COMMUNITY TEAM APPROACHES TO MENTAL HEALTH SERVICES AND WELLNESS PROMOTION

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Objectives

- ✓To address specific strengths and challenges associated with the promotion of health and well-being within Indigenous communities.
- ✓To examine the role of community wellness teams in enhancing the recovery from mental illness.
  - To review evidence base collaborative approaches to community wellness and service provision for mental health and addictions in Indigenous communities.
- ✓To explore distinct issues faced by Indigenous communities that influence the design and implementation of mental health services like community wellness teams.

The Context of Indigenous Communities

- Geographic Location
  - Cities
  - Peri-urban reserves
  - Rural and remote communities
- Cultural Diversity
  - Cultural competence
  - Cultural safety
- History
  - Historical trauma, loss and grief

Urban Environment

- According to 2006 census, 54% of those who identify as Indigenous live in one of the nation's 27 urban census metropolitan areas.
- Winnipeg and Saskatoon have the greatest proportion of Indigenous people.
- Edmonton, Vancouver, Calgary and Toronto have large numbers of Indigenous people.
- Other cities with significant Indigenous populations include Regina, Ottawa-Gatineau, Montreal and Victoria (Statistics Canada, 2008).
- In cities such as Toronto or Montreal, Indigenous people live dispersed throughout the city (Macdonald, 2008).

Urban Environment

Challenges:

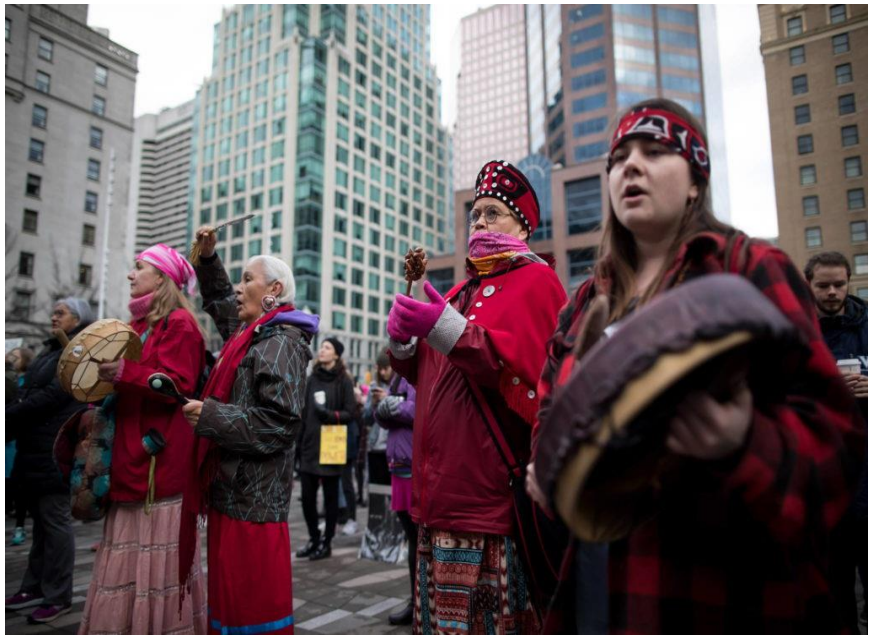
- Sense of belonging to community and cultural continuity may be lacking in some metropolitan areas.

- Centralized services such as Native Friendship Centers or specialized clinics and residential treatment programs may have to deliver generic 'Pan-Indigenous' programs that may not fit the needs of some who prefer services grounded in their own specific traditions (Brass, 2008).

Urban Environment

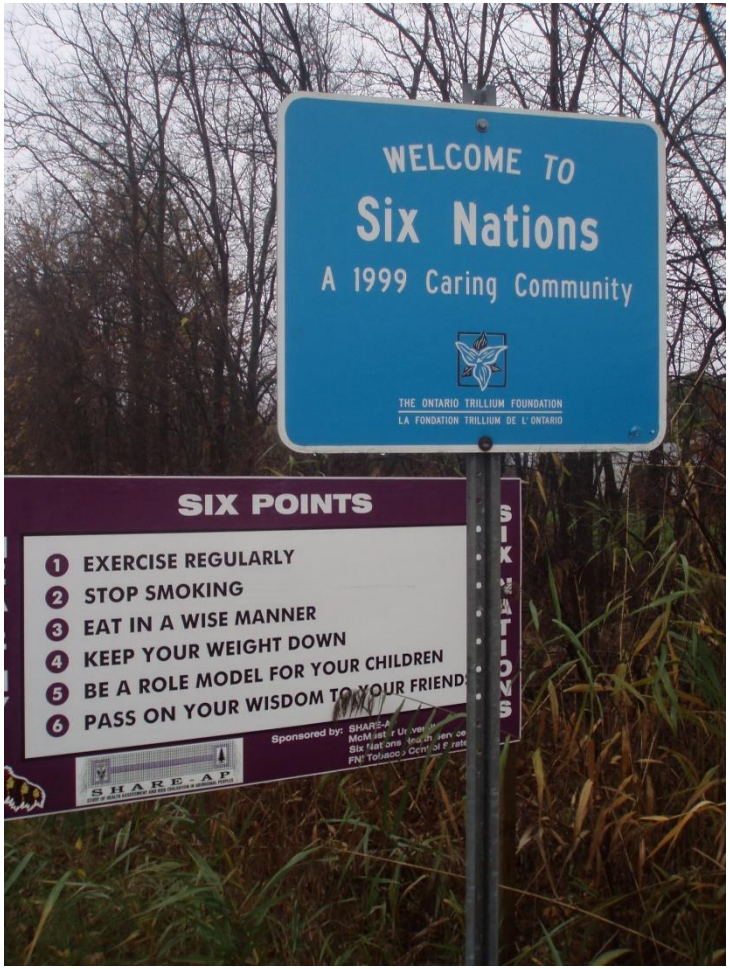
Advantages:

- Cities bring economic, educational and employment opportunities which are not available in rural and remote areas.
- Comprehensive and specialized services, with some of the best teaching hospitals and medical staff available.
- May also provide a home for those fleeing individual or collective stress on reserves (Macdonald, 2008).



Peri-Urban Reserves

- About 27% of Canada's Indigenous population live in peri-urban reserves.
- Many such small reserves circle western cities such as Vancouver, Winnipeg and Saskatoon.
- Other larger well-known peri-urban reserves include the Six Nations Reserve near Hamilton and Mohawk Territories near Montreal.
- Organizational and geographic configuration of large peri-urban reserves may make it easier to provide mental health services through community clinics and local wellness teams (Wieman, 2008).



Remote/Rural Communities

- Approx. 20% of Indigenous people in Canada live in rural non-reserve areas.
- Remote, wilderness areas, agricultural lands located in Canada's northern regions.
- 90% of Indigenous communities across Canada consist of less than 1000 people.
- Some of these communities are more than 2000 km away from a major city (Statistics Canada 2008).
- Towns and small cities such as Yellowknife, Iqaluit or Sioux Lookout serve vast areas with many small communities (Nagarajan, 2004; McDonel et al., 1997).

Peri-Urban/ Rural/ Remote Communities

Advantages:

- Greater social cohesion, easy access to social and family support systems, a comprehensive informal helping network, and widely shared knowledge of the community and available community resources.

Challenges:

- Lack access to professional health care.
- Limited access to ongoing clinical supervision and continuing education;
- Difficulty of ensuring confidentiality in small communities;
- Stigma associated with mental illness that is difficult to conceal in small communities.
- Costs and difficulties associated with transportation of providers or patients (Nagarajan, 2004; McDonel et al., 1997).

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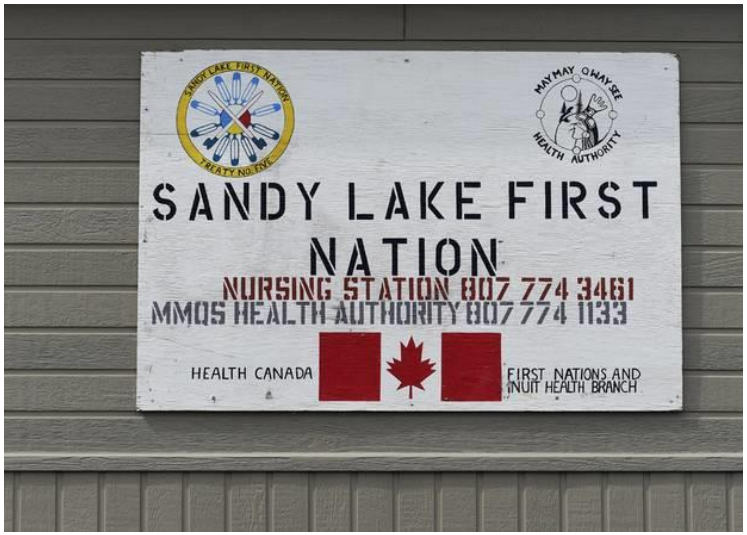
Peri-Urban/ Rural/ Remote Communities

Challenges:

- Scarcity of resources contribute to less collaboration among mental health professionals as they feel pressure to function as generalists, accommodating a wide variety of clinical problems. (Nagarajan, 2004; McDonel et al., 1997).



Social and Historical Context

- The Indigenous peoples of Canada have faced distinctive forms of adversity.
- In recent years, this adversity has been described in terms of historical trauma, loss and grief (Brave Heart, 1993; Brave Heart & Lebruyn, 1998).
- Addressing the health impact of historical loss and trauma requires community-based approaches that re-establish or strengthen the sense of historical continuity and belonging.
- Few evidence-based interventions in this area, but the rationale and needed direction for innovation are clear (Gone, 2009).

Social and Historical Context

- Successful healing of psychological and mental health problems associated with the historical impacts of colonization and forced assimilation should include:
  - Awareness of the history of colonization and its impact;
  - Identification and acknowledgment of historical and collective losses (e.g. of land, language etc.);
  - Identification and acknowledgement of emotional issues that are legacies of historical events;
  - Reclaiming under-recognized emotional losses by bolstering a sense of indigenous identity, power, trust, confidence, self-esteem and safety (Castellano, 2006).

Social and Historical Context

Australia:

- A notable exception is the Marumali Program designed by a survivor of the forced removal.
- Program involves one or five day workshops for survivors of forced removal.
- It is designed "as a healing program rather than a 'therapy' or a 'treatment'" culturally tailored to the strengths and challenges faced by Indigenous people in Australia.
- Program "offers a culturally appropriate and supportive forum for participants to discuss colonisation, grief, loss, identity and other issues of a sensitive nature, and allows for identity to be affirmed and strengthened (www.marumali.com.au)."

Social and Historical Context

Australia:

- Workshop offers insight into:
  - "Common types of removal/separation & their effects on those removed, their families & communities";
  - "Silence & transgenerational effects";
  - "Outlines the stages of Marumali healing journey";
  - "Importance of identity & belonging place & spiritual dimensions of healing (www.maruma

WINANGALI MARUMALI to put back together ®

Social and Historical Context

Canada:

- The Aboriginal Healing Foundation funded similar programs in Canada (Castellano, 2006).
- This type of intervention will take on renewed importance with the work of the Indian Residential Schools Truth and Reconciliation Committee (TRC) (Castellano, 2008).
- The emphasis of the TRC on healing and reconciliation has a direct bearing on community wellness, mental health and SEWB.
- Its activities are a form of intervention for the general population, raising awareness and documenting issues of historical trauma.
- Community mental health programs that address the impact of the residential schools can build on indigenous sources of resilience (Hanson & Hampton, 2000).

Cultural Competence, Safety and Responsiveness

- Cultural competence is an important counter-balance to the movement for evidence-based mental health care, which tends to lead to a 'one-size-fits-all' approach (Whitley, 2007).

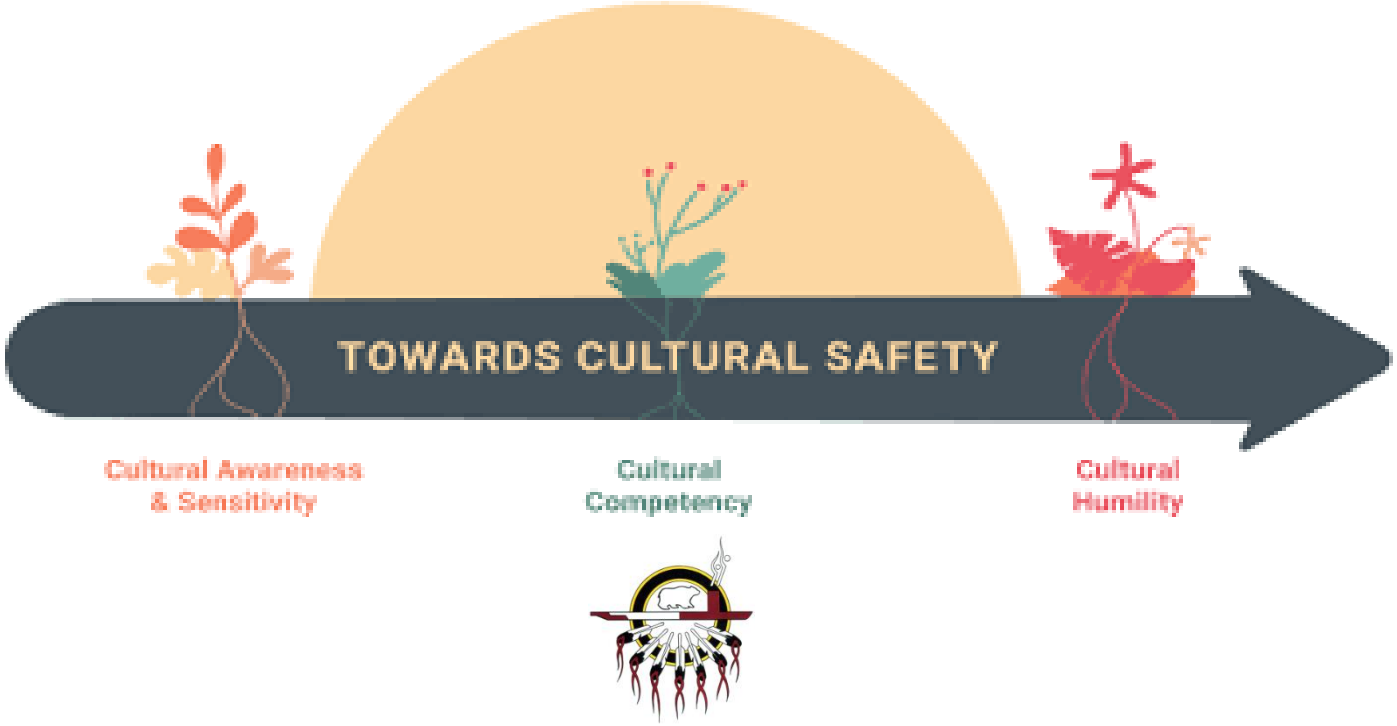
Example:

- Indigenous Physicians Association of Canada and the Royal College of Physicians of Canada (2009) – Developed specific curriculum and materials to train medical students and psychiatric residents in cultural competence for Indigenous mental health.

- Alternative approaches to addressing cultural diversity have been proposed, including a focus on cultural safety (Papps & Ramsden, 1996) and cultural humility (Tervalon & Murray-Garcia, 1998).

Cultural Competence, Safety and Responsiveness

- Cultural safety recognized by the National Aboriginal Health Organization (NAHO), other Indigenous organizations and the Mental Health Commission of Canada as preferred approach to guide efforts at improving the cultural responsiveness and appropriateness of care (Aboriginal Nurses Association of Canada, 2009; Stout & Downey, 2006).



Cultural Competence, Safety and Responsiveness

- Teams delivering care to Aboriginal communities must be trained in approaches to cultural competence and cultural safety.
- Community teams should be grounded in Indigenous ways, in terms of values, orientation, and interventions.
- Issues of ownership and governance are important to ensuring that teams include Aboriginal members and have the oversight of Aboriginal community organizations and local professionals, helpers and healers.
- Goals and processes of the implementation and efficacy of mental health promotion can be translated into culturally grounded local forms.
- This would serve to strengthen collective identity and commitment.

Multidisciplinary Teams and Assertive Community Treatment Teams

- Assertive Community Treatment teams (ACT) are the most common team approaches in contemporary psychiatry (Salyers & Tsemberis, 2007).
- These teams are multidisciplinary and support a caseload of individuals with severe mental illness that have a history, or are at high risk of, hospitalization (McDonel et al., 1997).
- The goal of these teams is to keep the individual in the community, functioning as smoothly as possible, through improving social support and treatment delivery.
- Members of the ACT team typically include a psychiatrist, one or more nurses, and case managers who may be social workers or have basic on-the-job training (Drake, 1998).

General Principles Underlying Community Wellness Teams

Some general principles relevant to the design, composition, implementation and governance of community wellness teams include:

1. Accessibility:

- Community wellness teams should address mental health needs in conjunction with other interventions such as telepsychiatry and visiting or liaison consultation services.
- Community wellness teams in major urban centres are also needed to ensure that Aboriginal people living in urban settings do not get lost in jurisdictional ambiguities and disputes, and receive appropriate services.

2. Cultural Safety:

- Critically important for mental health services to be provided to Aboriginal people in a culturally safe and appropriate manner, both through supporting the use of traditional healing approaches, and;
- All members of the team need training in the ethical, conceptual and pragmatic issues of integrating culture into mental health services and interventions (Kirmayer, Whitley & Fauras, 2009).

Multidisciplinary Teams and Assertive Community Treatment Teams

3. Community Engagement:

- Programs work better when individuals and communities choose them and contribute directly to their development.
- Community wellness teams should not be imposed on communities from outside with no local partnership and consultation.
- The most effective teams will result from intense community collaboration and involvement in terms of team governance, composition, activities and goals.

4. Diversity:

- Community wellness teams should be tailored to the specific diversity of the communities they serve.
- This can best be done through the involvement of Aboriginal mental health workers and community members in team governance.
- Communities can be presented with a range of options, organized according to major goals (with several alternatives within each category) so that they can choose the approaches that fit best with their needs, goals, and resources (Kirmayer, Whitley & Fauras, 2009).

Multidisciplinary Teams and Assertive Community Treatment Teams

5. Evidence-Based:

- Involving academic and professional experts in the process of team design, implementation and ongoing evaluation.
- Clinicians and researchers with experience working for Aboriginal communities can be engaged as consultants and evaluators on projects.

6. Training, Recruitment and Retention:

- Recruiting and retaining qualified professionals and Aboriginal mental health workers are key for the success of the team.
- This involves building capacity through new training programs, continuing education and support for community mental health workers.
- Retention of trained workers in remote and rural settings can be improved both by appropriate training settings (located in or near communities) and by building regional and national peer and professional networks that provide support and opportunities for continued learning (Kirmayer, Whitley & Fauras, 2009).

Multidisciplinary Teams and Assertive Community Treatment Teams

7. Responsiveness:

- The orientation and activities of the community wellness team should be responsive to changing circumstances in the community.
- Needs assessments can be conducted before a team is implemented and its goals and interventions tailored to meet local needs.
- Ongoing needs assessments can identify changing circumstances and allow re-orientation of wellness teams in response to emerging needs.

8. Sustainability:

- Pilot projects developed with no prospect of continuing if they are successful may cause harm by raising expectations or leaving individuals in mid-stream.

  (Kirmayer, Whitley & Fauras, 2009).

Multidisciplinary Teams and Assertive Community Treatment Teams

9. Collaboration:

- Community wellness teams must be meaningfully networked into primary, secondary and tertiary care networks.
- These should also be a backdrop of supportive services (for example telepsychiatry and continuing education) that ensures teams are appropriately supported.

10. Evaluation:

- External evaluators to reduce bias.
- Evaluations can best take the form of community-based participatory action research, so that community members and academics work as partners to ensure a methodologically and ethically sound evaluation (Kirmayer, Whitley & Fauras, 2009).

Areas of Focus for Community Mental Health Teams and Wellness Promotion

Focus on children, young people, families and communities:

- Develop and implement programs that strengthen maternal and child health programs, with a focus on culturally appropriate family and parenting skills.
- Disseminate age-appropriate assessment and intervention strategies children and young people at risk of mental health and related problems.
- Support community development programs that build on the capacity of local communities to respond to the needs of children.
  - These may include educational, recreational and cultural programs targeting youth that focus on the healthy development of individuals through their teenage years into adulthood (L'Abate, 2007; Barry & Jenkins, 2007; O'Connell et al., 2009).

Areas of Focus for Community Mental Health Teams and Wellness Promotion

Focus on children, young people, families and communities:

- Develop programs to strengthen male cultural identity, through links between Elders, adults and youth.
- Provide effective programs to reduce the risk of violent behaviour and self-harm, to break the cycles of violence, abuse and substance misuse. This includes community supported programs for alcohol harm reduction.
- Implement culturally appropriate programs and interventions to help people with their healing process from cumulative experiences of grief, loss trauma, and anger (L'Abate, 2007; Barry & Jenkins, 2007; O'Connell et al., 2009).

Areas of Focus for Community Mental Health Teams and Wellness Promotion

Develop Aboriginal Community Controlled Health Services:

- Build a skilled group of mental health workers able to provide mental health and social and emotional well being services within the Aboriginal community controlled health services.
- Provide optimal resources to community mental health centres and teams to deliver flexible social and emotional wellness programs and needs based care that incorporate traditional and more culturally appropriate approaches to healing (Harfield, Davy, McArthur, et.al, 2018).

Areas of Focus for Community Mental Health Teams and Wellness Promotion

Develop Aboriginal Community Controlled Health Services:

- Develop, implement and monitor strategies to recruit, retain and support Aboriginal workers, organizers and administrators in the promotion of mental health and social and emotional well-being.
- Develop regional centres that can deliver support and in-service training to counsellors and other workers in the area of mental health and wellbeing, and ensure that training opportunities are available to meet community identified needs. The same centres can provide ongoing support, networking, and backup for local teams (Harfield, Davy, McArthur, et.al, 2018).

Areas of Focus for Community Mental Health Teams and Wellness Promotion

Improve access and responsiveness of mental health care:

- Identify, monitor and disseminate information about effective models of services and partnership that improve service responsiveness to Aboriginal peoples in partnership with NAHO and other organizations.
- Support training at universities and professional programs for all health and social service professionals on Aboriginal mental health issues.
- Provide training for primary care clinicians in Aboriginal mental health issues.
- Provide in-service training for all non-Indigenous mental health workers in the knowledge, skills and attitudes required to meet the needs of Aboriginal patients and their families (Kirmayer, Whitley & Fauras, 2009).

Areas of Focus for Community Mental Health Teams and Wellness Promotion

Improve access and responsiveness of mental health care:

- Provide cultural safety training for administrators and planners, so they, in turn, can build this into organizational and institutional practice.
- Develop strategies to encourage psychiatrists, psychologists and other mental health professionals to work in Aboriginal communities.
- Increase the numbers of Aboriginal mental health worker positions and provide appropriate on the job support and supervision (Kirmayer, Whitley & Fauras, 2009).

Areas of Focus for Community Mental Health Teams and Wellness Promotion

Coordination of resources, programs, initiatives and planning:

- Improve linkages across all services and sectors to ensure collaborative responses and needs-based mental health care.
- Provide funding that enables Aboriginal community controlled health services to more flexibly deliver mental health and social emotional well being programs.
- Increase funding to Aboriginal community controlled health services to operate mental health and wellbeing programs (Barry & Jenkins, 2007).

Areas of Focus for Community Mental Health Teams and Wellness Promotion

Coordination of resources, programs, initiatives and planning:

Summary and Conclusion

- Best practices in community mental health are relevant to the design of community wellness teams.
- There are distinctive features of Aboriginal communities and populations that require adaptation of prevention strategies and interventions.
- Programs should be locally initiated, owned and accountable, embodying the norms and values of Aboriginal culture.
- Mental health promotion is the responsibility of the entire community, and requires mobilizing support and solidarity from family, religious, political and/or other groups. This means there must be close collaboration between health, education, other community services and local government.

Summary and Conclusion

- Prevention begins with early child development. Mental health promotion should therefore include culturally consonant family life education and support.
- Indigenous communities should have access to essential mental health services, both for crisis intervention and for longer-term counseling, individual and family intervention as needed.
- Mental health interventions must be in harmony with local traditions of conflict resolution, healing, and family life.
- Evaluation of the impact of prevention and mental health promotion strategies is essential.

Chi-Miigwetch!!!

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