

The Rural and Northern Telehealth Service

Mental Health Programming for First Nations Communities

Mark Koltek MD FRCPC, Psychiatrist, MATC

Panel: Integrating Technology

SPOR PIHCI Health System Integration Summit
May 10, 2019, Saskatoon, Saskatchewan

Acknowledgement

I acknowledge that today we are on Treaty 6 territory, home of the Plains and Woodlands Cree, and the Assiniboine First Nations .

I acknowledge that Manitoba is on the original lands of the Dakota, Anishinaabeg, Cree, Oji-Cree, Dene, Inuit, and Metis Nations.

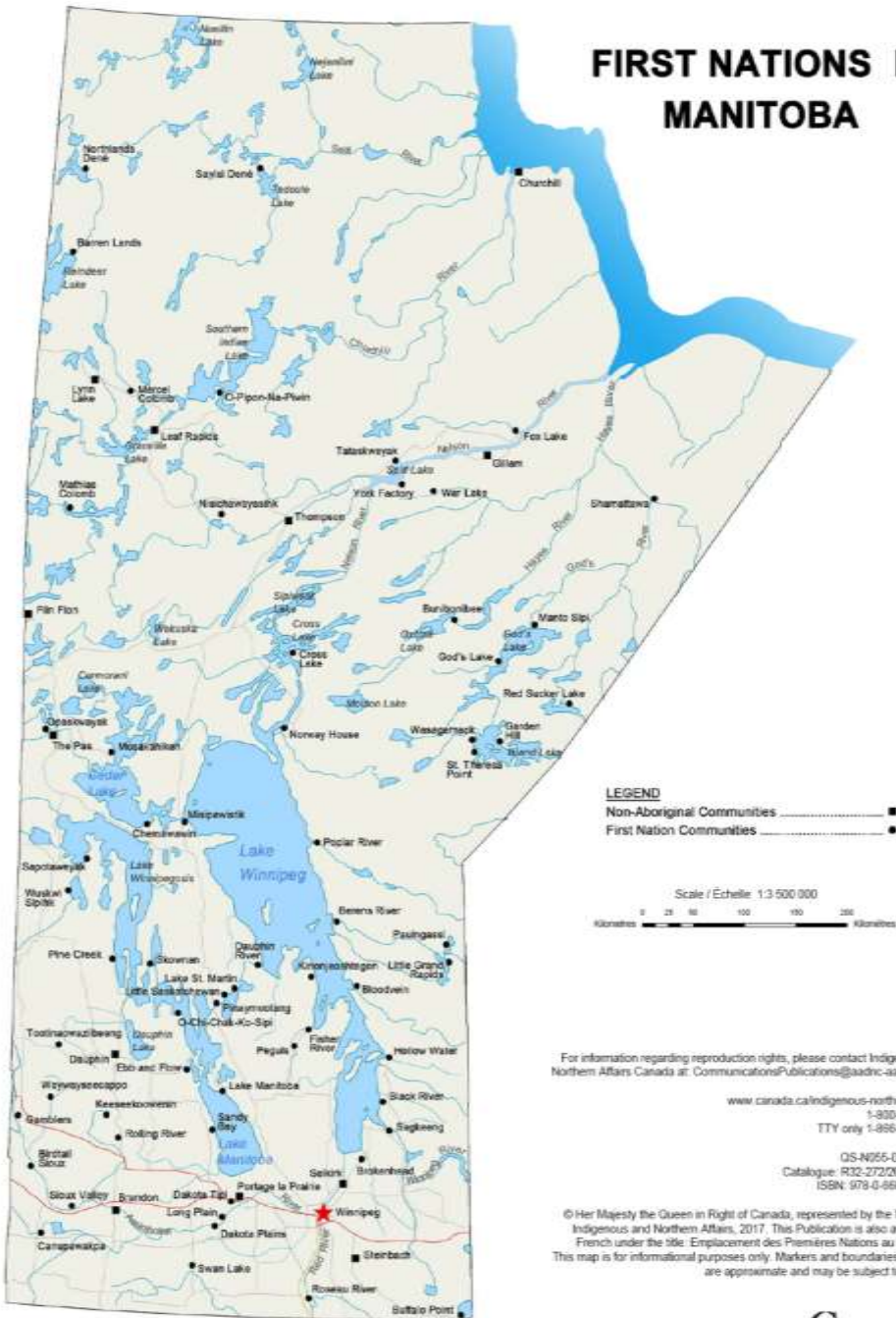
I also acknowledge that Manitoba Adolescent Treatment Centre (MATC) is located on Treaty One territory.

We respect the Treaties that were made on these territories and we acknowledge the harms and mistakes of the past. We dedicate ourselves to moving forward in partnership with First Nations, Metis and Inuit communities in a spirit of reconciliation and collaboration.



Provincial Context

FIRST NATIONS IN MANITOBA



For information regarding reproduction rights, please contact Indigenous and Northern Affairs Canada at: CommunicationsPublications@aadnc-aandc.gc.ca

www.canada.ca/indigenous-northern-affairs
 1-800-567-3604
 TTY only 1-896-553-0554

QS-N255-011-EE-A1
 Catalogue: R32-272(2017E)-PDF
 ISBN: 978-0-960-09062-7

© Her Majesty the Queen in Right of Canada, represented by the Minister of Indigenous and Northern Affairs, 2017. This Publication is also available in French under the title: *Emplacement des Premières Nations au Manitoba*. This map is for informational purposes only. Markers and boundaries indicated are approximate and may be subject to revision.

Disclosure



Not just for the Jetsons anymore...

Telehealth at MATC

- Psych consult model – 2001
- Rural and Northern Telehealth Service - April 2010
- Jordan's Principle – Child First Initiative – August 2017
- Staffing:
 - 11 Mental Health Clinicians
 - 2 Child and Adolescent Psychiatrists (1.0 EFT)
 - 1 Child Psychologist (0.5 EFT)
 - 1 Program Manager (1.0 EFT)
 - 1 Admin support (1.0 EFT)
- Mental Health Clinician lead, utilize psychiatry as needed.
- In Community services developing

Remembering Jordan

- Jordan River Anderson was a young boy from Norway House Cree Nation in Manitoba who was born with multiple disabilities. He lived for over two years in a hospital because at the time the federal and provincial governments could not agree on who would pay for his at-home care. Unfortunately, Jordan died at the age of 5 before he could experience living in a community home.
- Jordan's death ignited a movement to uphold human rights for all First Nations children through the creation of the child-first principle called "Jordan's Principle."

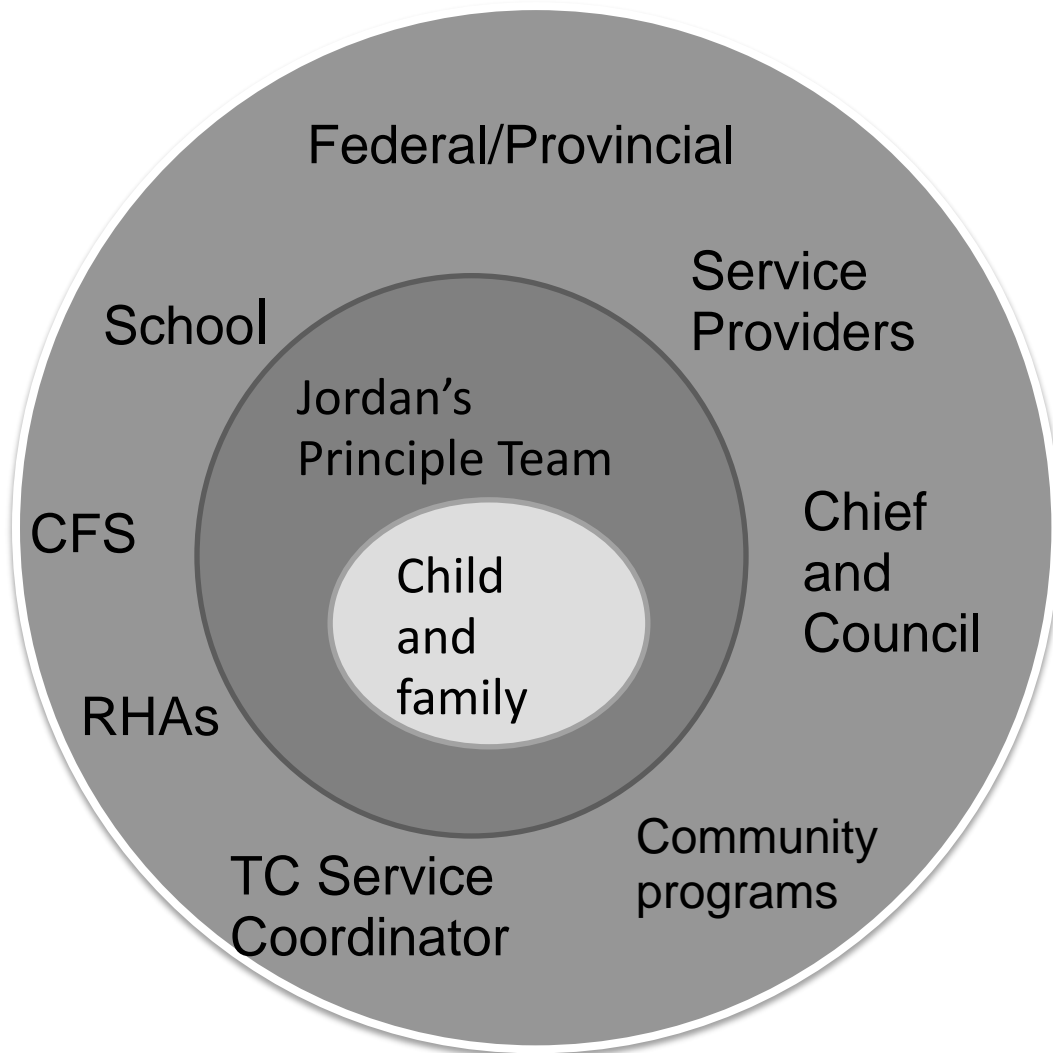


Background Story

- In December 2007, Jordan's Principle was passed in the House of Commons in honour of Jordan River Anderson;
- In 2008, Indigenous and Northern Affairs Canada (INAC) and Health Canada (HC) were tasked with implementing Jordan's Principle
- Representatives from the INAC, Health Canada, The Province of Manitoba and Assembly of Manitoba Chiefs undertook to operationalize, however due to the narrow definition at the time there were only a handful of cases across Canada.
- In January 2016, after a complaint from First Nations Child and Family Caring Society of Canada (FNCFCSC), led by Dr. Cindy Blackstock, and the Assembly of First Nations (AFN), Jordan's Principle was substantiated by the Canadian Human Rights Tribunal (CHRT). The Government of Canada was ordered to cease applying its narrow definition of Jordan's Principle, and take measures to implement its full meaning and scope; This included health, education, etc.

Jordan's Principle Group Respite Circle of Care- *at the community level*

...the building blocks of the new Model of Care



Each FN Community in Manitoba is funded for a Jordan's Principle Circles of Care. They have built models focusing on the following elements:

- Integration: They **challenge** themselves to integrate teams around Children's needs
- Shift a largely reactive workforce to a more **preventative, proactive** and **local** one;
- **Collaborate** with a greater range of providers to change the nature of the conversation;
- Foster real **change** and **innovation** to create **system solutions**.

RNTS Guiding Principles

- Community-focused
- Culturally Safe
- Collaborative
- Focus on youth identified as being at-risk
- Accessible
- Capacity Building
- Mental Health Promotion

Seven Sacred Teachings

- Love - Gift from the Eagle
- Respect - Gift from the Buffalo
- Courage – Gift from the Bear
- Honesty – Gift from the Sabe
- Wisdom – Gift from the Beaver
- Humility – Gift from the Wolf
- Truth – Gift from the Turtle

Goals of the Program

- Improve access to psychiatric and mental health services in traditionally under-resourced or remote communities
- Collaborate and consult with hospital and community-based service providers to ensure appropriate treatment & follow-up
- Contribute to the overall community wellness through prevention activities and community capacity-building efforts.

Commitment to Reconciliation

- Management training – Circle of Courage
- Collaborations: WRHA Indigenous Health; Indigenous Institute of Health and Healing
- Staff training
- 2016 Conference ‘Open Hearts Open Minds’
- All Nations Cultural Committee & Literature Circle
- Policy and clinical practice development
- Elders Mary Wilson and Vern Dano

Mental Health Service Delivery Model

Two-Eyed Seeing

- Duality of western mental health models with traditional wisdom and teachings for each unique community.
 - Community healing practices, including ceremony
 - Land based cultural healing activities/training
 - Elder services
 - Mental Health Literacy Curriculum development

Two-Eyed



Seeing

Skills Base of our Team

- Nursing, Social Work, Marriage and Family Therapists, Horticultural Therapist
 - Specialized training in Trauma focused therapy, CBT, EFT, MI, Art therapy, Play therapy, Land-based Cultural Healing, Medicine Wheel.
- Psychology
 - Clinical supervision, two-eyed seeing
- Educators
 - Capacity building

Common Concerns Prompting Referrals to RNTS

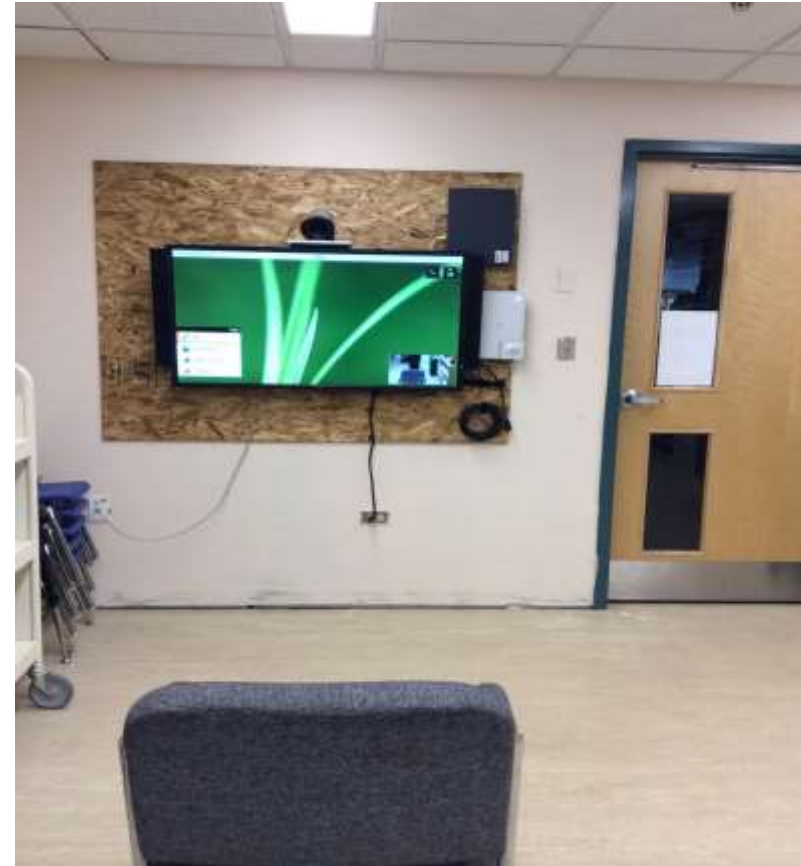
- Talking about suicide
- Changes in person's behavior or personality
- Relationship challenges with friends or family
- Mood swings, sadness, excessive worries, panic attacks
- History of trauma, grief or loss
- Serious problems at school
- Difficulty Coping

Reasons for Access to RNTS

- Psychotic symptoms
- Substance-related difficulties
- Neurodevelopmental challenges
- ADHD
- Peer difficulties, bullying
- Situational stressors

Process

- Referral
- Determine need/how we could help
- Counselling support/meeting with doctor
- Referral/Collaborate to other resources if needed
- Follow-up to ensure needs getting met



Multisystem Commitments

- MATC
- Specialized Services for Children and Youth
 - CDC, FASD, OT, SL, etc
- Special Needs – St. Amant
- Manitoba First Nations Education Resource Centre
- Frontier School Division

Telehealth-based Challenges and Opportunities

- Engagement
- Infrastructure
 - Internet access
 - Capital space
- Limited treatment models
- Distance
- Confidentiality
- Community-based resources

Manitoba Mental Health SPOR Proposal

- Woodgate, R.L. (Principle Investigator), Synyshyn, M., Linklater, I., Barriage, S., Koltek, M., Martin, D., Brownell, M., Wilson, M., Witt., J., Middendorp, L., Balshaw, R., et al. (2018). *Putting children first: Delivering quality and cost-effective mental health services to children and youth living in First Nations communities.*
 - Evaluate enhanced telemental services (ETHS) model that is intended to improve mental healthcare services and outcomes for youth living in FN communities in Manitoba in a cost-effective manner.
 - Adopt a patient-centred approach and integrate novel methods of inquiry such as a review of available data, qualitative exploration across multiple levels (youth, family, community, and service providers), and arts-based methods.

Digital or eHealth Opportunities

- eConsult
- eLearning
- Decision support tools (DST) – Screening
- Virtual communities of practice
- Patient directed digital solutions
 - Web based apps
 - Digital story telling
 - Social media

Paradigm

My Reconciliation is...

Rural and Northern Telehealth

TeleMental Health Programming for Remote First Nations Communities

Credits: Ms. Lori Middendorp,
Dr. Roberta Woodgate, Mr. Joe
Gacheru, Dr. Jennifer Hensel,
Anderson Family, Assembly of
Manitoba Chiefs

Photo credits:

**None of the individuals who appear in photos
are affiliated in any way with RNTS unless
indicated.**

Photo of Berens River c/o SERDC
Youth photos included in title slide c/o aadnc-
aadnc.gc.ca



Berens River, MB

Dr. Mark Koltek, MD FRCPC, Director RNTS



