CANADIAN PSYCHOLOGICAL ASSOCIATION

SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Opening Remarks to the
Standing Senate Committee on Official Languages
By
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Thank you for inviting the Canadian Psychological Association, of which I am President, to contribute to this important topic. My name is Dr. Anita Gupta and I am a clinical, health and rehabilitation psychologist. I work in a hospital in Nova Scotia seeing patients with cancer, and I also have a virtual private practice seeing patients who live in Ontario, many of whom are physicians and other health care professionals.

Anyone of us, at any moment, could become a patient. Some of us may have received health care in a language other than our own. All of us can try to imagine ourselves in a situation in which we are unwell, injured or vulnerable, without anyone around us who can speak to us or understand us in the language in which we can best communicate. Language, as well as ethnicity, sexual orientation, race, gender, education, age, indigeneity, trauma and medical history, and so much more inform how we seek and experience health care.

An estimated 60% of adults in Canada are unable to obtain, understand or appropriately act upon health information – a concept known as health literacy. Language barriers can complicate things further. Globally, "ethnolinguistic minorities" living in their home countries often report higher rates of disease, disability, and death and lower rates of healthcare utilization. In Canada, speakers of minority official languages (French and English), First Nations and Inuit communities, newcomers to Canada (immigrants and refugees) and Deaf persons may face barriers in health care due to first language.

Language concordant care is typically defined as the provision of health care in a shared non-dominant, minority language. Language concordant health care can have positive impacts on access to health information and care, trust between patients and health care professionals, and improved health outcomes. Misunderstandings due to language may lead to misdiagnosis, empathic failures, and poor therapeutic relationships with poorer treatment outcomes.

Research continues to clarify how language impacts health care, such as individual differences in anxiety about communicating about health in one's second language and how that can impact willingness to seek care, or how needs for interpretation versus language-concordant health care professional may differ between those with no versus some ability in the care language. We know that how we remember and describe our emotional experiences can differ when we speak in our first or second language. We are also learning about the potential benefits and cautions about when and how to use or not use artificial intelligence (AI) in addressing language barriers.

Clearly, training, recruiting and retaining health care professionals who can communicate in the same languages as their patients is vital. In some cases, we can connect patients with language concordant health care options despite geographical barriers. We must also consider how all health care professionals, and those in training, can be better equipped in situations in which they do not share the same languages as their patients.

We must commit to using best practices even when alternatives may seem more convenient. For example, we can all appreciate the potential harm that could come from a teenager being asked to communicate a cancer diagnoses or ask very personal health or trauma related questions of

their mother who may be deaf or speaks another minority language. Harms could include not only potentially inaccurate information but also psychological and emotional impact.

Psychologists rely heavily on communication (verbal and non verbal), consider issues of cultural sensitivity and validity when choosing assessment measures, even when there is language concordance, and work to build strong therapeutic relationships with patients. Learning how to do this well in partnership with professional cultural-linguistic interpreters benefits from specific training and organizational supports and resources. Effective interpretation and language concordant care require understanding of cultural expressions, cultural views about mental health, meaning of body language and other nonverbal communication.

In closing, we know that evidence based, effective health care is not one size fits all and this applies to health care in the context of minority language needs. We must engage in and evaluate practical and effective ways to set patients and health care providers up for success, rather than leave them to figure things out on their own when language barriers arise. We must also think beyond binary solutions, that is to say, what can we do to improve care for patients when 100% language concordance is not possible. In doing so, we can ensure that everyone in Canada can always access, navigate and benefit from health services and health information, taking into account the language that is most comfortable for them.

Thank you, again, for the opportunity to speak.