Mental Health in Aboriginal communities: Openness to change

Mental health problems and the service organization offered in First Nations communities

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Presentation outline

- FNQLHSSC creation story and mandate.
- National overview.
- Mental Health & Wellness Initiatives.
- Addictions Initiatives.
- Results of the regional research conducted on the development of the Quebec First Nations Mental Health Framework
- Next steps – moving forward.
**FNQLHSSC Creation Story**

- The FNQLHSSC is the Regional representative organization created by the Chiefs in 1994 and has a role to be a technical advisor and consultant for First Nations communities and the Assembly of the First Nations of Quebec and Labrador in the area of health and social services.

- Our vision and mission is to promote and monitor the physical, mental, emotional and spiritual well-being of First Nations and Inuit people, families and communities while improving access to comprehensive and culturally-sensitive health and social services programs designed by First Nations organizations, etc.

**FN Quote**

“We have to understand that issues of mental health and dependency are the residual effects of the same collective history of many First Nations people. They are really the same condition. They co-exist in our people as two related effects from the same set of causes. The high rates of comorbidity, in excess of 80%, prove this.

All of these symptoms, including the violent behaviours and abuse, are related symptoms of what many people suffered as a result of colonialism and the residential school experience.

We have to stop treating these as two ‘program’ areas and see and deal with them as one set of interrelated outcomes from the same root causes. We need to take a more client-centered, integrated approach.”

Robin Decontie, Director – Health & Social Services
Kitigan Zibi Algonquin First Nation
National Overview

- The FNQLHSSC participates on the AFN Mental Wellness Committee established to provide direction and expertise in national and federal initiatives.

- Opportunity to develop a First Nations agenda on mental wellness that advances indigenous principles of being, regionally/community-based, culturally competent and holistic in approach.
AFN National Involvement/Engagement

- First Nations & Inuit Mental Wellness Advisory Committee (MWAC).
- Mental Health Commission of Canada.
- Indian Residential Schools Settlement Agreement & Truth and Reconciliation Commission.

Federal Involvement/Engagement

Health Canada

- National Native Alcohol and Drug Abuse Program.
- National Aboriginal Youth Suicide Prevention Strategy.
- Indian Residential Schools Resolution Health Supports Program.
- Mental Wellness Teams (pilot).
- Brighter Futures and Building Health Communities.
Federal Involvement/Engagement
AANDC

- Social development
- Adult care and Assisted living
- Child and family services
- Family violence
- Child reinvestment

Mental Health & Wellness Initiatives
Mental Health & Wellness Initiatives

- First Nations & Inuit Mental Wellness Advisory Committee (MWAC).
- Mental Wellness Teams.
- Culturally Based, Family Centered Mental Health Promotion for Aboriginal Youth.
- Mental Health Commission of Canada (MHCC).
- Wharerata Group & Declaration.

MWAC

- Established in 2005 to set strategic direction for First Nations and Inuit mental health.
- Membership includes federal and provincial/territorial governments, AFN, ITK and experts in mental wellness.
- Strategic Action Plan (2007) outlines actions to take in establishing and fostering a collaborative continuum of comprehensive mental health and addictions services.
- Strategic Action Plan was approved in principle by the Chiefs-in-Assembly (resolution #06-2008), pending revisions in accordance with regional feedback.
MWAC Strategic Action Plan

- Goal 1: Support the development of a coordinated continuum of mental wellness services for and by First Nations and Inuit that includes traditional, cultural and mainstream approaches.
- Goal 2: Disseminate and share knowledge about promising traditional, cultural and mainstream approaches to mental wellness.
- Goal 3: Support and recognize the community as its own best resource by acknowledging diverse ways of knowing and by developing community capacity to improve mental wellness.

MWAC Strategic Action Plan (cont’d)

- Goal 4: Enhance the knowledge, skills, recruitment and retention of a mental wellness and allied services workforce able to provide effective and culturally safe services and supports for First Nations and Inuit.
- Goal 5: Clarify and strengthen collaborative relationships between mental health, addictions and related human services and between federal, provincial, territorial and First Nations and Inuit delivered programs and services.
Mental Wellness Teams

- Regional Pilot project in Abitibi is underway in two communities Lac Simon and Kitsisakik projects funded through FNIHB to develop multi-disciplinary teams to:
  - Support existing efforts to address mental health and substance abuse by increasing access to MHA services.
  - Fill gaps in the continuum of care.
  - Contribute to the treatment evidence base.
  - Support capacity development.
- Bridge cultural and mainstream/western approaches to mental health and addictions services, with an emphasis on sharing promising and/or best practices.
- Currently undergoing evaluation.

Culturally Based, Family Centered Mental Health Promotion for Aboriginal Youth

- Intervention is an adaptation and expansion of an Anishinabe family-centered alcohol and drug abuse program developed in US by Whitebeck’s UNL team.
- The intervention is a 15 session group experiential learning program strengthening family interactions, parenting skills, refusal skills and coping mechanisms of everyone.
- Quebec Region has been selected as a project site.
Addictions Initiatives

Addictions initiatives

- National Native Alcohol and Drug Abuse Program (NNADAP)/Youth Solvent Addiction Program (YSAP).
- National Anti-Drug Strategy (NADS).
- NNADAP Renewal and Implementation.
- National Native Addictions Partnership Foundation (NNAPF).
- Other work/links.
NNADAP Renewal Regional Priorities

- Increased support for cultural healing practices/medicines.
- Provision of a more comprehensive continuum of well-integrated services and supports, including effective pre- and post-treatment and case management.
- Explore opportunities to shift limited prevention/health promotion efforts to a whole community, multi-level, collaborative approaches to wellness.

NNADAP Regional Priorities cont’d

- Re-profiling/adapting addiction services to better meet specific population needs (e.g., services for women, youth, families, illicit drug users, prescription drug misusers or people with concurrent disorders).
- Enhanced coordination and integration at all levels of mental health and addiction services.
- Increased support for workforce development (e.g., training and clinical supports) & the need for attraction/retention strategies for skilled workers.
Guiding Principles

- Resiliency focused.
- Spirit centered.
- Culturally competent.
- Balanced.
- Respectful.
- Connected.
- Empowered.
- Community focused.
- Holistic.

Elements of Care

- Element 1 – community development, universal prevention and health promotion.
- Element 2 – early identification, intervention and aftercare.
- Element 4 – active treatment.
- Element 6 – care facilitation.
Results of the regional research conducted concerning completing the development of the Quebec First Nations Mental Health Framework

Research goal

- Research project, funded through the HC Aboriginal Health Transition Fund (AHTF), targets the development of a mental health services organization model for the First Nations of Quebec.
- Its goal was to increase the access and continuity of the services available to all of members of FN communities.
Goals cont’d

- survey the mental health services available to First Nations, both inside and outside the communities
- identify the success factors and barriers linked to the development of mental health services
- address the shortcomings so that each community member can access a continuum of services that is equivalent to that of other Quebecers.

Collection Processes

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<th>Collection Processes</th>
<th>Activities</th>
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<td>1- Survey of the existing mental health services in the Quebec system</td>
<td>Establish a list of the mental health services in the Quebec system and, more specifically, those provided in the regions to which the First Nations of Quebec are affiliated and develop a directory of resources for each region.</td>
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<td>2- Inventory of the mental health services provided in the communities</td>
<td>Document the perceptions of stakeholders from each community with respect to the mental health issues of their members, the services provided, the best practices developed and the shortcomings observed.</td>
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<td>3- Consultations with First Nations stakeholders and members.</td>
<td>Hold consultations with stakeholders from at least 10 communities (rural/semi-rural/urban) to get an appreciation for the barriers, the solutions and the elements which facilitate and influence the mental health resources development.</td>
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76 participants from 25 communities had completed the questionnaire.

Substance abuse, was particularly significant given that participants deemed it to be extremely problematic.
11 communities consulted: Akwesasne, Gesgapegiag, Kahnawake, Kitigan Zibi, Listuguj, Mashteuiatsh, Nutashkuan, Obedjiwan, Pakua Shipu, Unamen Shipu and Wendake. The number of participants per consultation session varied between 5 and 12, for a total of 89 participants.

Observations from research data

- This research project highlights the fact that it is impossible to offer, within the current service delivery context, a range of mental health services similar to what is being offered to other Quebecers in all First Nations communities of Quebec.
- Even though many mental health problems were raised, substance abuse, with or without comorbidity, appears to be most critical for First Nations interveners and people.
Participants stressed the fact that this problem not only affects individuals but all communities as well and should therefore be made a priority to improve both the mental wellness of individuals and the smooth running of communities.

Development of a mental health service organizational model for the Québec First Nations
Communities are being encouraged to integrate and harmonize their 1st line enhanced prevention services action plans with their updated health plans.

FNQLHSSC is supporting communities in implementing an I-CLSC information management system (support for data, admin & client management)

The MSSSQ is ready to support more protocol agreements between FN’s and regional agencies to help facilitate access to specialized services and support capacity development in MH and addictions.
Questions?

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Thank-you