and assumptions.

Making this personal commitment is imperative because we matter, our clients matter, the work we do matters.

We can do this healing together, one day at a time, by remaining present and aware and honest about the impact of the work we do. By accepting and validating the importance of the work we do, as well as the benefits and personal cost, we keep ourselves alive and involved.

If we do not care for ourselves first, we will not truly be available for our clients. We need to remember this and not to give up. We need to be proud of our ability to feel for others and not carry the shame and secrecy that often overshadows trauma.


Liz Choquette is the Abuse Survivor Resource Worker for Vancouver Community Mental Health Services. She provides counseling services to individuals with serious mental health issues, and consultation and education to staff members.
### Bibliography: a collection of mental health resources

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Address</th>
<th>Contact Information</th>
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<tr>
<td>Addiction Service, Vancouver Community Health Services, VCH</td>
<td>Free counselling for people actively using alcohol/drugs or people want to quit using alcohol/drugs. Also counselling to family members affected by another family member who is a substance user.</td>
<td>Suite 920-100 West 57th Ave, Vancouver</td>
<td>604.301.3860</td>
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<tr>
<td>BC Children’s Hospital</td>
<td>Specialized services including assessment, diagnosis and treatment for children and adolescents with mental health issues and developmental disabilities</td>
<td><a href="http://www.bccdhrens.ca">www.bccdhrens.ca</a></td>
<td>604.875.2000</td>
</tr>
<tr>
<td>BC Crisis Line Association</td>
<td>Phone support for suicide prevention, crisis intervention and distress management services</td>
<td>Crisis Line</td>
<td>604.584.5811</td>
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<tr>
<td>Bridge Community Health Clinic at Raven Song Community Health Centre</td>
<td>Free general health consultation and counseling for refugees and new immigrants</td>
<td>2450 Ontario St, Vancouver</td>
<td>604.709.6400 or 604.709.6540</td>
</tr>
<tr>
<td>Burnaby Mental Health Services</td>
<td>Mental health assessment, treatment and support services for Burnaby residents</td>
<td>c/o Burnaby Hospital 3935 Kincaid Street</td>
<td>604.453.1930</td>
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<tr>
<td>CAMERAY Counselling Centre</td>
<td>Counselling and crisis intervention services to families with children under 19</td>
<td>Suite 203-5623 Imperial St, Burnaby</td>
<td>604.436.9449</td>
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<tr>
<td>Canadian Mental Health Association</td>
<td>Information resources, educational events, direct services, research and advocacy through 20 CMHA branches throughout BC</td>
<td><a href="http://www.cmha.bc.ca">http://www.cmha.bc.ca</a></td>
<td>604.688.3234</td>
</tr>
<tr>
<td>CHIMO Crisis Services</td>
<td>Free services to Richmond children/teens/adults who have experienced abuse, violence or crisis</td>
<td>Crisis Line</td>
<td>604.279.7077</td>
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<tr>
<td>Chinese Mental Wellness Association of Canada</td>
<td>Mental health education, peer support training, counselling</td>
<td><a href="http://www.cmwac.org">www.cmwac.org</a></td>
<td>604.273.1791</td>
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<tr>
<td>Cross Cultural Psychiatry Clinic, Vancouver General Hospital</td>
<td>Multilingual professionals</td>
<td><a href="http://www.vch.ca/psychiatry/ccc/htm">www.vch.ca/psychiatry/ccc/htm</a></td>
<td>604.875.4115</td>
</tr>
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<td>Emergency Crisis Services</td>
<td>Crisis Intervention and Suicide Prevention Centre of Greater Vancouver</td>
<td>Crisis Line</td>
<td>604.872.3311</td>
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<tr>
<td>Emergency Mental Health Line – Burnaby</td>
<td>Phone support and mobile response unit provides crisis intervention</td>
<td>Crisis Line</td>
<td>604.527.0009</td>
</tr>
<tr>
<td>Family Services of Greater Vancouver, Family Therapy Department</td>
<td>Family Therapy</td>
<td>Suite 202-1193 Kingsway, Vancouver</td>
<td>604.874.2938</td>
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<tr>
<td>Fraser Mental Health and Addiction Services</td>
<td>Provides services for residents of the Fraser Health Authority</td>
<td><a href="http://www.frankerhealth.ca/Services/MentalHealthAddictions">www.frankerhealth.ca/Services/MentalHealthAddictions</a></td>
<td>604.480.3330</td>
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<td>Interior Mental Health and Addiction Services</td>
<td>Provides services for residents of the Interior Health Authority</td>
<td><a href="http://www.interiorhealth.ca/health-services">www.interiorhealth.ca/health-services</a></td>
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<tr>
<td>North Shore Mental Health &amp; Addiction Services</td>
<td>Treatment, rehabilitation and specialized services for adults with serious mental illness. Also psychological counselling for children and youth with serious behavioural disorders and their families</td>
<td><a href="http://www.nscg.ca/services/health_info_northshore.cfm">www.nscg.ca/services/health_info_northshore.cfm</a></td>
<td>604.988.3131 Local 4513</td>
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<td>Northern Mental Health and Addiction Services</td>
<td>Provides services for residents of the Northern Health Authority</td>
<td><a href="http://www.northernhealth.ca">www.northernhealth.ca</a></td>
<td></td>
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<tr>
<td>OPTIONS Services to Communities Society</td>
<td>Multilingual Help Line</td>
<td></td>
<td>604.572.4060</td>
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<td>Powell River Mental Health &amp; Addiction Services</td>
<td>Treatment, rehabilitation and specialized services for adults with serious mental illness. Also psychological counselling for children and youth with serious behavioural disorders and their families</td>
<td><a href="http://www.nscg.ca/services/health_info_powell.cfm">www.nscg.ca/services/health_info_powell.cfm</a></td>
<td>604.485.3300</td>
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<tr>
<td>Richmond Mental Health Team</td>
<td>Treatment, rehabilitation and specialized services for adults with serious mental illness. Also psychological counselling for children and youth with serious behavioural disorders and their families</td>
<td>Mental Health Team Suite 200-6061 No 3 Rd, Richmond</td>
<td>604.273.9121</td>
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<td>Sea To Sky Mental Health &amp; Addictions</td>
<td>Treatment, rehabilitation and specialized services for adults with serious mental illness. Also psychological counselling for children and youth with serious behavioural disorders and their families</td>
<td><a href="http://www.nscg.ca/services/health_info_seatasky.cfm">www.nscg.ca/services/health_info_seatasky.cfm</a></td>
<td>604.892.6400</td>
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<tr>
<td>SHARE Counselling Centre</td>
<td>Multilingual counsellors</td>
<td>Suite 200-25 King Edward St, Coquitlam</td>
<td>604.464.3165</td>
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<tr>
<td>Sunny Hill Health Centre for Children</td>
<td>Specialized services including assessment, diagnosis and treatment for children and adolescents with mental health issues and developmental disabilities</td>
<td><a href="http://www.bccdhrens.ca/AboutUs/SHHCC">www.bccdhrens.ca/AboutUs/SHHCC</a></td>
<td>604.453.8300</td>
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<tr>
<td>Sunshine Coast Mental Health Services</td>
<td>Treatment, rehabilitation and specialized services for adults with serious mental illness. Also psychological counselling for children and youth with serious behavioural disorders and their families</td>
<td><a href="http://www.nscg.ca/services/health_info_sunshine.cfm">www.nscg.ca/services/health_info_sunshine.cfm</a></td>
<td>604.885.6101</td>
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<td>Unbuntu Youth Program</td>
<td>Free counseling for Richmond youth regarding internet/video game addiction, chemical/drug abuse, alcohol &amp; gambling problems</td>
<td></td>
<td>604.279.7180</td>
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<td>Vancouver Child &amp; Youth Mental Health Services</td>
<td>Serves children , youth and their families with serious mental health difficulties and/or social, emotional or behavioural disturbances</td>
<td><a href="http://www.vch.ca/community/mental_health.htm#youth">www.vch.ca/community/mental_health.htm#youth</a></td>
<td>604.709.4111</td>
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<tr>
<td>Vancouver Island Mental Health and Addiction Services</td>
<td>Provides services for residents of the Vancouver Island Health Authority</td>
<td><a href="http://www.vha.ca/mhas">www.vha.ca/mhas</a></td>
<td>250.370.8408</td>
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<tr>
<td>Vancouver Mental Health Emergency Services</td>
<td>Registered psychiatric nurses provide crisis intervention over the telephone. Staff will assist in dealing with urgent situations and direct to appropriate resources</td>
<td>Help Line</td>
<td>604.874.7307</td>
</tr>
<tr>
<td>Vancouver Mental Health Teams</td>
<td>Treatment, rehabilitation and specialized services for adults with serious mental illness. Also psychological counselling for children and youth with serious behavioural disorders and their families</td>
<td><a href="http://www.vch.ca/community/mental_health.htm">www.vch.ca/community/mental_health.htm</a></td>
<td>604.874.7626 TTY: 604.874.7370</td>
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When a foreign worker obtains a work permit it is normally the end result of an involved process that requires prospective employers to demonstrate that allowing a foreign worker to assume a job will not have a negative impact on the labour market in Canada. To determine this, Human Resources and Skills Development Canada (HRSDC) (a federal government ministry) looks at several factors, including the availability of Canadians and proposed wages. The policy rationale for this screening process is to ensure that employing foreign workers is not seen as a less expensive alternative to employing Canadians for the same jobs. Employers must show that they will pay foreign workers at least the prevailing wages for the geographic region.

Once HRSDC issues a labour market opinion (LMO), this facilitates Citizenship and Immigration Canada (CIC) (another federal government ministry) to issue a work permit to a foreign worker. Issuing a work permit and allowing an employer and a foreign worker to form an agreement does not, however, guarantee that a foreign worker will benefit from the terms promised in the LMO application such as wage and benefits. In the case of lower skilled occupations this includes employer paid two-way transportation costs, availability of proper accommodation and interim health insurance.

Once the foreign worker is employed in Canada, CIC and HRSDC do not play an active role in enforcing working terms and conditions. This is because, under Canada’s federal system of government, employment standards fall within provincial jurisdiction, leaving federal government departments with few enforcement options. Having said that, HRSDC realizes that exploitation of foreign workers is a significant issue, and recently established an Integrity Division to audit employers. But information on the Integrity Division is not readily available, so foreign workers are likely unaware of its existence as a resource.

As an aside, HRSDC can request proof of wages paid when an extension of the LMO is made. But ironically, if the proper wages were not paid, it is not the employer who is likely to be punished, it is the foreign worker. HRSDC is likely to refuse the extension, meaning that the worker will not be authorized to continue working.

What, then, can foreign workers do if their employers fail to honour their employment agreements or do not meet the minimum employment standards stipulated by law? They may be directed to launch a complaint with a provincial government department responsible for enforcing employment standards, but such departments can only order employers to obey the minimum standards set by provincial legislation with respect to matters such as minimum wage, hours of work and vacation time. Other relevant authorities in the employment context include provincial workers’ compensation boards, which regulate workplace safety, and human rights commissions and tribunals, which provide recourse for individuals suffering from employment discrimination.

Like Canadians, foreign workers entitled to greater benefits under their individual employment agreements than those created under employment standards legislation may ultimately need to go to Court to enforce their contractual rights. In this respect, foreign workers enjoy the same enforcement rights as Canadians. However, litigation can be expensive and time-consuming, and, unlike Canadian workers who may be able to find other employment while awaiting resolution from the Courts, foreign workers are usually limited to working only for the particular employer. Naturally, this can lead to a very uncomfortable situation for a foreign worker contemplating legal action against his or her employer to enforce a contract.

This does not mean, however, that foreign workers should permit breaches of their employment contracts to go uncorrected. Seeking employment and immigration legal advice at an early stage can help foreign workers become informed of their rights and negotiate a timely and cost-effective resolution of their concerns.

Craig Natsuhara is a Partner with Davis LLP where he heads the firm’s Immigration Law Practice Group. He is also the Chair of the Canadian Bar Association (CBA) BC Immigration Law Section.
Member Organizations

**NORTH**
- Immigrant & Multicultural Services Society (IMSS)
- Kitimat Multicultural Society
- Skeena Diversity Society – Terrace
- Multicultural Heritage Society (MHS) – Prince George
- Terrace & District Multicultural Association (TDMA)

**VANCOUVER ISLAND**
- Campbell River & Area Multicultural & Immigrant Services Association (CRMISA)
- Central Vancouver Island Multicultural Society (CVIMS)
- Cowichan Intercultural Society (CIS)
- Inter-Cultural Association of Greater Victoria (ICA)
- Victoria Immigrant and Refugee Centre Society (VIRCS)

**FRASER VALLEY**
- Abbotsford Community Services (ACS)
- Chilliwack Community Services
- DIVERSEcity Community Resources Society (DCRS)
- Family Education and Support Centre
- Langley Community Services Society
- Mission Community Services Society (MCSS)
- OPTIONS: Services to Communities Society – Surrey

**INTERIOR**
- Community Connections Society of Southeast BC
- Kamloops Cariboo Regional Immigrant Society (KIS)
- Kamloops Multicultural Society
- Kelowna Community Resources Society
- Nelson Community Services Centre
- South Okanagan Immigrant Community Services (SOICS)
- Vernon & District Immigrant Services Society (VDISS)

**PROVINCIAL**
- Association of BC TEAL (Teachers of English as an Additional Language)
- BC Confederation of Parent Advisory Councils
- BC Human Rights Coalition (BCHRC)
- BC Teachers Federation – Social Justice Program (BCTF – SJP)
- Canadian Cancer Society – BC & Yukon Division
- Canadian Jewish Congress (CJC) – Pacific Region
- Canadian Mental Health Association (CMHA) – BC Division
- Canadian Red Cross
- ELSA Net
- Legal Services Society of BC (LSS)
- Scouts Canada – Provincial
- Social Planning & Research Council of BC (SPARC)
- YMCA – Connections
- YWCA Vancouver International

**METRO VANCOUVER**
- 411 Seniors Centre Society
- Association of Neighbourhood Houses of Greater Vancouver (ANH)
- Burnaby Family Life Institute
- Centre of Integration for African Immigrants (CIAI)
- Chimo Crisis Services – Richmond
- Collingwood Neighbourhood House (CNH)
- Community Legal Assistance Society (CLAS)
- Family Services of Greater Vancouver (FSGV)
- Immigrant Services Society of BC (ISS)
- Inland Refugee Society of BC (IRS)
- Jewish Family Service Agency (JFSA)
- Kiwassa Neighbourhood Services Association
- Little Mountain Neighbourhood House Society (LMNHS)
- MOSAIC
- Multicultural Family Centre
- Multicultural Helping House Society (MHHS)
- Multifaith Action Society (MAS)
- North Shore Multicultural Society (NSMS)
- Pacific Immigrant Resources Society (PIRS)
- Richmond Intercultural Advisory Committee
- Richmond Multicultural Concerns Society (RMCS)
- South Vancouver Neighbourhood House (ANH)
- Settlement Orientation Services (SOS)
- SUCCESS (United Chinese Community Enrichment Services)
- Vancouver & Lower Mainland Multicultural Family Support Services (VLMMFSS)
- Vancouver Cross-Cultural Seniors Network Society
- Vancouver Multicultural Society (VMS)
- Volunteer Vancouver
- Westcoast Child Care Resource Centre
- West Coast Domestic Workers’ Association (WCDWA)
- Westcoast Family Resources Society
- West Coast Legal Education and Action Fund
- Women Against Violence Against Women/Rape Crisis Centre