Rahi Care: Supporting Punjabi and South Asian Communities
with Gary Thandi and Dr. Nitasha Puri

[Intro Theme Music]

Dr. Barbara Lee   **00:06**
Hello, everybody! Welcome to season two of The Knowledge Exchange, a Partnership-in-Action podcast. I'm your host, Dr. Barbara Lee, Assistant Professor at the University of British Columbia School of Social Work, Co-Director of the Center for the Study of Services to Children and Families, and Knowledge Exchange and Mobilization Scholar.

In this episode, we are joined by Gary Thandi and Dr. Nitasha Puri. Gary is a social worker with over 20 years of experience in social services and counseling. He's the executive director of Moving Forward Family Services, a nonprofit counseling organization. Dr. Puri is a family physician with training in addiction medicine. She works with Frasier Health and she's also a clinical associate professor at the University of British. Columbia's Department of Family Practice. Their conversation centers on their decade long partnership in the Rahi Care program, a community co-created initiative supporting Punjabi and South Asian communities impacted by substance use. You'll hear how they bring social work, primary care, and community organizations into the same room to reduce barriers. How the program is designed with community members and how they find a way to make support happen in real life for individuals and families.

Dr. Barbara Lee   **01:25**
Okay, great. So maybe just as a way to start, if the two of you could introduce yourselves and your roles.

Gary Thandi   **01:32**
My name is Gary Thandi. I have my Bachelor's and Master's in social work and I am the executive director of a nonprofit counseling service called Moving Forward Family Services.

Dr. Nitasha Puri   **01:44**
Hi, I am Nitasha, and I wear many hats. By way of introduction, I don't know—there are so many different ways to introduce myself. I guess I'm privileged that way. I work both clinically and academically. So as a clinician, I'm a family physician, and I work with Fraser Health as well as a community health centre. As an academic, I work with the Department of Family Practice as a clinical associate professor here at UBC.

Dr. Barbara Lee   **02:21**
And Gary and Nitasha, if you could talk about how you first met and the work that you're doing together.

Dr. Nitasha Puri   **02:30**

Back when I had just started out in practice, I was looking for a job. And I went to Fraser Health, seeing if they had any job opportunities. I was also trained in addiction medicine, as well as family medicine. So I was looking for an addictions position there, and they asked me if I knew how to speak Punjabi. I said yes, and then they said that there's this significant population of folks who are accessing our tertiary care services for the disease of addiction. A lot of them are Punjabi-speaking, but they never seem to follow up in our outpatient services. They don't seem to stay connected, and we're wondering if there's anything you can do about that. So I said, I don't know, but why don't I start by chatting with people who have a clue? And that is where I was given Gary's name. I phoned him up, and we had the inaugural coffee of our now ten-year working relationship. And yeah, I think what I remember about that is just a sense of solidarity in observing the challenges in the system. And that's where I think our relationship started, at least for me. I don't know—Gary, what's your version of events?

Gary Thandi   **03:46**
Oh, absolutely. It was that. I remember meeting up for coffee and just feeling, yes, I'm talking to someone that gets it. And sometimes I don't always feel that way when I'm dealing with people, say, sometimes in government or within that bureaucracy, around some of the struggles of the community. Nitasha even mentioned that they were noticing a lack of engagement. But from my perspective, effectively for years, it's been like: what is our system not doing to engage with those folks?

And too often there was this implied sense that they're doing something wrong, or they're at fault for not reaching out or accessing these services. And from my perspective, it's often been that we're not doing nearly enough to engage them effectively, in a way that's culturally responsive, and in first-language services that go beyond just the individual.
So things we'll talk about—but it was these observations that there was this disconnect, and that was leading to a lot of folks in that community struggling with mental health and substance use.

Dr. Barbara Lee   **04:46**
Perhaps you could talk about the existing program and research that you're doing together.

Gary Thandi   **04:52**
Sure. Or even prior to that, I can share, if that's okay. I had the opportunity to do some qualitative research on intimate partner violence in South Asian communities, and I speak often about this. What I found at the time was there were a lot of folks saying, okay, this is great, this is so needed and so important, and there were a lot of pats on the back, frankly. But what I found was that when the results came out, and they talked about system-level change and more resources for these communities, there was silence. So the very same people that were like, "This is great," were suddenly nowhere to be found. That was disheartening, but it's also what led me to the agency I started. It was like, okay, if I can't rely on that system to do this work, to meet this massive need of all these folks that are falling through the gaps—not just the Punjabi community, but any diverse community, even the

quote-unquote mainstream community, and just how underserved they are—then I wanted to do something about that. So that's when I started the agency, and that's what I've been doing for the last ten plus years. And that's how Nitasha and I have stayed connected, recognizing again that there are so many underserved communities, but certainly the Punjabi community. Certainly in the city. We are national in scope now as a nonprofit counseling service, but we have physical space that's actually donated to us, which I'm very grateful for, in Surrey. And that's a massive population. The neighborhood of Newton has a massive Punjabi and South Asian community. So seeing the need and the suffering and the struggles day in, day out, and again, connecting regularly with Nitasha around how we can better address those needs.

Dr. Nitasha Puri   **06:30**
What my observation has been is that Gary shared what he just shared with you, he shared that with me at our first meeting. And I was coming from the health authority. I was new, I was green, I was like a new doctor trying to find my way. And I immediately felt this sense of curiosity at Gary's response to my coming from the health authority. Right away there was a sense of, oh, you're from the health authority. Yeah. I didn't have the same experience as Gary did, but what I was struck by was how his experiences led him to creating this agency. And the first question that came up for me right away was, should we even be doing anything in Fraser Health? Like, why are we spinning our wheels? Is this whole idea of me doing something with Fraser Health going to be possible within this bureaucracy? And that's where I think there has been a glue with Gary and me too, because what I remember Gary saying is that when I asked that question, he said, my journey may have taken me toward an agency like Moving Forward, which has a lot of different levers of agency and flexibility that the health authority doesn't. But we need different parts of the system to respond. And so if you are at Fraser Health, and you're still learning there, and this is where your journey is taking you, then by all means, let us work together, let us support each other. And that is where I got some wind in my sails to definitely stick with work at Fraser Health, where I still do work right now after so many years.

And I think the health authority has so many different, like I said, levers of agency that Moving Forward may not, and vice versa. So at the health authority, it was a labor of love, pushing the health authority to create specific services that are tailored to these gaps. And they have responded in whatever way that they can by creating the Roshni Clinic, which is a South Asian focused clinic for addictions and things like that. And over the last ten years, they have expanded, I think, their interest and approach to trying to serve more diverse populations than back when Gary and I first met.So I guess my point there is to say that I think part of the reason there is a push and pull with Gary and me is based on where we're positioned in service delivery, as well as the fact that there is a synergy between us as individuals in the way that we maybe see things.

Gary Thandi   **09:08**
I say often that people care. Systems don't. And so it's the people within these systems that absolutely care. And it's about finding the allies within those systems who can shift the

change. And the change, like Nitasha mentioned, happens. For me, it's a bit slow, right? But I understand that pragmatically. I get that these are massive systems and they have to figure out a way to address the needs of massively diverse communities.

But at the same time, there's that feeling that it's a system, and it's not necessarily going to be able to meet the needs at a grassroots level. So that's what I love about what we can do. We can do some of that grassroots work and work collaboratively with these systems. Because I've never really heard anybody get defensive about that. They acknowledge that yes, these are massive systems and they are slow to change. And they often are very reactive. They are very siloed and bureaucratic. And I think that's a necessary first step, to name those kinds of issues. And then again, finding allies that can adjust it and shift it.

And I think there's that internal and external pressure. I'll be the external guy, poking from the outside sometimes, and the old guy yelling at the clouds, it seems sometimes perhaps. But I'm comfortable in that area. And yet I also realize that the actual change also needs to very much happen from within. And it's wonderful allies, like Nitasha, who facilitate that.

Dr. Barbara Lee   **10:33**
Absolutely. You know, there's the working across systems, but I'm also curious about working across disciplines, with social work and within medicine. If you could speak a little bit about that.

Gary Thandi   **10:47**
Oh, absolutely. I come to this campus often. I do guest presentations for counselling and psych. I've done presentations for social work. I reached out to, there's a clinic, a gateway clinic that's starting next year, about just dialogue. Because absolutely, we do know that health and mental health cut across so many sectors, whether it's health, social services, mental health, education. These are areas where you can't just isolate and have one particular group address it, because it cuts across all sectors.

And I have wonderful relationships with doctors. I've actually been able to make the most inroads with medical doctors in terms of clients and patients being referred to us for counseling services. Because often that's the first person that a patient goes to when they're struggling with mental health or substance use, and they trust their doctor. This is a person that's in charge of their health and wellbeing. And often, when they recommend coming out for counseling, the patient is quite open to doing that because they trust the opinion of their doctor. To me, that is a key relationship in healing, in terms of mental health and substance use. Absolutely, if there's a medical approach to support that person, we want the person to explore that. But often it goes beyond the medication as well. It goes to exploring and discussing different interventions to address some of the struggles they're having.

Dr. Nitasha Puri   **12:20**
Yeah, and for me, I think like all disciplines, medicine is full of diverse people and perspectives. And I definitely came to medicine already with a bit of a social justice

perspective from way before I started to learn medicine. And I think that lends itself to wanting to collaborate with sectors outside of medicine. In anything that is longitudinal and relational, like family medicine, I think you quickly realize, or a person who's practicing that way quickly realizes, that the scope of what you're doing is way beyond medicine. There are areas of medicine that are really technical and really wonderful, interventions like surgical procedures that fix things, and those are really medicine heavy.

But when it comes to chronic disease management, mental health, all of those things that affect a person's wellbeing but may not be as concrete to fix with a medical tool, it only makes sense to work interdisciplinarily. And also, I think we do things out of selfish reasons. For me, I feel more satisfied as a human being and as a practitioner if there are ways to support people beyond the tools that I have in medicine. I'm probably seeking these interdisciplinary relationships for my own satisfaction, because otherwise I would be so frustrated at work. There's nothing that a prescription is going to do for a problem that is not neurobiological.

Dr. Barbara Lee   **13:58**
And I'm wondering if you could speak about just the initial kind of population that drew you together, the Punjabi community. What does it look like, with the two of you and your respective areas, and Moving Forward and Fraser Health, and social work and medicine, as you come together to serve this community? Or it could be any other community that you work together with.

Gary Thandi   **14:22**
Again, such a large population that we do work with, but we work with other communities as well. And there are commonalities, absolutely, but certainly with the Punjabi community. Of course, sometimes first language, if there are folks that immigrated here. But it often goes well beyond that. So culture, understanding culture, where you don't have to be part of the culture. It's just about understanding the culture. It's concepts like collectivism, a worldview that goes beyond the individual. And I always say, we're on a spectrum. Sometimes we can have a bit more of an individualistic worldview, sometimes more of a collectivist worldview. And so I don't want to contribute to any kind of stereotype and say all Punjabi folks are collectivists, but frankly, they tend to have more of that sort of collectivist outlook in terms of decision making, how it'll impact other family members. Family is very much related as well, like decisions are emphasized as not just about the individual, but the family, and how they're impacted.

And so there are issues around, and I've heard this for years and there is truth to it, around stigma or shame. If we reach out for help, what are people going to say? I do accept that there is some of that. But I've often also taken a different approach in terms of, again, what I mentioned earlier. What are our systems doing differently to address that? And one example I've found that really worked is going back to working with doctors. We work in a medical clinic, or several, in Surrey, where the patient is coming to the same place where they see their doctor for their physical health issues. They're coming to see the counsellor

there. So we're normalizing that this is health. And to me, that's the best way to address issues of stigma and shame, to more or less work around them. Yes, we should still be reaching out to communities and talking about these issues, and talking about our own struggles as well, to normalize the experience so others can see that even those who do this work have their struggles. To me, that's also important, and I try to do that as much as I can. But I also think about what other barriers we can reduce. Even things like services that tend to be Monday to Friday, nine to five. That doesn't work for a lot of folks. It almost implies that your struggle has to be so bad that you're no longer working, and now you're able to come during the day.

So there are a lot of these systemic barriers getting in the way of people reaching out for help. But again, it goes back to being culturally responsive. Being able to look at whatever the person is struggling with, and not just look at the individual and isolate them, but looking at how that struggle is also impacting their loved ones. What kind of supports can we offer to their loved ones? Their loved ones are probably the most integral to their healing. So what else are we doing to engage with those folks? These are approaches that aren't common within our westernized model, which tends to be very medical model oriented. Patch them up, move them on. Very individualistic. And those are the kinds of things I can certainly identify as barriers for the community, and things that Nitasha and I have talked about, how can we address this in a more community-based way rather than just an individualized way.

Dr. Nitasha Puri   **17:29**
Yeah. And to build off of that, one of the things that I think, if I were to reflect on my experience walking on this road and the Punjabi community itself, is that I identify as being of Punjabi ancestry. And so there's an ancestral connection that I feel when I'm working to support a population, but I'm also part of that population. And I believe that ancestry is the link that's actually the link, even though there's diversity across the board. We're all different personalities, we all have different lives, and just because we're all of Punjabi ancestry doesn't mean we're all the same. But what there is, is a thread in worldview, and what our bodies know, where our ancestors are from the same place and went through similar ways of being and living. Of course, we've all migrated, but when I work with Gary and other folks who might identify as Punjabi, or who have served this community or worked within the community, however they're coming to it, there's this sense of how to do things in the world that you don't really have to explain. There's already a synergy.

And the word that's coming to my mind right now is a Punjabi word, jugāṛ, which means you find a way, you make it happen. And when I work with Gary, that's how it's been. There's this sense of, we'll make it happen. And I'll be like, what about the system? And he'll say, we'll make it happen. And that's an experience that's not as common for me when I'm not doing work with the Punjabi community. I think we code switch into different ways of doing and being based on where we are. If I'm sitting in the academic world, there's code switching there too. Gary's been to some of our research team meetings within the community, and we're operating differently than I might if I were giving a presentation at UBC. And that's appropriate. You have to look at where you are and adapt to the setting you're in. But the

feeling I have when working with and for the Punjabi community, and working together with Gary, is that there's something about that shared ancestry and worldview of just making it happen. And in a way, decolonizing it to some extent, that I find quite unique and different from my other experiences, especially going through medical school, which was not really the experience I had there.

Gary Thandi   **20:02**
I'll just add to that. Again, the work we do at Moving Forward is for anyone, but I do enjoy working with these populations, even though there are challenges. Because again, they're so underserved. But in many ways, because they've been underserved for so long, I've found it was a little easier to work with them, because the system wasn't so entrenched.

Sometimes I say I feel bad for mainstream services, because they're so entrenched that it's hard. It's almost like you need to pull that out before you can establish an approach that's more effective for that particular community. Because I often say, it's not even working for the mainstream community. The community that actually created this system, it's not even working for them. So when I advocate for change, absolutely we should be advocating for change for specific groups. But ultimately, I'm advocating for change for everybody, because it's not working for a lot of folks. There's still a lot that's great, and in that context, I'm grateful for what we have in Western Canada. But I'll push against this notion that it's ideal. We see the suffering and the struggles day to day, and we know there's always room for improvement. But again, with the Punjabi community, I almost felt like I could be more creative. Because it was so underserved for so long, I could do some of these things that I find are evidence based and more effective for that community.

Whereas I don't always feel that with the mainstream community. It's already, this is what they get, this is how they get it, this is how many sessions they get, and that's it. And I just feel that within our community, we can actually lay the foundation down. It's sad that part of that is because they were underserved for so long. But there are also some exciting opportunities to create something that otherwise wasn't there before.
But yeah, I think maybe we've talked a lot about what brought us together and some of our observations. But the current project—

Dr. Nitasha Puri   **21:55**
So the current project that we work on together most closely is called Rahi Research. It's a five year project that had two goals. The first was to get the community around a table to develop something for the community. So it was really open ended, what that part was supposed to be. And the community here, in quotes, is folks with Punjabi ancestry who use substances or have been affected by substance use. And when we had that process, we got folks around the table, like I said, and they identified the need for, and developed, a group psychotherapy intervention for people who needed support in recovery, and also for their families. So that's one of the more unique parts of the program that the community created. It's not in the system. It's a family program in tandem with a program for people who are using, knowing that, especially in this community, everything is so intertwined.

And the second part of that project is to try to implement and study it and see if it's working or whether it's useful or not. So that's the research program. We're probably right in the middle of it right now. Gary and Moving Forward have been the main community partners, and we've been the academic partners, or whatever you want to call us. But we really try to do it as non hierarchical as possible.

Gary Thandi   **23:23**
I think it's exciting. There's another project where there's a university back east doing research around South Asian communities, and often what comes up is how people feel that a lot of research is done, but it doesn't make a tangible impact. It almost feels like the academics or researchers extract the data, get what they need, and move on. And the communities are left feeling like, this didn't help us. Yes, they involved us, and those relationships can be great in the moment. But then they suddenly end. There's something published, but there's no tangible impact for the community. This is a project where we have very active academics, very active community members, and very active service providers working collaboratively. And that part is exciting. It doesn't feel like each group is only getting what they need. And I work in nonprofits, and I'm critical of our nonprofit system, because often people are competing for limited funds, undercutting each other, and not working collaboratively. This feels different. And that's what excites me, and why I'm so fully engaged in it. It feels truly collaborative.

I'm usually cynical. My cynicism comes out sometimes. But there's optimism as well. I describe myself as a cynical optimist. I've been coining that term and using it more often. The cynicism comes from years of experience and recognizing certain patterns. Being aware that if someone says they're doing something, that doesn't necessarily mean they are. If they're using the language of change, or diversity, equity, and inclusion, sometimes that is happening, and that's fantastic. But sometimes it's not, at least in my experience. And I want to call that out. That's where the cynicism comes from, from seeing those patterns over the years. The optimism is that I'm still optimistic about the people I connect with and work with, and about the kind of work we can do, and the transformative work that's possible. And I continue to feel inspired by that, and not let the cynicism take over.

Dr. Barbara Lee   **25:34**
And Nitasha, you were saying that you are right in the middle of that project, and the idea that there's an intervention you're going to evaluate and continue to implement. I'm wondering if you could speak a little bit about the journey of the work, where you are now, and where you see it moving forward.

Dr. Nitasha Puri   **25:51**
Yeah. I'll give you a little bit more context there too. So we were able to garner small funding grants to do the co-creation. It was a very concrete outcome. We were going to have this co-design process, and we were going to co-design this thing and make it.
And we were able to get through that. Moving Forward was able to facilitate relationships with members of the community for us, and participate in some of the co-design meetings,

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and make sure that perspective was present. Gary, or sometimes his colleagues, would come and sit in during the co-design. But where we are now is that we don't have funding for running the evaluation, or what we're calling a pilot feasibility. We're making it research, but essentially we're trying to see if it works. And that's where I think the beauty of working collaboratively, like what Gary said, is really coming to fruition.

We've come to the table with Gary and his colleagues and said, hey, we don't have the funding for your program. We're sorry. We're hoping to still get funding. We're still applying. But when you work together collaboratively in community, and the community wants what they have made to happen, you really start to see everyone come together much more creatively. We're asking, okay, where can we pull this pot of funding from within the community? Gary, do you have this? Maybe we can get this from our funding. How can we make this happen from within our community? Do we know someone who would be willing to provide childcare on a volunteer basis, rather than us having to put that in our budget?

We're able to sit around the table like this. We met at Tim Hortons the last time we met to have this conversation about how we're going to run the program. And it's all been fruitful. And I think that's where you start to feel that this is different. You're not separating your life and work when you're working in a heart-centered way like this. And when you're working in a way where you genuinely want this to happen. My own family has people who use substances. I don't know how to describe the personal nature of it. I'm not saying that every research project has to be like that. But I think that's part of the secret sauce that we're all putting together here. There's a synergy between different parts of our lives and how we're bringing them together that makes it feel meaningful for us.
I don't know, Gary. Am I rambling too much?

Gary Thandi   **28:32**
Not at all. You're encapsulating just how I feel as well. And it's why it can be exhausting. With funding and everything else, it's exhausting writing those grants and waiting. But there's an excitement to it as well. Part of it is that we're aligned. We're not competing. We're asking, how do we do this creatively? When I started the agency, we had to do things creatively because we had no funding. And sometimes that's not a good thing necessarily. A scarcity mindset isn't helpful when you're competing against each other. But there is a recognition that we have to figure out creative ways to do things because we're invested. Ultimately, that's what it is. We want to see this come to fruition because we see the value. We're already hearing from the community that there is value. So we want to make sure we're able to do this, continue the research, continue to evaluate, and then eventually, what's also exciting, as Nitasha has said often, is that this is for the community. It's not that we own this, or that we're going to license it, or anything like that.
We just want this to get to the community and reach as many people as possible. That's why we're all invested.

Dr. Nitasha Puri   **29:42**

Yeah, for sure. We started the project right off the bat by saying that it was the community's project. It's not an academic project. I think I sit in a place of extreme academic privilege because I'm a clinician. I don't have the same pressures that other academics may feel in the world of academia, which is a whole other system that we could possibly rework. But because of that, and maybe there's some creativity in how academia could move forward, I don't have the same need to survive in that system. And I believe that allows for a more community-centered approach to research.

Gary Thandi   **30:29**
I think it's refreshing, and I think there are so many others who feel that way too, including folks who may be tenured. Academics who are starting to feel like, okay, to what end are we producing this research if we have these massive piles of research, this mountain of research, but it's not actually having any tangible impact. I don't think that was ever the intention of research. Research was meant to uplift society. So I'm not blaming academia, because I think it's our siloed systems that are resistant to change. Even from our end, I'm so on the community side that often it's, oh, that's just pie in the sky. This research, the ivory tower. It's so easy to dismiss. And so everyone has their own little silos and their own worlds. But then having people who can bridge both. You don't have to be the same person to bridge both, but finding those like minded folks. And over the years, I'm finding there are a lot of people like that. There's still a big system that we have to slowly work toward and chip away at. But that part is actually exciting to see. People aren't denying that these are issues anymore. People aren't denying these things. Maybe 15 or 20 years ago, everyone was saying, oh yeah, we're doing great here, we're doing great there. But now people are recognizing that there are gaps and we need to do something about it.

Dr. Nitasha Puri   **31:43**
I totally agree with Gary. And I would say it's very hopeful to see that people are attuning themselves to those feelings that we've touched on here. To what Gary said about chipping away at the evolution of systems. And I think Gary has a great vision, or experience, or whatever the word is, of how to start to break down those silos. I don't know what your secret sauce is, but if you have it, I encourage you to share it on this podcast, because you're one of the people I see who is naturally able to do it.

Gary Thandi   **32:19**
No, we walk together. And it's emboldened by the evidence. Early on, I was a bit trepidatious. I was thinking, what am I doing here? But then it was like, no, wait a minute. This is what the evidence is telling us. Everyone is saying it, but it's not being enacted because our systems are resistant to it. I've had personal experience with loss, and I channeled some of that loss and frustration into the work I was doing. I became a little less tolerant of things like, oh, that's our policy, that's our procedure, that's just how it is. I do recognize there were other factors going on at the time, and the privilege that Nitasha mentioned as well, where I could step away and not be so worried. I wasn't worried about biting the hand that feeds me. I was going to be okay. It was a confluence of many things that made me realize I could do this. And then, emboldened by community university engagement, I started reading about that. I

started looking at the students I used to supervise who were doing their master's in counseling, psych, or social work. I was so impressed that I thought they know more than I do. They're so skilled. Sometimes I just need to get out of their way and be there to support them and mentor them. Often, just get out of their way, because they're capable. And too often people are enamored with titles. Absolutely.

I noticed a lot of people were enamored with their titles, but not necessarily doing anything impactful. I don't want to be overly cynical, but I was impressed by students who, with the right supervision, mentorship, and support, were able to do incredible work. Recognizing that our system is limited and there's only so much we can do within it. I have a lot of empathy for people on the front lines who are inundated and dealing with such complex cases. That's never a criticism of them. There just aren't nearly enough people to do this work. And then seeing another approach that's not so dependent on government funding, not so dependent on the winds of change and shifting priorities. I felt that if I started this, I'd be able to sustain it because of the quality of the people I surround myself with.

Dr. Barbara Lee   **34:22**
Maybe the two of you could share your thoughts and outlook on the Rahi Care Program moving forward, and also your working relationship moving forward.

Gary Thandi   **34:31**
I always have something.

Dr. Nitasha Puri   **34:34**
Go, I'll riff off of you.

Gary Thandi   **34:36**
COVID was horrible in so many ways. But one of the positives for me was how we could do things differently. Doing virtual work, telecommuting, different approaches.In an odd way, even though it was horrible in almost every other way, it inspired me to deconstruct things and not just assume this is the right way to do it because that's how it's been done. That might have made sense 10, 20, 30 years ago. It doesn't necessarily make sense for the needs of today's communities. That's how I felt with Rahi. I had my own observations, my own anecdotal observations about the community, but those can be biases too. I needed to step back and say, just because I observed this, or did research 10 plus years ago, doesn't mean it's still what's most prevalent today. For me, it's about learning what the community is saying and hearing from them about how to effectively support them. That's why I started the agency. Because I was saying they're not being supported. I don't want to become another system that tells people this is how it is.

With Rahi, it's about learning. It's not being arrogant and thinking I already know enough. I want to hear from people, from newer service providers, and from the community itself, especially those with lived experience. That's what excites me. The more you know, the more you realize how much you have to learn. That's truly been my experience. And when I

get complacent, I have to remind myself that I'm still learning. Often it's the students who teach me that, because they're open to learning and growing. So with Rahi, we know the system could do better for the community, but we need to hear from the community about what that actually looks like.

Dr. Nitasha Puri   36:42
Totally, thank you. For me, with Rahi and the Rahi Care Program, I hope it stays in and with the community. I hope it changes to meet the needs of the community. I hope it gets scrapped if it's totally useless. I hope it lives a life of its own in the community. It's meant to support people on their journey in life and in recovery. And if it does that, and ends up in the hands it needs to be in, that's how I feel about it. In terms of moving forward, both personally and in relation to Rahi and working with Gary, I feel myself shifting into more of a supportive role. Over the last five years, I've seen the amount of interest, support, and skill being directed toward our community just explode. It feels like a groundswell of energy, like our community is working to heal itself. And where I see Gary and me now is almost like dinosaurs in comparison. Sorry, Gary, I'm putting that on you.

Gary Thandi   38:11
Oh no, that's okay.

Dr. Nitasha Puri   38:12
In the span of this work, I feel old. I can feel it in how I see the world, in my life experiences, in my grey hairs. I don't know if I'm the person to generate everything anymore. I want to catalyze things, support people, encourage them, mentor them alongside Gary, and just keep building. I don't know how to articulate all the feelings and thoughts I have, but when you ask about the future of Gary and me and Rahi, I honestly don't know. I just know the energy is there, and it will take whatever shape it's meant to take. And I'm here to help move it along.

Gary Thandi   38:59
Nitasha, I would just add that you and I, and others, are colleagues who have been navigating these systems for years. And that's often the wisdom I think I can share with others. Even when I first started, I would point certain things out, and someone would genuinely say, and I think they believed it, oh yeah, this service will do that, or that will do this. And then I would look into it and realize, actually, they don't do that, or they've got a massive waitlist. So now I say it's the okie doke. Everybody will say, oh yeah, everything's wonderful, we're doing it. And I say, don't fall for the okie doke. Question it. If you're seeing a person suffering, or a family, or a community suffering, ask what kinds of services actually exist. Don't just accept it when someone says, oh yeah, we've got this, or we've got that. Look into it. Dig a little further. And that part, what I call the cynicism, is really lived experience that I try to pass on to new practitioners. And sometimes it's also a reminder. It's great to advance in your field and to have titles. I don't want to diminish that. But to what end are you being impactful? People come into this field because they want to be impactful. They want to support folks who are struggling, whether medically, socially, or emotionally.

So don't forget that. At its core, that's what this work is about. And people have power. They have a voice. They have the ability to make change. As we get older, yes, it's about creating space for others. But it's also about sharing that wisdom. Not in a way that says, I did it this way and you need to do it this way. Absolutely not. It's more about saying, we've created some space. You go out there and make an impact in the way that you're capable of.

I've mentioned cynical optimism. Nitasha has talked about the optimism part. That part excites me too. The number of people coming through who aren't just accepting things, but are acknowledging there's room for improvement, across cultures and across groups. We're seeing the struggles day to day, and people are recognizing that the status quo isn't working. It's great for a lot of folks, and I don't want to say it's all bad. It's not. Not even close. What's exciting is that I think we're on the brink of some really great things. But we can't take our foot off the gas. We're also hearing governments talk about austerity, and that may be a reality we're entering into. But we can't slow down.

We need to continue to advocate. We need to continue to push for change and not hand over our ability to make that change. It's exhausting sometimes. It's not fair in terms of funding and all of that. But I'm willing to do it because it's impactful, and it keeps me going, rather than just accepting the status quo.

Dr. Nitasha Puri   **41:55**
Community university partnerships. Knowledge exchange. These are words that help ground us in the importance of the relationships that underpin all the work that's done in the world. That's where I sit. It's very special if you're lucky enough to be gifted with a working relationship like the one I feel I've been gifted with in working with Gary. And I hope that becomes more and more common in how we work in public sectors and service sectors. We have so much to learn from everybody and from each other. And if we walk through the world with that humility, and with the kind of cynical optimism that Gary has shown, and we keep having these live discussions where we hold optimism, cynicism, and ideas together, I really hope that's the way forward. So I guess that's my final rambling thought.

[Outro Theme Music]

Dr. Barbara Lee   **43:07**
You've been listening to *The Knowledge Exchange: A Partnership-in-Action Podcast*! I'm Dr. Barbara Lee, your host, and executive producer. Our production team for this episode includes Michelle O'Kane, Cathy Jiu, Maddie Cathcart, Qian Zhou, and Safiya Bhinder. Our cover art is by Cathy Jiu and our open-source music is called Motivational Day, Audio Coffee by Denis Kyshchuk. Thanks for listening!