

Tamil Mental Health System Consumers' Views on the Utilization of Community  
Mental Health Resources

by

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**CERTIFICATE OF APPROVAL**

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## **Abstract**

The goal of this study was to examine the views and perspectives of Tamil mental health outpatients and mental health care workers on the impact social activities and social network has on mentally ill patients' general and mental health. The study was conducted at an outpatient mental health program at a Canadian hospital, using the grounded theory approach. Data were collected through questionnaires, document review and semi-structured interviews. Results showed that the mental health program had a positive impact on the mental health outpatients' quality of life, including improvement in mental health, physical health, social network and social skills. The importance of cultural integration in mental health programs was discussed. Furthermore, barriers in accessing and utilizing mental health resources were highlighted and recommendations for program development were provided. Mental health programs can be effective in helping to improve the quality of life for Tamil consumers of outpatient mental health services.

**Key Words:** Community mental health social program, Tamil mental health patients, cultural integration, social network, social skills, social activities, barriers.

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## **1.0 Introduction**

This study documents the views of Tamil speaking mental health outpatients on participating in a mental health social program; as well as the views of the program's mental health care workers.

### **1.1 Background**

Mental well-being is an integral part of living a full and healthy life (Mental Health Commission of Canada, 2009). Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (World Health Organization, 2005). In Canada, mental illnesses are recognized as a serious and growing problem (Canadian Mental Health Association, 2011). It indirectly affects everyone at some point in time and it affects people of all ages, educational levels, income levels, and cultures (Health Canada, 2002). It is estimated that one in five Canadians will develop a mental illness at some point in their lives (Health Canada, 2002).

Clinical treatments and mental health promotion interventions, including social interventions to mentally ill patients are important in mental health care delivery. Social interventions, such as mental health social programs and social relationships help patients improve their mental health (McCorkle, Dunn, Wan, & Gagne, 2009).

The following section will discuss the rationale for why this study was undertaken.

## **1.2 Rationale**

Although, mental illnesses are increasingly recognized as a serious and growing problem in Canada, research has been focusing primarily on mental health clinical treatments. The literature review for this study revealed only a small number of studies related to social network and social activity programs for mentally ill patients. Out of the small number of studies related to mental health social programs, most focused on social interventions for elderly patients with severe mental illness. Furthermore, most studies did not take into account the mental health care workers' perspective and experience of mental health social programs and how these programs are improving the mentally ill patients' quality of life. Therefore further research is needed in assessing the importance of social activities and social network of the mentally ill patients who live in Canada. Research is also needed to examine the mental health care workers' perspectives of mental health social programs, due to their knowledge, skills and experience working closely with the mentally ill patients. They can also provide insight into the impact of mental health social programs on the mental health outpatients' mental and general health (Marshall, 1996).

In addition, the literature indicates that immigrants and victims of violence are at a higher risk of developing mental illness (World Health Organization, 2003). Therefore it is important to address the mental health concerns of these vulnerable populations and to better understand the mentally ill patients from various ethnic groups, including their needs and barriers in accessing and utilizing mental health resources. The literature further indicates that Tamil immigrants in Canada are at higher risk for developing mental illness due to stressful past experiences from their homeland, an inability to speak English, low socio-economic status, discrimination, separation from family and isolation from others in their culture (Canadian Task Force, 1988; Hyman, 2001). Tamil mentally ill patients often face barriers in accessing the mental health services, including language barriers (Beiser, Simich, & Pandalangat, 2003). Therefore, there is a need to better understand the Tamil speaking mentally ill patients and their mental health concerns.

This study was undertaken to document the importance of mental health social programs and social network from the perspectives of Tamil mentally ill patients and mental health care workers, including benefits of the program, importance of cultural integration, barriers in accessing mental health programs and recommendations for program development. The next section will discuss the goals and objectives of this study, including the research questions examined.

### **1.3 Goals and Objectives**

The goal of this study was to document the lived experience of Tamil mental health outpatients and their views of an outpatient mental health program and its impact on their mental and general health. This study also documents the views and perspectives of the mental health care workers who are involved in the outpatient mental health program to gain insight into their perspective of the outpatient mental health program and its impact on the mental health outpatients' mental and general health. The grounded theory approach was used to guide this research.

#### **1.3.1 Research Questions**

This research study examines the following research questions, from the perspectives of both the Tamil mental health outpatients and mental health care workers from an outpatient mental health program:

1. What are the benefits of having socially supportive activities at a mental health program?
2. What are the barriers associated with accessing and utilizing the mental health programs and services?
3. What are the cultural needs of Tamil mental health outpatients?

The results of this study are based on the views and perspectives of the mental health outpatients and mental health care workers from a Community Mental Health Program (CMHP), which will be elaborated further in the next section.

#### **1.4 Study Context and the Participants**

The CMHP which is part of a large community based Canadian hospital located in southwestern Ontario was chosen for this study. The CMHP is a social recreational program for people with mental illness. The objective of the CMHP is to provide daily community-based support and a range of services designed to promote and maintain independence, participation in the community and to prevent re-hospitalization (CMHP brochure, n.d.).

Mental health outpatients who attend the CMHP are those who have a mental illness and are living in the community. This particular CHMP is highly populated with Tamil mental health outpatients, due to the demographics of the community. Most are immigrants and they often face many barriers in accessing mental health resources. Therefore, these Tamil mental health outpatients were chosen for this study in order to get a better understanding of their views of the CMHP and cultural needs.

The mental health care workers at the CMHP who chose to participate in this study include nurses, recreational therapists, social workers, case workers, volunteers, and a psychiatrist who has contact with or directly works with the mental health

outpatients at the CMHP.

The following sections provide an overview of the remaining chapters of the thesis and how it addresses the research questions identified above.

### **1.5 Overview of the Steps Taken To Address the Research Questions**

Chapter Two examines the definition of mental health, mental health promotion, and the importance of mental health social programs and support, including social activities and social network. This chapter also examines mental illness among the Tamil population and stigma associated with mental illnesses. The chapter concludes by highlighting the gaps in research, and the importance of undertaking the study.

Chapter Three presents an overview of the methodological approaches, including sample selection, data collection method, data analysis, and strengths and limitations of this study.

Chapters four and five presents the results based on the document review, self-administered paper based questionnaires and semi-structured interviews held with the mental health outpatients and the mental health care workers at the CMHP.

Chapter six presents the outcomes and implications of the findings of the study as reported by the mental health outpatients and mental health care workers based on

their views and perspectives of participating at the CMHP.

Chapter seven summarizes the positive outcomes, including the benefits of community mental health resources. It also summarizes the importance of cultural integration and barriers in accessing and utilizing mental health programs. The chapter concludes by providing recommendations for policy-makers and suggestions for future research.

## **2.0 Review of the Literature**

Mental, physical and social health are closely interconnected and thus mental health is vital to the overall well-being of individuals, societies and countries (World Health Organization, 2003). Mental health issues affect society as a whole and are a huge challenge to the global development (World Health Organization, 2003). Worldwide, one in every four people, or 25% of individuals, will develop one or more mental disorders at some point in their life (World Health Organization, 2001).

Research has traditionally focused on mental health clinical treatments; however, it is equally important to provide social support interventions to the mentally ill patients (McCorkle, Dunn, Wan, & Gagne, 2009). Currently, there is a lack of research done on the impact of mental health social programs, especially the impact mental health programs has on various ethnic groups, such as the Tamil Canadians. Therefore, this research study was designed to examine the impact of a mental health social program on Tamil mental health outpatients' general and mental health, as reported by mental health outpatients and mental health care workers.

Chapter Two examines the definition of mental health, mental health promotion, and the importance of mental health social programs and support, including social activities and social network. This chapter also examines mental illness among the Tamil population and stigma associated with mental illness. In addition, gaps in

research, the rationale for the study and the theoretical framework that informed the study are also discussed in this chapter.

A literature review was conducted to examine the mental health social activities and social network building opportunities that are available to mentally ill patients. This literature review critically examined the impact of having social activities for the mentally ill patients.

A comprehensive literature review was conducted using the following three electronic databases, PsychInfo, ProQuest, and PubMed. Key words related to mental health were used to identify published peer-reviewed literature. Articles were identified from the databases and were reviewed for appropriateness for the study. Then the selected relevant articles were examined to see whether social activities and social network had an impact on the well-being of mentally ill patients. Additional relevant articles were identified by reviewing the references section of each selected article.

## **2.1 Mental Health**

Mental health is an integral component of health (World Health Organization, 2010). According to the World Health Organization, health is considered a complete physical, mental and social well-being and not simply the absence of disease, thus mental health is described as more than the absence of mental disorders (World Health Organization, 2010).

Mental health is defined by the World Health Organization (2010) as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” According to Canadian Mental Health Association (2011), mental illness consists of the interactions between the brain, psychology and social environment which can lead to distressing thoughts, emotions, behaviours and physical responses.

Mental illness indirectly affects everyone at some point in time and it affects people of all ages, educational levels, income levels, and cultures. Worldwide, about 450 million people are challenged by a mental or behavioural disorder and about one million people commit suicide every year (World Health Organization, 2003).

About twenty percent of Canadians will personally experience a mental illness, with about eight percent of adults who will experience a major depression (Health Canada, 2002). Suicide, due to depression accounts for twenty-four percent of deaths and is one of the leading causes of death in both men and women (Health Canada, 2002). Other mental disorders such as, schizophrenia affects one percent of the Canadian population and anxiety disorders affects five percent of the Canadian adults (Health Canada, 2002).

In 2003, the total estimated economic burden of mental illness in Canada was about \$51 billion, including both direct and indirect costs as well as losses in health-related quality of life (Lim, Jacobs, Ohinmaa, Schopflocher, & Dewa, 2008). This makes mental health a costly issue for Canada.

In addition to the costs associated with mental health, mentally ill patients are also victims of human rights violations, stigma and discrimination (World Health Organization, 2003).

Therefore, mental health prevention and promotion should be a health care priority in Canada. According to World Health Organization (2003), mental health prevention and promotion may help to avoid deaths, reduce stigma associated with being mentally ill, and reduce the economic burden.

## **2.2 Mental Health Promotion**

Mental health promotion is defined as the process of improving the ability of individuals to take control over their lives and enhance their mental health (World Health Organization, 1986). Mental health status is determined by a complex interplay of individual characteristics, cultural, social and economic circumstances at the society and community levels (World Health Organization, 1986).

Mental health promotion focuses on the improvement of well-being instead of the illness. It widens the focus to include protective factors instead of just the risk factors and conditions. Mental health promotion involves creating living conditions and environments to support mental health, including actions that increase the chances of more people experiencing better mental health (World Health Organization, 2010). Mental health promotion efforts include respecting people as they are, recognizing that people have the capability to cope with life and acknowledging that they themselves know how to access their own intrinsic capacity (Centre for Addiction and Mental Health, 2009). Goals of mental health promotion include increasing protective factors that help individuals, such as social cohesion, and reduce risk factors for weakening mental health.

Mental health promotion intends to enhance protective factors and strengthen the ability of individuals and communities to cope with stressful events that happen in their lives, by increasing an individual's resilience, increasing coping skills, improving quality of life and feelings of satisfaction, increasing self-esteem, strengthening social supports and strengthening the balance of physical, social, emotional, spiritual and psychological health (Centre for Addiction and Mental Health, 2009). Protective factors such as social or environmental supports and social networks can serve as a buffer during difficult situations and can help individuals cope better with stress, thereby reducing the likelihood that disorders will develop (Commonwealth Department of Health and Aged Care, 2000). Mental health promotion reduces factors

that place individuals at risk of developing mental health by eliminating depression, stress and a sense of helplessness (Centre for Addiction and Mental Health, 2009).

Therefore, mental health promotion should be incorporated into policies and programs in government (Canadian Mental Health Association, n.d). National mental health policies should address the broader issues which promote mental health, including the socio-economic and environmental factors. The importance of incorporating Community Mental Health Programs (CMHP) and consideration for policy makers will be discussed in the Conclusions chapter.

### **2.2.1 Current Indication of Health Promotion**

An examination of the emerging indication in health promotion suggests the following (Canadian Institute for Health Information, 2008):

- Many mental health programs have a symptom management, illness treatment or preventative focus, instead of a key focus on promoting positive mental health.
- Some programs are incorporating a positive mental health focus into their program.
- Programs and interventions are being offered at the grassroots level.
- Some programs and interventions target specific subgroups.
- Population-based policies and interventions are inadequate.

### **2.2.2 Mental Health Promotion Interventions**

Mental health promotion interventions include the following characteristics: 1) clearly stated outcome targets, 2) comprehensive support systems with multiple approaches, such as physical, social and emotional support, together with 3) tangible assistance (Centre for Addiction and Mental Health, 2009).

According to the World Health Organization (2010), low cost, high impact evidence-based interventions to promote mental health should include programs targeted at vulnerable groups, including minorities, immigrants, and people affected by disasters.

### **2.2.3 Interventions to Increase Social Connectedness**

On the *Evidence-Based Mental Health Promotion Resource - Executive Summary*, published by The Victorian Health Promotion Foundation (VicHealth) and the Victorian Department of Human Services, nine interventions have been identified to help increase social connectedness, which helps improve mental health (VicHealth, 2006). Some of these interventions include:

- *Community building programs* - Community-wide programs should be considered at individual, community and organizational levels. Programs should address social capital and social connectedness in their implementation.

- *Structured opportunities for participation* - Engage people to encourage participation. Programs should clearly identify the population groups, while working with all stakeholders.
- *Social support* - Programs targeting vulnerable families and individuals help to modify behaviours and create supportive environments for these people.
- *Volunteering* - Volunteering programs help with skill development and the possibility for ongoing support mechanisms. They also bring positive community attitudes and create connections among community members.
- *Physical activity/exercise* – Increase social interaction through exercise programs, which causes a positive effect on mental health outcomes. These programs will bring enjoyment to people and lead to good physical and mental health.

These interventions help patients build social capital, overcome social isolation, increase social connectedness, address social exclusion and promote community well-being (VicHealth, 2006).

## 2.2.4 Mental Health Promotion Interventions Guidelines

Best practices guidelines for mental health promotion principles include the following, which are outlined by the Centre for Addiction and Mental Health (2009):

- Address and modify risk and protective factors including determinants of health that indicate possible mental health concerns. Some protective factors include: social skills, positive environment, positive life events, family harmony, and networks within the community.
- Train non-professionals to establish relationships with mentally ill patients. Involve youth to be peer supporters and educators in mentorship programs.
- Engage multiple stakeholders by including family members, community members and others in program planning, development and implementation. Involve the intended audience in the planning and decision-making process. This includes establishing ongoing activities and partnerships with community members and networks, including stakeholders on program advisory committees.
- Provide a focus on skill building, self-efficacy, empowerment, and individual resilience. Ensure patients are treated with respect, by providing skills on communication, managing conflict/anger, and dealing with feelings of loss.

- Establish a long-term commitment to program planning, development and evaluation by:
  - Conducting a situational assessment to inform the design of an intervention.
  - Considering the diversity of the population.
  - Defining the intend of the mental health promotion programs, interventions and policies.
  - Engaging the intended audience in program design and implementation.
  - Ensuring that the length and intensity of the intervention are appropriate for the specific population.
  - Ensuring the intervention will achieve the intended outcomes.
  - Outlining an evaluation process and its outcomes.
  - Utilizing successful research-based programs, interventions and policies.

These mental health promotion principles and guidelines should be considered when implementing mental health promotion programs.

As part of mental health prevention and promotion, social interventions, including social activities and social network, should be provided to mentally ill patients. These will be discussed in the following sections.

### **2.3 Social Activities**

Social activities are defined as the therapeutic, educational, and recreational programs, which are planned to meet the social needs and interests of the individuals (Texas Department of Aging and Disability Services, 1999).

Currently, mental health research mainly focuses on the clinical treatments of mental illness, rather than on social interventions for mentally ill patients. Mentally ill patients often receive medications and other clinical treatments from psychiatrists in order to improve their mental health. However it is equally important to give mentally ill patients the opportunity to engage in social activities and build social connections (McCorkle, Dunn, Wan, & Gagne, 2009).

According to Schön, Denhov and Topor's study (2009) organized activities outside the home, have helped mentally ill patients with their recovery. Additionally, these activities provide an opportunity for mentally ill patients to build relationships with other people, which in turn, help the mentally ill patients develop self-esteem (Schön, Denhov, & Topor, 2009). This finding indicates the importance of social network and social relationships, which will be discussed in the next section.

## **2.4 Social Network**

As previously indicated, social activities provide an opportunity for mentally ill patients to build relationships with other people and widen their social network (Schön, Denhov, & Topor, 2009). Social networks are sets of social contacts through which a mentally ill person develops and maintains their social identity (Pinto, 2005). The social network of a mentally ill patient includes family members, friends, community members, volunteers, employers, and mental health professionals.

Social support helps both the mental and physical health of a mentally ill person (Sarason, Sarason, & Pierce, 1990). Social support includes the availability of a person that a mentally ill patient can rely on and can obtain assistance from to meet their psychosocial needs (Sarason, Levine, Basham, & Sarason, 1983). Social support includes the following: 1) emotional support, 2) instrumental support, including financial help and 3) information support, including offering advice and guidance (Solomon, 2004).

Peer support is defined as a social emotional support provided by a mentally ill person to another mentally ill person who shares a similar mental health condition (Gartner & Riessman, 1982). Peer support can increase the number of people a mentally ill person can count on for support and offer a sense of belonging (Solomon, 2004). According to Solomon (2004), peer support services benefit mentally ill patients, health care providers, and mental health services.

Mentally ill patients often experience difficulty forming social relationships and often experience social withdrawal and loneliness (American Psychiatric Association, 1987). Loneliness is associated with social isolation and lacking desired relationships (Steinwachs, Kasper, & Skinner, 1992, Perese & Wolf, 2005). Feelings of loneliness can lead to impaired quality of life (Routasalo, Tilvis, Kautiainen, & Pitkala, 2008). Therefore, social support for mentally ill patients is essential in mental health recovery and should be incorporated into mental health programs (Vandervoort, 1999).

The importance of mental health social programs and the benefits will be discussed in the next section.

## **2.5 Importance and Benefits of Social Interventions for Mentally Ill Patients**

Mentally ill patients prefer to live in the community rather than in restricted settings like hospitals. Over the years, more and more mentally ill patients are living outside of hospitals, so the need for community living has increased (Cutler, Bevilacqua, McFarland, 2003; Drake, Green, Mueser, & Goldman, 2003).

However, mentally ill patients face barriers that prevent them from integrating with the community, including difficulty finding friendships (Mueser & Tarrier, 1998; Bengtsson-Tops & Hansson, 2001). Due to a sense of loneliness, struggle for equality,

being neglected, and lack of finances, mentally ill patients are fearful of integrating with the community (Granerud & Severinsson, 2006).

Mentally ill patients also find it difficult to form meaningful social relationships due to difficulties in social functioning, including social withdrawal and social isolation (McCorkle, Dunn, Wan, & Gagne, 2009). Stigma and functional difficulties can also inhibit mentally ill patients from interacting with others and in turn, from forming relationships (MacDonald, Jackson, Hayes, Baglioni, & Madden, 1998; Boydell, Gladstone, & Crawford, 2002).

Being isolated leads to feelings of loneliness and is detrimental to a person's mental health. Many mentally ill patients in mental health institutions experience loneliness and are neglected by others. Having a social network and social activities to engage in can help mentally ill patients to build relationships, and decrease stress and social isolation. It can also help them to develop social skills, including the ability to express themselves, state their opinions, and realize their emotional needs (Pinto, 2005). Previous studies indicate befriending interventions are effective in providing friendships and reducing feelings of loneliness and isolation for mentally ill patients (Bradshaw & Haddock, 1998; Davidson, Haglund, Stayner, Rakfeldt, Chinman, & Kraemer, 2001). It is important to ensure people challenged by mental health problems develop a social network and achieve social integration, thus leading to sense of belonging within the community (Granerud & Severinsson, 2006).

Previous studies have also shown that having social network has helped mentally ill patients in improving their mental health and has enhanced the overall quality of their life (McCorkle, Dunn, Wan, & Gagne, 2009; Fiori, Antonucci, & Cortina, 2006; Granerud & Severinsson, 2006; Schön, Denhov, & Topor, 2009; Jameson, 1998).

Studies have found a positive relationship between having volunteers or friendship programs and the improved mental health of the mentally ill patients. In a recently published study, which looked at a friendship program for people with serious mental illness, patients saw their friendship as a ‘genuine friendship’ and valued gaining access to more social support (McCorkle, Dunn, Wan, & Gagne, 2009). The mentally ill patients also valued having a friend to talk to and simply knowing there was someone they could count on (McCorkle, Dunn, Wan, & Gagne, 2009). Relationships formed this way had deepened over time and mentally ill patients became outgoing, sociable and active after being involved in social activities. Their self-esteem, self-worth and self-confidence levels had increased (McCorkle, Dunn, Wan, & Gagne, 2009).

Most participants from previous studies have reported on benefits gained through social activities and social networking programs. Both mentally ill patients and volunteers/friends reported that they had gained a good friend through the friendship program (McCorkle, Dunn, Wan, & Gagne, 2009). Also, relationships with friends and frequency of contact with relatives or friends were positively associated with the

utilization and expenditure of psychiatric services (Maulik, Eaton, & Bradshaw, 2009; Kang, Wallace, Hyun, Morris, Coffman, & Bloom, 2007).

Friendships can be an effective and cost-effective way to help people with serious mental illness expand their social networks, develop social skills, and improve their quality of life (McCorkle, Dunn, Wan, & Gagne, 2009). Friendship is seen as a compliment to regular treatment and is an effective way to increase social support for mentally ill patients (McCorkle, Rogers, Dunn, Lyass, & Wan, 2008).

One study indicates, increasing the social skills of people with schizophrenia, which is a type of mental illness, can increase the mentally ill person's ability to develop relationships and social support networks (MacDonald, Jackson, Hayes, Baglioni, & Madden, 1998).

Many mentally ill patients view social network and social activities as part of their recovery, which is a survival process. Therefore, engaging in mental health social programs and social support can help mentally ill patients overcome difficulties they face in their daily life and allow them to form social relationships. Programs that have promoted these types of activities have been evaluated and it has been suggested that they help promote improvements in psychological health and functioning of mentally ill patients (Solomon, 2004). Moreover, mental health prevention and promotion programs result in economic savings for society (Rutz, Carlsson, von Knorring, & Walinder, 1992).

## **2.6 Physical Health Integration in Mental Health Social Programs**

Mental health promotion should not only focus on mental well-being of mentally ill patients but should also focus on the physical health benefits as well. Mental, physical, and social health are closely linked together and are important to the overall well-being of individuals (World Health Organization, 2003; Sowers, Rowe, & Clay, 2009). Mentally ill patients normally experience poor physical health and decreased longevity (Brown 1997; Brown, Kim, Mitchell, & Inskip, 2010; John, Koloth, Dragovic, & Lim, 2009; Robson & Gray 2007). Research indicates patients with mental disorders experience higher physical illness including higher rates of diabetes, respiratory and cardiovascular disease (Brown, Barraclough, & Inskip, 2000; Joukamaa, Heliövaara, Knekt, Aromaa, Raitasalo, & Lehtinen, 2001). Therefore, it is important to integrate physical health activities in a mentally ill patient's life.

For instance, physical health activities such as yoga help decrease oxidative stress and relieve tensions, thus improving relaxation and concentration as well as contributing to the level of happiness experienced (Yadav, Ray, Vempati, & Bijlani 2005; Yoga Nidar, 2004; Nayak & Shankar , 2004; Smith, Hancock, Blake-Mortimer, & Eckert , 2007; Shannahoff-Khalsa, 2004; West, Otte, Geher, Johnson, & Mohr, 2004).

## **2.7 Side Effects of Medications**

Psychiatric medications are used to treat the symptoms of mental disorders and have caused positive changes in the lives of mentally ill patients (National Institute of Mental Health, 2010). Medications are a powerful tool for increasing quality of life; however it can also be a barrier to mentally ill patients (Deegan, 2007; Moncrieff, Cohen, & Mason, 2009).

Most medications have known and unknown side effects. Medications, such as antipsychotic medications, are known to cause weight gain and changes in a person's metabolism, which detracts a mentally ill patient's functioning (Chiang, Klainin-Yobas, Ignacio, & Chng, 2010; National Institute of Mental Health, 2010). For instance, major weight gain may increase the risk of developing diabetes and high cholesterol (Lieberman, Stroup, McEvoy, Swartz, Rosenheck, Perkins, Keefe, Davis, Davis, Lebowitz, Severe, & Hsiao, 2005). Additional side effects of medications include agitation, apathy, drowsiness, insomnia, dizziness, headache, and confusion (Fretwell & Felce, 2006).

## **2.8 Mental Illness among Tamil Population**

Mental health promotion should focus on various ethnic groups, when implementing mental health programs. Individuals who are homeless, poor, have a low level of education, are unemployed, as well as victims of violence, migrants/

refugees, aboriginal populations, children/ adolescents, neglected elderly and abused women are at a higher risk of developing mental illness (World Health Organization, 2003).

Canada is a multicultural country and has a diverse racial and cultural population (Agic, 2003). Canada has been accepting immigrants from every part of the world, including Sri Lanka. Canada has admitted many Sri Lankan Tamils into the country and given refugee status to many individuals seeking asylum (Beiser, Simich, & Pandalangat, 2003).

For many years, Sri Lanka has been facing issues between the Sinhalese and Tamil population. In July 1983, a civil war occurred in Sri Lanka. For over twenty-five years, this civil war has caused significant suffering, including 100,000 people being killed (ABC News, 2009). During the war, about one million Tamils fled the country (Beiser, Simich, & Pandalangat, 2003). These Tamil refugees migrated to various countries including Canada.

A study was conducted recently to assess the prevalence of mental health problems among adult Tamils living in Toronto, Ontario. This study indicated that many Tamils have experienced traumatic events in their life, including witnessing fights, rape, and physical assault (Beiser, Simich, & Pandalangat, 2003). Therefore, many may potentially qualify for a diagnosis of post-traumatic stress disorder (Beiser, Simich, & Pandalangat, 2003).

However, mental illnesses such as post-traumatic stress disorder may have not been recognized or treatment options may have not been available in Sri Lanka. The World Health Organization (2003) indicates that in most countries, there is a lack of mental health resources, thus people with mental disorders do not have access to mental health treatment and care. Many psychiatric institutions worldwide have inadequate, harmful care and treatment practices, as well as unhygienic and inhumane living conditions (World Health Organization, 2003).

Refugees experience traumatic pre-migration and pre-settlement issues which jeopardize their mental health (Canadian Task Force, 1988). Refugees, such as the Tamils, normally face psychological distress, pre-migration stressors, and post-migration mental health effects (Beiser, Simich, & Pandalangat, 2003). As noted in a literature review, immigrants such as Tamils are at higher risk for developing mental illness due to stressful past experiences, an inability to speak English, low socio-economic status, discrimination, separation from family and isolation from others in their culture (Canadian Task Force, 1988; Hyman, 2001). Additionally, lack of culturally and linguistically appropriate mental health services play a role in stigmatization and marginalization of these immigrants, which further contributes to developing mental health illness (Canadian Task Force, 1988; Hyman, 2001). Thus it is evident that immigrants need mental health support in order to address the issues they face.

However, Tamil mentally ill patients often face barriers in accessing the mental health services, including language barriers, lack of knowledge of mental health, lack of knowledge about mental health services available, transportation issues, concerns about what others may think, and embarrassment about their condition (Beiser, Simich, & Pandalangat, 2003). Tamil mentally ill patients often feel that their culture and ethnic background would not be understood by the health care system and the lack of health care professionals from their own culture/ethnic group also discourages Tamil mentally ill patients (Beiser, Simich, & Pandalangat, 2003).

A report indicates that a large proportion of Canada's population experiences language barriers in accessing health services (Bowen, 2000). It also states that one in fifty Canadians requires an interpreter in order to be able to use the health care system (Bowen, 2000).

It is evident that refugees who experienced trauma and loss may find it difficult to seek mental health services (Boehnlein & Kinzie, 1995). In addition, stigma, which will be discussed in the next section, also presents a barrier for minority individuals and prevents them from seeking help (Health Canada, 2001).

Therefore the importance of having health promotion programs including mental health social services is clear, as this population is at risk for developing mental illness.

## **2.9 Stigma**

Mentally ill patients suffer human rights violations and stigma. Mentally ill patients and their families are stigmatized, which is apparent through stereotyping, embarrassment, fear, rejection, and avoidance (World Health Organization, 2003). Other barriers which prevent mentally ill patients from accessing appropriate mental health care due to stigma, includes access to housing, employment, and other social opportunities (World Health Organization, 2003). Stigma and discrimination further affect a mentally ill person's ability to gain access to care, recover from mental illness, and integrate into society.

Research suggests designing programs that meet the specific needs of cultural groups will improve access and utilization of health services (Health Canada, 2001; Aspell Reference Group, 1998; Bowen, 2000). In order to promote mental health, there is a need to reach people of diverse cultural backgrounds, including becoming familiar with population sub-demographics and recognizing the needs of the target population (Agić, 2003).

## **2.10 Conceptual Framework**

The conceptual framework that informed this study is the Pender's Health Promotion Model and the Frank Model.

The Pender's Health Promotion Model proposes that individual characteristics and experiences influence behaviours (Smith & Bashore, 2006). Individuals' behaviours are the best signs of current health promoting behaviours. The assumptions of this model focus on changing the individual's environment to engage in healthy behaviours and ensuring the active role of individuals in maintaining healthy behaviours (Padula & Sullivan, 2006).

The Pender's Health Promotion Model is used in this study to examine the health promoting behaviours of mentally ill patients, such as engaging in social network and social programs. This model can be used to encourage healthy relationships between mentally ill patients and mental health care workers. It can also be used to encourage the engagement in social activities in order to increase the well-being of the mentally ill patients.

The Frank Model provides a pan-Canadian framework for public health services planning, data collection and reporting (Hitchcock, Schubert, Thomas, & Bartfay, 2010). This framework focuses on three types of community-based health promotion strategies and interventions, including primary prevention, secondary prevention, and tertiary prevention (Hitchcock, Schubert, Thomas, & Bartfay, 2010). This study examines secondary prevention, as this consists of engaging in social activity and social support, which can result in changes to mental health and also help improve mentally ill patients' quality of life.

## **2.11 Gaps in Research**

Even though there is an increasing interest in mentally ill patients and mental health services, the present literature review revealed only a small number of studies in this particular area and only a few focused on the social network and social activities of mentally ill patients.

Not much research has been done to date to address benefits of social programs and social network of mentally ill patients. Past research areas have focused mainly on elderly mentally ill patients and not middle-aged mentally ill patients. Most studies primarily examined people with serious mental illness who were under hospital care, and did not examine mentally ill patients living in the community setting. In addition, most studies did not examine the stigma associated with being a mentally ill patient and how that can impact accessing mental health care services. Moreover, the studies reviewed were conducted mostly in foreign countries and therefore can affect the generalizability of studies to mentally ill patients in Canada.

Barriers in terms of accessing the mental health services were not previously examined in detail. Also cultural barriers and needs of various ethnic groups were not discussed in most research.

Moreover, most studies did not take into account the mentally ill patients' and mental health care workers' perspectives and experience of mental health social

programs and how these programs are impacting the mentally ill patients' quality of life. Only a few studies have been done to examine the mental health volunteers' or social partners' views on social activities. Future research needs to incorporate the views of not only the mentally ill patients, but also the mental health care workers' perspectives of the social programs and the impact it has on mentally ill patients' life.

Since the review of the literature indicates that there is a lack of research on mental health social program, further studies assessing the impact of social activities on the mentally ill patients are needed.

## **2.12 Uniqueness of the Study**

This chapter indicates there is a lack of research done on mental health social network and social programs and suggests more research should be done in this particular area, in order to help address the issues of the mentally ill patients. This thesis will attempt to fill some of these gaps identified through the literature review and hopes to highlight areas for future research.

This qualitative thesis will help provide a better understanding of mental health social programs and their benefits in terms of increasing the quality of life of mentally ill patients.

This study focused on mental health outpatients who are living in their community but still require support and clinical treatments in order to improve their mental health. The study participants include middle aged Canadian adults, which is a unique sample population. Furthermore, the views of mental health care workers are also examined in this study, which is unique compared to previous research that has been done on mental health social programs.

Barriers encountered by mentally ill patients are also explored in this study. In addition, this study also examines the Tamil mentally ill patients, including stigma associated with being a member of the Tamil culture and the cultural needs of Tamil mentally ill patients.

Taken together, there is a need for further research to assess the impact of social activities on mentally ill patients, especially in the Canadian population. Thus, this study hopes to address some of the gaps in research and advance scientific knowledge in mental health.

This study hopes to inform psychiatrists, mental health care workers and mental health institutions about the value of incorporating mental health social programs, activities, and social networks in future program development for mentally ill patients. The findings from this study indicates, not only is there a positive effect on the mental health and overall quality of life of the mentally ill patients, but mentally ill patients'

use of mental health services are facilitated and expensive psychiatric hospitalizations are reduced.

### **3.0 Methods and Data**

The goal of this study was to explore the lived experience of Tamil mental health outpatients and the impact of an outpatient mental health program on their mental and general health. This study also explored the views of the mental health care workers who are involved in the outpatient mental health program. The grounded theory approach was used to guide this research.

This research study examined the following research questions, from the perspectives of both the mental health outpatients and mental health care workers:

1. What are the benefits of having socially supportive activities at a mental health program?
2. What are the barriers associated with accessing and utilizing the mental health programs and services?
3. What are the cultural needs of Tamil mental health outpatients?

To achieve the goal of this study, the views of mental health outpatients and mental health care workers at an outpatient mental health program at a large Canadian community hospital were explored using a modified grounded theory approach. Data were collected through self-administered paper based questionnaires, semi-structured interviews, document review and meetings.

Self-administered paper based questionnaires were administered to mental health outpatients and mental health care workers to obtain information about their demographics, social network, and the extent of their involvement with the Community Mental Health Program (CMHP), and with the community. Semi-structured interviews were also conducted, in order to gain insight about the CMHP, including social activities, social network, barriers, cultural integration and recommendations for future program development.

This chapter presents an overview of the data collection method, data analysis, and strengths and limitations of this study. A timeline of the data collection and analysis is included in Appendix A.

My role in this research project included a) establishment of partnerships with the CMHP and its mental health outpatients and mental health care workers; b) development of research questions and research design; c) completion of research ethics review and obtaining approval ; d) recruitment of study participants; e) development of the questionnaire and interview guide; f) data collection; g) data entry; h) data analysis; i) thesis writing; and g) presentations at national and international conferences and the submission for an international publication.

### **3.1 Ethical Considerations**

Ethical considerations for this study were met according to the Research Ethics

Board (REB) from the University of Ontario Institute of Technology - File: 10-088  
(Ethics Approval Letter included as Appendix B).

In accordance with the community hospital REB policy, this study did not require ethics review and approval as it was considered an educational study. As indicated in the REB Waiver Letter from the hospital, “Quality assurance studies, performance reviews or testing within normal educational requirements should not be subject to REB review” (see Appendix C for Waiver Letter from the hospital ethics committee). A written permission to conduct research at the CMHP was provided by the CMPH manager (see Appendix D for the permission letter).

Participants for this study were provided with an informed consent, which was available in a language in which the participant is fluent – either English or Tamil (see Appendix E and F for Consent Forms). The mental health outpatients were informed that they would be tape-recorded during the interview, and about who would have access to the data/audio-tapes and where they would be stored. As indicated in the Participant Consent Form, the study did not include any known potential harm, injury or discomfort to the participants. Subjects’ participation was voluntary and they were able to withdraw from the study at any time, and did not have to answer research questions they did not feel comfortable with, without any penalty or harm. Participants were informed that if they did decide to withdraw during the interview, they would be given the option to continue the interview at another time, however, if they did decide

to completely withdraw from the study, the data collected prior to their withdrawal might be analyzed.

Prior to the interview, participants had the opportunity to ask the researcher questions. Then the participants were asked to read and sign the written consent form or give verbal consent if they could not read. A copy of the Consent Form was given to participants for their records.

Confidentiality of information and anonymity of subjects were maintained. The data were entered into a password protected computer, which was only accessible to the researcher.

The taped interviews that were held in the Tamil language were translated into English and transcribed by two research assistants while the mental health care workers' interviews were transcribed by the researcher and a research assistant. The research assistants had signed the Translator's Statement of Confidentiality or Transcriber/ Research Assistant's Statement of Confidentiality, indicating that they would maintain the confidentiality of the research data and the anonymity of the participants involved (see Appendix G for Translator's Statement of Confidentiality and Appendix H for Transcriber/ Research Assistant's Statement of Confidentiality). The interview data had to be translated and transcribed quickly in order to determine data saturation. Therefore, the researcher provided the digital tape recorded files either through email or through a USB stick to the research assistants. In order to ensure that

the research data remained confidential within the research team, as indicated in the Translator's Statement of Confidentiality or Transcriber/ Research Assistant's Statement of Confidentiality, the translators were asked to delete/destroy all research relevant data within three months of translating/ transcribing them.

After the completion of the data analysis process, the researcher deleted all information from the password protected computer. The researcher also deleted the audio recordings from the digital voice recorder, after completion of data recording and analysis.

The consent forms and gathered data are securely stored in a locked metal cabinet for seven years in the supervisor's (Dr. Brenda Gamble) office in the Faculty of Health Science at UOIT (University of Ontario Institute of Technology, 2011). After this period, all data will be destroyed.

### **3.2 Research Design**

Qualitative studies are effective in obtaining culturally specific information, perspectives and experiences of particular populations and it also provides information about the *human side* of an issue, including behaviours, beliefs, opinions, and emotions (Mack, Woodsong, Macqueen, Guest, & Namey, 2005).

This study used a qualitative modified grounded theory approach to broaden the understanding of the impact of mental health programs and social network on mentally ill patients' mental and general health. This approach allowed the researcher to gain first-hand insights into the lived experiences of the mental health outpatients and mental health care workers at the CMHP.

The goal of the grounded theory approach is to develop a theory that explains the concepts from the data, in order to describe the phenomenon being researched (Munhall, 2007). In grounded theory, a researcher can use previous research or data to provide direction for future research (Strauss, 1987).

In grounded theory, data is primarily collected through interviews and participant observations (Creswell, 1998). The pure grounded theory approach was modified to include semi-structured interviews and questionnaires due to the limited timeframe of this study. The use of grounded theory approach allowed the researcher to generate themes using the participants' data (Creswell, 1998). Then a constant comparative method of data analysis was used, where the researcher took the information from the data collected and compared it to the emerging themes, which summarized the phenomena under study (Creswell, 1998).

As there was very little research available on this topic, a grounded theory approach helped build context and develop a rich conceptual framework that could aid

in the development of further qualitative and quantitative studies into the experiences of Tamil Canadians with the mental health system (Given, 2008).

Furthermore, the Pender's Health Promotion Model and the Frank Model both served as useful guides for designing the research study and understanding the health promoting activities and social interventions of the mental health outpatients.

### **3.3 Setting and Participants**

The following sections will describe the setting and the participants.

#### **3.3.1 Setting**

The CMHP that was chosen for this study is part of a large community based Canadian hospital located in southwestern Ontario. The CMHP is a social recreational program for people with mental illness. A number of different mental health professionals including registered nurses, recreational therapists and social workers work at the CMHP.

The researcher became aware of and established a relationship with the CMHP through former volunteer experience at the hospital during undergraduate studies.

The interviews were held in a CMHP office room, with a closed door, in order to ensure privacy during the interview.

### **3.3.2 Recruitment of Participants**

Posters/flyers were posted at the CMHP in order to recruit participants for the study (see Appendix I and J). The researcher further recruited participants by verbally explaining the study in a group setting to the mental health outpatients participating at the CMHP (see Appendix K for sample verbal recruitment script).

Inclusion criteria for mental health outpatients included mental health outpatients who have attended at least three sessions of the CMHP and who self-identified themselves as Tamil. Exclusion criteria included non-Tamil mental health outpatients and mental health outpatients who were identified by mental health care workers as individuals who cannot comprehend the interview questions and therefore cannot participate in the interview. Inclusion criteria for mental health care workers included any mental health care worker who has contact with or directly works with the mental health outpatients at the CMHP. Participation in the study was voluntary.

Mental health outpatients and mental health care workers who volunteered to participate in the research study were asked to choose a time that suited them for the interview (see Appendix L for interview scheduling template). Participants were given reminder cards that noted the date and time of their interview (see Appendix M for

Interview Reminder Cards).

In this study, thirty mental health outpatients, including males and females between the ages of twenty-five to sixty volunteered to participate in the study. There were a total of sixteen mental health care workers including nurses, recreational therapists, social workers, volunteers, and a psychiatrist who volunteered to participate in the study. These mental health care workers are knowledgeable about mental health due to their knowledge, skills and experience working closely with the mental health outpatients (Marshall, 1996). This allowed the researcher to gain insight into the mental health care workers' perspective of mental health outpatients, and the CMHP, and its impact on the mental health outpatients' mental and general health. Moreover, it allowed the researcher to examine whether the mental health care workers' views on goals for the mental health outpatients were similar to the mental health outpatients needs. If views of mental health care workers' goals differed from the mental health outpatients' goals, it will impact the type of care and services delivered to the mental health outpatients.

This is a non-random purposive sample, because only those who have experienced the challenges of mental illness and attended the CMHP were included in the study. It is non-random because the participants who volunteered for this study are from an already established social program at the community hospital and were recruited on a voluntary basis.

### **3.4 Data Collection**

Data were collected through self-administered paper based questionnaires and semi-structured interviews. Additionally, document review and meetings with mental health care workers were conducted to gain additional insight about the CMHP, such as information on how the CMHP started, how it developed into a social recreational program and other historical data. Moreover, the researcher also gained insight into the CMHP by participating in the CMHP's social activities and through participant observation. The following sections will explain this in detail.

#### **3.4.1 Data Collection - Primary Method: Interviews and Questionnaires**

The interviews were conducted during the third and fourth weeks of April 2011 between 8am and 8pm in an office room at the CMHP location. A self-administered paper based questionnaire was distributed to the participants before the interview in order to obtain the participants' demographic characteristics, extent of involvement with the CMHP, social network, and extent of involvement with the community. This information was used to describe the participants (see Appendix N for the self-administered paper based questionnaire).

The following items were included in the self-administered paper based questionnaire:

1. The number of days a week the participant attends the CMHP.
2. The length of time the participant has been attending the CMHP.
3. The social programs and activities the participant is involved in at the CMHP.
4. The length of time the participant has been living in Canada.
5. Whom the participant lives with (i.e. alone or with people).
6. The employment status of the participant.
7. Whether the participant is exposed to or involved in any other similar mental health social programs. If so, which program(s)?
8. The type of social network the participant is affiliated with.
9. Where the participant spends their free-time.
10. Whether the participant is part of any community services, clubs or teams and if so, which ones.

Semi-structured interviews, approximately 30 minutes long, were conducted using the interview questions guide (see Appendix O for Mental Health Outpatients Interview Questions guide and Appendix P for the Mental Health Care Workers Interview Questions guide). Interview questions were designed to address the gaps in research (see section 2.11 Gaps in Research) and the research questions for the study. The interview questions guide was reviewed and approved by the researcher's Thesis Committee members.

Questions that were asked during the mental health outpatients' interview include the following:

1. Can you tell me about the [CMHP]?
2. Why do you need this program? What is the intention of starting this program?  
How is this social program benefiting you?
3. Does having social activities help you improve your mental health?
4. Are you getting the opportunity to build social network? Is this helping you integrate better with the community?
5. What social skills have you developed from participating in these programs?  
How are you using the information and skills you learned in this program to help increase your quality of life?
6. What are some of your specific needs with mental health programs? What do you see as something that would benefit you in this program?
7. Is your culture in any way affecting your ability to participate in mental health social program? Is your culture hindering you in any way from improving your mental health? What are some of the cultural barriers in attending these mental health social programs? What are some of the cultural needs that should be integrated when designing these social programs?
8. What are your recommendations for this program? How can this social program be improved?

Questions that were asked during the mental health care workers' interviews include the following:

1. Can you tell me about the [CMHP] and the activities you offer?
2. Tell me about the patients that attend this program. Why do they need this program?
3. What is your view on patients' overall health? Do you see any improvements? Is their quality of life increasing?
4. What is your involvement in this program? What support do you provide to your patients?
5. Do you provide any programs to meet specific cultural needs?
6. Do you see any cultural barriers? Are cultural differences affecting patients' ability to participate in any programs? Is this affecting the rate at which they are improving?
7. How can this social program be improved? What would you like to see that you currently don't have, as something that may benefit the patients?

Similar interview questions were asked during both the mental health outpatients interviews and the mental health care workers interviews, in order to determine whether the mental health outpatients' and mental health care workers' responses were similar, including goals and needs of mental health outpatients.

Semi-structured interviews, allowed the participants to expand and elaborate on areas that they felt were important (Bowling & Ebrahim, 2005). Moreover, it allowed the researcher to ask for clarifications in order to get further explanations and to generate supplementary questions during the session, which allowed the researcher to get an in-depth understanding of the mental health outpatients' and mental health care workers' views and experiences of the CMHP (James & Busher, 2006).

Subjects were recruited until data saturation occurred. Data saturation required a flexible research design and an iterative method to sampling, data collection, and analysis (Marshall, 1996). As the study progressed, new themes and categories stopped emerging and responses became redundant, at which point data saturation occurred (Strauss & Corbin, 2008).

Invitation to Participate letters were given to participants to take part in the research study (see Appendix Q for Invitation to Participate letter). Once the participants read the Invitation to Participate letter and indicated their willingness to participate in an interview, an informed consent was given to the participants. Based on the preference of the participant, either an English or a Tamil consent form was given (see Appendix E for the English Consent Form and Appendix F for the Tamil Consent Form). The participants were reminded that they could withdraw from the study at any time and that they did not have to answer questions that made them feel uncomfortable. The researcher informed the participants that they were being tape-recorded during the interview and that all data gathered from this study would be kept confidential.

The researcher gave the participants time to read the consent form and then asked whether they understood the consent form and whether they had any questions. The researcher asked the participants to sign two copies of the consent form. The researcher also signed both copies and gave one copy to the participant and kept the other copy for her record.

To maintain confidentiality of the participants, codes were assigned for each participant, instead of participant names or professional designation. Codes G11 to G40 were assigned as identifiers for the mental health outpatients who participated in the study. Coding began with “G11” in order to ensure the first participant did not feel like they were the first to be interviewed. Coding for mental health care workers began with “H11” to indicate “Health Care Worker” and it started with the number “11” in order to ensure the first participant cannot be identified (see Appendix R and S for Participant Code Template used). All quotes are verbatim, with unnecessary repetitions omitted and minor edits made to verbatim in order to retain the meanings of the quotes and to increase readability.

Since most of the mental health outpatients did not understand English, the researcher asked whether they wanted the researcher to conduct the interview in English or Tamil. If the participant preferred the interview to be conducted in Tamil, the researcher translated the questions from English to Tamil and spoke in Tamil with the participant. The researcher is fluent in both English and Tamil. At this point, the

researcher turned on the recording function of the audiotape. Based on participants' preference, most of the mental health outpatient interviews were held in the Tamil language. The mental health care workers interviews were mostly held in English.

Interviews began with a brief introduction of the researcher and the research study. Then the researcher continued the interview questions, using the interview guides (see Appendix O for Mental Health Outpatients Interview Questions guide and Appendix P for the Mental Health Care Workers Interview Questions guide). During the interviews, the researcher was able to ask for elaborations and further clarifications as necessary.

On the advice of the CMHP program staff, snacks including samosa, cookies, muffins, crackers, fruits and fruit juices were provided during the interviews to encourage the participation of the mental health outpatients and to make them feel comfortable. Giving snacks is considered a form of encouragement. This is practised at the CMHP and therefore it did not impact the results of the study. At the end of the interview, the participants were thanked for their participation.

The researcher conducted all the interviews, for consistency purpose. The interviews were audio taped using a digital audio recorder (SONY ICD-PX820D Digital Voice Recorder) with participants' consent to capture all responses. The responses were also recorded in a separate notebook, in case the audio recorder malfunctioned.

The taped interviews that were conducted in the Tamil language were translated into English and transcribed by two research assistants. Both the research assistants are fluent in Tamil and have no connection to the CMHP. The mental health care workers' interviews were transcribed by the researcher and a research assistant.

### **3.4.2 Data Collection - Secondary Method: Document Review and Meetings**

Document review consists of collecting data by reviewing existing documents. This is normally inexpensive, easy to obtain, and provides good source of background/additional information (Centres for Disease Control and Prevention, 2009). Documents provided by the CMHP included brochures and a Common Data Set that were submitted by the CMHP to the Ministry of Health and Long-Term Care. Review of these documents helped obtain additional information about the CMHP and its setting.

At the beginning of this research study, the researcher and one of her thesis committee members (Dr. Jason Ramsay) met with the CMHP staff to discuss the research project. The meeting was held to establish the relationship between the researcher and the CMHP, encourage participation between the researcher and the CMHP and to obtain verbal consensus to conduct the study at the CMHP. It also helped to inform, familiarize and answer any questions the CMHP staff had regarding the study.

In order to understand the CMHP and how it started, the researcher met with the program staff to better understand the history of the program. This information was used to describe the context of the CMHP.

### **3.4.3 Lived Experience of the Researcher**

The researcher was raised in the area where the hospital is located. The researcher volunteered in various departments of the community hospital for approximately six years, including a mental health department. Through this contact, the researcher found out about the CMHP, where she decided to conduct her Masters research.

In order to familiarize herself with the program, the mental health outpatients, and the mental health care workers, the researcher participated in some of the social/recreational activities offered at the CMHP, for about three months prior to the study, from January to March 2011. This allowed the researcher and the participants to become comfortable with each other.

## **3.5 Data Analysis**

The digital voice recordings of the interviews were translated and then transcribed. Any identifying information in the recordings was deleted during the

transcription. After the transcription was completed, the researcher reviewed the transcripts while listening to the audio recording to ensure accuracy. The researcher read and re-read the transcripts to familiarize herself with the data and to discover general themes.

### **3.5.1 Thematic Analysis and Coding**

The transcripts were uploaded onto QSR NVivo8™ software on a password-protected computer, which ensured that the data was only accessible to the researcher. The interview data were analyzed using the NVivo8™ software, which was used to perform thematic analysis of the interviews. NVivo8™ is a software that helps to work with unstructured information, like data from interviews, and allows the researcher to organize and classify data (QSR International, 2011). The researcher participated in an NVivo Version 8 online Webinar and attended a peer training, where researcher was introduced to the software in order to familiarize herself with the software and conduct the data analysis.

First the researcher performed open coding, where the transcripts were analyzed line-by-line and coded using the words of the mental health outpatients and mental health care workers themselves. Next, the researcher compared each code with every other code, in order to assign the codes into sub-categories (Cutcliffe, Stevenson, Jackson, & Smith, 2006). Then the researcher compared the sub-category to every other sub-category, in order to form the main categories/themes (Cutcliffe, Stevenson,

Jackson, & Smith, 2006). The formation of sub-categories and categories/themes were performed using the help of Word Frequency Query and Nodes functions in the NVivo8™ software.

Throughout the data analysis process, a constant comparative method of data analysis was used, where the researcher took the information from the data collected and compared it to the emerging categories/themes (Creswell, 1998). The researcher also examined the relationships between the categories/themes and the existing literature in order to generate a framework that would aid in the development of further qualitative studies into the experiences of Tamil Canadians with the mental health system.

### **3.5.2 Conduct of Analysis**

The grounded theory approach was used to identify the emerging themes from the transcribed interviews. The process involved analysing the transcripts line-by-line to find common themes from the interviews and to get a better understanding of the participant's experiences of the mental health social programs, which helped explain the phenomenon being researched (Ryan & Bernard, 2003).

Stage one of the data analysis was conducted on NVivo8™ software to understand and analyze the data from the mental health outpatients' interviews. Stage

two, a separate analysis, was conducted on NVivo8™ software to understand and analyze the data from the mental health care workers' interviews.

The mental health outpatients' self-administered paper based questionnaire data, interview data, and data from the document review are presented in Chapter Four of this thesis. The mental health care workers' self-administered paper based questionnaire data, interview data and data from meetings are presented in Chapter Five of this thesis.

### **3.5.3 Validity and Reliability**

The researcher read and re-read the interviews that were translated and transcribed by the research assistants to ensure they were interpreted by each research assistant in a similar manner. This ensured consistency and reliability between the translated and transcribed data.

In order to ensure that a reliable method of coding was used by the researcher, a colleague not involved with this study coded one transcript. Results from the NVivo8™ software coding comparison query, showed 95% agreement between the researcher and her colleague's coded data. This ensured inter-rater reliability of the data (Richards, 2005).

### **3.6 Group Debriefing**

Two and a half months after the interview process, the researcher did a group de-briefing with the participants. The researcher thanked all the participants, provided snacks and explained some of the major themes and results that emerged from the study as well as the benefits of the study (see verbal thank you script on Appendix T). A draft of the themes that emerged from the interviews was shared with the CMHP staff members.

### **3.7 Storage of Research Data**

Once the thesis was completed, hard copies of the consent forms, self-administered paper based questionnaires and other interview data materials were sealed in an envelope and securely and confidentially stored in a locked metal cabinet at UOIT. Data on the password protected computer were deleted and the audio recordings from the digital voice recorder were also deleted by the researcher.

### **3.8 Study Strengths and Limitations**

This research study is subject to strengths and limitations due to the nature of the study and the sample population.

This study is a qualitative study and is an in-depth analysis of mental health outpatients' "lived experiences," therefore it provides a good understanding of the research questions being examined.

The target population of this study is unique, because the study focused on Canadian mental health outpatients in a Canadian hospital, which hasn't been previously examined (see Chapter 2 - Literature Review for more details). Moreover, this study focused on a unique population, Tamil middle-aged mental health outpatients.

Previous studies have mainly focused on mentally ill patients and not the mental health care worker's perspective. However, this study is strengthened by mental health care workers interviews, which provided data on the perspective and experiences of mental health care workers.

This study is also strengthened by other published literature (see Chapter 2 - Literature Review for more details), which increased the richness and validity of the data by supporting existing findings and by also documenting new findings. In addition, the expertise of the supervisor and the Supervisory Committee members helped to strengthen the data analysis process. Furthermore, collaborating with those at the CMHP also helped to strengthen the research even further.

The researcher's role as a volunteer prior to the data collection process

strengthened the study and helped recruit more participants. This enabled the participants to feel comfortable and open up to the researcher during the interviews. However, this may be viewed as a bias in recruiting participants.

One of the limitations of this study includes the short attention span of the participants. Their short attention span may have affected the 30 minute long interviews, preventing them from giving in-depth information. There may have also been a potential bias in the opinions expressed by the participants, since the mental health outpatients who chose to participate in the study might be the ones who are already social and talkative, which may have skewed the results.

Although the mental health outpatients were assured that the interview data would be kept confidential, they may still have felt uncomfortable discussing their mental health issues or discussing any negative things about the CMHP.

Another limitation is the mental health outpatients' medical history, which was not reviewed prior to the study, including medications taken and therapies involved in.

Most mental health outpatients' interviews were conducted in Tamil. This limited the ability to transcribe the interview verbatim, since not every Tamil word can be translated into the English language, using proper grammar.

## **4.0 Views of Mental Health Outpatients**

This chapter presents the results based on the document review, self-administered paper based questionnaires and semi-structured interviews held with the mental health outpatients at the Community Mental Health Program (CMHP). This chapter also presents historical information about the CMHP.

The self-administered paper based questionnaire component of this study was designed to determine the mental health outpatients' basic demographics, social network, and the extent of their involvement with the CMHP and with the community. The semi-structured interviews were conducted in order to gain insight into the views and perspectives of the mental health outpatients at the CMHP on social activities, social network, barriers, cultural integration and recommendations for further program development.

Common categories that emerged from the mental health outpatient interview data analysis were grouped into five major themes: CMHP as a home for mental health outpatients, views of mental health outpatients on the CMHP benefits, views on cultural aspects of the CMHP, views on barriers and views on recommendations for program development.

#### **4.1 The Setting: The Community Mental Health Program**

The CMHP is part of a large community based Canadian hospital located in a large urban city in south western Ontario. This acute care community hospital has a variety of programs and services, including 24/7/365 emergency care, cardiac care, maternal-newborn care, paediatric services, mental health and surgery (Hospital, 2011).

The CMHP is a social recreational program for people with mental illness. The objective of the CMHP is to provide daily community-based support and to provide a range of services designed to promote and maintain independence, participation in the community and to prevent re-hospitalization (CMHP brochure, n.d.). Some of the services CMHP offers include social/recreational programs, wellness teaching, a voluntary work activity program, therapeutic groups, individualized goal setting, supportive counselling, crisis intervention, and referrals to community agencies as appropriate (CMHP brochure, n.d.). In addition, the CMHP also offers a medication clinic for its mental health outpatients and a housing program for those who are homeless, at risk of becoming homeless, and for people who have a mental illness. Mental health outpatients who attend the CMHP require a referral from a mental health professional.

A number of different mental health care workers including registered nurses, recreational therapists and social workers work at the CMHP. The services offered at the CMHP are sustained with the help of volunteers and community partners.

## **4.2 History of the CMHP**

The CMHP has been running for more than thirty years. It was initially started by a nurse in a church basement in the 1970s, with the objective of offering a recreational program to patients. In the 1980s, the program moved to a different location, where an occupational therapist, a secretary, and a workshop coordinator joined the team. The program was moved to a different location in the 1990s and then again in 2008 to a hospital site, where it is now located.

When the program started, it focused on a medical model and mainly attracted patients with a long term chronic illness. Over the years, it shifted to a social recreational focused program, and with increased funding was able to offer more services to mental health outpatients. Thus the number of mental health outpatients increased dramatically.

The current CMHP site has a kitchen, where mental health outpatients can make their own coffee and food, a work activity room with a pool table and computers, and a 'hang out' room with a television.

In the past, mental health outpatients were limited in terms of how many days a week they could come to the CMHP. However, the need for higher participation was recognized by program staff, as mental health outpatients did not have a source of entertainment in their life, due to a lack of finances and lack of social activities and

network. So, this limitation was removed and mental health outpatients were given the flexibility to attend all five days of the week. Additionally, in the past, group activities were more formalized, but now it's more flexible so that all mental health outpatients are accommodated as much as possible based on their individual needs and schedules. Mental health outpatients now have more options and opportunities, so they can choose which programs and activities they would like to participate in.

### **4.3 Survey Results for Mental Health Outpatients**

The self-administered paper based questionnaire was designed to describe the participants and to determine their level of involvement in the CMHP. The results presented in this section are based on the data collected from the administration of the questionnaire. A copy of the self-administered paper based questionnaire can be found in Appendix N.

The self-administered paper based questionnaire included items on: 1) mental health outpatients' demographics, 2) involvement with the CMHP and 3) mental health outpatients' social network/ level of community involvement. The survey results from the Mental Health Outpatients Questionnaire are presented in tables 4-1 to 4-10.

**Table 4-1: How many days a week do you come to the CMHP?**

<b>Number of Days</b>	<b>1</b>	<b>2-3</b>	<b>4-5</b>
<b># of respondents</b>	1	21	8

**Table 4-2: How long have you been attending the CMHP?**

Number of Years	Less than a Year	1-3	3+
# of respondents	6	7	17

**Table 4-3: What programs are you attending at the CMHP?**

Programs involved in at the CMHP	Walk & Talk	Arts & Crafts	Cooking	Individual/ Partner Games	Large Group Games	Events	Other. Please specify.
# of respondents	17	9	14	4	11	12	Yoga – 26 Meditation/ Relaxation – 7 Aerobic Exercise/ Breathing Exercise – 13 Dance – 6 Group get together/ Group Discussions/ Guest Speakers - 13 Work Activity - 1 Trips/ Outing - 1

**Table 4-4: How long have you been living in Canada?**

<b>Number of years</b>	<b>Less than a year</b>	<b>1-5</b>	<b>5-10</b>	<b>10+</b>
<b># of respondents</b>	0	1	3	26

**Table 4-5: Do you live alone or with people?**

<b>People/ Pet Living with</b>	<b>Alone</b>	<b>With a pet</b>	<b>With people</b>
<b># of respondents</b>	4	0	26

**Table 4-6: What is your employment status?**

<b>Employment status</b>	<b>Full-time</b>	<b>Part-time</b>	<b>Unemployed</b>
<b># of respondents</b>	0	5	25

**Table 4-7: Were/are you exposed to or involved in any other similar mental health social programs? If yes, please explain what program you were/are involved in?**

<b>Exposed or involved in any other similar mental health social programs</b>	<b>No</b>	<b>Yes</b>
<b># of respondents</b>	15	15

**Table 4-8: What type of social network are you affiliated with?**

Social network	Family	Extended family	Friends	Co-workers	Neighbours	Pets	Other*
# of respondents	25	21	24	3	16	1	2

*\*Other: Social network built through volunteering programs, clubs, teams, religious worship places, and the community.*

**Table 4-9: Where do you usually spend your free-time?**

Free Time Spent at	Home	Friends or relatives' house	Restaurants	Shopping mall	Concerts / games / festivals	Other*
# of respondents	20	3	2	11	7	4

*\*Other: Other places where participant spends time, including religious places, work, movies, etc.*

**Table 4-10: Are you part of any community services, clubs or teams?**

Community services, clubs or teams involvement	Clubs	Teams	Volunteer	Community services	Other	None
# of respondents	0	1	0	7	0	23

Ninety-six percent of the respondents have been living in Canada for more than five years. The majority (87%) of the respondents live with other people and have the

opportunity to talk to their family, friends and relatives. Mental health outpatients who lived alone reported that they would prefer additional evening hours and weekend hours at the CMHP, while mental health outpatients who lived with family, preferred to stay at home in the weekend and evenings to attend family responsibilities. Most respondents (83%) are unemployed and spend their free time at home, attending to family responsibilities.

Fifty percent of the respondents are involved in other mental health programs offered through the hospital or other community associations, while the other fifty percent are not involved or exposed to other mental health programs. No significant difference was found between mental health outpatients who attended other mental health programs and mental health outpatients who did not attend other mental health programs. The majority are not involved in any other social activities in their daily life; including community services/volunteering, and clubs or teams. Most mental health outpatients spent most of their time at both the CMHP and at home.

Fifty-seven percent of the respondents have been attending the CMHP for more than three years. Seventy percent of the respondents participated in the social activities more than two days a week. Both males and females indicated that they prefer to participate in yoga exercise, walk and talk, group discussions, aerobic exercise, cooking, and social events.

The self-administered paper based questionnaire results provided a general

understanding of the respondents' basic demographics, social network, and the extent of their involvement with the CMHP, and with the community. The semi-structured interview data provided an in-depth view of mental health outpatients' perspective of the CMHP and will be discussed in the following section.

#### **4.4 Interview Results for Mental Health Outpatients**

The interview results discussed in this chapter are based on the Mental Health Outpatients Interview Questions Guide (see Appendix O).

Thirty semi-structured interviews approximately thirty minutes in length were conducted with Tamil mental health outpatients at the CMHP. Common categories that emerged from the mental health outpatient interview data analysis are grouped into five major themes: CMHP as a home for mental health outpatients, views of mental health outpatients on the CMHP benefits, views on cultural aspects of the CMHP, views on barriers and views on recommendations for program development.

The following sections include sample mental health outpatient quotes from the interviews. Since most mental health outpatients' interviews were conducted in Tamil, this limited the ability to transcribe the interviews verbatim, since not every Tamil word can be translated into English language using proper grammar. Therefore the grammar was fixed, unnecessary repetitions were omitted and minor edits were made in order to retain the meanings of the quotes and to increase readability.

Appendix U provides an audit trail of the themes identified, including selected quotes for each theme (see Appendix U for an audit trail of themes identified for mental health outpatients). Grammatical awkwardness may be found in the audit trail, due to the translation from Tamil to the English language.

#### **4.4.1 The CMHP is a Home for Mental Health Outpatients**

Mental health outpatients who attend the CMHP described the place as homely and welcoming. The mental health outpatients enjoy coming to this program and feel that it has a relaxing atmosphere. One mental health outpatient described the CMHP as:

This is our program and it's for us. We feel like we are in our own place. We don't feel the same way when we go somewhere else.

Another mental health outpatient also indicated:

This is like our house; we can participate in what we want. We come here and talk to everyone and make friends. By doing this, our mental illness is decreasing. We are getting out of depression.

Another mental health outpatient indicated that they enjoy coming to the CMHP and feel that it's a safe environment to be in:

Even though the doctor had referred me here, if I didn't like it, I wouldn't have come. I came here and I liked it, that's why I continue to come. They organize the programs very well. Everything is perfect... That's why I like it.

I feel that it's a safe environment. Everyone first looks at the safety and trustworthiness of a place when they go somewhere.

This was further supported by another mental health outpatient:

I like coming here... I am smiling, talking, drinking coffee, participating in the activities and am just simply happy. I didn't experience this happiness before.

Mental health outpatients were satisfied with the mental health care workers at the CMHP:

All the workers care about us and keep an eye on everyone. They encourage us to come here often. Even if we annoy them, they handle us with patience.

Another mental health outpatient also expressed their feeling about the CMHP and its staff:

It's the best. I think they are helping everyone. They are very kind... everyone is nice to us. This place is a place where your mind can be peaceful.... a place where we can leave our worries behind.

Another mental health outpatient expressed their happiness by indicating:

This is the best program. Workers are well educated and dedicated. They guide you in the right path. I wish we have this program everywhere.

Mental health outpatients expressed how much they enjoy participating in the CMHP activities such as exercising, dancing and playing games:

We have everything and all the facilities.... we have games, we have aerobic exercise for one hour, yoga for one hour, and dance for one hour. They have everything separately. They have meditation in the mornings.

Another reason that mental health outpatients like this program and utilize this often is because it is free. A mental health outpatient said:

It's a free service. We will not pay and come, because we can't afford to.

#### **4.4.2 Views of Mental Health Outpatients on the CMHP Benefits**

The mental health outpatients reported on a number of benefits gained from attending the CMHP, including benefits associated with medication and social activities, mental health benefits, physical health benefits, social skills development, social network, and other benefits. The following sections will further elaborate on these benefits.

##### **4.4.2.1 Views on the Combined Effects of Medication and Social Activities**

Many mental health outpatients take medication for their mental illness. In addition, they also participate in the social activities offered through the CMHP. During the interviews, mental health outpatients reported on the effects of combining medicine and social activities together. One mental health outpatient said:

It (medicine) will only cure 50% of the mental illness. The other 50% (will be cured) by other activities like yoga and exercise or by playing sports like cricket or soccer.

Another mental health outpatient further supported this by indicating:

It works 50:50. If I don't come here, I will stay in bed and over think. My medicine doesn't help stop my over thinking.

The majority of the mental health outpatients noticed a difference in their health between the time they were on medication only and the time they were on medication in addition to attending the CMHP:

Yes, there is a difference. If I take the medicine... I feel sad, sleepy, and hate

things, but if I come to this program, it makes me happy.

Taking medication resulted in feeling lazy, whereas if mental health outpatients attended the CMHP, they felt active:

I see a lot of difference. When I was just taking the medicine, I felt lazy and was thinking too much. We stay home alone and worry about unnecessary things. We feel happy when we come here and talk to people...we are more active here.

Another mental health outpatient indicated coming to the CMHP is helpful to their mental health and they feel like they don't need to take medications:

This program is necessary to us and it's very helpful to us. If we stay home, we just keep taking medications and not doing anything else. Coming to this program, makes me feel like I can live without medications. If we come to this program, we feel active. So this program has changed me to the point where I feel like I can live without medications.

Some mental health outpatients reported that their medication dosage level has decreased since they became involved with the CMHP:

After coming here my medication dosage has decreased. I find a big difference between the two time periods... before I would just take medication after medication and stay at home. I used to be stressed out a lot. After coming here, my medication level and mental illness both has decreased and I find myself healthier.

A similar response was provided by another mental health outpatient:

I took medicine frequently before, which made me sleep often. Now, after coming here, I take less medication because of the activities provided to me, which helps to change my mind. I haven't cured completely from the mental illness, but I notice the improvement.

Another mental health outpatient also indicated that participating in the CMHP helped reduce the medication dosage level:

We shouldn't only depend on the medication. No doubt you need medicine, but when you go out and participate in these programs, the medication dosage decreases.

Additionally, mental health outpatients claimed that medications have many side effects and they were not happy while taking medication only for their mental illness:

Depression medicine causes people to over eat.... some eat a lot without realizing. Then they put on weight. Weight gain also brings depression to people.

Medication alone was not helping the mental health outpatients improve their mental illness:

It (medicine) didn't help much. I was getting mad and felt like what is the use of my life and I didn't feel like doing anything. After I started coming here, I felt better. Now I feel happy.

#### **4.4.2.2 Views on Mental Health Benefits**

Mental health outpatients gained many mental health related benefits from attending the CMHP, including improvement in their mental illness:

Before coming here, I used to stay home and didn't go out anywhere or talk to anyone. I didn't like anyone, but after coming here, I became more active, my attitude changed, and I have more confidence now. The main thing is that my health improved and I'm active. I can see the difference.

Another mental health outpatient said:

If I had come here when my mental illness started, it wouldn't have gotten this severe.

After I started coming here, I felt better. Yoga, aerobic and other exercises are helping me to forget everything and to relax.

This was further supported by another mental health outpatient:

If I didn't come here, I wouldn't have come out of my sickness.

Another mental health outpatient iterated the benefit of this program by indicating how much they've improved since attending the CMHP:

Before I used to have a case worker, but now I have cancelled her, because I can do a lot of things on my own. My case worker is always surprised about how much I've changed compared to before. She noticed the improvement in me.

Mental health outpatients also reported that they are happy and have experienced a change in their attitude, mood, stress level and are able to control their mind:

After coming here and talking to people and smiling, I am very happy.

I learned to concentrate and relax my mind. Doing yoga is not only an exercise but also helps relax my mind.

People are coming here to keep their mind in control.

Keeping oneself occupied also helps create a positive change in the mental health outpatients:

I am always busy...and I keep myself busy...so I don't fall into depression. Suppose I stay away from not doing anything, then I feel depressed.

This was repeated by another mental health outpatient:

When they have activities and programs to participate in, it helps people to forget about their problems and worries and to enjoy themselves... for example cook food, dance, etc.

Documents provided by the CMHP included a Common Data Set that is submitted by the CMHP to the Ministry of Health and Long-Term Care. The Common Data Set indicated the number of psychiatric related hospitalizations of mental health

outpatients from CMHP has decreased significantly over the year. The total number of episodes experienced by the mental health outpatients and the total number of days spent at the hospital has also decreased dramatically (based on 2008 data)

#### **4.4.2.3 Views on Physical Health Benefits**

Mental health outpatients reported on many physical health benefits gained after attending the CMHP. Mental health outpatients felt much healthier after participating in the CMHP activities:

If I come here, I can do Yoga, which helps me feel better. It helps me to reduce cholesterol and (high blood) pressure.

I used to feel unhealthy.... I couldn't control my diabetes. Now I walk home. I am able to control my diabetes.

Another mental health outpatient said:

These programs are good for our health. If we stay home, we just eat and do nothing. My doctor used to say I have cholesterol, but now I don't have that because of the activities I do.

Coming to CMHP encouraged mental health outpatients to be physically active:

It is motivating me to get up and be active. If I don't come, I'll just lay down on my bed. I'll be lazy.

Participating in activities also helped mental health outpatients lose weight:

Doing exercise helps reduce weight. Weight gain is something that makes people worry a lot.

I felt really good after losing weight. It's easy to do the workout now. I used to get tired easily before.

Another mental health outpatient iterated the importance of physical health:

I saw a major improvement in my mental health and physical health. I understand the link between mental and physical health. If we are in pain, we'll be depressed. If we are depressed, we'll be in pain. It goes in a circle.

#### **4.4.2.4 Views on Social Skills Development**

Mental health outpatients have the opportunity to develop many social skills or improve on existing social skills they have, through the CMHP. At the CMHP, mental health outpatients are exposed to other people including other mental health outpatients, mental health care workers and volunteers, who help them to build “people” skills:

After I came here, I started talking to people. I learned how to have conversations.  
I became friendly... I learned to listen to people and give advice to them.

A mental health outpatient provided an example of how they improved on their oral communication skills:

With talking... before it was confusing, complicated talking. Before I couldn't talk. I did not want to face anyone or talk to anyone. I wanted to stay by myself. Now I am the type of person who talks non-stop, like a chatter box.

Other skills, including leadership skills were also developed from attending the CMHP:

I used to get mad all the time before. Now I don't get mad as much. We sometimes get homework to do at the discussion group.... we have to read something and discuss it in the group. This encourages us and gives our mind some work to do, even when we go home.

We also have cooking programs on Thursdays. I cooked once. They liked it and praised me. So, we show initiative and also learn leadership skills here.

Mental health outpatients reported that they learned social skills from workshops that were held at the CMHP:

They teach us about respecting and listening, taking turns and being patience. They talk about different issues in life. We sit and listen and understand.

Mental health outpatients reported that they became more confident and more independent:

I feel confident and enthusiastic. I know where to go and what to do for my problem.

Also, at home... I can do all the house work on my own. I now have self confidence and can do things on my own now.

Mental health outpatients have become confident enough to be able to navigate to places on their own:

I have confidence now. I was dropped off and picked up before from [CMHP], but now I can come by myself... I am also able to go to other places alone.

Social skills gained through the CMHP also helped mental health outpatients form relationships:

I never knew how to get along with people. I have always been rough with people. Now, I learned to get along with people and made lots of friends.

Social skills developed through the CMHP are helping a mental health outpatient live better in their community:

Talking here is helping me to go out to the store, buy, and inquire about prices. I learned to talk.

#### 4.4.2.5 Views on Social Network

Attending the CMHP gave mental health outpatients the opportunity to talk to people and widen their social network. It also allowed many mental health outpatients to form friendships:

I have more opportunities to talk to other people now and I have made more friends by coming here and that makes me happy.

Mental health outpatients also formed a close relationship with the mental health care workers:

We came to know lots of workers here. They are very friendly. It makes us feel like we are free to talk to them about anything. We don't have to see one particular staff for everything. We can talk to anyone and they will act based on our needs. They are very trustworthy. We didn't know anything before. Now, we know that if we go to them, they will solve our problem or direct us to someone else.

Mental health outpatients gained many benefits from having people to talk to at the CMHP:

I feel very happy when I talk to people freely. I made lots of friends; we talk over the phone as well. We share our stories...good or bad.

Another mental health outpatient said:

We talk to people, joke around and have fun. This makes us happy.

Mental health outpatients share their feelings and advise each other when necessary:

I usually talk socially with people. Everyone who sees me here talks to me freely about their problems, which helps them feel better. I tell them that I am like them too. They say they feel better when they talk to me.

Another mental health outpatient said:

I like to listen to people when they are sad or when they want to talk. I advise them when they ask for help. They gain benefits from what I say. I talk to them as a patient and they accept that. I don't go out, so I don't have friends. So, I only do this here.

Another mental health outpatient said that many mental health outpatients share similar stories and thus feelings:

Most of us here are facing mental health problems, which affects our mind. We understand we all have problems, so we help each other out. When we talk about ourselves and our problems, we feel relieved.

Mental health outpatients get the opportunity to share information and learn from each other:

We are able to share information amongst each other. I give some information and direct people to other resources.

Through them (staff) we learned a lot of information. For example, they taught us how to cook.

Having people to talk to at the CMHP decreased the feeling of loneliness for some mental health outpatients:

We don't feel the loneliness anymore. We have peer groups and we have good relationship with each other because we've been coming here for a long time.

Another mental health outpatient also indicated being lonely will only increase the mental illness:

There are a lot of people that are lonely. But here, they have others to talk to, so they are happy. If they didn't have this program, they are going to be lonelier and the mental illness will only increase.

Only one mental health outpatient reported that they did not like interacting with

people:

I do not like to see people and get angry at them. So, I avoid them as much as possible.

#### **4.4.2.6 Views on Other Benefits**

There are many other benefits associated with attending the CMHP.

Coming to the CMHP gives mental health outpatients a reason to get themselves out of their house:

It's a good way to get us out of the house.

We have lots of benefits here. It's a big deal getting out of the house and if we know where we are going and if we know it's going to make us happy, we'll definitely come for it.

The CMHP is a source of entertainment for some mental health outpatients, who have no other entertainment outlet:

It's a hobby for us.

Attending the CMHP helped mental health outpatients improve their English language skills:

It helps improve our English too because we don't know much English.

Mental health outpatients learned more information and became well-rounded:

In group discussions... I can get lots of information. They have good guest speakers. I learned about different diseases and nutrition only by coming here.

Some mental health outpatients gained employment skills, such as volunteer experience and thus were able to secure a job for themselves:

I got the chance to learn about job opportunities and continuing education.

I am also volunteering here.

Through her [CMHP staff] I got a job. They (CMHP staff) did everything for me and made me a normal person.

Mental health outpatients' family members also benefitted from the CMHP.

My children and my husband are very happy about me coming here. They will encourage me to come here.... they always tell me to go. They say that when I return back from the program, I look happy.

#### **4.4.3 Views on Cultural Aspects of the CMHP**

The importance of cultural needs is recognized at the CMHP and therefore many of the activities offered at the CMHP are culturally oriented. During the interviews, the Tamil mental health outpatients talked about their culture, including cultural barriers and cultural causes of mental illness. They also discussed how cultural needs of Tamil mental health outpatients are integrated into the CMHP. These topics will be elaborated in the following sections.

##### **4.4.3.1 Views on Cultural Barriers faced by Mental Health Outpatients**

Tamil mental health outpatients face many barriers due in part to their cultural values and beliefs. Belonging to the Tamil culture may sometimes prevent the

mental health outpatients from being able to use the mental health services offered to them.

Mental health outpatients indicated that they do not tell their friends and relatives about attending the CMHP, due to the stigma associated with being a mentally ill person in the Tamil community:

I didn't tell my relatives about my mental illness.

Another mental health outpatient said:

Patients do not tell others (relatives and friends) about attending this program. If they tell others, then people will think badly about them.

Another mental health outpatient also indicated:

Some people don't come to the [CMHP], because they fear that other people would come to know about their problem (mental illness). They don't want other people to know about it because of cultural issues.

Tamil patients are embarrassed or shy to tell others about their mental illness. So they stay at home and worry. We come here now and are able to encourage others to come. I have brought many people here to join the [CMHP]. However, there are so many people that don't know about this program. A mentally ill person should go out and join programs similar to this.

Mental health outpatients indicated having mental illness may affect their children's future:

I didn't tell them (relatives). Why do I have to tell everyone about it? You know... I have children. They are going to live here (Canada). I don't want this (my mental illness) to affect them. People will only respect them depending on how they study and what they become in the future. If my kids get a good job, they won't say anything about me, but if my kids don't come to a good position in life, then people will say, because of me the kids are also mentally affected.

#### 4.4.3.2 Views on Cultural Causes of Mental Illness

Sometimes cultural beliefs and values, own cultural community issues or other issues related to being a member of a certain culture can contribute to mental illnesses.

Many Tamil mental health outpatients reported on mental health issues, which were triggered by factors related to wars, including loss of family members, stress, and anxiety.

Everyone has anxiety problem there (Sri Lanka). They are worried about when the army is going to come and who is going to be taken away.

Even when we were in Sri Lanka, we faced lots of problems. We had to run for our lives with our kids and saw so many deaths and murders. I was hurt by everything. We never had anything left to bring here. We came with one bag. I was affected there and then here as well. [Certain events I face in my daily life] reminds me of [war incidents] from Sri Lanka ... which makes me sad.

Another mental health outpatient said:

I am from Sri Lanka. I lost relatives in the last massacre by Sri Lankan army. That's the main reason why I got this problem. That's the reason why I am coming to this [CMHP]. Lots of my people have been massacred in Sri Lanka without any justice. That's why I am depressed.

In Sri Lanka, there is a lack of facilities for mental health outpatients:

In Sri Lanka, there are not many facilities to help mentally ill patients. If anyone has mental issue, there is a hospital, where they will keep you locked in a room. There is no program like this over there.

We have problems (war) in Sri Lanka. It affects a lot of people. There are no medicines or help for those people. Since 1958, there is war going on there, which affects many people.

In Sri Lanka, people did not have much knowledge about mental health issues:

In Canada, the education system teaches about psychology when kids are in school. That's why not many people have mental health problems like us. We were never educated in Sri Lanka about mental illness, so we didn't know anything about mental health issues.

If kids were educated about mental health issues, this kind of problem will not exist. When a person knows and understands mental health issues, they will understand a mentally ill person, but a person who doesn't have knowledge about mental health issues will be scared of that mentally ill person.

It's better to educate people ....it needs to be a part of the education system. If I was given the education when I was small, I wouldn't be in this situation now.

Cultural differences that are faced by many immigrants can also cause mental illness:

There are lots of differences between Sri Lanka and Canada... the weather, food, culture, everything. Ladies work hard in Sri Lanka, but when they come here to Canada, they have to go to work, as well as attend all other house duties. It causes stress.

Another mental health outpatient said:

Compared to Sri Lanka, people's behaviour and the way of living, is much different here. Some can cope with it, but some can't. They don't know how to adjust to this culture. Here, it's like a machine life... speedy life, but in Sri Lanka everything is slow.

A mental health outpatient indicated that the way people live in Sri Lanka is different, including family life:

I never had this problem back home. We used to live as a big family even after my marriage. After I came here, I had to live alone... so, I felt lonely. After kids go to school and my husband goes to work, I was home alone. I felt like crying. That's how my problem started.

Language barrier is a huge issue for Tamil mental health outpatients, who do not understand English:

I do not know how to speak in English. If I ask anything, they [kids] won't answer. They will immediately say no to my request. So, I feel very bad for

myself. I feel stressed about not knowing English. This has caused half the problems and made me mentally ill. Not knowing English is a huge problem for me.

#### **4.4.3.3 Views on Cultural Programs offered at CMHP**

The CMHP is culturally oriented and offers many activities to meet the needs of people from the Tamil culture. A mental health outpatient indicated that having a Tamil speaking mental health care worker at the CMHP was very useful and increased the number of Tamil mental health outpatients attending the program:

There is a translator who helps with translating from English to Tamil. This is another reason that Tamil people come here frequently. If the worker only speaks English, people that can't understand English will find it hard.

When they explain in Tamil, people will understand more because most people don't understand English.

A mental health outpatient said:

If [Tamil mental health care worker] is not here, Tamil people won't come here that much.

The CMHP offers programs/activities specifically for the Tamil mental health outpatients:

Suppose the [CMHP] is in English only, it will be hard for people to understand. When we have Tamil people and Tamil discussion groups, it's easier for us to talk in Tamil... in our own language. Even when they (CMHP) have guest speakers, they bring in Tamil guest speakers, which makes it easier for us to understand.

The CMHP celebrates different cultural holidays and festivals with its mental health outpatients:

There is New Year's Day and Diwali. On these days we do potluck or we bring sweets and share.... that makes us happy. We have dance programs also. They celebrate Tamil cultural days here.

#### **4.4.4 Views on Barriers**

Barriers prevent mental health outpatients from attending the CMHP or from utilizing the mental health services in order to improve their mental health. These include transportation barriers, geographical barriers, language barriers, financial barriers, hours of operation, side effects of medication, other illnesses, family responsibilities, embarrassment of having a mental illness, lack of understanding about mental illness, and lack of knowledge about the CMHP.

Transportation barrier was huge to the mental health outpatients because some mental health outpatients did not know how to navigate their way around to places, including coming to the CMHP:

It is hard for me to come in the bus.

Another mental health outpatient said:

I don't go too far, because I feel like my head spins when I go to new places. It may be because of the medication pills I take. I have memory problem too.

Another mental health outpatient also indicated travelling can be challenging for mentally ill patients:

Some people don't know how to travel. They have language problems. Some people manage to travel around with the few words they know, but when they are mentally ill, they get lost easily. Once, I crossed on a red light without realizing

what I'm doing. It's hard to control the mind when you are mentally ill. So, they (mentally ill patients) can't travel alone. They have to have some kind of transportation arrangements.

Another mental health outpatient said:

I have Metro Pass from ODSP (Ontario Disability Support Program). Some people don't come because they don't have the facility to come here.

Geographical barriers also prevented mental health outpatients from coming frequently to the CMHP:

I live very far from here. It's hard for me to come every day.

The CMHP is only open during regular business hours, which is a barrier to mental health outpatients who would like to utilize the services after hours or during the holidays:

I feel sad when it's closed for holidays.

For some people these hours work well, but for others it does not. The current hours are fine for me. I would like to come after hours and during the weekend.

Language barriers can also be an issue to those who do not understand English, which prevents some mental health outpatients from participating in certain activities offered by the CMHP:

People don't go to the English programs, because they may not understand English.

Mental health outpatients reported that they have a difficult time attending English learning classes:

I wish that I can learn English. If I'm trying to learn English, my mind somehow gets disturbed or it wanders and then I can't seem to understand anything. I don't

know why. I can't seem to understand anything, I've learned.

The mental health outpatient further elaborated:

Due to my mental illness, it's so difficult to understand what others are talking about in English. If I read something, I immediately forget what it means.

Financial barriers also hinder the improvement of mental health illness:

I never had enough money to buy medicine, so I don't take medicine. Now my mental illness has increased.

A mental health outpatient indicated that financial trouble can prevent mental health outpatients from attending the CMHP:

Some people don't come because they are not approved financial support from ODSP.

Side effects of medication also prevented mental health outpatients from being able to participate in the CMHP activities:

I like to come here, but I take medications. So, it's hard for me to get up in the morning and get ready and come.

Some medications don't allow us to wake up in the morning. It makes us dizzy and drowsy. This is one of the reasons why people don't come regularly.

Having other medical illnesses can also prevent mental health outpatients from attending or participating at the CMHP:

I'm having a hard time coming here with my arthritis pain and other sickness. I don't want to do any exercise. I have arthritis, so I can't sit and do anything on the floor.

Having to attend to family responsibilities and house duties can prevent many mental health outpatients from attending the CMHP:

I have a child who goes to full-time daycare. When she starts school, I'll have to go home early. If I have to take her home for lunch, then I have to be at home during the lunch hour. These are some of the reasons why people don't come regularly.

Sometimes I have house responsibilities to do, like cooking, cleaning, washing or doing things for children. So sometimes it's hard for me to come here.

Lack of understanding about mental health illnesses can also prevent mental health outpatients from accessing or utilizing the CMHP services:

One girl said her family told her not to come to this program, because she will get sicker if she comes here, but she continues to come here because she feels better when she's here.

Mental health outpatients who are either shy or embarrassed because of their mental illness are also at a disadvantage as that prevents them from seeking help:

There are people who know about this program, but don't want to come because they are embarrassed. Some people say "look at these mental people, they are going to a mental program." These words hurt us. So, some people feel embarrassed about coming here, so they stay at home with medications.

Another mental health outpatient said:

Some patients don't accept themselves and don't accept the fact they have a mental illness. When they don't accept it... it's a barrier, because that prevents them from going out and seeking the help they need.

Lack of knowledge about the CMHP and its services is a barrier to those who do not know about this program:

The amount of information going out to the Tamil community is not enough... information about this program. A lot of people don't know about this program. Normally, if you want to come to this program, you need a doctor's referral. A lot of people don't know about this.

Another mental health outpatient also said:

Some people may need (case) workers. If there is a (case) worker for the patient, the worker can explain the importance of this program and make them understand more about it. A lot of people out there have mental issues, but some may hide it from others and stay at home without getting any help. It will only make it worse.

In addition to the barriers that prevent mental health outpatients from attending the CMHP, there were also a few barriers within the CMHP that prevented mental health outpatients from being able to fully participate in all the activities.

One mental health outpatient said not being able to have their children participate at the CMHP activities could also prevent mental health outpatients from attending the programs or events:

Most people don't come here, because of their kids during March Break and summer time. If it (CMHP) arranges for trips and allow us to bring our kids, that will be good or else without our kids, how can we enjoy the trip? We will be worried about our kids at home. If they do make arrangements for us to go out, they request us to come by ourselves only, and not with our families. This is a problem for people with children. Sometimes they (CMHP) do a BBQ at a park, but how can I eat the food there if my kids are not there? In the summer, my kids will be home, so how can I leave them at home and go out for trips?

However, the majority indicated they do not have anything negative to say about the CMHP, when asked whether there is anything they do not like about the CMHP:

There is nothing bad to say about this program. Everything is good. I love to come here. It helps me a lot.

#### **4.4.5 Views on Recommendations for Program Development**

Recommendations were provided by mental health outpatients in order to further improve the CMHP and its activities. Some of the recommendations that were

provided include: providing food at the CMHP, additional activities, English language classes, employment support, transportation arrangements, extended/ after hours or weekend service, continuing to keep this a free program, better referral process, increasing awareness of the CMHP, and additional locations.

Providing food at the CMHP will be helpful to many mental health outpatients:

It's hard for me to even look after myself, like preparing myself food or tea ...this itself is hard for me to do.

A mental health outpatient indicated:

Some people feel tired and they don't feel like cooking, because of their mental health problem. It will be helpful if they (CMHP) give food.

Mental health outpatients recommended additional activities and events that would be nice to have at the CMHP:

If we have sewing and knitting classes, it will be helpful, especially when we become old. We can't go everywhere the same way we do now. So, this will help occupy our time and mind... so we can stay home and do something.

Another example was provided by the mental health outpatient:

If they have like a Family Day once a month and have games on those days it will be fun for the families. It will make us happy.

Having the opportunity to learn English would be beneficial to the mental health outpatients. Some mental health outpatients recommended having English learning classes at the CMHP:

I used to go to English learning classes.... I went for three years. I forgot everything right away. It wasn't helpful to me. I can read, but not big words. But I don't understand anything. I am too old to study.

Another mental health outpatient also said:

I used to go to LINC (Language Instruction for Newcomers to Canada), but I don't go there now because I get tired from travelling.

Another mental health outpatient said:

If they (CMHP) have an English class that would be good.

Having employment support, such as assistance with resume and interview preparation, and job searching would help mental health outpatients to seek employment opportunities:

If we can have some kind of volunteer experience or work related courses, it would be helpful for us in the future. I lost my self-confidence because of the Canadian job market. They ask for too much qualification and experience even for a simple job.

Another mental health outpatient stated:

I want to work. I wish they would teach me about working skills. It will be useful for me. Resume preparation help, interview skills, etc., will be good to have.

Providing transportation arrangements could benefit those mental health outpatients who have transportation barriers that prevent them from attending the CMHP:

Some can't come here, because they need someone to accompany them. Some can't come here, because they have no idea about how to come here. Some have transportation issues. So, they should get some help with transportation.

Some mental health outpatients would benefit from having extended/ after hours or weekend service at the CMHP, while some other mental health outpatients prefer the regular business hours:

Some people don't like to wake up and come in the morning. They want to come in the evening. If we have activities like yoga offered in the evening as well, people can stay late and benefit from that.

Continuing to keep this a free program is essential to many mental health outpatients, who cannot afford to pay for these types of programs:

The program is free, that is why people are coming here. If they (mental health outpatients) have to pay for this program, less people will be coming.

Mental health outpatients recommended having additional CMHPs at other locations, so it will benefit mentally ill people living in other communities:

It's better if we have these kinds of programs everywhere. It will be helpful for people like us.

Another mental health outpatient indicated the importance of increasing awareness of these types of CMHPs among health care providers:

If they open a new location like this, it's important to inform doctors and psychiatrists about this program, so they can let their patients know about it.

#### **4.5 Summary**

The mental health outpatients' interviews provided insights about the mental health outpatients' view of the CMHP, benefits associated with attending the CMHP, cultural components, barriers, and recommendations for further improvement of the

CMHP. The next chapter, will present results from mental health care workers' self-administered paper based questionnaires, semi-structured interviews and data from meetings, which will provide insights about the mental health care workers' perspective of the CMHP, including social activities, social network, barriers, cultural integration and recommendations for future program development.

## **5.0 Views of Mental Health Care Workers**

This chapter presents the results based on the self-administered paper based questionnaires, semi-structured interviews and meetings held with the mental health care workers at the Community Mental Health Program (CMHP). This chapter also presents demographic information about the mental health care workers at the CMHP.

The self-administered paper based questionnaire component of this study was designed to gain insight into the mental health care workers' demographic information, social network and the extent of their involvement with the CMHP and with the community. The semi-structured interviews were conducted, in order to gain insight into the experience and perspectives of the mental health care workers at the CMHP including the impact of social programs and social network on mental health outpatients, cultural integration, barriers and recommendations for further program development.

Common categories that emerged from the mental health care workers' interview data analysis are grouped into five major themes: CMHP as a home for mental health outpatients, views of mental health care workers' on the CMHP benefits, views on cultural aspects of the CMHP, views on barriers and recommendations for program development.

To maintain confidentiality of the participants, codes were used instead of

participant names. Table 5-1 describes the pseudonyms used for the mental health care workers and their health care profession category, followed by definitions of the health care professions.

**Table 5-1: Mental health care workers’ pseudonyms used throughout this section**

<b>Code</b>	<b>Profession</b>
H11	Social support worker
H12	Non-regulated health care worker
H13	Management/Administration
H14	Social support worker
H15	Regulated health professional
H16	Regulated health professional
H17	Social support worker
H18	Regulated health professional
H19	Volunteer
H20	Management/Administration
H21	Management/Administration
H22	Volunteer/ Social support worker
H23	Social support worker
H24	Regulated health professional
H25	Non-regulated health care worker
H26	Regulated health professional

- Regulated health professionals in Ontario work under the Regulated Health Professions Act, 1991, which “establishes regulatory bodies to govern and hold professionals accountable” (Government of Ontario, 2011; Canadian Mental Health Association, n.d.). Regulated health professionals are accountable to the public and are required to deliver competent, ethical and professional services (Government of Ontario, 2006).
- Non-regulated health care workers in Ontario are not regulated under the Regulated Health Professions Act, 1991, including recreational therapists (Canadian Nurses Association, 2009).
- Social work is a profession that aims to help individuals, families, and communities to improve their individual and collective well-being (Canadian Association of Social Workers, n.d.). This profession aims to help people develop skills in order to use their own resources and community resources to solve problems (Canadian Association of Social Workers, n.d.) Social support workers include case workers, social workers, and counsellors who provide information, social support and counselling to mental health outpatients.
- Management/Administration consists of planning, organizing, and leading an organization (Management, 2012). Program facilitators and managers of the CMHP, plan, organize, and lead the CMHP activities that are offered to mental health outpatients.

- Volunteers are those who provide free services to mental health outpatients. This includes peer supporters, who are people with lived experience of mental health issues and share similar experiences as mental health outpatients at the CMHP (Mental Health Commission of Canada, n.d.).

### **5.1 Mental Health Care Workers at the CMHP**

The CMHP is part of a large community based Canadian hospital and is a social recreational program for people with mental illness. A number of different mental health care professionals work with the CMHP mental health outpatients, including case workers, registered nurses, recreational therapists, program facilitators, social workers, counsellors, managers, a health promoter, a psychiatrist and peer supporters/volunteers. Most mental health care workers work closely with the mental health outpatients. They see them at the CMHP on a daily basis and provide counselling, case management, education, and support. They also direct mental health outpatients to resources available in the community and assist with other needs, such as filling out application forms. Other mental health care workers come into the CMHP on certain days to facilitate workshops or provide other services to mental health outpatients.

At the CMHP, there is a full-time Tamil mental health care worker who works closely with the Tamil mental health outpatients, which is a large population at the

CMHP. There are also other part-time Tamil mental health care workers and volunteers at the CMHP.

Most mental health care workers have a mental health educational background and numerous years of experience working in the mental health system and/or with mentally ill patients.

## **5.2 Survey Results for Mental Health Care Workers**

The self-administered paper based questionnaire was designed to describe the participants and to determine their level of involvement in the CMHP. The results discussed in this chapter are based on the data collected from the administration of the questionnaire. A copy of the self-administered paper based questionnaire can be found in Appendix N.

The self-administered paper based questionnaire included items on: 1) mental health care workers' demographics, 2) involvement with the CMHP and 3) mental health care workers' social network/ level of community involvement. The survey results from the Mental Health Care Workers Questionnaire are presented in tables 5-2 to 5-11.

**Table 5-2: How many days a week do you come to the CMHP?**

Number of Days	1	2-3	4-5
# of respondents	4	5	7

**Table 5-3: How long have you been attending the CMHP?**

Number of Years	Less than a Year	1-3	3+
# of respondents	1	1	14

**Table 5-4: What programs are you attending at the CMHP?**

Programs involved in at the CMHP	Walk & Talk	Arts & Crafts	Cooking	Individual/ Partner Games	Large Group Games	Events	Other. Please specify.
# of respondents	5	3	6	2	3	3	Yoga – 1 Meditation/ Relaxation – 1 Aerobic Exercise/ Breathing Exercise – 2 Dance – 1 Group get together/ Group Discussions / Guest Speakers - 5

							Work Activity - 1
							Trips/ Outing – 2
							Injection Clinic – 3
							Housing – 2
							Counselling / Support – 7

**Table 5-5: How long have you been living in Canada?**

Number of years	Less than a year	1-5	5-10	10+
# of respondents	1	0	0	15

**Table 5-6: Do you live alone or with people?**

People/ Pet Living with	Alone	With a pet	With people
# of respondents	3	0	13

**Table 5-7: What is your employment status?**

Employment status	Full-time	Part-time	Unemployed
# of respondents	12	2	Volunteers: 2

**Table 5-8: Were/are you exposed or involved in any other similar mental health social programs? If yes, please explain what program you were/are involved in?**

Exposed or involved in any other similar mental health social programs	No	Yes
# of respondents	8	8

**Table 5-9: What type of social network are you affiliated with?**

Social network	Family	Extended family	Friends	Co-workers	Neighbours	Pets	Other*
# of respondents	16	12	14	15	4	0	0

\* Other: Social network built through volunteering programs, clubs, teams, religious worship places, and the community.

**Table 5-10: Where do you usually spend your free-time?**

Free Time Spent at	Home	Friends or relatives' house	Restaurants	Shopping mall	Concerts / games/ festivals	Other*
# of respondents	14	4	4	5	2	0

\*Other: Other places where participant spends time, including religious places, work, movies, etc.

**Table 5-11: Are you part of any community services, clubs or teams?**

<b>Community services, clubs or teams involvement</b>	<b>Clubs</b>	<b>Teams</b>	<b>Volunteer</b>	<b>Community services</b>	<b>Other</b>	<b>None</b>
<b># of respondents</b>	0	2	1	6	1	8

Ninety-four percent of the respondents have been living in Canada for more than ten years. Seventy-five percent of the respondents work full-time, thirteen percent work part-time and another thirteen percent volunteer at the CMHP.

Fifty percent of the respondents are involved in and/or leading other mental health programs offered through other community associations, while the other fifty percent are not involved or exposed to other mental health programs. The mental health care workers who are involved in and/or leading other mental health programs provided more insight about the CMHP while comparing it to other mental health programs that they are involved in. Fifty percent are not involved in any other social activities in their daily life, including community services/volunteering and clubs or teams, while forty-four percent are involved in community services/volunteering.

Eighty-eight percent of the respondents have been involved with the CMHP for more than three years. Seventy-five percent of the respondents facilitate/ are involved in the CMHP social activities more than two days a week. Respondents mainly provide support to the CMHP mental health outpatients by facilitating exercise/physical health

related activities (31%), group discussions/get-togethers (31%), and through providing other support, including counselling support (44%).

The self-administered paper based questionnaire results provided a general understanding of the mental health care workers' basic demographic information, extent of involvement with the CMHP, social network, and extent of involvement with the community. The semi-structured interview data provided an in-depth view of mental health care workers' perspective of the CMHP and the mental health outpatients. This will be discussed in the following section.

### **5.3 Interview Results for Mental Health Care Workers**

The interview results discussed in this chapter are based on the mental health care workers who volunteered to participate in the study (see Appendix P for Mental Health Care Workers Interview Questions Guide).

Sixteen semi-structured interviews, approximately thirty minutes in length were conducted with mental health care workers associated with the CMHP. This allowed the researcher to gain insight into the mental health care workers' perspective of the CMHP, mental health outpatients and impact of social activities and network on the mental health outpatients' mental and general health. Mental health care workers interviewed in this study include recreational therapists, social workers, nurses,

counsellors, managers, case workers, a program facilitator, a health promoter, a psychiatrist, as well a peer supporter and a social worker volunteer.

Common categories that emerged from the mental health care workers' interview data analysis are grouped into five major themes: CMHP is a home for mental health outpatients, views of mental health care workers' on the CMHP benefits, views on cultural aspects of the CMHP, views on barriers and recommendations for program development.

The following sections include sample mental health care workers' quotes from the interviews. All quotes are verbatim, with unnecessary repetitions omitted and minor edits made in order to retain the meanings of the quotes and to increase readability. Table V provides an audit trail of the themes identified, including selected quotes for each theme identified (see Appendix V for an audit trail of themes identified for mental health care workers).

### **5.3.1 CMHP is a Home for Mental Health Outpatients**

The CMHP is an outlet for the mental health outpatients and is a place where they feel a sense of belonging. A social support worker described the CMHP as:

One thing is, it's an outlet. They can come and relax, feel a sense of belonging. They have a kitchen, they can have a tea... and friends, and the same environment. So they don't face stigma when they come here. They don't feel that. Also, when they come here and exercise, their mental health is improving.

A regulated health professional described the CMHP as:

It's very welcoming and warm with a balance of social skills, socialization, and opportunity to learn information on healthy living. It's a well rounded, very welcoming program. Very busy, it's very popular, I know that.

One of the goals of the CMHP is to get the mental health outpatients out of their house, get them to socialize, participate in the community and to use hospital resources appropriately, which was mentioned by a social support worker as:

Well [CMHP] is a social recreational program...we're part of mental health at [hospital]...for social recreational program for people who have mental illness. So our goals are to get people out of the house, get them socializing, participating in the community, have people use the hospital appropriately. So we see them here, and if they need to be in hospital, in crisis, then we can get that assistance for them and support them to stay out of hospital. If they don't need that support... we help lead them to resources, whether it's housing, whether it's case management, whether it's... whatever kind of resources they might need.

As described by a management/admin staff, the CMHP is a social recreational program and focuses on mental health outpatients' recovery and helps mental health outpatients to learn to socialize:

Well the patients that are coming to this program have a serious mental health issue. As far as Canadian mental health, the clients have schizophrenia, bipolar, severe depression. As far as social rec goes, it's all about recovery. So social rec is able to help with the recovery process, get you basically back into social environment. A lot of people are diagnosed early in life and they miss that part... how to socialize and get out and not be isolated, and participate in social programs.

CMHP serves as a socializing place for mental health outpatients who otherwise feel isolated and lonely. A social support worker said:

Most of the people that come here are completely isolated and stay at their home alone without anything to do, any meaningful activities, completely isolated and lonely. This is a very good place for them to socialize with other people, come out and get involved with meaningful therapeutic recreational activities. We provide here, a variety of therapeutic recreational activities and wellness related programs,

full range from aerobic, general relaxing exercise, meditation, yoga, walking and dancing. There is a choice there. They can practice any of them. And also we have games, Make and Take groups, arts and crafts and also we have regular outing activities like movie outings and bowling and picnics and things like that.

The mental health outpatients do not have a structure in their daily life and do not have anything to look forward to, so attending the CMHP provides the structure that they require on a daily basis, which was described by a regulated health professional as:

There is no structure to their day. There is nothing to look forward to. You know that's basic human nature to have structure to their day and something to look forward to and something to dress up for.

Another regulated health professional also supported this by indicating:

What the program is all about... having structure to their lives and trying to achieve somehow normalcy. The sense is everyone and every individual's craving is to be within the norm. So, now we try to kind of mimic that.

Another management/admin staff also indicated:

You (mental health outpatients) are able to deal with your symptoms and cope with your illnesses, if you're able to talk about it and you're not isolated, getting out of your house, making friends, being able to feel like you accomplished something, giving you a place to go every day. A lot of people aren't working, so to get up and have a routine is important. We are open from Monday to Friday eight to four (o'clock), so they can come whenever they want and there's no set time or day that you have to come...so there's flexibility that way. Not everybody with a mental illness is ready for social support. You have to be at that stage to be ready to get the benefit of social support.

The CMHP focuses on more than just the symptom recovery of the mental health outpatients. It focuses on increasing the quality of life for these mental health outpatients, which was described by a regulated health professional as:

And recovery...at the beginning when I started working, we talked about recovery and that was really symptom recovery. You could take away the voices, you could take away the difficulty with motivation, and you could take

away the flat-out effect. You would say they were recovered, but today that's not recovery; recovery is much more than that. The simple recovery is a piece of it, but it's getting back their lives. And when you have somebody that is not involved in some type of work or vocation or some type of social programming, then they're not living. They're remaining quite alone, isolated, secluded, minimal social contact and really that's not what we want for our clients. We want them to be out there and having a quality of life that they may have been able to have if they didn't have this illness.

A non-regulated health care worker indicated that CMHP looks at the mental health outpatients from a holistic perspective, including mental, physical, psychological, emotional and spiritual aspects:

We are looking at it from a holistic perspective for them... you know not only their mental aspect, but also physical, psychological, emotional and spiritual aspects. For example, some of the technique I use in my groups like laughter therapy, releasing anger, stress and all those things emotionally grows deeply and also meditation is helping them. Like drinking water from their own wells. Like identifying their background and facilitating in meditating deeply. It's more holistic, not only social.

Mental health outpatients face financial barriers, therefore the CMHP and its activities are offered free of charge, as described by a management/admin staff:

This is an extension of dealing with "yes there's a symptom management, there's a medication piece," so this is that opportunity to look at all of the other parts. And isolation is huge and to do this for free, I think that's part of why we're needed here because we fill in the gap, because a lot of people will not go out if they can't afford to do it. Things are expensive, and we try to give them a huge range of activities at no cost. Some have minimal cost, because we do go out to the movies or bowling or Niagara Falls, or the art gallery, whatever it is, it's a subsidized cost. So we help to meet the needs of people who are isolated. We do have people who do not maybe engage well with the outside community and this is their safe place to come.

CMHP is flexible, which allows the mental health outpatients to attend the program when they feel the need and to participate in activities that suit their needs. A regulated health professional said:

Well I mean.... whether it's who's leading the group or who's coming to the group or what the group is all about... It's just, I think we are fortunate there are other options out there so I think people come to what's right for them and what's helping them in any particular time. I've seen lots of people that at times do feel the need to be at [CMHP], five days a week, and a year later find the need to come once a month or once a week, and that usually goes up and down. Certainly having that flexibility is really great and they can come as often and as seldom as they can to meet their needs.

A social support worker further elaborated on the flexibility of the CMHP:

It's the program...it's flexible. It's a drop-in centre. When they want to come and they like a certain activity, then they participate in it. For example, they like Bingo, Make and Take, and yoga. So they come on these days. That is also the day I come here, so I see them all coming. Otherwise if they want to relax, or if they want to interact with people, or they want to do something, they come. So it is not a rigid kind of system, where they have to come every day. So, it's flexible and so their attitude is also flexible. So, they drop-in when they want, when there is a need or when they feel like talking to the counsellor or participating in the program, or when they don't have any other appointments, then they drop-in here.

The mental health outpatients feel that the CMHP is a second home to them, as described by one of the regulated health professionals:

They feel as if they are in a second home. So they feel very good about it. So, on the whole, going to this program definitely helps them.

### **5.3.2 Views of Mental Health Care Workers on the CMHP Benefits**

The mental health care workers reported on a number of benefits associated with attending the CMHP, including benefits associated with combining medication and social activities, mental health benefits, physical health benefits, social skills development, social network, and other benefits. The following sections will further elaborate on these benefits.

### 5.3.2.1 Views on the Combined Effects of Medication and CMHP

Mental health care workers noticed changes in the mental health outpatients' life after participating at the CMHP, including improvement in their quality of life. This led to a reduction in their medication dosage level. A non-regulated health care worker pointed this out by indicating:

Yes, you can see, the quality of life has improved and doctors also reduced their medication. Psychiatrists from this hospital strongly recommend this, because they see some of their clients for ten to fifteen to twenty years taking medication; they are stable but not making any progress, but after attending or started coming here, they see lots of changes. It's not only the medication or the pills; these (social programs) brings lots of changes in their life. They start reducing the medications and they come and give good feedbacks. Clients go and tell the psychiatrists that they can reduce the medications, they are feeling good, and making lots of improvements and they don't need this much medication.

Many mental health care workers, including a non-regulated health care worker, iterated how important it is to attend mental health social programs and engage in social activities in addition to taking medications:

Medication is important and it does stabilize and for certain illnesses it is important, but it doesn't bring you automatically to your normal healthy stage where you were before. My understanding is both goes hand in hand. If you are just depending on the medication, you will be taking your medication for the rest of your life. Scientific facts and all those things are inevitable. Here, there is a possibility that they can make a progress and they can come out of it gradually. This is very much like holistic recovery oriented approach.

A management/admin staff talked about the importance of socializing for a mental health outpatient:

I think it's been proven over and over and over again that the medication can do a certain amount, but people need to be functioning people and you need a place to go, things to do that are meaningful, friends, a place to live. You know...like you need a roof over your head and food in your stomach first and foremost. And then

beyond that, you need a friend and if you're staying at home and not going out and not being with other people, I think you tend to lose perspective, you tend to not develop the confidence you could have. Medication could only take you so far, but it's the talking and the socializing. The building of confidence, having fun...having fun...it's pure and simply having a dance lesson, listening to music, watching a movie, laughing with other people. I mean that's really what it's all about.

A regulated health professional also supported this by saying:

If you're waiting for the medication to make you better, you're going to wait a long time. Being social, being active, being productive is as effective as being on the right medication. In combination, all of them bring about recovery.

A regulated health professional indicated that more than the medication itself, having a structure in the person's life and being normal is what helps the mental health outpatient improve their mental health. CMHP focuses on putting this normalcy in the mental health outpatients' life:

It's just medication; I should say it's about five to ten percent. Ninety percent is just putting structure into their life and simulating that normalcy. So that works hand in hand there. So I really, although I'm a believer of medication, but I really think, in terms of percentage... medication is five to ten percent and ninety percent is somehow having a simulated normalcy for the individuals. Putting a structure to their lives.

### **5.3.2.2 Views on Mental Health Benefits**

Through the CMHP, the mental health outpatients have gained many mental health benefits.

The CMHP provides support for the mental health outpatients in terms of recovering from a crisis, which helps reduce the number of hospitalization for the

mental health outpatients over the years, which was described by a non-regulated health care worker as:

Well, it's a part of reporting to the ministry. This job falls on [mental health care worker] in terms of keeping track of people that are in the program. One thing [mental health care worker] checks is hospitalization. What I see these days here, people tend to have less hospitalization after starting this and or less days in. So, we provide sort of stability or support to prevent that kind of stuff from happening and provide skills and techniques to get over the crises soon. So in terms of quality of life, we tend to be with mental health population and these people are in hospitals and back here and it's like a revolving door sort of thing. When they get linked to a program such as this, as I said... there is a place to go and talk and stuff. We might prevent someone from going to a hospital and get admitted when they really don't have to. So less hospitals and less days in the hospital overall. Generally the programs that we use generate a "base" before they started and after they started the program. It's generally eighty to twenty percent reduction. It's a significant reduction.

A regulated health professional indicated that the mental health outpatients have improved due to attending the CMHP:

I would say in spite of clinical treatment they have improved, because of going to [CMHP].

Another non-regulated health care worker also indicated:

Yes, culturally supportive sensitive services. And you see lots of improvements in their lives when they start to come. They say, they again fall back when they stop coming and stop doing certain things that they were doing or learned. So, they see the progress when they do things regularly and attempt this program.

### **5.3.2.3 Views on Physical Health Benefits**

If a person experiences a physical health problem, this can affect them mentally and if they are mentally affected it can affect them physically. For instance, as indicated by a social worker, medications taken for mental illness can cause side effects,

including weight gain, which affects a person physically. Therefore, mental and physical health are connected, which was described by the social support worker as:

I think that works together... I mean the physical and mental. It's like having the (running) track... it's physical, but it also contributes to your mental health because you feel like you're doing something about your physical health. A lot of people on medication, they put a lot of weight. Now instead of complaining about it like putting on twenty pounds, now you're walking and you're contributing to your physical health. So they are definitely connected. I mean that's why when we have the wellness group and nutritionist... it all works together. So if you have diabetes, that doesn't mean you don't have mental health problems... people are dealing with more than one issue. For example, some people go to aqua fitness, dancing, belly dancing and it's a lot of fun too.

One of the side effects of medication is weight gain, which impacts the mental health outpatient's physical well-being, which in turn can affect the person's mental well-being. A regulated health professional indicated:

Number one, their medication makes them... their appetite is such that they would tend to over eat. So that they start gaining weight, which kind of impacts their physical well-being.

The medications make them gain weight. So in actual fact, if you need more programs to happen for these individuals, I think it should be to... trying to help them out with the physical and dietary education. Not only say to them or educate them, but actually trying to get them to do things.

#### **5.3.2.4 Views on Social Skills Developed**

Mental health outpatients developed or improved on many social skills after participating at the CMHP, including communication skills, listening skills, helping skills, leadership skills, and relationship skills.

When asked about what social skills the mental health outpatients have improved on, one non-regulated health care worker listed the following:

Listening skills, helping people, leadership, helping, stress managing, relationship, communication.

A social support worker indicated mental health outpatients have become independent:

They are getting empowered by doing these programs. They were always depending on someone else to take care of them. Now they are getting more independent by coming to this program.

A non-regulated health care worker indicated that mental health outpatients' confidence level increased and they also learned other skills such as anger management:

Confidence and anger management.

Through social network and through interacting with others, mental health outpatients developed many skills, including problem solving skills and relationship building skills. A social support worker said:

When they expand their social circle and they also learn to travel and do their own things and learn all kinds of skills... how to achieve better things, how to build relationships and how to solve problems... problem solving skills.

CMHP helps their mental health outpatients with improving their communication skills.

A management/admin staff provided an example:

For sure... A lot of our clients have gotten ill when they were really young in their life. It's just, sort of their developmental stage ends at that time when they get ill...so sometimes, some of our clients are very juvenile in their thinking even though they are adults, because they didn't get that opportunity to grow and learn how to socialize in an adult sort of setting. I find I'm very direct with the clients and if there's something that they probably shouldn't be saying [something inappropriate], because of these reasons...you know correct them right at that time, "how would this go if you were at a job and you said this or how would it

go if you said that to a complete stranger? You need to think about the things you say before you say that.” So it’s like improving the communication skills.

A social support worker gave an example of how one of the mental health outpatients improved in managing their anger and learned to have an appropriate conversation:

They themselves have had to work on a lot of their skills, and they’ve come to the staff for help on that as well...just in terms of conversations with people, how to address people appropriately. If she tends to be someone who loses her temper quickly and doesn’t have patience... anger management has been an issue. So those are all skills that she’s really had to work on, and we’ve really seen her shine. She’s really come a long way from when she first moved in, she really didn’t want anything to do with the program. We really tried to work with her and say “you know what... we’re all in this together. The program is here for your benefit.” To see her come now and actually run a program is fantastic!

The mental health care workers, including the regulated health professionals at the CMHP help the mental health outpatients through guiding them to a solution, instead of giving them the solution, which helps the mental health outpatients to face challenges on their own:

They would come up here and they would tell you what is exactly going on with them. But with limited amount of time, with the number of people that are coming in and out, we have to be very focused on what is the main issue there, attack the issue there, and help them to kind of come up with a solution themselves, cue them, give them a nudge, but you don’t give them solutions. You let them come up with a solution that they think they could realistically adapt themselves and try to focus on their cognitive ability to face the challenges and come up with a solution from their point of view.

At the CMHP, the mental health outpatients are given the opportunity to facilitate groups and activities, which helps increase their leadership and confidence level. A management/admin staff said:

Yeah, we do offer opportunities to facilitate groups at [CMHP], if they are feeling confident. Two of our clients are running the arts and craft group now. They wanted to take some more leadership, as far as running a group. That's something they are interested in. We do have volunteers that come and do certain things...we have two volunteers that work, one works one day a week, the other works two days a week.

Another example of how a mental health outpatient demonstrated leadership skills was provided by a social support worker:

Social skills, well people for example, sometimes I have somebody new come in and they've never been here before, so they asked somebody to give them a tour... a new person. When they came in, they didn't know much and they were all scared to talk and now they're the ones that are giving that tour and introducing that new member to the program. So that would be an example.

Another example was also provided by a management/admin staff:

Yes, some people who are maybe paranoid or maybe don't have the confidence to go out into other kinds of situations... they come here, practice some of their skills. And once again, there's the person in the [CMHP] team, she has absolutely blossomed since she started being involved with the program. And people can even develop leadership skills, we're trying to do something like a store or laundry place for the hospital, so that they're earning a bit of money and developing those skills which are verbal skills as well.

By participating at the CMHP, the mental health outpatients have learned to accept others and socially bond with others through the interactions they had at CMHP.

A social support worker stated:

Their attitude towards others has changed positively. It's really joy to see how the people's attitude has changed. It's much better. By getting them involved, helps them socially like each other.

In addition to developing social skills and learning to interact with each other, the mental health outpatients also develop other skills, such as cooking skills, artistic skills, and other creative skills. A management/admin staff described this as:

We have such a large number now, that peer-to-peer support, as well as peer-to-peer challenges around what's appropriate socially and what's not, because a lot of people just learn to be a patient. Because when you are a patient, things are given to you, you're told, and you're put in a corner. So now there's this opportunity to learn how to be more social, because sometimes you can be so into yourself, because you're not well, but there's sort of a... bit of peer pressure. "Hey when you come next time, if you need some clothes we'll give it to you, go to the Swap store, because that's peer-run." There's also bringing your own lunch and sharing and what that means and being part of a group and learning the norms and that kind of stuff. So there is a lot of opportunity to learn that. There are also skills in terms of cooking, in terms of arts and crafts, in terms of the work in the workshop. So there are all those opportunities to learn from, just the basic interactions with the people, the social ones, some ADLs, but not a huge focus on that. They are accountable for being on time and stuff like that.

#### **5.3.2.5 Views on Social Network**

At the CMHP, mental health outpatients get the opportunity to build their social network and have gained many benefits through having other people in their life.

CMHP serves as a place to connect people to each other and helps widen a mental health outpatient's social network

A regulated health professional pointed out the importance of being socially active:

They are much more into being able to adapt to social situations, because they are interfacing with people, opposed to people that are sick and are just at home. They (people who do not attend the CMHP) aren't use to the interaction and how to be mindful. They're not as much adaptable as the people who are coming to the [CMHP] and interface constantly with other people. So you know, when somebody is fairly isolated out there and that's trouble right there! Imagine...that's a human being ... wasn't meant to be isolated, they're meant to be with other people. But their level of social comforting they have, they will still have a degree of that... of human natural learning interaction.

A social support worker also pointed out the importance of being at the CMHP and forming friendships:

So we're strictly a mental health program, so everybody that comes here has mental health issues. Why they need it? I think there's a huge lack of places for people to go out in the community. This gives them structure in their life. It gives them the opportunity to socialize, which is a huge, huge piece for many of our people, because it's really difficult to make friends, to have friends, to keep friends. So this really gives them a place where they can come and feel comfortable and be with people who understand for the most part what they are going through because everybody here, as I said, has something that they are working to improve in terms of their mental illness. It's a wonderful thing for them.

The importance of having people to interact with was also reiterated by another regulated health professional:

Most of them, if they don't have a program they're going to stay at home and other family members may be going for work, so they'll be feeling lonely. When they're lonely they'll be thinking of all the negative things, which could create more problems. Especially during the winter, because it's gloomy outside and you can't do anything. Having a program will not only help them, but they'll be seeing other people having similar problems. They'll share, and they'll feel better and when they converse ... they are sharing their common problem, which is depression. They'll feel they are not alone.

At the CMHP, mental health outpatients share similar experiences and are able to relate to each other. Therefore, they are able to provide peer support to each other as indicated by a social support worker:

I think that some of the people that we see have severe and persistent mental illness and they really need that help more... there's nothing like being with people that have the same problem as you have. It's like going to a diabetes group, or parents getting together when they are having a baby. Same situation ... you are living (with mental illness) in the day to day, you can relate to them. So there's the peer support that you get here from each other, and I think that's the key... and me telling them blah, blah, blah is just that, but when somebody else is telling them, you know, "oh yea that happened to me"... similar stories, whether it's a parent struggling in their family support group with their son who has this and that or whether it's people struggling here with their own illnesses. There's

nothing like having that peer support and looking and talking to somebody who really has been there.

Friendships that were formed at the CMHP have gone beyond just the CMHP setting and mental health outpatients have started to socialize after hours with these friends that they've made. One management/admin staff indicated:

If the other person is alone, they might get together for the holidays... or "let's go to the movies"... have even seen few of the clients, they've gotten ill... so few of the clients have gone and visited them in the hospital...and it's a good thing to see... it's a rewarding thing to see I think. It shows, you have a connection with that person and you basically made a friend and it's the most important thing to feel like you're not alone in this illness and you have support whenever you need it.

A regulated health professional mentioned that mental health outpatients who do not have family or anyone to talk to enjoy staying at the CMHP:

There are some who doesn't have family, who doesn't have social network, nobody at all, only us. In fact how often I hear from the secretary, they don't want to go because there's no home to go to, there's no family to go to, there's no family to talk to.

The social network of a mental health outpatient includes their mental health care workers. Mental health care workers help these mental health outpatients with many aspects of their life. One regulated health professional indicated:

Well I like to think that it's my experience and my skill, where I'm able to put them at ease and let them know that I'm there and that I'm concerned and that I'm there for them if they need any of my help...that I can do that...I can either help them here or provide them with some kind of help away from here.

A regulated health professional indicated that the mental health care workers and the mental health outpatients have formed good relationships through ongoing communication:

We see these people...I see these people weekly, some of them twice a week and it becomes... it's a relationship we've been able to build and maintain...they know me, they walk with me, we chat and it's a very social type of time that we spend up there.

Mental health care workers' involvement with the mental health outpatients' life is very important to the mental health outpatients. Mental health care workers provide support and guidance to help resolve their personal issues. A social support worker indicated:

As long as there is a staff involved with them, it will boost them and they feel good that they are not by themselves. A lot of times, lot of them have concern about their families, and involvements and stuff. I will sit with them and I talk to them. I don't tell them what to do, but I suggest, this is what I think and I spend sessions with them and encourage them to come back. If they need me, I am here for them.

Mental health care workers also support the mental health outpatients with other needs.

An example of this was provided by a social support worker:

Sometimes they need support with things like ODSP (Ontario Disability Support Program); they would call them to re-evaluate the situation, to see if they are working or how they are getting along. I'll go with them and advocate on their behalf.

#### **5.3.2.6 Views on Other Benefits**

Mental health outpatients gain many other benefits from attending the CMHP. Mental health outpatients are directed to other community resources when needed, educated on various topics of interest, gain employment skills and learn daily life skills, including travelling, grocery shopping, working with a budget, and looking after themselves. The CMHP gives structure to the mental health outpatient's life. The

CMHP also provides support to family members of the mentally ill patients.

CMHP gives a purpose to the mental health outpatient's life. It provides structure to their day. This was described by a regulated health professional as:

Well if they're in a program, then they have a purpose. They have a purpose to get themselves organized in the morning....get up, eat breakfast, shower, dress, and out to where they're going. It kind of mimics a normal work day for a lot of people so it gives them structure. If they know, they're in a program, maybe three days a week, then they know that three days a week they have something to do, so it gives them structure. It allows them to mimic a normal work life. For somebody who has been barely functional and then becomes ill and spends days and days at home in their pyjamas, I mean, they need to get back to where they were. And going to a program like [CMHP] helps them to do that. The program provides friendship; it provides companionship for a lot of these people. It... for... some of these people, they live alone and so going to [CMHP] will provide them with that. As I say, it's a very welcoming and warming place so people are comfortable there, they feel that they have a place where they can go and be a part of something.

Mental health outpatients get support with their daily living and are directed to other community resources as needed by the mental health care workers at the CMHP.

One non-regulated health care worker indicated:

Managing their day to day activities, like connecting with the ODSP, housing, appointments with family doctors, psychiatrists, and arranging with continuing education programs, recreational program and with their court legal issues. That is what's called case management and accompanying and supporting. I don't do that supporting part, but other things along with case management... connect them with the appropriate services out in the community and arranging case managers and other workers like that.

CMHP educates the mental health outpatients on various topics, such as healthy living, nutrition, domestic issues, violence and much more. A social support worker provided an example of this:

It's a patient center approach. So we discuss with them what they want, then we

give them the area ... what they need... some help like parenting skills they wanted. So we are trying to do a workshop on parenting skills. They want to know about healthy living. We talked about issues that are affecting them, like family violence or domestic issues, child abuse, all kinds of abuse, and Canadian legal system... we explained to them. So, we bring speakers from different areas to give them knowledge and skills on what they need to know.

CMHP is a place where the mental health outpatients gain information that they need in their daily life, which helps increase their understanding and knowledge of various topics. A social support worker described this as:

There are all sorts of life skill improvements. Information they gather, as in skills... in the sense that they have to eat healthy, they have to exercise, they have to sleep well, and how breathing exercises help them, what the benefits they are gaining.

Mental health outpatients receive support in terms of being reassured and getting answers to questions related to their medical condition. An example was provided by a regulated health professional:

A lot of it is listening. And sometimes... it's... they have health information given to them by their doctors and it's kind of reassuring them and answering questions and helping them understand what information the doctor has given them. Sometimes they have specific health questions. Often it's needing help from some of our other health programs, so I'm just doing referrals. Being able to provide those kinds of links. People have come to me, because they've been diagnosed with diabetes and we're able to link them into our diabetes program.

Through attending the CMHP, the mental health outpatients learn to use the health care system and health care resources effectively. A regulated health professional mentioned:

Certainly for me because of my health background... I'm teaching health literacy and people getting comfortable with how the health care system works and just general health information. I think it empowers them to advocate for themselves and I think after being at a group like that, they're more likely to ask their doctors those questions, rather than take the prescriptions... and asking "why am I on this

medication?” And I think often many people especially in the mental health system had to run around and not have had good experience with the medical system. I think being able to empower them and let them know what their rights are and they always have the right to refuse treatment and ask questions and really understand before agreeing to things is important.

Mental health outpatients learn other skills that could be used in their daily life, such as working with a strict budget, learning to do grocery shopping, cleaning up after themselves and other skills needed to survive. A management/admin staff pointed this out by indicating:

For instance I did the meeting last month and I said to them “what they want to do in the summer? Let’s plan and tell me some of the things that you want to do and let’s work towards that.” Sometimes, they want to go to Niagara Falls, or they want to go to Center Island or they want to go to Downtown. You got to plan, because they don’t have money to expose themselves. So I want them to know, “if they are planning on this, at the end of the month, when you get your money, you got to put aside X amount of money.”

A social support worker provided an example of how mental health outpatients learn to do grocery shopping using a budget:

What I’ve started with them is cooking, like I would ask them what they would want to cook and they get to volunteer and I would go on to the computer and look for recipes pertaining to that meal. We will go for shopping. There is a list I put up to see how many people will be coming before we do the shopping. Whoever decides to do the cooking, I go for shopping with them and I stand back and look to see what they are buying and only get involved if it’s a big parcel of ground beef and I say to them that, “you don’t need that much, because it’s only six people.” So I am able to assess their skills. If the budget is only \$25, I will ask them if that is within our budget and then we will revisit the prize of these things. Then when the cooking, I hand out the recipe and people come there and I stand out there and supervise them to see what they exactly do.

Another social support worker provided an example of how mental health outpatients learned to look after themselves:

I think the kitchen, well we try to make things as normal as possible and to respect the place that you're in... "This is your place, this is your kitchen, treat it as when you're in your home." So we ask people to clean up after themselves. We don't have maids coming in to clean up the house, so we ask everybody to be respectful and mindful of that. Yeah, I think it's been great from what they said, they love it.

Another example was provided by a non-regulated health care worker, who indicated coming to the CMHP helped a mental health outpatient become independent and to travel on their own.

Yes, we always have small victories. People feel always reluctant to look at the small victories. There was one guy who was driven by his mother every day and when I started outing, we took bus and subway. Now he travels on his own and stuff like that. Small things like that, people have learned to use the transit system and they have learned how to get around Downtown and people learned about how to get home when they are lost. It is unfortunate when that happens. It has happened and not the skill that people want to learn, but it is good to know that they were able to go home.

A non-regulated health care worker indicated that some mental health outpatients have gained employment related skills:

Some people I have seen, after participating few months here and going out in the community and finding part-time jobs and moving on to other things.

Mental health outpatients received additional support from the CMHP staff, including filling out application forms, which can be a stressful thing for mental health outpatients who do not know English or do not know how to fill out the forms. A social support worker stated:

Another thing the patients mentioned is that they need help filling out forms and things like that, causes stress on them when they don't understand how to do something.

Family members of the mental health outpatients also benefitted from the CMHP. It took away the pressure from their family members who may otherwise worry if they had to leave the mental health outpatient home alone. A regulated health professional indicated:

Yeah, and less disruptive to the families. And the families work, like the husband, and you know his wife is home, so he cannot be thinking “Oh My God, what is she doing now?” I think it’s having a peace of mind.

CMHP provides support not only to the mental health outpatients but also to their families who have to deal with these mental health outpatients. A social support worker said:

So that’s a meeting group once a month for family members. So family members who are dealing with children or other family members who have mental health problems, it’s a support group for them. So it’s once a month.

A management/admin staff also indicated:

I think family will sometimes have intakes that might go a bit smoother, because they can see what we are about, what we have to offer, and help the family take the pressure off them, to tell them they are not alone, and that there are social supports that can help them with different things.

### **5.3.3 Views on Cultural Aspects of the CMHP**

The importance of cultural needs is recognized by the mental health care workers at the CMHP. During the interviews, the mental health care workers talked about the Tamil culture, including cultural barriers, cultural causes of mental illness and how cultural needs are integrated into the CMHP. These topics will be elaborated in the following sections.

### 5.3.3.1 Views on Cultural Barriers faced by Mental Health Outpatients

Tamil mental health outpatients are often stigmatized due to their mental illness, which may prevent them from attending the CMHP. This was described by a social support worker as:

They have problems when they go out, because they have a mental problem. They have that stigma. Some patients don't want to come here, because they say everybody has problems here and they don't want to come. They don't want to come here, because if they come here they will be named as "mental health patients," because everyone that comes here are mental patients. That's there with some people.

Stigma is an issue for mental health outpatients and was described by a non-regulated health care worker as:

First thing is stigma. It is not only in Tamil community, even in other communities as well. People don't want to tell, they have mental health issues. Even the client's own family members are not aware of it. They don't want to tell them they have mental issues, even to their own children. Even the own relatives or siblings doesn't know that they are attending here. They say they are going for yoga if they ask. Stigma is the main problem.

Language is a barrier for many Tamil mental health outpatients who do not understand English. This also prevents mental health outpatients from utilizing mental health resources. A non-regulated health care worker said:

Language is an issue. They have problems accessing other services. There are no Tamil speaking people in every field. If they go to pharmacy, pharmacist can't explain properly to them. There are not many Tamil programs in [this part of the city] as far as I know. So, this program is a blessing for them. Even though there are no varieties of services, there are a lot of Tamil speaking case managers and social workers in the hospital, but there are not many recovery oriented program in a hospital setup like this.

A regulated health professional pointed out, that it is sometimes hard to communicate with a mental health outpatient who does not understand English. So again, language is a barrier.

I don't often get [Tamil mental health care worker] because from the beginning they can get by, but when I need to explain 'why they need to come', 'what's the importance' and I need them to understand. They need to tell me if the medication, especially if they are beginners, and if the medication started shifting, changing, or side effects of the medications. These are the things that I need to understand because most of the time "no show" because "oh okay, I get my injection, I feel sick." What they don't understand, usually that sickness is the side effect and we can counteract that side effect, so I need them to understand, that this is a normal thing. It will happen. But you cannot just come for your injection.

#### **5.3.3.2 Views on Cultural Causes of Mental Illness**

Being immigrants could have also contributed to the mental health outpatients' mental illness, including cultural shock, language barrier, isolation, financial trouble, and difficulty finding employment. This was noted by a non-regulated health care worker:

All the Tamil speaking clients are new immigrants and moved here, from ten to fifteen years time. They have lots of cultural problems... when they moved to this country. Cultural shocks and language problems and isolation and so many other things like employment, financial. Lots of them have language barriers... those who attend here. Almost everybody has limited language skills. We have to work with them individually.

In Sri Lanka, people live with their extended families; they have religious places to attend to and they keep themselves occupied with house work. However, in Canada they are lonely and are not occupied, which can contribute to mental illness. This was described by a non-regulated health care worker as:

Cultural thing, weather, loneliness. After their husbands go to work, they stay home alone whole day, no one to talk there. But they have extended families, neighbours back home. They have other outlets like [religious places] and there it will take long time to do house work and they will be occupied all the time. Here you have everything in a fridge or refrigerator, you heat it, and it will take half hour or little more. Rest of the time, you don't know how to kill your time. So, the time starts to kill you. Unprogrammed, unstructured, unorganized time becomes their enemy. They give more work here for small unnecessary things.

Many Tamil mental health outpatients may have experienced post traumatic stress disorder due to the civil war that occurred in Sri Lanka. A management/admin staff said:

I think it's asking for help becomes the issue, because I think there's still, in any community, there's a lot of migration issues, there's a lot of post-traumatic stress, coming from wars.

A social support worker indicated:

There are lots of people from Sri Lanka and lots of them came here because of the problems and stuff in those countries. Lots of them just came here, because they don't have a choice and they came here. Now... it has a lot to do with coming here and not getting integrated into community. They are not getting to go to school to learn English language. They don't have that opportunity. They are not given that opportunity to go to school and learn.

### **5.3.3.3 Views on Cultural Programs offered at CMHP**

The CMHP offers many activities to meet the needs of Tamil mental health outpatients and recognizes the importance of integrating cultural components into the CMHP.

The need for a Tamil mental health care worker was recognized by the CMHP, due to the large number of Tamil mental health outpatients who attend the CMHP. A regulated health professional said:

If we're having a program, we have to be accordingly responsive to that, so we have to be aware and mindful. Okay, this is our majority of our demographics and the number of people attending to this program. We might have to think about adapting a Tamil speaking psychiatrist on board with us. We might have to think about adapting to a Tamil speaking recreational therapist on board with us. They will have a lot of case workers on board with us that's Tamil speaking individuals. It's responsiveness to the needs. Adapting to what the demographics is.

The need of a Tamil mental health care worker was reiterated by a social support worker:

So we're very lucky to have [Tamil mental health care worker], and when we put that position up, that was something we really wanted because we knew our population was increasing... the population, the Tamil population. So we really wanted to focus on that, because obviously it's a need, so we wanted to be able to help with that. Certainly having [Tamil mental health care worker], helps tremendously, to be able to translate for not even just between the staff, but when we have presentations... you know, so they are able to understand that as well, and they won't have to say "Oh I won't understand, so I'm not going (to the presentation)." So they are able to participate, which has been great!

Through the Tamil mental health care worker, Tamil translation is provided to the Tamil mental health outpatients. In addition, activities such as Tamil dance, Tamil discussion groups and presentations are offered to the Tamil mental health outpatients.

A non-regulated health care worker said:

For example, traditional folk Tamil dance, coping and communicating life skills in Tamil groups, we also arrange guest speakers in particular area of field in which they are interested in. If we can't find anyone who can speak in that field, we invite other people and translate that in Tamil to them.

Tamil mental health outpatients are comfortable with attending the CMHP and feel welcomed. A regulated health professional indicated:

They would sense that they're welcome here. They would sense that the mirrored fact that they would have somebody actually speak their language and welcome them into the program... it's huge. "I'm coming to a place, I'm trying to learn English, but I'm still learning it. If somebody could just tell me, in my own language, what I needed to do to slowly incorporate myself into the thing, in North America, that would be helpful for me." There are times I would need a translator, because sometimes I'm not able to cross the entire essence of the questions. So if I had somebody, [Tamil mental health care worker] I would come in and say, "[Tamil mental health care worker] we're having a challenge here. She's not able to get instructions about when to bring the medication." To be able to translate that... so [Tamil mental health care worker] would do the translation for us. They love that!

The regulated health professional further elaborated on the importance of translating the language:

Yeah and I will tell you in a big group, I will tell you in English, "Our trip to the zoo will be on Wednesday and everyone has to be here by 7am." Of course if you're new to the country and you're just coming into the program and just learning the language ... "Exactly what did they say? Can somebody tell me that or?" If somebody will say... okay, then [Tamil mental health care worker] will make sure you're here by 7am. "You are a part of us and we have somebody to help us understand you and it starts with the language. Then at some point we will also understand how you think, how you feel." It's not just a translator, it's a cultural translator. Somebody that will not only translate the language, but culturally also translate things.

Being able to speak in Tamil language increases the interaction among Tamil mental health outpatients. As noted by a social support worker, if the Tamil mental health outpatients cannot speak in Tamil, their interaction will be limited, which in turn may negatively affect their rate of improvement:

I think it's better to have a multicultural program. Sometimes it can be good, for instance I would say having a Tamil social worker or counsellor would be good and helpful for a Tamil patient. Suppose if there was no Tamil worker or counsellor, then it will be difficult for them. I've noticed based on their education

background and language, they can't understand easily. So in this instance, their interaction will be limited. So their improvement won't be too much.

A non-regulated health care worker pointed out that the number of Tamil mental health outpatients may decrease if there is no Tamil translation provided to them at the CMHP:

It may decrease, if there is no Tamil worker or culturally sensitive programs. That's the reason they are coming isn't it? It is important to have culturally sensitive programs.

Not only the importance of translation is recognized but the culture is also recognized by the CMHP. For instance the rate of heart disease in the South Asian population is recognized and the Tamil mental health outpatients are educated about this. A regulated health professional described this as:

Even little things like having snacks at groups and making sure that it's halal or it's a snack that's appropriate for everybody, we keep in mind. And awareness that certainly for the South Asian population, you know the incidence of heart disease is much greater. So being aware that lots of the groups are South Asian is a subject that I make sure that we're touching on frequently. Or when our dietitian does a session on healthy eating, we often will take what are traditional foods from various cultures and look at how we can continue to prepare them, but maybe prepare them in a healthier way. So that's the kinds of things that she will do.

Different ethnic cultural holidays are also celebrated at CMHP, which allows the mental health outpatients to feel like they belong and are a part of the program. The regulated health professional indicated:

And all these functions they celebrate, I would thank the organizers who are not Tamil people, but are Canadian, but they accommodate these Hindu New Year, Diwali and all that. They have their traditional food and traditional dancing. So they don't feel like they are kind of out of place, they feel comfortable. It's like their own home; they're having a good time with other patients, so it has helped.

### 5.3.4 Views on Barriers

Mental health outpatients face barriers that sometimes prevent them from attending or utilizing the CMHP. Some of these include transportation, under funding, stigma and lack of young mental health outpatients.

One of the barriers mental health outpatients face includes transportation to the CMHP, due to distance or due to functional difficulties. A non-regulated health care worker indicated:

When we talk about barriers, they have transportation problems due to their income. Of course, ODSP is giving travel allowance. It is hard for everyone to come here with their problems. Some people can't come because they live far.

Another example of transportation issue was provided by a management/admin staff:

I think people tend to leave at three (o'clock), because they don't like to ride the [bus] in the dark. That's a huge safety issue for people.

Lack of funding could also prevent mental health outpatients from participating in trips that are organized by the CMHP. A regulated health professional mentioned:

Again funding becomes an issue, and certainly to go on trips like that, if there's admission costs... and that's always the highlight and has been really successful. I think the ability to provide those kinds of experiences is really great.

Mental illness itself could also be a barrier in terms of travelling to the CMHP, as described by a social support worker:

Some are unable to come, because of their mental illness; they may feel lethargic or unmotivated. So, because of that, they stay back. Otherwise they would come. So, it's not really due to any other barriers, but it's due to their mental illness. Most of them say, that they want to come, but couldn't because they were not

able to wake up early in the morning, because of the medicine or the illness. The motivation is not there. That could be the reason. Not because they don't like the program or not because it's not interesting... because they choose one or two programs, and once a week they somehow come... because that means, it's interesting to them, so they drop-in.

A regulated health professional mentioned, in addition to the transportation barrier, some may also have family responsibilities that prevent them from coming to the

CMHP:

Yes, because some of them aren't motivated to go. Some are living far away, some maybe having other chores at home, like looking after their grandchildren. So they are unable to come, and we can't force them to go, but unfortunately they are missing a lot in their improvement, because they could be feeling better, they could relate better to others if they see these things, but they don't. But we try to encourage them.

Family responsibilities were reiterated again as a barrier by another non-regulated health care worker:

Lots of them have children. During the holiday time, that's also a barrier. They want to come and attend the program, but when the kids are home they can't. They ask me whether they can bring the kids and leave them in the living room and they can attend the program, but they are not allowed to do that now. They (CMHP) don't have resources and accountability for the kids.

Stigma is also a barrier, especially for Tamil mental health outpatients. These mental health outpatients fear that others may find out about their mental illness if they come to the CMHP. This was described by a management/admin staff as:

I know we deal with a large population of Tamil community. So I do know that there's a struggle there, because it's smaller and tighter or word of mouth. [Tamil mental health care worker] and I have done a little intake and the family is less open to the fact that if their son or daughter comes, other people will find out. We just try to reassure them that everything's confidential or private and any discussion we have in a group is private.

Stigma was pointed out again by another management/admin staff

Some people don't want to be associated with mental health programs and want to do their own thing and that's fine if they can manage that. That's fine. But yeah, I do think that there is some sort of ... "you're crazy, and you're going to the crazy program." I don't know, I haven't heard examples first hand, but I can well imagine that it's possible.

Lack of young mental health outpatients could be discouraging to other young mental health outpatients who would like to participate at the CMHP. A social support worker said:

When they have young people referred, they don't want to come, because we have no young people here. There's not a lot of young people, so I hear more that, it's not so much cultural, but youth don't feel comfortable here because... there are a lot of times we get referrals for young people, but they just don't stick because they... it's different. You know when you see somebody who's forty-five; you just don't feel like you belong.

### **5.3.5 Views on Recommendations for Program Development**

The mental health care workers provided many recommendations on how the CMHP can be improved to better serve the mental health outpatients. These include longer hours of service, providing food, child care support, sports facilities, assisting with employment skills, and having more peer support and leadership programs. Continuing to keep the CMHP free of charge, assisting mental health outpatients with learning the English language and having mental health care workers who can speak a variety of languages were also recommended.

A recommendation that was provided by a regulated health professional was to increase the CMHP staff, including hiring multilingual mental health care workers, which will benefit mental health outpatients who speak other languages:

I would say increasing our staff members. We only have so much money. Let's face it... the main budget goes into the staffing. So it's your main expense. I would like to have a Chinese, Mandarin, Cantonese speaking individual on board. I would like that to happen. The predominate, speak English, but some of them probably... you know if somebody would be multilingual, that would be much more responsive to a variety of our clients. We are trying our best here. Within the Asian community, I would really much like to have the budget for a Cantonese and Mandarin speaking ones, to come on board.

The regulated health professional further indicated:

But my dream is, even this part of town, would have some Mandarin, Cantonese speaking individuals, Sri-Lankan speaking, Hindi speaking, from the Middle East, Parsi speaking individuals. I would love to have that. To gain that versatile group that will have the language abilities and the cultural interpretation that goes with it. We're getting there, but very slowly. And the cost of living is not getting any cheaper. There is only so much money in the pot, so we have to be... so we'll just go by the majority of the numbers. You can always dream right?

It is important to have a mental health care worker who will understand the mental health outpatients' language and culture, which was indicated by a social support worker as:

It would also be nice to have workers that speak other languages other than Tamil and maybe we could reach out to other communities.

Having more staff would mean the CMHP can operate during the evenings and weekend, which would allow mental health outpatients to utilize the services during afterhours as needed. A non-regulated health care worker indicated:

It's been mentioned by many and if there is a need for it, it should be used and should be done. It's short staffed and whether or not we can afford to hire three people around to have different days and times. We don't have lots of staff here.

We have few staff and when couple of people is away it is hard. It is nice to have that kind of stuff, but we need more staff. If more people would come, then probably. I want to see it done. I don't know whether I want to do it or not. If it benefits the clients and if it gives them something to do and they don't have anything to do, I wouldn't close the door for them. Some are voicing about it. Not everybody. It is not overwhelmingly demanded, but if we offer a program, people would come.

Having evening hours and weekend hours is important to some mental health outpatients, especially those who are lonely, cannot afford anything, and do not have anything to occupy themselves with. A social support worker said:

Well, one person in particular is looking for something on the weekends... for her daughter. They're not the only ones...other people have, because weekends are long. There's Good Friday, Saturday, Easter Sunday, and Easter Monday... that's four days of nothing and for people, that is a long time, especially if you have no money, you have nothing to do. So, more programming like that, so weekend activities or getting out of the city. We get the bus once a year and we go on a trip, but more kind of activities like that and get people out of the city. And people have asked for swimming. Some of them are more expensive activities that cost a lot of money.

Continuing to keep the CMHP and its services free of charge is important to the mental health outpatients. A social support worker said:

If you were to charge for this program, not this many people will come.

Mental health outpatients would like to learn the English language, so making arrangements to teach them the language is important. However, teaching must be specially designed to meet the learning capabilities of the mental health outpatients. A social support worker suggested:

For example, English language... that skill, for some patients, it is hard to learn. They are really stuck, like they can't improve with the language. There are certain patients in that category too, but not many. But others, they are not able to concentrate or able to cope with learning. So, they have to have specially designed program of language teaching for these kinds of patients. It is not

available outside.

Assisting mental health outpatients with employment skills is important. A social support worker said:

They are living in real bad situation. Most are on ODSP. Their employment directed goals/programs needs to be introduced at the [CMHP] program. It's important. To help them get a job. Even if they do small jobs, they will be happy, but we don't have that here.

Another social support worker indicated:

You have in any treatment... social aspects, personal aspects, occupational aspects and so many other aspects. So I would say that improving them with their occupational skills and improving them and directing them towards working. Most of the women, who come here, have social interaction, but if these people go out themselves and work and do something and improve on their specific skills, then it would be great.

When asked about why many mental health outpatients do not have a job or do not seek any job opportunities, a social support worker responded:

Some people I suppose have a family as a barrier, but most people I wouldn't say necessarily a barrier. Obviously the more support the better and most of the people that come here are not looking for an employment. That's not a number one priority. It's looking to be well, looking to stay out of the hospital, looking to feel good again, looking to get back to and loving some of the things they used to love, looking to getting rid of the voices, not worrying so much. So most people that come here are not employment ready. That's not necessarily a barrier. I mean it would be great if they could work and make some money to support themselves.

The social support worker further indicated that the mental health outpatients' basic needs need to be met first, such as having food to eat:

It's like the Maslow's hierarchy of needs. When you have something to eat, if you haven't eaten... you know that's really a barrier in terms of... I mean it comes back to the finances. So people aren't eating properly and they're coming here hungry and it's hard to function.

A non-regulated health care worker indicated mental health outpatients are scared to seek a job and lose the ODSP support they have, in case they become mentally ill again:

Mental ability and also they fear that they will be out of that ODSP system if they get a full-time job. And when it (mental illness) affects them again, it is very difficult to get back to the ODSP system. Lots of them don't want to come. They are allowed to earn certain amount of money. If they're stopped from ODSP, it's a long process to get it back. That fear is always there.

A management/admin staff indicated:

I think some people would like to work and I think there are few people that are motivated to work. I think there's a difference between actually wanting to work and going out there and doing it. I think you know clients are comfortable on their ODSP and it's just too difficult and stressful just to even have the thought of working... makes somebody ill, and could be hospitalized. So what's more important? A job or staying well? I would never... I don't push people to employment, but if a client comes up to me and says "I really want a job," and I'm like "OK, yeah. Great! Let's see what we can do to find you a job." And then you're dealing with "I didn't succeed; now I'm a failure." It's that whole thing and it happens quite often. It's like "Are you ready? Do you think you're ready?" "Yes, I really want to work!" And it's the same with anything, with a relationship, with a significant other... it's a huge... and someone like myself might be willing to take that chance and put myself out there, switch employment, or have a significant other! For someone with an illness, it's a big stressor.

Providing food at the CMHP will encourage more mental health outpatients to join the program, as many mental health outpatients cannot afford to buy food on their own. Another social support worker suggested:

Well, I would say it's more money, because you know for lunches in a bag, there's no cooking involved. So definitely, people are low on funds, they don't have a lot of money, and some of our folks go to the food banks, because they don't have a lot. So I can promise you when we offer food for our program, that's when we get our best attendance.

Another example was provided by another non-regulated health care worker who indicated food would encourage the participation of mental health outpatients:

Providing snacks, because not everyone is able to bring their lunch. Some of the program involved with the food is very popular here. So, providing snack or lunch here is encouraging the people to stay longer or come and also provide some extra [public transportation] token to help them.

Having child care support in the neighbourhood of the CMHP will assist the mental health care workers who cannot attend the CMHP activities due to their children. A non-regulated health care worker pointed out:

If they (CMHP) have child care support attached besides this neighbourhood, they can bring the kids and leave them there and attend the program. That will help them during the school holidays.

Having sports facilities such as a gym will help improve mental health outpatients' physical health. A social support worker mentioned:

Nothing major. I mean minor things like basketball nets. You know minor things we could purchase. It would be nice to have. The layout of the place could be better. It would be nice to have a gym, because a lot of people put on a lot of weight and the cholesterol goes up and diabetes, and so it would be nice if we have that. Maybe like physical trainer that could work with people... that would be great.

A regulated health professional also indicated:

They are having issues with weight gain because of their medication. So we need to really be much more focused on how are we going to help them maintain a stable weight without the cane? I would need bigger help... a bigger gym, a physical trainer, but not only once a week, but maybe three or four times during the week that will happen. They will do their cardio and teach them how to do weights, because there is no magic. You could talk about their diet and cutting down on the carbs, eating fruits and green vegetables, but if you eat them you still have to burn them. So part of burning them will be not only your carbs, but also your weight. If you're only doing an hour of your cardio on a Friday, is that realistic? I don't think so. I think they need more, if you're going to be bigger and realistic about trying to get them to maintain a stable weight and not have them

end up with hypertension, diabetes and other health related problems due to weight gain, it has to be a bigger program in terms of trying to stimulate them and actually doing the shopping with them. Some of the case workers already do that. Maybe what I want to see happen in this program is have maybe, three or four times a week... they work in between weights and cardio. They will be doing that. Maybe once or twice during the entire program to get them really and somebody actually trying to check their weight gain and their abdominal circumference and when there's an alarming increase, people have to have the knowledge that this individual is gaining so much weight. You might have to reconsider other medications that could not make them more prone to weight gain. This is me dreaming! Where they would have a big beautiful gym that would include a tennis court, a swimming pool, and all sorts of facilities that would be an enjoyable place to lose weight or burn the calories or the weight.

We're trying our best here, but we're trying with what we got right now. Working with the money we are provided with. They (people) will actually donate their treadmills, weights, their rolling machines, their bikes. It's all donations and we just have to make room for them, but if we are going to be realistic... really keeping an eye on them, on their well-being, because they are mental health survivors and the medication they are having. My dream will be for a bigger gym facility, with physical trainers and dietitians that are keeping an eye on their weight gain.

Having sports facilities will also increase the number of male and youth mental health outpatients at the CMHP. A management/admin staff said:

Well, I think if we had a gym and you know, some of the more sporty physical kinds of things. I think you could...yeah! If you identify the need and really put some effort, because the other gap we looked at was youth... because youth come, somebody who is nineteen or twenty (years of age) comes here and looks... and the average age is forty-five or fifty. They aren't going to feel so comfortable. So you need the critical mass. So I think if you wanted to, if you determined it was a need, I'm not sure which comes first though, whether it's because guys tend not to take advantage or we aren't providing what guys need. I think, things like the pool table certainly is encouraging more guys to come, so I think that there are things you could do to capture that interest.

Having more peer support and leadership programs will help mental health outpatients in improving their social skills. A social support worker stated:

Well I think there are all kinds of other ideas. Some that would be great, you know like a newsletter or I have all kinds of ideas, but nothings ever done. Like

we don't have, like I'd like to see more peer support for example, and peer support groups and that sort of things hasn't really happened. We used to have a peer support group once a week where people can come in like a coping group. I'd like to see more of that and peer involvement in terms of, you know, doing the kitchen and other projects where people could get more involved with... with planting. There are so many different things where people could be involved in. So, somebody suggested that, other programs have like a newsletter where people know what's going on for the week. You know like, last week we did this peer participating and putting that together. So you put together the rules of [CMHP], what's acceptable, and what isn't acceptable. So there are all kinds of possibilities.

Outreach and a better referral system needs to be put in place and it's very important in order to target as many mental health outpatients as possible. A social support worker said:

So not only our community, it's in other community too. The people that come here enjoy it and keep coming here again and again. The problem is to get new people to join this program. New people are not coming or joining here. Main reason is because the doctors are not encouraging them. There should be a social system in place, a social service worker or someone in place who can come and talk about this.

## **5.4 Summary**

Interviews with mental health care workers provided an insight of their view of the CMHP, the impact of social activities on the mental health outpatients' life, cultural components of the CMHP, barriers, and recommendations for further improvement of the CMHP. The next chapter, Chapter Six will present a discussion on the themes identified from the mental health outpatients' and mental health care workers' interview analysis.

## 6.0 Discussion

The goal of this study was to examine and document the views of mental health outpatients between the ages of twenty-five to sixty years old, at an outpatient mental health program, in order to get a better understanding of the impact social activities and social network programs has on their mental and general health, as reported by the mental health outpatients. This study also examined the mental health care workers' views and experiences of the mental health social program and the impact it has on the mental health outpatients' quality of life.

This research study examined the following research questions, from the perspectives of both the mental health outpatients and mental health care workers:

1. What are the benefits of having socially supportive activities at a mental health program?
2. What are the barriers associated with accessing and utilizing the mental health programs and services?
3. What are the cultural needs of Tamil mental health outpatients?

The Pender's Health Promotion Model and the Frank Model both served as guides for understanding and explaining the health promoting activities and social interventions for the mental health outpatients. It also helped understand the

importance of increasing the social interventions in order to increase the quality of life of these Tamil mental health outpatients.

This chapter presents the outcomes and implications of the findings of the study as reported by mental health outpatients and mental health care workers based on their views and perspectives of participating at the Community Mental Health Program (CMHP).

### **6.1 CMHP: The Second Home for Mental Health Outpatients**

Mental health promotion is defined as the “process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health” (Joubert, Taylor, & Williams, 1996). The CMHP is a social recreational program for people with mental illness and is designed to promote mental health. The CMHP views the mental health outpatients from a holistic perspective, including mental, physical, psychological, emotional, and spiritual aspects. Literature also indicates mental health promotion should focus on the physical, mental, emotional and spiritual health of a person (CAMH, CHP, CMHA Ontario, Health Nexus, & OPHA, 2008).

The CMHP focuses on increasing the quality of life of the mental health outpatients by providing daily community-based support and a range of services designed to promote and maintain independence, participation in the community, and

prevent re-hospitalization (CMHP Brochure, n.d.). It offers a variety of activities, including discussion groups, physical activities, dancing, arts and crafts, cooking, work activity, and presentations. Therefore the mental health outpatients have the flexibility to participate in activities that suit their specific needs. The CMHP also educates mental health outpatients on various topics including life skills, family issues, and communication.

The CMHP focuses on more than the symptom recovery of the mental health outpatients and has a patient centred approach. The mental health outpatients are guided by the mental health care workers to solutions and are encouraged to make their own decisions about their life. This is supported by the literature which also indicates that the environment of the mentally ill person should foster social support and participation in decisions about one's life and health (Pape & Galipeault, 2002).

The CMHP is viewed by the mental health outpatients as a "second home," due to its safe and friendly environment, which emphasizes the CMHP's community support system. Thus, the mental health outpatients feel a sense of belonging.

Having community mental health resources such as the CMHP gave mental health outpatients a reason to get out of their house, socialize, make friends and be actively involved in the CMHP activities. This in turn allowed the mental health outpatients to be physically and mentally engaged. Most mental health outpatients at the CMHP are unemployed and are obtaining support from the Ontario Disability

Support Program (ODSP), which is a program that assists people with disabilities who are in financial need to pay for their living expenses (Ministry of Community and Social Services, 2008). However, the ODSP levels are below the poverty level and is criticized for clawing back any additional income earned by people (Ontario Human Rights Commission, 2009). Therefore, the mental health outpatients couldn't afford to go out often and participate in community activities, including entertainment. Thus, the CMHP served as an outlet for mental health outpatients. This signifies the importance of having free community mental health resources for mental health outpatients to utilize.

Most mental health outpatients who attended the CMHP did not have structure to their daily life and did not have anything to look forward to. Attending the CMHP provided that structure that they required on a daily basis and gave them the opportunity to learn about routines.

As described by the mental health care workers, the CMHP mimicked a “normal life” of a person and gave purpose and structure to the mental health outpatient's life. Literature also indicates psychosocial factors of mental health promotion should focus on having a positive outlook on life, with a sense of purpose and direction (World Health Organization, 2003). The CMHP also promotes mental health well-being by focusing on many psychosocial factors, including positive emotions, secure attachments, social integration, social relationships, perceived control over life

outcomes, and effective strategies for coping with challenge (World Health Organization, 2003).

Moreover, the interview results suggests that both the mental health outpatients' goals and the mental health care workers' goals for the mental health outpatients were similar, thus indicating the CMHP provides patient-centred health care and that both mental health outpatients and mental health care workers are working together in order to meet the needs of the mental health outpatients.

## **6.2 Benefits of Attending CMHP**

Mental health outpatients gained many benefits from participating at the CMHP, including mental health and physical health benefits. They also had the opportunity to build their social network and develop social skills, which helped them to better integrate with their community.

### **6.2.1 Mental Health Benefits of Attending the CMHP**

Attending the CMHP provided many mental health benefits to the mental health outpatients. After attending the CMHP, mental health outpatients reported that their overall mental health improved, thus their general health also improved.

Compared to the general population, feelings of loneliness are much higher in people with mental illness (Borge, Martinsen, Ruud, Watne, & Friis, 1999; Clinton, Lunney, Edwards, Weir, & Barr, 1998). Prior to attending the CMHP, most mental health outpatients who did not have any places to go to or any social contacts to interact with, chose to stay home alone. As a result, negative and unnecessary thoughts increased and the feelings of loneliness and isolation also increased, which may have potentially increased the severity of their mental illness. Loneliness is the distressing emptiness that a person experiences when their social and emotional needs for contact are not met (Killeen, 1997). Loneliness can impact the physical, psychological and social aspects of an individual and is a risk factor for many physical and mental illnesses, including anxiety and depression (Cohen, Doyle, Skoner, Rubin, & Gwaltney, 1997; Silove, Sinnerbrink, Field, Manicavasagar, & Steel, 1997). Through participating in the CMHP activities, the mental health outpatients felt that the negative and unnecessary thoughts experienced as well as the feelings of loneliness and isolation they experienced decreased. Therefore, there is a need to engage mental health outpatients in community activities and social relationships.

Furthermore, prior to attending the CMHP, the mental health outpatients' also experienced negative emotions, frustration, anger, stress and poor concentration. However, through participating in social activities offered by the CMHP, the mental health outpatients were able to see improvements in their attitude and mood. Through activities like yoga and meditation, mental health outpatients learned to control their feelings. Yoga breathing is known to reduce stress and reduce unwanted obstructions,

imbalances, distractions and negative emotions (Brown & Gerbarg, 2009). Clinical evidence indicates yoga breathing can be used in the treatment of depression, anxiety, post-traumatic stress disorder, obsessive-compulsive disorder, grief, and phobias (Brown & Gerbarg, 2009; Shannahoff-Khalsa, 2004; Telles, Naveen, & Dash, 2007). Yoga is also known to help with controlling anger and better cope with mental health challenges by assisting people to transform negative thoughts into positive ones (Brown & Gerbarg, 2005). By participating in activities like yoga and meditation, the mental health outpatients noticed that their anger, frustration level and stress level decreased. Mental health outpatients also experienced a positive change in their mood and attitude as well as improvement in their concentration level. These findings is supported by the literature, which indicates that yoga helps with the prevention of mental health disorders and helps develop positive health states (Posadzki, Parekh, & Glass, 2010). These findings also suggest that it's important to incorporate physical activities like yoga and meditation in to mental health programs (This will be discussed further in the following section: 6.2.2 Integration of Physical Health Activities at the CMHP).

In addition, through the educational workshops offered at the CMHP and through the support of mental health care workers, the mental health outpatients learned to take better control of crisis situations and seek help when needed, which allowed them to recover faster from crisis situations.

Many mental health outpatients at the CMHP expressed that if they had utilized the CMHP when they were initially diagnosed with the mental illness, they would have

improved dramatically. Moreover, there were noticeable improvements in the mental health outpatients' mental illness. This is further supported by the CMHP records, which indicated the number of psychiatric related hospitalization of mental health outpatients from the CMHP has decreased significantly over the year. The records also indicated that the total number of episodes experienced by the mental health outpatients and the total number of days spent in the hospital has also decreased dramatically. Furthermore, the mental health outpatients self-reported that their medication dosage level has also decreased. Thus, the CMHP is assisting the mental health outpatients with overcoming the severity of their mental illness.

Based on the views of the mental health outpatients and mental health care workers, this study indicates community mental health resources assists in improving the mental health and well-being of a mental health outpatient.

### **6.2.2 Integration of Physical Health Activities at the CMHP**

Mental, physical, and social health are closely linked together and are important to the overall well-being of individuals (World Health Organization, 2003; Sowers, Rowe, & Clay, 2009). For instance, overweight and obesity are linked to an increased risk for emotional problems (Goodman & Whitaker, 2002). Similarly, adolescents with depression are at an increased risk for the development of obesity (Goodman & Whitaker, 2002).

Mentally ill patients normally experience poor physical health and decreased longevity (Brown 1997; Brown, Kim, Mitchell, & Inskip, 2010; John, Koloth, Dragovic, & Lim, 2009; Robson & Gray 2007). Research further indicates patients with mental disorders experience higher rate of physical illness such as diabetes, respiratory and cardiovascular disease (Brown, Barraclough, & Inskip, 2000; Joukamaa, Heliövaara, Knekt, Aromaa, Raitasalo, & Lehtinen, 2001). Therefore, it is important to integrate physical health activities in a mental health outpatient's life.

The CMHP offers many physical health activities, including yoga, meditation, walking sessions, and dance lessons. The importance and benefits of yoga is described in the above section (see section 6.2.1 Mental Health Benefits of Attending the CMHP). In addition to the physical activities offered at the CMHP, workshops related to health and wellness are also offered, where mental health outpatients are educated about the importance of healthy eating and physical activity.

The mental health outpatients at the CMHP take medication for their mental illness, which has caused side effects, affecting the mental health outpatients mentally and physically. Literature indicates that medication can be both a powerful tool for increasing quality of life, as well as a barrier (Deegan, 2007; Moncrieff, Cohen, & Mason, 2009). Medications, such as antipsychotic medications, are known to cause weight gain, which has poor effects on a patient's functioning (Chiang, Klainin-Yobas, Ignacio, & Chng, 2010). The mental health outpatients at the CMHP felt that the physical health activities are helping to tackle the side effects of medications, including

weight gain. One such example of a physical health activity is yoga, which is known to help reduce body weight, improve memory, and bring a sense of well-being (Singh & Udupa, 1977).

In addition, mental health outpatients felt that participating in physical health activities at the CMHP had a positive impact on other health conditions, including improvement in blood circulation, blood pressure, cholesterol level and chronic diseases such as diabetes.

Participating in physical activities and learning about healthy living motivated mental health outpatients to be physically active, thus positively impacting their physical well-being. The views of the mental health outpatients and mental health care workers from the CMHP indicate the importance of integrating physical health activities in community mental health programs and treatments.

### **6.2.3 Benefits of Social Network**

Social networks have significant impact on mental health (Antonucci, 2001; Russell & Cutrona, 1991). The mental health outpatients reported that they have gained many benefits through building social networks, including an improvement in their mental health. Research also indicates social networks, including the size, frequency of contact, and level of support received aids people with mental illness (Courtenay,

Brooks, Ashikaga, Strauss, & Breier, 1987; Lipton, Cohen, Fischer, & Katz, 1981; Raimo, 1997).

Social network is described as the process of building new network ties, strengthening existing ties, and increasing family ties (Biegel, Tracy, & Corvo, 1994). The CMHP assists with building new network ties by adding new people to the mental health outpatients' social network, including mental health care workers, volunteers, other mental health outpatients and peers (Perese & Wolf, 2005). This in turn reduces the feelings of social isolation and loneliness experienced by mental health outpatients.

Literature indicates people with mental illness experience stigma and discrimination which may hinder the development of new relationships (Boydell, Gladstone, & Crawford, 2002). Mentally ill patients find it difficult to form meaningful social relationships due to difficulties in social functioning, including social withdrawal and social isolation (McCorkle, Dunn, Wan, & Gagne, 2009). Due to a sense of loneliness, lack of finances, struggle for equality, and being neglected, mentally ill patients experience further difficulty in forming friendships and fear integrating with their community (Bengtsson-Tops, Hansson, 2001; Granerud & Severinsson, 2006).

Loneliness and stigma, together serve as a barrier between the mentally ill person and their community, including the inability to make and keep friends and participate in social activities (Steinwachs, Kasper, & Skinner, 1992; Perese & Wolf,

2005; American Psychiatric Association, 1987). Therefore, social interaction may be limited in a mental health outpatient's life. This signifies the importance of giving mentally ill patients the opportunity to engage in social activities and build social connections (McCorkle, Dunn, Wan, & Gagne, 2009). In addition, social network interventions must be incorporated in the treatment for people with mental illness; in order to reduce the feeling of loneliness experienced (Perese & Wolf, 2005).

As previously indicated, the CMHP serves as a place to connect people, build friendships and widen social network. Friendships that were formed at the CMHP have gone beyond just the CMHP setting. The mental health outpatients socialized after hours with other mental health outpatients and provided each other with emotional support. The feeling of having someone that the mental health outpatient can depend on and share their feelings with during difficult times increased. These findings are similar to previous findings, which indicate that social support including the availability of a person whom a mentally ill patient can rely on and obtain assistance from, helps to meet their psychosocial needs (Sarason, Levine, Basham, & Sarason, 1983). In addition, the mental health outpatients obtained other benefits from their social network, including receiving guidance, advice and information support, which assisted with their daily needs. This is also similar to previous findings, which indicate social support includes emotional support, instrumental support and information support, including offering advice and guidance (Solomon, 2004).

Having other mental health outpatients and peers as part of one's social life,

helped decrease stress, feelings of loneliness, social isolation and in turn increased the level of happiness experienced by the mental health outpatient. Moreover, mental health outpatients felt that having a social network and people to interact with, helped improve their social skills (this will be discussed in the next section: 6.2.4 - Improvement in Social Skills). These findings support previous findings, which states that occupational activities offer the opportunity to build relationships which in turn, helps the mentally ill patients develop self-esteem (Schön, Denhov, & Topor, 2009). This is also supported by another study, which indicates having a social network and social activities to engage in, can help the mentally ill patients to build relationships, decrease stress, and decrease social isolation (Pinto, 2005). It can also help the mentally ill patients develop social skills, including the ability to express themselves, state opinions, and realize their emotional needs (Pinto, 2005).

So, there are many benefits associated with having a social network and people to socialize and interact with on a daily basis. Socializing with people allowed mental health outpatients to share their feelings and express themselves. Moreover, knowing someone is there for them gave mental health outpatients a sense of belonging and a secure feeling. The benefit gained from having someone to talk to reiterates the previous studies, that befriending is effective in reducing feelings of loneliness and isolation (McCorkle, Dunn, Wan, & Gagne, 2009).

In addition, there is a lack of socializing places for mentally ill patients, who are stereotyped and discriminated against due to societal beliefs. Therefore, the CMHP

served as a socializing place for mental health outpatients and gave them the opportunity to build relationships and expand their social network.

Social interaction is crucial in every human's life. Therefore, social support for mentally ill patients is considered essential in mental health recovery and should be incorporated in mental health treatments (Vendervoort, 1999).

#### **6.2.4 Improvement in Social Skills**

Enhanced social skills may assist the mentally ill person with accessing social relationships and support (Macdonald, Jackson, Hayes, Badlioni, & Madden, 1998). However, people with mental illness experience social withdrawal and social isolation, which may hinder the development of social skills needed for interacting with others in social settings (MacDonald, Jackson, Hayes, Baglioni, & Madden, 1998; Trompenaars, Masthoff, van Heck, De Vries, & Hodiamont, 2007).

At the CMHP, the mental health outpatients were exposed to other people, including other mental health outpatients, mental health care workers and volunteers, which helped them, build "people" skills. In addition, by interacting with others, the mental health outpatients developed social skills and improved on any existing social skills they had.

Moreover, the CMHP is regarded as a safe environment by the mental health outpatients, therefore, the mental health outpatients felt comfortable with each other. They also shared similar experiences as other mental health outpatients. Through interacting with each other, the mental health outpatients learned to have conversations, advise each other and respect each other's opinions and feelings. Through socializing, they felt that they have become friendlier and more outgoing. In addition, they felt that their self-esteem and self confidence level also increased. This is supported by previous research, which indicates, social support helps mentally ill patients become more outgoing, sociable and active as well as improving their self esteem, self worth and self confidence levels (McCorkle, Dunn, Wan, & Gagne, 2009).

As indicated by mental health outpatients, some of the social skills developed through participating at the CMHP, include communication skills, listening skills, helping skills, leadership skills, and relationship building skills. Participating in group discussions gave mental health outpatients the opportunity to express themselves, become good listeners and improve on their verbal communication skills.

Many mental health outpatients also developed leadership skills through facilitating group activities. Furthermore, the mental health outpatients reported that they learned to control their anger and developed problem solving skills and coping skills.

In addition, mental health outpatients felt that their confidence level increased and they became more independent. Previous studies have also shown that social supports assist with independence and help mentally ill patients with living in the community (Hardiman, 2004). Therefore, social skills developed through the CMHP are helping the mental health outpatients become empowered and integrate better with their community.

### **6.2.5 Other Benefits Associated with Attending the CMHP**

In addition to improvement in mental health, physical health, social network and social skills, the mentally ill patients gain many other benefits from utilizing community mental health resources. This section will discuss some of the benefits the mental health outpatients gained through the CMHP.

Mental health outpatients reported that they became knowledgeable on various topics, through the workshops and presentations offered at the CMHP. The mental health outpatients also learned other skills that can be utilized in their daily life, including cooking skills, artistic skills, and other creative skills from participating in workshops and group activities offered at the CMHP. The mental health outpatients also had the opportunity to learn other daily life skills, including travelling, grocery shopping, working with a budget, and cleaning after themselves.

At the CMHP, the mental health outpatients are directed by mental health care

workers to other community resources and services when needed. Mental health outpatients also received other assistance from other mental health outpatients and mental health care workers, including support with filling out application forms, housing, and travelling. These activities can be stressful for mental health outpatients who do not know English or do not have any support from family or friends.

By attending the CMHP and by interacting with other mental health outpatients and mental health care workers, the Tamil mental health outpatients indicated that their English knowledge improved and they learned to have conversations with people. In addition, the mental health outpatients indicated that they gained employment skills, through volunteering at the CMHP and through work activity related programs, which allowed them to feel confident when seeking for employment.

As previously indicated, the CMHP gives purpose to the mental health outpatients' life. It mimics a normal day of a normal person and provides structure to their day. This finding supports an earlier finding that occupational activities provide mentally ill patients with work to do, while contributing to their recovery (Schön, Denhov, & Topor, 2009).

In addition, by attending the CMHP, the mental health outpatients learned to use the health care system and health care resources effectively, including increased knowledge of their mental illness and medications.

Moreover, the CMHP benefits the mental health outpatients' family members, by reducing the burden of the mental health outpatients' family and/or primary care giver. Having a mentally ill person in a family can cause significant stress to the primary care giver and can prevent them from performing their daily activities. The World Health Organization report indicates that twenty-five percent of families have at least one member with a mental disorder and family members are often the primary caregivers of the mentally ill patients, providing emotional, physical, and financial support (World Health Organization, 2003). It also indicates that the extent of burden of mental disorders on family members has a significant impact on the family's quality of life (World Health Organization, 2003).

All in all, by attending the CMHP, the mental health outpatients gained many benefits, which assisted with their daily life.

#### **6.2.6 Combined Effects of Medication and Social Activities**

Many mental health outpatients who attend the CMHP take medication for their mental illness. In addition, they also participate in the social activities offered through the CMHP. The majority of mental health outpatients indicated that the improvement they have seen with their mental illness is a result of both medication and the CMHP.

Taking medication is the key to reducing the severity of mental illness, but is not the only treatment option. Medications are most effective when combined with

other therapies and healthy lifestyle choices, including diet, exercise, social network and support (Smith, Robinson, & Segal, 2011). These healthy lifestyle choices can affect the amount of medication required, which is consistent with the findings from this study (Smith, Robinson, & Segal, 2011). Some mental health outpatients and mental health care workers reported that the mental health outpatients' medication dosage level has decreased since they became involved with the CMHP. As indicated previously, this is also evident from the CMHP data, which indicated that the number of hospitalizations have decreased dramatically over time, including the number of episodes and number of days spent hospitalized.

Most medications have known and unknown side effects. For instance, weight gain, agitation, apathy, drowsiness, insomnia, dizziness, headache, and confusion are possible side effects of antipsychotic medications (Fretwell & Felce, 2006). Similarly, many mental health outpatients from the CMHP also reported that they experienced side effects from medications, including weight gain, tiredness, and dizziness. However, attending the CMHP and participating in social activities helped mental health outpatients overcome some of these side effects and feel healthy.

Many mental health outpatients noticed a significant improvement in their quality of life after attending the CMHP, compared to the time period when they were only taking medications for their mental illness.

Medication is important; however depending solely on medication will not help

a mental health outpatient gain their social life back. Thus, as reported by mental health outpatients and mental health care workers, the recovery of these mental health outpatients are based on the combination of medication, social activities, and skills learned through the CMHP.

### **6.3 Cultural Aspects and Integration at the CMHP**

Culture can play a significant role in a person's life; therefore cultural needs must be recognized and integrated into community mental health social programs. This research focused on Tamil mental health outpatients from the CMHP and explored the cultural barriers, cultural causes of mental illness, and the importance of cultural integration in community mental health programs.

#### **6.3.1 Cultural Barriers faced by Mental Health Outpatients**

Tamil mental health outpatients face many barriers in accessing and utilizing mental health resources, due to cultural values and beliefs.

Mental health stigma is the negative attitude based on prejudice and can lead to discrimination, thus decreasing the self-esteem and self-confidence of a mentally ill person (Sartorius, 2007). Stigma can interfere with many aspects of life, including social life, employment, housing, and health care (Rüsch, Angermeyer, & Corrigan, 2005). Tamil mental health outpatients are often stigmatized due to their mental illness,

which may prevent them from attending the CMHP. The majority of Tamil mental health outpatients indicated that they did not inform their relatives and friends about attending the CMHP, due to the stigma associated with being a mental health outpatient. They felt that if their friends and family found out about their mental illness, they may label them as a “mad person” or a “mental person.”

Tamil mental health outpatients also believed that having a mental illness may affect their family in the future, including children’s marriage; therefore, they did not want to expose themselves as a mental health outpatient to their community. A World Health Organization report (2003) supports this finding by indicating in some cultures, a marriage can be cancelled if the woman has suffered from a mental illness. The report also indicates that family members of a mentally ill person can also be exposed to discrimination and stigma, including rejection by friends, relatives, and the community, which can increase the sense of isolation and restrict social activities for the family members (World Health Organization, 2003). Another study indicates, due to traditional beliefs, people believe that mental illness can be passed on from a mother to the child (Wynaden, Chapman, Orb, McGowan, Zeeman, & Yeak, 2005). The study also pointed out another example, which indicated in Asian culture if children succeed, it creates a positive impression of the family; however, if the child develops a mental illness, it brings shame to the family’s reputation (Wynaden, Chapman, Orb, McGowan, Zeeman, & Yeak, 2005).

A common barrier for Tamil mental health outpatients is the language, which

prevented Tamil mental health outpatients from utilizing mental health resources effectively. It's often hard for the Tamil mental health outpatient to communicate with a mental health care worker who does not understand their own native language, therefore miscommunications occurs. This is supported by a previous study conducted on Tamil population, which indicates Tamil mentally ill patients experience language barriers in accessing mental health services (Beiser, Simich, & Pandalangat, 2003). Tamil mentally ill patients often feel that their culture and ethnic background would not be understood by the health care system (Beiser, Simich, & Pandalangat, 2003). In addition, the lack of health care professionals from their own culture/ethnic group also discourages Tamil mentally ill patients from utilizing mental health services (Beiser, Simich, & Pandalangat, 2003).

Mental health outpatients reported, cultural related reasons for not seeking mental health resources, include lack of knowledge of mental health, lack of knowledge about mental health services available, concerns about what others may think, and embarrassment of their condition, which is supported by a previous study (Beiser, Simich, & Pandalanat, 2003).

A literature review published by the Centre for Addiction and Mental Health indicates that many culturally and linguistically diverse communities do not have much knowledge of mental illness and have low rates of participation in health promotion programs (Masi, Mensah, & McLeod, 1993). Therefore, it's important to recognize barriers that are associated with certain ethnic cultures and target those barriers in order

to increase the use of mental health resources by mental health outpatients from various ethnic cultures.

### **6.3.2 Cultural Causes of Mental Illness**

The World Health Organization (2003) states that migrants and refugees are at a higher risk of developing mental illness. Refugees experience traumatic pre-migration and pre-settlement issues which jeopardize their mental health (Canadian Task Force, 1988).

Immigrants are at a higher risk for developing mental illness, due to stressful events experienced prior to coming to Canada (Canadian Task Force, 1988; Hyman, 2001). Similarly, the Sri Lankan Tamil mental health outpatients from the CMHP have faced stressful experiences prior to migrating to Canada. The civil war that occurred in Sri Lanka for over twenty-five years has caused significant suffering, including 100,000 people being killed (ABC News, 2009). Many Tamil mental health outpatients from the CMHP witnessed or experienced horrible events from this civil war, including the loss of family members. Previous studies also supports this finding, that many Tamils have experienced traumatic events in their life, including losing their homes, being internally displaced, living in refugee camps, separation from family, harassment, witnessing fights, rape, and physical assaults (Beiser, Simich, & Pandalangat, 2003). These stressful events may have impacted them mentally. Therefore many qualify for post-traumatic stress disorder (Beiser, Simich, & Pandalangat, 2003).

There is a possibility that the Tamil mental health outpatients from the CMHP may have been affected while they were living in Sri Lanka, due to the stressful events they faced during the civil war. However, the symptoms of mental illness may not have been recognized, as there is a lack of knowledge about mental health issues in Sri Lanka. Further research is required to validate this assumption. Furthermore, there is a lack of mental health facilities for mentally ill patients in Sri Lanka. So, not being able to recognize the signs and symptoms of mental illness in addition to not receiving the appropriate treatment during the progression of the mental illness may have increased the severity of the mental illness for these Tamil mental health outpatients. The World Health Organization (2003) supports this by indicating that in most countries, there is a lack of mental health resources, thus people with mental disorders do not have access to mental health treatment and care. It also states that many psychiatric institutions worldwide have inadequate, harmful care, and treatment practices, as well as unhygienic and inhumane living conditions (World Health Organization, 2003). However, further research is required to understand the impact of civil war and lack of mental health facilities in Sri Lanka on the mental health outpatients' mental well-being.

In addition to pre-migration stressors, immigrants also face many challenges related to post-migration and have a difficult time adjusting to the new country and the culture. Therefore the immigrants may be at higher risk for developing mental illness, due to the inability to speak or understand the English language, low socio-economic

status, discrimination, separation from family and isolation from others of similar cultural background (Canadian Task Force, 1988; Hyman, 2001). Similarly, the Tamil mental health outpatients who attend the CMHP faced many challenges being an immigrant, which may have increased the severity of their mental illness. Cultural shock, language barrier, isolation, financial trouble, and difficulty finding employment are some of the issues faced by the Tamil mental health outpatients, which caused uncertainty in their life. Moreover, adjusting to the new people, new language, weather, food, lifestyle and culture were stressful for these Tamil mental health outpatients. For instance, in Sri Lanka, the Tamil mental health outpatients lived with extended families and friends who shared similar cultural background. However, in Canada they lived alone or with smaller families, which may have lead to feelings of loneliness and isolation.

Therefore, as indicated by previous literature, immigrants, such as the Tamil mental health outpatients from the CMHP, face psychological distress, pre-migration stressors, and post migration stressors, which lead to negative mental health effects (Beiser, Simich, & Pandalangat, 2003). However, it is important to note, that not every Tamil mental health outpatient at the CMHP is mentally affected by the civil war or pre-migration and post-migration stressors.

### **6.3.3 Cultural Programs offered at the CMHP**

One of the challenges facing Canada's health care system is responding to the needs of immigrants (Agić, 2003). Cultural competence is a key to enhancing the quality and effectiveness of health promotion interventions, however many health promotion programs do not target diverse ethno-cultural groups (Agić, 2003).

The lack of culturally and linguistically appropriate mental health services plays a role in stigmatization and marginalization of immigrants, which further contributes to mental illness (Canadian Task Force, 1988; Hyman, 2001). Therefore it is important to have mental health services that meet the cultural needs of the mentally ill patients.

The CMHP is a multi-culturally oriented program and recognizes the importance of integrating cultural components into the CMHP activities, including activities to meet the needs of the Tamil mental health outpatients.

Research indicates mentally ill patients from ethno-cultural groups prefer to receive mental health services from therapists who are bilingual (Kouyoumdjian, Zamboanga, & Hansen, 2003). Since the majority of the mental health outpatients at the CMHP are Tamil speaking, the need for a Tamil speaking mental health care worker who can provide translation service was recognized by the CMHP. Hence the CMHP hired a Tamil mental health care worker to meet the needs of Tamil mental health outpatients. The benefits of having a Tamil mental health care worker includes,

translation services and implementation of social activities that target Tamil speaking mental health outpatients, including Tamil group discussions. In addition, the Tamil mental health outpatients were able to speak openly to the Tamil mental health care worker in their own language. Previous research supports this by suggesting personal matters are best expressed in one's native language (Marcos, Urcuyo, Kesselman, & Alpert, 1973). Mentally ill patients who lack English proficiency skills may have difficulties fully expressing their feelings and thus less likely to see the benefits of continuing treatment, consequently resulting in early termination (Kouyoumdjian, Zamboanga, & Hansen, 2003).

The importance of a Tamil mental health care worker is supported by Bowen's study (2000), which indicates that a large proportion of Canada's population experiences language barriers in accessing health services and that one in fifty Canadians require an interpreter for using the health care system (Bowen, 2000). Due to the Tamil mental health care worker, the number of Tamil mental health outpatients at the CMHP increased. The Tamil mental health outpatients and mental health care workers at the CMHP felt that the number of Tamil mental health outpatients attending the program may decrease if Tamil translation was not provided at the CMHP. This reveals the importance of having mental health care workers who can speak many languages. Again, this was pointed out in another recent study that was conducted on Tamil participants, which indicated that many adult Tamils preferred a Tamil-speaking provider (Beiser, Simich, & Pandalanat, 2003).

It is important for a mental health outpatient to communicate and interact with others. This may be limited for a Tamil mental health outpatient who cannot communicate in English. Since the CMHP is comprised of many Tamil mental health outpatients, this gave the Tamil mental health outpatients the opportunity to interact among themselves in their own language. As reported by mental health outpatients, being able to speak in their own language increased the socialization and interaction among Tamil mental health outpatients, which in turn helped reduce the feeling of loneliness.

The findings from this research indicate that there is a need to reach people of diverse cultural background, in order to promote mental health (Agić, 2003; U.S. Department of Health and Human Services, 2001). This includes recognizing the needs of the target population, familiarity with population sub-demographics, and awareness of existing resource and gaps in services (Agić, 2003; U.S. Department of Health and Human Services, 2001). Thus, health promotion programs must be culturally competent and needs to understand community health needs (Kreps & Kunimoto, 1994; Masi, Mensah, & McLeod, 1993; Mental Health in Multicultural Australia, n.d.). Designing programs that meet the specific needs of various cultural groups will improve access and utilization of health services (Health Canada, 2001; Aspell Reference Group, 1998; Bowen, 2000).

## **6.4 Barriers in Accessing and Utilizing Community Mental Health Resources**

As reported by mental health outpatients and mental health care workers, there are a number of barriers associated with accessing and utilizing community mental health services. These barriers must be explored in order to develop responsive changes within the current community mental health care services and to improve quality of services for mental health outpatients. Barriers in accessing and utilizing mental health resources create inequality and prevent people from obtaining appropriate treatment. As indicated in literature, barriers that prevent access to health promotion programs include stigma, language and communication, low level of awareness of programs and services available, and lack of knowledge of the health care system (Johnson & Carroll, 1995; U.S. Department of Health and Human Services, 2001; Canadian Task Force, 1988). This section discusses similar barriers that were reported by mental health outpatients at the CMHP.

Many mental health outpatients were unable to access the CMHP frequently, due to geographical barriers. Travelling to the CMHP was difficult due to distance, physical functional barriers, and mental health barriers, which prevented some mental health outpatients from travelling on their own. Many mental health outpatients depended on others for transportation and when it was unavailable, they were not able to attend the CMHP. Research also suggests one of the reasons for early termination of mental health treatment is due to environmental constraints such as transportation (Acosta, 1980).

Many mental health outpatients had family responsibilities, including taking care of their children and cooking, which prevented them from attending the CMHP as frequently. This finding is similar to a previous finding which indicates women from another ethnic group are inhibited from obtaining mental health services due to their responsibilities of watching their children (Kouyoumdjian, Zamboanga, & Hansen, 2003).

In addition, the CMHP is only open during regular business hours, which is a barrier to mental health outpatients who wanted to utilize the services after hours or during the holidays. Many mental health outpatients from the CMHP lived alone or did not have people to socialize with, therefore not being able to access community mental health resources during after hours and weekends may potentially increase the feelings of loneliness and isolation.

Financial barriers also hinder the improvement of mental health illness, including transportation costs associated with attending the CMHP and participating in trips organized by the CMHP, which may involve a minimal cost. A previous study also indicates that patients who come from low socioeconomic backgrounds are likely to encounter a number of challenges, including inability to afford services and difficulties with transportation (Pumariega, Glover, Holzer, & Nguyen, 1998).

One of the barriers that prevent mental health outpatients from participating in

the CMHP activities, is the side effects of medication, including drowsiness, dizziness, headache, and confusion which caused tiredness (Fretwell & Felce, 2006). This resulted in a lack of motivation to participate in the CMHP activities.

Language barrier was also an issue for those who did not understand English, which prevented mental health outpatients from participating in certain activities offered by the CMHP. Language is identified as one of the biggest barriers in access to health promotion programs for people who do not speak English and is an initial barrier to health information (Agic, 2003). Even immigrants living in Canada for more than twenty-five years have limited English knowledge and therefore experience language barriers in accessing health services (Bowen, 2000). Therefore it's important to acknowledge language barriers associated with utilizing mental health resources.

Although, many mental health outpatients at the CMHP would like to improve their English knowledge; they are constrained due to their mental illness. Attending English learning classes offered in the community was difficult for mental health outpatients who had transportation barriers. In addition, mental health outpatients reported that they were unable to concentrate for long periods in class, due to their mental illness.

Stigma was another barrier that prevented mental health outpatients from attending the CMHP. Literature indicates, mentally ill patients and their families are stigmatized, which is apparent through stereotyping, embarrassment, fear, rejection, and

avoidance (World Health Organization, 2003). Furthermore, literature indicates that the myths and misconceptions associated with mental disorders can lead to discrimination and the denial of even the most basic human rights including access to housing, employment, health insurance, and other social opportunities (World Health Organization, 2003).

Therefore, stigma is a major barrier that discourages minority individuals and their families from seeking help (Health Canada, 2001). Similarly, the Tamil mental health outpatients from the CMHP feared that others may find out about their mental illness and may neglect them and label them as “mentally ill”. In addition, mental health outpatients who are either shy or embarrassed about their mental illness may also avoid utilizing the community mental health resources. Therefore, it’s evident that cultural beliefs and values hinder the utilization of mental health resources.

Additionally, the lack of understanding of mental health illnesses and mental health resources can inhibit mentally ill patients from accessing mental health resources. Moreover, lack of awareness of mental health services in the community makes it harder for mentally ill patients to seek help. This is similar to a previous study which indicates, lack of awareness of available mental health services in the community makes it difficult for individuals to know where to seek for needed services (Colon, 1996).

Based on the views of the mental health outpatients and mental health care workers, it is evident from this research that mental health community resources are beneficial for mental health outpatients and helps improve their mental and general well-being. Therefore, it is important to address barriers in accessing and utilizing mental health resources in order to create a pathway to accessing mental health resources and treatment options. Some of the recommendations discussed in the next section will help address these barriers and should be considered in future program development in order to improve the accessibility and effectiveness of community mental resources.

### **6.5 Recommendations for Program Development**

Although, the CMHP is viewed as benefiting mental health outpatients, there is always opportunity for improvements. The mental health outpatients and mental health care workers both provided recommendations for future considerations and development of the CMHP. These recommendations are discussed in this section and should be considered when designing similar mental health programs for mental health outpatients.

A previous study indicates underutilization of mental health services by an ethnic group was due to not knowing that some services are available at little or no cost (Kouyoumdjian, Zamboanga, & Hansen, 2003). This reveals that underutilization of community mental health resources may increase if there is a cost associated with the

services. Therefore, mental health resources should be offered free of charge to mental health outpatients who face financial difficulties due to unemployment.

Transportation arrangements should be made to facilitate the ability of mental health outpatients with geographical barriers and functional difficulties, in order to utilize mental health resources. A previous study supports this by recommending mental health programs to arrange transportation for their clients or provide informational workshops about using public transportation (Leong, Wagner, & Tata, 1995; Kouyoumdjian, Zamboanga, & Hansen, 2003).

In addition, longer hours of service and weekend service should be considered in order to accommodate mental health outpatients who do not have other outlets or entertainment. Having evening and weekend hours is especially important to mental health outpatients, who are lonely, isolated and do not have anything to occupy themselves with during after hours. In addition, having flexible hours such as evening hours increases accessibility by accommodating patients who work during the day time (Kouyoumdjian, Zamboanga, & Hansen, 2003).

Providing food at the CMHP encourages mental health outpatients to attend and participate in mental health services. In addition to being a form of encouragement, food is a necessity for some mental health outpatients who cannot afford to buy healthy food.

In addition to the physical health activities offered at the CMHP, having more sports facilities, such as a gym will further contribute to improving the physical well-being of the mental health outpatients. A previous study conducted on mental health inpatients indicates that sports and a gym were beneficial interventions and helped the inpatients to be physically fit and active, and reduced their stress level (Lim, Morris, & Christine, 2007). Sports facilities will also encourage a greater number of male and youth mental health outpatients to utilize the mental health resources.

Women are often unable to utilize the mental health services due to family responsibilities, such as taking care of their children. Therefore, CMHP should consider offering or arranging childcare services to allow women to utilize the mental health resources (Leong, Wagner, & Tata, 1995).

As indicated above, language barriers prevent many from utilizing the mental health resources effectively. Therefore assisting mental health outpatients with learning the English language will encourage the mental health outpatients to use the health care system and the resources effectively. It will also help mental health outpatients with socializing and interacting with their community. However, mental health outpatients from the CMHP indicated that they cannot comprehend or focus for a long period, due to their mental illness. Therefore, the implementation of specially designed English learning classes that suit the specific needs and learning capabilities of the mental health outpatients should be considered. Further research is required to investigate the specific needs of mental health outpatients who would like to improve their English

knowledge.

An emphasis should be placed on assisting mental health outpatients with employment skills, in order to prepare the mental health outpatients for their future. However, it is also important to recognize that for some mental health outpatients, employment is not a priority. Priorities for mental health outpatients include food, a social network and recovering from the mental illness. This can be explained by the Maslow's Hierarchy of Needs pyramid, which is a path of fulfilling physiological and psychological needs (Weinberg, 2011). The Maslow's Hierarchy of Needs pyramid begins with the physiological needs; then moves on to the psychological needs, and then towards self-actualization (Weinberg, 2011). When a need is satisfied, the individual becomes motivated to fulfill the next higher need of the pyramid (Weinberg, 2011). Therefore, this explains why mental health outpatients first focus on recovering from a mental illness, before seeking employment opportunities.

Increasing the peer support and leadership programs offered at the CMHP will help mental health outpatients with improving their social skills. Solomon's (2004) findings support this by indicating, peer support can increase the number of people a mental health outpatient can count on for support and offer a sense of belonging. Peer support services are known to benefit mental health outpatients, health care providers, and mental health services (Solomon, 2004).

The importance of mental health care workers who can speak a variety of languages and are culturally competent should be considered, in order to target mental health outpatients from different ethnic backgrounds. Mental health services and treatments should be culturally sensitive and should be developed with a cultural perspective in order to meet the unique needs of various ethnic groups. In addition, studies show that programs that are ethno-culturally specific help improve accessibility and utilization of services among ethno-culturally diverse populations (Akutsu, Snowden, & Organista, 1996; Snowden, Hu, & Jerrell, 1995; Takeuchi, Sue, & Yeh, 1995).

Furthermore, mental health care workers, including psychiatrists need to understand the importance and benefits of mental health social programs and should educate and refer their mental health outpatients to community mental health resources. Therefore, greater outreach and a better referral system must be in place, in order to target as many mental health outpatients as possible to utilize community mental health resources. Dissemination of information related to mental health resources is also important in order to increase awareness among mentally ill patients.

Mentally ill patients will also benefit from learning how to identify mental illness, treatment options, and the importance of seeking mental health care (Kouyoumdjian, Zamboanga, & Hansen, 2003). Therefore efforts should be taken to improve their knowledge of mental illness and its treatment, in order to increase the

utilization of community mental health resources (Kouyoumdjian, Zamboanga, & Hansen, 2003).

Finally, additional community mental health resources like the CMHP should be considered in every community, in order to increase accessibility. Increasing the accessibility of mental health services in communities with large number of ethnic groups, immigrants, non-English speakers, and low socioeconomic groups, will also increase the utilization of community mental health resources (Kouyoumdjian, Zamboanga, & Hansen, 2003).

## **7.0 Conclusions**

The goal of this study was to document the impact of an outpatient mental health program on mental health outpatients' mental and general health, based on the lived experience of Tamil mental health outpatients. This study also documents the views and perspectives of the mental health care workers who are involved in the outpatient mental health program.

This chapter will summarize the benefits of community mental health resources from the perspectives of Tamil mental health outpatients and mental health care workers. It will also summarize the importance of cultural integration into mental health programs. In addition, this chapter will highlight barriers in accessing and utilizing community mental health resources and recommendations for program development. The chapter concludes with recommendations for consideration by policy-makers followed by recommendations for future research.

The following section will provide an overview of the Community Mental Health Program (CMHP) and will address the research questions identified in the study, including the benefits of having socially supportive activities at a mental health program, barriers associated with accessing and utilizing the mental health programs and services, and the cultural needs of Tamil mental health outpatients.

## **7.1 An Overview of the CMHP**

Previous research on mental illness has focused primarily on mental health clinical treatments and not on the social needs, however, it is equally important to provide social support interventions to mentally ill patients (McCorkle, Dunn, Wan, & Gagne, 2009). As indicated in the literature review, mental health promotion intends to enhance protective factors and strengthen the ability of individuals, families and communities to cope with stressful events that happen in their lives (Centre for Addiction and Mental Health, 2011). Therefore, mental health promotion must be embedded into the health care system, through community mental health social programs such as the CMHP.

Findings from this study support the existing evidence on mental health social programs and support for mentally ill patients. The mental health outpatients and mental health care workers from the CMHP indicated, by participating in the CMHP, the mental health outpatients gained many benefits, including improvement in mental and physical health. The CMHP data indicates the number of psychiatric related hospitalizations, total number of episodes experienced by the mental health outpatients and the total number of days spent at the hospital has decreased significantly over the year. Mental health outpatients also pointed out that there are many benefits associated with combining medication, social activities and social network, including reduction in the medication dosage level.

Mental health outpatients also indicated, through the CMHP, they received the opportunity to build social network and develop social skills, which helped them better integrate with their community. Knowing someone is there, gave mental health outpatients a sense of belonging, which decreased the feeling of loneliness that most mental health outpatients faced at home. The benefit gained from having someone to talk to, reiterates the previous studies that befriending is effective in reducing feelings of loneliness and isolation (McCorkle, Dunn, Wan, & Gagne, 2009). Mental health outpatients also indicated that their social skills improved, including communication, leadership, and relationship building skills. Additionally, mental health outpatients noted that their confidence level increased and they became more independent.

Therefore, as indicated in literature, mental health social programs and social network helps mentally ill patients with reducing their stress levels and feelings of loneliness and isolation, while improving their social skills (McCorkle, Dunn, Wan, & Gagne, 2009).

This study also reveals the significant role the mental health care workers play in the mental health outpatients' quality of life, including showing positive attitudes towards the mental health outpatients. This indicates health care workers; including mental health care workers should work collaboratively with the mentally ill patients to deliver effective mental health care services.

This research study provided additional insight into cultural barriers faced by Tamil-speaking mental health outpatients, perceived cultural causes of mental illness, and the importance of cultural integration in to the CMHP. The findings indicate that CMHPs should address stigma towards mental illness, in order to decrease the feeling of embarrassment associated with having a mental illness, especially in communities where stigma can further increase the severity of mental illness. Addressing stigma and discrimination associated with mental illness would help increase the delivery of mental health services to various ethnic populations, however further research is needed to assess whether reducing stigma will help Tamil mentally ill patients increase their utilization of community mental health resources.

Cultural competence is important in increasing the quality of health promotion interventions, so there is a need to respond to various ethno-cultural communities by providing services that are culturally and linguistically appropriate (Agic, 2003). Mental health care workers should be encouraged to know/learn multiple languages and be culturally competent in order to deliver culturally sensitive and linguistically appropriate services to ethno-cultural groups. This is especially important in communities that are highly populated with immigrants and ethnic groups. Mental health care workers who can speak multiple languages and have a good understanding of different ethnic cultures would play a greater role in targeting and encouraging various ethnic mentally ill patients to utilize community mental health resources.

In addition, this research study highlights barriers associated with accessing and utilizing the CMHP. Barriers identified from this study that prevent mental health outpatients from participating in the CMHP include geographical, travelling, language, and financial barriers, side effects of medication, family/child responsibilities, limited hours of service, stigma/discrimination and lack of understanding of mental illnesses and mental health resources. Therefore, barriers in accessing and utilizing the mental health services must be considered when developing and designing future CMHPs, in order to remove obstacles and to improve access to mental health care services.

Moreover, this research study provides recommendations for future program development. Recommendations for future program development and consideration include transportation arrangement, longer hours of service, additional recreational facilities, child care services, specially designed English learning classes, employment support, additional peer support and leadership programs, providing food at the CMHP, and efforts to increase knowledge of mental illness and treatment options for mental health outpatients. Additional recommendations provided by mental health outpatients and mental health care workers include employing mental health care workers who can speak multiple languages and are culturally competent, greater outreach and a better referral system within the health care system, and additional CMHPs in other community locations. These recommendations should be considered when designing similar mental health programs for mentally ill patients in the future.

This research study assists with not only understanding the importance of community mental health resources and the impact of CMHPs on the mental health outpatient's mental and general health, but it also provides additional insight in to cultural integration, barriers in accessing mental health programs and recommendations for program development.

The findings from this study suggest the recovery of the mental health outpatient is based on the combination of medication, social activities, including physical health activities, social network/support and social skills.

This research study suggests that there are many benefits associated with community mental health resources for mentally ill patients. As indicated by both mental health outpatients and mental health care workers, the CMHP has contributed to the recovery of mental health outpatients, which in turn increased their quality of life. This further suggests that community mental health resources that provide social activities and social support to mentally ill patients may potentially reduce costs associated with mental health care in the future; however future research and a cost-analysis must be conducted to further assess this.

Furthermore, a better understanding of the CMHP and its benefits for mentally ill patients' mental and general health will inform other mental health programs about developing similar culturally sensitive programs for mentally ill patients. It will also

assist psychiatrists and other mental health care workers by providing direction for future mental health program planning.

Both the Pender's Health Promotion Model and the Frank Model served as guides for understanding the importance of increasing health promoting activities and social interventions in order to increase the quality of life of the mental health outpatients. The Pender's Health Promotion model indicates that health promoting behaviours should start with awareness of past behaviours and personal factors including socio-cultural factors (Conway, McClune, & Nosel, 2007). However, a greater emphasis must be placed on understanding the past experiences, pre-migration stressors and post-migration stressors of immigrants, when providing mental health support to immigrants, including Tamil mentally ill patients. It is also important to address cultural and language components in order to increase the health promoting behaviours of the Tamil mentally ill patients.

In summary, this research indicates, cultural factors should be emphasized on the Pender's Health Promotion Model when implementing health promoting activities and social interventions to various ethno-cultural groups. It also indicates, using the grounded theory approach and existing literature, that it is important to provide culturally appropriate mental health social programs and services, including social interventions to improve the mental and general health of Tamil mentally ill patients.

The next section will discuss considerations for policy-makers and provide recommendations for future research.

## **7.2 Recommendations**

There are many potential impact factors involved in this study. This section provides recommendations for policy-makers and future research.

### **7.2.1 Recommendations for Consideration by Policy-Makers**

The Government of Canada and the Government of Ontario are committed to improving the mental health well-being of Ontarians. The federal government, primarily through Health Canada and the Public Health Agency of Canada, collaborates with the provinces to plan and deliver responsive, coordinated and efficient mental health services (Health Canada, 2009).

In 2007, the Government of Canada created the Mental Health Commission of Canada and committed \$55 million over five years, to serve as the national focal point for mental health and mental illness (Health Canada, 2008). As part of developing the Mental Health Strategy for Canada, the Commission released the *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada* in 2009, which is an important reference point for mental health policy and practice across Canada (Mental Health Commission of Canada, 2009).

In 2008, the Government of Ontario also introduced the Mental Health and Addictions Strategy and allocated \$680.2 million in funding for community mental health services (Government of Ontario, 2010; Government of Ontario, 2012). The goals of this strategy are to improve the health and well-being of Ontarians, reduce the incidence of mental illness and addictions, identify mental illness and addiction early and provide programs and services closer to home, improve mental health literacy through targeted education and awareness programs, and provide high-quality, culturally competent person-directed services and supports (Government of Ontario, 2012; Ministry of Health Promotion, 2010). It also aims to create healthy communities by reducing stigma and discrimination through mental health promotion (Government of Ontario, 2012; Ministry of Health Promotion, 2010).

The Government of Canada and the Government of Ontario have created the Mental Health Strategy for Canada and the Ontario's Mental Health and Addictions Strategy in order to improve the mental health and well-being of Ontarians. This study provides direction on achieving the government's goals by highlighting the benefits of community mental health social programs, the importance of being culturally sensitive, addressing barriers in accessing and utilizing CMHPs and providing recommendations for future program development. It is important for policy-makers and all levels of government to understand the importance of implementing culturally sensitive community mental health resources as part of mental health promotion initiatives.

As indicated by mental health care workers, funding and commitment is needed, in order to tackle barriers associated with accessing and utilizing mental health resources in a community, including transportation arrangements. Barriers must be identified in order to develop responsive changes within the current community mental health care services and improve access and the quality of services for mental health outpatients.

The recommendations provided in the Discussions chapter indicate that community mental health resources need more infrastructural improvement, such as child care services and recreational facilities (e.g. gym).

It is also important to consider integrating cultural components into community mental health social programs, including mental health care workers who can speak multiple languages and are culturally competent, in order to meet the cultural and language needs of ethno-cultural groups.

Stigma is a significant barrier that discourages people from seeking mental health treatment (Sussman, Robins, & Earls, 1987; Cooper-Patrick, Powe, Jenckes, Gonzales, Levine, & Ford, 1997). Stigma affects access to services, including mental health treatments. Further strategies that help decrease stigma associated with mental illness must be explored in an effort to create a healthy environment, including campaigns and public education that will help shift people's attitudes towards mental illness.

Some of the perceived causes of mental illnesses include post-migration challenges, such as low socio-economic status, discrimination, cultural shock, language barrier, isolation, and financial trouble. These factors must be addressed when implementing CMHPs in order to promote mental well-being.

Access to education and employment support programs should also be considered in order to promote the mental well-being of immigrants and ethnic cultural communities.

Additionally, educational programs or workshops, including culturally sensitive resources and tools should be considered as a way to increase knowledge of mental illness and the causes and symptoms, so that early recognition and diagnosis can be achieved. Efforts to increase knowledge of mental illness and the treatment options amongst mentally ill patients should also be considered in order to increase help-seeking behaviours.

Facilitating communication and increasing awareness of mental health resources within the community and amongst mental health care workers is important to increase access to mental health resources. In addition, interprofessional collaboration amongst primary care providers, psychiatrists, nurses, recreational therapists, social workers, case workers, counsellors, and other mental health care workers must be encouraged so as to create a better referral and support system for mentally ill patients.

This study gives a better understanding of how community mental health resources, including mental health social programs and social networks benefit Tamil speaking mental health outpatients. This indicates the importance of integrating and adapting similar mental health resources in other locations and communities. As indicated by mental health outpatients, the CMHP helps improve the mental, physical and general health of the mental health outpatients. This is supported by previous literature which indicates friendships can be a cost-effective way to help people with serious mental illness (McCorkle, Dunn, Wan, & Gagne, 2009). Improvement in mental health may help avoid costly medications and decrease re-hospitalizations in the future; however a longitudinal research study is needed to assess this.

A program evaluation should also be considered in the future to understand the importance and the impact CMHP has on mental health outpatients' mental and general health as well as on the health care system. In addition, implementing additional mental health resources within the community, especially in communities with large number of immigrants, ethnic cultural groups, and low socio-economic groups should also be considered.

To tackle barriers and implement recommendations provided by mental health outpatients and mental health care workers at the CMHP, additional funding and support are required. It is important to provide the appropriate funding and resources to CMHPs to ensure successful program delivery and increase quality of care provided

to mentally ill patients. Therefore, financial support or re-allocation of existing funding should be considered by the government and health policy-makers to better address the mental health needs.

The following section will highlight next steps and provide recommendations for future research in this area.

### **7.2.2 Recommendations for Future Research**

Barriers in accessing and utilizing the CMHP were identified by the mental health outpatients who attend the CMHP. However, it is also important to understand barriers from the perspectives of mentally ill patients who do not access or utilize any community mental health resources. In addition, due to the lack of youth at the CMHP, this research focused on mental health outpatients between the ages of twenty-five to sixty. Future research should focus on youth with mental illness and barriers associated with accessing mental health resources, from the youths' perspectives.

This study looked at the impact of having other mental health outpatients, mental health care workers and volunteers as part of the mental health outpatients' social network. Additional research should be done to measure other types of social network, including family ties, other friendships, and the extent of involvement with neighbourhood/community. Future research should also examine the strength and quality of the social network of the mental health outpatients and the long-term impact

it has on their mental and general health, through longitudinal studies.

This research study mainly focused on Tamil mental health outpatients; however future research should focus on other ethnic cultures in order to understand additional cultural barriers associated with accessing and utilizing mental health recourses. Future research should also focus on additional needs of other ethno-cultural groups and the importance of cultural integration.

Future research should focus on ways to address the stress of immigrants in an effort to minimize the stress of post-migration and to increase help-seeking behaviours among immigrants.

This research supports previous findings of stigma associated with mental illness. However, this raises questions about how to reduce stigma within various ethno-cultural groups for individuals who cannot access the mental health services due to the stigma associated with mental illness, suggesting directions for future research. This research study focused on the stigma associated with mental health outpatients and the impact the CMHP has on the mental health outpatients' quality of life. Future research should explore the impact of stigma on families of people with mental illness and the impact the CMHP has on family members' quality of life.

In addition, future research and evaluation should be conducted on the cost-effectiveness of community mental health resources so as to determine the long-term

outcomes and impact these services have on the mental health outpatients' quality of life and the mental the health care system.

It is hoped that, this research study will inform other CMHPs, mental health care workers, policy-makers and decision-makers from all levels about the importance of community mental health resources and the impact it has on mental health outpatients' quality of life and the health care system as a whole.

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## Appendices

### Appendix A: Timeline of Data Collection and Data Analysis Process

Activity	2011								
	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
Obtain Research Ethics Board (REB) Application									
Obtain Research Ethics Board (REB) Approval									
Recruitment - Patients & mental health care workers (via Posters & personal visits)									
Outpatients Data Collection (Demographic Questionnaires, Interviews)									
Health Care Workers Data Collection (Demographic Questionnaires, Interviews)									
Translating and Transcribing									
Data Analysis (NVivo Software)									
Thesis Writing begins									

## Appendix B: UOIT Ethics Approval Letter



RESEARCH ETHICS BOARD  
OFFICE OF RESEARCH SERVICES

Date: March 24<sup>th</sup>, 2011

To: Sivajini Suthaharan (PI), Brenda Gamble (Faculty Supervisor)

From: Amy Leach, REB Chair

REB File #: 10-088

Project Title: The Impact of utilization of community resources by out-patient/drop-in Tamil mental health system consumers

DECISION: APPROVED

START DATE: March 24<sup>th</sup>, 2011

EXPIRY: March 24<sup>th</sup>, 2012

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The University Of Ontario Institute Of Technology Research Ethics Board has reviewed and approved the above research proposal. The application in support of the above research project has been reviewed by the Research Ethics Board to ensure compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) and the UOIT Research Ethics Policy and Procedures.

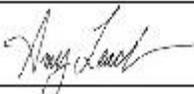
Please note that the Research Ethics Board (REB) requires that you adhere to the protocol as last reviewed and approved by the REB.

Always quote your REB file number on all future correspondence.

Please familiarize yourself with the following forms as they may become of use to you.

- **Change Request Form:** any changes or modifications (i.e. adding a Co-PI or a change in methodology) must be approved by the REB through the completion of a change request form before implemented.
- **Adverse or unexpected Events Form:** events must be reported to the REB within 72 hours after the event occurred with an indication of how these events affect (in the view of the Principal Investigator) the safety of the participants and the continuation of the protocol. (I.e. un-anticipated or un-mitigated physical, social or psychological harm to a participant).
- **Research Project Completion Form:** must be completed when the research study has completed.
- **Renewal Request Form:** any project that exceeds the original approval period must receive approval by the REB through the completion of a Renewal Request Form before the expiry date has passed.

All Forms can be found at [http://research.uoit.ca/EN/main/231307/Research\\_Forms.html](http://research.uoit.ca/EN/main/231307/Research_Forms.html).

REB Chair Dr. Amy Leach, SSH <a href="mailto:amy.leach@uoit.ca">amy.leach@uoit.ca</a>		Ethics and Compliance Officer Sascha Tuuha, (905) 721-8668 ext. 3693 <a href="mailto:compliance@uoit.ca">compliance@uoit.ca</a>
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## Appendix C: Waiver Letter from the Hospital Ethics Committee \*



December 8, 2010

To Whom It May Concern,

This letter confirms that the [REDACTED] Research Ethics Board ([REDACTED] REB) has discussed the Masters Thesis Research project planned to be done in the [REDACTED] Program by Sivajini Suthaharan.

The [REDACTED] REB acts in compliance with all laws, policies, standards and guidelines governing human research, which are applicable to a submitted research study, including but not limited to: the Tri-Council Policy Statement (TCPS), "Ethical Conduct for Research Involving Humans".

In accordance with [REDACTED] REB Policy, the proposal outlined above does not require ethics review and approval as it is considered an 'educational requirement'. As per TCPS section 1.1 (d), "Quality assurance studies, performance reviews or testing within *normal educational requirements* should [also] not be subject to REB review".

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Research Manager

*\* Name of the hospital has been blocked, due to confidentiality reasons*

**Appendix D: Letter of Permission from CMHP to Conduct Study at CMHP \***

Wednesday, December 1, 2010

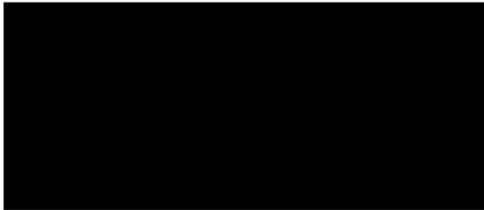
Sivajini Suthaharan

Dear Jini,

I am writing this letter to confirm that we have met to discuss conducting your research for your Master's Thesis at our [REDACTED] Program. We have agreed that you will begin this process in early 2011.

I look forward to having you here and learning the results of your research.

Sincerely,

A large black rectangular redaction box covering the signature area of the letter.

*\* Name of the hospital and CMHP name have been blocked, due to confidentiality reasons*

## Appendix E: Consent Form – English Version



RESEARCH ETHICS BOARD  
OFFICE OF RESEARCH SERVICES

### CONSENT TO PARTICIPATE IN A RESEARCH STUDY

#### **Title of Research Study: The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers**

#### **Researcher(s)/Investigator(s) & Contact Information:**

Sivajini Suthaharan, HBSc, current MHS Sc Student, UOIT, Principal Investigator,  
University of Ontario Institute of Technology (UOIT), Telephone Number:  
(905)721-8668, [sivajini.suthaharan@uoit.ca](mailto:sivajini.suthaharan@uoit.ca)

Dr. Brenda Gamble, PhD, Faculty of Health Sciences Supervisor, Health Science,  
University of Ontario Institute of Technology (UOIT), Telephone Number:  
(905)721-8668 x 2934, Fax: (905)725-5475, [brenda.gamble@uoit.ca](mailto:brenda.gamble@uoit.ca)

You are invited to participate in a research study entitled ‘The Impact of utilization of community resources by out-patient/drop-in Tamil mental health system consumers.’ This study has been reviewed by the University of Ontario Institute of Technology Research Ethics Board and has received ethics clearance (UOIT REB File # 10-088) and been approved as of March 24, 2011. Please read this form carefully, and feel free to ask any questions you might have. If you have any questions about your rights as a participant in this study, please contact the Compliance Officer at 905 721 8668 ext 3693 or [compliance.uoit.ca](http://compliance.uoit.ca).

#### **Purpose and Procedure:**

The purpose of this research study is to investigate the impact of social activities and social network on Tamil mentally ill out-patients. The expected duration of the research study will be three months. Participants will be asked demographic questions and will be interviewed during the study.

You will be audio-taped during the interview for consistency purpose. If translation is required either the researcher or a hospital staff will translate for you.

#### **Potential Benefits:**

The information gained from this study may assist in planning future social activities and social network programs for Tamil mental health out-patients in other mental health programs/departments/hospitals. This study may help re-shape the social needs of mental health out-patients with different ethnic backgrounds and will help them integrate with the community.

**Potential Risk or Discomforts:**

The study poses no known potential harm, injury or discomfort to you. The intention of this research is not to cause feelings of stigmatization.

**Storage of Data and Confidentiality:**

Your name or signature will NOT be required to participate in this study. All information obtained during the study will be held in strict confidence and all questionnaires and interview data will be securely and confidentially stored in a locked metal cabinet at the University of Ontario Institute of Technology (UOIT). Consent forms, questionnaires and interview guides will be shredded and tapes will be destroyed. Data in the computer will be stored in a password protected computer and then will be deleted at the end. All the information collected will be accessed by the researchers involved in this study only and will be destroyed after dissemination through a social science journal.

The results of this study may be published on scientific journals and/or presented in scientific conferences. Your name or any other identifying personal information will NOT appear or be used in any publications and/or presentations. Any research findings released will be in aggregate/group form only. No information about your identity will be shared or published without your permission, unless required by law.

Your privacy shall be respected. The information that is shared will be held in strict confidence and discussed only with the research team.

**Right to Withdraw:**

Your participation is voluntary, and you can answer only those questions that you are comfortable with.

You may refuse to participate or withdraw from the study at any time without loss of relevant entitlements/benefits. The decision to withdraw will not affect your medical care, access to services or will not affect your relationship with the [hospital] and the staff.

You may withdraw during the interview, however if you wish, you may give permission to continue the interview another time. If you do decide to withdraw, the data collected prior to withdrawal may be analyzed.

However, if you decide to withdraw one month after the point of data collection, you can no longer be removed since the data will be in aggregate data form.

**Participant Concerns and Reporting:**

This research project has been approved by the University of Ontario Institute of Technology Research Ethics Board on March 24, 2011. If you have any questions concerning the research study, or experience any discomfort related to the study please contact the researcher at (905)721-8668 or via email [sivajini.suthaharan@uoit.ca](mailto:sivajini.suthaharan@uoit.ca). Any questions regarding your rights as a participant, complaints or adverse events may be

addressed to Research Ethics Board through the Compliance Office (905 721 8668 ext 6393).

**Debriefing and Dissemination of Results:**

If you are interested in learning about the results, you may contact the researcher up to 6 months after the interviews.

**Consent to Participate:**

(a) Written Consent

- “I have read the consent form (in Tamil if required) and understand the study being described.”
- “I have had an opportunity to ask questions and my questions have been answered. I am free to ask questions about the study in the future.”
- “I freely consent to participate in the research study, understanding that I may discontinue participation at any time without penalty. A copy of this Consent Form has been given to me for my records.”
- “I allow myself to be audio taped during the interview.”
- “In case I have to withdraw, I give permission to continue interviewing me at a later time, if I wish to.”
- “I give permission to use my information up to the point I decide to withdraw.”

\_\_\_\_\_  
(Name of Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature of Researcher)

(b) Oral Consent

- “I have been read the consent form (in Tamil if required) by the researcher and I indicate that I understand the study being described.”
- “I had an opportunity to ask questions and these questions have been answered. I am free to ask questions about the study in the future.”
- “I freely consent to participate in the research study, understanding that I may discontinue participation at any time without penalty. A copy of this Consent Form has been given to me for my records.”
- “I give permission to be audio taped during the interview.”
- “In case I have to withdraw, I give permission to continue the interviewing at a later time, if I wish to.”
- “I give permission to use my information up to the point I decide to withdraw from the study.”

\_\_\_\_\_  
(Name or identifier of Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Researcher)

## Appendix F: Consent Form – Tamil Version



RESEARCH ETHICS BOARD  
OFFICE OF RESEARCH SERVICES

ஓர் ஆராய்ச்சி ஆய்வில் பங்கேற்பதற்கான ஒப்புதல்

ஆராய்ச்சி ஆய்வின் தலைப்பு: வெளி-நோயாளிகளாக/ தானாகவே வந்து போகும் நோயாளிகளாக இருக்கும், மனநல அமைப்பைப் பயன்படுத்தும் தமிழ் மக்கள் சமுதாய ஆதார வளங்களைப் பயன்படுத்துவதால் ஏற்படும் தாக்கம்.

ஆராய்ச்சியாளர்(கள்)/ஆய்வாளர்(கள்) மற்றும் தொடர்பு விவரம்:

Sivajini Suthaharan, HBSc, current MHSc Student, UOIT, Principal Investigator,  
University of Ontario Institute of Technology (UOIT), Telephone Number:  
(905)721-8668, [sivajini.suthaharan@uoit.ca](mailto:sivajini.suthaharan@uoit.ca)

Dr. Brenda Gamble, PhD, Faculty of Health Sciences Supervisor, Health Science,  
University of Ontario Institute of Technology (UOIT), Telephone Number:  
(905)721-8668 x 2934, Fax: (905)725-5475, [brenda.gamble@uoit.ca](mailto:brenda.gamble@uoit.ca)

‘வெளி-நோயாளிகளாக/ தானாகவே வந்து போகும் நோயாளிகளாக இருக்கும், மனநல அமைப்பைப் பயன்படுத்தும் தமிழ் மக்கள் சமுதாய ஆதார வளங்களைப் பயன்படுத்துவதால் ஏற்படும் தாக்கம்’ என்ற தலைப்பு கொண்ட ஒரு ஆராய்ச்சி ஆய்வில் பங்கேற்க நீங்கள் அழைக்கப்படுகிறீர்கள். இந்த ஆய்வு University of Ontario Institute of Technology Research Ethics Board ஆல் மீள் ஆய்வு செய்யப்பட்டுள்ளது மற்றும் இது நன்னெறிக்கான தடைநீக்கத்தை(UOIT REB File # 10-088) பெற்றுள்ளது மற்றும் மார்ச் 24, 2011 முதல் இதற்கான அனுமதி பெறப்பட்டுள்ளது. தயவு செய்து இந்தப் படிவத்தைக் கவனமாக வாசித்து உங்களுக்கு இருக்கக்கூடும் எந்தக் கேள்விகளையும் தயக்கமின்றி கேட்கவும். இந்த ஆய்வில் ஒரு பங்கேற்பாளராக உங்கள் உரிமைகள் குறித்து உங்களுக்கு ஏதேனும் கேள்விகள் இருந்தால், தயவு செய்து உடன்பாட்டு அலுவலரை 905 721 8668 ext 3693 என்ற தொலைபேசி எண்ணிலோ அல்லது [compliance.uoit.ca](mailto:compliance.uoit.ca). என்பதிலோ தொடர்பு கொள்ளவும்.

**நோக்கம் மற்றும் செயல்முறை:**

மனநலம் பாதிக்கப்பட்ட தமிழ் வெளி-நோயாளிகளின் சமூகச் செயல்பாடுகள் மற்றும் சமுதாய வலைப்பின்னல் ஆகியவற்றின் தாக்கத்தை ஆய்வு செய்வதே இந்த ஆராய்ச்சி ஆய்வின் நோக்கம் ஆகும். இந்த ஆராய்ச்சி ஆய்வு மூன்று மாதங்கள் நடைபெறும் என எதிர்பார்க்கப்படுகிறது. ஆய்வின் போது பங்கேற்பாளர்களிடம் மக்கள் தொகையியல் சார்ந்த கேள்விகள் கேட்கப்பட்டு அவர்களிடம் நேர்காணல் மேற்கொள்ளப்படும்.

நிலையானத் தன்மையைப் பேணும் நோக்கத்திற்காக நேர்காணலின் போது உங்கள் குரல் ஒலிநாடாவில் பதிவு செய்யப்படும். மொழிபெயர்ப்பு தேவைப்பட்டால் ஆராய்ச்சியாளரோ அல்லது மருத்துவமனை ஊழியர் ஒருவரோ உங்களுக்காக மொழிபெயர்ப்பை மேற்கொள்வார்.

**சாத்தியமான நன்மைகள்:**

இந்த ஆய்விலிருந்து பெறப்பட்ட தகவலானது எதிர்காலத்தில் மனநலம் தொடர்பான பிற திட்டங்களில்/துறைகளில்/ மருத்துவமனைகளில் உள்ள தமிழ் பேசும் மனநலம் குன்றிய வெளி-நோயாளிகளுக்குரிய சமூகச் செயல்பாடுகள் மற்றும் சமுதாய வலைப்பின்னல் சம்பந்தப்பட்ட திட்டப்பணிகளைத் திட்டமிடுவதில் உதவி செய்யக்கூடும். வேறுபட்ட கலாச்சார பின்னணிகளைக் கொண்ட மனநலம் குன்றிய வெளிநோயாளிகளின் சமுதாயத் தேவைகளுக்கு மறு உருவம் கொடுக்கவும் மற்றும் அவர்கள் சமுதாயத்தோடு ஒன்றிணைந்து வாழவும் இந்த ஆய்வு உதவி செய்யக்கூடும்.

**சாத்தியமான ஆபத்துகள் அல்லது அசௌகரியங்கள்:**

இந்த ஆய்வு, உங்களுக்கு அறியப்பட்ட சாத்தியமான தீங்கையோ அல்லது காயத்தையோ அல்லது அசௌகரியத்தையோ ஏற்படுத்தாது. நற்பெயருக்கு களங்கம் ஏற்படுத்தும் உணர்வுகளை உருவாக்குவது இந்த ஆராய்ச்சியின் நோக்கம் அல்ல.

**தரவு சேமிப்பு மற்றும் இரகசியத்தன்மை:**

இந்த ஆய்வில் பங்கேற்க உங்கள் பெயரோ அல்லது கையொப்பமோ தேவையில்லை. ஆய்வின் போது பெறப்படும் அனைத்து தகவல்களும் இரகசியமாக வைக்கப்படும் மற்றும் அனைத்து வினாப்பட்டியல்களும், நேர்காணல் தரவுகளும் University of Ontario Institute of Technology (UOIT)-ல் உள்ள பூட்டப்பட்ட உலோகப் பெட்டிக்குள் பாதுகாப்பாகவும், இரகசியமாகவும் வைக்கப்படும். ஒப்புதல் படிவங்கள், வினாப்பட்டியல்கள் மற்றும் நேர்காணலுக்கான வழிகாட்டிகள் ஆகியவை துண்டு துண்டாக கிழிக்கப்படும் மற்றும் ஒலிநாடாக்கள் அழிக்கப்படும். தரவுகள் கடவுச்சொல் கொண்டு பாதுகாக்கப்பட்ட ஒரு கணினியில் சேமிக்கப்பட்டு, இறுதியில் அவை கணினியிலிருந்து நீக்கப்படும். சேகரிக்கப்பட்ட அனைத்து தகவல்களும் இந்த ஆய்வில் சம்பந்தப்பட்டுள்ள ஆராய்ச்சியாளர்களால் மட்டுமே அணுகப்படும் மற்றும் இவை ஒரு அறிவியல் இதழ் மூலமாக வெளியிடப்பட்ட பின்பு அழிக்கப்படும்.

இந்த ஆய்வின் முடிவுகள் அறிவியல் இதழ்களில் வெளியிடப்படலாம் மற்றும்/அல்லது அறிவியல் மாநாடுகளில் முன்வைக்கப்படலாம். உங்கள் பெயரோ அல்லது உங்களை அடையாளப்படுத்தும் வேறு ஏதேனும் தனிப்பட்ட தகவலோ எந்த வித வெளியீடுகளிலும் மற்றும்/அல்லது விளக்கக் காட்சிகளிலும் வெளிப்படுத்தப்படமாட்டாது அல்லது பயன்படுத்தப்படமாட்டாது. வெளியிடப்படும் எந்த ஆராய்ச்சி முடிவுகளும் ஒருங்கிணைந்த/ குழு வடிவத்தில் மட்டுமே இருக்கும். சட்டத்தால் அவசியப்படாத வரை உங்களுடைய அடையாளம் குறித்த எந்தத் தகவலும் உங்கள் அனுமதி இல்லாமல் பகிர்ந்து கொள்ளப்படமாட்டாது அல்லது வெளியிடப்படமாட்டாது.

உங்களுடைய அந்தரங்கத்திற்கு மதிப்பு அளிக்கப்படும். பகிர்ந்து கொள்ளப்படும் தகவலானது மிகவும் இரகசியமாக வைக்கப்படும் மற்றும் அவை ஆராய்ச்சிக் குழுவோடு மட்டுமே விவாதிக்கப்படும்.

**விலகிக் கொள்வதற்கான உரிமை:**

உங்கள் பங்கேற்பு தன்னார்வத்தின் அடிப்படையில் அமைந்தது ஆகும் மற்றும் பதில் அளிப்பதற்கு வசதியாக உணரும் கேள்விகளுக்கு மட்டும் நீங்கள் பதில் அளிக்கலாம்.

பொருத்தமான உரிமைகளை/நன்மைகளை நீங்கள் இழக்காமல் எந்த நேரத்திலும் நீங்கள் ஆய்விலிருந்து விலகிக்கொள்ளலாம் அல்லது ஆய்வில் பங்கேற்க மறுப்பு தெரிவிக்கலாம். விலகிக்கொள்வதற்கான உங்கள் முடிவு உங்கள் மருத்துவப் பராமரிப்பையோ, சேவைகளுக்கான அணுகலையோ அல்லது [hospital] மற்றும் ஊழியர்களுடன் நீங்கள் கொண்டுள்ள நல்லுறவையோ பாதிக்காது.

நேர்காணலின் போது நீங்கள் விலகிக் கொள்ளலாம், எனினும் நீங்கள் விரும்பினால் இந்த நேர்காணலை மற்றொரு சமயம் தொடர நீங்கள் அனுமதி வழங்கலாம். ஆய்விலிருந்து விலகிக் கொள்ள நீங்கள் முடிவு செய்தால், விலகிக் கொள்வதற்கு முன்புவரை சேகரிக்கப்பட்ட தரவுகள் பகுப்பாய்வு செய்யப்படக்கூடும்.

எனினும், தரவு சேகரிப்புக்கு ஒரு மாதத்திற்குப் பின்பு ஆய்விலிருந்து விலகிக்கொள்ள நீங்கள் முடிவு செய்தால், உங்கள் தரவுகளை மேற்கொண்டு நீக்க இயலாது, ஏனென்றால் உங்கள் தரவுகள் ஒருங்கிணைக்கப்பட்ட வடிவத்தில் காணப்படும்.

**பங்கேற்பாளரின் கவலைகள் மற்றும் அறிக்கை அளித்தல்:**

இந்த ஆராய்ச்சித் திட்டம் 24 மார்ச் 2011 அன்று University of Ontario Institute of Technology Research Ethics Board ஆல் அங்கீகரிக்கப்பட்டுள்ளது. ஆராய்ச்சி ஆய்வு குறித்து உங்களுக்கு ஏதேனும் கேள்விகள்

இருந்தாலோ அல்லது ஆய்வு தொடர்பான ஏதேனும் அசௌகரியத்தை நீங்கள் அனுபவிக்கிறீர்கள் என்றாலோ தயவு செய்து ஆராய்ச்சியாளரை (905)721-8668 என்ற தொலைபேசி எண் மூலமாகவோ அல்லது [sivajini.suthaharan@uoit.ca](mailto:sivajini.suthaharan@uoit.ca) என்ற மின்னஞ்சல் மூலமாகவோ தொடர்பு கொள்ளவும். ஒரு பங்கேற்பாளராக உங்கள் உரிமைகள் குறித்தோ அல்லது புகார்கள் குறித்தோ அல்லது மோசமான எதிர்வினைகள் குறித்தோ உங்களுக்கு இருக்கக்கூடும் எந்தக் கேள்விகளும் உடன்பாட்டு அலுவலகம் (905 721 8668 ext 6393) மூலமாக ஆராய்ச்சிக்கான நன்னெறி வாரியத்திற்கு அனுப்பப்பட வேண்டும்.

**முடிவுகளை அறிவித்தல் மற்றும் பரப்புதல்:**

முடிவுகள் குறித்து அறிந்து கொள்ள நீங்கள் ஆர்வமுடன் இருந்தால், நேர்காணல்களுக்குப் பிறகு 6 மாதங்கள் வரை நீங்கள் ஆராய்ச்சியாளரைத் தொடர்பு கொள்ளலாம்.

**பங்கேற்பதற்கான ஒப்புதல்:**

(b) எழுத்துப்பூர்வமான ஒப்புதல்

- “நான் (தேவைப்பட்டால் தமிழில் உள்ள) ஒப்புதல் படிவத்தை வாசித்துள்ளேன் மற்றும் விவரிக்கப்படும் ஆய்வை நான் புரிந்து கொள்கிறேன்.”
- “கேள்விகள் கேட்க எனக்கு வாய்ப்பு இருந்துள்ளது மற்றும் எனது கேள்விகளுக்கு பதில் அளிக்கப்பட்டுள்ளது. எதிர்காலத்தில் ஆய்வு குறித்து கேள்விகள் கேட்க எனக்குச் சுதந்திரம் உள்ளது.”
- “எந்த நேரத்திலும், அபராதம் ஏதுமின்றி என்னுடைய பங்கேற்பை நான் நிறுத்திக் கொள்ளலாம் என்பதை புரிந்து கொண்டு இந்த ஆராய்ச்சி ஆய்வில் பங்கேற்க நான் சுதந்திரமாக ஒப்புதல் அளிக்கிறேன். என்னுடைய பதிவேடுகளுக்காக இந்த ஒப்புதல் படிவத்தின் நகல் ஒன்று எனக்கு அளிக்கப்பட்டுள்ளது.”
- “நேர்காணலின் போது என்னுடைய குரல் ஒலிநாடாவில் பதிவு செய்யப்படுவதை நான் அனுமதிக்கிறேன்.”
- “ஒரு வேளை நான் ஆய்விலிருந்து விலக நேரிட்டால், நான் விரும்பும் பட்சத்தில் என்னுடைய நேர்காணலை பின்னொரு சமயத்தில் தொடர நான் என்னுடைய அனுமதியை அளிக்கிறேன்.”
- “நான் ஆய்விலிருந்து விலகிக்கொள்ள முடிவு செய்யும் நேரம் வரை என்னுடையத் தகவல்களைப் பயன்படுத்துவதற்கு நான் அனுமதி அளிக்கிறேன்.”

\_\_\_\_\_  
(பங்கேற்பாளரின் பெயர்)

\_\_\_\_\_  
(தேதி)

\_\_\_\_\_  
(பங்கேற்பாளரின் கையொப்பம்)

\_\_\_\_\_  
(ஆராய்ச்சியாளரின் கையொப்பம்)

(b) வாய்மொழி ஒப்புதல்

- “ஒப்புதல் படிவம் ஆராய்ச்சியாளரால் எனக்கு (தேவைப்பட்டால் தமிழில்) வாசித்துக் காட்டப்பட்டுள்ளது மற்றும் விவரிக்கப்படும் ஆய்வை நான் புரிந்து கொள்கிறேன் என்பதை நான் இங்கு குறிப்பிட்டுச் சொல்ல விரும்புகிறேன்.”
- “கேள்விகள் கேட்க எனக்கு வாய்ப்பு இருந்தது மற்றும் இந்தக் கேள்விகளுக்கு பதில் அளிக்கப்பட்டுள்ளது. எதிர்காலத்தில் ஆய்வு குறித்து கேள்விகள் கேட்க எனக்குச் சுதந்திரம் உள்ளது.”
- “எந்த நேரத்திலும், அபராதம் ஏதுமின்றி என்னுடைய பங்கேற்பை நான் நிறுத்திக் கொள்ளலாம் என்பதை புரிந்து கொண்டு இந்த ஆராய்ச்சி ஆய்வில் பங்கேற்க நான் சுதந்திரமாக ஒப்புதல் அளிக்கிறேன். என்னுடைய பதிவேடுகளுக்காக இந்த ஒப்புதல் படிவத்தின் நகல் ஒன்று எனக்கு அளிக்கப்பட்டுள்ளது.”

- “நேர்காணலின் போது என்னுடைய குரல் ஒலிநாடாவில் பதிவு செய்யப்படுவதற்கு அனுமதி அளிக்கிறேன்.”
- “ஒரு வேளை நான் ஆய்விலிருந்து விலக நேரிட்டால், நான் விரும்பும் பட்சத்தில் என்னுடைய நேர்காணலை பின்னொரு சமயத்தில் தொடர நான் என்னுடைய அனுமதியை அளிக்கிறேன்.”
- “நான் ஆய்விலிருந்து விலகிக் கொள்ள முடிவு செய்யும் நேரம் வரை என்னுடையத் தகவல்களைப் பயன்படுத்துவதற்கு நான் அனுமதி அளிக்கிறேன்.”

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(பங்கேற்பாளரின் பெயர் அல்லது அடையாளம்)

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(தேதி)

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(ஆராய்ச்சியாளரின் கையொப்பம்)

## Appendix G: Translator’s Statement of Confidentiality



RESEARCH ETHICS BOARD  
OFFICE OF RESEARCH SERVICES

### **Title: The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers**

#### **Translator’s Statement of Confidentiality**

I (please print name) \_\_\_\_\_ am assisting Sivajini Suthaharan (the principle investigator) in her study “The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers” by translating the required information, such as the interview tape/audio recordings and other as required.

As a translator, I am acknowledging that:

- I will translate the information as truthfully and accurately as possible.
- I will maintain the confidentiality of this research data and will maintain the anonymity of the participants involved.
- I understand that the content of the data is to be held in strictest confidence and is not to be discussed outside of the research group.
- I understand that security of the data files must be maintained at all times and is to be stored appropriately.
- I agree to delete all data related to this research that I have on either my computer/email/other means, in 3 months from the date of signing this Translator’s Statement of Confidentiality.

**In signing my name below, I agree to the above statements.**

Translator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have fully explained the issues of confidentiality, integrity of data and security issues to the above Translator.**

Principle Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix H: Transcriber/ Research Assistant’s Statement of Confidentiality**



RESEARCH ETHICS BOARD  
OFFICE OF RESEARCH SERVICES

**Title: The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers**

**Transcriber/ Research Assistant’s Statement of Confidentiality**

I (please print name) \_\_\_\_\_ am assisting Sivajini Suthaharan (the principle investigator) in her study “The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers” by transcribing the required information, such as the interview tape/audio recordings and other as required.

As a Transcriber/ Research Assistant, I am acknowledging that:

- I will transcribe the information as truthfully and accurately as possible.
- I will maintain the confidentiality of this research data and will maintain the anonymity of the participants involved.
- I understand that the content of the data is to be held in strictest confidence and is not to be discussed outside of the research group.
- I understand that security of the data files must be maintained at all times and is to be stored appropriately.
- I agree to delete all data related to this research that I have on either my computer/email/other means, in 3 months from the date of signing this Transcriber/ Research Assistant’s Statement of Confidentiality.

**In signing my name below, I agree to the above statements.**

Transcriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have fully explained the issues of confidentiality, integrity of data and security issues to the above Research Assistant.**

Principle Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix I: Participant Recruitment Poster – English Version



**UOIT**  
CHALLENGE. INNOVATE. CONNECT.

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## The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers

# TAMIL RESEARCH PARTICIPANTS NEEDED

**FOR A RESEARCH STUDY THAT WILL EXAMINE THE IMPACT OF SOCIAL NETWORK  
AND SOCIAL ACTIVITIES ON TAMIL MENTAL HEALTH PATIENTS**

தமிழ்



தமிழ்

**Eligibility Requirements:**

- Tamil mental health patients
- Must have attended minimum 3 sessions of mental health social programs offered by the hospital

**Study:**

- An interview (30 minutes in length) will be conducted
- Location: [CMHP], [Hospital], Ontario
- Information gained from this study may assist in planning future social activities and social network programs for mental health patients with different ethnic backgrounds in mental health departments

**Principal Investigator & Contact Info:** Sivajini Suthaharan, 905-721-8668, [sivajini.suthaharan@uoit.ca](mailto:sivajini.suthaharan@uoit.ca)

Appendix J: Participant Recruitment Poster – Tamil Version



**UOIT**  
CHALLENGE INNOVATE CONNECT

RESEARCH ETHICS BOARD  
OFFICE OF RESEARCH SERVICES

**The Impact of Utilization of Community Resources  
by Out-Patient/Drop-In Tamil Mental Health System Consumers**

**தமிழ் மக்கள் ஆராய்ச்சிக்கு தேவை**

**TAMIL**

**PARTICIPANTS NEEDED FOR RESEARCH**

**FOR A RESEARCH STUDY THAT WILL EXAMINE THE IMPACT OF  
SOCIAL NETWORK AND SOCIAL ACTIVITIES ON TAMIL MENTAL  
HEALTH PATIENTS**

**Eligibility Requirements:**

- Tamil mental health patients
- Must have attended minimum 3 sessions of mental health social programs offered by the hospital

**Study:**

- An interview (30 minutes in length) will be conducted
- Location: [CMHP], [Hospital], Ontario
- Information gained from this study may assist in planning future social activities and social network programs for mental health patients with different ethnic backgrounds in mental health departments

## Appendix K: Verbal Recruitment Script (Draft Only)



RESEARCH ETHICS BOARD  
OFFICE OF RESEARCH SERVICES

### **Title: The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers VERBAL SCRIPT**

Hi everyone,  
How are you?

My name is Sivajini Suthaharan and I'm a student from University of Ontario Institute of Technology (UOIT). I'm doing my Masters of Health Science in Community Health. As part of my thesis, I am interested in doing my research at the [CMHP] at [the hospital].

I would like to let you know, that you are invited to take part in this research study entitled 'The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers' with UOIT, Faculty of Health Sciences.

The purpose of this research study is to investigate the impact of social activities and social network on Tamil mentally ill patients.

In order to be eligible for this study, you must be Tamil mental health patient at the [CMHP] and must have attended minimum 3 sessions of mental health social programs offered by the [CMHP].

You will be asked to complete a demographic questionnaire and to participate in an interview, which will be 30 - 45 minutes long. Please note, that you will be audio-taped during the interview.

Your participation is voluntary and you can answer only those questions that you are comfortable with. You may also refuse to participate or withdraw from the study at any time. The study poses no known potential harm, injury or discomfort to you. All information obtained during the study will be held in strict confidence.

You will be provided with snacks/coffee when attending the interview session. Moreover, the information gained from this study may assist in planning future social activities and social network programs for mental health patients in other mental health programs/departments/hospitals. This study may help re-shape the social needs of mental health patients with different ethnic background and will help them integrate with the community.

If you are interested in participating, please let me know and I will provide you with an Invitation to Participate and Consent to Participation Form. If you have any questions, you can call me anytime at 647-891-1714 or email me at: [sivajini.suthaharan@uoit.ca](mailto:sivajini.suthaharan@uoit.ca). Thank you!

**Appendix L: Interview Scheduling Template**

**Interview Schedules**

<b>Time</b>	<b>Monday (Date)</b>	<b>Tuesday (Date)</b>	<b>Wednesday (Date)</b>	<b>Thursday (Date)</b>	<b>Friday (Date)</b>
<b>7 AM</b>					
<b>8 AM</b>					
<b>9 AM</b>					
<b>10 AM</b>					
<b>11 AM</b>					
<b>12 PM</b>					
<b>1 PM</b>					
<b>2 PM</b>					
<b>3 PM</b>					
<b>4 PM</b>					
<b>5 PM</b>					
<b>6 PM</b>					

**Appendix M: Interview Reminder Cards**

**[CMHP]  
RESEARCH INTERVIEW**

**The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Contact: [CMHP] Receptionist

- Interview: 30 - 45minutes
- Location: [CMHP], Hospital

## Appendix N: Self-Administered Paper Based Questionnaire



RESEARCH ETHICS BOARD  
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Code: \_\_\_\_\_

Date: \_\_\_\_\_

### **Title: The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers**

#### **DEMOGRAPHIC QUESTIONNAIRE**

This questionnaire contains background information about you. Some of these questions might not be applicable to you; however it is important to ask everyone the same questions. Please try to be as truthful as possible when answering these questions, but please be assured that the answers you give will be kept confidential.

1. How many days a week do you come to the [CMHP]?
  - 1 day a week
  - 2 to 3 days a week
  - 5 days a week
  
2. How long have you been attending the [CMHP]?
  - Less than a year
  - 1 to 3 years
  - More than 3 years
  
3. What programs are you attending at the [CMHP]?
  - Walk and Talk
  - Arts and crafts
  - Cooking/baking
  - Individual/ Partner Games (eg. Puzzles)
  - Large group games (eg. Bingo, Family Feud)
  - Events/fundraisings
  - Other. Please specify:
  
4. How long have you been living in Canada?
  - Less than a year
  - 1-5 years
  - 5 – 10 years
  - More than 10 years

5. Do you live alone or with people?
- Alone
  - With a pet
  - With people. Please specify:
6. What is your employment status?
- Full-time
  - Part-time
  - Unemployed
7. Were/are you exposed or involved in any other similar mental health social programs. If yes, please explain what program you were/are involved in?
- No, this is my first time participating in a social program like this.
  - Yes, I was involved in a similar social program like this. If yes, please explain:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. What type of social network are you affiliated with?
- Family
  - Extended family
  - Friends
  - Co-workers
  - Neighbours
  - Pets
  - Other: \_\_\_\_\_
9. Where do you usually spend your free-time?
- At home
  - At friends or relatives' house
  - At restaurants
  - At shopping mall
  - At concerts/games/festivals
  - Other: \_\_\_\_\_
10. Are you part of any community services, clubs or teams? If yes, please explain.
- Clubs: \_\_\_\_\_
  - Teams: \_\_\_\_\_
  - Volunteer: \_\_\_\_\_
  - Community services (eg. Fundraising, event coordination, etc.) : \_\_\_\_\_
  - Other: \_\_\_\_\_

## Appendix O: Mental Health Outpatients Interview Questions Guide



RESEARCH ETHICS BOARD  
OFFICE OF RESEARCH SERVICES

Code: \_\_\_\_\_

Date: \_\_\_\_\_

### **Title: The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers**

#### **MENTAL HEALTH PATIENTS INTERVIEW QUESTIONS**

1. Can you tell me about the [CMHP]?
2. Why do you need this program? What is the intention of starting this program? How is this social program benefiting you?
3. Does having social activities helping you improve your mental health?
4. Are you getting the opportunity to build social network? Is this helping you integrate better with the community?
5. What social skills have you developed from participating in these programs? How are you using the information and skills you learned in this program to help increase your quality of life?
6. What are some of your specific needs with mental health programs? What do you see as something that would benefit you in this program?
7. Is your culture in any way affecting your ability to participate in mental health social program? Is your culture affecting you in any way from improving your mental health? What are some of the cultural barriers in attending these mental health social programs? What are some of the cultural needs that should be integrated when designing these social programs?
8. What are your recommendations for this program? How can this social program be improved?

## Appendix P: Mental Health Care Workers Interview Questions Guide



RESEARCH ETHICS BOARD  
OFFICE OF RESEARCH SERVICES

Code: \_\_\_\_\_

Date: \_\_\_\_\_

### **Title: The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers**

#### **MENTAL HEALTH CARE WORKERS INTERVIEW QUESTIONS**

1. Can you tell me about the [CMHP] and the activities you offer?
2. Tell me about the patients that attend this program. Why do they need this program?
3. What is your view on patient's overall health? Do you see any improvements? Is their quality of life increasing?
4. What is your involvement in this program? What support do you provide to your patients?
5. Do you provide any programs to meet specific cultural needs?
6. Do you see any cultural barriers? Are cultural differences affecting patients' ability to participate in any programs? Is this affecting the rate at which they are improving?
7. How can this social program be improved? What would you like to see that you currently don't have, as something that may benefit the patients?

## Appendix Q: Invitation to Participate Letter



RESEARCH ETHICS BOARD  
OFFICE OF RESEARCH SERVICES

### INVITATION TO PARTICIPATE IN RESEARCH STUDY

**Title of Project: The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers**

**Investigator & Contact Information:**

Sivajini Suthaharan, HBSc, current MHSc Student, UOIT, Principal Investigator,  
Telephone Number: (905)721-8668, [sivajini.suthaharan@uoit.ca](mailto:sivajini.suthaharan@uoit.ca)

Dr. Brenda Gamble, PhD, Faculty of Health Sciences Supervisor, Health Science,  
Telephone Number: (905)721-8668 x 2934, Fax: (905)725-5475,  
[brenda.gamble@uoit.ca](mailto:brenda.gamble@uoit.ca)

Dear Participant,

You are invited to take part in a research study with the University of Ontario Institute of Technology (UOIT), Faculty of Health Sciences.

The purpose of this research study is to investigate the impact of social activities and social network on Tamil mentally ill patients. This study has been reviewed by the University of Ontario Institute of Technology Research Ethics Board and [hospital] Ethics Board and has received ethics clearance (UOIT REB File # 10-088).

You will be asked to orally complete a demographic questionnaire and to participate in an interview, which will be 30 - 45 minutes long, with a trained researcher from UOIT. Your name or signature is NOT required to participate in this research study. The study poses no potential harm, injury or discomfort to you. All information obtained during the study will be held in strict confidence.

The information gained from this study may assist in planning future social activities and social network programs for Tamil mental health out-patients in other mental health departments. This study may help re-shape the social needs of mental health out-patients from different ethnic backgrounds and will help them to integrate with the community.

If you are interested in participating, we will provide you with an informed Consent Form to review and sign. Please feel free to ask any questions you may have before completing the questionnaire and participating in the interview process.

Thank you.  
Sivajini Suthaharan

**Appendix R: Mental Health Outpatients Participants Code Template**

**Mental Health Outpatient Codes**

<b>Code</b>	<b>Name</b>	<b>Comments</b>
G11		
G12		
G13		
G14		
G15		
G16		
G17		
G18		
G19		
G20		
G21		
G22		
G23		
G24		
G25		
G26		
G27		
G28		
G29		
G30		

**Appendix S: Mental Health Care Workers Participants Code Template**

**Mental Health Care Workers Codes**

<b>Code</b>	<b>Name</b>	<b>Comments</b>
H11		
H12		
H13		
H14		
H15		
H16		
H17		
H18		
H19		
H20		
H21		
H22		
H23		
H24		
H25		
H26		
H27		
H28		
H29		
H30		

## Appendix T: Verbal Thank You to Participants Script



RESEARCH ETHICS BOARD  
OFFICE OF RESEARCH SERVICES

### **Title: The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers**

#### **VERBAL THANK YOU TO PARTICIPANTS SCRIPT (Outline ONLY) \***

Hi everyone,

I would like to thank you all for participating in my research study entitled ‘The Impact of Utilization of Community Resources by Out-Patient/Drop-In Tamil Mental Health System Consumers’ with the University of Ontario Institute of Technology (UOIT), Faculty of Health Sciences. As you know the purpose of this study was to investigate the impact of social activities and social network on Tamil mentally ill patients.

Please remember, as mentioned before, all information obtained during the study will be held in strict confidence. The results of this study may be published on scientific journals and/or presented in scientific conferences. However, your name or any other identifying personal information will not appear or be used in any publications and/or presentations.

During these interviews you had all provided valuable inputs about these mental health social programs. Some of the pros and cons that you had all generally noted during the interviews include: *(this section will be populated after the interviews, based on the results/info gathered) \**

As mentioned before, the information gained from this study may assist in planning future social activities and social network programs for Tamil mental health patients in other mental health departments. This study may also help re-shape the social needs of mental health patients from different ethnic backgrounds and will help them to integrate with the community.

From these interviews that we had, I learnt a lot from you all. Therefore, I would like to thank each of you for your time, contributions, perspectives and participation. You made my research experience an overall positive experience with many new ideas to bring forward to my thesis.

Please feel free to contact me up to 6 months from this point if you have any questions regarding the results of this study.

It was a pleasure to get to know you all during my time here at the [CMHP].

Thanks again!  
Sivajini Suthaharan

## Appendix U: Audit Trail of Themes Identified for Mental Health Outpatients

Audit trail of themes identified for mental health outpatients and sample/selected quotes for each theme\*

Theme	Quotes from Mental Health Outpatients
<p><b>The CMHP is a Home for Mental Health Outpatients</b></p>	<p><i>I like coming here... I am smiling, talking, drinking coffee, participating in the activities and am just simply happy. I didn't experience this happiness before.</i></p> <p><i>This is our program and it's for us. We feel like we are in our own place. We don't feel the same way when we go somewhere else.</i></p> <p><i>The [CMHP] made me feel better. When I came here, I felt like I'm not the only one with this problem. There are lots of people that are even younger than me here. It made me feel better.</i></p> <p><i>Even though the doctor had referred me here, if I didn't like it, I wouldn't have come. I came here and I liked it, that's why I continue to come. They organize the programs very well. Everything is perfect... That's why I like it.</i></p> <p><i>I feel that it's a safe environment. Everyone first looks at the safety and trustworthiness of a place when they go somewhere.</i></p> <p><i>The program is free, that's why people come here.</i></p> <p><i>If [patients] have to pay, they won't be able to afford it.</i></p> <p><i>It's a free service. We will not pay and come, because we can't afford to.</i></p> <p><i>They have everything... what I like and need.</i></p> <p><i>They have lots of activities.</i></p> <p><i>Everything is perfect. I like everything here.</i></p> <p><i>They have lots of activities here.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>After joining this program, I feel great.</i></p> <p><i>This program is very beneficial.</i></p> <p><i>They are well organized.</i></p> <p><i>Here, the programs are all good. I can't think of anything new we may need.</i></p> <p><i>All is well. They give us help with [public transportation]. There is a kitchen and we can make tea. We have all the facilities.</i></p> <p><i>After a few visits I found that this was a good place for people who have depression.</i></p> <p><i>Once you have interest, you will keep coming. There are a lot of benefits, so people come here.</i></p> <p><i>I don't feel like going home if I come here. I come every day.</i></p> <p><i>Through her [CMHP staff] I got a job. They (CMHP staff) did everything for me and made me a normal person.</i></p> <p><i>They (patients) like to come here, to talk freely as they wish. Here they (mental health care workers) are looking after us in a nice way. If we have a problem, they care for us. We don't have to be afraid to come here.</i></p> <p><i>I think this [CMHP] is good for the people who are affected mentally. It's a place to help improve people.</i></p> <p><i>I have a good opinion about this program. They (mental health care workers) do everything good here. There is nothing bad to say about this program.</i></p> <p><i>I have told people about [CMHP] and the programs that they offer, such as yoga, breathing exercise, meditation, etc. I tell them about the benefits of it and tell them to come to the program.</i></p> <p><i>We have everything here, just like at home.</i></p> <p><i>They have nice programs. Everyone has been able to participate</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>in the programs. They are flexible.</i></p> <p><i>This program is helping me.</i></p> <p><i>It is also free. It is difficult for me to pay and come here.</i></p> <p><i>Yes, I come here and noticed the benefits I'm getting from this program. So, I'll recommend this program to another ten people and will encourage them to come here.</i></p> <p><i>Here, everything is provided for us. We have computers here and we can use it anytime here. In the kitchen, we can make tea or we can warm up stuff. We have all the facilities here.</i></p> <p><i>We get a lot of motivation here. I felt happy and continue to be happy after I came here.</i></p> <p><i>We must be very thankful that they (CMHP) have given us so many facilities to help us and become a normal person. We must thank them for doing so.</i></p> <p><i>The teachers for yoga, exercise and dance do a really good job in teaching us. So, when we participate in these, our mind feels relaxed.</i></p> <p><i>The [mental health care worker] has arranged rooms for the bachelors/single people. This is good.</i></p> <p><i>Here, great activities are being provided. Great friends are here and we are happy to talk. We are happy here, we can't find this elsewhere.</i></p> <p><i>We help each other. We know that we won't talk about things that were shared here at this program, outside.</i></p> <p><i>I am very happy with this. I had depression and taking medication for [many] years. At that time there was no such program like this. I always stayed home and something weird was happening to me. I did not wish to go out and I did not wish to see my relatives. I did not want to bother them. I felt so sad. I wanted to go out. So I used to leave home and go to the mall. I get a ticket and go all the way to [end of the subway] and come back. Just with that, I was able to spend two hours. Now I don't like going to the mall. I'd rather come to this program. We</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>have to thank this town. They gave us a lot. They take care of us.</i></p> <p><i>This is like our house; we can participate in what we want. We come here and talk to everyone and make friends. By doing this, our mental illness is decreasing. We are getting out of depression.</i></p> <p><i>All the workers care about us and keep an eye on everyone. They encourage us to come here often. Even if we annoy them, they handle us with patience.</i></p> <p><i>It's the best. I think they are helping everyone. They are very kind... everyone is nice to us. This place is a place where your mind can be peaceful.... a place where we can leave our worries behind.</i></p> <p><i>This is the best program. Workers are well educated and dedicated. They guide you in the right path. I wish we have this program everywhere.</i></p> <p><i>We have everything and all the facilities.... we have games, we have aerobic exercise for one hour, yoga for one hour, and dance for one hour. They have everything separately. They have meditation in the mornings.</i></p>
<p><b>Views of Mental Health Outpatients on the CMHP Benefits</b></p>	
<ul style="list-style-type: none"> <li>Views on the Combined Effects of Medication and Social Activities</li> </ul>	<p><i>It's 50:50</i></p> <p><i>It works 50:50. If I don't come here, I will stay in bed and over think. My medicine doesn't help stop my over thinking.</i></p> <p><i>It (medicine) will only cure 50% of the mental illness. The other 50% (will be cured) by other activities like yoga and exercise or by playing sports like cricket or soccer.</i></p> <p><i>Medication causes weight gain. Weight gain causes depression.</i></p> <p><i>At home I only take medication and do nothing, but here I find myself more active.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>I am still taking medicine. I'm not as tired. My mind is better now....it's relaxed.</i></p> <p><i>This (mental health social program) helps me 50% and the medication helps with the other half.</i></p> <p><i>It works 50:50.</i></p> <p><i>Medication alone didn't help much. I was getting mad and felt like what is the use of my life and I didn't feel like doing anything.</i></p> <p><i>Yes, there are a lot of differences (between the time when patient was taking medication and now). If I stay home I feel very bored, sleepy, and some drowsiness. Here nothing like that happens. I am happy.</i></p> <p><i>Yes, there is a difference. If I take the medicine... I feel sad, sleepy, and hate things, but if I come to this program, it makes me happy.</i></p> <p><i>Because I am on medication. But at an earlier time, even if I used medication, I did not see the results. I was lazy and sleepy.</i></p> <p><i>Oh yes, very much! Medication is not holding me. Only if I don't do these things (eg. yoga or aerobics), then I'll feel like I'm going to get sick. I feel like I need to go out.</i></p> <p><i>If I don't come here, I see the difference. I feel lazy. I won't be happy. I think about unnecessary things.</i></p> <p><i>I see a lot of differences. When I was just taking the medicine, I felt lazy and was thinking too much. We stay home alone and worry about unnecessary things. We feel happy when we come here and talk to people...we are more active here.</i></p> <p><i>I don't want to live with just the medicine. I want to cure myself from the mental illness.</i></p> <p><i>I don't use much medication like before.</i></p> <p><i>When I take the medicine and stay home, I never felt good, like how I feel when I come here and participate in the program.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>The doctor has decreased the medication tablets for me. I took 4 medication tablets before. Now I am taking only 2.</i></p> <p><i>I saw the difference after I started coming here. It is really good for my health. I've experienced a lot of change. My medication dosage level has decreased. I've learned a lot. Now my mind is clear.</i></p> <p><i>This program is necessary to us and it's very helpful to us. If we stay home, we just keep taking medications and not doing anything else. Coming to this program, makes me feel like I can live without medications. If we come to this program, we feel active. So this program has changed me to the point where I feel like I can live without medications.</i></p> <p><i>Yes, there is a difference. If I take the medicine... I feel sad, sleepy, and hate things, but if I come to this program, it makes me happy.</i></p> <p><i>I see a lot of difference. When I was just taking the medicine, I felt lazy and was thinking too much. We stay home alone and worry about unnecessary things. We feel happy when we come here and talk to people...we are more active here.</i></p> <p><i>After coming here my medication dosage has decreased. I find a big difference between the two time periods... before I would just take medication after medication and stay at home. I used to be stressed out a lot. After coming here, my medication level and mental illness both has decreased and I find myself healthier.</i></p> <p><i>I took medicine frequently before, which made me sleep often. Now, after coming here, I take less medication because of the activities provided to me, which helps to change my mind. I haven't cured completely from the mental illness, but I notice the improvement.</i></p> <p><i>We shouldn't only depend on the medication. No doubt you need medicine, but when you go out and participate in these programs, the medication dosage decreases.</i></p> <p><i>Depression medicine causes people to over eat.... some eat a lot without realizing. Then they put on weight. Weight gain also brings depression to people.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>It (medicine) didn't help much. I was getting mad and felt like what is the use of my life and I didn't feel like doing anything. After I started coming here, I felt better. Now I feel happy.</i></p>
<ul style="list-style-type: none"> <li>• Views on Mental Health Benefits</li> </ul>	<p><i>I personally don't have any problem coming here because my family knows that when I come here I am fresh and happy and relaxed and they want me to go. They know the difference between when I stay home all day and when I go out.</i></p> <p><i>Here we find that there are programs that makes us happy. Sometimes they used to give us some presents worth one dollar. Even that itself means a lot to us, even though it's a little gift. Yet this is precious to us. This makes us happy.</i></p> <p><i>If you are occupied, you can relax your mind...isn't this true? If you are not occupied, then you'll always be over thinking about something.</i></p> <p><i>I used to cry, feel sad and tensed before I came to this program. I come here every day. I feel like going out now a days, after I started coming here.</i></p> <p><i>After I attend these classes, I became normal.</i></p> <p><i>Since I came here, I was able to forget everything and focus on my health.</i></p> <p><i>When I am here, I am busy and don't get time to think or worry about anything.</i></p> <p><i>If we stay home, we will be thinking unnecessary things. We feel better here.</i></p> <p><i>I have peace of mind now, because I come here.</i></p> <p><i>It worries me a lot when I am alone. I feel very relaxed when I come here.</i></p> <p><i>We will have less worry and we don't think too much.</i></p> <p><i>If I am at home, I will think about unnecessary things and talk to people over the phone.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>The main thing is that my health improved and I'm active. I can see the difference.</i></p> <p><i>I improved a lot because I came here. Otherwise I would be lying in bed thinking and worrying without any improvement.</i></p> <p><i>Yoga helps us to relax our mind.</i></p> <p><i>It (mental illness) has improved. We have everything. Yoga is very good. I go for other classes too. I'm almost fully booked.... I am occupied.</i></p> <p><i>The teachers for yoga, exercise and dance do a really good job in teaching us. So, when we participate in these, our mind feels relaxed. Before I used to be very stressed, but now I'm very happy</i></p> <p><i>I see a lot of differences with my mind and body.</i></p> <p><i>I feel happy.</i></p> <p><i>We do yoga and breathing exercises. By doing this our body and mind feels refreshed.</i></p> <p><i>If I don't come to this program, I feel depressed.</i></p> <p><i>This program is helping me to decrease my depression level.</i></p> <p><i>Coming here makes me happy.</i></p> <p><i>When we do yoga, we feel very active and the mind feels happy and relaxed. The meditation also gives a special feeling. So we are happy.</i></p> <p><i>My mind is relaxed. When I come here on Mondays, my mood changes.</i></p> <p><i>My body becomes active and I think about what to do next. Some people here have told me that I'm losing weight. That is a change, which has caused a mood change. So these are "plus" points for me in my life. I also do aerobics. They also have breathing exercises, but I like aerobics better. So my mind and my mood make me do more and more and it helps with my mental depression. Suppose if I feel like I'm not able to do it, I</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>force myself because of the opportunity I have. This is also another cause/reason. Now my medication dosage has also been reduced.</i></p> <p><i>Yes it gives mood changes. Our mood and sense of mind reflects us in a good way. It helps with the activities we do later on in the day. Yesterday I didn't come here because it was windy, but I felt sad because I couldn't come.</i></p> <p><i>After coming here, I'm not as mentally or physically tired. There are a lot of benefits to coming here. I feel like talking to others now. After coming here, my worries have decreased. Before, when I saw people I had negative feelings toward them and didn't want to talk to them.</i></p> <p><i>I don't think very deeply or don't have too much random thoughts and worries.</i></p> <p><i>I see very good improvements in myself.</i></p> <p><i>We are happy by talking to the other people. It makes me happy to get ready and come in the bus to the program with other people.</i></p> <p><i>We don't worry anymore.</i></p> <p><i>I saw lot of improvements with the meditation after I came here.</i></p> <p><i>I feel much better than before.</i></p> <p><i>When I do yoga once or twice a week, it keeps my mind relaxed.</i></p> <p><i>I feel normal now.</i></p> <p><i>I feel good now.</i></p> <p><i>My mind feels happy after coming here.</i></p> <p><i>Now, my doctor tells me that I am much better than before.</i></p> <p><i>In terms of my mental health, I don't have any problems. I feel good.</i></p> <p><i>Even my social worker had told me that I look fine. That I have</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>improved.</i></p> <p><i>After coming here, my mental health problem has decreased.</i></p> <p><i>My mind is stable.</i></p> <p><i>I've been staying at home before this. After coming to this program, I feel more active and feel much happier. I do yoga, counselling, etc. and feel a lot more relaxed. I am very happy now.</i></p> <p><i>We are happy now.</i></p> <p><i>I notice a difference in my mental health. I am happy now.</i></p> <p><i>I am better than before. But I cannot say that I am fully better, but I feel that I am getting better.</i></p> <p><i>Then I came here and realized it will help me change my mood.</i></p> <p><i>By learning and doing the yoga exercise, I feel very fresh, my mind gets relaxation.</i></p> <p><i>I come here to relax my mind.</i></p> <p><i>Our brain and mind change, allowing us to know ourselves and become a normal person. We understand that we have become better.</i></p> <p><i>We are happy talking to others. It makes me happy, getting ready and taking the bus to the program with other people.</i></p> <p><i>We were asked about our problem and we talked about it. It is very helpful. My mind was relieved.</i></p> <p><i>We talk openly to everyone and our mind gets relieved.</i></p> <p><i>If I am home I will be sitting alone thinking about so many different things. It worries me a lot when I am alone, but I feel very relaxed when I come here.</i></p> <p><i>It helps me to relax.</i></p> <p><i>We feel happy. We get information and our mind becomes</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>relaxed.</i></p> <p><i>After I started coming here, I felt better. Yoga, aerobic and other exercises are helping me to forget everything and to relax.</i></p> <p><i>Before coming here, I used to stay home and didn't go out anywhere or talk to anyone. I didn't like anyone, but after coming here, I became more active, my attitude changed, and I have more confidence now. The main thing is that my health improved and I'm active. I can see the difference.</i></p> <p><i>If I had come here when my mental illness started, it wouldn't have gotten this severe.</i></p> <p><i>If I didn't come here, I wouldn't have come out of my sickness.</i></p> <p><i>Before I used to have a case worker, but now I have cancelled her, because I can do a lot of things on my own. My case worker is always surprised about how much I've changed compared to before. She noticed the improvement in me.</i></p> <p><i>People are coming here to keep their mind in control.</i></p> <p><i>I am always busy...and I keep myself busy...so I don't fall into depression. Suppose I stay away from not doing anything, then I feel depressed.</i></p> <p><i>When they have activities and programs to participate in, it helps people to forget about their problems and worries and to enjoy themselves... for example cook food, dance, etcetera.</i></p>
<ul style="list-style-type: none"> <li>• Views on Physical Health Benefits</li> </ul>	<p><i>I feel healthy by doing yoga here at this program.</i></p> <p><i>My diabetes level will go down and cholesterol level will also improve if I do yoga here.</i></p> <p><i>If I come here, I do yoga and it makes me feel better and helps me to reduce diabetes, cholesterol level.</i></p> <p><i>It was difficult for me to do yoga. Then I learned little by little. Now I feel like I have to come. I feel like a whole day workout can be done by one hour of yoga.</i></p> <p><i>When I do one hour of yoga, I feel very good. If I have pain</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>anywhere, I do more for those areas. Then I won't have the pain.</i></p> <p><i>I used to feel unhealthy.... I couldn't control my diabetes. Now I walk home. I am able to control my diabetes.</i></p> <p><i>I know how to reduce my weight.</i></p> <p><i>Diabetes level will go down and cholesterol level also will improve if we do yoga here.</i></p> <p><i>I don't eat. I'll just drink tea and sleep if I don't come here. If I come here, I eat.</i></p> <p><i>When I am home, I always sleep. After coming here, I feel more energized and active.</i></p> <p><i>Aerobic exercise helps me to improve my health and I feel light.</i></p> <p><i>I know how to reduce my weight, by dieting.</i></p> <p><i>I feel healthier doing yoga here in this program.</i></p> <p><i>When we stay home alone and do yoga, we don't get the motivation that we get here. When we do it with other people it motivates us and we tend to do more.</i></p> <p><i>Aerobic exercise also makes us feel better and we can lose weight too.</i></p> <p><i>I am coming to yoga because yoga helps you to concentrate your mind and it makes us relax. They do it very well here. Even though I come here only for 2 days, I practice at home as well.</i></p> <p><i>We stopped sleeping at home. We eat a lot when we stay home. Both go away.</i></p> <p><i>I see lot of differences in the mind and body.</i></p> <p><i>I learned about yoga here and it's helping me keep my body healthy. I do this at home too and it helps me keep my body healthy. Walking here is also helping with body circulation.</i></p> <p><i>I find myself feeling good after exercising, meditating, doing yoga and other activities.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>I also learned some yoga and meditation. I find that there is improvement.</i></p> <p><i>If I stay at home I feel very tired. Coming here is helping me be active.</i></p> <p><i>[Mental health care worker] showed me the benefits of yoga, breathing exercise, meditation, stretching, etc. After that I automatically started coming here every week. Even if I couldn't, I did it at home.</i></p> <p><i>When doing the yoga, the blood circulates to the brain and you find relief in the mind and it helps cure depression. And it's for activity purposes too.</i></p> <p><i>Yes, I find a lot of differences. After coming here, I'm not as tired mentally and physically. There are a lot of benefits to coming here.</i></p> <p><i>Here, they have yoga, exercises. If we stay at home, we won't do it.</i></p> <p><i>If I come here, I can do yoga, which helps me feel better. It helps me to reduce cholesterol and (high blood) pressure.</i></p> <p><i>These programs are good for our health. If we stay home, we just eat and do nothing. My doctor used to say I have cholesterol, but now I don't have that because of the activities I do.</i></p> <p><i>It is motivating me to get up and be active. If I don't come, I'll just lay down on my bed. I'll be lazy.</i></p> <p><i>Doing exercise helps reduce weight. Weight gain is something that makes people worry a lot.</i></p> <p><i>I felt really good after losing weight. It's easy to do the workout now. I used to get tired easily before.</i></p> <p><i>I saw a major improvement in my mental health and physical health. I understand the link between mental and physical health. If we are in pain, we'll be depressed. If we are depressed, we'll be in pain. It goes in a circle.</i></p>

Theme	Quotes from Mental Health Outpatients
<ul style="list-style-type: none"> <li>Views on Social Skills Development</li> </ul>	<p><i>I learned to talk to people.</i></p> <p><i>I have self confidence now.</i></p> <p><i>I didn't have the confidence before. After I started coming here, I learned about where and how to talk to people and I became confident.</i></p> <p><i>Communicational skills.</i></p> <p><i>Talking, communicational skills, knowledge.</i></p> <p><i>I have more confidence now.</i></p> <p><i>I am trying to be independent and showing enthusiasm to improve myself.</i></p> <p><i>I usually go for appointments with (a relative). I wasn't able to go by myself. I go by myself now days.</i></p> <p><i>I used to have good social skills before I became sick. Then I lost everything. Now I feel like talking to other people again.</i></p> <p><i>After I came here I learned to respect people and the severity of this illness.</i></p> <p><i>I have more confidence now. I believe that I can be cured like the other people who were cured. I didn't talk to people when I was sick.</i></p> <p><i>My self confidence has grown.</i></p> <p><i>I am able to talk to people socially.</i></p> <p><i>I learned to talk more. Before I hated going out. Now, I can go out to stores, and can do things independently. This may be also due to medications.</i></p> <p><i>Before I knew nothing, I didn't talk to anybody. Now I know enough to answer your questions. Yet, I can't say that I feel better as I once did. I understand some way or another about how to reply.</i></p> <p><i>I learned to talk more.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>When I was taking medications, I talked to people, but very little. I still talk the same amount now as well.</i></p> <p><i>I learned to talk to others.</i></p> <p><i>I'm more confident. Sometimes if someone's making a mistake during yoga, I teach them. That makes me feel better. Sometimes I recommend people to come to this program to do yoga, to relieve their minds and their soul.</i></p> <p><i>Yes this is true (having open discussions will give outpatients the chance to express themselves).</i></p> <p><i>I have confidence that I can do things on my own. My confidence level has increased.</i></p> <p><i>I learned to talk to people, to talk with my social worker, and help others.</i></p> <p><i>I want to improve with talking. To speak socially with the people who come here.</i></p> <p><i>I talk more than I used to talk before.</i></p> <p><i>I talk better now. I can go and do something on my own. I am healthy. I have self confidence to do anything. Before, when I used to read, nothing will stick in my mind.</i></p> <p><i>I talked to people here. When I go outside, and to functions, I talk to everyone now days.</i></p> <p><i>I gained a lot from the communication skills workshop.</i></p> <p><i>We need to have self confidence. We shouldn't be shy about it.</i></p> <p><i>I learned to talk to people.</i></p> <p><i>I became friendly... I learned to listen to people and give advice to them.</i></p> <p><i>I feel confident and enthusiastic. I know where to go and what to do for my problem.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>After I came here, I started talking to people. I learned how to have conversations.</i></p> <p><i>I have self confidence now.</i></p> <p><i>With talking.... before it was confusing, complicated talking. Before I couldn't talk. I did not want to face anyone or talk to anyone. I wanted to stay by myself. Now I am the type of person who talks non-stop, like a chatter box.</i></p> <p><i>I used to get mad all the time before. Now I don't get mad as much. We sometimes get homework to do at the discussion group.... we have to read something and discuss it in the group. This encourages us and gives our mind some work to do, even when we go home.</i></p> <p><i>We also have cooking programs on Thursdays. I cooked once. They liked it and praised me. So, we show initiative and also learn leadership skills here.</i></p> <p><i>They teach us about respecting and listening, taking turns and being patience. They talk about different issues in life. We sit and listen and understand.</i></p> <p><i>Also, at home... I can do all the house work on my own. I now have self confidence and can do things on my own now.</i></p> <p><i>I have confidence now. I was dropped off and picked up before from [CMHP], but now I can come by myself... I am also able to go to other places alone.</i></p> <p><i>I never knew how to get along with people. I have always been rough with people. Now, I learned to get along with people and made lots of friends.</i></p> <p><i>Talking here is helping me to go out to the store, buy, and inquire about prices. I learned to talk.</i></p>
<ul style="list-style-type: none"> <li>• Views on Social Network</li> </ul>	<p><i>I can get the information from workers and it helps me to do my work.</i></p> <p><i>We get the information about where to go and what kind of service we can get from there. We learn about schooling and studies here.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>When we come here we talk about our problem and others tell us about their problem.</i></p> <p><i>Everyone helps here.</i></p> <p><i>Here, we make good friends. I talk to them over the phone from home as well.</i></p> <p><i>I have people here around me, not like when I go somewhere else. I feel relaxed here. We talk to each other about our problems.</i></p> <p><i>I talk to people other than Tamil people if I have to. It helped me with my English speaking skills.</i></p> <p><i>Good friends are here... we are happy to talk to each other. We are happy here, which we won't find elsewhere. We help each other. We know that we won't talk about things that were shared here at this program, to anyone else.</i></p> <p><i>After coming to this program, it has really helped me. It gave me the chance to talk to people. Even if they don't talk, they ask about how you're doing and share their problems. We are open to talk. There is a lot...we can't share everything but you get some points and talk about the problems.</i></p> <p><i>Workers are well educated and dedicated. They guide us in the right path.</i></p> <p><i>When I have to do something I get advice and talk to people and make good decisions.</i></p> <p><i>They have group discussions, I can share my feelings. They encourage us to do that.</i></p> <p><i>Some will say that I look fine. Yet they do not know the pain we have. This mental illness affects us deeply.... we don't want to see, talk, play or do anything. Even if we go to a function, others will be enjoying it. Here all of us are in the same position so each of us can help each other.</i></p> <p><i>Having Tamil people here encourages me more to come here. We go to movies together.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>People and workers here advise us not to feel different or down about our situation and tell us we can become normal. They say this is like a normal disease like diabetes. We can be cured from it. It encourages us. I took their advice and took it as being normal.</i></p> <p><i>We talk friendly and freely with people. It helps us to relax our mind as well.</i></p> <p><i>When we come here and talk, I don't face problems because we all have the same problems. So, I feel good coming here.</i></p> <p><i>I am coming here to talk to people at least. That stimulates our mind.</i></p> <p><i>It does help me. When I talk to Tamil people who are coming here, I learn a lot from them. We talk personally to each other. I usually don't talk like that. I talk about my problems because I come here. I knew they wouldn't think badly about me. I try to be a good and better person in the community.</i></p> <p><i>If I stay home, I wouldn't have anyone to talk to.</i></p> <p><i>We can talk and share our problems with each other. It's relaxing. If we don't talk about our problems, we feel stressed.</i></p> <p><i>If it is one or two people, it would have been hard for them. Since lots of people are coming, they can talk to each other and do everything.</i></p> <p><i>I came here and made friends.</i></p> <p><i>All my old friendships have been reduced. Ever since I became sick, they reduced the connection and talking to us. Once in a while they call and talk. My new friends will call and ask me if I don't come to this program.</i></p> <p><i>I am ok when I come here. If I am alone, I feel lonely. Then I take the medicine to feel better. Then we sleep. I got a best friend here. Even after we go home, she calls and talks to me. So I don't feel lonely.</i></p> <p><i>If I stay at home I am sad. When I come here, I can talk to</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>people. People here are very kind, we are enjoying ourselves here, we are happy here.</i></p> <p><i>For me, when I come here, I feel very free/ happy. After coming here and talking to people and smiling, I am very happy.</i></p> <p><i>Yes, I talk more with them. Sometimes after using the medication you feel like being alone. But here, when seeing others, you like to talk and do something.</i></p> <p><i>Before coming here, I didn't like to talk to anyone. I felt frustrated and sleepy. After I came here, I find myself happy and wish to meet some relatives.</i></p> <p><i>This is like our home; we can participate in what we want. We come here and talk to everyone and make friends. By doing this, our mental illness is decreasing.</i></p> <p><i>After coming here, I have made many friends. Compared to before, now I'm going to more places as a group.</i></p> <p><i>Before, when I was at home, I didn't like talking to others. Now I like to talk with people. At home I will stay by myself, will not talk to anyone, I will not do anything and just sit still.</i></p> <p><i>I don't talk to anyone from here, outside of the program. Only here, I talk to one friend outside of here. I talk to those whom I know, and then go home.</i></p> <p><i>Normally I am very social. I talk with people freely. Here I like it because every day I see new faces. I like this. I can talk to them leisurely. I am happy.</i></p> <p><i>If I'm home, I am all alone. There is no one to talk to. Here, I get the chance to talk to people</i></p> <p><i>Before coming here, I was mostly at home all alone. After I started to come here, I was very happy because I find that I have people to talk to.</i></p> <p><i>They also get the chance to speak with different people. Suppose if they stay at home, they are all alone. Here they are like free birds; so they are happy here rather than staying at home. Here they can do yoga and get the benefits from that. Here they can</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>participate in games and have fun.</i></p> <p><i>Coming out and getting fresh air and seeing people...especially our people...and talking to each other...helps to ease mind.</i></p> <p><i>When I come out, I get fresh air, see different people to talk to or greet and this makes my mind feel fresh.</i></p> <p><i>But here, people come with worries, but after talking to each other, their mind will change.</i></p> <p><i>By coming here, we discuss with each other and know the feelings of each other and find out information. We meet new people.</i></p> <p><i>Before coming here I did not say or talk or do anything. There are a lot of changes that I have noticed. Now I will talk to others who come here, join their conversations or any discussions.</i></p> <p><i>After coming here I have made good friends who became good family friends. Some of their kids and my kids have become friends too.</i></p> <p><i>We talk to each other about our feelings and problems. So we are able to share our inner feelings with each other and solve our problems. It gives us the feeling that we are not alone and that we have someone.</i></p> <p><i>Here I can talk to others and I feel happy here.</i></p> <p><i>After coming to these groups, we have now all become like a family.</i></p> <p><i>It's good for my mental health. I can openly talk to others and share my worries. This makes me happy.</i></p> <p><i>I have more opportunities to talk to other people now and I have made more friends by coming here and that makes me happy.</i></p> <p><i>By talking openly to these people (other outpatients) and workers here, it is helping me communicate with other people.</i></p> <p><i>My mental health would have affected me more.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>We don't feel the loneliness anymore. We have peer groups and we have good relationship with each other because we've been coming here for a long time.</i></p> <p><i>I usually talk socially with people. Everyone who sees me here talks to me freely about their problems, which helps them feel better. I tell them that I am like them too. They say they feel better when they talk to me.</i></p> <p><i>We share important information with each other. It makes me happy. People who don't know about these things (services) ask me and do it.</i></p> <p><i>It makes me feel better. When we come here, we move with the same kind of people, who have the same problem. Our purpose is the same.</i></p> <p><i>We came to know lots of workers here. They are very friendly. It makes us feel like we are free to talk to them about anything. We don't have to see one particular staff for everything. We can talk to anyone and they will act based on our needs. They are very trustworthy. We didn't know anything before. Now, we know that if we go to them, they will solve our problem or direct us to someone else.</i></p> <p><i>The information I get from workers, helps me to do my work.</i></p> <p><i>When I have to do something, I talk to people, get advice and make a good decision.</i></p> <p><i>We get the information about where to go and what kind of services we can get. We learn about school and education here. It helps with being informed about my children's education.</i></p> <p><i>We talk to people, joke around and have fun. This makes us happy.</i></p> <p><i>Sometimes I bring letters here and a staff member reads it and explains it to me. We get that kind of help here too.</i></p> <p><i>After starting to see my case worker, I felt better.</i></p> <p><i>The [mental health care worker] helps me a lot.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>I feel very happy when I talk to people freely. I made lots of friends; we talk over the phone as well. We share our stories...good or bad.</i></p> <p><i>I like to listen to people when they are sad or when they want to talk. I advise them when they ask for help. They gain benefits from what I say. I talk to them as a patient and they accept that. I don't go out, so I don't have friends. So, I only do this here.</i></p> <p><i>Most of us here are facing mental health problems, which affects our mind. We understand we all have problems, so we help each other out. When we talk about ourselves and our problems, we feel relieved.</i></p> <p><i>We are able to share information amongst each other. I give some information and direct people to other resources.</i></p> <p><i>Through them (staff) we learned a lot of information. For example, they taught us how to cook.</i></p> <p><i>There are a lot of people that are lonely. But here, they have others to talk to, so they are happy. If they didn't have this program, they are going to be lonelier and the mental illness will only increase.</i></p> <p><i>I do not like to see people and get angry at them. So, I avoid them as much as possible.</i></p>
<ul style="list-style-type: none"> <li>• Views on Other Benefits</li> </ul>	<p><i>After I came here, I became an informative person.</i></p> <p><i>It's a good program, because we are mentally ill people and it's a good way to get us out of the house.</i></p> <p><i>I don't depend on other people like before.</i></p> <p><i>I know that I am getting more information by coming here.</i></p> <p><i>After I came here, I became an all rounder.</i></p> <p><i>To keep my self-occupied, to gain knowledge.</i></p> <p><i>We gain knowledge here.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>Going out makes me feel better. I see lots of differences. I never had connection with the outside... for example, talking to people, talking on the phone, watching TV or anything like that. I started to listen to music after I came here.</i></p> <p><i>It also helps pass time. I like it and I'm changing myself.</i></p> <p><i>People are friendly and help us as their own family members. These kinds of programs give lots of advice to the families as well.</i></p> <p><i>I learned to go to places in the bus.</i></p> <p><i>Yes, I come here to spend the day....do some odd jobs. Here everyone likes me. I help them.</i></p> <p><i>I feel better. My husband sees the difference and asks me to continue participating at the [CMHP]. If I don't feel like coming here, he wakes me up and drops me here.</i></p> <p><i>We have lots of benefits here. It's a big deal getting out of the house and if we know where we are going and if we know it's going to make us happy, we'll definitely come for it.</i></p> <p><i>It's a hobby for us.</i></p> <p><i>It helps improve our English too because we don't know much English.</i></p> <p><i>In group discussions... I can get lots of information. They have good guest speakers. I learned about different diseases and nutrition only by coming here.</i></p> <p><i>I got the chance to learn about job opportunities and continuing education.</i></p> <p><i>I am also volunteering here.</i></p> <p><i>My children and my husband are very happy about me coming here. They will encourage me to come here.... they always tell me to go. They say that when I return back from the program, I look happy.</i></p>

Theme	Quotes from Mental Health Outpatients
<b>Views on Cultural Aspects of the CMHP</b>	
<ul style="list-style-type: none"> <li>Views on Cultural Barriers faced by Mental Health Outpatients</li> </ul>	<p><i>I used to talk to them (relatives) before. When I talked to them, I faced problems. You know with our Tamil people, they say she has this and like that.</i></p> <p><i>If I tell them (about attending the CMHP), they will look at me differently and it's not good for my kids.</i></p> <p><i>They (Tamil culture) don't accept it.</i></p> <p><i>They come here without letting the other people know that they are coming here. They think if they tell outside (to others) they will think badly of them.</i></p> <p><i>They feel, that if other people know about them, they will face problem with their children's marriage proposal.</i></p> <p><i>If anyone has mental problem, they separate the people in our culture.</i></p> <p><i>They (relatives) look at me differently. I don't even talk to them anymore. That is a bad thing that I hate about my community. Not everyone though, there are some people like that. They say she is mental, mad, you can't talk to her like that. It's not right to say... you know.</i></p> <p><i>Everyone is not strong enough to hear and accept the words people say. I was very soft in my childhood life. It affected me hard like this because of that reason.</i></p> <p><i>In our community, when they hear about this disease, they think very cheap about the people who have it. Some people don't mind. Some people look differently.</i></p> <p><i>I feel sad when other people talk about me. They usually talk behind your back.</i></p> <p><i>They (Tamil people) don't understand the severity of this illness.</i></p> <p><i>Tamil people usually don't go out for anything. Especially if it is a mental issue, they wouldn't tell anybody and keep it to themselves and make it worse.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>We have a problem. I used to think that way before. I used to think that if any Tamil person sees me coming here, they might think of me as a mad person. I had a plan to say, if anyone asks me I would say I am volunteering there. Tamil people always try to judge others. They'll create something that's not true.</i></p> <p><i>I don't want them to think cheap. People in our society will think and look differently at you if you are a mentally ill person.</i></p> <p><i>They will tease us and say "there is a mental or mad person going."</i></p> <p><i>In Sri Lanka, if someone has a mental illness, they call them as mad or mental. That's how they are here.</i></p> <p><i>I do not want others to know.</i></p> <p><i>I didn't find any difficulty. I am happy here and I must look after my health, so I come here, even if others talk differently.</i></p> <p><i>75% of people think mental health patients are crazy and they don't come to us. But people that understand this mental health problem, and people who have a mentally ill patient in their family understand this well. They think we are normal but just have depression. But people without a mentally ill person in their family, ignore us.</i></p> <p><i>I say I go to yoga, because I'm embarrassed to admit that I'm going to a mental health social program. Others think I'm crazy. So I just say I go to yoga.</i></p> <p><i>If they understand mental illness better, they won't think we are crazy.</i></p> <p><i>My kids don't take my advice. They (family) think the [CMHP] and the people that come here are crazy.</i></p> <p><i>Some think that we are crazy. That's not true. It's a type of depression. But Tamil people don't accept this.</i></p> <p><i>I say that, it is a school here and that there's a teacher here. I don't say that I'm going to a mental health program. If I say that I am going for my depression, some may think differently.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p data-bbox="578 268 1192 302"><i>So, I used to tell them that I am going to school.</i></p> <p data-bbox="578 342 1130 375"><i>They (relatives) will think differently of me.</i></p> <p data-bbox="578 415 1383 483"><i>I think they may take it, as we are a little backwards compared to others.</i></p> <p data-bbox="578 487 1334 554"><i>There are people who understand our problem, some don't understand. Normally they ignore it.</i></p> <p data-bbox="578 594 1390 921"><i>They think of them as crazy, which is a big issue. They don't want to show their mental problem to others. This is a depression itself. In my opinion, it's just a normal sickness. Everyone has a problem. Tamil people feel that this is a major problem. But it's not. It's just like a headache coming and going. Once you take medication it may go away. Unlike a headache, you need to continue to take the medication. The psychiatrist may decrease or increase the dosage, but you need to take the medication. But you can balance this with exercise.</i></p> <p data-bbox="578 961 1406 1398"><i>They won't accept it and say that they are mental patients. They are ashamed of having the mental illness. I'd like to take these thoughts away from their minds. This is being adapted by them. Not only them, but I was also in the same position. Mostly I felt bad for them, that they were affected by this mental problem. Whenever they came, I saw them hiding themselves, because they are ashamed. Even I felt it before too.... what is other people going to think? But once you come in, you know they have problems too and I found that this was normal and changed myself. Some people avoid the program because of their shyness, and they stay at home under the medication prescribed.</i></p> <p data-bbox="578 1438 1409 1766"><i>Our Tamil community will not accept mental illness. There are many disputes out there. For example if one member of a family is affected by mental illness, even a marriage proposal might be put at risk. People will think differently of these people. They wouldn't want to accept a girl who has a family member with mental illness. If they know we have a mental illness, they would avoid us and do not want to be near us. Not only that, but people are scared that their own kids might catch the mental illness by talking to me.</i></p> <p data-bbox="578 1806 1312 1839"><i>They think the mentally ill patient doesn't know anything.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>Yes, most of them look at mental illness in a different way. If they know I have a mental illness, they will think of it negatively and will exclude me from everything. Now, I can encourage others and tell them that this program will help them improve their mental illness.</i></p> <p><i>People will look at the mentally ill patient differently and will avoid talking to them. This will increase the level of mental illness for that patient. When we come to these programs, our eyes open and we understand and then we can help bring in more patients and help cure/decrease their mental illness as well.</i></p> <p><i>I didn't tell my relatives about my mental illness.</i></p> <p><i>Patients do not tell others (relatives and friends) about attending this program. If they tell others, then people will think badly about them.</i></p> <p><i>I didn't tell them (relatives). Why do I have to tell everyone about it? You know... I have children. They are going to live here (Canada). I don't want this (my mental illness) to affect them. People will only respect them depending on how they study and what they become in the future. If my kids get a good job, they won't say anything about me, but if my kids don't come to a good position in life, then people will say, because of me the kids are also mentally affected.</i></p> <p><i>Some people don't come to the [CMHP], because they fear that other people would come to know about their problem (mental illness). They don't want other people to know about it because of cultural issues.</i></p> <p><i>Tamil patients are embarrassed or shy to tell others about their mental illness. So they stay at home and worry. We come here now and are able to encourage others to come. I have brought many people here to join the [CMHP]. However, there are so many people that don't know about this program. A mentally ill person should go out and join programs similar to this.</i></p>
<ul style="list-style-type: none"> <li>• Views on Cultural Causes of Mental Illness</li> </ul>	<p><i>Most Tamil people are affected by the war in Sri Lanka.</i></p> <p><i>The loss and struggle I faced in Sri Lanka...All these things are the reasons for my problem. I used to be scared of everything</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>before.</i></p> <p><i>People who are there (Sri Lanka) will not get such facilities like we have here. It is impossible to find good doctors to give them a good hand and cure them.</i></p> <p><i>It's because of the family problems. That's why I got sick.</i></p> <p><i>I was alone at home; faced struggle back home and a family member left me. All these things are the reasons for my problem. I used to be scared of everything before.</i></p> <p><i>For example, I could definitely say that people over there (Sri Lanka) will have much more depression, because of the suffering they have gone through during these past few years. However, they don't know about the mental illness that they have.</i></p> <p><i>It's because of change in culture. Some people can't accept it.</i></p> <p><i>Our Tamil people have more mental issues than other culture people within the last 2 years because of the Sri Lankan government's action.</i></p> <p><i>In Sri Lanka people are suffering from depression but aren't able to express this. They do not know whether to visit the doctor, and so some may scream or talk randomly. There is no place like this to look after our mental health.</i></p> <p><i>There are so many differences there. They don't give medicine, money for living or activities like yoga, meditation and etcetera like we get here. Everything we face here is good, nothing is bad here.</i></p> <p><i>Most of the people are thinking about the trouble in Sri Lanka. That's the reason why they got these problems. It was mild to me at the beginning and got worse after the massacre of civilians on the last day. I wanted to go there right away at that time.</i></p> <p><i>Everyone has anxiety problem there (Sri Lanka). They are worried about when the army is going to come and who is going to be taken away.</i></p> <p><i>Even when we were in Sri Lanka, we faced lots of problems. We had to run for our lives with our kids and saw so many deaths</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>and murders. I was hurt by everything. We never had anything left to bring here. We came with one bag. I was affected there and then here as well. [Certain events I face in my daily life] reminds me of [war incidents] from Sri Lanka ... which makes me sad.</i></p> <p><i>I am from Sri Lanka. I lost relatives in the last massacre by Sri Lankan army. That's the main reason why I got this problem. That's the reason why I am coming to this [CMHP]. Lots of my people have been massacred in Sri Lanka without any justice. That's why I am depressed.</i></p> <p><i>In Sri Lanka, there are not many facilities to help mentally ill patients. If anyone has mental issue, there is a hospital, where they will keep you locked in a room. There is no program like this over there.</i></p> <p><i>We have problems (war) in Sri Lanka. It affects a lot of people. There are no medicines or help for those people. Since 1958, there is war going on there, which affects many people.</i></p> <p><i>In Canada, the education system teaches about psychology when kids are in school. That's why not many people have mental health problems like us. We were never educated in Sri Lanka about mental illness, so we didn't know anything about mental health issues.</i></p> <p><i>If kids were educated about mental health issues, this kind of problem will not exist. When a person knows and understands mental health issues, they will understand a mentally ill person, but a person who doesn't have knowledge about mental health issues will be scared of that mentally ill person.</i></p> <p><i>It's better to educate people ....it needs to be a part of the education system. If I was given the education when I was small, I wouldn't be in this situation now.</i></p> <p><i>There are lots of differences between Sri Lanka and Canada... the weather, food, culture, everything. Ladies work hard in Sri Lanka, but when they come here to Canada, they have to go to work, as well as attend all other house duties. It causes stress.</i></p> <p><i>Compared to Sri Lanka, people's behaviour and the way of living, is much different here. Some can cope with it, but some</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>can't. They don't know how to adjust to this culture. Here, it's like a machine life... speedy life, but in Sri Lanka everything is slow.</i></p> <p><i>I never had this problem back home. We used to live as a big family even after my marriage. After I came here, I had to live alone... so, I felt lonely. After kids go to school and my husband goes to work, I was home alone. I felt like crying. That's how my problem started.</i></p> <p><i>I do not know how to speak in English. If I ask anything, they [kids] won't answer. They will immediately say no to my request. So, I feel very bad for myself. I feel stressed about not knowing English. This has caused half the problems and made me mentally ill. Not knowing English is a huge problem for me.</i></p>
<ul style="list-style-type: none"> <li>• Views on Cultural Programs offered at CMHP</li> </ul>	<p><i>Most Tamil people fail to attend other English group discussions because of the language barrier. After [Tamil mental health care workers] came here, we find it beneficial because we understand it in Tamil.</i></p> <p><i>There is a Tamil person in charge here. Otherwise I wouldn't come here. I have language problems.</i></p> <p><i>They wear our traditional clothes and put the lights on and it is fun. Everyone brings their kind of food... like I bring murukku, another person vadai, another person appam and another thosai... and then we celebrate.</i></p> <p><i>When they explain in Tamil, people will understand more because most people don't understand English.</i></p> <p><i>We have Tamil group programs and yoga. We have a translator. We don't go anywhere if we don't understand.</i></p> <p><i>It (having a Tamil mental health care worker) is really good and helpful. If it's a Tamil person; we don't feel shy or scared or hesitate to participate.</i></p> <p><i>Most Tamil people don't come here if [Tamil mental health care worker] doesn't come because they need a translator.</i></p> <p><i>Dance programs are for Tamil people. Tamil group sessions are there on Mondays. They talked about bingo and casino only with</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>Tamil people.</i></p> <p><i>We have [Tamil mental health care worker] here to explain and help us with everything. Otherwise it's hard for us.</i></p> <p><i>We celebrate Diwali, and they teach dances like Kolattam, Kummy.</i></p> <p><i>It is very helpful. It's been easy for us since we have instructions in Tamil.</i></p> <p><i>Most of the Tamil people won't come here, if there is no Tamil worker. It is better for the people to have someone to translate and explain in their own language.</i></p> <p><i>I learned yoga and have knowledge of the benefits of yoga. I went to a different place before. But I never understood the use because of the language problem. [Tamil mental health care worker] explains it here in Tamil.</i></p> <p><i>We learn different dances here like Kolattam and Sempu dance.</i></p> <p><i>Lots of Tamil people are sick now, these days. We have everything in Tamil so lots of Tamil people are coming here. If we don't have the language help, people wouldn't come here.</i></p> <p><i>We have a Tamil instructor here. That may encourage them to come here.</i></p> <p><i>When [Tamil mental health care worker] comes, more Tamil people come for outings. They feel comfortable going with a Tamil person if they have language problems.</i></p> <p><i>We can talk to [Tamil mental health care worker] about everything freely. [Tamil mental health care worker] knows our culture and other issues we face.</i></p> <p><i>We have programs in Tamil. Tamil dance is coming here. We have more Tamil people living in [this area]. If they have someone to translate in their own language from their own culture, it will encourage them to come here.</i></p> <p><i>If there is no Tamil translation offered, they (outpatients) will have a hard time. People will come here less.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>Most Tamil people who come here don't know much English. It makes us happy to talk in our own language.</i></p> <p><i>Patients don't know much Tamil. If workers talk in Tamil, patients love to sit and are interested.</i></p> <p><i>Not as much Tamil people will come here, if there is no translator.</i></p> <p><i>They can talk at those programs. People don't go to the English programs, because they may not understand English.</i></p> <p><i>Having a Tamil worker, allows people to talk comfortably.</i></p> <p><i>If people don't understand they won't come.</i></p> <p><i>For Pongal day, New Years, and other festivals, they celebrate it. We will all wear sarees and make food, pray and celebrate happily.</i></p> <p><i>It's a big help to everyone to have this translator here.</i></p> <p><i>We as Tamil people, celebrate events together. Food wise, people from all cultures, join together and cook food and eat together. For exercise and yoga, people from all cultures participate together. Even for celebrations, people from all cultures celebrate it together. When we do Diwali, etc. everyone comes and watches us.</i></p> <p><i>We have celebrations here. We have Diwali celebration here and now New Year celebration is coming up.</i></p> <p><i>I only talk to Tamil people, because I don't understand English.</i></p> <p><i>I don't know what they will do if they both (Tamil mental health care workers) are not there.</i></p> <p><i>We don't understand everything ... what the people here say. They are the ones (Tamil mental health care workers) who explains it to us. If we don't have them, we wouldn't understand anything. We'll come, sit and go. We won't get anything out of being here.</i></p> <p><i>For sure, they won't come. How can they come? They will</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>hesitate to come. We must have Tamil workers here.</i></p> <p><i>There is a translator who helps with translating from English to Tamil. This is another reason that Tamil people come here frequently. If the worker only speaks English, people that can't understand English will find it hard.</i></p> <p><i>If [Tamil mental health care worker] is not here, Tamil people won't come here that much.</i></p> <p><i>Due to language problems. Suppose the [CMHP] is in English only, it will be hard for people to understand. When we have Tamil people and Tamil discussion groups, it's easier for us to talk in Tamil... in our own language. Even when they (CMHP) have guest speakers, they bring in Tamil guest speakers, which make it easier for us to understand.</i></p> <p><i>There is New Year's Day and Diwali. On these days we do potluck or we bring sweets and share.... that makes us happy. We have dance programs also. They celebrate Tamil cultural days here.</i></p>
Views on Barriers	
	<p><i>It is hard for me to come in the bus.</i></p> <p><i>If I have to go somewhere, she (social worker) helps me to go to those places, because I don't know how to go.</i></p> <p><i>I take medication. It makes me sleepy.</i></p> <p><i>Distance is a problem for me.</i></p> <p><i>I don't exercise, because I feel very tired.</i></p> <p><i>Medicine made me tired ....to come here.</i></p> <p><i>I don't go too far, because I feel like my head spins when I go to new places. It may be because of the medication pills I take. I have memory problem too.</i></p> <p><i>I like to come here, but I take medications. It's hard for me to get up in the morning and get ready and come.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>Some people need help to come here. They can't travel by themselves.</i></p> <p><i>Sometimes family members don't like it when patients come here.</i></p> <p><i>Family responsibility is also a problem.</i></p> <p><i>If we don't have a Tamil discussion group, we will attend the English one. But we will not understand half the things.</i></p> <p><i>Transportation could be a reason.</i></p> <p><i>Some people feel shy to come here.</i></p> <p><i>She doesn't come because of the transportation issue.</i></p> <p><i>Some have inferiority complexion, family issues, transportation issues, and shyness.</i></p> <p><i>Due to language problems. Suppose the [CMHP] is in English only, it will be hard for people to understand.</i></p> <p><i>They (men) feel shy to do these (activities) with the ladies. I used to feel shy to even go to the hospital at the beginning. I am used to it now and I don't feel bad about it. They might have the same feelings.</i></p> <p><i>If I am in a good mood, I come here. If not I stay at home.</i></p> <p><i>Tamil people are having difficulty because of the language problem.</i></p> <p><i>For some people, coming to this program can be a status problem and think people will think low of them if they come to this program.</i></p> <p><i>Some can't come here, because they need someone to accompany them. Some can't come here, because they have no idea about how to come here. Some have transportation issues. So, they should get some help with transportation.</i></p> <p><i>Family issues.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>There is also a [walking and talking group], but I don't go, because I have to run home to do my housework.</i></p> <p><i>If it is a single person it would be ok with them. But for someone like me, who has a family, it is hard. What do I do with my kids? Where can I leave them? So family responsibilities can be a barrier for me. So it depends for each person.</i></p> <p><i>In the summer, people with kids may find it difficult to come here.</i></p> <p><i>There are no difficulties for me, but for some the transportation, may be an issue. Some can't afford a Metro Pass. Some have problems at home or problems because of children and have responsibilities, such as taking their kids to school.</i></p> <p><i>I wouldn't feel like eating because of the depression and the medication. I wouldn't feel like cooking either.</i></p> <p><i>I have lots of work to do at home. I don't have much time.</i></p> <p><i>I have a Metro Pass from ODSP. Some people don't come because they don't have the facility to come here.</i></p> <p><i>My head spins when I take tablets.</i></p> <p><i>In order to come here, I have to wake up early and cook. I have house responsibilities. I prepare all the food and do other house duties.</i></p> <p><i>There are so many people that don't know about this program.</i></p> <p><i>We may have work to do or have to go to the store. Some have to go and see the family doctor. Sometimes if it is too cold or slippery, it's hard if we don't have a vehicle or if we have a mental illness, it may be difficult to come.</i></p> <p><i>Winter time is also a problem. My problem is waking up in the morning. Sunlight motivates me, but if there is no sun, I can't get up.</i></p> <p><i>I live far. It was difficult at the beginning. Then I started to enjoy that. It would have been easier if it's closer.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>I feel stressed about not knowing English. This has caused half the problems and made me mentally ill. Not knowing English is a huge problem for me.</i></p> <p><i>I take medicine, which makes me tired.</i></p> <p><i>I take depression pills. It makes me sleepy.</i></p> <p><i>I don't feel like cooking because of depression.</i></p> <p><i>Some people don't come regularly because they feel tired and sick because of the medication.</i></p> <p><i>House work like cooking, cleaning, and looking after the kids is a problem. If I have to take the bus and come here, it's hard with the house work I have.</i></p> <p><i>Maybe their husbands don't let them. They might say it is for mad people. Even people said this to me at the beginning.</i></p> <p><i>Some people avoid the program because of their shyness and they stay at home under medication.</i></p> <p><i>I don't have anything to say as disadvantage. All I get is advantage.</i></p> <p><i>I live very far from here. It's hard for me to come every day.</i></p> <p><i>Some people don't know how to travel. They have language problems. Some people manage to travel around with the few words they know, but when they are mentally ill, they get lost easily. Once, I crossed on a red light without realizing what I'm doing. It's hard to control the mind when you are mentally ill. So, they (mentally ill patients) can't travel alone. They have to have some kind of transportation arrangements.</i></p> <p><i>I feel sad when it's closed for holidays.</i></p> <p><i>For some people these hours work well, but for others it does not. The current hours are fine for me. I would like to come after hours and during the weekend.</i></p> <p><i>People don't go to the English programs, because they may not understand English.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>I wish that I can learn English. If I'm trying to learn English, my mind somehow gets disturbed or it wanders and then I can't seem to understand anything. I don't know why. I can't seem to understand anything, I've learned.</i></p> <p><i>Due to my mental illness, it's so difficult to understand what others are talking about in English. If I read something, I immediately forget what it means.</i></p> <p><i>I never had enough money to buy medicine, so I don't take medicine. Now my mental illness has increased.</i></p> <p><i>Some people don't come because they are not approved financial support from ODSP.</i></p> <p><i>I like to come here, but I take medications. So, it's hard for me to get up in the morning and get ready and come.</i></p> <p><i>Some medications don't allow us to wake up in the morning. It makes us dizzy and drowsy. This is one of the reasons why people don't come regularly.</i></p> <p><i>I'm having a hard time coming here with my arthritis pain and other sickness. I don't want to do any exercise. I have arthritis, so I can't sit and do anything on the floor.</i></p> <p><i>I have a child who goes to full-time daycare. When she starts school, I'll have to go home early. If I have to take her home for lunch, then I have to be at home during the lunch hour. These are some of the reasons why people don't come regularly.</i></p> <p><i>Sometimes I have house responsibilities to do, like cooking, cleaning, washing or doing things for children. So sometimes it's hard for me to come here.</i></p> <p><i>One girl said her family told her not to come to this program, because she will get sicker if she comes here, but she continues to come here because she feels better when she's here.</i></p> <p><i>There are people who knows about this program, but don't want to come because they are embarrassed. Some people say "look at these mental people; they are going to a mental program." These words hurt us. So, some people feel embarrassed about</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>coming here, so they stay at home with medications.</i></p> <p><i>Some patients don't accept themselves and don't accept the fact they have a mental illness. When they don't accept it... it's a barrier, because that prevents them from going out and seeking the help they need.</i></p> <p><i>The amount of information going out to the Tamil community is not enough.... information about this program. A lot of people don't know about this program. Normally, if you want to come to this program, you need a doctor's referral. A lot of people don't know about this.</i></p> <p><i>Some people may need (case) workers. If there is a (case) worker for the patient, the worker can explain the importance of this program and make them understand more about it. A lot of people out there have mental issues, but some may hide it from others and stay at home without getting any help. It will only make it worse.</i></p> <p><i>There is nothing bad to say about this program. Everything is good. I love to come here. It helps me a lot.</i></p> <p><i>Most people don't come here, because of their kids during March Break and summer time. If it (CMHP) arranges for trips and allow us to bring our kids, that will be good or else without our kids, how can we enjoy the trip? We will be worried about our kids at home. If they do make arrangements for us to go out, they request us to come by ourselves only, and not with our families. This is a problem for people with children. Sometimes they (CMHP) do a BBQ at a park, but how can I eat the food there if my kids are not there? In the summer, my kids will be home, so how can I leave them at home and go out for trips?</i></p>
<b>Views on Recommendations for Program Development</b>	
	<p><i>I used to go to English learning classes.... I went for three years. I forgot everything right away. It wasn't helpful to me. I can read, but not big words. But I don't understand anything. I am too old to study.</i></p> <p><i>If they learn English they can get information and help and do</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>everything by themselves.</i></p> <p><i>It's better, if we have English classes just for Tamil people. Then we can ask questions freely even if we forget everything.</i></p> <p><i>It is even hard for me to look after myself, like preparing food and tea for myself. If we eat healthy food here, we don't have to worry about it when we go home.</i></p> <p><i>It will be encouraging if they give bus tokens and food in the program.</i></p> <p><i>It's better if we have these kinds of programs everywhere. It will be helpful for people like us.</i></p> <p><i>If there are different locations.... closer to their house, it will be easier because some people are coming from far places.</i></p> <p><i>If they open a new location like this, it's important to inform doctors and psychiatrists about this program, so they can let their patients know about it.</i></p> <p><i>It (the hours of service) is enough. The children would come home at 4 o'clock.</i></p> <p><i>If we eat healthy food here, we don't have to worry about this when we go home.</i></p> <p><i>I got a job with the help of my [mental health care worker]. If we have help like that here, it would be helpful for all people.</i></p> <p><i>If they extend the program to evening time, I can finish all my work and come in the evenings.</i></p> <p><i>If it's located in different places closer to their home it will be easier, because some people are coming from far places.</i></p> <p><i>If they increase the time, it would be good for bachelorettes. It's not good for people with family and kids. Weekends might be good for some, not for everyone. They can bring their families here also and have fun.</i></p> <p><i>Some people say they feel tired and they don't feel like cooking because of their mental problem. It is going to be helpful if we</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>give them food. It could be a need for them.</i></p> <p><i>It's good if they have sewing, knitting and hand works.</i></p> <p><i>If they extend to evening hours, I can finish all my work and come in the evening. I don't like the weekends.</i></p> <p><i>If the locations are closer, we will be able to come more frequently.</i></p> <p><i>If it's open in the weekends I can come.</i></p> <p><i>Hours are ok, but I'll come if they have it in the evenings and weekends. It would be useful for some other people too.</i></p> <p><i>I don't think we have this kind of program anywhere else, but it will be helpful if we have it elsewhere as well. It will make their lives better.</i></p> <p><i>If we have sewing and knitting classes, it will be helpful, especially when we become old. We can't go everywhere the same way we do now. So, this will help occupy our time and mind... so we can stay home and do something.</i></p> <p><i>I like to do sewing and knitting. They haven't started that here yet. It will make me happier if they start that. It will be helpful to my mental health also since I like to do that.</i></p> <p><i>It's better if we have this kind of programs everywhere.</i></p> <p><i>I asked them about having English or French classes here. It would be helpful if we learn here.</i></p> <p><i>It (location) is close to me. Some people are coming from far.</i></p> <p><i>It's good for people to have these programs closer to home. People will come for that.</i></p> <p><i>ESL classes will improve our language skills.</i></p> <p><i>This time is fine with me. Some people might be able to come if we have it open on the weekends.</i></p> <p><i>It will be hard for the people who come from far. It is better if</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>we have this kind of programs everywhere.</i></p> <p><i>I like to learn English. I was going to ESL. I couldn't go after because I got sicker.</i></p> <p><i>It's better to have more outgoing and group programs.</i></p> <p><i>They used to take us outing more in the summer, now they reduced that now.</i></p> <p><i>It's good to have it in different locations.</i></p> <p><i>I like to learn about computers.</i></p> <p><i>I would like to have more group discussions. It is better if they have sewing and knitting classes. I like to learn them.</i></p> <p><i>If you see sports like cricket and soccer, mostly men participate in them. It is better if we have those kinds of activities.</i></p> <p><i>It's timing for them. If you have it after 4 pm, they will be able to come after work. This is in the middle of their day. More men will come if it is after 5 pm.</i></p> <p><i>And if you have this kind of program in a different location also it will be good. It is too far for some people.</i></p> <p><i>We don't have chess here. It is good for the mind. We don't have carom board. We can do those things.</i></p> <p><i>They have activities like dance for girls, so more girls are meeting here. If they have chess, more boys will come here. If we have another session in the evenings, more boys will be able to come I think. In the evening at 5 or 6 o'clock, more men would be able to come.</i></p> <p><i>I'd like to learn about the computer. I don't know how to hold a mouse. I know everything except about the computer.</i></p> <p><i>I feel dizzy when I go there (English classes). I'll stay for a while there. When I leave from there, I wouldn't even know where I'm going. I'd go in the wrong bus.</i></p> <p><i>If they have different work activities, it is better. Any other</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>training or programs.</i></p> <p><i>If they have work training it would be good.</i></p> <p><i>If they arrange... like sport activities, it will be good. Patients will enjoy.</i></p> <p><i>Yes instead of exercise, I like sports/games. For example, carom board, card games.</i></p> <p><i>The workers should invite few good guest speakers and talk about good things.</i></p> <p><i>The time is okay, from morning until 3:30 pm for five days. Sometimes people may find it good to have it open in the weekend.</i></p> <p><i>If they open other programs like this, it will benefit other sick people.</i></p> <p><i>If it is free, people will go.</i></p> <p><i>Here there is no teacher to teach about computers, so we have to learn from others that know how to use it. It will be good if someone can explain it to us.</i></p> <p><i>If you give food, more people will come here.</i></p> <p><i>If there are programs like this near every location, it will be good.</i></p> <p><i>I will not come on these days (weekends) because I like to be with my children and play with them. I can go out to do shopping, clean the house, laundry and etcetera. I can do this only on these days. I have family responsibilities during the weekend.</i></p> <p><i>I think most of them don't know about it (CMHP). When I visit my physician, he only gave me medicine and didn't tell us to go to this program.</i></p> <p><i>To come here, I have to take two buses. It is far, yet I come to relax my mind. I come from so far, so I can't just come and sit here and then go.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>If people come here often, it will be good for them.</i></p> <p><i>The opening time is good. I won't come here in the weekend because I have family responsibilities.</i></p> <p><i>Mostly, people don't know about it. My [relative] who [lives far] loves to come here; unfortunately she doesn't because of the transportation issue. There is no opportunity like this elsewhere. You should think about a program elsewhere.</i></p> <p><i>They should have more programs that attract women here, such as how to groom one self. That is the most important. They are tired, but they need to be encouraged. Grooming is very important. People judge others based on this. Sometimes I see people coming without combing their hair. They should know how to do these things; especially our Tamil people do not know how to wear gel. They don't even know what gel is. They don't know this. They should improve on these. Even if they are sick, they should dress nicely, when they are going out. There are so many women programs out there. It would be good if they do this because it is important for our surroundings. Some are out there who judge them for their behaviour, their movements, their cleanliness and etcetera. Sometimes I find most of the ladies just go shopping, then cook and eat. That's all they do. Life does not exist with this type of living style. So there should be some way to teach them.</i></p> <p><i>From coming here, for example I started liking Aerobics, but some do not like it and some can't do it, they can't force themselves to do it. So, some people like different types of activities. So, they may want other types of activities, like cooking related activities.</i></p> <p><i>There are so many people out there that are suffering. [CMHP] should find out what each person likes or wants and should use those to attract them to come here. What I noticed is that, a lot of people here like to eat or drink. So having food and coffee on the side will attract more people to the program. Instead of just having discussions which can get boring, they should have food as well on the side. They must find out about what the interests and needs of each patient are.</i></p> <p><i>They should arrange to take us to a park where we can spend</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>the day. It would be fun and it is cheap. They can walk, talk and discuss their matters, etcetera.</i></p> <p><i>The trips they have here are not enough. They only do something once a year. They should do something once a week in the summer. They shouldn't force people, but should have more outings. In the summer, people with kids may find it difficult to come here.</i></p> <p><i>Most people don't come here, because of their kids during March Break and summer time. If it (CMHP) arranges for trips and allow us to bring our kids, that will be good or else without our kids, how can we enjoy the trip? We will be worried about our kids at home. If they do make arrangements for us to go out, they request us to come by ourselves only, and not with our families. This is a problem for people with children. Sometimes they (CMHP) do a BBQ at a park, but how can I eat the food there if my kids are not there? In the summer, my kids will be home, so how can I leave them at home and go out for trips?</i></p> <p><i>There are so many people from our community living everywhere. There are a lot of people out there who don't know about this problem. There are also people living outside of [CMHP location] ... I don't know of much people that live outside of [CMHP location] that comes here. So what about them?</i></p> <p><i>I know how much I have suffered. They should think about ways to bring in more people and help them out.</i></p> <p><i>If they add more new programs that would be good.</i></p> <p><i>It will be beneficial to others if you have programs like this elsewhere.</i></p> <p><i>I want to learn how to stitch.</i></p> <p><i>If they have more facilities, it will be good.</i></p> <p><i>The time it's open is good.</i></p> <p><i>I would like it... I think about coming here on the weekend. It will help me.</i></p>

Theme	Quotes from Mental Health Outpatients
	<p><i>On weekends, my children will be home. So, Monday to Friday is okay for me.</i></p> <p><i>If they (CMHP) have an English class that would be good.</i></p> <p><i>If the teacher, who teaches English, also explains some stuff to us in Tamil, we will understand it better. Having a Tamil teacher would be better for us.</i></p> <p><i>I can't do a full time job now. It's not only my mental issues, I have back problems too. I can do work for a short time with breaks.</i></p> <p><i>It's hard for me to even look after myself, like preparing myself food or tea ...this itself is hard for me to do.</i></p> <p><i>Some people feel tired and they don't feel like cooking, because of their mental health problem. It will be helpful if they (CMHP) give food.</i></p> <p><i>If they have like a Family Day once a month and have games on those days it will be fun for the families. It will make us happy.</i></p> <p><i>I used to go to LINC (Language Instruction for Newcomers to Canada), but I don't go there now because I get tired from travelling.</i></p> <p><i>If we can have some kind of volunteer experience or work related courses, it would be helpful for us in the future. I lost my self-confidence because of the Canadian job market. They ask for too much qualification and experience even for a simple job.</i></p> <p><i>I want to work. I wish they would teach me about working skills. It will be useful for me. Resume preparation help, interview skills, etc, will be good to have.</i></p> <p><i>Some people don't like to wake up and come in the morning. They want to come in the evening. If we have activities like yoga offered in the evening as well, people can stay late and benefit from that.</i></p> <p><i>I like to come here. I feel sad when it's closed for holidays.</i></p> <p><i>The program is free, that is why people are coming here. If they</i></p>

Theme	Quotes from Mental Health Outpatients
	<i>(mental health outpatients) have to pay for this program, less people will be coming.</i>

*\*Please Note: Grammatical awkwardness may be found in the audit trail, due to translation from Tamil language to English language. Grammar may not be fixed in the quotes found in the Audit Trail.*

## Appendix V: Audit Trail of Themes Identified for Mental Health Care Workers

Audit trail of themes identified for Mental Health Care Workers and sample/selected quotes for each theme\*

Theme	Quotes from Mental Health Care Workers
<b>CMHP is a Home for Mental Health Outpatients</b>	<p><i>Here it's running a group. Running, supporting a group, recovery group.</i></p> <p><i>These programs are important. It's a continuing program. It's good for them (patients) if they can continue.</i></p> <p><i>Mainly, wellness related programs, individual support, self counselling mainly for the Tamil speaking clients. Help the patients who don't have case management.</i></p> <p><i>Managing their day to day activities, like connecting with the ODSP, housing, appointments with family doctors, psychiatrists, and arranging with continuing education programs, recreational program and with their court legal issues. That is what's called case management and accompanying and supporting. I don't do that supporting part, but other things along with the case management... connect them with the appropriate services out in the community and arranging case managers and other workers like that.</i></p> <p><i>We are looking at it from a holistic perspective for them... you know not only their mental aspect, but also physical, psychological, emotional and spiritual aspects. For example, some of the technique I use in my groups like laughter therapy, releasing anger, stress and all those things emotionally grows deeply and also meditation is helping them. Like drinking water from their own wells. Like identifying their background and facilitating in meditating deeply. It's more holistic, not only social.</i></p> <p><i>I am a group facilitator and I facilitate lots of groups like therapeutic and recreational groups. I also provide individual support and counselling.</i></p> <p><i>Lots of times, they bring their families to resolve some issues together with them. I have to provide lots of family support</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>because most of my clients are Tamil speaking. So, when they have difficulty with their partners or family members they come to me. And also I provide them with lots of resources and connect them with various resources in the community.</i></p> <p><i>They like the recreational trips, organized outing, picnics, trips like that.</i></p> <p><i>It's free (program).</i></p> <p><i>We have a monthly calendar and we have social activities that are pretty much the same every month. We do outings to movies, to bowling, and in the summer time we do more outings to the zoo or C.N.E and big trips in the summer. Everyone asks the members or clients if they have any ideas for new groups they like and promote different things, so there are different choices.</i></p> <p><i>I would think that because the clients are able to accomplish something or be part of something. The [CMHP] is about, this is your place, this is what we want to do, and the staff is here to help you and help you accomplish what you want in the recovery.</i></p> <p><i>I think it was a good merge for us... [mental health organization] has their own ways of doing things for social support...and [CMHP] has theirs. So the whole program in itself... I mean we were lacking in certain areas, they were lacking in certain areas, but now that we are together, it seems pretty good. I can't even think of something to add. Right now the calendar is jam packed so there's a lot of choices for the people in it.</i></p> <p><i>So that's a meeting group once a month for family members. So family members who are dealing with children or other family members who have mental health problems, it's a support group for them. So it's once a month.</i></p> <p><i>Well our program has become a lot more flexible. It used to be, you had to participate a certain amount, you had to come at least so many days a week, and you had to come only on these days... so we've been more flexible and we try to meet people's needs, so somebody can drop in for an hour, somebody can stay all day... you know what I mean ...so we've become more flexible to break down some of the barriers... like the barrier, you have</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>to come to the hospital for 3 weeks and you have to come. We don't have that...it's open ended... you can come in the afternoons, so we try to break down a lot of the barriers.</i></p> <p><i>No that's hard for people because people aren't well and say "today's Tuesday and I woke up and I'm not feeling good... so my days are Tuesdays and Thursdays," and that means they can't come till Tuesday. With us being flexible, I think we moved to a community center... where you go into a community center where you're able to use it and so that's how I sort of describe the model.</i></p> <p><i>There's not much in [program area]...this location is important</i></p> <p><i>It would be [CMHP] too... you know I think different programs have their strengths and their weaknesses. I think our strength is that we are very flexible and we focus on the social recreation and that's the goal, to come and have a good day...not like a therapeutic place where you have to learn something or it's not educational, it gets people out into the community, be around people and everybody else.</i></p> <p><i>Programs have been laid off for them to look forward to and that puts some structure to their day. They are up, and they have it there. They are ok ...providing the housing.... fine. They got a television. There is no structure to their day. There is nothing to look forward to. You know that's basic human nature to have structure to their day and something to look forward to and something to dress up for. There is a day... Tuesday or Wednesday or Friday, I come to [CMHP] or clinic. That's the point of the program... is to put some structure to their lives and you know something to look forward to, to have simulated normalcy of the individual. That means, someone goes to work and get paid so much amount of money, where as we would try to mimic that normalcy... so that they can dress up and come to work, which is a sheltered workshop and they get paid a certain amount of money. We have some company sponsors that would send some of the work and give us certain amount of money for the work rendered. Somehow we try to kind of stabilize the normalcy for the clients. What the program is all about... having structure to their lives and trying to achieve somehow normalcy. The sense is everyone and every individual's craving is to be within the norm. So, now we try to kind of mimic that.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>They are not hard to please, they don't have a lot... and they are not hard to please.</i></p> <p><i>I think there are a lot of patients that really appreciate this program.</i></p> <p><i>Because some of the people they don't want to be in a hospital because they are not sick. So to me the comparison, it's not as much...they don't want to be reminded that they are in hospital. This is what I gathered in this place. "Do you like this place?" "Yea, this is good, because you don't have to go to the hospital."</i></p> <p><i>Yea, with normal surroundings. You don't hear those paging and code Y, etc. Code Y is violence. Can you imagine, if you're socializing and the code goes off and it's almost like a joke to them, "there it goes again...there is another patient coming in." For some of them it could be amusing.</i></p> <p><i>So we have two housing programs.</i></p> <p><i>We offer many, many, many different programs now. There's outings, there's wellness groups, there's arts and crafts... we have peer lead groups now, arts and crafts is a peer lead group. We have rap groups, like some of the other agencies come here and run their programs here as well in shared partnership, so that's all been great for our folks as well because if we are not able to offer it, at least we have other agencies that they (patients) can come and take advantage of them.</i></p> <p><i>So we're strictly a mental health program, so everybody that comes here has mental health issues. Why they need it? I think there's a huge lack of places for people to go out in the community. This gives them structure in their life.</i></p> <p><i>I know housing in [program area] is hard. We are very proud of our programs.</i></p> <p><i>I think this is a wonderful program. I mean really ...it's a place where I'm happy to come to work. I'm proud of what we do here. We've seen the results and we have clients that come and thank us, and to me that says it all. We are here for them so to know that they're happy with what's going on, that's all we can ask for.</i></p> <p><i>Well we are mandated from the government. So our housing is</i></p>

Theme	Quotes from Mental Health Care Workers
	<p data-bbox="574 268 1349 338"><i>for homeless or at risk of becoming homeless and for people who have a serious mental health illness.</i></p> <p data-bbox="574 380 1398 667"><i>Now there's more than one program going on and people are able to choose whatever program is the best fit for them and the fact that coming from community health center myself where that holistic and social determinants of health is so important, I was thrilled to see [CMHP] start to look at the importance of physical activity, and [Tamil mental health care worker] doing meditation and yoga. As well as some of the traditional programming in the past.</i></p> <p data-bbox="574 709 1403 961"><i>It may be for some but for others it creates a less of a barrier because if people are in the hospital, they can physically be able to walk over here and introducing them to the program is really important and so for some it could be a barrier, but for others it could probably be more accessible because it is closer to the hospital and we know if people made it to the hospital, they are going to be able to find this place.</i></p> <p data-bbox="574 1003 1409 1507"><i>We're lucky that we have some great case workers here in [program area] that again it's pretty scary to attend the group for the first time, and so we have some great case workers who will bring their clients and stay with them the first week. So a lot of the people are now coming regularly to lots of my groups here and other locations because they had great case workers who found out about the groups and we've made the connection and they will physically bring them and stay with them that first week. That's always a great way to get introduced to a group as opposed to handing them a pamphlet and telling them about it. We've got lots of people that come to the groups and a few weeks later bringing their friends because they realize what the group is all about and they get the word out and bring their friends along with them.</i></p> <p data-bbox="574 1549 1403 1869"><i>Well I mean.... whether it's who's leading the group or who's coming to the group or what the group is all about... It's just, I think we are fortunate there are other options out there so I think people come to what's right for them and what's helping them in any particular time. I've seen lots of people that at times do feel the need to be at [CMHP], five days a week, and a year later find the need to come once a month or once a week, and that usually goes up and down. Certainly having that flexibility is really great and they can come as often and as seldom as they</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>can to meet their needs.</i></p> <p><i>Well I just think that [CMHP] is able to offer a nice variety of programs that people can pick and choose from... it is really great. They're constantly adding new programs and that's a good thing. I think the fact that they're now partnered with other agencies has made that possible and having been here for many years and when they didn't have many partnerships. I've just seen the growth of a program that can now be offered and that's a good thing.</i></p> <p><i>That's what the dream team's about and it's to de-stigmatize mental health.</i></p> <p><i>The [CMHP] program is a social recreational program which has a clubhouse model, in the sense that people are free to come and go and partake in what they want to be involved with.</i></p> <p><i>Over time we've evolved into a social recreational program, and so it's less of a medical model, at one point in time it used to be, you had to sit down with your worker and you would commit to working, coming in three days a week and you would, it was very much medical treatment oriented. And we've switched quite dramatically from that, so now I would see it as a safe place for people to come to, be with other people, to be out of the house, and to do some of the normal kinds of things that all of us do in our normal life, and I guess that's what makes me really proud of the program, because today we're having a dance, people go to movies, we have fitness classes, we have dance classes, so it's all of the kinds of things that people might not be able to take advantage of, either for financial reasons or stigma, either way, they may not be able to take advantage of it in the community, that we're offering here. So it's a place to be with other people, to get the support they need and to lead a more normal kind of life.</i></p> <p><i>Well, the program is intended for the seriously mentally ill and for the reasons I said before, either financial reasons or maybe tolerance in the community might not be so great for some people because they're a little bit different, so it's a place they can come... that's safe, finding other people that are in the same boat as them, so that they know they're not the only one having to deal with the illness, it's a shared experience if you will.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>We offer everything from just drop in, if you like to come in and meet other people, we have the activity room where there's a pool table, computers...so there's that way... sort of helping people engage with people if you're isolated.</i></p> <p><i>Nothing is structured, but to be able to participate as much as or as little as you like. We offer dance lessons, we have cooking classes, we have diabetes- healthy living classes, we have physical activity classes... we have a walking group, we have a men's group which extends to [another location] on a Friday, we do outings, we watch movies, arts and crafts. So there's a huge continuity of care there. It goes from very intensive to closed groups, lots of options.</i></p> <p><i>This is an extension of dealing with "yes there's a symptom management, there's a medication piece," so this is that opportunity to look at all of the other parts. And isolation is huge and to do this for free, I think that's part of why we're needed here because we fill in the gap, because a lot of people will not go out if they can't afford to do it. Things are expensive, and we try to give them a huge range of activities at no cost. Some have minimal cost, because we do go out to the movies or bowling or Niagara Falls, or the art gallery, whatever it is, it's a subsidized cost. So we help to meet the needs of people who are isolated. We do have people who do not maybe engage well with the outside community and this is their safe place to come.</i></p> <p><i>I've been doing this for twenty years and [program location] is very low when it comes to social recreation centers and this really meets the needs.</i></p> <p><i>I do community development and that's the piece of it. So what are the programs, what do we need...I don't provide one-on-one support. That's left to the front line, but we do things around program development, design, making sure access is fair and equitable for everyone that comes into our services. I've arranged a lot of the anti-racism, and the equity training that we offer here for clients.</i></p> <p><i>I think we balance the clinical and the non-clinical very well.</i></p> <p><i>This is a good program. This is a drop-in program. I find this program and all the activities offered here to be very social. Everyone will find all the activities here very useful.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>The patients will definitely need this program. All the programs here are recreational, therapeutic and very relaxing.</i></p> <p><i>It's the program...it's flexible. It's a drop-in centre. When they want to come and they like a certain activity, then they participate in it. For example, they like Bingo, Make and Take, and yoga. So they come on these days. That is also the day I come here, so I see them all coming. Otherwise if they want to relax, or if they want to interact with people, or they want to do something, they come. So it is not a rigid kind of system, where they have to come every day. So, it's flexible and so their attitude is also flexible. So, they drop-in when they want, when there is a need or when they feel like talking to the counsellor or participating in the program, or when they don't have any other appointments, then they drop-in here.</i></p> <p><i>It's very welcoming and warm with a balance of social skills, socialization, and opportunity to learn information on healthy living. It's a well rounded, very welcoming program. Very busy, it's very popular, I know that.</i></p> <p><i>Definitely because when I first started doing psychiatry, we talked about recovery. And recovery...at the beginning when I started working, we talked about recovery and that was really symptom recovery. You could take away the voices, you could take away the difficulty with motivation, and you could take away the flat-out effect. You would say they were recovered. But today that's not recovery; recovery is much more than that. The simple recovery is a piece of it, but it's getting back their lives. And when you have somebody that is not involved in some type of work or vocation or some type of social programming, then they're not living. They're remaining quite alone, isolated, secluded, minimal social contact and really that's not what we want for our clients. We want them to be out there and having a quality of life that they may have been able to have if they didn't have this illness.</i></p> <p><i>My sense is that it's very well-rounded, there's a lot of different facets and different opportunities for people at [CMHP]. I think that they are quite sensitive to what people's needs are and try to respond.</i></p> <p><i>I'd love to be over there (CMHP)... I love the environment, I</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>love the building... being with the people...it's a very happy place to be. And they're happy to see me when I go in there...you know...it's a nice place to work.</i></p> <p><i>It's a day program providing services to those with serious mental illness. And we offer some individual support like counselling and group activities and we have social outings and we do work activity and provide some kind of jobs for clients who don't participate well in groups or who don't find that kind of stuff useful. Everybody is different and you know, the people come here, go to groups, go to outings, or work in the back. There are some people who are distinct in that way and do or stay in certain areas more often. It's a variety to offer to different kinds of people and always sort of had been this way and that's the nature of people to choose to do different things. And basically we are here for something or give something to the people to do. Otherwise in this community, some marginalize and some don't do very well and if they don't have anything to do, they won't do it. They will be just watching TV in their bedroom. It gives them a place to go and whenever we do surveys... satisfaction surveys, they always say it gives them something to do. They socialize and talk to other people instead of ruminating on their own.</i></p> <p><i>People do go back to work or go back to work programs. Sometimes that works out sometimes doesn't. Population is like that. School is not a priority for 80 year olds. So like I said it is more about being stable in the community and not hospitalized. And I find that to be just the best measure of how well people are doing and how well we are doing.</i></p> <p><i>Lots of people are here and there's lots going on. There are lots for people to do. There are 2 or 3 things at a time for people to do.</i></p> <p><i>I think it's a great place for people to come and we recommend anybody needing mental health services and it would benefit them. It's too bad that everybody can't come here. It is nice that we can offer this. I don't think any programs like this are out there. There are few, but I don't know if there are enough to meet the needs. It's beneficial for mental health patients to get them through the days, through the week or month.</i></p> <p><i>They offer various programs for all five days. The things that are</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>very popular here are yoga and meditation. They have dancing...to music, group therapies, and occupational help.</i></p> <p><i>They feel as if they are in a second home. So they feel very good about it. So, on the whole, going to this program definitely helps them.</i></p> <p><i>One thing is, it's an outlet. They can come and relax, feel a sense of belonging. They have a kitchen, they can have a tea... and friends, and the same environment. So they don't face stigma when they come here. They don't feel that. Also, when they come here and exercise, their mental health is improving.</i></p> <p><i>They have isolation at home. This is a recovery approach. Yoga is helping them a lot, mentally also. Yoga is a good medical program. Yoga should be promoted.</i></p> <p><i>Most of the clients who come here and attend these programs have their own workers. There are some people who don't have their own case worker.</i></p> <p><i>Mainly their psychiatrists or their social case managers or community support workers connect them... with us. It is very rare that patients come here directly. They come through referral. Most of the people that come here are completely isolated and stay at their home alone without anything to do, any meaningful activities, completely isolated and lonely. This is a very good place for them to socialize with other people, come out and get involved with meaningful therapeutic recreational activities. We provide here, a variety of therapeutic recreational activities and wellness related programs, full range from aerobic, general relaxing exercise, meditation, yoga, walking and dancing. There is a choice there. They can practice any of them. And also we have games, Make and Take groups, arts and crafts and also we have regular outing activities like movie outings and bowling and picnics and things like that.</i></p> <p><i>Well the patients that are coming to this program have a serious mental health issue. As far as Canadian mental health, the clients have schizophrenia, bipolar, severe depression. As far as social rec goes, it's all about recovery. So social rec is able to help with the recovery process, get you basically back into social environment. A lot of people are diagnosed early in life and they miss that part... how to socialize and get out and not be</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>isolated, and participate in social programs.</i></p> <p><i>Everyone has different stages, but Canadian mental health... the clients that we represent have severe schizophrenia, bipolar, major depression.. It's not anxiety or not that we don't deal with that. But a lot of times a person with major depression has anxiety disorder, major schizophrenia or has an eating disorder. So it's not like we aren't going to say 'oh no, we aren't going to deal with that.</i></p> <p><i>You (mental health outpatients) are able to deal with your symptoms and cope with your illnesses, if you're able to talk about it and you're not isolated, getting out of your house, making friends, being able to feel like you accomplished something, giving you a place to go every day. A lot of people aren't working, so to get up and have a routine is important. We are open from Monday to Friday eight to four (o'clock), so they can come whenever they want and there's no set time or day that you have to come...so there's flexibility that way. Not everybody with a mental illness is ready for social support. You have to be at that stage to be ready to get the benefit of social support.</i></p> <p><i>Well [CMHP] is a social recreational program...we're part of mental health at [hospital]...for social recreational program for people who have mental illness. So our goals are to get people out of the house, get them socializing, participating in the community, have people use the hospital appropriately. So we see them here, and if they need to be in hospital, in crisis, then we can get that assistance for them and support them to stay out of hospital. If they don't need that support... we help lead them to resources, whether it's housing, whether it's case management, whether it's... whatever kind of resources they might need.</i></p> <p><i>Well the patients that come here are generally referred by psychiatrists at [hospital] and/or a case manager in the community, and they have, what we call, a severe and persistent mental illness...so majority have schizophrenia, bipolar, major depression, anxiety disorders- those kinds of illnesses.</i></p> <p><i>They are not hard to please, they don't have a lot, and they are not hard to please.</i></p> <p><i>These people, they are already down, unfortunately their illness</i></p>

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	<p><i>is already there. They are not hard to please. But at the same time, you don't deplete them more. They don't have much to look forward to. So giving them this is more than enough.</i></p> <p><i>Well, most of our clients do have a serious and persistent mental illness.</i></p> <p><i>We had something, Christmas social for the folks that have nowhere to go. It's a depressing time for some people.</i></p> <p><i>Now they are happy, that they are ill and that they have choices and keep saying that they are lucky to have a place like this.</i></p> <p><i>We treat the most seriously ill, the ones who don't have a job... can't get a job for the most part not that they can't. Most of them never worked or never went back to work. So this is the place to go. They might move on which is great if it does happen.</i></p> <p><i>Case workers manage them.</i></p> <p><i>Provide counselling.</i></p> <p><i>I made them interact with them and I sometimes go with them on trips. To interact with other communities.</i></p> <p><i>Our patients, we help them. Not all patients are our patients.</i></p> <p><i>That's sort of one of the things in [CMHP] and social support, we do one on one if necessary. Obviously if somebody's in a crisis. But really our motto is ...we don't do medication delivery here... I'm talking from [mental health organization's] perspective... the hospital has a different perspective obviously because they do an injection clinic here... as far as [mental health organization] goes, we don't want other staff doing medication delivery or social visit's with their clients here...this is a place for clients to come and a break from all of that...and yea obviously if you're here and if you have a crisis with something, I'm more than willing to help you with whatever you need...if it's the need to be calling your worker and redirect you to the worker or I can help you with it...I used to do the program on my own, until we merged with [hospital] 3 years ago.</i></p> <p><i>Maybe needs a referral to the case manager, I'm usually the one</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>who does that, or housing, or a worker in some capacity or even from the clinic...now there's a clinic, where sometimes people, I see that they, somebody was in trouble with the law, they need referral to a coercion worker...they're going to be homeless...help them fill out applications...and I'm on a mental health education committee. From the hospitals we plan mental health ... rounds. Like I said, I do the family thing.</i></p> <p><i>Yea patients come to me regarding dealing with their illness or family situations. Usually if there's a problem, it comes to me.</i></p> <p><i>So to educate them, you reassure them, you support them emotionally and they'll say, we will monitor this very closely ...the switch of medication.</i></p> <p><i>I said I love it, I just love this concept and I'm not just doing it for the money, I'm doing it because I believe in it. I believe that there is a need for it and so I'm just practically a part of it, that's it.</i></p> <p><i>Mainly, my purpose is for the education.</i></p> <p><i>Providing health information, answering questions, I talk to people one on one certainly before and after the group.</i></p> <p><i>We are not saying that you have to do this or that, we are encouraging them and suggest and then it's up to you.</i></p>
Views of Mental Health Care Workers on the CMHP Benefits	
<ul style="list-style-type: none"> <li>Views on the Combined Effects of Medication and CMHP</li> </ul>	<p><i>Yes, you can see, the quality of life has improved and doctors also reduced their medication. Psychiatrists from this hospital strongly recommend this, because they see some of their clients for ten to fifteen to twenty years taking medication; they are stable but not making any progress, but after attending or started coming here, they see lots of changes. It's not only the medication or the pills; these (social programs) brings lots of changes in their life. They start reducing the medications and they come and give good feedbacks. Clients go and tell the psychiatrists that they can reduce the medications, they are feeling good, and making lots of improvements and they don't need this much medication.</i></p>

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	<p data-bbox="574 306 1409 632"><i>Medication is important and it does stabilize and for certain illnesses it is important, but it doesn't bring you automatically to your normal healthy stage where you were before. My understanding is both goes hand in hand. If you are just depending on the medication, you will be taking your medication for the rest of your life. Scientific facts and all those things are inevitable. Here, there is a possibility that they can make a progress and they can come out of it gradually. This is very much like holistic recovery oriented approach.</i></p> <p data-bbox="574 674 1409 999"><i>I think people that take medication are able to function and come to a program like this. If they are choosing not to take their medication because of different stages, or they aren't ready for social support, or they aren't interested in this because they are doing their own thing. We would never say you have to take your medication in order to come to this program. If someone is willing to accept they have an illness and move forward and get the benefits out of the program, they are the ones that are going to get the most success with the programs.</i></p> <p data-bbox="574 1041 1409 1398"><i>Yea I think someone who would attend the program might get a little bit more out of life than someone who doesn't. I mean they can have family support or church support, and there's a lot of stigma attached and some people don't want to attend a social program because of 'what if someone in my community saw me come here and be like oh that persons crazy and they are going to think that I am'. A lot of people try to hide they have a mental illness. But we try to promote that this is something that there's no choice in the matter, and if you come here there are different ways to deal with it.</i></p> <p data-bbox="574 1440 1409 1661"><i>I think they all work together. Sometimes people come into the program and they're not well and that could be difficult on everybody. People vary... some people need medication, probably the majority that come here do and that helps them to be able to get whatever benefits they can out of this program, because they're doing better mentally.</i></p> <p data-bbox="574 1703 1409 1873"><i>It's just medication; I should say it's about five to ten percent. Ninety percent is just putting structure into their life and simulating that normalcy. So that works hand in hand there. So I really, although I'm a believer of medication, but I really think, in terms of percentage... medication is five to ten percent and</i></p>

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	<p><i>ninety percent is somehow having a simulated normalcy for the individuals. Putting a structure to their lives.</i></p> <p><i>You know I've seen patients who blossomed. From coming here and making friendships which they otherwise wouldn't have had, and medication is also a piece of it too. We certainly aren't...we don't force medication. We encourage people and let them know what it can do for them, the benefits of it, and it's been wonderful.</i></p> <p><i>I think it's been proven over and over and over again that the medication can do a certain amount, but people need to be functioning people and you need a place to go, things to do that are meaningful, friends, a place to live. You know...like you need a roof over your head and food in your stomach first and foremost. And then beyond that, you need a friend and if you're staying at home and not going out and not being with other people, I think you tend to lose perspective, you tend to not develop the confidence you could have. Medication could only take you so far, but it's the talking and the socializing. The building of confidence, having fun...having fun...it's pure and simply having a dance lesson, listening to music, watching a movie, laughing with other people. I mean that's really what it's all about.</i></p> <p><i>If you're waiting for the medication to make you better, you're going to wait a long time. Being social, being active, being productive is as effective as being on the right medication. In combination, all of them bring about recovery.</i></p> <p><i>I can't put a percentage but I would definitely say its equal strength.</i></p>
<ul style="list-style-type: none"> <li>• Views on Mental Health Benefits</li> </ul>	<p><i>When they come here and exercise their mental health is improving.</i></p> <p><i>Yes, only after this, we are discharging them. Not only after coming here. All our patients are mental health patients. We refer them to different programs. It's a recovery approach. So when they participate in all these programs, they recover. That really helps them.</i></p> <p><i>It's helping them to not get sick and not be hospitalized.</i></p>

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	<p data-bbox="574 268 1398 485"><i>Yes, culturally supportive sensitive services. And you see lots of improvements in their lives when they start to come. They say, they again fall back when they stop coming and stop doing certain things that they were doing or learned. So, they see the progress when they do things regularly and attempt this program.</i></p> <p data-bbox="574 527 1409 888"><i>They would come up here and they would tell you what is exactly going on with them. But with limited amount of time, with the number of people that are coming in and out, we have to be very focused on what is the main issue there, attack the issue, there and help them to kind of come up with a solution themselves, cue them, give them a nudge, but you don't give them solutions. You let them come up with a solution that they think they could realistically adapt themselves and try to focus on their cognitive ability to face the challenges and come up with a solution from their point of view.</i></p> <p data-bbox="574 930 1398 1146"><i>Generally, I have seen improvement. From the time I had seen them first, there is definitely improvement. But they are patients with status quo. They come to an informed type of.... Initially they were worse and now gradually seeing an improvement. Because they are all good. I see people relaxing and they are regaining.</i></p> <p data-bbox="574 1188 1386 1255"><i>Yes, through general observation, I can say they are improving day to day.</i></p> <p data-bbox="574 1297 1354 1365"><i>One major thing that comes after the stats and demographic, reduction in hospitalization.</i></p> <p data-bbox="574 1407 1409 1873"><i>Well, it's a part of reporting to the ministry. This job falls on [mental health care worker] in terms of keeping track of people that are in the program. One thing [mental health care worker] checks is hospitalization. What I see these days here, people tend to have less hospitalization after starting this and or less days in. So, we provide sort of stability or support to prevent that kind of stuff from happening and provide skills and techniques to get over the crises soon. So in terms of quality of life, we tend to be with mental health population and these people are in hospitals and back here and it's like a revolving door sort of thing. When they get linked to a program such as this, as I said... there is a place to go and talk and stuff. We might prevent someone from going to a hospital and get</i></p>

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	<p><i>admitted when they really don't have to. So less hospitals and less days in the hospital overall. Generally the programs that we use generate a "base" before they started and after they started the program. It's generally eighty to twenty percent reduction. It's a significant reduction.</i></p> <p><i>Very much improved because treatment or any of the illnesses I would confine only to the psychiatric illnesses. It doesn't mean only the medication, it doesn't only mean counselling, it's a combination of both. But when you say counselling, with the counselling when you have programs like [CMHP] that makes them more attractive to the patient so they can relate to the other patients, so they can relate to the therapist, they can relate to the function they are having.</i></p> <p><i>Many patients here are happy, they are doing the meditation, they have learned this and that, they have come up with all kinds of positive comments.</i></p> <p><i>I don't have anything negative about the program, most of them I would say in spite of clinical treatment they have improved, because of going to [CMHP].</i></p>
<ul style="list-style-type: none"> <li>• Views on Physical Health Benefits</li> </ul>	<p><i>I think that works together... I mean the physical and mental. It's like having the (running) track... it's physical, but it also contributes to your mental health because you feel like you're doing something about your physical health. A lot of people on medication, they put a lot of weight. Now instead of complaining about it like putting on twenty pounds, now you're walking and you're contributing to your physical health. So they are definitely connected. I mean that's why when we have the wellness group and nutritionist... it all works together. So if you have diabetes, that doesn't mean you don't have mental health problems... people are dealing with more than one issue. For example, some people go to aqua fitness, dancing, belly dancing and it's a lot of fun too.</i></p> <p><i>Number one, their medication makes them... their appetite is such that they would tend to over eat. So that they start gaining weight, which kind of impacts their physical well-being.</i></p> <p><i>The medications make them gain weight. So an actual fact, if you need more programs to happen for these individuals, I think it should be to... trying to help them out with the physical and</i></p>

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	<p><i>dietary education. Not only say to them or educate them, but actually trying to get them to do things. We've started doing that, but I need to see that happen more, because you don't work out only on the Fridays, in reality. If I have not been coming to the gym four or five times, I would have been at 500 pounds. I'm not even on any medication. I'm addicted to food, but that's beside the point. They are having issues with weight gain because of their medication. So we need to really be much more focused on how are we going to help them maintain a stable weight without the cane? I would need bigger help... a bigger gym, a physical trainer, but not only once a week, but maybe three or four times during the week that will happen. They will do their cardio and teach them how to do weights, because there is no magic. You could talk about their diet and cutting down on the carbs, eating fruits and green vegetables, but if you eat them you still have to burn them. So part of burning them will be not only your carbs, but also your weight. If you're only doing an hour of your cardio on a Friday, is that realistic? I don't think so. I think they need more, if you're going to be bigger and realistic about trying to get them to maintain a stable weight and not have them end up with hypertension, diabetes and other health related problems due to weight gain, it has to be a bigger program in terms of trying to stimulate them and actually doing the shopping with them. Some of the case workers already do that. Maybe what I want to see happen in this program is have maybe, three or four times a week... they work in between weights and cardio. They will be doing that. Maybe once or twice during the entire program to get them really and somebody actually trying to check their weight gain and their abdominal circumference and when there's an alarming increase, people have to have the knowledge that this individual is gaining so much weight. You might have to reconsider other medications that could not make them more prone to weight gain. This is me dreaming! Where they would have a big beautiful gym that would include a tennis court, a swimming pool, and all sorts of facilities that would be an enjoyable place to lose weight or burn the calories or the weight. We're trying our best here, but we're trying with what we got right now. Working with the money we are provided with. They (people) will actually donate their treadmills, weights, their rolling machines, their bikes. It's all donations and we just have to make room for them, but if we are going to be realistic... really keeping an eye on them, on their well-being, because they are mental health survivors and the medication they are having. My</i></p>

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	<p><i>dream will be for a bigger gym facility, with physical trainers and dietitians that are keeping an eye on their weight gain.</i></p> <p><i>Okay we talked about the roof over your head, the food in your stomach, the socializing, but I think also diet, nutrition, exercise, all of those are very much tied into mental health. So the more you can do to promote those kinds of things, and the more you can do to drive and I think what we were talking about...maybe youth and guys...is the physical kind of stuff. They love doing that. And that's a way to sort of connect. Just like food is a way to connect with a lot of people. I think for guys...I think sports...sportsy kinds of things.</i></p> <p><i>So I wish we had a second floor with an open space to run around and keep the people active, but unfortunately, we don't. Couple of years ago, I rented an arena and we played soccer and stuff like that and people enjoyed that. But it's a tough thing to do and it would be better if we have the facility on site. We do play games outside in the summer. Activities are the other component that the population needs in terms of ... they sit around and they eat, from diabetes, health problems, medication and what not. Having an activity component is important. We always had the "walk and talk". We are trying to do things as much as possible, like dancing and yoga and hopefully providing enough fitness to people... like sort of forming a soccer team or something like that. So the activity level has to be upgraded.</i></p>
<ul style="list-style-type: none"> <li>• Views on Social Skills Developed</li> </ul>	<p><i>They are getting empowered by doing these programs. They were always depending on someone else to take care of them. Now they are getting more independent by coming to this program.</i></p> <p><i>Listening skills, helping people, leadership, helping, stress managing, relationship, communication.</i></p> <p><i>It's like a real normalcy for them. So they actually get everything that an individual will get on a normal basis but to a lesser degree type of thing. Just getting to know "person A", who would go out for coffee with me, after we had our medication and that will become a ritual for them, because that little ritual is a big deal for individuals, like mental health survivors. And I would like to have coffee with my friends on a Saturday right, so would they. They would like to have a nice cup of coffee with friends and say how have you been doing...</i></p>

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	<p><i>and that exchange... it's big and it's something they look forward to. I wonder how "person A", my friend, is doing ...you know you have to think about those things. So you know they're not just isolated, they're just not focusing into their symptomatology and their challenges, but they're focusing on other things.</i></p> <p><i>Confidence and anger management.</i></p> <p><i>Communication skills, learning about the Canadian life style, values and the weather... Culture.</i></p> <p><i>For sure... A lot of our clients have gotten ill when they were really young in their life. It's just, sort of their developmental stage ends at that time when they get ill...so sometimes, some of our clients are very juvenile in their thinking even though they are adults, because they didn't get that opportunity to grow and learn how to socialize in an adult sort of setting. I find I'm very direct with the clients and if there's something that they probably shouldn't be saying [something inappropriate], because of these reasons...you know correct them right at that time, "how would this go if you were at a job and you said this or how would it go if you said that to a complete stranger? You need to think about the things you say before you say that." So it's like improving the communication skills.</i></p> <p><i>Yeah, we do offer opportunities to facilitate groups at [CMHP], if they are feeling confident. Two of our clients are running the arts and craft group now. They wanted to take some more leadership, as far as running a group. That's something they are interested in. We do have volunteers that come and do certain things...we have two volunteers that work, one works one day a week, the other works two days a week.</i></p> <p><i>Yes the clients of [CMHP]. They do volunteer work. One does a volunteer day, one does a paid employment day through the [mental health organization]...so basically what he's responsible for is...if we're going out on an outing, he would come here in the mornings to meet the clients and take them on the transportation, to the bus station where we're meeting. It facilitates a lot of the outings.</i></p> <p><i>Well it's... I don't know if I could say specific examples of social skills... for example, we have clients that are running a crafts</i></p>

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	<p><i>group, so that gives them a certain confidence that, well they're not doing it yet, but in the future, who knows...we may have people here that, I'm trying to think.</i></p> <p><i>Social skills, well people for example, sometimes I have somebody new come in and they've never been here before, so they asked somebody to give them a tour... a new person. When they came in, they didn't know much and they were all scared to talk and now they're the ones that are giving that tour and introducing that new member to the program. So that would be an example.</i></p> <p><i>Leadership skills. So it could be somebody helping out in the kitchen when we're doing one of the parties.</i></p> <p><i>Yes I see people that are really afraid of authority figures, who are able to come in and ask for help. That's a huge thing because a lot of people need help, but they don't really ask for it... and they try to figure things out on their own or they don't.</i></p> <p><i>Well a couple of our housing folks are actually running the arts and crafts.</i></p> <p><i>They themselves have had to work on a lot of their skills, and they've come to the staff for help on that as well...just in terms of conversations with people, how to address people appropriately. If she tends to be someone who loses her temper quickly and doesn't have patience... anger management has been an issue. So those are all skills that she's really had to work on, and we've really seen her shine. She's really come a long way from when she first moved in, she really didn't want anything to do with the program. We really tried to work with her and say "you know what... we're all in this together. The program is here for your benefit." To see her come now and actually run a program is fantastic!</i></p> <p><i>Moving on and becoming independent...</i></p> <p><i>Living out in the community ... we've had people leave for different reasons.</i></p> <p><i>And in my group, in particular people depending on their stage of wellness became more comfortable participating and certainly depending on what stage most people are at</i></p>

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	<p><i>sometimes, they are able to come every week, sometimes they are not, sometimes they come for a certain period and when the group is no longer meeting their needs, they move on and they choose to join other groups. So yeah, certainly there's often a core group that comes regularly and then when the group is going to meet their needs... so it's nice to have that flexibility.</i></p> <p><i>Both one on one and actually in a group setting too, which I'm always thrilled at how open people are and are willing to share in that group situation.</i></p> <p><i>We've had lots of people that started coming to groups and now have gotten to the stage where they are volunteers and are helping with the groups. Like our crafts group this morning, that's people that have come in and participated in groups and now have taken on the initiative of running a program. To see that kind of thing is really wonderful and providing an environment where that can happen is really important and empowering for people living with mental health issues.</i></p> <p><i>Well I help with the work program, and sometimes I can help with the make and take.</i></p> <p><i>It really varies... you know improvements is not a measurable thing to measure...we've had people here at first when they entered the building, they couldn't even enter the building...and then eventually they enter the building and they say hello and they leave. And maybe eventually they come, and have a coffee and they leave... and then eventually they come, have a coffee and have a conversation and they leave... some of their progress might be so miniscule when somebody else notices it, but for them it's like huge... even to get on the bus for some people. So even if it's coming here, and you have to do so many things before coming here... which for a lot of people is really hard work.</i></p> <p><i>To understand... I still have trouble with sometimes getting upset too fast... so I'm still learning how to deal with that.</i></p> <p><i>Yes, I do presentations for [mental health organization] and for the dream team.</i></p> <p><i>Definitely the leadership qualities, the ability to understand because there's mentally ill people all over the world... it's not</i></p>

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	<p><i>just in [CMHP], so trying to deal with those on the outside when you're not in [CMHP], you need to have an understanding and the ability to feel empathy... I guess to help the person.</i></p> <p><i>I mean there's a range. But there are some people that would be just sitting inside their homes, in their apartments all day, every day, never getting out. Others... they get out, they make friends, they socialize, they enjoy some kind of activity, and that leads to other kinds of benefits as well. Some people go on to do volunteer work. Or you've met one of the other folks who have gone on and gotten involved with the dream team and had they not had this as a first step that would have never happened. So some people may not move on like that, but just coming here being with other people, going on outings, it's a significant benefit in their life.</i></p> <p><i>Yes, some people who are maybe paranoid or maybe don't have the confidence to go out into other kinds of situations... they come here, practice some of their skills. And once again, there's the person in the [CMHP] team, she has absolutely blossomed since she started being involved with the program. And people can even develop leadership skills, we're trying to do something like a store or laundry place for the hospital, so that they're earning a bit of money and developing those skills which are verbal skills as well.</i></p> <p><i>Some of the activities are intended so that, not that we keep them here forever and provide everything, but it's exactly what one of the goals is. Maybe somebody takes an exercise class here once a week, and then they would then go out and join a gym or something like that. Absolutely they can take the skills they learn here and utilize them elsewhere.</i></p> <p><i>I think coming here would give people the confidence that they might not have had, had they not had this experience here. So they feel more comfortable socially here so it would be transferable so that what they build here can be taken outside.</i></p> <p><i>We have such a large number now, that peer-to-peer support, as well as peer-to-peer challenges around what's appropriate socially and what's not, because a lot of people just learn to be a patient. Because when you are a patient, things are given to you, you're told, and you're put in a corner. So now there's this opportunity to learn how to be more social, because sometimes</i></p>

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	<p><i>you can be so into yourself, because you're not well, but there's sort of a... bit of peer pressure. "Hey when you come next time, if you need some clothes we'll give it to you, go to the Swap store, because that's peer-run." There's also bringing your own lunch and sharing and what that means and being part of a group and learning the norms and that kind of stuff. So there is a lot of opportunity to learn that. There are also skills in terms of cooking, in terms of arts and crafts, in terms of the work in the workshop. So there are all those opportunities to learn from, just the basic interactions with the people, the social ones, some ADLs, but not a huge focus on that. They are accountable for being on time and stuff like that.</i></p> <p><i>They can talk to others and increase their social interaction. It helps improve their cognitive skills. They run workshops here that will help with patients' self-improvement. So every aspect of their personal and social levels improves.</i></p> <p><i>Their attitude towards others has changed positively. It's really joy to see how the people's attitude has changed. It's much better. By getting them involved, helps them socially like each other.</i></p> <p><i>They do cook together, clean and they have chores and there, mainly people who cannot function on their own independently. So I am saying that to me, this is that from there to here is like grade 8... you know stepping out now... the folks here are living independently.</i></p> <p><i>For instance I did the meeting last month and I said to them "what they want to do in the summer? Let's plan and tell me some of the things that you want to do and let's work towards that." Sometimes, they want to go to Niagara Falls or they want to go to Center Island or they want to go to Downtown. You got to plan, because they don't have money to expose themselves. So I want them to know, "if they are planning on this, at the end of the month, when you get your money, you got to put aside X amount of money."</i></p> <p><i>I have people that are able to attend these programs; they are leaders in these programs.</i></p> <p><i>Probably I would think so because of the nature of the set up, they gather in the lounge, and they work in the back and</i></p>

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	<p><i>communicating with each other. I don't know if they improve it or not, but I see they have good interaction and good communication.</i></p> <p><i>Yes in groups I see people are very quiet for first few times they attend and then all of a sudden "bang"...they got something to say.</i></p> <p><i>They have become more positive but I can't specifically say they did this and that. We don't do that kind of assessments. But I see them more outgoing, more positive, and happier.</i></p>
<ul style="list-style-type: none"> <li>• Views on Social Network</li> </ul>	<p><i>Well any illness can be isolating, and mental illness even more so with stigma of what that means... and a lot of people, most people that come here are on fixed incomes...they don't get out much and it's really important for their mental health, for them to be going out and being a member of the community- going somewhere, participating, socializing, so they don't end up more isolated in their homes, and that contributes to their mental illness...lack of socialization, lack of peer group.</i></p> <p><i>Some do, some don't, but sure that goes without saying, there are some times when people feel lonely. Regardless if there's programs going on or not, or even if they are free to come to everything all day, every day, there are still those days when they're lonely. They can feel lonely because they see people socializing, and maybe they don't have the skills to make friends so they are feeling bad.</i></p> <p><i>But there are people that may need more support than folks who live here than who live individually. So they would need help with activities with daily living, cooking, cleaning, maybe banking, or maybe need help around crisis intervention, prevention, and those sorts of things. So staff is available on site in the home. We have an office in the home, but if they need us, they know where to get us.</i></p> <p><i>I think sometimes you see people in the group being supportive when somebody else is having a hard time and go and support them. It could be somebody helping somebody else on the computer, and sometimes people can be lost, and somebody will find them, and talk to them...you know just sit and listen to them...yea it could be so many things.</i></p>

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	<p><i>I think that some of the people that we see have severe and persistent mental illness and they really need that help more... there's nothing like being with people that have the same problem as you have. It's like going to a diabetes group, or parents getting together when they are having a baby. Same situation ... you are living (with mental illness) in the day to day, you can relate to them. So there's the peer support that you get here from each other, and I think that's the key... and me telling them blah, blah, blah is just that, but when somebody else is telling them, you know, "oh yea that happened to me"... similar stories, whether it's a parent struggling in their family support group with their son who has this and that or whether it's people struggling here with their own illnesses. There's nothing like having that peer support and looking and talking to somebody who really has been there.</i></p> <p><i>That's our business...you know sometimes it takes a lot of people to get connected but once they're connected, they find the community here, they find somebody to talk to...sometimes when they are down, they find somebody to talk to, and sometimes when they're up, they can help somebody else...so really they feel like there is something they can contribute.</i></p> <p><i>Well I like to think that it's my experience and my skill, where I'm able to put them at ease and let them know that I'm there and that I'm concerned and that I'm there for them if they need any of my help...that I can do that...I can either help them here or provide them with some kind of help away from here.</i></p> <p><i>As long as there is a staff involved with them, it will boost them and they feel good that they are not by themselves. A lot of times, lot of them have concern about their families, and involvements and stuff. I will sit with them and I talk to them. I don't tell them what to do, but I suggest, this is what I think and I spend sessions with them and encourage them to come back. If they need me, I am here for them.</i></p> <p><i>Sometimes they need support with things like ODSP; they would call them to re-evaluate the situation, to see if they are working or how they are getting along. I'll go with them and advocate on their behalf.</i></p> <p><i>My exposure to the clients at the [CMHP] is as I was there as a clinician doing injections and a lot of the clients that I saw in the</i></p>

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	<p><i>clinic were the Tamil clients. A lot of them did come in for injections and the reason why I was brought over to that program is the number of nurses the patients were seeing, there wasn't a lot of opportunity to actually talk to these people. There's the practical part of giving them the injection, but to actually sit and have a conversation with them...that piece is really missing...it was so busy. I mean, in a day we do 30 injections and between 2 people there's not a lot of time to talk, so I got to know a lot of them by doing the clinic, being over there...they would get to know me, I would get to know them. We would talk about their families, we would talk about their past times, what's been keeping them busy, ask them about symptom control. So it was an opportunity for me to get to know a lot of them that way. Of course they were very inquisitive and wanted to know who I was and where I was from, and since I've got to know them here, when they come here to see their doctors, I'm a familiar face to them now; they wave to me, they come up and talk to me, they greet me. So it's been a way for me to have some opportunity to know them and when they come here they know me here, you know, so they know somebody else other than their doctors as well.</i></p> <p><i>We see these people...I see these people weekly, some of them twice a week and it becomes... it's a relationship we've been able to build and maintain...they know me, they walk with me, we chat and it's a very social type of time that we spend up there.</i></p> <p><i>When they expand their social circle and they also learn to travel and do their own things and learn all kinds of skills... how to achieve better things, how to build relationships and how to solve problems... problem solving skills.</i></p> <p><i>It is a very good place for them to socialize with other people, come out and get involved with meaningful therapeutic recreational activities.</i></p> <p><i>You can come here and relax and socialize with people. I think a lot of the different clients that attend made friends here ...they see those people here every day...it's just a nice social type of environment.</i></p> <p><i>If the other person is alone, they might get together for the holidays... or "let's go to the movies"... have even seen few of</i></p>

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	<p><i>the clients, they've gotten ill... so few of the clients have gone and visited them in the hospital...and it's a good thing to see... it's a rewarding thing to see I think. It shows, you have a connection with that person and you basically made a friend and it's the most important thing to feel like you're not alone in this illness and you have support whenever you need it.</i></p> <p><i>I think some people do and some people, not as much as we might like. But I think, yea, some people feel that they made friends here, they made relationships...especially I've been around here for a long time, and they have met people here that they've been friends for like 15 years...so because there are a lot of people that have come for that long as well.</i></p> <p><i>Oh yes, people come here, and sometimes they already know people. They've met them at the hospital, or they've met them at [another location] ... and absolutely.</i></p> <p><i>Yes, and people generally here are very friendly so they come in from somewhere and somebody says hello to you and you know... makes them feel included. People are very friendly here.</i></p> <p><i>If they don't have family members they have case workers. So the case worker is now actively involved in their life, interacting in their lives and with us, what's happening with them, with the program. So we make sure the case worker is in the loop and on how this patient is doing and what they see clinically with them. So the case workers, family are on one side.</i></p> <p><i>They are much more into being able to adapt to social situations, because they are interfacing with people, opposed to people that are sick and are just at home. They (people who do not attend the CMHP) aren't use to the interaction and how to be mindful. They're not as much adaptable as the people who are coming to the [CMHP] and interface constantly with other people. So you know, when somebody is fairly isolated out there and that's trouble right there! Imagine...that's a human being ...wasn't meant to be isolated, they're meant to be with other people. But their level of social comforting they have, they will still have a degree of that... of human natural learning interaction.</i></p> <p><i>There are some who doesn't have family, who doesn't have social network, nobody at all, only us. In fact how often I hear</i></p>

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	<p><i>from the secretary, they don't want to go because there's no home to go to, there's no family to go to, there's no family to talk to.</i></p> <p><i>Like I said, we become their family.</i></p> <p><i>Mental health related... yes! Big time! It's just like the brain and beast and then they have somebody to talk to that they might not be ashamed to talk to. It's almost like "oh we're in the same boat" or like "oh I have problems also and my family doesn't understand in that sense". So, they feel comfortable and then attend here, not necessarily you become friendly and also be cautious. You socialize and the trust and friendship builds up. And then with the friendship, they will say all of a sudden, "oh how come I didn't see so and so" and then they themselves will call the person. They form their own social network. A circle around the circle.</i></p> <p><i>Let's face it, nobody to talk to. You cannot just watch TV all day long. They need contact, they need special contact, they need people contact.</i></p> <p><i>So we're strictly a mental health program, so everybody that comes here has mental health issues. Why they need it? I think there's a huge lack of places for people to go out in the community. This gives them structure in their life. It gives them the opportunity to socialize, which is a huge, huge piece for many of our people, because it's really difficult to make friends, to have friends, to keep friends. So this really gives them a place where they can come and feel comfortable and be with people who understand for the most part what they are going through because everybody here, as I said, has something that they are working to improve in terms of their mental illness. It's a wonderful thing for them.</i></p> <p><i>You know I've seen patients who blossomed. From coming here and making friendships which they otherwise wouldn't have had, and medication is also a piece of it too. We certainly don't...we don't force medication. We encourage people and let them know what it can do for them, the benefits of it, and it's been wonderful.</i></p> <p><i>I think the social aspect of it is really huge. They come on a regular basis and they've made tremendous relationships, they</i></p>

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	<p><i>have friends that they made. The program offers them things they enjoy like yoga... it offers them... they enjoy participating. So it's not a program where they feel 'Oh I don't want to go because I can't understand anything.'</i></p> <p><i>Yea, we actually...well the one woman that came to us recently, came from a situation where she thought okay maybe I shouldn't be here, I should live on my own but I don't know how to. And she herself has said she's seen herself blossom in the setting, because what it does is that it gives folks the opportunity to...if they need their independence, their privacy or whatever, they can go to their bedroom, they can be alone. But when they come out of the bedroom, they're with people and they really feel like a little family.</i></p> <p><i>They're kind of becoming their own family where they have people who care for them. So she herself has said it's been fantastic for her. Her kids have never been happier and that's what makes her happy because she said 'my kids don't worry about me as much as before'. So that has been wonderful for her.</i></p> <p><i>Probably social isolation. I find in my work, this is one of the biggest issues. I think for people to have a reason to get up and a place to go to and the support of people that have the same kind of experience is really important.</i></p> <p><i>I think the connection that happens, I think that often people sharing some of their own personal experiences and then finding out that 3 other people in the group have had the same experiences and suddenly connects them. I think definitely social connections have happened. I think running groups like this in the community, what's wonderful for me as the service provider is that you hear that people are now coming together to come outside the group and so they've formed that connection in the group and are maintaining it, and often people will know somebody else isn't well, and keeping in touch with them and they'll share that with the rest of the group. To find that out is what it's all about, people making those connections.</i></p> <p><i>Certainly I've heard from this group and my group, that I run in other places... is the importance of feeling safe in the environment. I think you have to create that safe environment before they'll be able to form those connections, and that's what we hear from these people that come to groups like this that it</i></p>

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	<p><i>feels safe so I feel okay about opening up and I'm able to form connections with other people and realize that we've had some shared life experiences. So yeah I think creating that place where people can be honest and be supportive because other people have had the same kind of experiences. Every person is respected, and I'm always amazed at how well total strangers will be supportive and respect each other, will give everybody a chance to tell their experience and their stories. Particularly when our groups are varied. They are very culturally diverse and certainly even the background that people are coming from is very diverse. With all that, they still come together in a group and are able to support each other.</i></p> <p><i>Seeing now that people have connected and when you come in now, there's life to the building, and people are talking and forming friendships is huge because it wasn't always like that.</i></p> <p><i>Whether activities help when you're mentally ill... and you see the difference when you're working, you have your work environment, you have your home. You're not home often because you're working. You get out and you meet people at work, but if you have a mental illness and you're on disability, you're at home and you don't have the chance to go out all the time. Whether it's mentally that you don't want to go out or whether its money wise or you just don't know where to go. That's why I like the support of housing because you have your stuff and they actually have programs you can go to. I would really like to see more [CMHPs].</i></p> <p><i>We all need people in our lives and I think you're really missing something if you don't have people, that if you just come to our spring fling today, I don't know if you're going to be able to be here for the spring fling, but to see people dancing and interacting and having fun and connecting with other people, there are all kinds of relationships that form here and we all have relationships in our lives. This is where their relationships are. This is where they can meet other people. They feel comfortable and safer.</i></p> <p><i>They can talk to others and increase their social interaction. It helps improve their cognitive skills. They run workshops here that will help with patients' self improvement. So every aspect of their personal and social levels improves.</i></p>

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	<p><i>For instance, Make and Take was there today and they cook and eat. To me, food is the big thing. So they come there and eat and on some days they play bingo, and they get prizes and they are very happy about that and to me, let's forget about the food and bingo prizes, just the social interactions, getting to meet people of different ethnicity because there are lots of people from countries all around the world getting to meet people and talk to people. There are lots of people who have a bond with one another. To me the social interaction is very therapeutic from my perspective.</i></p> <p><i>They meet lots of people.</i></p> <p><i>When we walk and talk one on one with everybody, and along the way, you get to hear a lot of stuff and they bring their concerns and issues.</i></p> <p><i>There's opportunity for them to have conversations, some of them are within groups, some of them are more casual. I know some of them do build friendships and they do connect with each other outside of programs. Some of my people... that I do see, have made friends over there.</i></p> <p><i>They socialize and talk to other people instead of ruminating on their own.</i></p> <p><i>I do. I know the people that I met here who call each other on the phone, they go fishing and some female patients are friends with male patients.</i></p> <p><i>When the people are new, they don't see a whole lot. When they find somebody they can hang onto, stuff like that improves. I find that happens to new people who come, if they don't find somebody they know or somebody who can engage with them early on, then they may not stay. When the people come and see somebody they know and they are in, and they are hooked, that certainly helps. So, if people are open from the start, then they probably will do better. We have a lot of clients that will notice somebody new and will talk to them and try to engage them and always help people to stay.</i></p> <p><i>Most of them, if they don't have a program they're going to stay at home and other family members may be going for work, so they'll be feeling lonely. When they're lonely they'll be thinking</i></p>

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	<p><i>of all the negative things, which could create more problems. Especially during the winter, because it's gloomy outside and you can't do anything. Having a program will not only help them, but they'll be seeing other people having similar problems. They'll share, and they'll feel better and when they conversate ... they are sharing their common problem, which is depression. They'll feel they are not alone.</i></p>
<ul style="list-style-type: none"> <li>• Views on Other Benefits</li> </ul>	<p><i>Another thing the patients mentioned is that they need help filling forms and things like that, causes stress on them when they don't understand how to do something.</i></p> <p><i>It's not really counselling per say, it's more of supportive feedback. Most recently there was a woman, who was talking about her father and the will and you know just working with her and about what she can do and where she can go and who she can talk to and what sort of steps she needs to do, or you know...helping someone find a case manager in the community or housing. It doesn't happen often. Occasionally people will come and ask for this type of assistance. Taxes which is nothing to do with mental illness, but it is to be supportive and to help somebody when they are in any need and ask if something is wrong and you can tell if somebody is not doing particularly well within the given day. You've been with them long enough, that you can sort of sense that something is not quite right and if they don't come to you, you can go to them. Generally.... door is usually open, and people come and sit down and start talking and if they need any help, I help them and if they just want to talk, I listen. Whatever happens from there, it happens.</i></p> <p><i>A lot of it is listening. And sometimes... it's... they have health information given to them by their doctors and it's kind of reassuring them and answering questions and helping them understand what information the doctor has given them. Sometimes they have specific health questions. Often it's needing help from some of our other health programs, so I'm just doing referrals. Being able to provide those kinds of links. People have come to me, because they've been diagnosed with diabetes and we're able to link them into our diabetes program.</i></p> <p><i>It's a patient center approach. So we discuss with them what they want, then we give them the area ... what they need... some help like parenting skills they wanted. So we are trying to do a workshop on parenting skills. They want to know about healthy</i></p>

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	<p><i>living. We talked about issues that are affecting them, like family violence or domestic issues, child abuse, all kinds of abuse, and Canadian legal system... we explained to them. So, we bring speakers from different areas to give them knowledge and skills on what they need to know.</i></p> <p><i>Managing their day to day activities, like connecting with the ODSP, housing, appointments with family doctors, psychiatrists, and arranging with continuing education programs, recreational program and with their courts legal issues. That is what's called case management and accompanying and supporting. I don't do that supporting part. But other things along with the case management, connect them with the appropriate services out in the community and arranging case managers and other workers like that.</i></p> <p><i>Lots of times, they bring their families to resolve some issues together with them. I've provided lots of family support because most of my clients are Tamil speaking. So, when they have difficulty with their partners or family members they come to me and also I provide them with lots of resources and connect them with various resources in the community.</i></p> <p><i>So that's a meeting group once a month for family members. So family members who are dealing with children or other family members who have mental health problems, it's a support group for them. So it's once a month.</i></p> <p><i>There are all sorts of life skill improvements. Information they gather, as in skills... in the sense that they have to eat healthy, they have to exercise, they have to sleep well, and how breathing exercises help them, what the benefits they are gaining. They interact and social interactions, and some people don't talk at all right.</i></p> <p><i>How to lead a healthy life, any types of skills for their living, even to take a path to get to where they want to be.</i></p> <p><i>Different areas to give them knowledge and skills on what they need to know.</i></p> <p><i>Our patients, we help them. Not all patients are our patients.</i></p> <p><i>Yes. Absolutely, because the job I was doing before is a case</i></p>

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	<p><i>manager. I worked for [mental health organization]. When I was working for them it is like bandaging like first aid service. Of course there are basic things and important things too like housing and helping with ODSP. But you don't see a real transformation invade of growth about changes in a long run with the patients. Here you are getting something on a regular basis consistently. You have tempt to grow and change from inside and you can see the changes in a long run that they come regularly and participate in something and take control of ownership of their own situation. So, you see the changes and impact on the quality of their life of those who attend here.</i></p> <p><i>Some people I have seen, after participating few months here and going out in the community and finding part-time jobs and moving on to other things.</i></p> <p><i>They see the changes and improvements here and socialization aspect and finding meaningful engagement during the day time.</i></p> <p><i>If they come and attend the program for few weeks or certain period of time, they will experience the changes in their quality of life and that will motivate them to keep coming regularly.</i></p> <p><i>I think family will sometimes have intakes that might go a bit smoother, because they can see what we are about, what we have to offer, and help the family take the pressure off them, to tell them they are not alone, and that there are social supports that can help them with different things.</i></p> <p><i>It's a break from reality... a break from your life, home, and stress at home. You can come here and relax and socialize with people. I think a lot of the different clients that attend made friends here ...they see those people here every day...it's just a nice social type of environment.</i></p> <p><i>They are getting out of their house, attending a social group, and doing something that they like and get pleasure from.</i></p> <p><i>Not only learning some life skills but it's also huge for them in terms of information, some of that's important.</i></p> <p><i>Their needs are being met mostly.</i></p> <p><i>No, not really no, the person becoming a barrier, it's almost like</i></p>

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	<p><i>I to 10%. They love this. It's some sort of relief that helps them.</i></p> <p><i>Yeah, and less disruptive to the families. And the families work, like the husband, and you know his wife is home, so he cannot be thinking "Oh My God, what is she doing now?" I think it's having a peace of mind.</i></p> <p><i>Well as I said before because a lot of people wouldn't get themselves involved in anything if it weren't for here. So we go on bowling outings, we go on even something simple as to the movies, and all sorts of things. They possibly wouldn't be going to a bowling alley on their own without having somebody to go with. I think it really opens up opportunities for them that they may otherwise wouldn't have themselves.</i></p> <p><i>Those who are comfortable, would do that, and some just need support because they don't have family of their own they can talk to, or friends of their own. So they really come and support around that, so absolutely.</i></p> <p><i>I think the kitchen, well we try to make things as normal as possible and to respect the place that you're in... "This is your place, this is your kitchen, treat it as when you're in your home." So we ask people to clean up after themselves. We don't have maids coming in to clean up the house, so we ask everybody to be respectful and mindful of that. Yeah, I think it's been great from what they said, they love it.</i></p> <p><i>Certainly for me because of my health background... I'm teaching health literacy and people getting comfortable with how the health care system works and just general health information. I think it empowers them to advocate for themselves and I think after being at a group like that, they're more likely to ask their doctors those questions, rather than take the prescriptions... and asking "why am I on this medication?" And I think often many people especially in the mental health system had to run around and not have had good experience with the medical system. I think being able to empower them and let them know what their rights are and they always have the right to refuse treatment and ask questions and really understand before agreeing to things is important.</i></p> <p><i>I hear again and again for people to get up and have a reason to go is really important. The support they get once they get there</i></p>

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	<p><i>is really important. Being able to structure their weeks and know that on this and this day, this is what I'm doing is really helpful for people.</i></p> <p><i>[CMHP] offers work experience.</i></p> <p><i>So it's a place to be with other people, to get the support they need and to lead a more normal kind of life.</i></p> <p><i>I think that there are people that unfortunately been chronically ill and the diagnosis and the medication is not the easiest thing, but the fact that they attend and they're not at home, I think that's a change. Every change is different, it's every individual. I have seen people blossom, who may not have ever left their house, and come every day and just to come out and see other people, helps them with their mental health. I have people tell me 'I don't want to go to the hospital' because when you are lonely, you tend to go to those coping strategies that work right. Here, they can come join which ever group is appropriate for them. We have cognitive behavioural therapy now which really helps people develop good skills and change behaviours for themselves. It's all about what they want to do so I think that in itself, you know if there was a lot of structure, then we're not really doing what we say we want to do. We want to be social, we want it to be their choice, and I think there is improvement. I've been doing this for 20 years and [program area's] very low when it comes to social recreation and it (CMHP) really meets the needs.</i></p> <p><i>We do healthy living groups. We offer them in different languages. We offer them in Tamil, as well as in English. We do RAP recovery action plans, which are RAP training which is a recovery focus on how clients can learn to do plans around them to stay well, and it's about being hopeful, accountable, and responsible. Those are 10 week courses that we offer for people so they can learn to stay well.</i></p> <p><i>They are always well-groomed and stuff like that. Sometimes couple of them, they don't want to coordinate. That's ok. They are clean and the hair is combed and they do their activities. That's very very important. They go out into the community and nobody there really points a finger as if something is wrong with that person.</i></p>

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	<p><i>What I've started with them is cooking, like I would ask them what they would want to cook and they get to volunteer and I would go on to the computer and look for recipes pertaining to that meal. We will go for shopping. There is a list I put up to see how many people will be coming before we do the shopping. Whoever decides to do the cooking, I go for shopping with them and I stand back and look to see what they are buying and only get involved if it's a big parcel of ground beef and I say to them that, "You don't need that much, because it's only six people." So I am able to assess their skills. If the budget is only \$25, I will ask them if that is within our budget and then we will revisit the prize of these things. Then when the cooking comes, I hand out the recipe and people come there and I stand out there and supervise them to see what they exactly do.</i></p> <p><i>And recovery...at the beginning when I started working, we talked about recovery and that was really symptom recovery. You could take away the voices, you could take away the difficulty with motivation, and you could take away the flat-out effect. You would say they were recovered, but today that's not recovery; recovery is much more than that. The simple recovery is a piece of it, but it's getting back their lives. And when you have somebody that is not involved in some type of work or vocation or some type of social programming, then they're not living. They're remaining quite alone, isolated, secluded, minimal social contact and really that's not what we want for our clients. We want them to be out there and having a quality of life that they may have been able to have if they didn't have this illness.</i></p> <p><i>Well if they're in a program, then they have a purpose. They have a purpose to get themselves organized in the morning....get up, eat breakfast, shower, dress, and out to where they're going. It kind of mimics a normal work day for a lot of people so it gives them structure. If they know, they're in a program, maybe three days a week, then they know that three days a week they have something to do, so it gives them structure. It allows them to mimic a normal work life. For somebody who has been barely functional and then becomes ill and spends days and days at home in their pyjamas, I mean, they need to get back to where they were. And going to a program like [CMHP] helps them to do that. The program provides friendship; it provides companionship for a lot of these people. It... for... some of these people, they live alone and so going to [CMHP] will provide</i></p>

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	<p><i>them with that. As I say, it's a very welcoming and warming place so people are comfortable there, they feel that they have a place where they can go and be a part of something. Like mental illness and socially isolated... I don't like to put everybody in a specific category because they are all different and some less sick than others and there is a wide range of acuity that goes on here. I think it works well with everybody. So it doesn't matter. They might appear different than they are. So they need this social program to be active and socially stimulus.</i></p> <p><i>Yes, we always have small victories. People feel always reluctant to look at the small victories. There was one guy who was driven by his mother every day and when I started outing, we took bus and subway. Now he travels on his own and stuff like that. Small things like that, people have learned to use the transit system and they have learned how to get around Downtown and people learned about how to get home when they are lost. It is unfortunate when that happens. It has happened and not the skill that people want to learn, but it is good to know that they were able to go home.</i></p> <p><i>People learn things that they didn't think they knew from arts and crafts and these are little things and this is nice to see when things happen and computer skills are getting better. Yes we see improvements.</i></p> <p><i>If the people want to use that as a skill when they go for work, it is fine. There is a lady who usually works at the back there and now working somewhere in different work programs. Some people move on like that. Not a lot.</i></p>
<p><b>Views on Cultural Aspects of the CMHP</b></p>	
<ul style="list-style-type: none"> <li>• Views on Cultural Barriers faced by Mental Health Outpatients</li> </ul>	<p><i>Some ladies have had problems because their families don't let them go because of the domestic issues like when a woman goes out to a program, they (men) feel like they (women) are going out to talk to men and they will leave them and find some other man. Men are suspicious. That is there.</i></p> <p><i>They have problems when they go out, because they have a mental problem. They have that stigma. Some patients don't want to come here, because they say everybody has problems here and they don't want to come. They don't want to come here,</i></p>

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	<p><i>because if they come here they will be named as “mental health patients,” because everyone that comes here are mental patients. That’s there with some people.</i></p> <p><i>Sigma is the only thing. Other thing is that their husbands don’t want them to come.</i></p> <p><i>First thing is stigma. It is not only in Tamil community, even in other communities as well. People don’t want to tell, they have mental health issues. Even the client’s own family members are not aware of it. They don’t want to tell them they have mental issues, even to their own children. Even the own relatives or siblings doesn’t know that they are attending here. They say they are going for yoga if they ask. Stigma is the main problem.</i></p> <p><i>Language is an issue. They have problems accessing other services. There are no Tamil speaking people in every field. If they go to pharmacy, pharmacist can’t explain properly to them. There are not many Tamil programs in [this part of the city] as far as I know. So, this program is a blessing for them. Even though there are no varieties of services, there are a lot of Tamil speaking case managers and social workers in the hospital, but there are not many recovery oriented program in a hospital setup like this.</i></p> <p><i>Yea they’ve gotten past that, but I think there are a lot of people that don’t even get here because of cultural barriers.</i></p> <p><i>The more they isolate themselves, and then also they tend to segregate. That's one thing I can think of. They segregate because of the language barrier, and different beliefs, different cultures. So you tend to socialize with your own culture.</i></p> <p><i>I don’t often get [Tamil mental health care worker] because from the beginning they can get by, but when I need to explain ‘why they need to come’, ‘what’s the importance’ and I need them to understand. They need to tell me if the medication, especially if they are beginners, and if the medication started shifting, changing, or side effects of the medications. These are the things that I need to understand because most of the time “no show” because “oh okay, I get my injection, I feel sick.” What they don’t understand, usually that sickness is the side effect and we can counteract that side effect, so I need them to understand, that this is a normal thing. It will happen. But you</i></p>

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	<p><i>cannot just come for your injection.</i></p> <p><i>It's mostly because they don't want to associate with the people with the same illness. They don't want to, you know what I mean? The people... some people they are so open, they love it, but to some in and out. They just don't want to be seen here.</i></p> <p><i>What's coming to my mind is sort of, you talk about Chinese people... Chinese people tend not to acknowledge mental health issues, and I think there is a real struggle trying to get more acceptance. And you're dealing with a whole family; you're not dealing with just the individual, whereas in my culture you tend to deal with an individual and you provide whatever kind of support. Whereas I think when you're dealing with Chinese families, you're dealing with the whole family and there's a whole different set of issues. So honestly I don't know about the Tamil culture, I don't know, I don't have the answer to that.</i></p> <p><i>Moreover, this is a multicultural program. If you look at other mental health institutions, they only have programs for example, the Chinese population. However, there are no mental health programs specifically for Tamil patients.</i></p> <p><i>Even though Canada is a great country...but when you first come to a new country, it's a struggle. When you sit and listen to them, to hear them, who they are and some of them need peer support. It's great now.</i></p> <p><i>I'm thinking of two in particular that are quite limited with their English, and they do have Tamil case workers in the community. There's one fellow that I see that does not have a case worker, he is Tamil, he sees my Tamil psychiatrist. So [Tamil mental health care worker's] able to communicate with him in his language, but he also has a sister...this client's sister who is my contact and she speaks English very well. So I mean if I have any concerns or she has any concerns about what's happening with our client, then that's who I communicate with...and I also communicate with [Tamil mental health care worker]. So we do have a system here that I'm able to make sure these people are being heard and met...their needs are met...through translators, or case managers, or psychiatrists.</i></p> <p><i>My understanding from what I have heard is that people that are schizophrenic and overtly psychotic...they're looking at it as</i></p>

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	<p><i>second class citizens...they're looked at as street people that are outcasts rather than somebody that should be taken in and cared for.</i></p>
<ul style="list-style-type: none"> <li>• Views on Cultural Causes of Mental Illness</li> </ul>	<p><i>All the Tamil speaking clients are new immigrants and moved here, from ten to fifteen years time. They have lots of cultural problems... when they moved to this country. Cultural shocks and language problems and isolation and so many other things like employment, financial. Lots of them have language barriers... those who attend here. Almost everybody has limited language skills. We have to work with them individually.</i></p> <p><i>Cultural thing, weather, loneliness. After their husbands go to work, they stay home alone whole day, no one to talk there. But they have extended families, neighbours back home. They have other outlets like [religious places] and there it will take long time to do house work and they will be occupied all the time. Here you have everything in a fridge or refrigerator, you heat it, and it will take half hour or little more. Rest of the time, you don't know how to kill your time. So, the time starts to kill you. Unprogrammed, unstructured, unorganized time becomes their enemy. They give more work here for small unnecessary things.</i></p> <p><i>Anyone could get a mental illness. I think it's asking for help becomes the issue, because I think there's still, in any community, there's a lot of migration issues, there's a lot of post-traumatic stress, coming from wars... I think causes people to use services but then they drop out of them once they become more comfortable. There are still communities out there where there's no work for mental illness. It's only when you become assimilated, and then asking for help... doesn't draw attention to your community or anything like that. I think that affects the immigration statistics. There are so many different issues that are quite different from the general population.</i></p> <p><i>You don't have to worry about those, impacting, if I can bring someone else...like there's so many other layers that are there right now, hopefully that will disappear, but so asking for help is huge.</i></p> <p><i>There are lots of people from Sri Lanka and lots of them came here, because of the problems and stuff in those countries. Lots of them just came here because they don't have a choice and they came here. Now... it has a lot to do with coming here and</i></p>

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	<p><i>not getting integrated into community. They are not getting to go to school to learn English language. They don't have that opportunity. They are not given that opportunity to go to school and learn and I know here they have classes like ESL and I know for sure that is... in the Chinese community. I don't know if they have it in the Sri Lankan community.</i></p>
<ul style="list-style-type: none"> <li>• Views on Cultural Programs offered at CMHP</li> </ul>	<p><i>I arranged the Tamil dance program for them.</i></p> <p><i>Tamil discussions, Tamil dance and yoga.</i></p> <p><i>It is because of Tamil speaking psychiatrists that we are getting people here and also Tamil speaking organizations have long term contact with this [CMHP]. So, we have been referred.</i></p> <p><i>They have a Tamil speaking worker here, right. That is also a help. They can interact in Tamil. Tamil cultural programs like dance program, yoga program.</i></p> <p><i>It is a Tamil area, right. You have to have those cultural programs to attract more people. Most of the patients are Tamils, right.</i></p> <p><i>It's both [Tamil mental health care worker] and Tamil workers plus this is most important. People will feel happy when they go if someone is there to greet and talk in their language. It's not only language, also the culture. The girl who came to dance now, she can speak English. Still she wants to be part of the culture.</i></p> <p><i>For example, traditional folk Tamil dance, coping and communicating life skills in Tamil groups, we also arrange guest speakers in particular area of field in which they are interested in. If we can't find anyone who can speak in that field, we invite other people and translate that in Tamil to them.</i></p> <p><i>We have a Tamil worker and services are provided in Tamil.</i></p> <p><i>It may decrease, if there is no Tamil worker or culturally sensitive programs. That's the reason they are coming isn't it? It is important to have culturally sensitive programs.</i></p> <p><i>This is a real blessing for our community. This program, service, facility and beautiful nice place is helping them improve with the</i></p>

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	<p><i>mental health... and also making the job of the psychiatrists and also the social workers and case workers in the community... they bring them, like bringing them to child care and it is helping the community. Majority of them are female clients.</i></p> <p><i>Well there's a huge Tamil population....there's a lot of activities for the Tamil population. Tamil speaking workers, physical activities and exercises as well as coping with life skills and illnesses. [Tamil mental health care worker] is quite a big part of that and he has a lot of guest speakers coming for finances or psychiatrists, and just doing a lot of outreach to people and their families.</i></p> <p><i>...Then he started working here and since [Tamil mental health care worker] has come, the Tamil population has tripled and [Tamil mental health care worker] makes a lot of referrals. And because of language, some Tamil clients can't speak English, and they come and talk in Tamil to [Tamil mental health care worker] or see other people here and know that "OK I can come here, get support and not worry about speaking English I can speak my language."</i></p> <p><i>It's also demographics...where we live...this neighborhood...there are a lot of Tamil communities in this area...so of course if there's a mental health issue, they're going to refer them to [hospital] and [hospital] is going to refer them to [CMHP]...and wherever you live, you're going to be referred to programs wherever you live.</i></p> <p><i>Yea when [Tamil mental health care worker] came, I think it definitely increased it.</i></p> <p><i>If we're having a program, we have to be accordingly responsive to that, so we have to be aware and mindful. Okay, this is our majority of our demographics and the number of people attending to this program. We might have to think about adapting a Tamil speaking psychiatrist on board with us. We might have to think about adapting to a Tamil speaking recreational therapist on board with us. They will have a lot of case workers on board with us that's Tamil speaking individuals. It's responsiveness to the needs. Adapting to what the demographics is.</i></p> <p><i>They would sense that they're welcome here. They would sense</i></p>

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	<p><i>that the mirrored fact that they would have somebody actually speak their language and welcome them into the program... it's huge. "I'm coming to a place, I'm trying to learn English, but I'm still learning it. If somebody could just tell me, in my own language, what I needed to do to slowly incorporate myself into the thing, in North America, that would be helpful for me."</i></p> <p><i>There are times I would need a translator, because sometimes I'm not able to cross the entire essence of the questions. So if I had somebody, [Tamil mental health care worker] I would come in and say, "[Tamil mental health care worker] we're having a challenge here. She's not able to get instructions about when to bring the medication." To be able to translate that... so [Tamil mental health care worker] would do the translation for us. They love that!</i></p> <p><i>Yeah and I will tell you in a big group, I will tell you in English, "Our trip to the zoo will be on Wednesday and everyone has to be here by 7am." Of course if you're new to the country and you're just coming into the program and just learning the language ... "Exactly what did they say? Can somebody tell me that or?" If somebody will say... okay, then [Tamil mental health care worker] will make sure you're here by 7am. "You are a part of us and we have somebody to help us understand you and it starts with the language. Then at some point we will also understand how you think, how you feel." It's not just a translator, it's a cultural translator. Somebody that will not only translate the language, but culturally also translate things.</i></p> <p><i>If I'm going through a very difficult time, I need somebody to support me and help me out... understand. I already have a mental illness and I come in here, now let's see, my language... you can imagine I'm already kind of having this internal stimuli and I am not able to speak the language and I was already told to be a part of this program, who doesn't speak a word that I speak and I am trying to learn the language skill. But if you have somebody there and speaking in Tamil and welcoming you in and say "this is how it goes and this is where the coffee is and this is where we play" in your language, that's huge. That is very responsive.</i></p> <p><i>Yea, language for sure. We have one girl who, had a worker who spoke her language and so that was quite helpful for us to be able to communicate and have everybody on the same page and she can translate and vice versa. That worker's no longer</i></p>

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	<p><i>with her so we communicate the best with her on her own now, but I don't feel that maybe we're doing the best we can for her because I just don't feel we're really getting the heart of what she really needs, because I don't know if we are really understanding each other to the best of our abilities. So that is difficult for me to see because obviously we want the best for everybody that's here. So language is a big part, but I would say with the population, with [CMHP] as well, with the Tamil population, that is actually very difficult.</i></p> <p><i>So we're very lucky to have [Tamil mental health care worker], and when we put that position up, that was something we really wanted because we knew our population was increasing... the population, the Tamil population. So we really wanted to focus on that, because obviously it's a need, so we wanted to be able to help with that. Certainly having [Tamil mental health care worker], helps tremendously, to be able to translate for not even just between the staff, but when we have presentations... you know, so they are able to understand that as well, and they won't have to say "Oh I won't understand, so I'm not going (to the presentation)." So they are able to participate, which has been great!</i></p> <p><i>Absolutely the translation, but we also celebrate different Tamil occasions, different holidays, different celebrations, so we try to make everybody feel welcome.</i></p> <p><i>I would guess that happens, but again that's part of our job to de-stigmatize everything. So when they come, we're promoting health, we're promoting wellness, we're promoting recovery. It's not something to be shunned about, so we do our best to promote that as well, but I would say there are...yea...people that would keep away...yea.</i></p> <p><i>Yea, definitely. I think some of what a place like [CMHP] does is again having a safe place, because you know many people are from a close community and are afraid to have their community find out about their mental health illness, so this is a place that they are able to come and feel safe to open up about it, which I think is important.</i></p> <p><i>I think certainly by having [Tamil mental health care worker] here, and if we need translation, there's someone that often...I haven't found language a big problem but certainly most of the programs that I usually do, there's somebody with me so if</i></p>

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	<p><i>people have any questions and aren't able to rephrase them in English, they have someone there that can translate. Although I find within the group there's enough of a variety, levels of English and understanding the group has...and again, if that is another way to bring the group together, the group will help each other and translate for each other. Even little things like having snacks at groups and making sure that it's halal or it's a snack that's appropriate for everybody, we keep in mind. And awareness that certainly for the South Asian population, you know the incidence of heart disease is much greater. So being aware that lots of the groups are South Asian is a subject that I make sure that we're touching on frequently. Or when our dietitian does a session on healthy eating, we often will take what are traditional foods from various cultures and look at how we can continue to prepare them, but maybe prepare them in a healthier way. So that's the kinds of things that she will do.</i></p> <p><i>I mean certainly having programs that where you have staff that talk in their first language is important. Certainly when I go to other programs there are programs where I do have word to word translation with a Tamil speaking staff member and I think that's really helpful and that encourages people.</i></p> <p><i>Actually here it's really amazing that they have so many different languages and cultures. It's actually eye opening for me because I never knew Tamil or Indian...I never knew of their celebrations or their lifestyles so I'm learning a lot more here and other ways to celebrate. And there are programs where we try to accommodate that, so when Diwali came up, which is about two and a half months ago... we actually made lanterns because Diwali is apparently about life, so we're learning quite a bit.</i></p> <p><i>I think, [Tamil mental health care worker] is a staff member and he's Tamil, and because he's here, he helps a lot, especially in the art program because sometimes they don't understand either our terms or how we pronounce things so we actually rely on him quite a bit to come in and tell them in his own language.</i></p> <p><i>Yes, I think it should be because people learn in their own language and they are not necessarily English born, so it's easier, especially when you're having an episode whether it be depression or anxiety, especially anxiety, where somebody who can come and talk to you in your own language. Then you would</i></p>

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	<p><i>calm down and it would remind you of better times if you can speak in your own language.</i></p> <p><i>We identified the need that we have to have a staff person that spoke the language, so then we hired a Tamil speaking staff person. So that just, then decreases the barriers for people to attend because if people don't speak English, it's hard to come to...they can do some of the program, but not all of it.</i></p> <p><i>But then with the Tamil speaking, not only the Tamil speaking, sort of, [Tamil mental health care worker] brought with him a sort of the whole meditation, yoga kind of perspective too, and I think that fits in very nicely with the Tamil culture. And perhaps, I mean those kind of things are going back to the whole female, those are the kinds of things they tend to participate more in as well, guys don't tend to do that. But it's because we started off, we made it accessible, because we had the staff who could speak the language, and volunteers who could speak the language.</i></p> <p><i>I think it's beneficial for the Tamil speaking folks, and I'm thinking of things like the dancing program too...you know its Tamil dancing, you know, it's very specific. So that makes people feel a bit more comfortable. But I think the other benefit is that the non-Tamil folks get to learn and that was sort of our goal, when we were developing the Tamil side of the program, was that people would understand a bit more about each other.</i></p> <p><i>Well, if you look at some of the folks who attend here who are Tamil speaking, they don't understand English at all...some of them, or are limited. So for them to come into a program, especially...and you need a critical mass, in order for a Tamil person to be comfortable or a Chinese person to be comfortable, it's better to have more than just that one person. Likewise, with the males, I mean, you know the more males you have, the more males you are going to start seeing.</i></p> <p><i>I do, because if you want people to come and continue to come and be comfortable with coming, they have to be comfortable here, with the cultural things that they know, and that they understand and that they can appreciate. Whereas if we had all talking groups or if we had all work activity, that really...they might not understand because of the language issues or I'm boring, they aren't going to come to the programs so they won't be able to benefit from us. So in order to encourage people to</i></p>

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	<p><i>come, to stay, to feel like they belong.</i></p> <p><i>Also having [Tamil mental health care worker] here provides that support and has made a huge difference.</i></p> <p><i>It doesn't mean you wouldn't be accepted in another mainstream agency that doesn't have your language, but people normally would tend to go where their community is and feel more comfortable, but we have a very broad range....it's because we have staffing that provides it, it tends to be more.</i></p> <p><i>I think having that ability to provide service in their language is a key component because not just being culturally confident.</i></p> <p><i>I think it's better to have a multicultural program. Sometimes it can be good, for instance I would say having a Tamil social worker or counsellor would be good and helpful for a Tamil patient. Suppose if there was no Tamil worker or counsellor, then it will be difficult for them. I've noticed based on their education background and language, they can't understand easily. So in this instance, their interaction will be limited. So their improvement won't be too much.</i></p> <p><i>If there is a place for just Tamil patients, I think they may go there, instead of here, because they will be more comfortable there. However, because they don't have their own separate program, I think that is why they come here. For instance, Chinese people have their own mental health drop-in center, but there is no special mental health drop-in center for Tamil patients. So, may be because the Tamil patients don't have their own program, which is why they probably come here. I am not sure. Moreover, because there is a Tamil worker here, and this might be another reason why more people are coming here.</i></p> <p><i>It is very helpful. If there is no one to explain in their own language, they won't understand anything and won't like it and won't get involved. Not all of them are educated, so they need a translator.</i></p> <p><i>Culture focus should also be there, because you feel like you're in one culture and you would also like to know the other culture too. Plus you like to have your own culture too. They should learn your culture too. If you're going to adapt to their culture, they should know your culture too. We have to integrate.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>I think it is important if someone can find something out of it, because we have a large number of ethnic groups here. We do need to recognize the cultural endurance. It's everybody's program and everybody has to be included or recognized. I hope that people do get something out of it. Other people are participating in Tamil dancing and they aren't necessarily Tamil, which is great. That's the whole idea. I think it is good that it is provided and I think it gives people a different focus and different views to see that, while there are different groups of people, they all have celebrations and doing certain things that are similar or different. But the idea is same. The religions are different, but they do the same sort of things in different ways and it is nice to have that perspective. It was certainly much needed when the psychiatrist from [hospital] brought all patients with him, and they all started coming to the program. It was me and [mental health care worker] and another lady and we have this population that may not understand English very well. We certainly didn't understand their language at all. We needed to start providing that focus. It was a necessary path because if the people are not getting anything out of where they are going, they are not going to keep going. So there was a need to change the focus to include other cultures.</i></p> <p><i>You have a doctor and you want to stick with the doctor. Clients are Tamil and he is Tamil and speaks the same language, there is an understanding there. If he is going to move, they are going to move too.</i></p> <p><i>And all these functions they celebrate, I would thank the organizers who are not Tamil people, but are Canadian, but they accommodate these Hindu New Year, Diwali and all that. They have their traditional food and traditional dancing. So they don't feel like they are kind of out of place, they feel comfortable. It's like their own home; they're having a good time with other patients, so it has helped.</i></p> <p><i>So these people are being affected back home and here too, so here they are accepted in spite of not knowing their language or colour or whatever it is. The staff, [mental health care worker] and everybody is very good, so I say we have to be thankful and that is one of the uniqueness of the [CMHP]. I don't see any other place that has this kind of openness for our crowd.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>It's cultural, it's the type of program and being, you know, when you see your own crowd coming, they feel comfortable coming there. Say if we have the same program here and there are only two or three Tamils coming and the rest of them are other crowds, these people sort of drop away because they feel kind of threatened. They feel kind of out of place; there (CMHP) they don't feel out of place they feel included. It's a combination of everything.</i></p> <p><i>The same way there, but they feel more "it is our tradition, our culture." Even the dance they have all these Indian dances around, so they don't feel kind of alienated. They belong to the situation so that promotes them coming to that program.</i></p>
<b>Views on Barriers</b>	
	<p><i>When we talk about barriers, they have transportation problems due to their income. Of course, ODSP is giving travel allowance. It is hard for everyone to come here with their problems. Some people can't come because they live far.</i></p> <p><i>Socially isolated, lonely and lack of motivation.</i></p> <p><i>They won't be interested in learning new skills. They don't mind doing any volunteer job. They are afraid because of their mental ability, they are a bit scared.</i></p> <p><i>Transportation is a problem. English is a barrier. But not everybody is interested in learning. They don't take any effort or they don't have any interest.</i></p> <p><i>So not only our community, it's in other community too. The people that come here enjoy it and keep coming here again and again. The problem is to get new people to join this program. New people are not coming or joining here. Main reason is because the doctors are not encouraging them. There should be a social system in place, a social service worker or someone in place who can come and talk about this.</i></p> <p><i>Some have transportation problem. There is a girl who likes to come here, but she can't come because of her mental and physical problem. Parents have to bring her. When she comes here she enjoys being with people and eating.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>What to do with that child? This is the main problem in the Tamil community especially in the summer. When there are no babysitters, what do they do with their children?</i></p> <p><i>The programs seem to be encouraging. The clients of [hospital], now they have changed a bit of the referral process because mostly before, their patients and [hospital] has their own patients and programs. So, when you have that kind of thing, it is limiting. Other patients won't be able to come. When they come, these psychiatrists have to see them. They have that kind of... I don't know. Now they may have changed it. You have to ask them. Before, even if I refer someone from [hospital], they never had a psychiatrist here. It was hard to refer someone from somewhere else in those days. Even if we refer, they have to be referred by their own psychiatrist... [hospital] psychiatrist has to come and assess. Then they can be accepted only.</i></p> <p><i>Because of the language they have a barrier there. Those families are immigrant families and they have lots of stress compared to other families.</i></p> <p><i>One thing is family ties like children or senior people depending on them, and also distance, lack of motivation, some of them have an immovability problem.</i></p> <p><i>Lots of them have children. During the holiday time, that's also a barrier. They want to come and attend the program, but when the kids are home they can't. They ask me whether they can bring the kids and leave them in the living room and they can attend the program, but they are not allowed to do that now. They (CMHP) don't have resources and accountability for the kids.</i></p> <p><i>Evening hours don't work for Tamil people. They have their family or somebody to take care of. So, they won't stay after 3 o'clock because of family responsibility. So, hours are working well. Again, not everybody is interested in weekends because of the responsibilities.</i></p> <p><i>Cultural thing, weather, loneliness. After their husbands go to work, they stay home alone whole day, no one to talk there. But they have extended families, neighbours back home. They have other outlets like [religious places] and there it will take long time to do house work and they will be occupied all the time.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>Here you have everything in a fridge or refrigerator, you heat it, and it will take half hour or little more. Rest of the time, you don't know how to kill your time. So, the time starts to kill you. Unprogrammed, unstructured, unorganized time becomes their enemy. They give more work here for small unnecessary things.</i></p> <p><i>I know we deal with a large population of Tamil community. So I do know that there's a struggle there, because it's smaller and tighter or word of mouth. [Tamil mental health care worker] and I have done a little intake and the family is less open to the fact that if their son or daughter comes, other people will find out. We just try to reassure them that everything's confidential or private and any discussion we have in a group is private.</i></p> <p><i>I guess we never...it can be forever, you can come as long as you want, but some people, clients outgrow the program, because they need more, they want more, so just getting them hooked up on something else.</i></p> <p><i>Yes absolutely. Whatever language you speak, other than English...it would be harder to learn a new language...it would be harder for me to learn a new language at my age.</i></p> <p><i>When they have young people referred, they don't want to com, because we have no young people here. There's not a lot of young people, so I hear more that, it's not so much cultural, but youth don't feel comfortable here because... there are a lot of times we get referrals for young people, but they just don't stick because they... it's different. You know when you see somebody who's forty-five; you just don't feel like you belong. In terms of culture, I think people don't come here, they don't even get here because they don't want people to know.</i></p> <p><i>Yea there are other barriers...financial, number one. People don't have tickets, they don't have money, they can't afford to come...transportation is huge ...on top of it, it would be nice, in my opinion, for people to get a Metro Pass from ODSP, for people who qualify for Metro Pass and you can go and be out and that could contribute to your mental health...well that's one barrier. A lot of our people... well our program has become a lot more flexible ...it used to be, you had to participate a certain amount, you had to come at least so many days a week, and you had to come only on these days... so we've been more flexible</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>and we try to meet people's needs, so somebody can drop in for an hour, somebody can stay all day... you know what I mean ...so we've become more flexible to break down some of the barriers... like the barrier, you have to come to the hospital for 3 weeks... and you have to come...we don't have that...it's open ended... you can come in the afternoons, so we try to break down a lot of the barriers.</i></p> <p><i>Well the major one is finance...finance and transportation and housing, like people are living in horrible places, and people are living in horrible situations with bed bugs and cockroaches and paying a lot of rent for tiny places.</i></p> <p><i>Absolutely! It affects their mental health... maybe they are not sleeping good, maybe they have roaches and that... how do you sleep? And so finance, and that's all related to income... they can't afford anything decent and not enough subsidized housing and they pay all their money to rent so there's nothing left for food... so not eating properly.</i></p> <p><i>Some people I suppose have a family as a barrier, but most people I wouldn't say necessarily a barrier. Obviously the more support the better and most of the people that come here are not looking for an employment. That's not a number one priority. It's looking to be well, looking to stay out of the hospital, looking to feel good again, looking to get back to and loving some of the things they used to love, looking to getting rid of the voices, not worrying so much. So most people that come here are not employment ready. That's not necessarily a barrier. I mean it would be great if they could work and make some money to support themselves.</i></p> <p><i>It's like the Maslow's hierarchy of needs. When you have something to eat, if you haven't eaten... you know that's really a barrier in terms of... I mean it comes back to the finances. So people aren't eating properly and they're coming here hungry and it's hard to function.</i></p> <p><i>Well proper nutrition.</i></p> <p><i>There are some... you know like 8 o'clock we open and there may be like 3 people here. So at 4 o'clock there may be 3 people, so I'd like those 3 people to be able to stay till 5, a little bit later you know.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>The barrier is, there is only so much money to fund to the number of people coming into the program. Goes back again to the money, doesn't it? So that's the main barrier.</i></p> <p><i>I don't often get [Tamil mental health care worker] because from the beginning they can get by, but when I need to explain 'why they need to come', 'what's the importance' and I need them to understand. They need to tell me if the medication, especially if they are beginners, and if the medication started shifting, changing, or side effects of the medications. These are the things that I need to understand because most of the time "no show" because "oh okay, I get my injection, I feel sick." What they don't understand, usually that sickness is the side effect and we can counteract that side effect, so I need them to understand, that this is a normal thing. It will happen. But you cannot just come for your injection.</i></p> <p><i>Yea, language for sure. We have one girl who, had a worker who spoke her language and so that was quite helpful for us to be able to communicate and have everybody on the same page and she can translate and vice versa. That worker's no longer with her so we communicate the best with her on her own now, but I don't feel that maybe we're doing the best we can for her because I just don't feel we're really getting the heart of what she really needs, because I don't know if we are really understanding each other to the best of our abilities. So that is difficult for me to see because obviously we want the best for everybody that's here. So language is a big part, but I would say with the population, with [CMHP] as well, with the Tamil population, that is actually very difficult. So we're very lucky to have [Tamil mental health care worker], and when we put that position up, that was something we really wanted because we knew our population was increasing... the population, the Tamil population. So we really wanted to focus on that, because obviously it's a need, so we wanted to be able to help with that. Certainly having [Tamil mental health care worker], helps tremendously, to be able to translate for not even just between the staff, but when we have presentations... you know, so they are able to understand that as well, and they won't have to say "Oh I won't understand, so I'm not going (to the presentation)." So they are able to participate, which has been great!</i></p> <p><i>In regards to hours of operation, we've done surveys to see what</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>people would like and we do try to shift things. When we do offer, like I'm thinking for our housing as well, not in terms of the program...we have offered what people have suggested, and later programs, later in the evenings because we do have an evening staff as well. It doesn't really go well. So whatever the reason I think...I think it's like anybody. You know people get home and they've been tired and out all day, and they don't want to go out. Like they may be thinking that's what they would like to do but really when it comes to push comes shove, and it's the middle of the winter, and you're cold and tired you would think 'Oh I don't want to go out.' So I wouldn't say so much that, because we have tried different things. We try really not to have barriers.</i></p> <p><i>There are many many reasons or they've tried to make friends with the housing folks in the house, but it hasn't worked out for one reason or another, so they're feeling bad about that. Yes, that definitely happens. Even with all the support they have, definitely.</i></p> <p><i>Accessibility... transportation is a huge issue so I think running programs close to where people live, and I think in this area there's a large Tamil population so we're running programs where it's easy for people to get to, so that's why I think, that's why we're seeing a large population of Tamil people in these programs.</i></p> <p><i>Transportation is a huge issue in [program location] in particular. I'm fortunate that I have [public transportation] tokens with me and so in my programs I can give [public transportation] tokens to patients to get here... so that's always part of any other programs that I deliver.</i></p> <p><i>Certainly in some cases, the programs are during the day, and so often I think there's still barriers to employment to women, more so than men, and some of it is that men are able to find employment during the day and women aren't, so they are able to access programs like this.</i></p> <p><i>We identified the need that we have to have a staff person that spoke the language, so then we hired a Tamil speaking staff person. So that just, then decreases the barriers for people to attend because if people don't speak English, it's hard to come to...they can do some of the programs, but not all of it.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>The stigma against mental health? Absolutely, sure. You look at the newspaper. You look at the movies... “It’s schizophrenic...you know...attacks somebody...you know, whatever, whatever.” I mean yes, absolutely. I think it’s changing, but absolutely there is stigma against mental health issues.</i></p> <p><i>I think it’s absolutely possible for sure, and some people don’t want to be associated with mental health programs and want to do their own thing and that’s fine if they can manage that. That’s fine. But yeah, I do think that there is some sort of ... “you’re crazy, and you’re going to the crazy program.” I don’t know, I haven’t heard examples first hand, but I can well imagine that it’s possible.</i></p> <p><i>I know that people say in the hospital that there’s day treatment and day hospital programs, and people will say “I’m going to classes, I’m going to school,” they won’t say I’m going to a mental health program. They say “I’m going to classes.”</i></p> <p><i>I suppose one of the barriers is, and we always talked about this a lot, is in the summer time when some of the...a lot of the Tamil women have kids and so they can’t come...so, family responsibilities. And I don’t know if one of the barriers is that we don’t have programs on weekends and evenings as well.</i></p> <p><i>Weekends and evenings. Like I just wonder if that’s a barrier...if that would benefit them to have some place to go, because weekends can be long and lonely.</i></p> <p><i>This is an extension of dealing with “yes there’s a symptom management, there’s a medication piece,” so this is that opportunity to look at all of the other parts. And isolation is huge and to do this for free, I think that’s part of why we’re needed here because we fill in the gap, because a lot of people will not go out if they can’t afford to do it. Things are expensive, and we try to give them a huge range of activities at no cost. Some have minimal cost, because we do go out to the movies or bowling or Niagara Falls, or the art gallery, whatever it is, it’s a subsidized cost. So we help to meet the needs of people who are isolated. We do have people who do not maybe engage well with the outside community and this is their safe place to come.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>Stigma is huge. It doesn't matter where you're from. Just to say you have schizophrenia is still something that people will tell you that they feel like a step lower in status right. That's the media stereotypes. It's really the unknown and that whole thought that this is unpredictable so that causes a lot of fear which then causes stigma. Do I think we've come a long way? I think that in terms of some of the media reports, people who do say they have bipolar or suffer from depression, has done a lot, but there's still a huge amount. Because unless there's a real campaign to deal with stigma, it's still...there's a misunderstanding.</i></p> <p><i>Well I think that language no matter how good...we are limited right...so I think that if we have more language specific services, absolutely! The community where... the demographics will tell you who's using the services, or not using it, you see the gaps, and then you see where, and if you were to track why people don't come or why turned away, I think you have a sense of that. I think cost to come on [public transportation] is still a barrier for people.</i></p> <p><i>I think there are also people...."am I going to be like that?" There's always this fear when you go to a mental health program, what's going to be there. There's individual fears, like I think there's stigma out there in terms of systemic...I think there's still some personal fears of the unknown and what's going to happen, but once people come here and they see, and the word of mouth gets them there.</i></p> <p><i>I think people tend to leave at three (o'clock), because they don't like to ride the [bus] in the dark. That's a huge safety issue for people. The other thing, we have tried in the past is to do weekends, and we are not successful. Some people have families, and they have other responsibilities, but it should be revisited I think.</i></p> <p><i>I think it's better to have a multicultural program. Sometimes it can be good, for instance I would say having a Tamil social worker or counsellor would be good and helpful for a Tamil patient. Suppose if there was no Tamil worker or counsellor, then it will be difficult for them. I've noticed based on their education background and language, they can't understand easily. So in this instance, their interaction will be limited. So their improvement won't be too much.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>Although it is a multicultural country, what happens sometimes is, if there is an English program, the Tamil patients won't go, and because they don't understand English....it's a language problem. However, if there is Make and Take (cooking program), then they participate, because they are just eating food. They participate.</i></p> <p><i>Some are unable to come, because of their mental illness; they may feel lethargic or unmotivated. So, because of that, they stay back. Otherwise they would come. So, it's not really due to any other barriers, but it's due to their mental illness. Most of them say, that they want to come, but couldn't because they were not able to wake up early in the morning, because of the medicine or the illness. The motivation is not there. That could be the reason. Not because they don't like the program or not because it's not interesting... because they choose one or two programs, and once a week they somehow come... because that means, it's interesting to them, so they drop-in.</i></p> <p><i>Oh very difficult. Very difficult because my assessments are objective...I can tell...get some information by looking at somebody but the majority of my assessment is done subjectively...what they are telling me. And if I can't communicate with them, I'm having a big problem.</i></p> <p><i>We have a large number of Tamil population here, probably 2/3<sup>rd</sup> of them here. When [Tamil mental health care worker] retires, we would like to get a new worker who speaks Tamil... because we didn't have resources to provide services to... we can do with anybody who can speak English very well. Some of them, who started to come here, didn't. They would tend to communicate with each other and which is going to happen anywhere you are. But if we were translating through other clients, that is never really a good idea in terms of trying to get them to do work. It's not really good if they are just there, they can't talk to anybody ...staff wise and they can't participate in groups because they can't understand the person talking. So it is certainly difficult for them to stick around.</i></p> <p><i>If they speak [another language besides Tamil], it would be a problem. But we can't do anything for that. It depends on the demographic statistic, we have to accommodate them. Language is a big barrier here. Other than that, there is nothing</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>preventing them.</i></p> <p><i>For the people living far like [other locations], travelling is a barrier.</i></p> <p><i>Yes, because some of them aren't motivated to go. Some are living far away, some maybe having other chores at home, like looking after their grandchildren. So they are unable to come, and we can't force them to go, but unfortunately they are missing a lot in their improvement, because they could be feeling better, they could relate better to others if they see these things, but they don't. But we try to encourage them.</i></p> <p><i>Usually distance or they have other jobs at home, looking after a child or grandchild. So they can't leave home... all those reasons.</i></p> <p><i>Stigma is there in any society. Don't think others are accepted fully but it's the degree of acceptance. In the past degree of acceptance in our society were not that good, but now it has improved over the last 10-15 years. That doesn't mean, I can't say that everyone will want to see so and so, 'I have a problem we are going to see psychiatrist'. No, but still it's a Tamil... to be talked openly, but not as how it was described in the past, in the past you say 'I am going to a psychiatrist' then next thing is 'are you mad' or 'is somebody mad'. They don't use that word 'mad' now, because they are to accept these are things that can happen in a stressful situation. As I said, the degree, of acceptance has come up, compared to let's say several years ago.</i></p> <p><i>Scared yeah, ashamed yeah, it's still there.</i></p>
<b>Views on Recommendations for Program Development</b>	
	<p><i>They are living in real bad situation. Most are on ODSP. Their employment directed goals/programs needs to be introduced at the [CMHP] program. It's important. To help them get a job. Even if they do small jobs, they will be happy, but we don't have that here.</i></p> <p><i>Other people, particularly living in the housing behind this</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>would benefit from an evening program. They already have an evening part-time worker. They have some arrangement for that.</i></p> <p><i>Yes, some have interest. Some don't want to work full-time, because they can't. If they do a little bit, they will be happy. At least like 2 half days, they will be happy.</i></p> <p><i>So not only our community, it's in other community too. The people that come here enjoy it and keep coming here again and again. The problem is to get new people to join this program. New people are not coming or joining here. Main reason is because the doctors are not encouraging them. There should be a social system in place, a social service worker or someone in place who can come and talk about this.</i></p> <p><i>Referral is important. Referral has to come from the hospitals. That's where they have the power. Psychiatrist has the power with psychiatric patients. So, when they refer, then only they (mental health outpatients) will come. They will have to find a way to include the psychiatrist and referring the psychiatric patients for recovery programs.</i></p> <p><i>Some evening drop-in program may help, if they start an evening drop-in especially in the summer.</i></p> <p><i>They can have such programs separately not included in all programs. They can have some intergenerational programs. Then parents will also learn about how to help the children. Parenting and those skills they can learn. So, they can have 2 different ways. One is when they do exercise, children can have a program for themselves, some entertainment ones because when its summer you don't want to... they will come only if it's entertaining.</i></p> <p><i>It's good to have an entry point, someone who can speak the main languages.</i></p> <p><i>It's good to have programs for the kids of the patients.</i></p> <p><i>Families! They don't encourage the families to come and participate in any programs here. We have to have some programs involving families.</i></p> <p><i>Families will understand. They will come to know. They will just</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>let go door keepers.</i></p> <p><i>We encourage them, like if a mother comes to a yoga program, she also understands the program and also can reinforce that to her son and it is also too much stress dealing with their sons or daughters when they have mental health programs. Sometimes they even are bashing up the patients. So, when they come here, it is good also for their mental health.</i></p> <p><i>Some kind of entertainment is also important for them because, these people are not really engaged in anyway. So, it will create some encouragement if they have some entertainment program as well once in a while.</i></p> <p><i>And also, if the community wants to use this space, up to 4 o'clock, nobody is using this place. That's a waste. Children of patients need help. They could have tutoring program or something, mentoring program. That could be done and we can utilize this space.</i></p> <p><i>Maybe we can have once a week like the [other mental health program], they have different agencies coming and visiting... like settlement workers, they could encourage a half a day, settlement workers visiting from another agency here, like that... they could have.</i></p> <p><i>For example, English language... that skill, for some patients, it is hard to learn. They are really stuck, like they can't improve with the language. There are certain patients in that category too, but not many. But others, they are not able to concentrate or able to cope with learning. So, they have to have specially designed program of language teaching for these kinds of patients. It is not available outside.</i></p> <p><i>If they come here they can't go to another place to learn. If they come here and if we have that program (English learning program), then they can go to that program (English learning program). So, English language learning for specific cases like people with mental problems, because some people can't concentrate and some people get tired and you have to balance it.</i></p> <p><i>But their complaint is, it is always that they can't in the LINC class or ESL class, because of their mental health.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>Weekends depend on if you include families and children, it may work. But not, if not. If they allow the families to use this, it may help. Even a patient who is coming here, who wants to celebrate their birthday party and the family can come and join them and that kind of help.</i></p> <p><i>Any other issue they may have is housing here. When they have given some housing here, that housing is not enough for people right. That's the biggest issue to increase the housing. They can't do everything. But... and they are not a housing agency. They can find the revenue to connect with the bed and emergency crisis connection with the hospital. There is a program connected with the hospital. But when these people go, they have to wait like other people, wait wait wait ...for the doctors. That's the problem. When there is a crisis, there should be a way that their own doctor should see them. Same doctor... never is there. They go and wait for them. That's the problem.</i></p> <p><i>Providing snacks, because not everyone is able to bring their lunch. Some of the program involved with the food is very popular here. So, providing snack or lunch here is encouraging the people to stay longer or come and also provide some extra [public transportation] token to help them.</i></p> <p><i>If there is a Chinese community worker who can speak in their language, that would be helpful.</i></p> <p><i>Main thing is more food, more [public transportation] tokens, more free outings and when there is March Break or summer school holidays, they want to bring their kids and leave them somewhere here. We don't have that service here.</i></p> <p><i>If they (CMHP) have child care support attached besides this neighbourhood, they can bring the kids and leave them there and attend the program. That will help them during the school holidays.</i></p> <p><i>Providing [public transportation] tickets and child care.</i></p> <p><i>We are growing right now. I know eventually we need a little bigger space because you can see on Thursdays and Mondays the room is packed full. So it is growing.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p data-bbox="578 268 1365 302"><i>Yes. More lights, more fresh air, more space to move around.</i></p> <p data-bbox="578 342 745 375"><i>Yes, it's free.</i></p> <p data-bbox="578 415 1406 779"><i>Some of the clients want more outings, some of the clients want more talking groups, but it's all where it's coming from...which the client is making the suggestion... and not everybody has the same suggestion... everybody's very different in what they want to see. Some clients want to come here and they don't even want to be bothered. They want to go and use the computer, they want to play pool, and don't want to participate in any of the groups. That's fine... you can do that, we're open here...or somebody will just come every Monday for arts and crafts and only come to that one group and that's it.</i></p> <p data-bbox="578 819 1406 1329"><i>The [mental health organization] offers an employment support program. So once a month we have an employment worker come in and talks about employment and what's offered. So sometimes clients are like "ok so look at me, I come every day, 5 days a week, and I'm up and I'm here and I've been doing this for the last 2 years...do you think I can hold a job?" "Yes of course, I think you can hold a job...you're up and you're here every day Monday to Friday, what are you doing different that I'm not doing...so let's talk about employment...so come 3 times a week, Monday to Friday...get a schedule and then go from there...and then switch it up...there are other social programs in the city you can go to, so we are always open to that." I don't say, you have to come to [CMHP], and there's no other program, and we are the best...it's all by choice.</i></p> <p data-bbox="578 1369 1406 1766"><i>Yea, some people. Well, one person in particular is looking for something on the weekends... for her daughter. They're not the only ones...other people have, because weekends are long. There's Good Friday, Saturday, Easter Sunday, and Easter Monday... that's four days of nothing and for people, that is a long time, especially if you have no money, you have nothing to do. So, more programming like that, so weekend activities or getting out of the city. We get the bus once a year and we go on a trip, but more kind of activities like that and get people out of the city. And people have asked for swimming. Some of them are more expensive activities that cost a lot of money.</i></p> <p data-bbox="578 1806 1406 1873"><i>Food always encourages people to come, anytime we have food, that's number one, people come.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>Generally food, bingo, those are two highlights...parties, celebrations...we celebrate everything here.</i></p> <p><i>Yea, celebrations...we don't care what the holiday is...if it's Muslim or Tamil and they just want to party and party means food and fun.</i></p> <p><i>If you were to charge for this program, not this many people will come.</i></p> <p><i>Nothing major. I mean minor things like basketball nets. You know minor things we could purchase. It would be nice to have. The layout of the place could be better. It would be nice to have a gym, because a lot of people put on a lot of weight and the cholesterol goes up and diabetes, and so it would be nice if we have that. Maybe like physical trainer that could work with people... that would be great.</i></p> <p><i>It would also be nice to have workers that speak other languages other than Tamil and maybe we could reach out to other communities.</i></p> <p><i>I wonder why, for example, I wonder why in [this community] we don't have more Asian...I don't know...but they have their own community. There might be others if we had, you know, if you speak their language they will come.</i></p> <p><i>I think having a pool table is having a big draw. The free coffee. You know people like free coffee and some of the residents even coming in, but it would be nice if we could have more physical related stuff.</i></p> <p><i>Well I think there are all kinds of other ideas. Some that would be great, you know like a newsletter or I have all kinds of ideas, but nothings ever done. Like we don't have, like I'd like to see more peer support for example, and peer support groups and that sort of things hasn't really happened. We used to have a peer support group once a week where people can come in like a coping group. I'd like to see more of that and peer involvement in terms of, you know, doing the kitchen and other projects where people could get more involved with... with planting. There are so many different things where people could be involved in. So, somebody suggested that, other programs have</i></p>

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	<p><i>like a newsletter where people know what's going on for the week. You know like, last week we did this peer participating and putting that together. So you put together the rules of [CMHP], what's acceptable, and what isn't acceptable. So there are all kinds of possibilities.</i></p> <p><i>Yea writing skills, and computer and just feeling you know, seeing your name.</i></p> <p><i>I would also like to see this program stay open later and not have to close at 4 o'clock. I think a lot of young people, they use a different time frame...they sleep later, they stay later.</i></p> <p><i>Right, well we do have youth programs, it has to be something special for the youth, something once a week. So that would be staff involvement and certainly planning for that. The program hours, I think a lot of people, the younger people... I just don't like that at 4 o'clock all the people have to leave.</i></p> <p><i>There are some. You know, like 8 o'clock we open and there may be like 3 people here. So at 4 o'clock there may be 3 people, so I'd like those 3 people to be able to stay till 5, a little bit later you know.</i></p> <p><i>The medications make them gain weight. So an actual fact, if you need more programs to happen for these individuals, I think it should be to... trying to help them out with the physical and dietary education. Not only say to them or educate them, but actually trying to get them to do things. We've started doing that, but I need to see that happen more, because you don't work out only on the Fridays, in reality. If I have not been coming to the gym four or five times, I would have been at 500 pounds. I'm not even on any medication. I'm addicted to food, but that's beside the point. They are having issues with weight gain because of their medication. So we need to really be much more focused on how are we going to help them maintain a stable weight without the cane? I would need bigger help... a bigger gym, a physical trainer, but not only once a week, but maybe three or four times during the week that will happen. They will do their cardio and teach them how to do weights, because there is no magic. You could talk about their diet and cutting down on the carbs, eating fruits and green vegetables, but if you eat them you still have to burn them. So part of burning them will be not only your carbs, but also your weight. If you're only doing an</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>hour of your cardio on a Friday, is that realistic? I don't think so. I think they need more, if you're going to be bigger and realistic about trying to get them to maintain a stable weight and not have them end up with hypertension, diabetes and other health related problems due to weight gain, it has to be a bigger program in terms of trying to stimulate them and actually doing the shopping with them. Some of the case workers already do that. Maybe what I want to see happen in this program is have maybe, three or four times a week... they work in between weights and cardio. They will be doing that. Maybe once or twice during the entire program to get them really and somebody actually trying to check their weight gain and their abdominal circumference and when there's an alarming increase, people have to have the knowledge that this individual is gaining so much weight. You might have to reconsider other medications that could not make them more prone to weight gain. This is me dreaming! Where they would have a big beautiful gym that would include a tennis court, a swimming pool, and all sorts of facilities that would be an enjoyable place to lose weight or burn the calories or the weight. We're trying our best here, but we're trying with what we got right now. Working with the money we are provided with. They (people) will actually donate their treadmills, weights, their rolling machines, their bikes. It's all donations and we just have to make room for them, but if we are going to be realistic... really keeping an eye on them, on their well-being, because they are mental health survivors and the medication they are having. My dream will be for a bigger gym facility, with physical trainers and dietitians that are keeping an eye on their weight gain.</i></p> <p><i>I would say increasing our staff members. We only have so much money. Let's face it... the main budget goes into the staffing. So it's your main expense. I would like to have a Chinese, Mandarin, Cantonese speaking individual on board. I would like that to happen. The predominate, speak English, but some of them probably... you know if somebody would be multilingual, that would be much more responsive to a variety of our clients. We are trying our best here. Within the Asian community, I would really much like to have the budget for a Cantonese and Mandarin speaking ones, to come on board. However, I am just thankful [an Asian mental health program] is there to keep an eye on them. An actual fact they got enough funding to transgress demographics. You know how, [an Asian mental health program] is able to cross boundaries. As you understand</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>for hospitals, [this hospital] only allowed to go over certain boundaries. East of [certain location], [this hospital] will take care of the patients, but the rest of [the other part of the location], [another hospital] will take over the patients. But [an Asian mental health program], because you know, are the only programs that are responsive to our Mandarin/Cantonese speaking... provincial speaking languages in Chinese. They are able to transgress those boundaries and they are able to be responsive to them. But my dream is, even this part of town, would have some Mandarin, Cantonese speaking individuals, Sri-Lankan speaking, Hindi speaking, from the Middle East, Parsi speaking individuals. I would love to have that. To gain that versatile group that will have the language abilities and the cultural interpretation that goes with it. We're getting there, but very slowly. And the cost of living is not getting any cheaper. There is only so much money in the pot, so we have to be... so we'll just go by the majority of the numbers. You can always dream right?</i></p> <p><i>So again going back to the money right. We'd like to do a lot of stuff but it's hard and you know as well all have... we'd like to do a lot of travelling but we all have the budget.</i></p> <p><i>Manpower.</i></p> <p><i>A person who can work with them.</i></p> <p><i>It's the same thing, meeting the individual needs or to incorporate.</i></p> <p><i>At the same time, actually when there is the Tamil community increasing, that's my number one request that went to the Manager at that time for the whole, at the time when we know for a fact that [Tamil mental health care worker] is here to stay. We realized we cannot afford to have somebody at least to be an interpreter and because not only an interpreter but somebody who knows what this mental health is all about because if I ask the... voices or hallucinations.</i></p> <p><i>It seems we always outgrow the place we are in, so although this is a new building and we had it built, we could still expand. Because the programs have been doing so well and our partnerships are going so great, we could have different programs running at different times. We try to make it so that we</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>don't have too many things running at the same time so that everybody can take advantage. Certainly if we had more room, and we had more people, we would have more opportunities. Funding is always an issue.</i></p> <p><i>We are always limited by the funds that we are not given. It would be nice to say the sky's the limit and go for it, but we have to kind of work best with what we have.</i></p> <p><i>Well, I would say it's more money, because you know for lunches in a bag, there's no cooking involved. So definitely, people are low on funds, they don't have a lot of money, and some of our folks go to the food banks, because they don't have a lot. So I can promise you when we offer food for our program, that's when we get our best attendance.</i></p> <p><i>I think the ability to be flexible to the needs of whoever's coming and often with funding that's difficult. You're funded to provide a specific kind of programming and it needs to look a certain way to get the funding, and that doesn't always meet the community that you are trying to serve. So I think whenever you can be flexible and form the groups that the clients want is important for sure. I think we need to be asking our clients what groups they need, what's going to help them.</i></p> <p><i>Well this group, "The Be Good To Yourself" group, started with clients as well as staff from agencies. So it was us sitting down at the table together and saying these are the needs, this is what people are struggling with, and what should this group look like to help meet these needs, and that's probably the reason why the group has been so successful because it came out of the people that are coming to the group. It really helped us figure out what should the group look like and what's going to be helpful. I think that constant evaluation to make sure your groups are meeting the needs of people that are coming, and if not, what do we need to do to them to make a group that is going to meet their needs.</i></p> <p><i>I certainly have heard from people that it would be nice to have weekend programming. I think the more flexibility in hours, the more the better. The many people that are accessing these services are living in very low income situations so I think certainly, for me, food is part of every program and healthy food because often you have people coming in that don't have enough to eat so I think the ability to have food. And also transportation</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>to allow you to get to the program is very helpful.</i></p> <p><i>I hear again and again that the social isolation is huge, but for all of these groups people love trips.</i></p> <p><i>Again funding becomes an issue, and certainly to go on trips like that, if there's admission costs... and that's always the highlight and has been really successful. I think the ability to provide those kinds of experiences is really great.</i></p> <p><i>In fact, it does have some Chinese programming, a little bit, not nearly as big as our program here, but they do provide services, because they are more of a Chinese area. But I think once again that you would have to have the staff, you would have to make sure that you are developing programs for anybody who is outside the sort of normal kind of culture, you have to develop something specific for their needs, so you'd have to have somebody that speaks the language, you'd have to have some of the kinds of programs that would be of interest to them and keep them coming and keep them involved. You can't... I think we have to be, we have to adapt and identify the needs. And so we went out and made sure we met the needs.</i></p> <p><i>Well, I think if we had a gym and you know, some of the more sporty physical kinds of things. I think you could...yeah! If you identify the need and really put some effort, because the other gap we looked at was youth... because youth come, somebody who is nineteen or twenty (years of age) comes here and looks... and the average age is forty-five or fifty. They aren't going to feel so comfortable. So you need the critical mass. So I think if you wanted to, if you determined it was a need, I'm not sure which comes first though, whether it's because guys tend not to take advantage or we aren't providing what guys need. I think, things like the pool table certainly is encouraging more guys to come, so I think that there are things you could do to capture that interest.</i></p> <p><i>I don't think we have enough stuff for youth and we've identified that over the years.</i></p> <p><i>Weekends and evenings. Like I just wonder if that's a barrier...if that would benefit them to have some place to go, because weekends can be long and lonely.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>I think having a gym. If we had a gym, if we had a place where people could actually play basketball, do some of those kinds of things.</i></p> <p><i>Okay we talked about the roof over your head, the food in your stomach, the socializing, but I think also diet, nutrition, exercise, all of those are very much tied into mental health. So the more you can do to promote those kinds of things, and the more you can do to drive, and I think what we were talking about...maybe youth and guys...is the physical kind of stuff. They love doing that. That's a way to sort of connect. Just like food is a way to connect with a lot of people. I think for guys...I think sports...sportsy kinds of things.</i></p> <p><i>Well okay, so the one thing that I would like to see more involvement in, is actual peer support. People who are...who have had experience...who are more involved in a leadership role, or more involved in providing groups.</i></p> <p><i>Well I think that language no matter how good...we are limited right...so I think that if we have more language specific services, absolutely! The community where... the demographics will tell you who's using the services, or not using it, you see the gaps, and then you see where, and if you were to track why people don't come or why turned away, I think you have a sense of that. I think cost to come on [public transportation] is still a barrier for people.</i></p> <p><i>Our focus is more hours. We have tried to set up some stuff, but it would have to be after hours. It hasn't traditionally worked for us in the day.</i></p> <p><i>I think that if you ask some of the members, they for sure want us to go out more, which are more expensive, they'll ask you for that, and they would love the transportation to be covered.</i></p> <p><i>You have in any treatment... social aspects, personal aspects, occupational aspects and so many other aspects. So I would say that improving them with their occupational skills and improving them and directing them towards working. Most of the women, who come here, have social interaction, but if these people go out themselves and work and do something and improve on their specific skills, then it would be great.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>I think that there is some financial barriers. I've had one fellow suggest to me that what they need over there is a library.</i></p> <p><i>So I wish we had a second floor with an open space to run around and keep the people active, but unfortunately, we don't. Couple of years ago, I rented an arena and we played soccer and stuff like that and people enjoyed that, but it's a tough thing to do and it would be better if we have the facility on site. We do play games outside in the summer. Activities are the other component that the population needs in terms of ... they sit around and they eat, from diabetes, health problems, medication and what not. Having an activity component is important. We always had the "walk and talk". We are trying to do things as much as possible, like dancing and yoga and hopefully providing enough fitness to people... like sort of forming a soccer team or something like that. So the activity level has to be upgraded.</i></p> <p><i>It's been mentioned by many and if there is a need for it, it should be used and should be done. It's short staffed and whether or not we can afford to hire three people around to have different days and times. We don't have lots of staff here. We have few staff and when couple of people is away it is hard. It is nice to have that kind of stuff, but we need more staff. If more people would come, then probably. I want to see it done. I don't know whether I want to do it or not. If it benefits the clients and if it gives them something to do and they don't have anything to do, I wouldn't close the door for them. Some are voicing about it. Not everybody. It is not overwhelmingly demanded, but if we offer a program, people would come.</i></p> <p><i>People showed interest in learning computers and want to know about it and want to have a kind of information session to answer any questions they have. We are going to see what happens ... and trying to offer something like that. People have been asking for things and we are trying. That seems to be a common need from the last survey.</i></p> <p><i>Well, I feel education information, but I'm sure they'll be doing that also. Education about mental illnesses, education about medications, side effects which we do here on [one of the hospital floors]. The day hospital programs... they do have it. I am not sure whether they do have it there or not but they can include it there and it becomes complete.</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>I think like anything, they are underfunded, they are understaffed, and the doors you know, there are days when we are here... we can have 60 people come through the doors, and that's a lot of people. So there's always room for more. It's just I think that it has to be, you need to have input from when you are going to start, from the people who are going to attend. I think there's a shift from the day hospital model. People want a non-clinical setting. They like the freedom of like a community setting.</i></p> <p><i>Transportation. It has to be an accessible place. They should be provided with transportation allowance.</i></p> <p><i>Transportation and those kinds of economic things and the priorities. Here we can organize something. The problem is everybody is in different levels. We can't have just one day class for ESL because they are in different levels and not everybody is committed or interested in... and the timing problem. If 3, 4, 5 people are in each level, we can organize something. But because it's 1, 2... it's difficult to do it.</i></p> <p><i>Some people I suppose have a family as a barrier, but most people I wouldn't say necessarily a barrier. Obviously the more support the better and most of the people that come here are not looking for an employment. That's not a number one priority. It's looking to be well, looking to stay out of the hospital, looking to feel good again, looking to get back to and loving some of the things they used to love, looking to getting rid of the voices, not worrying so much. So most people that come here are not employment ready. That's not necessarily a barrier. I mean it would be great if they could work and make some money to support themselves.</i></p> <p><i>It's like the Maslow's hierarchy of needs. When you have something to eat, if you haven't eaten... you know that's really a barrier in terms of... I mean it comes back to the finances. So people aren't eating properly and they're coming here hungry and it's hard to function.</i></p> <p><i>Mental ability and also they fear that they will be out of that ODSP system if they get a full- time job. And when it (mental illness) affects them again, it is very difficult to get back to the ODSP system. Lots of them don't want to come. They are allowed to earn certain amount of money. If they're stopped</i></p>

Theme	Quotes from Mental Health Care Workers
	<p><i>from ODSP, it's a long process to get it back. That fear is always there.</i></p> <p><i>Sometimes it might work, but not too many people would be interested. We are ready to arrange some resources there, but only if at least a certain amount of people show interest in that. Right now what I am doing is connecting them to those services out in the community like ESL programs and adult literacy programs. They have done it in the past.</i></p> <p><i>I think some people would like to work and I think there are few people that are motivated to work. I think there's a difference between actually wanting to work and going out there and doing it. I think you know clients are comfortable on their ODSP and it's just too difficult and stressful just to even have the thought of working... makes somebody ill, and could be hospitalized. So what's more important? A job or staying well? I would never... I don't push people to employment, but if a client comes up to me and says "I really want a job," and I'm like "OK, yeah. Great! Let's see what we can do to find you a job." And then you're dealing with "I didn't succeed; now I'm a failure." It's that whole thing and it happens quite often. It's like "Are you ready? Do you think you're ready?" "Yes, I really want to work!" And it's the same with anything, with a relationship, with a significant other... it's a huge... and someone like myself might be willing to take that chance and put myself out there, switch employment, or have a significant other! For someone with an illness, it's a big stressor.</i></p>

*\*Please Note: Few Tamil mental health care workers were interviewed, who sometimes spoke in Tamil during the interviews. Therefore, grammatical awkwardness may be found in the audit trail, due to translation from Tamil language to English language. Grammar may not be fixed in the quotes found in the Audit Trail.*