

- Immigrants less likely to receive treatment for depression, compared to Canadian-born
- Patient-centred care: how to involve communities in hospital decision-making
- Resources for policy and program planners: an index for predicting a community's service needs, and a service to support evidence-based decision-making

IMMIGRANTS LESS LIKELY TO GET TREATMENT FOR DEPRESSION, COMPARED TO CANADIAN-BORN

The mental health and well-being of immigrants in Toronto: A report to the Ontario Ministry of Health and Long-Term Care (2012). Available in the CRICH Research Library/Li Ka Shing Knowledge Institute Products Database at www.crich.ca.

Study focus:

We surveyed a random sample of Torontonians about their immigration status, ethnic background, mental health and physical well-being, income, education and use of health services. We compared results for immigrants and Canadian-born participants.

Findings:

In the past year:

- Almost every participant, immigrant and Canadian-born alike, had been seen by a family doctor at least once.
- Immigrants and Canadian-born participants described feeling about the same levels of anxiety and depression symptoms.
- However, compared to Canadian-born participants:
 - Immigrants were significantly less likely to have taken prescription medication for a mental health problem.
 - Recent immigrants (lived in Canada for ten years or less) were half as likely to have been seen by a psychiatrist or psychologist.

Implications for health policy and practice:

The literature shows that (a) speaking a language other than English, (b) lack of awareness of mental health services and (c) reluctance to discuss mental health issues are common challenges that make it difficult for immigrants to get the mental health care they need.*

New immigrants need support navigating the health care system. It's important that primary care providers offer care to immigrants that is culturally appropriate and in a language that patients can understand well. Interventions are also needed to address discrimination in the mental health referral system.

Contact: Patricia O'Campo (O'CampoP@smh.ca)

* The Task Group of the Services Systems Advisory Committee, Mental Health Commission of Canada. (2010). *Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement.*

PATIENT-CENTRED CARE: HOW TO INVOLVE COMMUNITIES IN HOSPITAL DECISION-MAKING

Ramsay JT, Smith P, Thompson A, O'Campo P, Nisenbaum R, Watson P, Park-Wylie L, Bryant T, Tandon R, Farah M. *Evaluating Perceptions of the Effectiveness of the Community Advisory Panel Model for Enhancing Service Delivery to Marginalized Populations.* Public Health Nurs. 2012 Jul;29(4):302-312.

Background:

St. Michael's Hospital Community Advisory Panels (CAPs) provide advice to the hospital and advocate for better care on behalf of vulnerable groups (e.g. women and children, people who are homeless or under-housed and people experiencing mental illness). Each CAP is about 2/3 community members and 1/3 hospital staff. CAP chairs report directly to the Hospital Board of Directors.

Study focus:

Are CAPs an effective model for involving the community in health care decision-making? How can St. Michael's Hospital CAPs improve? To find out, fellows in CRICH's ACHIEVE training program interviewed and surveyed a range of hospital and community stakeholders.

Findings:

Participants believed:

- CAPs are effective. Participants who were familiar with the CAPs strongly believed that CAPs worked well to serve the needs of their communities.
- CAPs are productive. CAPs worked with the hospital and local agencies to develop many high-visibility initiatives, including an HIV psychiatry program, a methadone clinic and a portable health record and education tool for pregnant, homeless youth. CAPs also supported the formation of the Centre for Research on Inner City Health.
- The biggest barrier to community participation was lack of information. Participants recommended "getting the word out" on how and why to get involved.

We invite you to join patients, community agency staff, family members and hospital staff on the St. Michael's Community Advisory Panels (CAPs). CAPs meet regularly and hold a joint meeting once a year. For more information, contact Jim O'Neill at ONeillJ@smh.ca.

AN INDEX FOR PREDICTING A COMMUNITY'S SERVICE NEEDS

Background:

“Marginalization” is the process through which individuals and groups are prevented from fully participating in society: finding appropriate employment, continuing with education, accessing health/social services and having good health.

The tool:

The Canadian Marginalization Index (CAN-Marg) and Ontario Marginalization Index (ON-Marg) measure marginalization among different geographic areas (e.g. dissemination areas, census tracts, LHINs) in Canada/Ontario.

How it works:

CAN/ON-Marg uses 2001 and 2006 census data to measure four clusters of characteristics that vary widely, depending on where you live:

- “Residential instability,” e.g. proportion of adults who don't own their own homes, or move frequently.
- “Material deprivation,” e.g. proportion of adults who are low income and/or have limited education.
- “Dependency,” e.g. proportion of adults who are aren't working or seeking employment.
- “Ethnic concentration,” e.g. proportion of residents who are recent immigrants or visible minorities.

What it's for:

- Predicting the kinds of health and social services that may be needed in an area (e.g. employment services), and how much funding they'll require.
- Monitoring inequities in an area over time, to see whether and where interventions are working well.
- Researching the relationship between marginalization, health and/or other outcomes for local residents.

For more information:

[Www.stmichaelshospital.com/crich/projects/can-marg.php](http://www.stmichaelshospital.com/crich/projects/can-marg.php) or contact Flora Matheson (MathesonF@smh.ca).

A SERVICE TO SUPPORT EVIDENCE-BASED DECISION-MAKING

The service:

The “Applied Health Research Questions” (AHRQ) program at CRICH is funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC) to quickly provide health equity data, analyses and knowledge to health care system decision-makers, including:

- Government ministries
- Local Health Integration Networks (LHINs)
- Hospitals and Community Care Access Centres
- Provincial associations and agencies

What we offer:

- Rapid response. CRICH can provide an expert opinion or find existing systematic reviews, articles and/or reports that are relevant to your policy topic.
- Research reports or technical briefs. We can find and synthesize existing research evidence that's relevant to your topic. The final product could be a presentation or a report.
- Research projects. We can generate new knowledge, if your topic hasn't been studied before.

Examples of AHRQ projects:

- Evaluating the Medical Surveillance Program for Tuberculosis in Ontario.
- Demonstrating a model of integrated services in North St. Jamestown, Toronto.
- Rapid assessment of emergency department use by neighbourhood, using data from www.torontohealthprofiles.ca.

For more information:

Contact Emily Holton (HoltonE@smh.ca) with your questions, and to get the application forms. The MOHLTC Research Unit evaluates all applications.

AHRQ guidelines are posted in the CRICH Research Library/Li Ka Shing Knowledge Institute Products Database at www.crich.ca.

CRICH is part of the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital. Our mission is to reduce health inequities through innovative research that supports social change.

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