

INFORMATION BRIEFING DOCUMENT

TITLE: “Just scratching the surface”: Mental health promotion for Punjabi seniors (Forums)

PREPARED FOR: The Punjabi Seniors Wellness Coalition (PSWC)

PURPOSE: The ICARE (Immigrant Older Adults—Care Accessibility Research Empowerment) team was founded in 2009 with an infrastructure team grant from the Women’s Health Research Institute of BC by co-PIs Dr. Sharon Koehn (Centre for Healthy Aging at Providence Health Care) and Dr. Karen Kobayashi (University of Victoria). The ICARE mental health team, led by Sharon Koehn (Providence Health Care) and Satwinder Bains (University of the Fraser Valley), partnered with representatives from the Canadian Mental Health Association – South Fraser Region, B.C. Healthy Communities and Fraser Health Authority to form the “Punjabi Seniors Wellness Coalition.”

In 2010, this group secured Community Action Initiative funding to explore the extent to which community services targeted at Punjabi seniors in Abbotsford and Surrey, British Columbia, address the social determinants of mental health, as identified by Keleher and Armstrong¹:

- social inclusion
- freedom from violence and discrimination
- and access to economic resources support

This document summarizes findings from the two forums (held in April and May, 2011) that aimed to address this goal. Forum participants were Punjabi older adults and service provider representatives identified as addressing at least one of the social determinants of mental health for Punjabi older adults and their families in each of the two identified communities.

CURRENT STATUS: The proportion of seniors in Canada is growing and predictions indicate that the percentage of seniors will reach almost 24% by the year 2031.² In 2006, visible minority populations in Surrey and Abbotsford were 52.1% and 26.2%, respectively.^{3,4} In 2010, approximately one third of the population of Surrey and one fifth of the population of Abbotsford were South Asian. Punjabi was the most common language spoken at home, after English, in both communities.^{3,4}

There is mounting evidence that the growing cost to society of mental illness is not sustainable. Canada spent an estimated \$14.3 billion in public expenditures for mental health services and supports in 2007-08, but a recent report warns that this is not enough: “By 2030, mental health issues will be the leading cause of disability in Canada, but Canada appears to be a low spender on mental health.”⁵ One solution lies in mental health promotion. For seniors, the promotion and maintenance of mental health contributes positively to their quality of life, physical health and effective utilization of health care services.⁶

The PSWC consultation process revealed that many Punjabi seniors are unaware of most services and struggle to understand the systems and resources available in their communities. Transportation is a barrier to participation; and families do not always offer help. Many, especially women, struggle with low literacy in their own language.⁷ Multicultural settlement agencies who provide services to Punjabi seniors in the region also report that they do not have the capacity—either in terms of resources or knowledge—to provide or maintain all of the necessary supports.⁸ Finally, there is no evidence to illustrate which types of community supports most effectively promote mental health and well-being for Punjabi seniors.

DISCUSSION:

Three main themes emerged during the forums:

Social inclusion is an important determinant of mental health and wellness in this population, in terms of the need to feel respected and valued, to have supportive relationships, to participate in the community and to have access to basic human entitlements. The social aspect of programs and services offered was important both from the older adults' and service providers' perspectives. Social outings, social time, social meals and celebrations, cultural exchange and integration programs, groups for mothers and grandmothers as well as leadership or educational classes are examples of programs offered to foster social inclusion. However, while the Punjabi seniors embraced the idea of facilitated integration with 'mainstream' seniors, service providers told us that their efforts were often met with discrimination. The Punjabi seniors had not been made to feel welcome in seniors' facilities and existing services do not offer culturally appropriate programming (e.g. Punjabi seniors do not play bingo!)

Family plays an essential role in Punjabi older adults' mental health and wellbeing, both *positively* in terms of providing support and sense of belonging, and *negatively* in terms of the stress that dependency on other family members engenders. Also problematic are the seniors' unmet expectations, tension between generations and lack of knowledge and awareness within families to assist elders with their mental health needs. Even within the home, language barriers and different lifestyles and cultural values cause tension and intergenerational conflict which in turn can result in elder abuse and violence, substance abuse and/or depression. As in many cultures, such negative behaviours are ignored or accepted in the interests of 'saving face' and protecting the 'honour' of the family; the incidence of abuse is therefore thought to be grossly under-reported. For older women, in particular, taking care of grandchildren provided an important role in their families. However, childcare responsibilities can also have a negative impact on their wellbeing. For example, this responsibility was noted frequently as an obstacle to attending community programs. Mental health promotion and intervention programs targeted at Punjabi older adults need to find meaningful ways of involving families and younger generations. However seniors also need access to transportation and interpretation services independently of their family members.

Reaching out to Punjabi seniors by service providers and community groups is required in order to address the seniors' mental health needs. Seniors and their family members need to know about the programs and services available to them. They also need reliable information about mental health issues. Multiple strategies are needed to accomplish these goals. Workshop participants recommended disseminating information through temples, multicultural media (especially Punjabi radio and television programs), newsletters and notices in appropriate languages at diverse locations (including approaching potential clients in parks or private homes). Successful outreach also entails the acknowledgment and alleviation of barriers that prevent access and meaningful participation. Offering programs at convenient locations and times (such as evening hours and weekends) and providing transportation, child-minding and free of charge services and programs are examples of promising and more inclusive practices.

Next Steps:

Access to mental health supports by this population can be improved by offering supportive and inclusive services that address the discrimination Punjabi seniors sometimes face in 'mixed company', reflect language and health literacy barriers, provide transportation and child-minding for grandparents with childcare responsibilities, and employ culturally-sensitive approaches to raising awareness of programs and mental health issues.

Service providers need additional supports in terms of training and resources (such as long term funding to promote continuity of mental health supports). This team will further explore the

sustainability and capacity-building potential of promising practices and the development of mental health promotion competencies amongst community service providers.

Given the needs and complexities identified during the forum the team has identified the following steps to support mental health promotion in Punjabi older adults. These steps will move us closer to mental health promotion.

- Build the capacity of the community and service providers to provide more effective reaching out in a culturally sensitive manner.

It is apparent from the discussions that service providers in this sector would greatly benefit from additional supports in order to fully promote mental health and wellness to their older Punjabi clients. The necessary supports include training, for example on family violence, elder abuse and neglect issues relevant to this community, as well as culturally responsive approaches to mental health promotion in diverse populations (e.g. learning more about the culture and history of the community, building closer ties to community leaders, etc.). Additional resources are required in terms of longer-term sustainable funding that would allow for continuous mental health supports.

- Focus on making mental health promotion more culturally sensitive and accessible to the needs of diverse newcomer communities (including family members)

Findings from our consultations also lead to areas for future research. For example, many South Asians do not separate mind and body or the self and family/community to the extent that we do in the West. Therefore, there is a cultural mismatch when services for mental and physical health are distinct and health promotion efforts are focused on changing individual behaviours.

- Address and enhance resilience factors influencing the social determinants of mental health

At a broad level, mental health promotion addresses the social determinants of health through approaches that strengthen resilience, promote stronger and healthier communities, and address the structural determinants of health, including some factors we described above (however more could be done to address how we can support capacity building to be healthy). More research is needed to determine how Punjabi seniors, families and service providers can more effectively address resiliency to proactively influence the social determinants of mental health.

- Explore the differences in the way services are approached by seniors and provided by service providers.

What are the pros and cons of providing services that promote the mental health of Punjabi older adults through inclusive “mainstream” services (as in Abbotsford) versus services offered from within the settlement sector and hence situated within the broader needs of new Punjabi immigrants (as in Surrey)? An evaluation of ‘promising practices’ for mental health promotion is required that takes into the account the determinants of mental health per the VicHealth Framework¹ and the four quadrants of the Integral Framework.⁹

- Support capacity building and healthy public policy development in mental health promotion to sustain effective action that addresses the upstream determinants of mental health

This includes an exploration of:

- How we can we work collaboratively across different levels and sectors and segments of society to promote mental health and prevent mental illness;

- How we can collectively support the development and implementation of Mental Health Promotion policies and plans; and
- How we can combine our current efforts to promote mental health across our silos of practice.

These facilitated collaborations could explore development of place-based strategic approaches that have the potential to connect the currently diverse and disconnected efforts underway within communities and across jurisdictions. These collaborations would help us invest in targeted mental health promotion and prevention strategies and would help define an upstream and united approach at the community, provincial and national levels. This planning would also serve to identify strategies that would be helpful to inform policy and practice guidelines. A broader more holistic view implies that there is no whole health promotion without considering mental health promotion.

Appendix A: Qualitative Analysis - Thematic Definitions and Frequencies

All notes from both sessions were transcribed, as were the posters developed to summarize the discussions. These notes were imported into the data management program, Atlas.ti 5.2.0 ®. Both inductive and deductive coding strategies were employed simultaneously. Of the three broad domains identified as determinants of mental health by the ‘VicHealth Framework’¹—i.e. social inclusion; freedom from discrimination and violence; and access to economic resources—social inclusion emerged as the most prevalent deductive theme. Two inductive themes—family and reaching out—were most prevalent in the data.

Deductive Theme	Frequency*	Commentary
<p>Social Inclusion The code “F-Social inclusion” was applied to all commentaries of programs fostering supportive relationships, involvement in community and group activities and civic engagement. Needs and preferences in terms of social supports, social integration, cultural exchange and involvement in the community were included. This code also captured instances where new skills were learnt, improving the individual’s opportunities for integration (language skills, computer skills, navigating systems).</p>	63	<p>The following co-occurring codes were reviewed to further inform “Social inclusion” as an emerging theme: Awareness of programs; Barriers; Building knowledge/awareness; Childcare responsibilities; Family; Navigating systems; Needs; Promising practices; and Willingness to attend.</p>
Inductive Themes		
<p>Family Commentary related to the role of family in Punjabi seniors’ settlement experience and mental health was captured in a number of inductive codes: Family; Barriers-social</p>	55	<p>Notions of family overlapped with other major themes, appearing in all of the following codes: Awareness of programs; Barriers; Building knowledge/awareness; Childcare responsibilities; Coping strategies; Cultural context; F-Access to</p>

<p>networks; Childcare responsibilities; and Stressors-family. It became apparent that “Family” was a major, reoccurring theme in the discussions.</p>		<p>economic resources; F-Freedom from discrimination and violence; F-Social inclusion; Lack of control; Navigating systems; Needs; Programs attended; Programs offered; Promising practices; Quadrants interlinked; Reach; Settlement experiences; Social isolation/loneliness; Stressors – family; Stressors – social networks; Stressors – systemic; and Work obligations.</p>
<p>Reaching Out Several inductive codes combined to capture the forum participants’ experiences in accessing services and managing their mental health needs. These include the supercode, BARRIERS, as well as Awareness of programs, Willingness to attend, Promising practices, Building rapport, and Reach. Most of these codes co-occurred with one another.</p>	<p>131</p>	<p>BARRIERS in mental health promotion in this population were repeatedly mentioned in the forum. Subcategories of this supercode were Barriers – individual; Barriers – language; Barriers – social networks; Barriers – systemic; Barriers – transportation. Together they comprised 126 quotations</p>

* Frequency refers to the number of quotations or segments of coded text. Care must be taken in interpreting a high number of quotations with the importance of a theme since multiple short quotations can inflate the count. In light of these limitations, the analyst additionally explored the code’s co-occurrence with other codes and its appearance in the transcripts of both the seniors and service provider subsets.

References

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