

based on religious beliefs or simply long-standing food preferences.<sup>109</sup> Similarly, Dr. Morton Beiser, Chairman of the Task Force on Mental Health Issues Affecting Immigrants and Refugees in Canada, said in his brief that:

Even though, in theory, immigrants and ethnocultural minorities have the same access to health care as all Canadians, this does not guarantee that they use it or that they receive equally good treatment.<sup>110</sup>

The Task Force also observed that when practitioners are fluent in the language and culture of immigrants and cultural minorities, patients from these groups tend to use services more readily, disclose information more fully, and follow through with treatment more faithfully than when an interpreter is required. The report goes on to say, however, that there is a very short supply of minority group practitioners because of barriers that prevent them from using their skills in Canada. Professionals trained in other countries are often barred from practice by licensing restrictions and by the admissions requirements of post-graduate institutions.<sup>111</sup>

The Committee noted that the recent report of the Standing Committee on Industry, Science and Technology, Regional and Northern Development recommended that governments seek to eliminate barriers that prevent the use of the skills of landed immigrants.<sup>112</sup>

## RECOMMENDATION

**26. That governments seek to eliminate unnecessary barriers and promote equal opportunities, for health care professionals with foreign-obtained credentials to qualify and practise in Canada.**

The National Council on Aging suggested four methods to make physical and mental health services more accessible to elderly immigrants and members of cultural minorities; the methods would apply equally well to other members of these groups.

1. Encourage and assist cultural minorities to acquire oral and written language skills in one of the official languages.
2. Encourage and assist cultural communities to identify physical and mental health service problems encountered by their members and take part in efforts to find solutions.

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<sup>109</sup> Brief, p. 15.

<sup>110</sup> Brief, p. 12.

<sup>111</sup> Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, *After the door has been opened*, Canada, 1988, p. 59.

<sup>112</sup> *Canada Must Compete*, Ottawa, December, 1990, p. 8.