

Faire front commun : Antiracisme et promotion de la santé mentale

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Questions de réflexion

Avez-vous déjà :

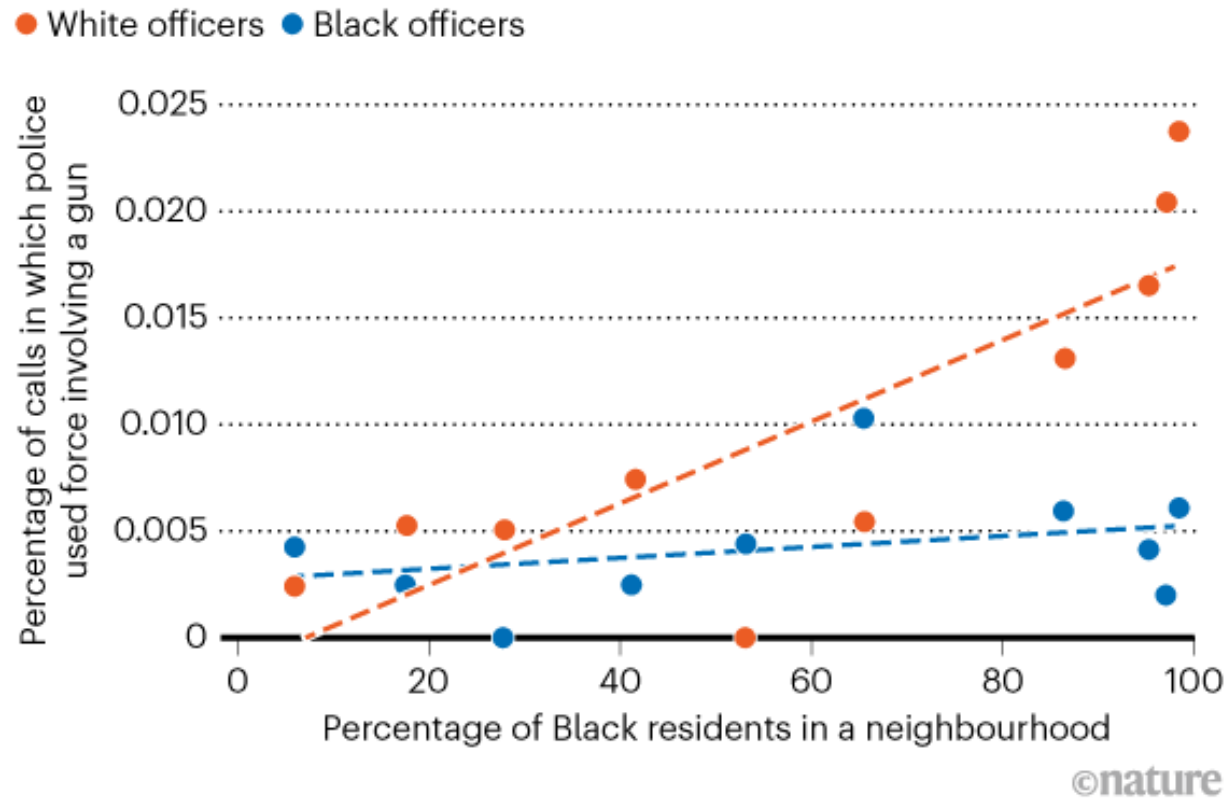
- Vécu du racisme dans votre vie?
- Été témoin de racisme ou de discrimination?
- Parlé contre le racisme ou la discrimination?
- Eu des pensées racistes ou discriminatoires?

BLM



ANSWERING THE CALL

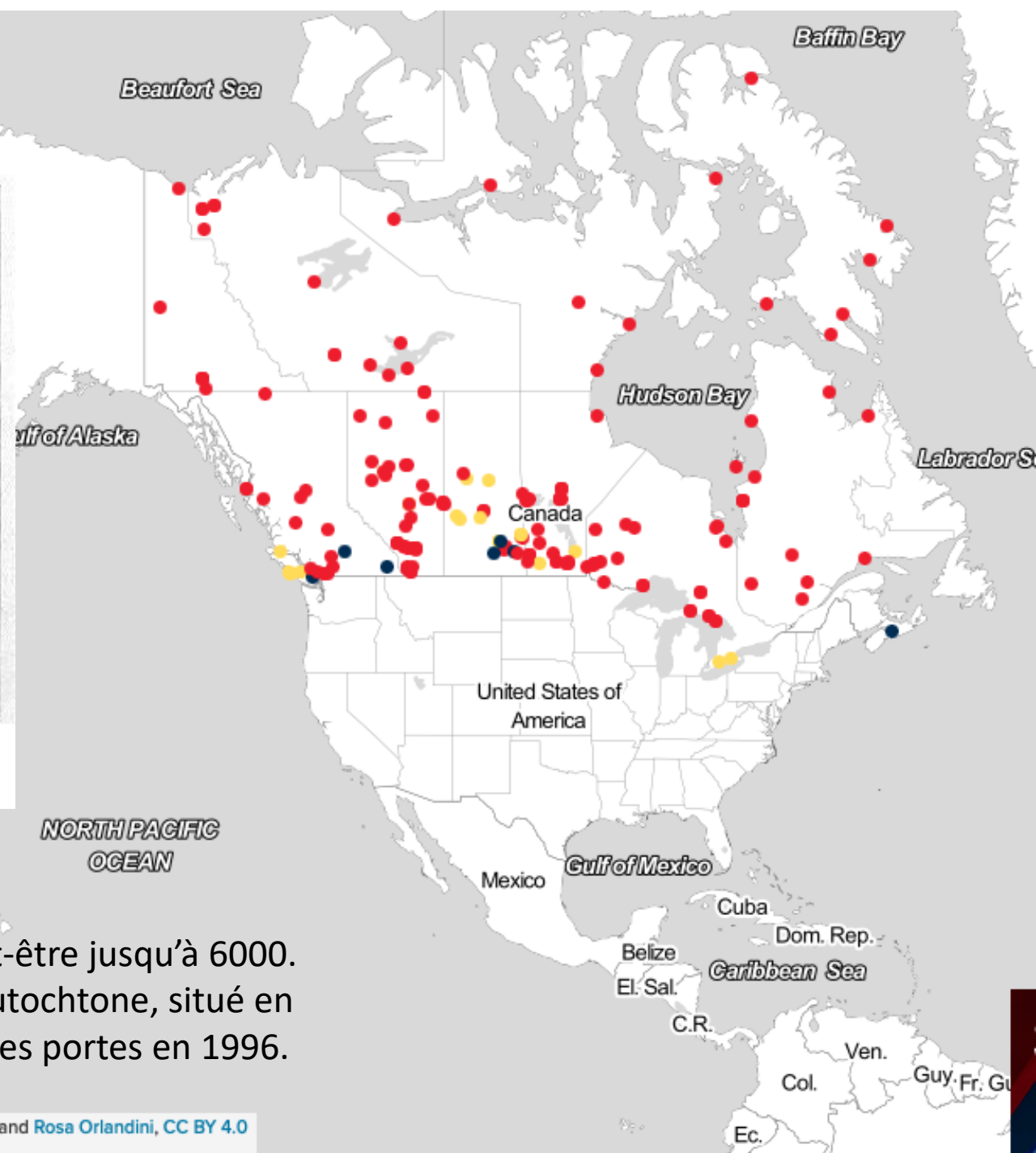
Researchers looked at responses to 1.2 million 911 emergency calls in a US city and plotted the use of force involving a gun across neighbourhoods, according to their racial composition. White officers were more likely to use a gun than were Black officers and more likely to do so in predominantly Black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





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 morts; peut-être jusqu'à 6000.
Le dernier pensionnat autochtone, situé en Saskatchewan, a fermé ses portes en 1996.

« Entre 1881 et 1885, plus de 17 000 immigrants chinois sont venus en Colombie-Britannique pour travailler sur le chemin de fer. »



Construction du chemin de fer transcontinental



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

« Un travailleur chinois est mort pour chaque mille de voie ferrée posé ». L'*Encyclopédie canadienne*, publiée par Historica Canada, qui fait aussi les Minutes du patrimoine, utilise dans ses articles l'estimation « au moins 600 » morts. Le mémorial avance le chiffre de plus de 4 000.

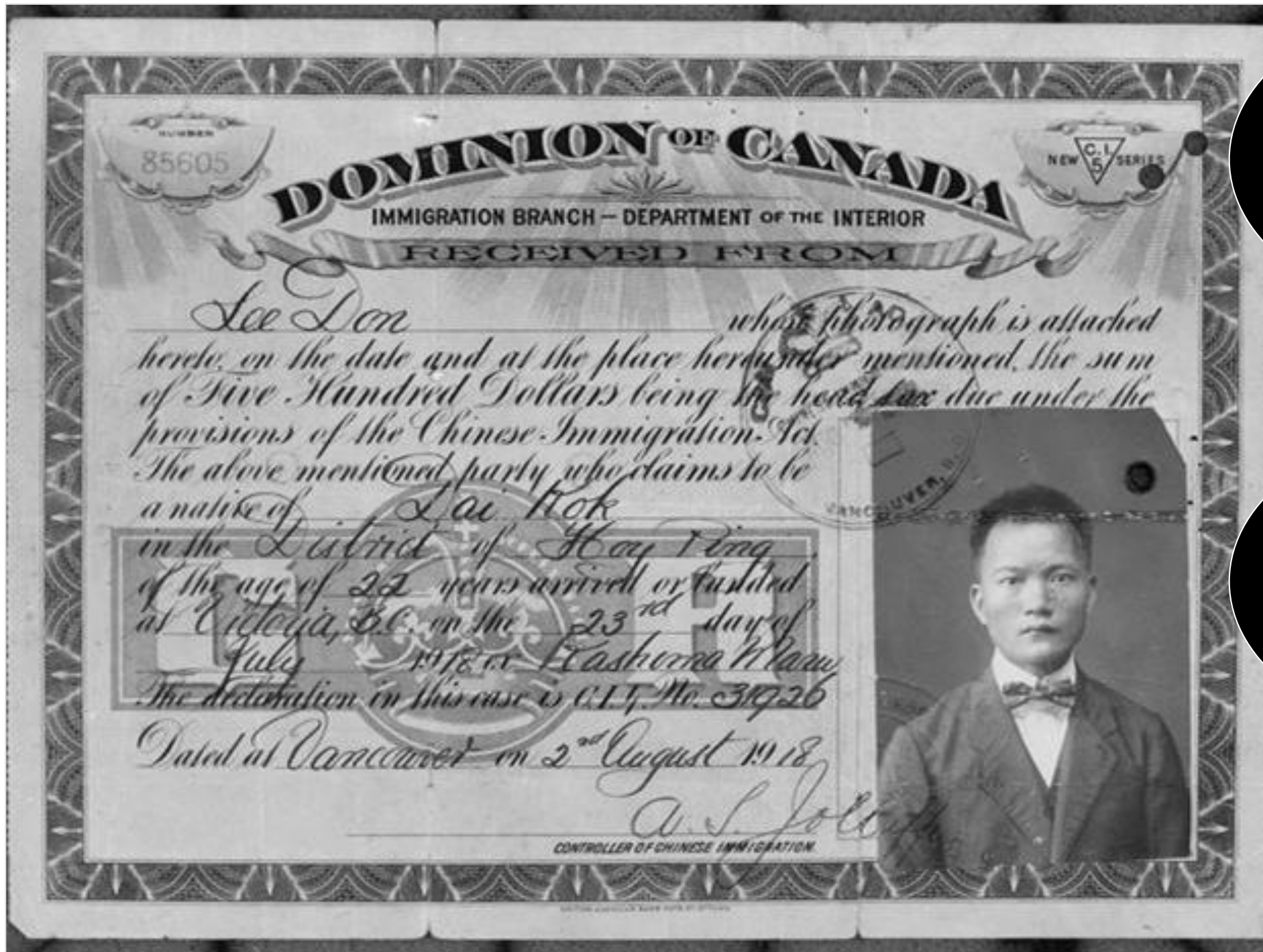
Impôt de capitation des Chinois

1885 - 1923

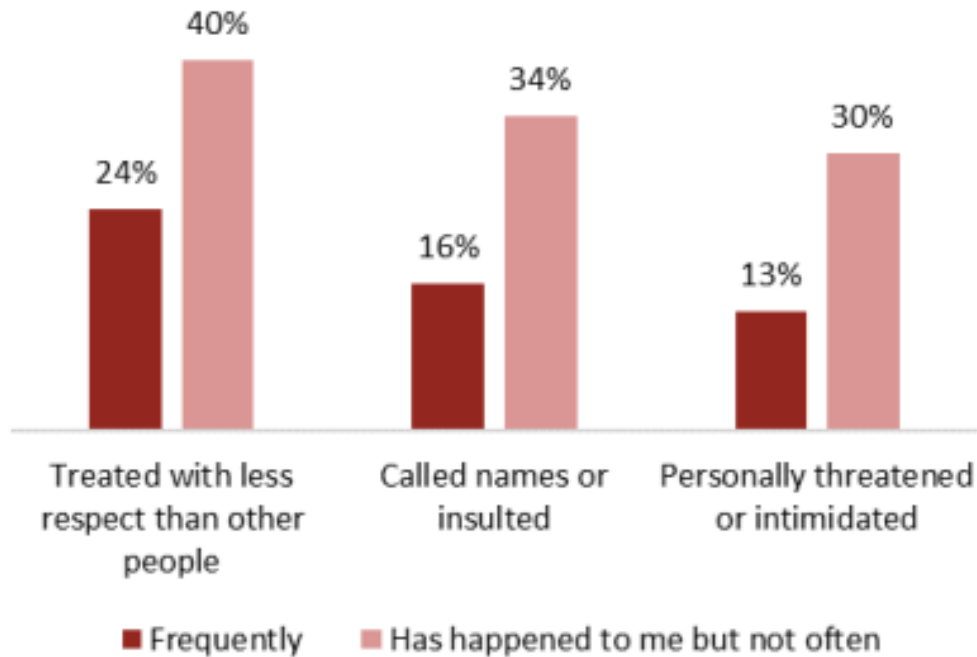
Loi sur l'exclusion des Chinois

1923 - 1947

Excuses - 2006



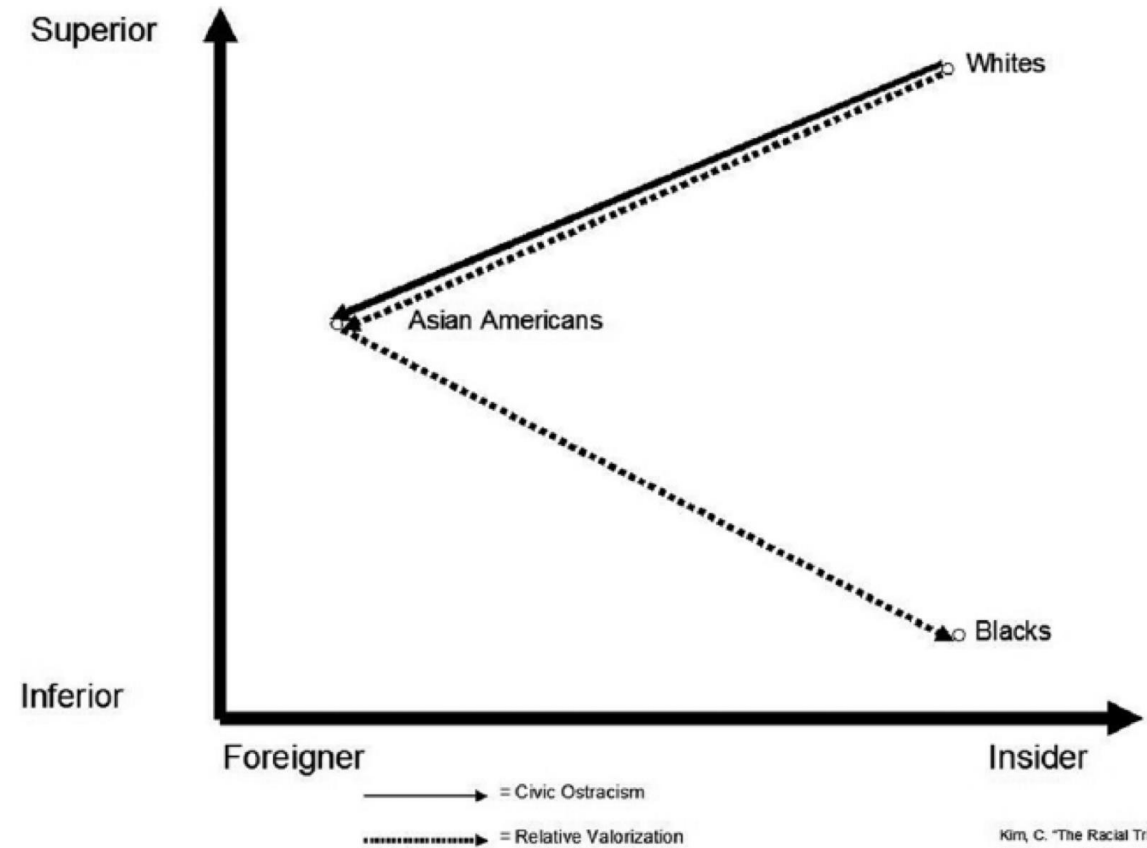
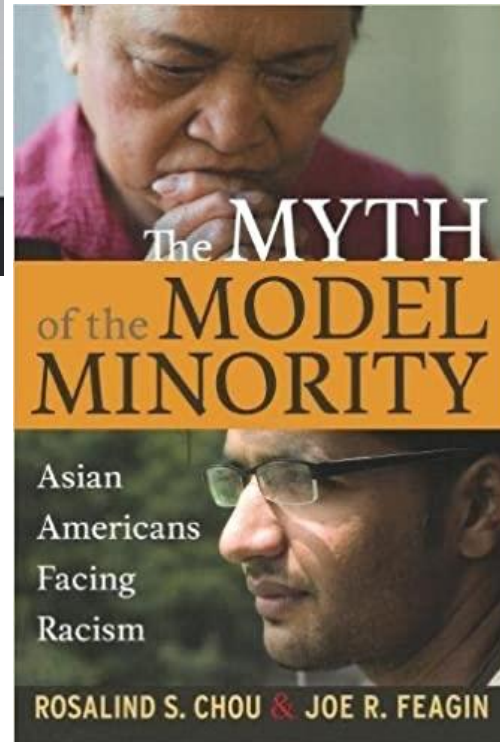
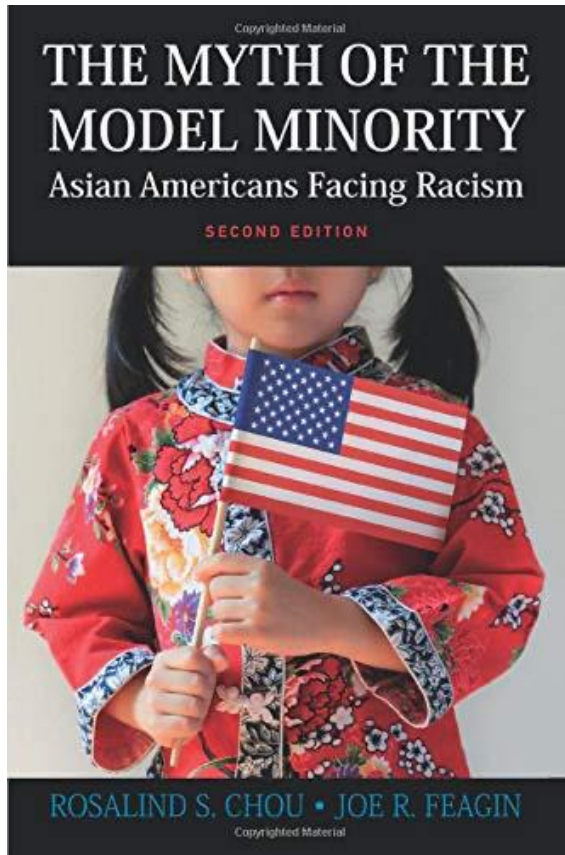
**Because of my ethnicity, during COVID-19
I have been...
(All respondents, n=516)**



<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.



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

Types de discrimination

- Macro
 - Structurelle
 - Systémique
- Méso
 - Institutionnelle
- Micro
 - Interpersonnelle
 - Intrapersonnelle ou internalisée
- Transparente
- Secrète
- Microagressions

Les effets du racisme et de la discrimination sur la santé mentale

- Effets directs sur la santé mentale
 - Détresse émotionnelle
 - Intériorisation des expériences
- Déterminants sociaux de la santé
- Charge allostatique
- Intersectionnalité
- Système juridique et judiciaire
- Obstacles à l'accès aux soins
- Qualité des soins
- Sous-financement des services, des soins cliniques et de la recherche

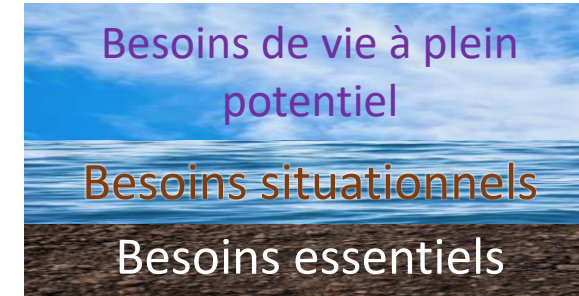
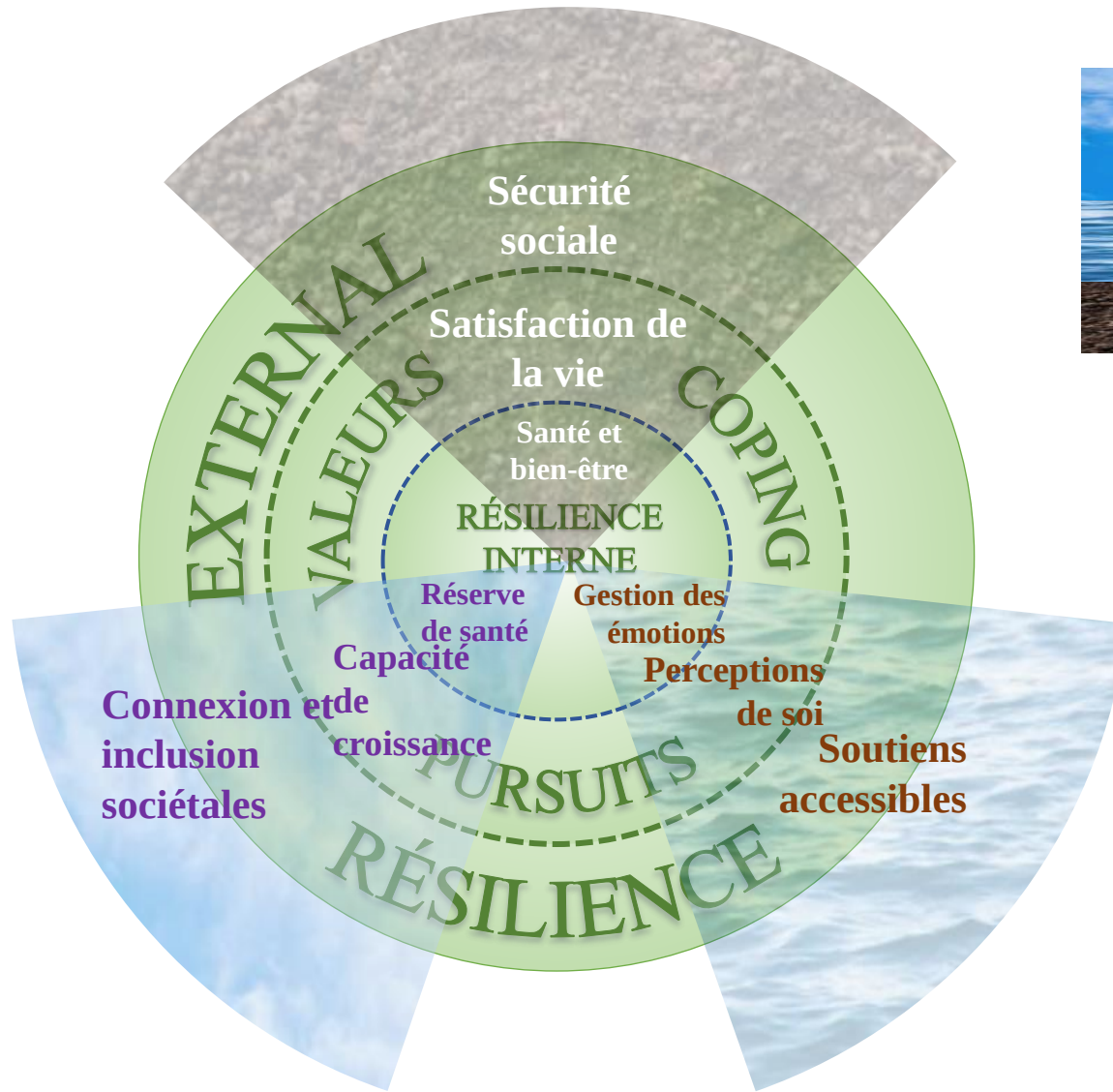


Que pouvons-nous faire?

- Prise de conscience, reconnaissance et acceptation
- Écouter et donner la parole
- Saisissez les occasions d'agir
 - Micro
 - Méso
 - Macro

Topic	Key Takeaways
Health	Key Takeaway #1: Representation matters in health care and training of healthcare professionals Key Takeaway #2: We cannot measure disparities in healthcare without race-based data Key Takeaway #3: Interconnected barriers that hinder equitable access to health care need to be removed 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 Key Takeaway #5: We need to recognize and rectify the links between racism and health outcomes

Modèle de résilience multi-systèmes (MRMS)



Quoi

Réponse d'acceptation
et d'engagement à
l'autonomisation en
cas de pandémie
(PACER)

Intervention de 6 semaines :
Modules interactifs en ligne
Vidéoconférence

Qui

Introduction to PACER-HCP

Voice On Pause

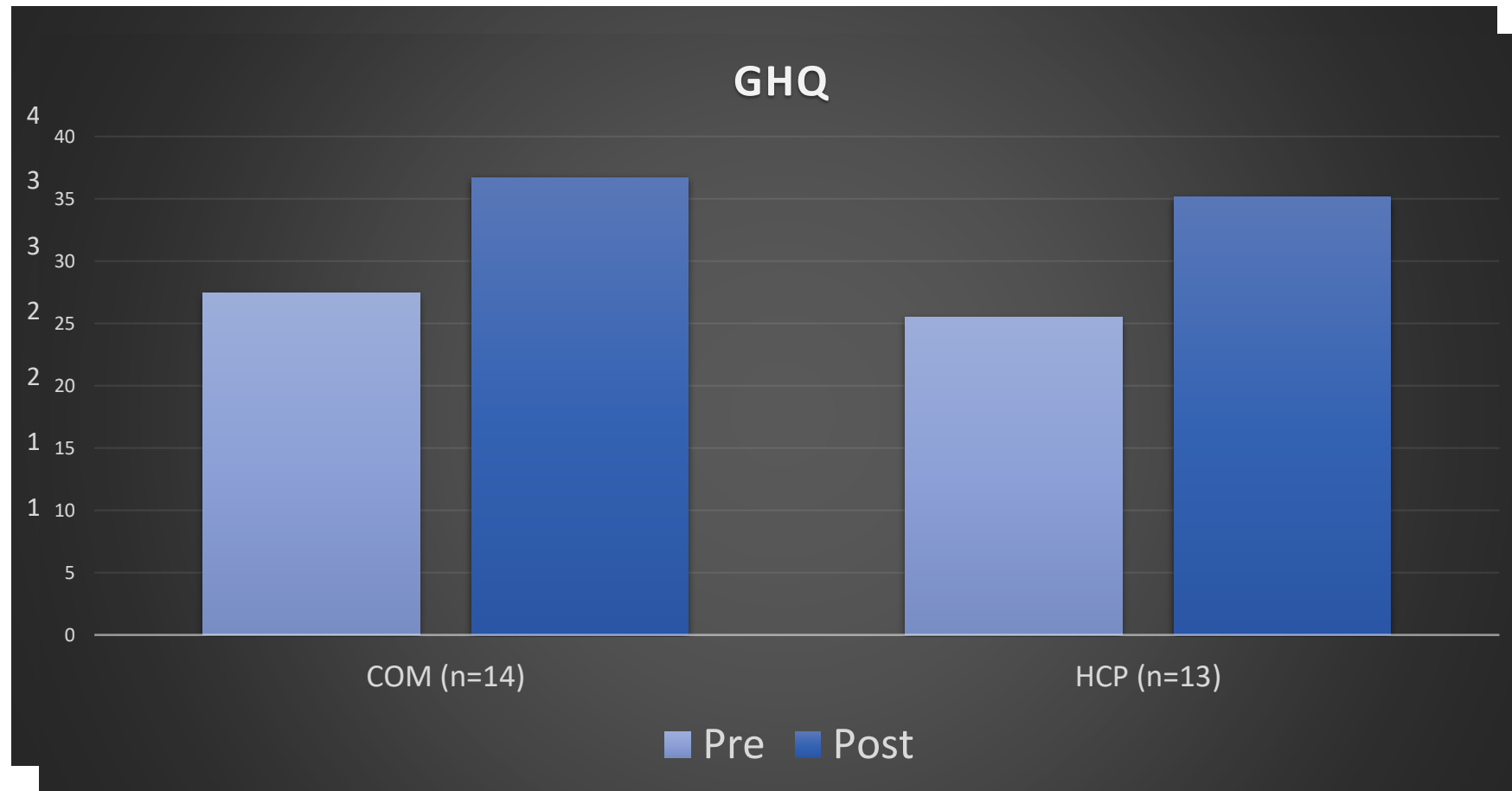
Welcome to the PACER-HCP program!

Why PACER-HCP?



Pourquoi

- Renforcement de la résilience
- Autonomisation individuelle et collective



Je suis reconnaissante d'avoir eu la chance de suivre ce cours, car je me sentais dépassée par tous les changements et les transitions découlant de la pandémie, et je me sentais plus isolée du fait de devoir travailler à la maison.

J'utilise les médias sociaux pour m'exprimer sur les problèmes de racisme, et pas seulement aux États-Unis. De plus, je discute avec des personnes non noires qui font partie de mon cercle intime.

Même si je suis fier d'accepter tout le monde, il y a toujours des personnes auxquelles je me sens plus lié que d'autres; certains groupes ne sont pas directement dans mon cercle. Cela a fait naître des pensées négatives (par exemple, je ne suis pas si tolérant que ça, mes actes ne suivent pas mes paroles).

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...

