

HSJCC Presentation



ACROSS BOUNDARIES

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Territorial Acknowledgment

We acknowledge that this land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. There have been indigenous peoples on these lands recorded for at least 15,000 years. As racialized people who have experienced colonization and displacement we recognize the importance of seeing how our migration has been possible only because of the displacement of indigenous people. All of us stand on the backs of 400 years of struggle which continues today. We want to humbly acknowledge how we need to commit to the healing and recognition of the ongoing struggle and colonization that impacts the lives of indigenous communities on Turtle Island and across the globe.



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VISION

Dignified, inclusive and compassionate mental health and addiction services for racialized communities.

MISSION

To provide equitable, inclusive and holistic mental health and addiction services for racialized communities within an anti-racism/anti-oppression and anti-Black racism frameworks.



OUR GOALS:

Across Boundaries recognizes that...

- Racism and racial discrimination impacts the physical and mental health of racialized individuals and communities of colour.
- Individual and systematic racism is a barrier to accessing health and mental health care for people of color.
- There is diversity among people of color who, in addition to race, may also be discriminated against based on their religion, language, ethnicity, class, gender, sexual orientation, disabilities, age, country of origin and citizenship status. This can be understood as intersectional forms of oppression.



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VALUES

Equity

We recognize the intersectionality of identities among people of colour, and address the disparities related to social location by providing services that reflect the needs and realities of our program participants.

Transparency

We are accountable to our program participants and to the communities we serve and provide respectful services and programs.

Client-Centered

We recognize the importance of the whole person, and the role of the family and community in their recovery and wellness.



OUR VALUES:

Collaborative

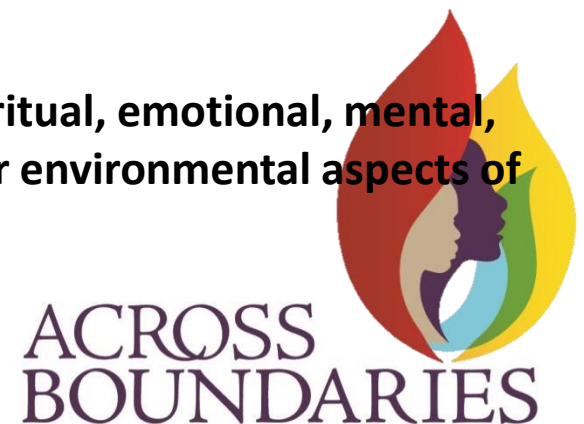
We work in partnership with individuals, families, communities and other agencies to build capacity and address the needs of our program participants and support their health and recovery.

Innovative

At Across Boundaries, we are responsive to the ever-changing realities. We include a variety of healing approaches to help achieve and maintain wellness in ways that are meaningful and relevant to the lived experiences, and cultures of our program participants.

Holistic

We believe in addressing the interdependence of the spiritual, emotional, mental, physical, social, cultural, linguistic, economic and broader environmental aspects of health that affect the well being of people of colour.



OUR HOLISTIC: A/R, A/O, ABR APPROACH

Across Boundaries' work is built on the three core principals:

- That racism and oppression have profound negative effects on the physical and mental health of racialized people.
- That clients need to heal in ways that are meaningful and relevant to them.
- That racism and oppression can occur at individual, organizational and systemic levels; and intervention is needed at all levels.



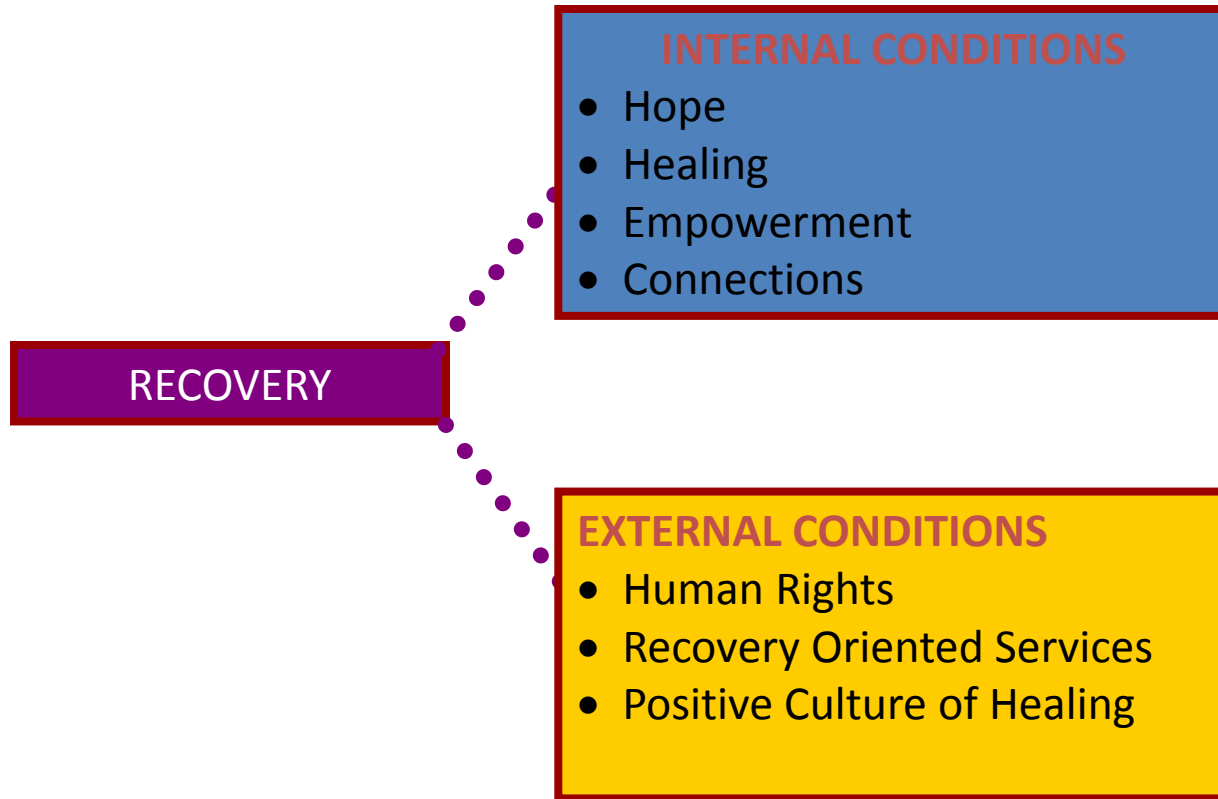
Some Challenges of Experienced by Clients

- Migration, Settlement and Adjustment
- Responsibility in the family
- Changing family values
- Pre Migration Trauma
- Racism, Oppression
- Language Problems
- Education/Literacy
- Lack of skills/Canadian experience
- Violence /crime / legal issues
- Domestic Violence
- Unemployment/under employment/glass ceiling
- Economic difficulty
- Poverty
- Inadequate and Affordable Housing
- Family disintegration
- Displacement



THE RECOVERY MODEL

Living beyond mental illness



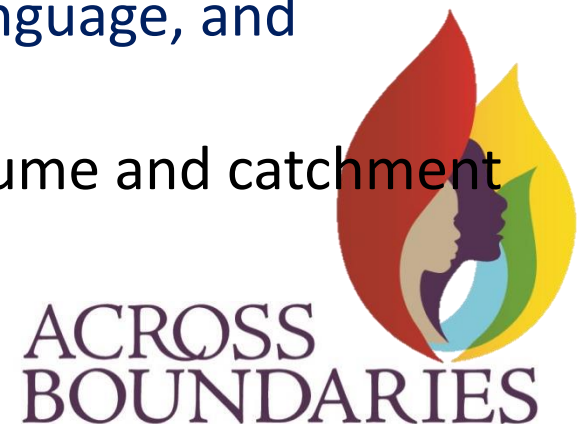
TYPES OF SERVICES OFFERED

- Adult Case Management
- Youth Services
- At Home Program
- Housing First
- Mental Health and Justice
- Court Support Program
- Drop-In Program / Psycho – Social Programs
- Educational and Skills Development Workshops
- Alternative Therapies i.e. – Acupuncture
- Community Outreach; external comm.



Referral Process and Waitlists

- We use the Common Application Form that lists mental health providers in the **GTA area**.
- Applicants who speak **English** are screened by **AccessPoint**, the hub for Across Boundaries and its partners.
- AccessPoint does the initial assessment of eligibility, the files are transferred to AB when the appropriate spaces become available (**Gender, Culture, Language, and Catchment matches**)
- The wait times also depend on the volume and catchment of AccessPoint applications.



WHAT MAKES US UNIQUE

- Staff and clients share similar lived experiences
- Open Door Policy
- Walk-Ins, Community Referrals, Word of mouth recommendations of clients, with or without diagnosis are points of access to the social rehabilitation program.
- Some clients come to us via alternate access routes (for eg: Due to language/ cultural barriers) that deter them from using mainstream services.
- We offer services in over 20 different languages.
- We meet applicants where they are at to relieve immediate distresses (e.g. need for resources, food, crisis supports) due to systemic forms of oppression.



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WHAT MAKES US UNIQUE –Cont'd

- Psychiatric services are not presented immediately because we are mindful of power dynamics.
- We are also mindful of putting labels on our clients who are already struggling with discrimination.
- Using a holistic approach allows us to focus on clients' strengths and interests.
- We also recognize that clients heal in ways that are meaningful and relevant to them
- There are not long waitlists to access mental health services once connected to a case manager



LEGAL SYSTEM...

- Commit a crime
- Go to jail, right?
- Oh, no? Well, that means: Bail, probation
- Report to somebody...Bail Officer, or P.O
- Serious? Conviction!!
- Time served?
- Am I missing anything?



LEGAL SYSTEM...cont.

- Well, what happens if a Mental illness is involved?
- Can she then qualify for Diversion?
- I heard about this ORB thing and not criminally responsible..
- Who sets the rules for incarceration anyway?!
- Does race factor in at all?
- What are the implications of race/m/h at the L.S
- Ahh!!!
- Am I missing anything?



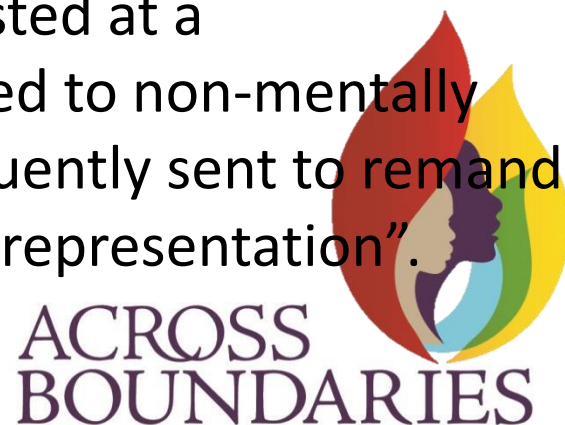
RACE...brief

- Police: gateway— represent fear. Racial profiling, carding
- African Canadian Legal Clinic policy paper: ‘Racial profiling is one of the most pernicious forms of Racism, faced by African Canadians’.
- 2008 report Roots of Youth violence: ‘Racial bias in policing stigmatizes communities and leaves them with a lack of faith in the police and the justice system’.
- Black Experience Project: 60% of men (25-44) surveyed, report being harassed by Police
- Toronto Star article (2010)...Race Matters “Blacks 15-24 are stopped and documented 2.5 times more than whites the same age”.
- Arrest; affects mental health, employment, suicidal ideations, fear, anxiety.



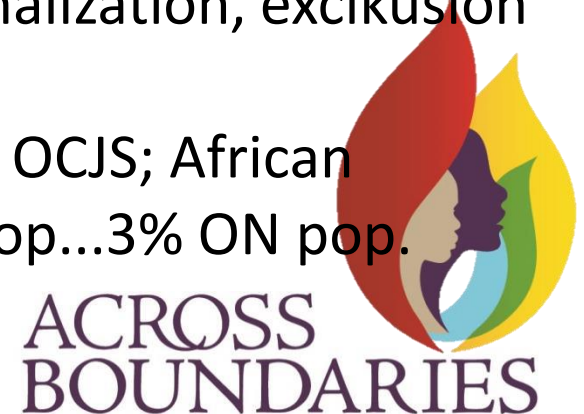
MENTAL HEALTH...brief

- CMHA: Culture of the criminal justice system, especially within correctional facilities, can aggravate pre-existing mental health conditions and impede recovery and successful transition back into the community.
- Stats Canada: According to the Canadian Institute for Health Information, 2007)....” some researchers argue that mentally ill persons who are also homeless tend to have greater visibility and are more likely to be arrested at a disproportionately higher rate compared to non-mentally disturbed offenders and are more frequently sent to remand due to inability to pay bail or find legal representation”.



COURT SYSTEM...brief

- The Federal Government's Office of the Correctional Investigator: "...federal incarceration rate for blacks is three times their representation rates in general society".
- WHO's 2014 report, 'Prison & Health': "Aboriginal & blacks are over-represented in segregation".
- Office of the Correctional investigator: Case study of Diversity in Corrections (2013): cultural needs not being met; improper treatment; feelings of marginalization, exclusion and isolation.
- Commission on Systemic Racism in the OCJS; African Canadians account for 15% of prison pop...3% ON pop. (1994-2004)



BRIEF : RACE &/or M/H

- John Howard Society Report (Oct 2017): Race, Crime & Justice in Canada
- Case Study of Diversity in Corrections: Black inmate experience in federal penitentiaries
- Jan 18/18 article: Toronto Star “Stop placing inmates with mental health disabilities in solitary confinement”.
- Annual Report of the Office of the Correctional Investigator, 2014-15
- 1995 report..Commission of systemic racism in the Ontario Criminal System
- Fri March 1 , 2013 article @ Toronto Star



So...now what?

- Lots of data, so where do we go from here?
- What tools can agencies; communities; individuals employ, to stem the tide of this issue?
- How do we break down the barriers that exist within all silos?
- Are you aware of your rights?
- What resources are available to me, to us?
- LET'S TALK.....



Resources...

211, Across Boundaries

- www.torontocentralhealthline.ca
- Scarborough Community Legal Services
- www.scarboroughcommunitylegal.ca
- 695 Markham Road, Suite#9: 416-438-7182
- Tropicana Community Services
- www.tropicanacommunity.org
- 135 Huntingwood Drive:416-439-9009
- Ureach Toronto (.com)
- Social service & Ethnic Resources map



THANK YOU



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