



TNLIP Health & Wellbeing Work Group
Tuesday, September 24, 2024, at 10:00 – 11:30 am
Minutes

Attendees (19): Rohit Mohindra (North York General Hospital), Sadat (New Circles), Matthew Neill (CSFB), TinMan Cheung (CICS), Fay Dai (UofT Scarborough), Carolann Barr (TNO), Sarah Modesta Sepillo (TNO), Maria Lo (Hong Fook MHA), Nosheen Khan (TNO), Jonathan Brooke, Zarine (WWC), Amy Cheng (Unison), Sandra Stavares (CCRIHC), Vai Sivaram (TNO)

Facilitated by: Misha Hossain (TNO/TNLIP), Rachele Molto (TNLIP), Srna Stambuk (TNLIP), Gwyneth Manilag (TNLIP/University of Alberta), Olubunmi Ghiazat Adebimpe (TNLIP/Seneca College)

Agenda Items	Presented By	Discussion
Land Acknowledgements & Welcome	Misha Hossain (TNLIP)	Misha read the Land Acknowledgement and proceeded with facilitating introductions involving everyone
Refugee Health Research & Findings from NYGH	Dr. Rohit Mohindra, Emergency Medical Doctor, Researcher, Clinician Investigator (North York General Hospital)	<p>Dr. Mohindra conducted a presentation on the NYGH led research (at the Schwartz/Reisman Emergency Medicine Institute-SREMI) in collaboration with Mount Sinai Hospital on understanding the refugee patient experience in the NYGH ED. This research aimed to better define and understand local challenges and barriers to accessing acute ED care for refugee patients. These results will highlight potential areas for improvement in the care of patients that traditionally do not have resources around research - predominantly refugee patients.</p> <p>Why this research:</p> <ul style="list-style-type: none"> ● NYGH ER Department is currently seeing a minimum of 1000 patients per year; this number is increasing as refugees and newcomers experience difficulty accessing primary care. The number only includes patients who declare their refugee status/asylum seekers. The actual number could be higher. <p>Who is accessing the ED:</p> <ul style="list-style-type: none"> ● Average age 34 years old ● ⅓ do not have primary care providers ● ⅔ non-Anglophone ● ⅓ were urgent case or higher ● No gender data; relatively even number for men and women ● Patients usually use ED service for the following illnesses: <ul style="list-style-type: none"> ○ Abdominal pain ○ Injuries ○ Co-morbid conditions



- Hypertension
- Depression
- Diabetes
- What happens at the ER Department
 - 90% of the patients are discharged.
 - 3% of patients leave without getting the service.
 - There's an average of 3 hours waiting time.
- Reason for visiting the ED
 - Critical severity of illness
- Barriers that can occur with visiting the ED
 - Lack of understanding about how ED care works
 - Financial stress
 - Fear about refugee status
 - Difficulty developing rapport.
 - Challenges navigating and understanding the Canadian healthcare system.
 - Despite translations, there is still some difficulty with being heard.
- Patients' needs during health visits at the ED.
 - Tailored Communication
 - Interpretation, access to translated materials.
 - Human acknowledgement and connection
 - Help with navigating the system.
- Barriers from the point of view of providers
 - Language barriers
 - Challenges with Insurance
 - Follow up care plan for patients.
 - A lot of overlap
- What happens with patients in the ED
 - Challenges around interpretation services
 - Late hours; not guaranteed.
 - Insurance and eligible services
 - Miscommunication/misunderstanding about their eligibility
 - Differences in expectations between patients and physicians
 - Fear about not providing cultural appropriate care.
 - Difficulty with follow-up

Ways to improve care in the short term:

- Expand to the entire city.
- Create a work group for improved care services.
- Link patients with community resources

Ways to improve care in the long term:



- Centralize resources for patients.
- Provide cultural and language support services.
- Provide training for Health Care Professionals
- Develop community outreach programs.

- The impact of having an enhanced ED care service
 - To provide better services and care for the patients.

Q&As and Members Input

- Sadat-Q: Some people may have some fears about their refugee status. Do you find it is often that people are scared to come to the ER due to fear about their status?
 - A: Yes, visits are often delayed because of fear of changes to their status. They think being sick may affect their status, so they tend to delay care. However, ED visits are confidential.
- Jonathan-Q: Some people are worried about IME; worried that their experiences at the hospital can be flagged by IME.
 - A: No, the immigration department do not have access to ED patients' files unless specifically requested and consent is required. A medical exam is a glance at health status and past medical history. They will usually ask the patient to self-report, and no visits to the ER is included unless it comes up as part of the conversation.
- Zarine-Q: If there is a patient who comes into the ER without status or OHIP, is there a way to cover the cost?
 - A: The government initially covers all costs and visits for patients. Now, the hospital is to cover that.
 - Most commonly, patients are given the bill -- they can pay during their visit or have a payment plan.
 - Hospital informs patients the eligibility information.
 - Some hospitals implemented compassion programs, covering the costs of visits (working group focused on consistency on policy across the city and increasing universality)
 - St. Michael's Hospital
 - for a limited number of patients and for a limited number of reasons

Dr. Mohindra also shared his email with partners for collaboration on potential ways to mitigate costs for patients.

- Amy: Community Health centre takes on patients with no health insurance but may not have much space.



		<ul style="list-style-type: none"> ○ They pay for hospital visits and for people who don't have health insurance. ○ They do a lot of preventative care. ○ Develop a pathway for people to access the Community Health Centre ○ Would have to pay but costs would be reimbursed. ● Fay-Q: Does the program have donor support/financial funding? <ul style="list-style-type: none"> ○ A: Most patients are covered through Interim program (Blue Cross), for patients who do not have insurance and cannot pay, funds come from the operation budget which depends on the hospital <ul style="list-style-type: none"> ■ Some money have been set aside for patients who cannot pay. ● Srna: Highlights questions and opportunities for TNLIP to provide support. <ul style="list-style-type: none"> ○ Does ER department refer clients to 211 for mental health crisis management in the future? <ul style="list-style-type: none"> ■ A: Yes, patients are referred to 211, although they find that refugee patients find this somehow confusing ○ Were all the ED clients' refugees (protected persons) vs refugee claimants? <ul style="list-style-type: none"> ■ A: our studies include anyone who is eligible for IFHP- which includes most refugees as well as claimants ● Sarah-Q: Are there existing partnerships between NYGH/hospitals and Inner-City Health Associates for shelter residents/unhoused individuals? <ul style="list-style-type: none"> ○ A: Yes, we work with ICHA as they provide care at most of the shelters in our area. ● Amy-Q: What are the top 5 languages needed for interpretation? <ul style="list-style-type: none"> ○ A: Farsi, Spanish, Ukrainian, and Mandarin <p>Dr. Mohindra extends offer for partner members to join the workgroup. Misha to send out email if inquired. Email: rohit.mohindra@nygh.on.ca</p>
<p>TNLIP x CMHA Mental Health Community Consultation Results, Survey, and Report</p>	<p>Misha Hossain (TNLIP)</p> <p>Olubunmi Ghiazat Adebimpe, TNLIP Placement Student (Seneca College)</p>	<p>Misha provided an overview of the North York Mental Health community consultation with Toronto Community Crisis Service (TTCS). Bunmi introduced herself, including her qualifications, current and previous work, and multicultural experience in the mental health field, as well as the preliminary findings of the community consultation.</p> <p>Toronto Community Crisis Service (TCCS) is a core initiative of SafeTO- Toronto's Safety and Well-being plan. TCCS offers free, confidential 24/7 in-person mental health supports from mobile crisis teams with their services</p>



expanding to North York as of July 2024. This service would be valuable to many clients across North York, especially newcomers, who would really benefit from having non-police intervention when experiencing mental health crises.

The purpose of the Community Consultation was to explore how newcomers and equity-deserving communities in North York express emotional distress and mental health crises, and how the TCCS team can best support them. TNLIP partnered with the Canadian Mental Health Association (CMHA) to hold a virtual community consultation on September 12th with select members of the Partnership Council. The focus group gathered feedback from 25 members of the Partnership Council organizations, working with equity-deserving populations on newcomer mental health needs. This initiative was a follow-up action from the previous Health & Wellbeing Work Group meeting where TCCS presented about their program and services and informed the team about their recent expansion to North York as of July 2024.

Consultation Questions:

- Cultural Considerations
- Geographic 'Hot Spots' for Mental Health Crisis:
 - Given North York's diversity and geography:
- Language and Interpretation Needs

Findings:

- Stigma around Mental Health
 - View mental health issues as shameful or a sign of weakness, discouraging individuals from seeking help.
 - Leads to silent suffering, particularly among women and family caregivers.
 - Often directed to physical care practitioners rather than mental health professionals
 - Issues with status, concerns about safety and trust, which exacerbates the stigma of seeking support.
- Cultural/Familial Dynamics and Language Barrier
 - Immigrant' parents often face difficulties accepting their children's mental health challenges leading to prolonged caregiver roles without seeking professional support. Cultural norms can create barriers to open discussion about mental health within families.
 - Language barriers exacerbate difficulties in accessing services and navigating the mental health system.
- Inability to adapt to new environment.
 - Many individuals deal with the stress of separation from family and unmet expectations in new country.



		<ul style="list-style-type: none"> ○ Many individuals from war-torn backgrounds carry significant trauma that impacts their mental health and coping mechanisms. ● Lack of trust and fear of police involvement <ul style="list-style-type: none"> ○ Each community faces unique challenges such as intergenerational trauma, domestic violence, food insecurity, and fears regarding police involvement. ● Crisis Hot Spots in North York <ul style="list-style-type: none"> ○ Bathurst and Finch (Iranian and Afghan communities) ○ Keele and Rogers ○ Lawrence heights ○ North York Central Library ○ High schools ○ People’s homes (during home care visits) ○ Apartment buildings and TTC stations ○ Homeless shelters <p>Recommendations:</p> <ul style="list-style-type: none"> ● Develop and implement educational programs aimed at reducing stigma around mental health within communities. ● Create outreach programs that specifically target underrepresented communities to raise awareness of available mental health resources. ● Provide mental health resources and support in multiple languages to ensure accessibility for non-English speakers. ● Train mental health professionals and emergency responders on culturally sensitive crisis intervention strategies to build and trust outcomes for individuals from diverse backgrounds. ● Involve families in the treatment process and provide them with resources to better support their loved ones. ● Ensure that mental health professionals receive ongoing training in cultural competency and trauma-informed care to better understand and meet the needs of diverse populations. ● Implement regular feedback loops with community members to assess the effectiveness of programs and services, ensuring they meet the evolving needs of the population. <p>Misha has sent out the survey link for everyone to answer; please reach out to her through email at misha@torontonorthlip.ca if you have questions. Slides of the presentation to be shared with this minutes.</p>
<p>Food Leaders Networking Event 2024</p>	<p>Misha Hossain (TNLIP)</p>	<p>Food Leaders Networking Event is an annual networking for individuals in leadership/management roles who provide food and food-related services in</p>



		<p>the North York Community. This event is in its planning phase and the purpose is to encourage collaboration, networking, and build community.</p> <p>The event is taking place on October 21st at North York Civic Centre inclusive to Food Leaders. Information and photos will be shared after the event.</p>
WCG- Employment Ontario Focus Group – Health & Wellness Service Providers	Srna Stambuk (TNLIP)	<p>At 3pm EST today, there will be a Health and Wellness Focus Group which will be hosted with Health Services providers on what the employment service should look like.</p> <p>Information on newcomers to be used by WCG for the new employment system in Toronto using details from area of expertise. Invitations are to be sent out to join the Focus group. Reach out to Srna at srna@torontonorthlip.ca to receive the calendar invite for the meeting.</p>
Member Updates	Everyone	<p>Zarine- Starting October, at WWC, there will be an in-person Yoga class every Thursday from 3-4pm. Open to everyone. Suite 478 at Fairview Drive.</p> <p>Sadat- There is a program for Business Office Skills with Centennial College, and they are offering workplace internships of 100 hours. Reach out to Sadat for placement students. Email: Sadat@newcircles.ca</p> <p>Sarah- North York Community Resources Booklet (available in seven languages): https://shorturl.at/Oqt48 (contains FAQs of residents about their top social service needs).</p> <ul style="list-style-type: none">● Provides support for housing, legal, mental health, and employment.● Available in 7 languages● Hoping to extend information to other communities in the region.● Live documents; happy to include and update information so please reach out to through Email: ssepillo@tno-toronto.org or northyorkcommunitycluster@gmail.com <p>Fay- offered to connect their Community Engagement department with the Health and Well-Being workgroup.</p> <p>Carolann- Youth Wellness Hub is celebrating the anniversary of its opening.</p>
Emails to Contact	Everyone	<p>To connect with Dr. Rohit Mohindra (regarding joining workgroup or other): rohit.mohindra@nygh.on.ca</p> <p>Reach out for the survey link for the Mental Health Consultation- Misha: misha@torontonorthlip.ca</p>



		<p>Reach out to Srna to join the WCG Focus Group Meeting happening today at 3pm EST: srna@torontonorthlip.ca</p> <p>Reach out to Misha for more information about the Food Leaders Networking Event 2024: misha@torontonorthlip.ca</p> <p>Reach out to Sadat if you are interested in connecting and working with placement students for work placements or internships from Centennial College: sadat@newcircles.ca</p> <p>Reach out to Sarah Sepillo to update information or regarding the North York Community Resources Booklet: ssepillo@tno-toronto.org or northyorkcommunitycluster@gmail.com</p>
Closing Remarks Next Meeting	Srna Stambuk (TNLIP)	Next meeting will be closer to the holidays; would be reaching out to members about their experiences referring clients for mental health services and supports, the barriers in practice amongst others. Next meeting date to be determined.