

# Addressing the Mental Health and Addictions Needs of Ethno-cultural Populations: Findings From Four Settings in BC

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# Objective

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- Research and understanding of the mental health and addictions (MH&As) needs of ethno-cultural communities in the Canadian context is limited
- The purpose of this presentation is to highlight the MH&As needs from four BC population samples:
  - (1) **Vancouver Detox** (PARIS) – access to and duration of treatment by aboriginal status
  - (2) **Vancouver Youth** (YDRS) - lifetime drug prevalence and reasons for use by ethno-cultural group
  - (3) **Cross-cultural Psychiatry Clinic** (VGH) - prevalence of psychiatric conditions
  - (4) **Recent Refugees** - data from Immigrant Services Society of BC + Fraser Health Authority – using various outcome measures (e.g., AUDIT, DUDIT, IES-R & PHQ-9)

# Canada's Demographic Profile

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## 1. BC has the highest proportion out of any province

- 1 in 5 identified as a visible minority

## 1. Vancouver has the 2nd largest proportion in Canada

- Now half identify as a visible minority

Top 3:

Chinese (57%)

South Asian (11%)

Filipino (10%)

# Canada's Cultural Shift

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## 1. Higher density of minorities in urban areas

- 95% of visible minorities will live in Canada's metropolitan areas by 2017
- Vancouver would be the second largest at 18% of all of Canada's visible minority population.

## 2. Visible minority growth is faster than the rest of the population

- Between 1996 and 2001, total population increased 4% while visible minority rose 25% (six times faster). This trend is expected to continue.

## 3. Chinese and South Asians are and will continue to be the top two ethno-cultural communities

# Vancouver Detox Data

## DEMOGRAPHICS n = 4741

Characteristic	N	%
<b>Age (mean, SD)</b>	41.3	10.7
<b>Gender</b>		
Male	3058	64.8
Female	1638	34.7
Transgender	23	0.5
<b>Ethnicity<sup>1</sup></b>		
Aboriginal	1000	23.3
European Decent/White	2898	67.6
<b>Others</b>	<b>391</b>	<b>9.1</b>
<b>Drug-related Conditions</b>		
HIV positive	363	7.7
Hepatitis C	1348	28.4

**Others:** Asian/South East Asian/Middle Eastern, Central/South America, African

Between: July 1, 2003 and June 30, 2005

Li X, Sun H, Puri AK, Marsh DC, & Anis AH., Medical withdrawal management in Vancouver: Service description and evaluation. Addictive Behaviors, vol. 32 (5), pp.1043-1053, 2006

Characteristic	N	%
<b>Substance of Choice<sup>2</sup></b>		
Alcohol	3287	69.3
Cocaine	2137	45.1
Heroin	1013	21.4
Sedatives	678	14.3
Cannabis	483	10.2
Other opiates	448	9.5
Stimulants	251	5.3
Other substances	134	2.8
<b>Poly-substance use (2+)</b>	2495	52.6
<b>Methadone prescribed</b>	226	4.8
<b>Housing Conditions<sup>3</sup></b>		
Fixed Address	2280	48.1
No Fixed Address	1529	32.3
Unknown/Missing	932	19.7
<b>No. of Visits</b>		
1 (unique clients)	2113	69.3
2+ (repeat clients)	936	30.7

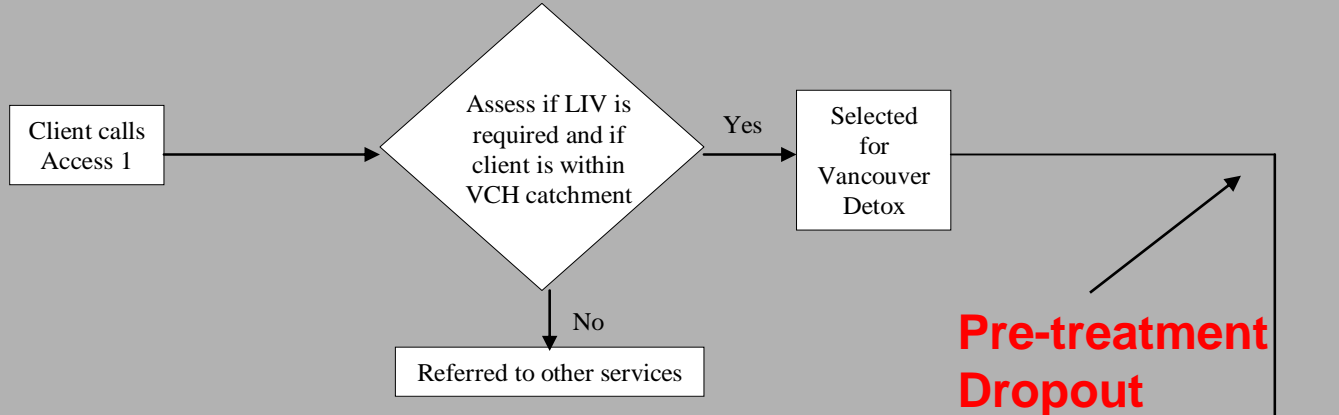
**Aboriginal:** First Nations (Status, Non-Status), Aboriginal, Metis;

**European Descent/White:** Caucasian, Canadian, European;

# Vancouver Detox Patient Flow

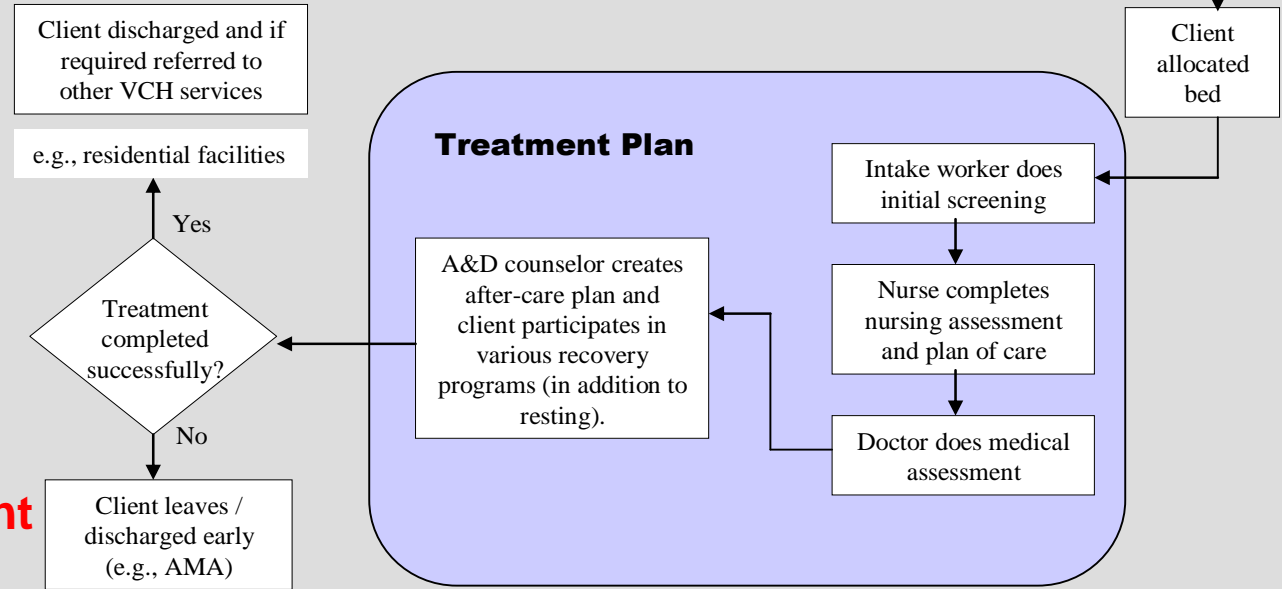
## Access 1

Hours: 9a –9pm  
 Centralized phone intake service started Sep 2002  
 2 Access1 Referral Workers (9a-5p; 1-9p)



## Vancouver Detox

Beds: 10F/14M = 24  
 1 MD (3hrs in morning)  
 4 Nurses (+1 Supervisor) - 2 day / 2 night  
 6 HCWs - 3 day / 3 night  
 1 Intake worker  
 1 A&D counselor



# Vancouver Detox: Findings

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- Aboriginals comprised 23% and non-whites 9%

**Aboriginals** compared to non-aboriginals had significantly higher

- pre-treatment dropout rate (**41.0%** vs 32.7%,  $p > 0.05$ )
- against medical advice rates (**25.9%** vs 20.0%,  $p > 0.05$ )

- **High pretreatment dropout:** Male, without child, no fixed address, alcohol (preferred substance), being on methadone maintenance therapy at referral

- **Increased treatment dropout (against medical advice):** younger, having HCV, alcohol + opiates (preferred substances), being discharged on welfare check issue periods or weekends

# Vancouver Detox: Reflections

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- Detox (Level 1) is a gateway to addiction and many other health care treatment
- Our results showcases disparities that Aboriginals face

## But what's missing?

- Limited data on problematic substance use among Vancouver's diverse populations
- Are ethnic minorities not facing the same problems?
- OR are addiction services in Vancouver missing the boat?
- OR is it both?
- We need further investigation (research & data)



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**What about youth?**

**Ethnic differences of Drug Use Among Youth**

**Tool: Youth Drug Reporting System**

# YDRS Survey Instrument

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- 260 items:
  - **Demographics**
  - Drug use in **peer groups**
  - **Access/Availability** of Drugs:
  - **Drug Categories**: tobacco, alcohol, marijuana, cocaine, crack, crystal meth, LSD, heroin, mushrooms, ecstasy, GHB, and ketamine.
    - Frequency of drug use in the sample,
  - **Perceptions**
    - AOD risks and harms, access to AOD information, importance of this drug information.

# YDRS Ethno-cultural Related Measures

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- “What ethnic group or family background do you identify with” – 14 choices
- Born in Canada
- Year of Migration
- Language

# When, Where and How?

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- We conducted 604 face-to-face confidential surveys between May and August of 2006
- Surveys were conducted in all six VCH community health areas in Vancouver
- 16-25 yr old participants were recruited via a mix of outreach and face-to-face recruiting plus promotional materials such as posters etc.

# Demographics

	N	%	Region	N	%
<b>Total</b>	604	100.0	CHA1 - City Centre	81	13.4
<b>Gender</b>			CHA2 - Mideast	50	8.3
Male	301	49.8	CHA3 - Northeast	93	15.4
Female	303	50.2	CHA4 - Westside	122	20.2
<b>Age Cohort</b>			CHA5 - Midtown	76	12.6
16-18	252	41.7	CHA6 - South Van	165	27.3
19-25	352	58.3	<b>Born in Canada</b>		
<b>Sexual Orientation</b>			Yes	455	75.3
Straight	543	89.9	No	149	24.7
Gay	31	5.1			
Bisexual	29	4.8			
<b>Ethnicity</b>					
White	286	47.4			
Chinese	113	18.7			
South Asian (e.g. Indian, Pakistani)	33	5.5			
East Asian (e.g. Japanese, Korean, Vietnamese)	37	6.1			
Aboriginal	45	7.5			
Other*	90	14.9			

- Other: Latin American, Middle Eastern, Black-Caribbean, Black-African, Black-other, Serbian, Cambodian, Peruvian, Portuguese, Egyptian, Fijian, Assorted mixed ethnicities ~0.5-2.5% each

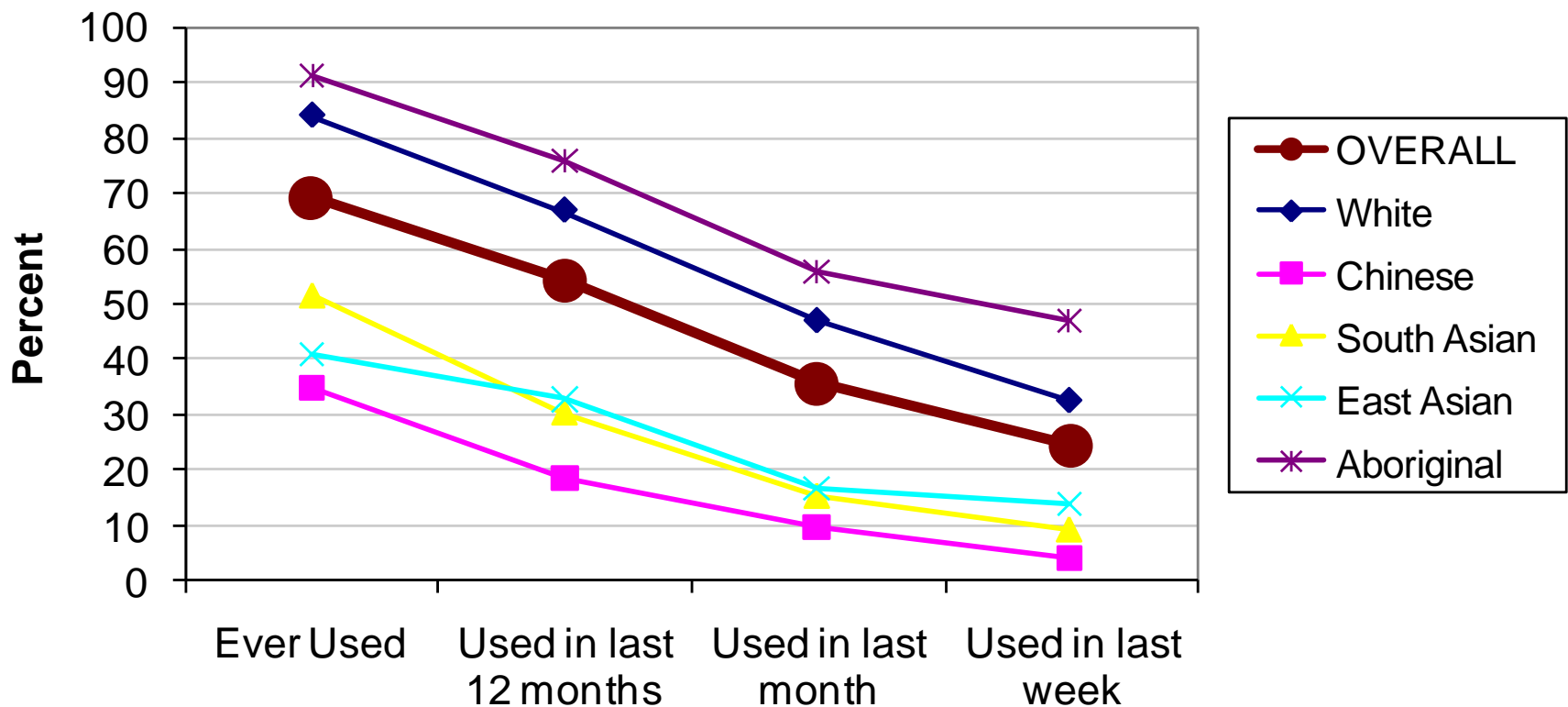
unities

# Ethnic breakdown comparison with 2006 Canadian Census

Ethnicity	YDRS %	2006 Census %
White	47.4	47.0
Chinese	18.7	29.4
South Asian	5.5	5.7
East/SE Asian	6.1	5.8
Aboriginal	7.5	1.9
Other (Middle		

# Results – Time Series: Marijuana

## Marijuana Use by Ethnicity



# Results – Canadian vs. Non-Canadian Born

	Marijuana ***	Tobacco ***	Alcohol ***	Ecstasy ***	Cocaine ***	Mushrooms ***	Heroin **
<b>OVERALL</b>	<b>69.0</b>	<b>55.5</b>	<b>89.4</b>	<b>32.8</b>	<b>22.2</b>	<b>36.4</b>	<b>3.6</b>
Canadian Born	76.9	59.6	92.7	37.8	26.4	43.1	4.8
Non-Canadian	45.0	43.0	79.2	17.4	9.4	16.1	0.0
	Marijuana ***	Tobacco NS	Alcohol ***	Ecstasy ***	Cocaine ***	Mushrooms ***	Heroin NS
English	72.0	56.5	90.9	34.5	23.6	38.6	3.9
Non-English	31.8	43.2	70.5	11.4	4.5	9.1	0.0

\*\* p<0.01

\*\*\* p<0.001

- 24.7% of the sample was not born in Canada.
- 92.7% reported English as their most comfortable language.



# Logistic Regression – Summary

Controls: Gender, Sexual Orientation, Income, Relationship Status, Canadian Birth, Age Cohort.

Variable	THC	TOB	EtOH	Party
Chinese	ref	ref	ref	ref
<b>White</b>	<b>6x</b>	<b>~5x</b>	<b>~5x</b>	<b>~5x</b>
South Asian	--	<b>2x*</b>	--	--
East/SE Asian	--	--	--	<b>4x**</b>
<b>Aboriginal</b>	<b>15x</b>	<b>~9x</b>	--	<b>~10x</b>

# Results - Ethnocultural Differences in Parental, Individual, Peer Group Drug Attitude Scales

	White Aboriginal	Chinese South Asian East /SE Asian
Perceived parental attitudes*	Relaxed	Strict
Perceived drug experience of peer group*	More Exp.	Less Exp.
Individual attitudes*	Open minded**	Close minded

\*p <0.001

# Results – Best Prevention Strategies

	Chinese	White	S.Asian	E/SE Asian	Aboriginal	Chi-square p<=
<b>Drug education in schools</b>	<b>61.9</b>	48.4	<b>63.6</b>	<b>74</b>	<b>64.4</b>	<b>0.01</b>
<b>Drug awareness events</b>	<b>48.7</b>	34.7	<b>42.4</b>	<b>51.4</b>	<b>51.1</b>	<b>0.05</b>
Direct info from friends/peers	66.1	75.4	78.8	75.7	72.7	NS
Hearing stories about what's happened to people who have used drugs	88.5	82.4	90.9	86.5	84.4	NS
Talking about drugs with my parents	38.9	47.2	42.4	43.2	46.7	NS
Talking about drugs with other relatives	25.7	30.2	30.3	29.7	42.2	NS
<b>Magazines &amp; newspapers</b>	<b>38.1</b>	26	<b>45.5</b>	<b>45.9</b>	31.1	<b>0.05</b>
<b>Advice from health care professionals</b>	<b>77.7</b>	56.8	<b>75.8</b>	<b>73</b>	57.8	<b>0.001</b>
TV, radio and films	44.2	32.6	54.5	35.1	35.6	NS
The internet (eg blogs, forums, govt sites)	41.6	35.1	48.5	45.9	46.7	NS
Drug information flyers, leaflets, etc	38.1	29.5	36.4	37.8	48.9	NS
Calling a drug helpline	37.5	32.2	36.4	40.5	53.3	NS
My own recent experience with drugs	68.1	67.7	57.6	64.9	79.5	NS
<b>Youth club or youth outreach worker</b>	<b>46</b>	<b>36.1</b>	<b>45.5</b>	<b>43.2</b>	<b>57.8</b>	<b>0.05</b>
<b>Religious service</b>	<b>27.4</b>	16.5	<b>42.4</b>	29.7	<b>53.3</b>	<b>0.001</b>

- Youth were given the following 16 prevention strategies and asked which they felt were the most important (n=512).
- 'Hearing Stories' and 'Obtaining info from friends' were found to be the top strategies that were very or quite important (for all ethno-cultural groups)

# Vancouver General Hospital Cross Cultural Outpatient Psychiatry Program

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- Established 1988
- 5000+ patient per year
- 7 Psychiatrists speak 22 languages & dialects
- Support & training for immigrant & settlement counselors

# Who uses the clinic?

- Assessment of 173 patients between Oct 23 - Nov 23, 2006

Measure	Gender (n)	Mean (SD)	Min	Max
Age in Years (n)	Male (52)	<b>47</b> (14)	19	76
	Female (121)	<b>46</b> (12)	17	79
Length of time in Canada in years (n)	Male (52)	<b>18</b> (9)	3	42
	Female (121)	<b>16</b> (8)	2	37

# Ethnicity & Refugee Status

<b>Ethnicity</b>	<b>n (%)</b>
<b>East Asian</b>	85 ( <b>49.1</b> )
<b>Southeast Asian</b>	54 ( <b>31.2</b> )
<b>Middle-Eastern</b>	19 ( <b>11.0</b> )
South Asian	8 (4.6)
East European	5 (2.9)
North American	1 (0.6)
Not Listed	1 (0.6)
<b>Total</b>	<b>173 (100)</b>

<b>Refugee (n)(%)</b>	<b>Yes</b>	<b>No</b>	<b>Total</b>
Male	9 (5.2)	43 (24.9)	52 (30.1)
Female	18(10.4)	103 (59.5)	121 (69.9)
<b>Total</b>	<b>27 (15.6)</b>	<b>146 (84.4)</b>	<b>173 (100)</b>

# Cross-Cultural Psychiatry Outpatient Clinic

<b>Diagnosis</b>	<b>Count</b>	<b>Percent</b>
Borderline Personality	1	0.6
Developmental Delay	1	0.6
Hypochondriasis	1	0.6
Mood disorder	1	0.6
Organic Brain Disorder / Injury	3	1.7
Psychosis	3	1.7
Schizoaffective	3	1.7
Sleep Disorder	3	1.7
Dysthymia	4	2.3
Panic Disorder	4	2.3
PTSD	4	2.3
Not Stated	5	2.9
Adjustment Disorder	7	4.0
OCD	7	4.0
<b>Schizophrenia</b>	<b>11</b>	<b>6.4</b>
<b>Anxiety Disorder</b>	<b>12</b>	<b>6.9</b>
<b>Bipolar Disorder</b>	<b>13</b>	<b>7.5</b>
<b>Major Depressive Episode</b>	<b>90</b>	<b>52.0</b>
<b>Total</b>	<b>173</b>	<b>100.0</b>

# Mental Health Concerns of Refugees: Substance Abuse, Depression and PTSD

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<sup>3</sup>*Vancouver Coastal Health*

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# Government Assisted Refugees

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- **7,500** Government Assisted Refugees (GARS) arrive in Canada annually as part of a national humanitarian program (from 25 source countries)
- **~850** GARs are resettled annually to the Province of BC
- Over **80%** of GARs settle in the Fraser Region

# GA-Refugees: Characteristics

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- Increased number of high settlement need cases
- Complex medically compromised cases
- Protracted refugee camp situations
- Little or no formal education
- **Higher rates of trauma and depression, survivors of torture, PTSD**
- Illiteracy
- Increase single parent families
- Children/youth born and raised in refugee camps

# Results - Demographics

## Country Most

### Country of Origin

### Recently Lived in

Country of Birth	Count	Percent
<b>Iran</b>	<b>52</b>	<b>62.7</b>
<b>Iraq</b>	<b>12</b>	<b>14.5</b>
Afghanistan	5	6.0
Somalia	4	4.8
Sudan	3	3.6
Burma	2	2.4
Columbia	1	1.2
Ethiopia	1	1.2

Most Recent Country	Count	Percent
<b>Iran</b>	<b>32</b>	<b>38.6</b>
<b>Turkey</b>	<b>20</b>	<b>24.1</b>
<b>Iraq</b>	<b>10</b>	<b>12.0</b>
Russia	6	7.2
Kenya	4	4.8
Ethiopia	4	4.8
Burma	2	2.4
Indonesia	2	2.4

# Results – Demographics $n=83$

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## Sample:

- Language: **65% Farsi**, 17% Arabic
- 53% Female, 1 transgendered
- AVG Age: 34 years (min: 18, max 69; SD: 12)
- AVG Time in Canada: 8 days (min: 4, max: 21; SD: 3)
- AVG # of Children: 1.4 (min: 0, max: 5; SD: 1.5)

# Results – Demographics (n=83)

Marital Status	Count	%
<b>Married-common-law</b>	<b>50</b>	<b>60.2</b>
<b>Single</b>	<b>27</b>	<b>32.5</b>
Separated-divorced	4	4.8

Religion	Count	%
<b>Muslim</b>	<b>39</b>	<b>47.0</b>
<b>Baha'i</b>	<b>27</b>	<b>32.5</b>
<b>Christian</b>	<b>16</b>	<b>19.3</b>

Reason Left Country	Count	%
<b>Political-war</b>	<b>48</b>	<b>57.8</b>
<b>Religious persecution</b>	<b>32</b>	<b>38.6</b>
Domestic violence	2	2.4

## Primary & Secondary Education

Years	Count	Percent
<b>&gt;12</b>	<b>42</b>	<b>51.6</b>
12	41	49.4
Total	83	100.0

Years of University	Count	%
<b>0</b>	<b>61</b>	<b>73.5</b>
1	5	6.0
2	10	12.0
3+	7	8.5
Total	83	100.0

# Study Purpose

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In Refugee population, investigating the prevalence of:

- Alcohol abuse
- Substance abuse
- Post traumatic stress disorder (PTSD)
- Depression

**Sample: 82** refugees recruited by *ISS*  
between Sept 1' 08- March  
31'09 were considered for this  
study

# Alcohol and Drug abuse (n=83)

## Alcohol (AUDIT)

**Women:** None reported an AUDIT score >6

**Men:** 13.2% (5 had scores  $\geq 8$  = likely alcohol “abuse”) vs Canadian AVG 9%

- 7.9% (3 had scores >20 = likely alcohol “dependant”) vs Canadian AVG 3.8%**---2x**

## Illicit Drugs (DUDIT)

**Men:** 2.6% (1 had score of 6 = possible substance dependence vs Canadian AVG 2.5%

**Women:** 4.5% (2 had scores of 10 and 12 = likely substance dependence vs Canadian AVG 2.5%

**--> Drug use: NOT MUCH DIFFERENCE**

# Lifetime Prevalence of PTSD (n=83)

Via IES-IR

- **Women: 15.9% (7) had score  $\geq 24$**   
(vs Canadian average 12.9%)
- **Men: 18.2% (6) had score  $\geq 24$**   
(vs Canadian average 5.3% **--3x**)
- **Transsexual: had score  $\geq 24$**

*M. Van Ameringen, C.Mancini, B. Pipe, S.Pinchak, M.Boyle, 2003 Canadian Forces 2002 Supplement of the Statistics Canada Canadian Community Health Survey*



# PTSD (n=83)

## Type of Traumatic Event (PTSD)

- 64% (9) indicated physical or sexual assault
- 21% (3) indicated kidnapping and/or detainment
- 7.5% (1) indicated religious persecution
- 7.5% (1) stated attempted assassination

## Further Analysis

- **Muslims** greater signs of PTSD compared to Baha'is and Christians ( $X^2=8.5$ ,  $p<.01$ )
- Those with **children** more likely to show signs of PTSD ( $X^2=4.7$ ,  $p<.05$ ).
- Leaving country for **politics/war** more likely symptoms of PTSD compared to leaving for religious persecution ( $X^2=5.8$ ,  $p<.05$ ).

# Depression (PHQ-9)

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## Women

15.9% (7 had score  $\geq 10$ )

Canadian average 6.5% -- **2x**

## Men

15.2% (5 had score  $\geq 10$ )

Canadian average 3.3% -- **4x**

## Transsexual

1 of 1 transsexual (100%) had score  $\geq 10$

# Depression – Further Analysis

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- **Older than age 35**, more symptoms of depression ( $X^2=5.06$ ,  $p<.05$ )
- **Those with children**, more symptoms of depression ( $X^2=3.8$ ,  $p<.05$ )
- PTSD and Depression co-morbid ( $r=.337$ ,  $p<.001$ )

# Implications from Refugee Population

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- **May have higher rates of PTSD, depression than Canadian population**---- particularly refugee men
- PTSD- displaced person and refugees have a wide range of traumatic experiences
- Older individuals may be more vulnerable to depression and PTSD
- Those with children may be more vulnerable to PTSD and depression
- **NEED** further research & better understanding

Noted limitations: **Bias to under-report**, referral bias, small sample

# Reflections from four samples:

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- Significant differences in Mental Health and Addictions and utilization of services by ethno-cultural groups were found (Detox, Youth & Drugs, MH Clinic, Refugees)
- However, other **methodological** & **societal** factors may also be at play (**inclusion criteria, participant response, metrics around ethno-cultural identity, acculturation, accessibility issues, denial of MH&As, stigmatization**)
- There is still a lack of consistent and quality data on ethno-cultural groups; future services and research needs to better capture our diverse population groups

# Develop + Validate a Dynamic Ethno-cultural Identity Index

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## Why? Well...

- What is South Asian?
- What is Chinese?

# What is South Asian?

Sri Lankan



Indian



Pakistani



## Issues

- **Region: Country, State, City**
- **Gender**
- **Religion, Spirituality, Culture**
- **Class**
- **Age**

*Photos obtained by Creative Commons*

- **Language**
- **Traditional Medicines**
- **2<sup>cd</sup>, 3<sup>rd</sup> + Generations**

# What about White / Caucasian??

## What is Chinese?

### Taiwanese



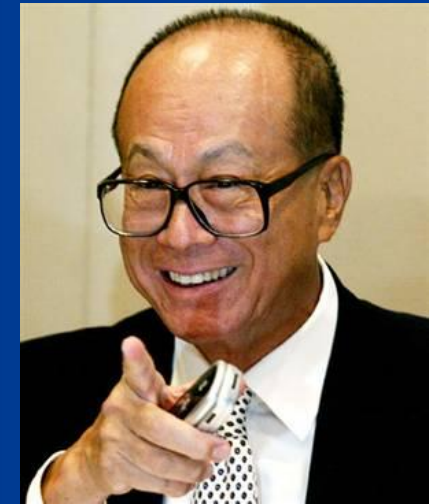
Victor Huang

### Mainland Chinese



Hu Jing

### Hong Kong



Li Ka-shing

*Photos obtained by Creative Commons*

### Issues

- Region: Country, State, City
- Gender
- Religion, Spirituality, Culture
- Class
- Age
- 2<sup>cd</sup>, 3<sup>rd</sup> + Generations

- Language
- Traditional Medicines
- 2<sup>cd</sup>, 3<sup>rd</sup> + Generations



# Ethno-cultural Identity Index

**Tool to provide a better method of identifying the changing faces of Canada:**

- Self-identified ethno-cultural group (main, all that apply, categories)
- Country of Birth
- Years in Canada
- Mother / Father Country of Birth
- Religion + Religious Scale (Spirituality?)
- Cities lived in + duration (Geography)
- Language (at home, most comfortable with?, literacy level)
- Use & Beliefs of Traditional Medicines (or 'Complementary & Alternative' Medicine)
- Other Demographic + SDOH (Sexual Orientation, SES, Income, Education, Gender, Disability)

# Plug: BC Ethno-cultural Health Research & Community Network

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## Aims:

- Foster interdisciplinary collaboration (researchers, community)
- Share resources (toolkits, videos, materials etc)
- Disseminate research findings
- Disseminate conferences and presentations
- Apply for peer-reviewed grants and funding
- Advocate for further research to better understand the growing diversity of the populations

**--> Forums, Newsletter, Website:**

**<http://ow.ly/1wCWe>**

# Acknowledgments

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- CARBC
- Data Collectors & Participants
- Fraser Health & Immigrant Services Society of BC
  - *Chris Friesen & Saman Miremadi*

[Home](#)

## Other Languages

Understanding mental health and substance use issues and how to get help can be hard for anyone, but it can sometimes be even more difficult to talk about in some cultural communities. That's why in the past few years, we've translated several of our fact sheets for the benefit of people whose primary language isn't English. In the next year, we'll add more sheets as well as introductions in those languages. Right now, family and friends and community services providers will be able to easily download these PDFs, organized by language below. These fact sheets were developed through an intensive community process to make sure the translations are accurate as well as sensitive.

Our special thanks to BC Mental Health and Addiction Services' Translation Project. The translation project was made possible thanks to the support of the Provincial Health Services Authority's (PHSA) Provincial Language Service and generous funding from the PHSA and, for some languages like Chinese, corporate support from Manulife Financial.

- Available languages:**
- [Arabic](#)
  - [Simplified Chinese](#)
  - [Traditional Chinese](#)
  - [English](#)
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