

Standing Together: Anti-racism and Mental health promotion

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Reflective Questions

Have you:

- Experienced racism in your life?
- Witnessed racism or discrimination in front of you?
- Spoken out against racism or discrimination?
- Experienced any racist or discriminating thoughts in your mind?

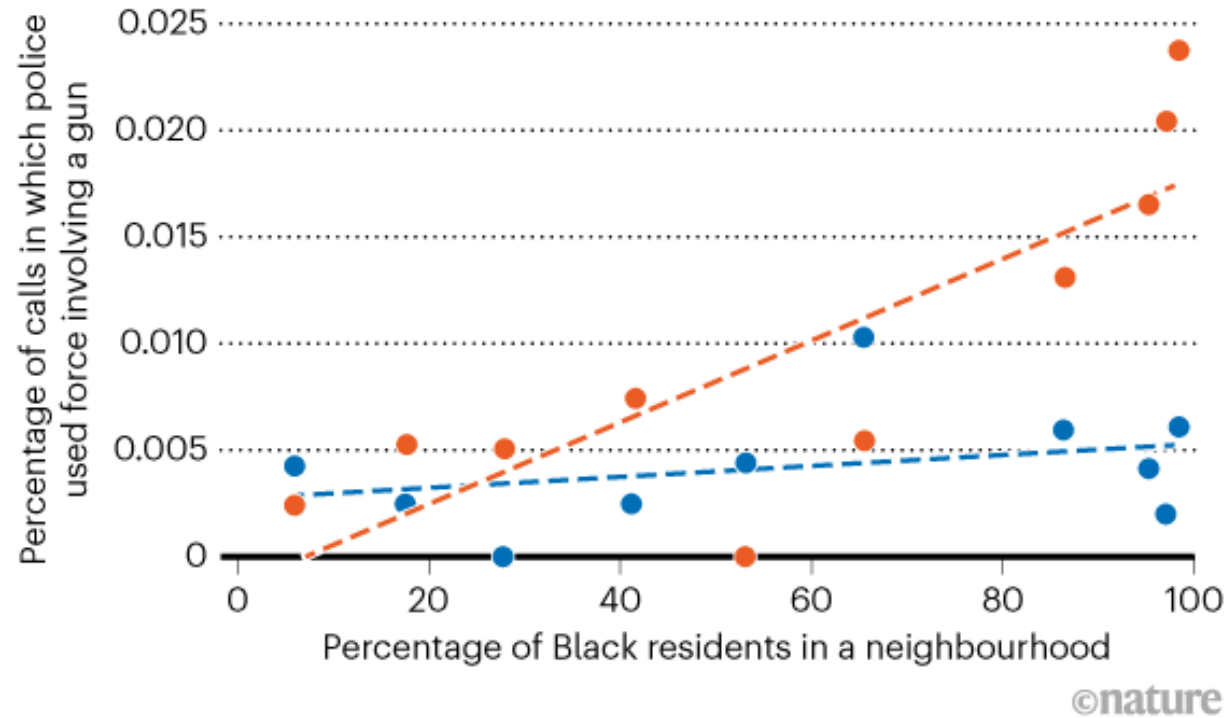
BLM



ANSWERING THE CALL

Researchers looked at responses to 1.2 million 911 emergency calls in a US city and plotted the use of force involving a gun across neighbourhoods, according to their racial composition. White officers were more likely to use a gun than were Black officers and more likely to do so in predominantly Black neighbourhoods.

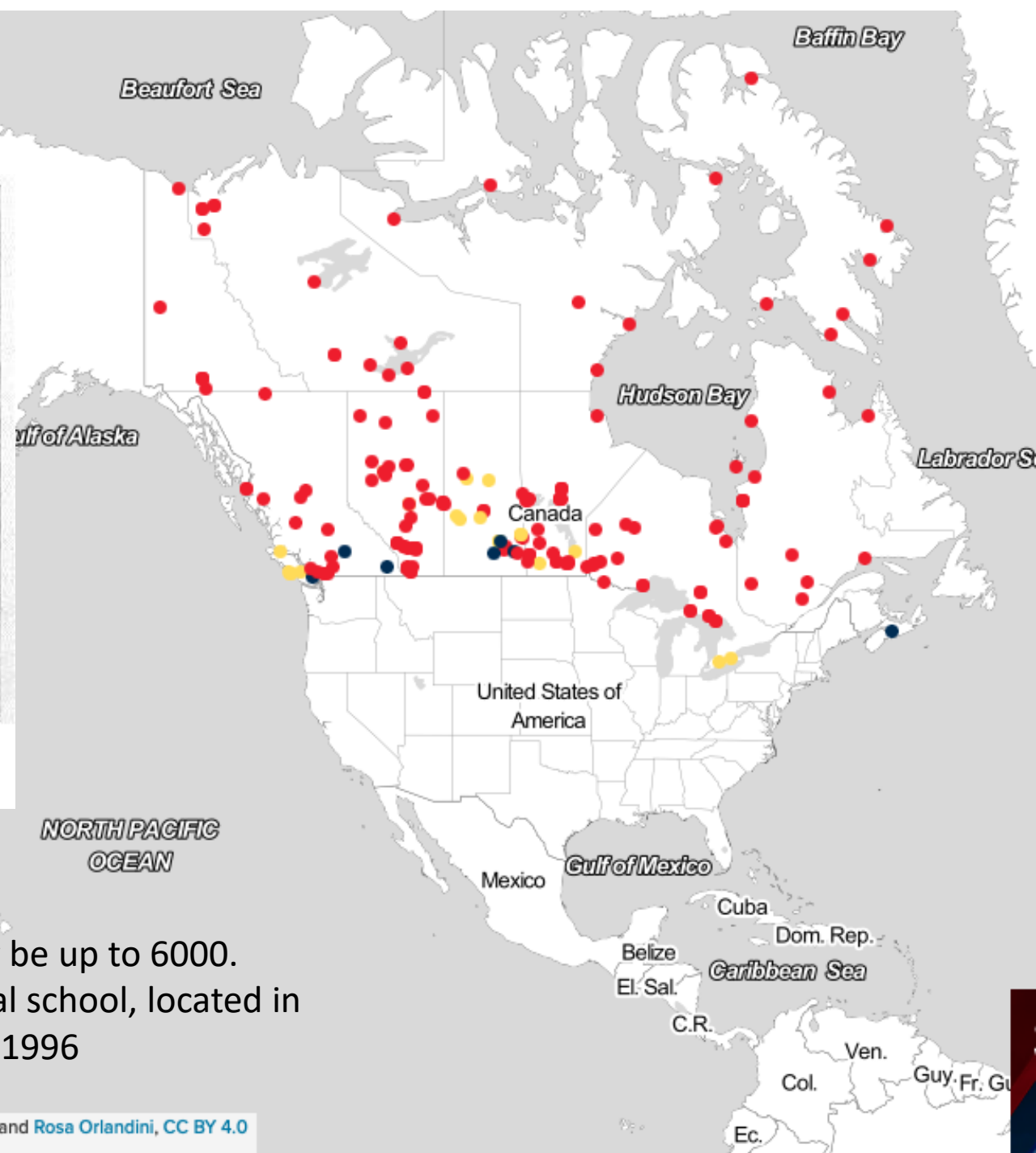
● White officers ● Black officers





Thomas Moore before and after his entrance into the Regina Indian Residential School in Saskatchewan in 1874.

Library and Archives Canada / NL-022474



- No search for graves
- Search planned or in progress
- Search completed

TRC: > 3000 deaths; may be up to 6000.
The last Indian residential school, located in Saskatchewan, closed in 1996

“Between 1881 and 1885, more than **17,000** Chinese immigrants came to British Columbia to work on the railway.”



Building the transcontinental railroad



Chinese workers of the Canadian Pacific Railway, 1884. Courtesy of Royal BC Museum, BC Archives

“one Chinese worker died for every mile of track laid. The *Canadian Encyclopedia*, published by Historica Canada, which also makes Heritage Minutes, uses the estimate “**at least 600**” dead in its articles. The memorial puts the number at **over 4,000.**”

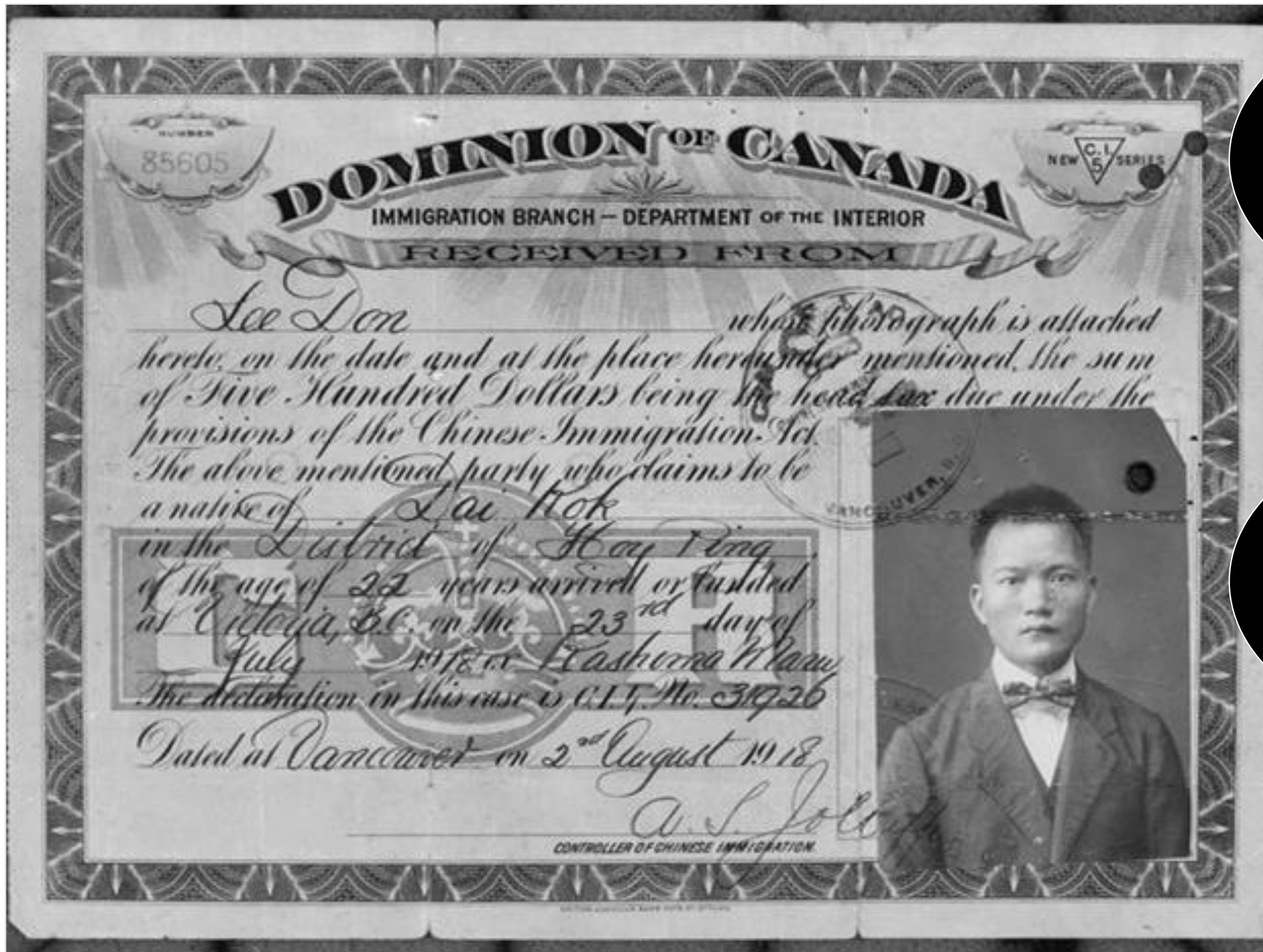
Chinese Head Tax

1885 - 1923

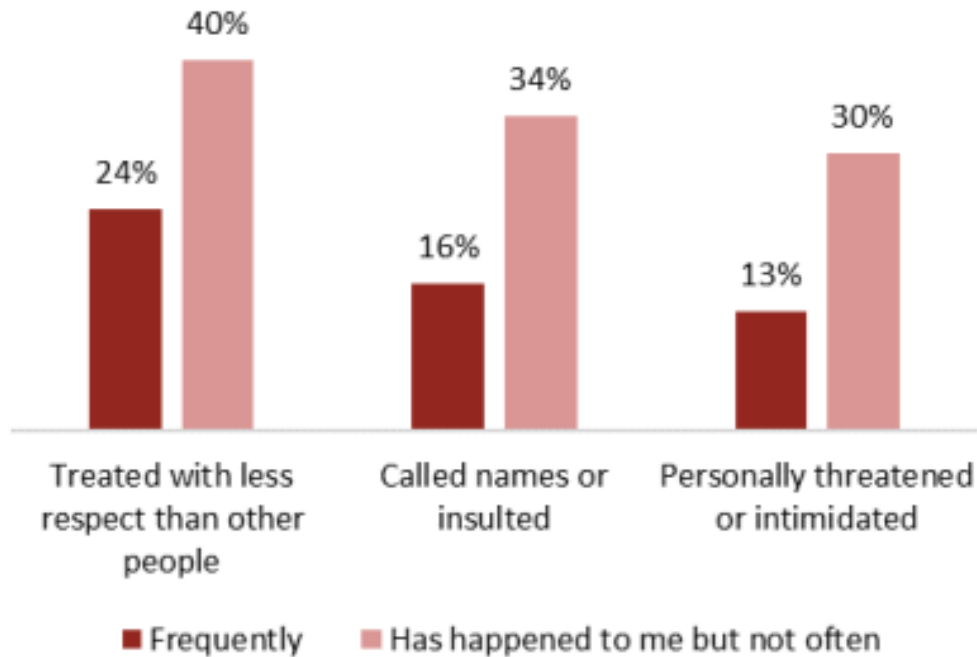
Chinese Exclusion Act

1923 - 1947

Apology - 2006



**Because of my ethnicity, during COVID-19
I have been...
(All respondents, n=516)**

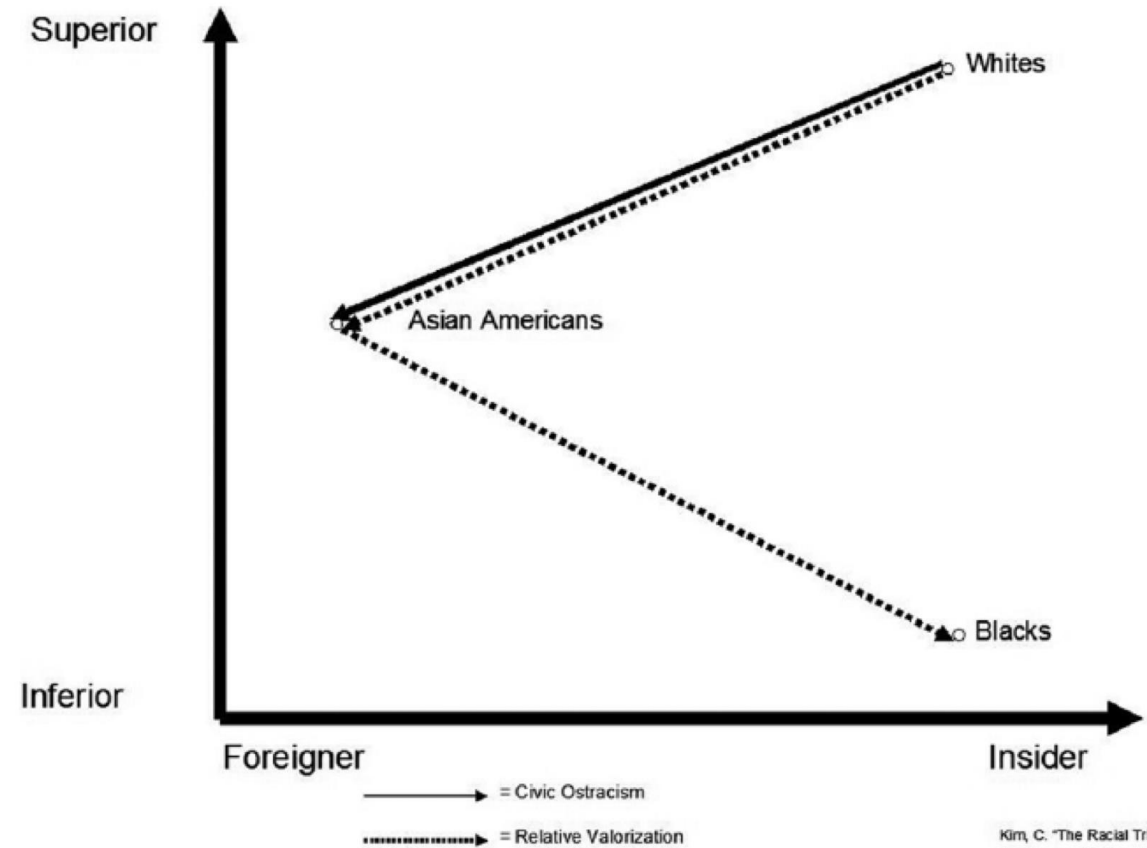
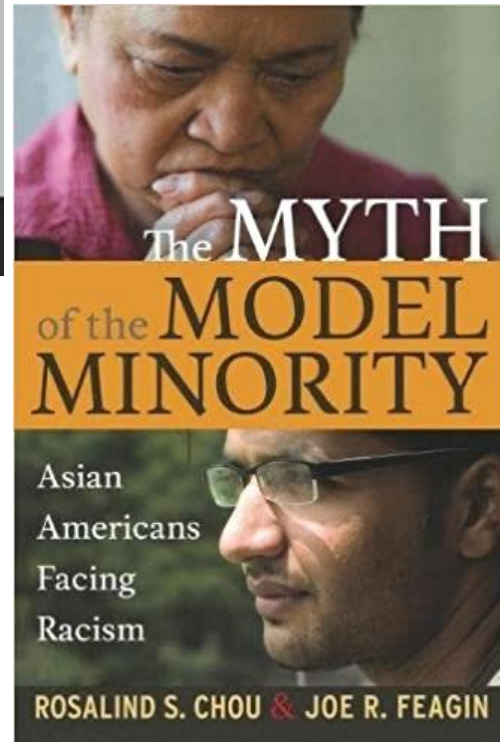
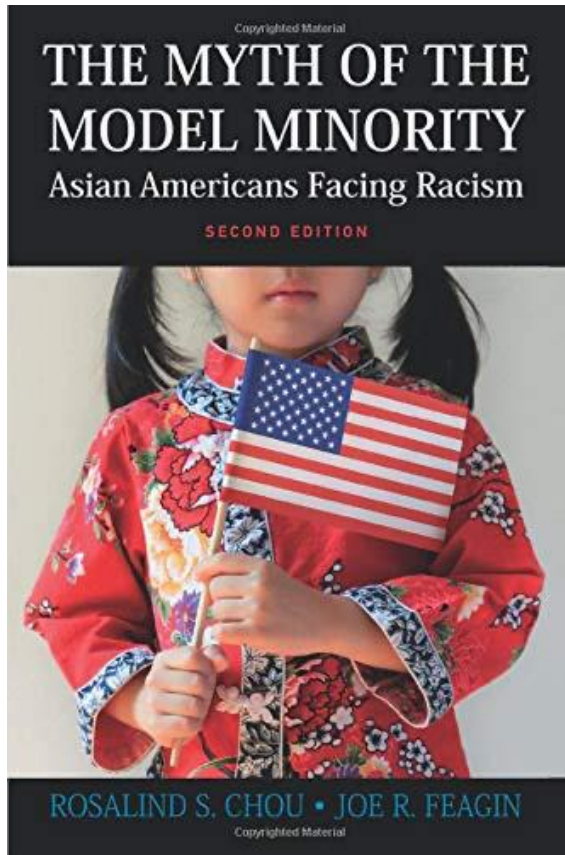


<https://angusreid.org/racism-chinese-canadians-covid19/>

EXECUTIVE SUMMARY

- From March 10th, 2020 to February 28th, 2021 there were 1150 cases of racist attacks from across Canada reported on our web platforms with 835 cases reported on covidracism.ca and 315 cases reported to elimin8hate.org. Data analysis was conducted using data up to December 31st, 2020.
- 40% and 44% of all cases of racist attacks and incidents were reported from Ontario and British Columbia respectively.
- 11% of all reported attacks and incidents contained a violent physical assault and/or unwanted physical contact.
- 10% of all attacks and incidents included a form of assault through being coughed at and/or being spat on.

<https://www.ccnctoronto.ca/oneyear>



Kim, C. "The Racial Triangulation of Asian Americans," *Politics & Society*, 27 (1), 1999.

Types of Discrimination

- Macro
 - Structural
 - Systemic
- Meso
 - Institutional
- Micro
 - Interpersonal
 - Intrapersonal/Internalized
- Overt
- Covert
- Microaggressions

Impact of racism and discrimination on Mental Health

- Direct impact on mental health
 - Emotional distress
 - Internalization of experiences
- Social determinants of health
- Allostatic load
- Intersectionality
- Legal and justice system
- Barriers towards accessing care
- Quality of care
- Underfunding in services, clinical care, research

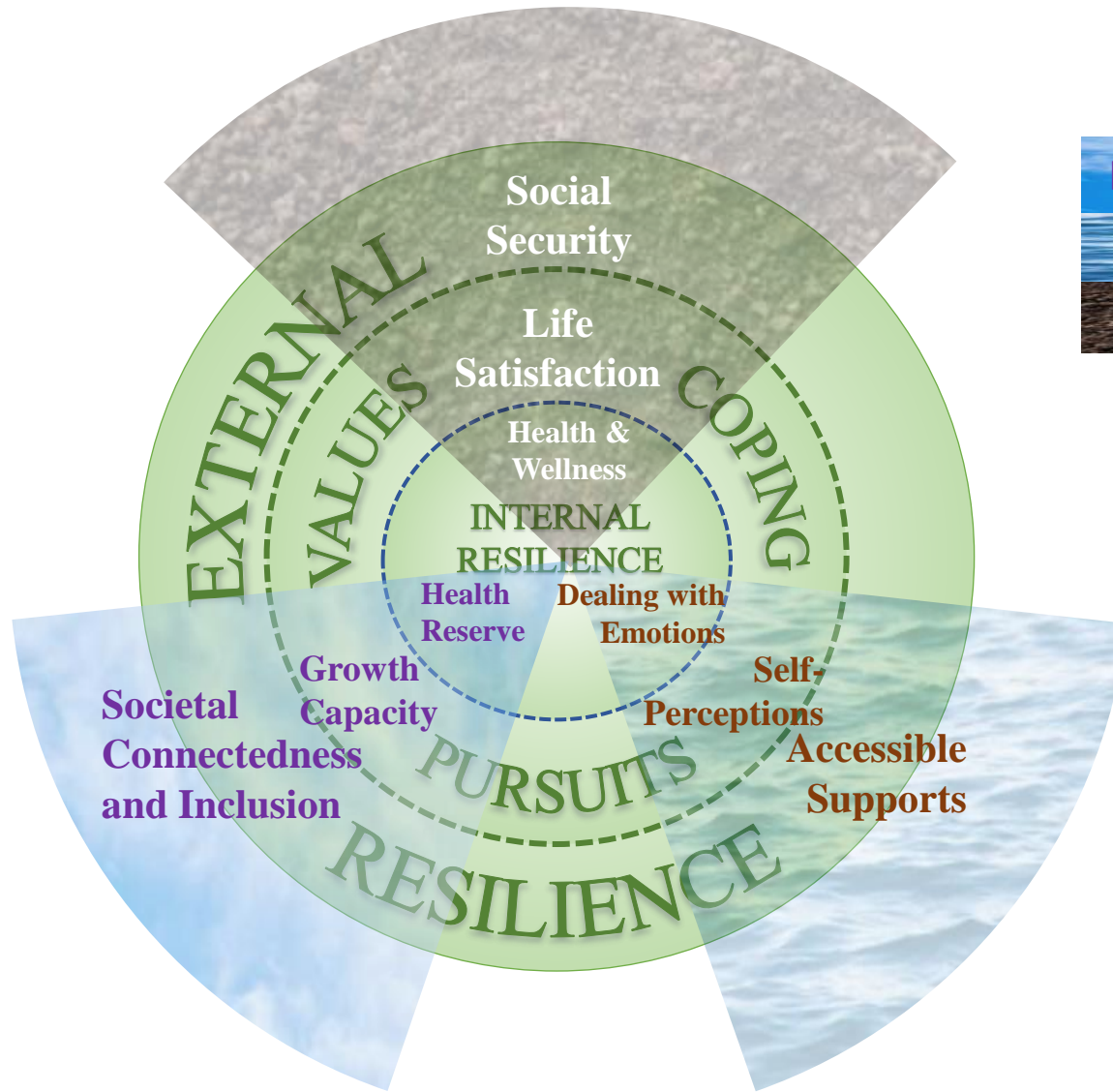


What can we do?

- Awareness, Acknowledgement, & Acceptance
- Listen and give voice
- Take the opportunities for action
 - Micro
 - Meso
 - Macro

Topic	Key Takeaways
Health	<p>Key Takeaway #1: Representation matters in health care and training of healthcare professionals</p> <p>Key Takeaway #2: We cannot measure disparities in healthcare without race-based data</p> <p>Key Takeaway #3: Interconnected barriers that hinder equitable access to health care need to be removed</p> <p>Key Takeaway #4: Culturally competent care must be embedded in health care services, understood by health care workers, and held accountable by organizations and organizational leaders</p> <p>Key Takeaway #5: We need to recognize and rectify the links between racism and health outcomes</p>

Multi-Systems Model of Resilience (MSMR)



What

Pandemic
Acceptance and
Commitment to
Empowerment
Response (PACER)

6-week Intervention:
Interactive Online Modules
Videoconference

Who

Introduction to PACER-HCP

Voice On Pause

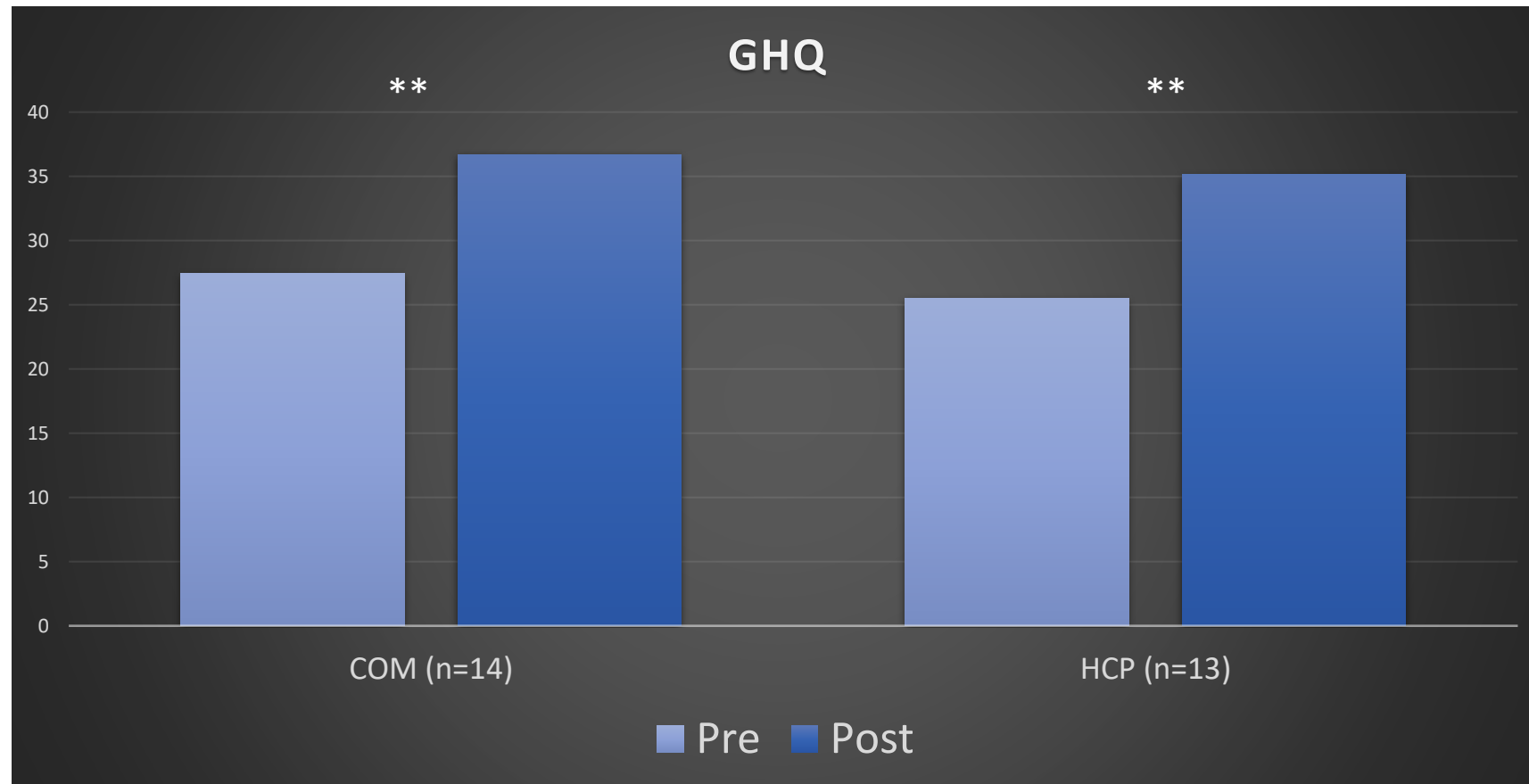
Welcome to the PACER-HCP program!

Why PACER-HCP?



Why

- Build resilience
- Individual and collective empowerment



Appreciate the opportunity to do this course as I was feeling overwhelmed with all the change and transitions with the pandemic, especially feeling more isolated by having to work at home.

Utilizing my social media to continue speaking out on the issues of racism, and not just in the U.S. And having discussions with those who are non-Black who are part of my inner circle.

That even though I pride myself on being accepting of all, there are still individuals that I feel more connected to than others, and that there are some groups that I do not directly have within my circle. It brought some negative thoughts forward (i.e.. I am actually not that accepting, I am not living what I am preaching).

Pandemic Acceptance & Commitment to Empowerment Response Intervention for Frontline Healthcare Providers (PACER-HCP)

ARE YOU A HEALTHCARE PROVIDER OR HOSPITAL STAFF IMPACTED BY COVID-19?

**YOU ARE INVITED TO JOIN OUR ONLINE TRAINING PROGRAM
TO HELP YOU COPE AND BUILD RESILIENCE!**

Feeling stressed by COVID-19? Taking sick days to recuperate? Trouble sleeping? Having anxiety, angry outbursts, or depressed mood?

OR

Maybe you want to improve your **psychological flexibility** and **enhance your resilience** in the face of the pandemic?

Health Care Providers (HCPs) and hospital staff can participate in the Pandemic Acceptance and Commitment to Empowerment Response Intervention for Healthcare Providers (PACER-HCP) — a 6-week targeted online training to enhance resilience, and develop Mindfulness, Acceptance and Commitment Therapy (ACT), and Group Empowerment Psychoeducation skills. You will also have the opportunity to facilitate future groups!

Eligibility

- at least 18 years of age
- a healthcare provider or staff working in a health or social care setting
- fluent in English or Chinese (Cantonese/Mandarin)

What will I have to do?

- Complete 6 weekly online self-learning modules
- Attend 6 weekly online facilitated video group discussions with other participants

- Complete pre-, post-, and follow up questionnaires to evaluate program effectiveness
- Attend a focus group after the intervention (optional)

When?

The PACER program has a rolling enrollment. For times and availability of new cohorts, please visit <https://projectprotech.ca/working-together/pacer-training/>

Your participation in this training is completely **VOLUNTARY**. Any information shared will be kept strictly **CONFIDENTIAL**. Information will **NOT** be shared with your employer. All participants will be asked to sign a confidentiality agreement.

If you would like to participate please email:
pacerhcp@projectprotech.ca

If you have any additional questions about the program please contact:

Co-I: Dr. Jenny Liu
Postdoctoral Fellow, UHN
Email: jenny.liu2@uhnresearch.ca

Principal Investigator: Dr. Kenneth Fung
Staff Psychiatrist, UHN
Email: ken.fung@uhn.ca

PACER Training

Are you impacted by COVID-19? Feeling stressed, experiencing anxiety? Want to improve your psychological flexibility and enhance your resilience in the face of the pandemic?

Pandemic Acceptance and Commitment to Empowerment Response (PACER) Training is a mindfulness and social justice-based group training, consisting of six interactive online learning modules and six corresponding weekly group video-conferences. Conducted in English, Mandarin or Cantonese, PACER is open to health care service providers, or eligible Asian community members.*

Click to learn more...



pacerhcp@projectprotech.ca

ken.fung@uhn.ca