PRINCIPLES OF EFFECTIVE SERVICE DELIVERY SYSTEMS FOR INDIGENOUS MENTAL HEALTH AND WELLBEING

CANADIAN FOUNDATION FOR HEALTH CARE IMPROVEMENT: NORTHERN AND REMOTE ROUNDTABLE

PRESENTED BY: CAROL HOPKINS, EXECUTIVE DIRECTOR, THUNDERBIRD PARTNERSHIP FOUNDATION

WHAT I'M HOPING TO ACHIEVE TODAY…

• SOME INSIGHT OF THE FIRST NATIONS MENTAL WELLNESS CONTINUUM FRAMEWORK AS A FOUNDATION FOR PREPARATION FOR POTENTIAL HEALTH ACCORD DISCUSSIONS
• OPPORTUNITY TO DEVELOP A COLLABORATIVE AND TAKE ACTION
• PREPARATION FOR POTENTIAL HEALTH ACCORD DISCUSSIONS
FNMWC FRAMEWORK AS A WAY FORWARD

"IN OUR MINDS, IF WE ARE LOOKING TOWARDS A FUTURE WHERE WE CAN HAVE PEACE IN THIS LAND, THE MECHANISM IS THERE, AND THAT IS...THOSE RELATIONSHIPS OF FRIENDSHIP [IN OUR TREATIES]... THAT IS THE FOUNDATION WE HAVE TO BEGIN WITH."

CHARLIE PATTON, MOHAWK TRAIL LONGHOUSE, KAHNAWAKE, QUEBEC. ROYAL COMMISSION ON ABORIGINAL PEOPLES

“BY FAR THE GREATEST SHARE OF HEALTH PROBLEMS IS ATTRIBUTABLE TO BROAD SOCIAL CONDITIONS. YET HEALTH POLICIES HAVE BEEN DOMINATED BY DISEASE FOCUSED SOLUTIONS THAT LARGELY IGNORE THE SOCIAL ENVIRONMENTS. AS A RESULT, HEALTH PROBLEMS PERSIST, INEQUALITIES HAVE WIDENED AND HEALTH INTERVENTIONS HAVE OBTAINED LESS THAN OPTIMAL RESULTS.”

– WORLD HEALTH ORGANIZATION, 2005
WORKING ACROSS JURISDICTIONS

SENIOR GOVERNMENT – OFTEN SUPPORTIVE

- NOT REALLY CLEAR ABOUT "MEANING" AND HOW CULTURE INFORMS POLICY AND IMPLEMENTATION AT MIDDLE MANAGEMENT LEVEL

IN 1995, 95% OF A FN COMMUNITY USED THEIR OWN LANGUAGE AS THEIR PRIMARY LANGUAGE AND THERE WERE 6 OPEN FILES FOR MENTAL WELLNESS NEEDS. IN 2016, ENGLISH IS THE PRIMARY LANGUAGE USED AND THERE ARE 600 OPEN FILES FOR MENTAL WELLNESS. (MATAWA TRIBAL COUNCIL, 2016).

THE PROCESS OF HEALING MUST BE BASED ON OUR TRADITIONAL SPIRITUAL VALUES OF RESPECT, PRIDE, DIGNITY, SHARING, HOSPITALITY AND MUTUAL AID...SELF-RELIANCE BEGINS WITH THE INDIVIDUAL, THEN IS BUILT BY THE FAMILY, THEN BY THE COMMUNITY, AND FINALLY, BY OUR RELATIONS WITH OTHER NATIONS.

CHIEF JEAN-CHARLES PIÉTACHO AND SYLVIE BASILE, MINGAN FIRST NATION COMMUNITY, ROYAL COMMISSION ON ABORIGINAL PEOPLES

HEALTH INFRASTRUCTURE SUPPORT FOR FIRST NATIONS AND INUIT- 2016/2017 HEALTH CANADA

THE DEPARTMENT OF HEALTH ACT AND THE INDIAN HEALTH POLICY (1979) PROVIDE THE AUTHORITY FOR THE HEALTH INFRASTRUCTURE SUPPORT FOR FIRST NATIONS AND INUIT PROGRAM TO ADMINISTER CONTRIBUTION AGREEMENTS AND DIRECT DEPARTMENTAL SPENDING TO SUPPORT THE DELIVERY OF HEALTH PROGRAMS AND SERVICES.

- FIRST NATIONS AND INUIT ARE COLLABORATING WITH FEDERAL, PROVINCIAL AND TERRITORIAL PARTNERS IN THE DELIVERY OF HEALTH PROGRAMS AND SERVICES.

- FIRST NATIONS AND INUIT ARE ABLE TO INFLUENCE AND/OR CONTROL (DESIGN, DELIVER AND MANAGE) HEALTH PROGRAMS AND SERVICES.
HEALTH ACCORD PRIORITIES

• PHARMACARE STRATEGY
• ADDRESS HOME CARE
• IMPROVE MENTAL HEALTH SERVICES
• HEALTH INNOVATION

HISTORICAL HEALTH OF INDIGENOUS PEOPLE

• PLAINS FIRST NATIONS WERE AMONG THE TALLEST PEOPLE IN THE WORLD
• ABRAHAM MASLOW STUDIED THE BLACKFOOT COMMUNITY IN 1938
  • MORE EMOTIONALLY SECURE THAN 90% OF SETTLER CONTROL GROUP
  • A COMBINATION OF EARLY INDEPENDENCE AND SUPPORTIVE PARENTING

Root causes of the Indigenous-Settler health gap in Canada, Michael Dan, 2016
FIRST NATIONS GOVERNANCE AND COORDINATION

• STRONG GOVERNANCE AND COORDINATION AMONG AND WITHIN SYSTEMS ARE VITAL TO DEVELOPING AND MAINTAINING CULTURALLY RESPONSIVE CARE IN A FIRST NATIONS COMMUNITY.

• KEY COMPONENTS THAT SUPPORT BOTH THE GOVERNANCE AND COORDINATION OF SYSTEMS INCLUDE:
  • COMMUNITY-DRIVEN ADDICTION SERVICES;
  • INTER-JURISDICTIONAL RELATIONSHIPS AND COLLABORATION;
  • SYSTEM LEVEL PARTNERSHIPS AND LINKAGES.

THIS APPROACH RECOGNIZES AND RESPECTS FIRST NATIONS AS A GOVERNMENT AND THEIR RIGHT TO SELF DETERMINATION PROTECTED IN THE CONSTITUTION OF CANADA.

(HONOURING OUR STRENGTHS: A RENEWED FRAMEWORK TO ADDRESS SUBSTANCE USE AMONG FIRST NATIONS IN CANADA, P 72)

SUCCESSFUL POLICY DEVELOPMENT

• LACK OF A CLEAR APPROACH TO FIRST NATION POLICY HAS RESULTED IN LIMITED OUTCOMES

• SUCCESSFUL APPROACHES “PUSH THE BOUNDARIES” IN JOINT GOVERNMENT/FIRST NATIONS DEVELOPMENT

Successful First Nation Policy Development

1. First Nation leadership
2. Regional / National Dialogue
3. Independent Expertise
4. Clear Mandate For Change
5. Joint Policy Development Processes
COLLABORATION AND PARTNERSHIPS: STAKEHOLDER RESPONSIBILITY

ALL STAKEHOLDERS HAVE A RESPONSIBILITY TO:

• RAISE AWARENESS AND GATHER INFORMATION ON AREAS OF NEED WITHIN THE MENTAL WELLNESS SYSTEM;
• WORK STRATEGICALLY WITH A WIDE RANGE OF PARTNERS TO ENHANCE THE SYSTEM;
• ADVOCATE FOR THE RESOURCES REQUIRED TO MAKE THE VISION OF THE FRAMEWORK A REALITY;
• AND TRACK AND COMMUNICATE PROGRESS ON IMPLEMENTATION.

MONITORING AT ALL LEVELS IS ESSENTIAL TO FULLY ACHIEVE THE SHARED GOAL OF PROVIDING COMPREHENSIVE, CULTURALLY RELEVANT, AND CULTURALLY SAFE COMMUNITY-BASED SERVICES TO FIRST NATIONS INDIVIDUALS, FAMILIES, AND COMMUNITIES.

(FNMWC FRAMEWORK, P2)

WITHOUT MECHANISMS TO SUPPORT COLLABORATION, RELATIONSHIP BUILDING, AND PARTNERSHIP AT THE SYSTEM LEVEL, PEOPLE RELY ON INDIVIDUAL CONNECTIONS, WHICH CAN TAKE RESOURCES AWAY FROM DELIVERING SERVICES TO THE COMMUNITY AS A WHOLE. IN THIS CONTEXT, PARTNERSHIPS ARE SINGULAR, FRAGILE, AND FRAGMENTED RATHER THAN AN INTEGRAL PART OF A SYSTEM TO WHICH ALL CITIZENS HAVE EQUAL ACCESS.

PRIORITIES FOR ACTION:

• DEFINING CLEAR ROLES AND RESPONSIBILITIES
• ESTABLISHING LEADERSHIP
• CREATING PARTNERSHIPS AND NETWORKING
• DEVELOPING SYSTEM NAVIGATORS AND CASE MANAGERS
• PROVIDING ADVOCACY
• RAISING AWARENESS—REDUCTION OF STIGMA AND PROTECTION OF PRIVACY

(FNMWC FRAMEWORK, P. 54)
THE FIRST ANNUAL REPORT OF THE COUNCIL
RELEASED ON DECEMBER 16, 2015
OUTLINES THE COUNCIL'S FIRST YEAR OF WORK AND IDENTIFIES:
- Key challenges with the current system of services and supports
- Five priorities the Council is working on to overcome these challenges and drive transformation
- Some initial advice to government on items that the Council unanimously believes require immediate attention

While the parallel Aboriginal mental health and addictions engagement process unfolds, the provincial government can:

RECOGNIZE First Nations, Métis and Inuit authority by creating direct funding mechanisms for their governments, health authorities, and service providers and facilitating collaborative funding agreements to increase capacity to deliver culturally-relevant models such as the First Nations Mental Wellness Continuum Framework.

APPROVE Nurse Practitioner prescribing authority for Suboxone (buprenorphine/nalaxone) to ensure access to care for opiate detoxification and maintenance treatment in community-based programs and Aboriginal Health Access Centres.

SUPPORT the establishment of Aboriginal- and First Nation-specific infrastructure and processes for data and data management in the mental health and addictions sector. These data systems must embody the principles of Ownership, Control, Access and Possession for Aboriginal peoples.

COMMUNITY DEVELOPMENT & CAPACITY BUILDING

HEALTH COUNCIL OF CANADA SAID RECENTLY THAT 20% OF TOTAL HEALTH CARE SPENDING IS ATTRIBUTABLE TO INCOME DISPARITIES AND PROPOSES INVESTMENTS IN PREVENTION AND REDUCING HEALTH INEQUITIES IS REQUIRED. A PARADigm SHIFT IS REQUIRED FOR A POPULATION HEALTH APPROACH AND INCREASE HEALTH EQUITY AND SUSTAINABILITY:

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PARADIGM SHIFT FROM FIRST NATIONS PERSPECTIVE

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<tr>
<td>An examination of deficits</td>
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<td>Use of evidence absent of Indigenous world view, values and culture</td>
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<td>A focus on inputs for individuals</td>
<td>A focus on outcomes for families and communities</td>
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<td>Uncoordinated and fragmented services</td>
<td>Integrated models for funding and delivery of services</td>
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MAKING A DIFFERENCE: PRESCRIPTION DRUGS

Each of these communities has established a recovery program that involves community mental health workers who provide both conventional counselling and culturally appropriate, traditional healing practices.

- This comprehensive approach has enabled many patients to stop their opioid use and return to work, school and family.
- Kanate and colleagues (2015), documented remarkable results for a buprenorphine program in North Caribou Lake First Nation.
- A year after program initiation, criminal charges and medevac transfers decreased, the needle distribution program dispensed less than half its previous volume and rates of school attendance increased.

REFERENCES:
CHILD WELFARE

MA MAWI WI CHI ITATA CENTRE INC.

In 2014/15 the CLOUD PROGRAM through Family Group Conferencing:

62 ADMISSIONS → 49 REUNIFIED WITH FAMILY
79% REUNIFICATION SUCCESS

$1,162,525 ESTIMATED SAVINGS PER YEAR*

*Based on 49 children reunited with family and living costs at an average rate of $50/day

Ma Mawi Wi Chi Itata Centre Inc., Winnipeg, MB, is using the Maori Family Group Decision Making Model, Nov. 17th 2015. (mamawi.com)


Mental Wellness Teams: Key Learnings from 8 Projects. Health Canada, 2014

Some of the therapists are using therapies such as cognitive behaviour therapy and integrating it with the advice of elders and ceremonies. In the project’s physical environment, they have a ceremony room, an indoor sweat lodge and a medicines program with elders. They are also able to provide traditional and ceremonial services to patients in hospital and also have access to a palliative care room with ample room for extended family, an important community cultural accommodation not necessarily available in all hospitals. “Everything that we do [in this way] is a success and promising practice. This is just something we do in our work and accept as normal. The holistic approach, incorporating traditional life stages with resource people who live the traditional lifestyle and teachings is a success.”
CULTURE AS THE FOUNDATION

CULTURE IS AN IMPORTANT SOCIAL DETERMINANT OF HEALTH, AND AS A HOLISTIC CONCEPT OF HEALTH IS AN INTEGRAL PART OF A STRONG CULTURAL IDENTITY.

MANY FIRST NATIONS COMMUNITIES BELIEVE THAT THE WAY TO ACHIEVE INDIVIDUAL, FAMILY, AND COMMUNITY WELLNESS (A BALANCE OF MENTAL, PHYSICAL, EMOTIONAL, AND SPIRITUAL ASPECTS OF LIFE) IS THROUGH CULTURALLY SPECIFIC, HOLISTIC INTERVENTIONS. (FNMWC)

Indigenous Wellness Framework
THE CENTRAL VALUE OF ABORIGINAL OJIBWA CULTURE WAS EXPRESSED BY THE TERM PIMADAZIWIN:
• LIFE IN THE FULLEST SENSE,
• LIFE IN THE SENSE OF HEALTH,
• LONGEVITY, AND WELLBEING,
NOT ONLY FOR ONESELF BUT FOR ONE'S FAMILY.

THE GOAL OF LIVING WAS A GOOD LIFE AND THE GOOD LIFE INVOLVED PIMADAZIWIN. (HALLOWELL, 1967 [1955], P. 360)

CULTURAL PRACTITIONERS ARE “NADAMAGANUNG”, “HELPERS OF THE CREATOR.” THE TERM “RELATIVE” REFERS TO “CLIENT” …AS IT RECOGNIZES THAT IN MANITOULIN ISLAND FIRST NATIONS COMMUNITIES, THE ANISHINABEK (PEOPLE) ARE FRIENDS AND FAMILY.

Other elements central to mino-pimatisiwin include a respect for all members of the community, since each individual is “part of the whole” (Hart, 2006, p. 48).

Mshkiki, is translated as “strength from the earth.”

In effect, clients believed healing involves individual actions to regain balance in the physical, mental, spiritual, and emotional aspects of being. Physical traditional medicines contribute to physical wellness, while nonphysical remedies such as ceremonies and teachings contribute to spiritual wellness.

EXAMPLE OF CULTURE AS FOUNDATION

URBAN ENVIRONMENTS IN ONTARIO:
ABORIGINAL HEALTH ACCESS CENTRES (AHACS) ARE ABORIGINAL COMMUNITY-LED, PRIMARY HEALTH CARE ORGANIZATIONS. THEY PROVIDE A COMBINATION OF TRADITIONAL HEALING, PRIMARY CARE, CULTURAL PROGRAMS, HEALTH PROMOTION PROGRAMS, COMMUNITY DEVELOPMENT INITIATIVES, AND SOCIAL SUPPORT SERVICES TO FIRST NATIONS, MÉTIS AND INUIT COMMUNITIES. THERE ARE CURRENTLY TEN AHACS IN ONTARIO, PROVIDING SERVICES BOTH ON AND OFF-RESERVE, IN URBAN, RURAL AND NORTHERN LOCATIONS.
EXAMPLE OF CULTURE AS THE FOUNDATION ON THE "LAND"

NUNAVIK PROJECT USES INUIT IDENTITY TO TACKLE ADDICTIONS, MENTAL HEALTH ISSUES

“IT GIVES THEM HOPE AND CONFIDENCE THAT THEY CAN SUCCEED"

SARAH ROGERS, NEWS: NUNAVIK APRIL 11, 2016 - 1:15 PM

Pigiatsiaq hunters and youth pose for a photo in an igloo the group built together outside of Puvirnituq Feb. 3. The life-skills program is largely focused around on the land activities for at-risk youth. (PHOTO BY JAMES ASINAJAQ NAPPARTUK)

MANAGING CHANGE

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PICK-A-TABLE DISCUSSIONS

1. APPROACHES TO CASE MANAGEMENT IN TEAMS FOR MENTAL HEALTH
2. SUCCESSES AND APPROACHES IN CULTURALLY BASED HEALING
3. APPROACHES TO PREVENT SECONDARY TRAUMA IN EMPLOYEES
4. WISE PRACTICES IN EVALUATING CLIENT AND COMMUNITY OUTCOMES
5. WISE PRACTICES IN REDUCING SUICIDE CLUSTERS
6. INTEGRATION IN MENTAL HEALTH: BEST PRACTICES IN A MULTI-SECTORAL APPROACH (AND WHO NEEDS TO BE AT THE TABLE)