

“Taking culture seriously in community mental health”: Participatory Action Research (PAR) in Ontario, Canada¹

Introduction

“Taking culture seriously in community mental health” was a research project led by the Centre for Community Based Research (CCBR) and conducted between 2005 and 2011. Funded by the Social Science and Humanities Research Council (SSHRC) and by Ontario Trillium Foundation, it was designed to explore effective ways of providing community-based mental health services for people from culturally diverse backgrounds, and to develop and evaluate demonstration projects based on that exploration. As a Community University Research Alliance (CURA) research project, it brought together over 45 diverse university and community partners in the Toronto and Waterloo regions of Ontario, Canada. Five cultural linguistic communities were actively involved, including Somali, Sikh Punjabi, Polish, Mandarin, and Spanish Latin American. There was a strong emphasis on producing results that could be used to design services for culturally diverse settings locally, as well as on generating knowledge that would be transferable to all of multicultural Canada.

The project leaders were committed to breaking down the barriers between the researchers and the researched, to balance community relevance with academic excellence, and to combine knowledge production with action for social change. Stakeholder participation

was a focus from day one. To achieve this, there was a commitment to “walk the talk,” sharing responsibilities and benefits of the research with the cultural linguistic communities and service providers through meetings and frequent communication between meetings. It required active listening and constant tailoring of action to the needs and expectations of all stakeholders. Reflecting on the results of this work, the CCBR concluded that stakeholder participation occurred because community members saw that CCBR was taking culture seriously and that the research could have a strategic contribution to a social movement, by raising awareness and facilitating systemic change by reducing stigma and discrimination.

The methodological framework was Participatory Action Research (PAR) and was carried out in three phases: (i) exploring the different ways people conceptualize mental health problems; (ii) developing collaborative proposals with partners and community members for demonstration projects of effective practice; (iii) evaluating the demonstration projects. Ten people from participating ethno-cultural communities were hired and trained as community researchers and they were integral to the research process, not only collecting data but also serving as an important link between the research project and the participating community.

¹ This case is summarized and adapted from Ochocka, J. (2013).

Phase 1:

Exploring the different ways people conceptualize mental health problems (2005-2007)

Main research questions

1. What does it mean to have a serious mental health problem?
2. What are the existing community mental health interventions that attempt to address cultural diversity?
3. What are the values and principles that guide these interventions?

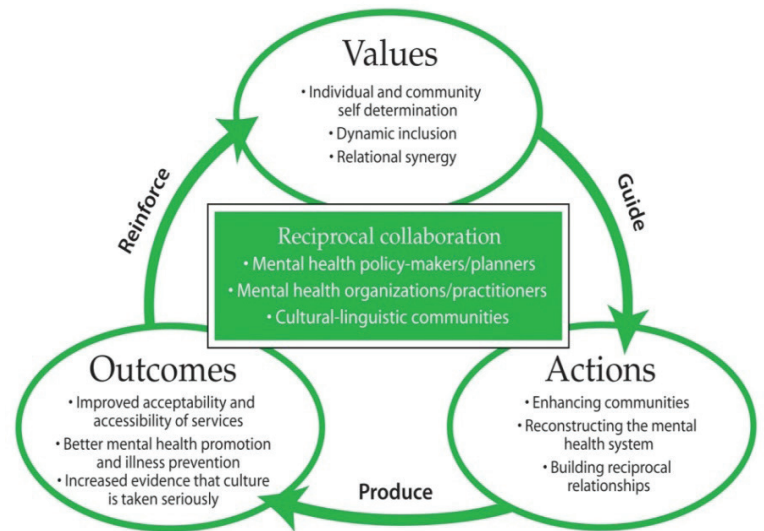
Five research methods were used to gain a wide range of perspectives:

- International literature review (N=225)
- Key informant interviews (service providers, ethno-linguistic leaders, academics, policy makers) (N=22)
- Web survey (community mental health agencies across Ontario) (N=111)
- Focus groups (members of the 5 selected cultural groups) (N=185)
- Case studies (2 individuals experiencing mental health problems from each of the selected cultural groups and two support people) (N=24)

A subcommittee of study partners guided each method. These subcommittees met throughout the life of the particular method and were responsible for developing tools, recruiting participants, gathering data, and analyzing data and writing reports. The literature review helped to develop protocols for key informant interviews, for the web survey with service providers, and for focus groups. Data collection and data analysis for all of these were conducted in parallel, rather than in sequence. Community researchers/facilitators were hired and trained by the project to conduct the ten Focus Groups, each in the appropriate language. The audio data from these were transcribed in the original languages and then translated into English before being analyzed.

Three stages of analysis informed the theory-building process. Community members and community mental health service providers were both actively engaged in the first two stages of analysis, developing themes and concepts from all the data sources. For the third level of analysis, an umbrella group of multi-disciplinary researchers formed a sub-committee that drew on these first two stages to build a theoretical framework, which they then shared with all other stakeholders.

Figure 1: "Taking Culture Seriously in Community Mental Health" framework



Researchers in the sub-committee worked together over a two-year period to reflect on data analysis findings from each method and to develop a theoretical framework to guide mental health services for multicultural Canada. As outlined in Figure 1, this framework starts with values; these values guide actions which in turn produce outcomes. Positive outcomes reinforce the values, and so on in a cycle sustained through on going communication and collaboration among communities, policy makers and mental health providers. This theory building process is described in detail in one of the CURA publications (Westhues et al., 2008).

Phase 2:

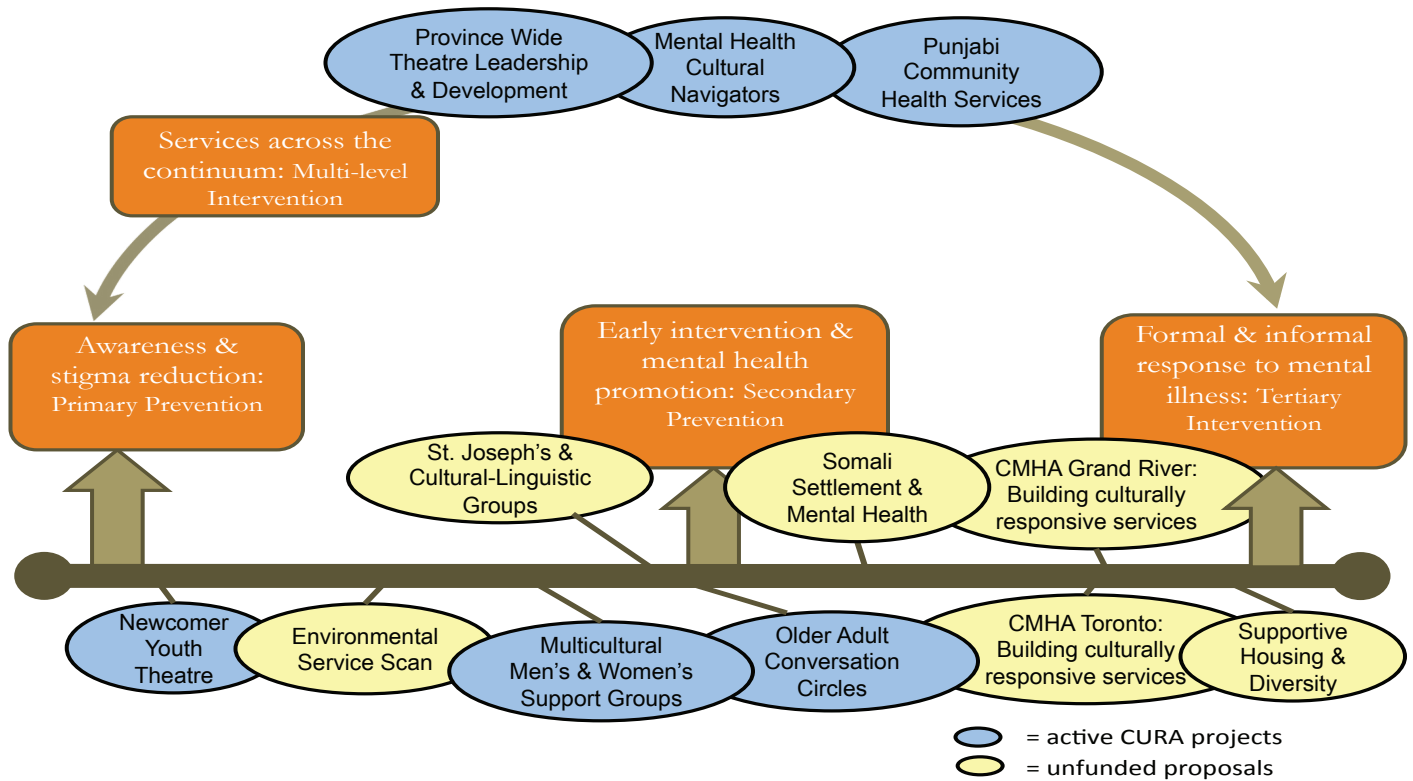
Developing demonstration projects (2007-8)

Main research questions

1. What values and principles should guide a culturally-effective community mental health framework in Canada?
2. What specific strategies will facilitate the effective implementation of this framework?
3. How relevant are the framework and strategies to the various parts of the mental health system and various cultural groups?

The theoretical framework developed at the end of Phase 1 acted as scaffolding for demonstration projects. This framework included the core values, actions and outcomes expected of reciprocal collaboration between the mental health system and ethno cultural communities consistent with "taking culture seriously in community mental health." The results of data analysis as well as the draft theoretical

Figure 2: The 12 CURA demonstration projects on the continuum of mental health service delivery



framework were discussed at the CURA Conference (attended by 150 people) and at six Community Forums (attended by over 100 community members). These gatherings helped to verify research findings, to refine the theoretical framework and to start developing new interventions. After that, people clustered into sub-groups and developed a series of demonstration project proposals. Each demonstration project was a collaborative effort attempting to examine both power and culture in practice, while committing to actions that would advance relationship building between the mental health system and ethno-cultural communities. The process of developing CURA demonstration projects is further described in Nelson, et al. (2014), and the twelve that were implemented are indicated below in Figure 2.

Phase 3:

Evaluating Demonstration Projects (2009-2010)

In the third and final phase of the CURA project, the focus was on implementing and evaluating innovative demonstration projects, as shown in Figure 2. With community researchers actively participating in the research team, the six externally-funded demonstration projects were evaluated using both qualitative and quantitative data gathering methods.

Main research questions guiding the evaluation

4. Are the ideas and strategies identified in the first phase adequately implemented?
5. What are the challenges of implementation?
6. How satisfied are service/support users and family members with the support given?
7. Are the characteristics of people who are using these new services/supports of service providers different than previously?

Conclusion

This project aimed for both academic excellence and community relevance. This is a difficult balance when rigour and standards of research need to intersect with voice, choice and engagement of people involved. A well-organized and clear project structure, multi-phase research design and the commitment to PAR values of all involved were the main factors of success. The researchers were also essential to the project's effectiveness, through their strong ethics, organizational skills and experience, through the art of facilitation and through having both relational and research integrity.

Questions for discussion

1. From this summary, outline what you consider to be the elements of “academic excellence” in the design of this study?
2. What do you think were the specific challenges of balancing this with community participation and engagement?
3. Consider the research questions. Why do you think these ones were chosen?
4. What influence do you think this research has had? Who has been influenced, and in what way? What are the reasons why this research has had such influence?

References

- Nelson, G., d’Ailly, H., Ochocka, J., Janzen, R., Maiter, S., & Jacobson, N. (2014). Planning transformative change for mental health services for diverse cultural-linguistic communities. In G. Nelson, B. Kloos, & J. Ornelas (Eds.), *Community psychology and community mental health: Towards transformative change*. New York: Oxford University Press, 177-202.
- Ochocka, J. (2013). Taking culture seriously in community mental health. Presented at *Research for change: What is “research excellence” for civil society organizations and their academic partners?* IDRC / Coady Learning Forum November 12-13, 2013. Coady International Institute, Antigonish, NS. Available at: <http://idl-bnc.idrc.ca/dspace/handle/10625/52713>
- Westhues, A., Ochocka, J., Jacobson, N., Simich, L., Maiter, S., Janzen, R., & Fleras, A. (2008). Developing theory from complexity: Reflections on a collaborative mixed method participatory action research study. *Qualitative Health Research*, 18(5), 701-717.

Further Reading

For more information about the project, visit the program website at: <http://www.communitybasedresearch.ca/taking-cultureseriouslyCURA/> or contact Dr. Joanna Ochocka, CURA Director, at: Joanna@communitybasedresearch.ca