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**SENT VIA EMAIL**

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**Re: Culturally Responsive Counselling Services Consultation**

Dear Ms. Bartley, Ms. Terzic, and Ms. Riley,

Thank you for inviting our members' input into improving your Culturally Responsive Counselling Services (CRCS). In considering your questions, AMAPCEO consulted with the members of our caucuses who self-identify as belonging to an equity-denied group, including Black and Indigenous members. We undertook a one-week survey in June. Approximately 50 members provided detailed answers in response. We have aggregated this feedback here and hope it helps guide improvements to CRCS.

**Key Feedback**

- Members see these service offerings as a temporary band-aid solution, as opposed to the long-term help and support they need.
- Members report that trust in the Employer and centrally-coordinated service provision is not high. This has broader implications on our members' trust in their employer overall and can be seen as a reflection of their experience in their workplace.
- In addition, communication on the existence of these services available appears to be insufficient. Some members are not aware of CRCS—only the Employee and Family Assistance Program (EFAP) and the limited support available through AMAPCEO benefits.

- Finally, the services do not recognize the many diasporic communities that are represented in the OPS. This has stark implications for this type of service provision.

Some themes that we saw in the feedback include:

- Members feel there are not enough mental health supports in the workplace. CRCS sessions are too short and insufficient. They want longer-term solutions.
- Members want trained, culturally-competent, sensitivity-trained counsellors.
- Members have shared personal experiences that involve complex medical, and/or socio-cultural issues. The therapy they seek is not “simple.”
- Many members want to talk to counsellors who share their lived experiences.
- Many do not trust the OPS Employer to provide quality counselling; they would feel more comfortable finding their own providers.
- Many members have had negative experiences with the counselling provided.
- Members want culturally-appropriate services in all areas—legal, financial, career, retirement, etc.

## **What AMAPCEO members would like to see in Culturally Responsive Counselling Services**

It is important to preface our response to this question with an observation that mental health services have historically been underfunded. This is in part because the current suite of benefits for mental health care provided to AMAPCEO members is insufficient. Many members voiced that they would prefer to select their own counsellors and be provided adequate resources through negotiated benefits to pay for those services directly.

CRCS is a creative temporary solution to the problem of the underfunding of mental health services for OPS employees. Nearly 50% of the members we canvassed referenced that EFAP only provides short term solutions, not a sufficient course of treatment. Overwhelmingly, members feel there are not enough resources put into mental health services. Overall, this leaves many AMAPCEO members feeling the OPS Employer does not appropriately value the mental health of its employees.

While the goal of this process is to improve available services, we have suggestions to make about how those services are delivered. Members feel the counsellors require cultural competency and general sensitivity training. Specifically, they feel there is a lack of knowledge of the history of certain cultures; little understanding of the issues facing immigrants and the racial and cultural trauma racialized employees have experienced; and a lack of empathy and basic customer service standards. Members have requested

counsellors have anti-Black racism training, an understanding of Muslim culture, and an understanding of issues facing LGBTQ+ individuals.

A few of our respondents indicated it is difficult to trust counsellors when they do not demonstrate that they understand the lived experience of employees. Some would request access to counsellors with lived experience or specific types of cultural awareness (for example, traumas that might be more likely to have been faced by the immigrant population in Ontario).

Members have also requested more in-person counselling.

## **What potential issues would make our members consider using CRCS?**

It seems AMAPCEO Members may access CRCS primarily because the extended health coverage offered for psychological services is not meeting the current need—a situation compounded by the COVID-19 pandemic.

With respect to topics drawing our membership to counselling, from our internal research it seems any number of psycho, socio, emotional, and/or economic issues could encourage one of our members to use counselling services. Some members specified racial trauma, Post Traumatic Stress Disorder (PTSD), microaggressions, Islamophobia, anti-Black racism, anti-Indigenous racism, anti-Asian racism, couple or relationship issues, family issues, stress, and personal or emotional issues.

What comes through from the members we consulted is that there is a level of mistrust as well as a level of skepticism about the knowledge and training of service providers. There is doubt that one service will be able to service the broad spectrum of individual mental health needs of OPS employees.

## **Are there any specific intersectionality factors that should be considered in an employer-sponsored counselling service?**

In our work, we see members facing overlapping issues crossing many factors, including race, gender, LGBTQ+, disability, and class. We feel an employer-sponsored counselling service should be prepared to service employees facing issues from all kinds of different lived experiences.

That said, the members we consulted specifically identified a need for culturally-competent counsellors who are also competent in disability-related issues as well as issues that LGBTQ+ people face.

## **Kinds of therapy**

Cognitive Behaviour Therapy (CBT) was the most popular choice among the members we spoke with. Several people noted, however, that many types of therapy should be offered, and the type of therapy should be individualized. Some people suggested they should be able to choose the therapy that works best for them.

From those who had specific suggestions, the following were mentioned:

- Narrative therapy
- Acceptance commitment
- Solution-focused
- Dialectical behaviour
- Trauma-focused or trauma-informed approaches
- Emotion-focused therapy (EFT)
- Eye movement desensitization and reprocessing (EMDR)
- Family systems
- Motivational interviewing
- Psychodynamic
- Mindfulness-based
- Non-western traditional therapies (i.e., healing circles)

Other suggestions included:

- Reiki
- Land-based healing
- Psychotherapy
- Emotive
- Cognitive behavioral
- Dialectical
- Narrative
- Couples
- Indigenous ceremony
- Art therapy
- Music therapy

## What method of counselling services would be best for our membership?

Our members are likely to appreciate service delivery in a variety of methods, and responded to this question as follows:

In-person	36%
Over-the-phone	24%
Online	40%

## How do you feel a service provider should demonstrate their cultural competency?

There were several dominant themes that emerged in the responses we received to this question. Our members clearly want a provider that has sensitivity training—is empathetic; knows how to acknowledge individuals; can demonstrate understanding and compassion; and has strong customer service skills. There was also a strong preference for an individual who “looks like me,” comes from the community, or has a specific lived experience that a white counsellor may not have. Others raised the importance of a therapist understanding the historical context of racism as well as the immigrant experience that many people bring. Others stress it is important someone has training and career experience working with individuals on anti-racism, cultural competence training and proficiency in other languages, and is LGBTQ+ competent (e.g. does not assume an individual has a “wife” or “husband” when someone raises they have a partner). Our members also specifically requested that Indigenous healers be included.

Specific suggestions and comments we received from our members include:

- Counsellor could demonstrate cultural competency through knowledge, education, sharing lived experiences, etc.
- Counsellors should acknowledge the impact of systemic racism, sexism, ableism, homophobia, and transphobia.
- Counsellor should be able to explain how their therapy approach can be suited to an individual’s circumstances.
- Members need assurance of a counsellor’s own personal experiences or past client successes. They should be aware of historical contexts and vocalize how.
- Counsellor should be responsive to an individual’s unique needs and explain how.
- Counsellor should state at the outset which community they service, specialize in, and/or represent; and demonstrate their understanding of the community.
- Counsellor should have some sort of culturally-responsive counselling accreditation.

- Counsellor should be racially representative of the diversity of OPS employees (including a specific call that BIPOC counsellors be available).
- Counsellor should demonstrate experience with immigration and understanding of the immigrant experience.
- Members feel being able to relate to a counsellor and trust a counsellor is important.
- Counsellors should demonstrate they are non-judgmental, empathetic, respectful, have excellent listening and communication skills, ask questions about a person's family background and beliefs, etc.

Ideally, there should be access to a service that includes counsellors with competencies in a range of cultures. It would be good to include counsellors with knowledge of, and experience with, minority linguistic populations (e.g., French-speaking individuals, including those who are racialized).

### **When thinking of a counsellor delivering culturally responsive services, at a minimum, what qualifications/attributes should a counsellor have**

The AMAPCEO members we consulted expect that counsellors are professionally trained, have cultural competency and sensitivity training, and have appropriate lived experience.

Above all, our equity caucus members expect counsellors to be culturally competent which means they have anti-racism training, have an awareness of the history of different cultures, awareness of how different cultures act and behave differently, and bias training. We have also been made aware of situations where counsellors have used inappropriate terminology; for example, assuming heterosexuality by using “wife” or “husband” when someone mentions they have a partner.

Nearly a fifth of the members we consulted feel a professional degree of some sort is important. A few suggested they expect a counsellor to have a psychology bachelor's degree or master's degree or be regulated by a professional body. It is important to note that for some of our members, professional designation is a huge barrier to accessing culturally-appropriate counselling. Indigenous members told us the colonial legacy of accreditation makes accessing these services challenging and as a result, Indigenous Elders and Healers may not have this accreditation. Some members observed that many therapists who hold a Master's of Social Work are likely to be white.

With respect to sensitivity training, people who have accessed these services have told us that they don't find the counsellors particularly empathetic or compassionate. They expect counsellors to be sensitive, ask appropriate questions, and actively listen. Many would also feel more comfortable going to a counsellor who is of the same culture or race.

Many of our members would prefer being able to choose their own counsellors. Trusting the Employer to provide this service makes some people uncomfortable.

## **Are you aware of any providers who deliver Culturally Responsive Counselling who may be suitable to deliver these types of services for OPS employees and their family members?**

We cannot provide a recommendation for a service that can provide the broad type of counselling the OPS is looking for. AMAPCEO members provided a few suggestions, which are listed below. By and large, our members are either skeptical of providing this information or they have difficulty trusting that a large provider can assist them, and feel they are better suited to seek out a counsellor that will meet their needs.

One of our members shared, “linkages could be made to counsellors with a variety of backgrounds if the agency's own roster does not offer the diversity required...not everything needs to be "in-house" there need to be flexible ways to provide for people's needs.” Another shared, “Give employees the opportunity to move funding buckets around so they can select services that align with their individual needs.”

Some specific suggestions that were provided to us:

- Indigenous spiritual services
- Refining Therapy Services (Saunia Palmer Nelson)
- BetterHelp
- Anishnawbe Health Toronto
- Centre for Addictions and Mental Health (CAMH)'s -Aboriginal Service
- Ontario Native Education Counselling Association (ONECA)
- Bachelors of Social Work
- Become Resilient Individuals (BRI) Counselling Services
- EMDR, provided by social workers
- Kim Saeed

## **What other types of support services/information would you like to see delivered in a culturally responsive way, to help your members manage life's complexities?**

AMAPCEO members are interested in a broad base of culturally responsive services and information, including:

- financial support services,
- legal support services,

- child and youth care support services,
- elder and adult care support services,
- nutrition support services, and
- personal health and wellbeing services.

They also suggested family support services would be helpful including:

- career planning services,
- retirement planning services,
- intergenerational trauma support services, and
- spiritual support and wellness technique services (e.g., learning to tap, meditate, reiki).

Our members also advised us that there is room for improvement in how the OPS Employer manages intranet access. We have been made aware that intranet access is restricted for some staff on either short-term (STSP) or long-term leave (LTIP). Internal access to staff services related to disabled staff, engagement of OPS staff, as well as current information on health and wellness services are very important to individuals on STSP or LTIP.

## **Additional Feedback from our Members**

- “Mainstream providers should engage with Indigenous Healers in a respectful manner and at times when it would be beneficial for Indigenous people seeking services.”
- “Services should not be short-term. Switching counsellors or therapists should be made non-threatening and available.”
- “I appreciate that this conversation is being held. Mental health coverage should be as comprehensive as physical health coverage.”
- “Thank you for your work to bring these services. Miigwetch.”
- “The need for culturally responsive counselling and support is long overdue. The current packet that we have does not support services for everyone and the gaps in the service providers has restricted many from seeking services that they would benefit from. The need to reduce stigma to accessing counselling and support can be reduced by increasing a diverse non-western/traditional therapy service approach to counselling services.”
- “I’d like to say that I’m hopeful that my feedback would go somewhere but knowing how the system works, I am skeptical.”
- “PLEASE stop counsellors from assuming all of us have a husband or wife - it does not let people speak openly when this is what we start with.”
- “I think members need to be taught self help tools—not just rely on a counsellor to make them better.”



- “The provider is too stringent regarding applicable providers. It is disappointing to pay the amount we do and not receive proper services.”
- “The services need to be easier to access. The wait time to see a counsellor should be capped at a week. Especially for couples counselling.”
- “I didn’t know we had this service for a long time.”
- “Barriers such as masters or PhDs are not inclusive to Indigenous service providers. Very colonial system.
- “Vetting - ensuring that the counsellor has the background and experience to address specific issues.”
- “Keep it real, once you get up to MSW, you're mostly getting upper class white people. Not racialized.”

## Conclusion

AMAPCEO appreciates the priority the OPS Employer has put on improving Culturally Responsive Counselling Services available to all OPS employees. We also appreciate being included in the consultation on improving these services.

We are confident that, in the spirit of the parties’ past collaborations, our proposals will be considered seriously and with open minds. Our comments intend to ensure that all OPS employees are guaranteed the ability to access culturally appropriate counselling support when they need it and in a manner that works for them.

We will continue to make ourselves available to the Employer for any further consultation, as well as for any clarification with respect to the comments offered above.

Sincerely,



Cynthia Watt  
Vice-President