Women’s Health in Women’s Hands
Community Health Centre

Every Woman Matters!
Health Equity Data and the Development of a Culturally Adapted Mental Health Program for Racialized Women

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Executive Director
January 30, 2019
Health Equity Data Tells Our Story
N= 3200

- 97% of our clients are racialized
  - 44% Caribbean
  - 15% African
  - 16% Latin American
  - 7% South Asian

- 83% Female
  - 2% Male
  - 15% Transgender

- 66.7% under 40 (31=ave)
- 51% Post Secondary
- 32% unemployed

- 63% household income less than $14,999

- 78% Born outside Canada
  - 57% in Canada less than 10 years
  - 46% without OHIP

- 10.5 visits per year
  - 45% Chronic Illness
  - 78% addressing violence
  - 67% addressing sexual violence
Mental Health OVERVIEW

- 25.4%  Addressing Mental Health Issue
- 6%    Serious Mental Illness
- 10%   CO-MORBIDITIES (HIV/DIABETES)
- 0.8%  Addictions
## Most Frequent Service Users (5%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounters/Visits</td>
<td>30-66 (Ave= 39)</td>
</tr>
<tr>
<td>Income</td>
<td>62%&lt; $15,000</td>
</tr>
<tr>
<td># of WHIWH providers</td>
<td>1-6 (Ave=4.4)</td>
</tr>
<tr>
<td>Age</td>
<td>16-54 ( Ave = 32)</td>
</tr>
<tr>
<td>Major Dx</td>
<td>Mental Illness 75%</td>
</tr>
<tr>
<td></td>
<td>- Anxiety</td>
</tr>
<tr>
<td></td>
<td>- Depression</td>
</tr>
<tr>
<td></td>
<td>- Bipolar</td>
</tr>
<tr>
<td></td>
<td>- Schizophrenia</td>
</tr>
<tr>
<td></td>
<td>- Borderline</td>
</tr>
</tbody>
</table>
REASONS FOR VISIT

N = 3200

- Food Insecurity
- Depression
- Diabetes
- Anxiety
- Periodic Health Exam
- Reproductive Health
- Hypertension
- Immigration
- Prenatal care
- HIV/AIDS
Gender - Race - Income - Depression

0-$14,999: 74%

$15,000-$19,999: 12%

$20,000-$24,999: 2%

$25,000-$29,999: 2%

$30,000-$34,999: 3%

$35,000-$39,999: 2%

$40,000-$49,999: 5%

$50,000-$59,999: 7%

$60,000-$69,999: 1%

$70,000-$79,999: 1%

$80,000-$89,999: 1%

$90,000-$99,999: 1%

$100,000-$149,999: 2%

$150,000-$199,999: 1%

$200,000-$299,999: 1%

$300,000+: 1%

WHIWH Data
Race, Racism and Access to Mental Health Services

Mental Health Issue Identified

Mental Health Care Accessed
Client Mapping for WHIWH Mental Health Services

- Peel Region: 4.61%
- Hamilton – Wentworth Region: 0.77%
- Niagara Region: 0.38%
- York Region: 14.23%
- Etobicoke: 7.69%
- Downtown: 21.15%
Vulnerability to Mental Health Risk

Constrained Choices

- Mental Health Risk
- Violence
- Poverty
- Immigration Status
- Sexism
- Racism
- Education
- Trust
- Housing

(Women's Health in Women's Hands Community Health Centre)

INCREASE • INNOVATE • IGNITE
What’s Trust got to do with it?

81% of the women surveyed believed that their physician would involve them in research without their knowledge.

67% of Young Black women (<25 yrs.) reported experiencing racism when receiving Healthcare services.

21% reported disengagement from healthcare services because of this racism.

- Racism as a Determinant of Health for Young Black Women WHIWH (2002)
Mental Health Service Challenges

- Poverty levels
- Immigration status
- Pre/Post migration trauma
- Lack of access to services
- Intervention delays due to racism/stigma
- Overrepresentation in the criminal justice and child welfare systems
- Mistrust of the mental health system

These challenges are widespread and not localised to certain racialized populations
Mental Health Service Enablers
(Every Woman Matters, 2011)

<table>
<thead>
<tr>
<th>Aspects of Comfort/Preference</th>
<th>Participants endorsing relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service provider is a woman</td>
<td>61%</td>
</tr>
<tr>
<td>Staff speaking my language</td>
<td>48%</td>
</tr>
<tr>
<td>Staff of same cultural background as me</td>
<td>40%</td>
</tr>
<tr>
<td>Staff of a variety of cultural backgrounds (Diversity)</td>
<td>53%</td>
</tr>
<tr>
<td>Receptionist/Intake is helpful and polite</td>
<td>64%</td>
</tr>
<tr>
<td>Respect of my identity (gender, race, culture, sexual orientation etc.)</td>
<td>72%</td>
</tr>
<tr>
<td>Anti-Oppression Training</td>
<td>86%</td>
</tr>
<tr>
<td>Advocates or Navigators available for client support</td>
<td>57%</td>
</tr>
<tr>
<td>Organizational commitment to access and equity</td>
<td>42%</td>
</tr>
<tr>
<td>Stigma reduction interventions</td>
<td>29%</td>
</tr>
<tr>
<td>Pleasing physical environment, e.g., art, furniture, etc.</td>
<td>41%</td>
</tr>
<tr>
<td>Reasonable length of process for intake</td>
<td>24%</td>
</tr>
<tr>
<td>Child Care</td>
<td>80%</td>
</tr>
<tr>
<td>Transportation (Tokens)</td>
<td>75%</td>
</tr>
</tbody>
</table>
WHIWH ED UTILIZATION (2009)

PROVINCIAL EXPECTED ED USAGE

2.8%

1.45%
WHIWH Mental Health Strategy

Stage 1
Introduce PGY-5 Psychiatric residents

Stage 2
Shared Care Psychiatry Model

- A partnership with CAMH and funded by the TCLHIN
- Allows Psychiatrists to care for clients jointly with WHIWH primary care physicians, therapist and social workers
- Provides Services weekly onsite at WHIWH
- Psychiatrist participates in all organizational activities
Stage 3

Culturally Adapted CBT Program for Racialized Populations

- Includes individual and group counseling as well as coordinated referrals
- Educational support/training provided by CAMH
- Partner agencies include Sherbourne Health Centre and Centre for Victims of Torture
All staff received CA/CBT training as well as Health Equity and AOP training from CAMH.

Referral protocols and pathways developed.

Emergency department usage tracked through self reporting and provider reporting tools.
Wellness Connections 2017/18

- **810** Clients accessed mental health services
- **3080** Counselling Interactions
- **15** Support groups
- **4** ED visits

1. Anxiety
2. Depression
3. Low Self Esteem
4. Imm. Settlement Stress
5. Sexual Abuse
6. Financial Stress
7. Grief
8. Imm. Status Fear
9. Family Reunification
10. Housing Issues
WHIWH ED UTILIZATION

Expected ED Usage

<table>
<thead>
<tr>
<th>Year</th>
<th>Residents</th>
<th>Psychiatrist</th>
<th>CA/CBT</th>
<th>Depression/CBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>2.80</td>
<td>1.19</td>
<td>0.68</td>
<td>0.5</td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td></td>
<td>0.53</td>
<td>0.49</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
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<tr>
<td>2017</td>
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</table>
Mental Health Strategy (Stage 4)

- New partnership developed with CAMH to focus on mild to moderate depression
- Evaluation research being conducted to develop a best practice model
- Developing programs for Black youth
- Currently developing a Mental Health Ambassador program with CMHA to address stigma and trust
What I know for Sure

• Mental health interventions and financial resources should be redirected and attention focused on the segments of our population with the highest level of mental health risk and health disparities.

• Services providers and health service organizations who do not hold themselves accountable to racialized communities will not produce successful mental health outcomes for the entire population.
THANK YOU!

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