QI Power Hour

THE INDIGENOUS PATIENT JOURNEY PROJECTS: CYCLES OF TRAUMA & CRISIS

With RANDAL BELL

SASKATCHEWAN HEALTH QUALITY COUNCIL

Welcome to QI Power Hour

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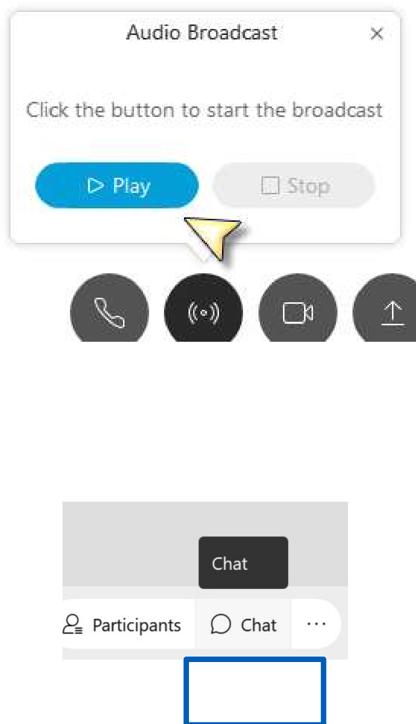

A Little Story...

In one of the many trips I made south for this project, I met an elderly woman named Evelyn. Evelyn told me a story about a goodwill trip she once went on. It was a trip to a castle in Spain, in which a large group of people were going to plant a Sequoia tree. The gold that lived in the castle once lived in North America, and while these old people couldn't take the gold home they could bring a piece of home to the gold in the form of a Sequoia tree. They had traveled from all over North America to participate in honoring the gold with the gift of the sequoia tree.

She said before she left she spoke with her father; a community elder. He told her to go down to the Old Man River and to grab a handful of soil to put in a leather pouch. She asked why but he said nothing. When she returned, she asked what she was supposed to do with the soil. He said that when the time came she would know what to do with it.

On the day they were planting the sequoia tree in the grand courtyard of this Spanish castle, the city workers dug a big hole for the tree and stepped back. The indigenous people that came from the four corners of North America began stepping forward and looking into the hole. In that instant, Evelyn knew why she had brought the soil so she reached into her purse and withdrew the leather pouch. She opened it up and began pouring the soil into the hole. Slowly, the others began digging in purses, bags and backpacks; pulling out little cans, boxes and pouches...and all carefully pouring the different coloured soils of their homeland into the hole.

Upon her return she asked her father how he'd known that everyone would bring soil from their homelands, but he didn't answer. He said only that the soil would bring life to the sequoia. After some quiet thought Evelyn said to me, "the tree's roots get its life from the soil and now the tree would never forget where it's life began."

Much like the old people brought soil from the four corners of North America in Evelyn's story, we've gone to the four corners of Alberta to listen to indigenous people who've accessed addiction and mental health services. We've gathered their soil, their voice, and brought those voices forward and poured them into this project. With care and nurturing, they too, will feed the roots of addictions and mental health services. This will ensure the growth and development of services that embrace their culture and traditions, meeting their needs in a way that works for them.

- Randal Bell, Project Lead

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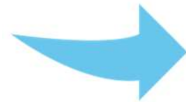

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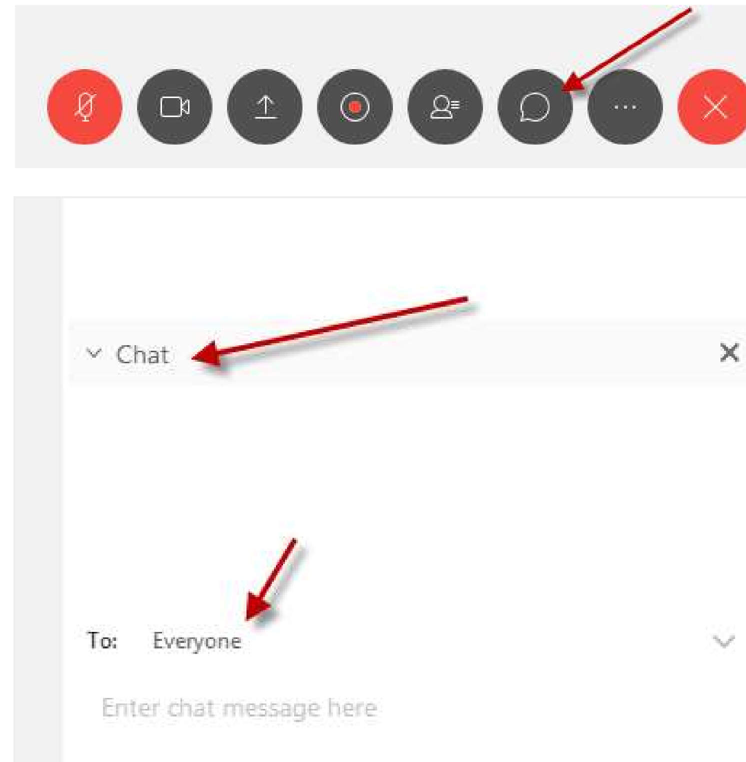

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THE INDIGENOUS PATIENT JOURNEY PROJECTS: CYCLES OF TRAUMA & CRISIS

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SASKATCHEWAN HEALTH QUALITY COUNCIL

Alberta Health Services

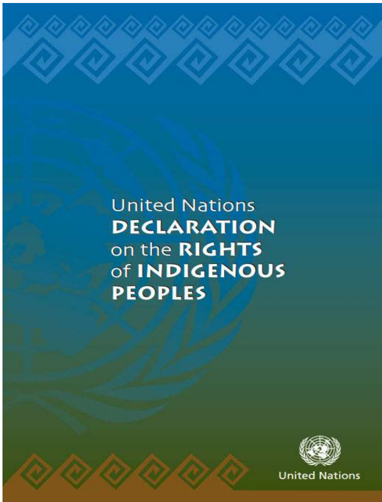
The
Indigenous Patient Journey Projects
Cycles of Trauma & Crisis

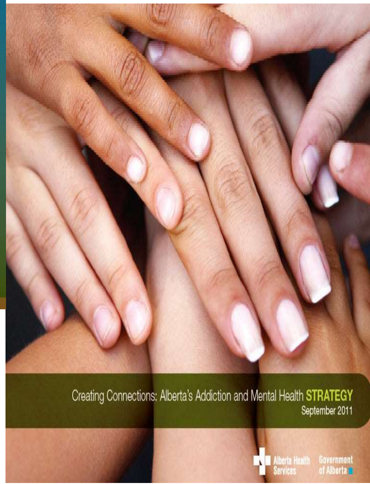
Addiction and Mental Health Services

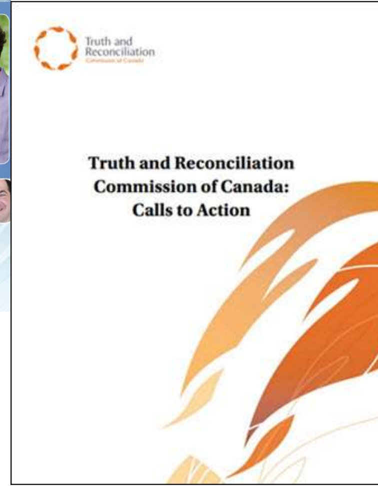
Provincial Planning and Capacity Management

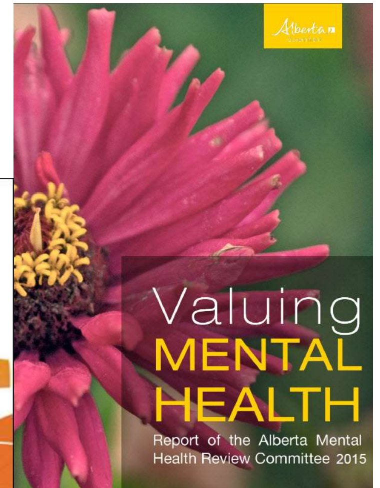
Presented by Randal Bell

The IPJ Project Background

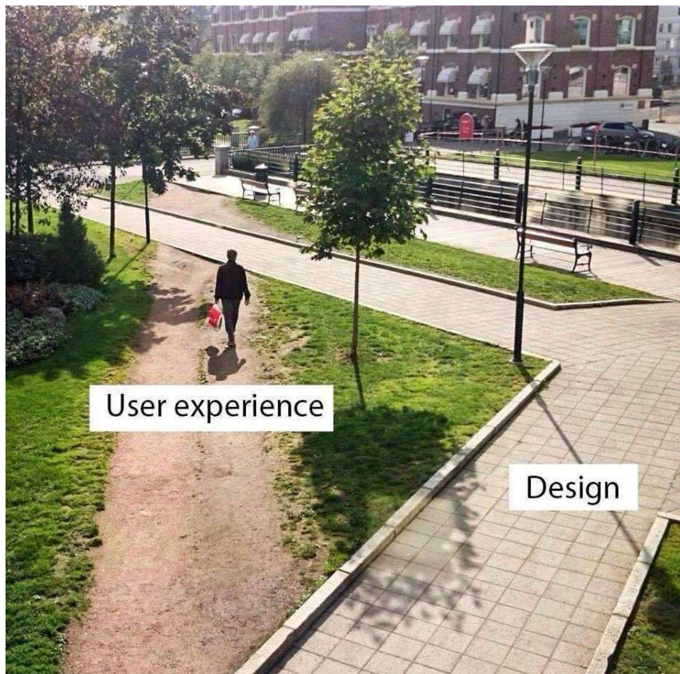








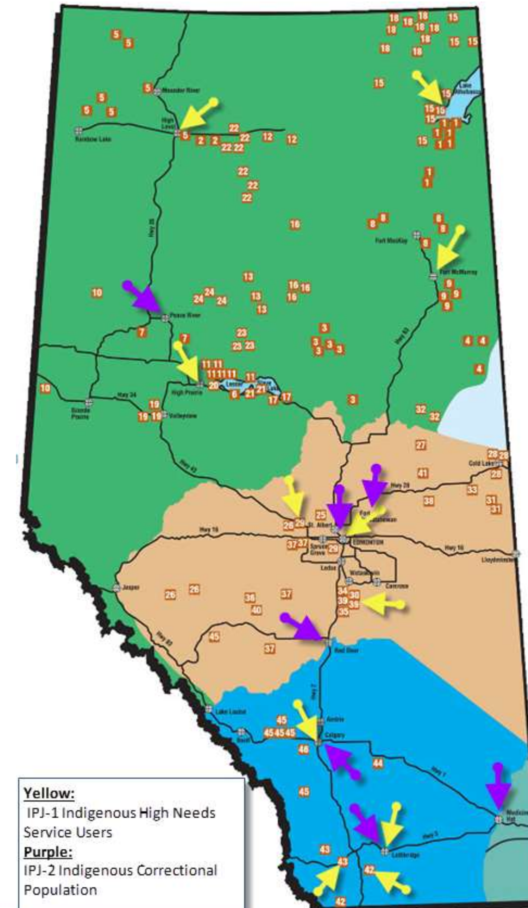
Tell us about the Indigenous Patient Journey (IPJ) Projects…



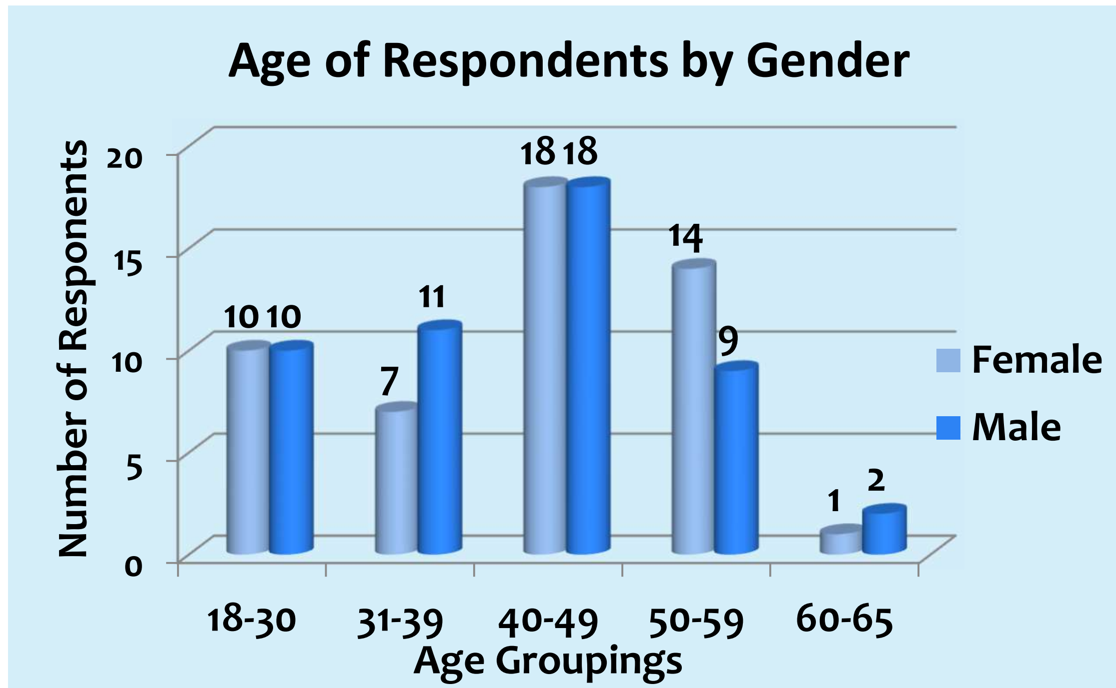
- We interviewed over 200 Indigenous service-users across Alberta
- IPJ-1 examined the needs of 100 Indigenous High Needs Service Users
- IPJ-2 looked at 100 incarcerated Indigenous Service Users
- “What is working, what isn’t working and what is missing in the addiction and mental health services delivered to Indigenous people.”
- We set out to capture the service-user’s perspective on AMH services – the service-user narrative

How did the IPJ Projects go?

- Interviews for IPJ-1 started in July 2015 and concluded January 2016
- Interviewed in 13 locations
- Interview sites were typically Community-based organizations or support services, treatment centres or on-reserve health centres
- Interviews for IPJ-2 started in July 2016 and concluded August 2016
- Interviewed at 7 Correctional Centres in Edmonton, Red Deer, Calgary, Peace River, Lethbridge, Medicine Hat and Fort Saskatchewan

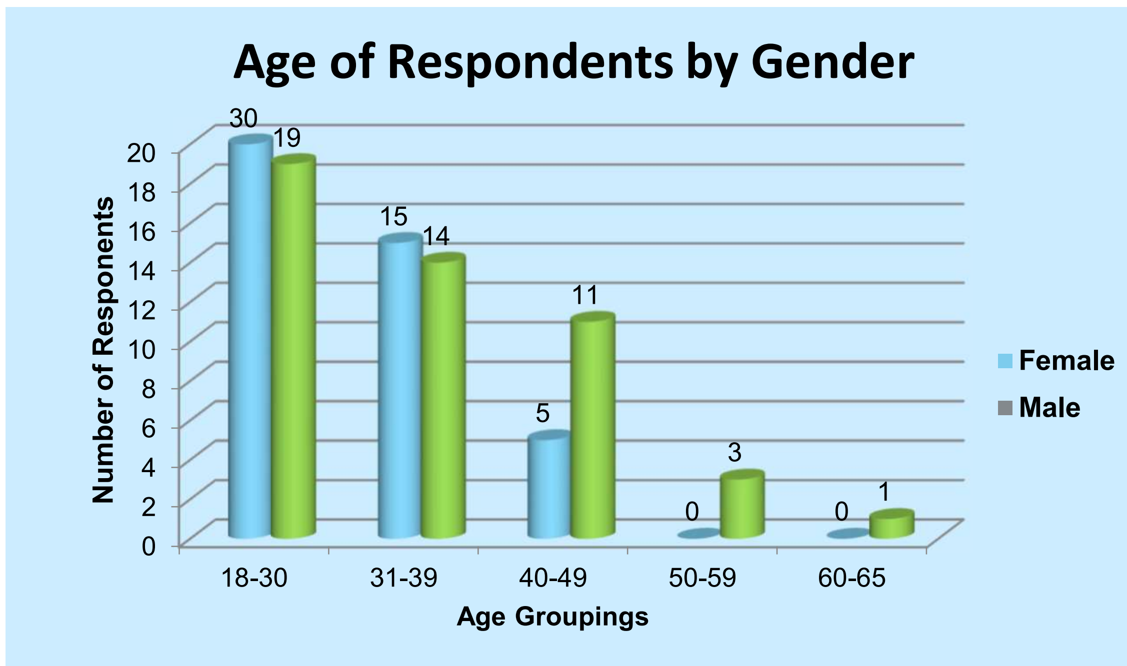


IPJ-1 Participant Demographics



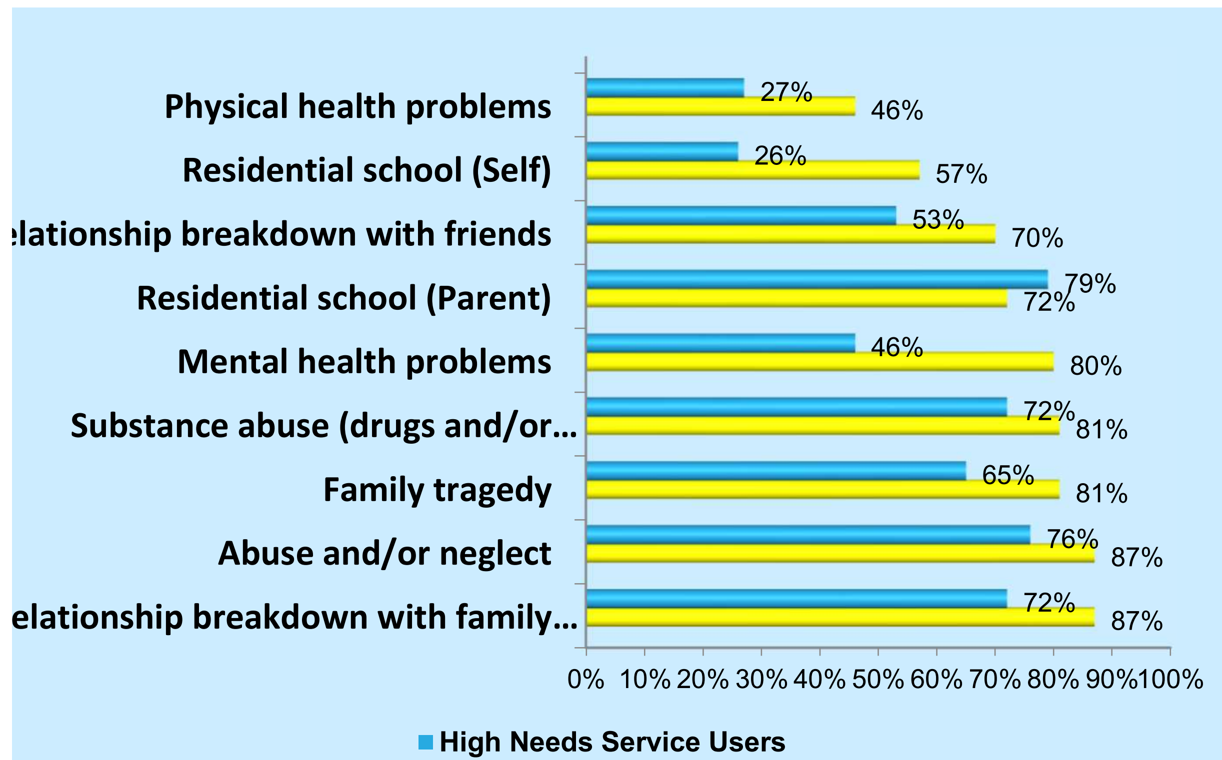
- N = 100:
  - 50 Male & 50 Female
  - Average age fell between 40-49
- Indigenous Status:
  - 73% Status
  - 17% Metis
  - 7% Non-status
  - 3% Inuit

IPJ-2 Participant Demographics



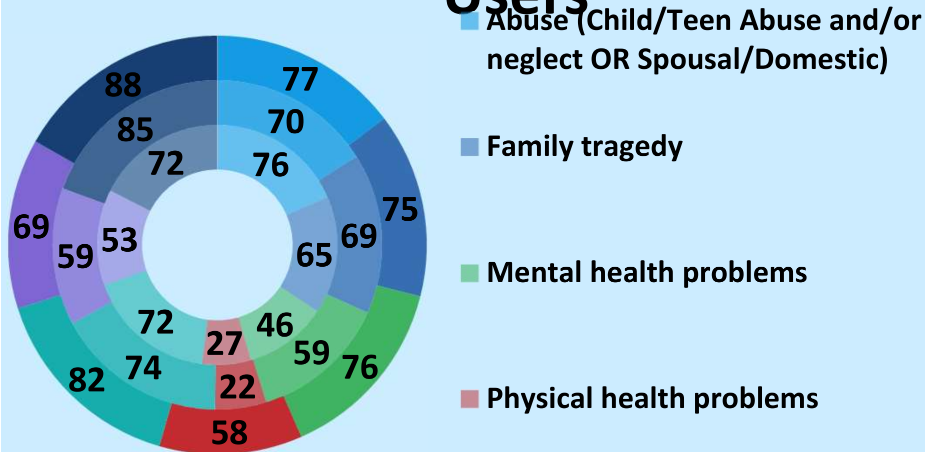
- N = 100:
  - 50 Male & 50 Female
  - Average age: 18-30
- Indigenous Status:
  - 80% Status
  - 16% Metis
  - 4% Non-status
  - 0% Inuit

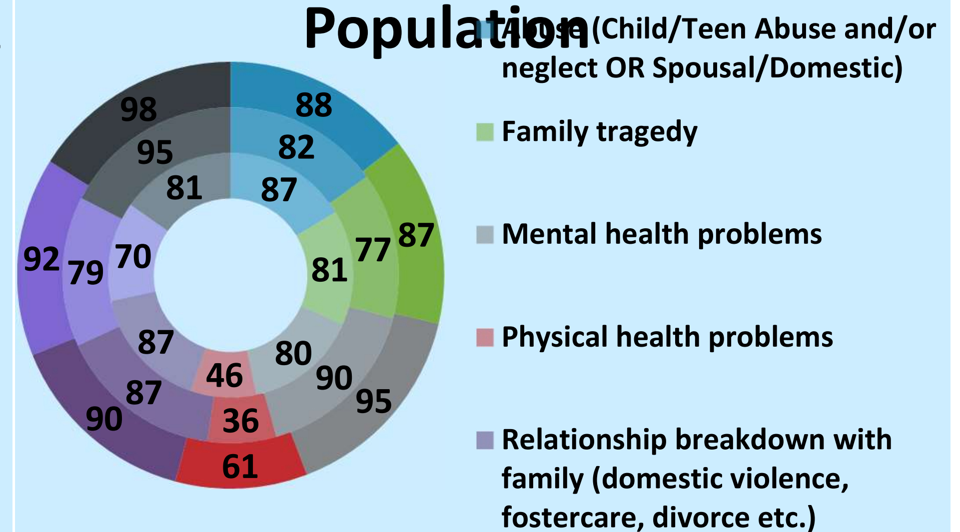
Adverse Childhood Experiences (ACEs)



- Corrections population has higher values reported for nearly ever category in the inventory - through childhood, teen years and adulthood
- Values for corrections participants who attended residential schools more than double the HNSUs at 57%
- Values of Mental Health Problems in the Corrections population nearly double the HNSUs at 80%

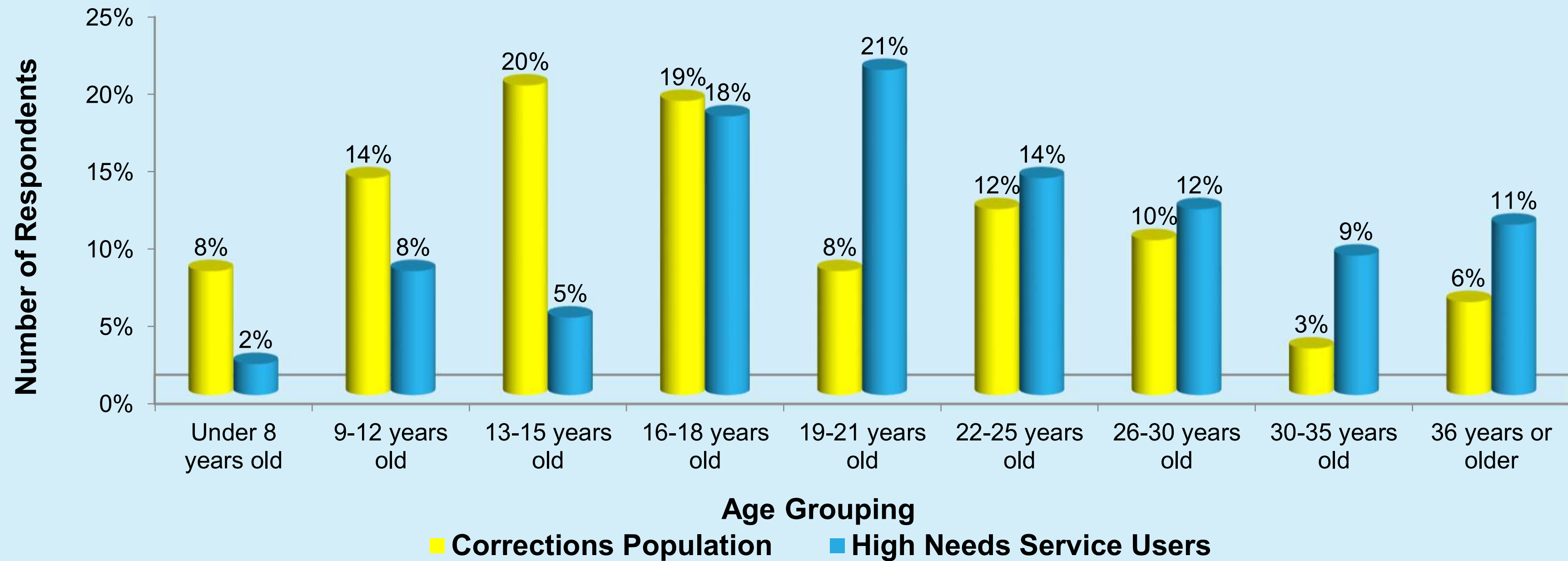
Trauma Exposure Across the Lifespan



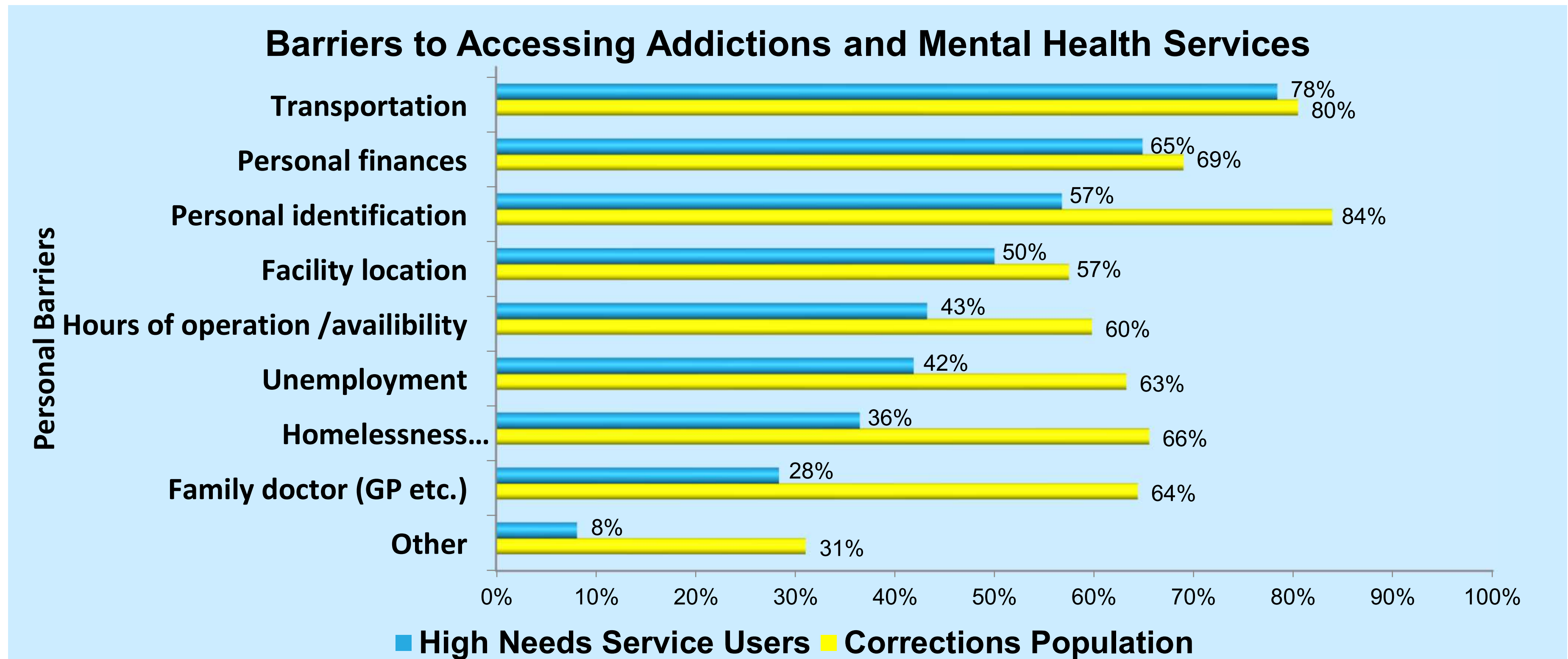


Alberta Health Services

Access & Awareness: AMH Services

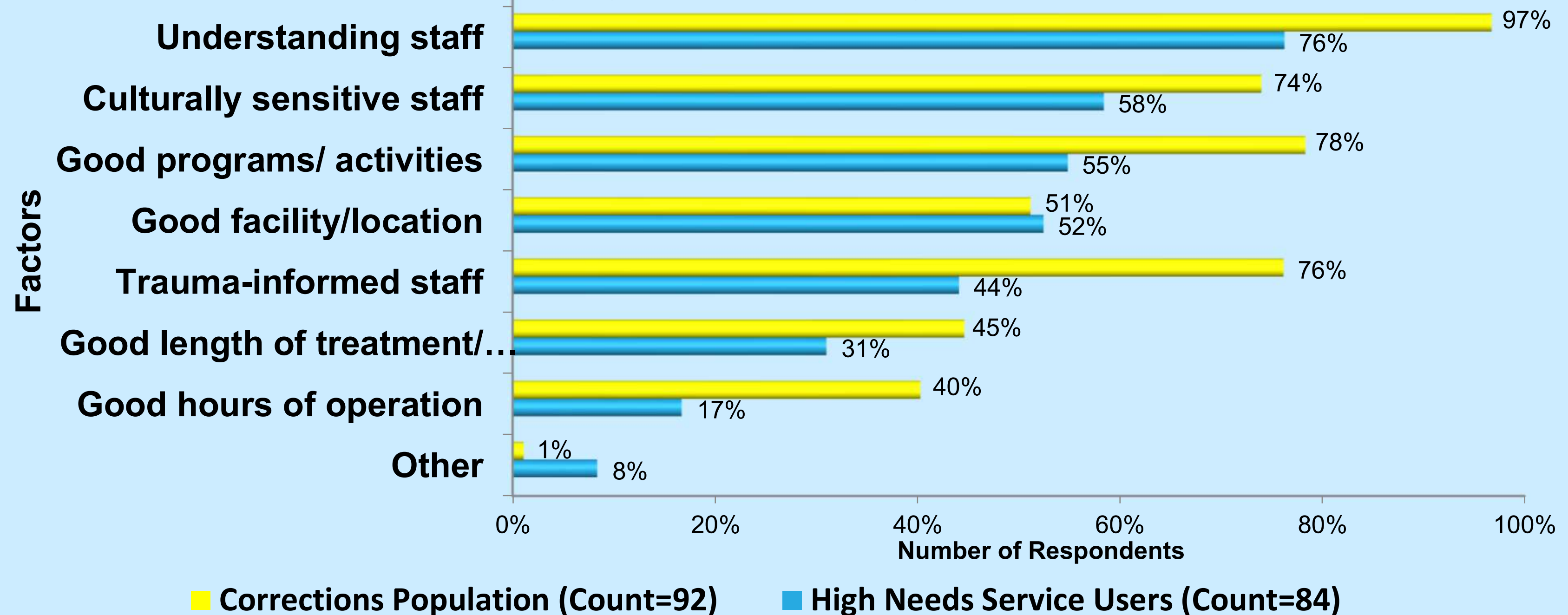


Access & Awareness: AMH Services

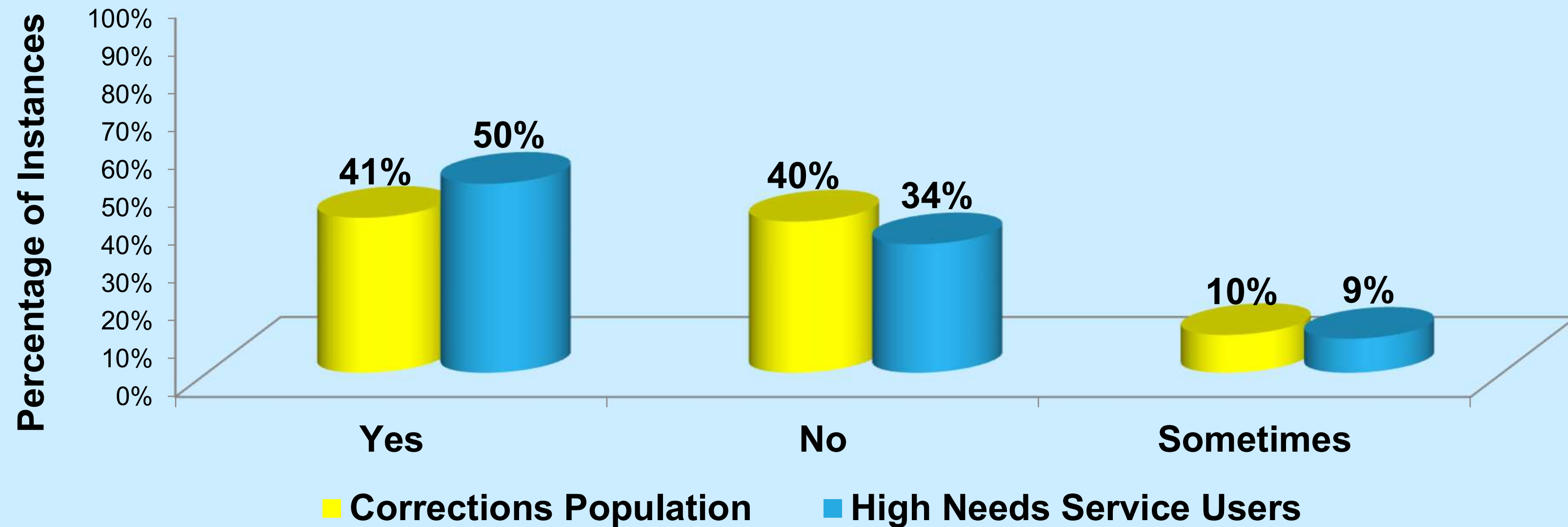


Alberta Health Services

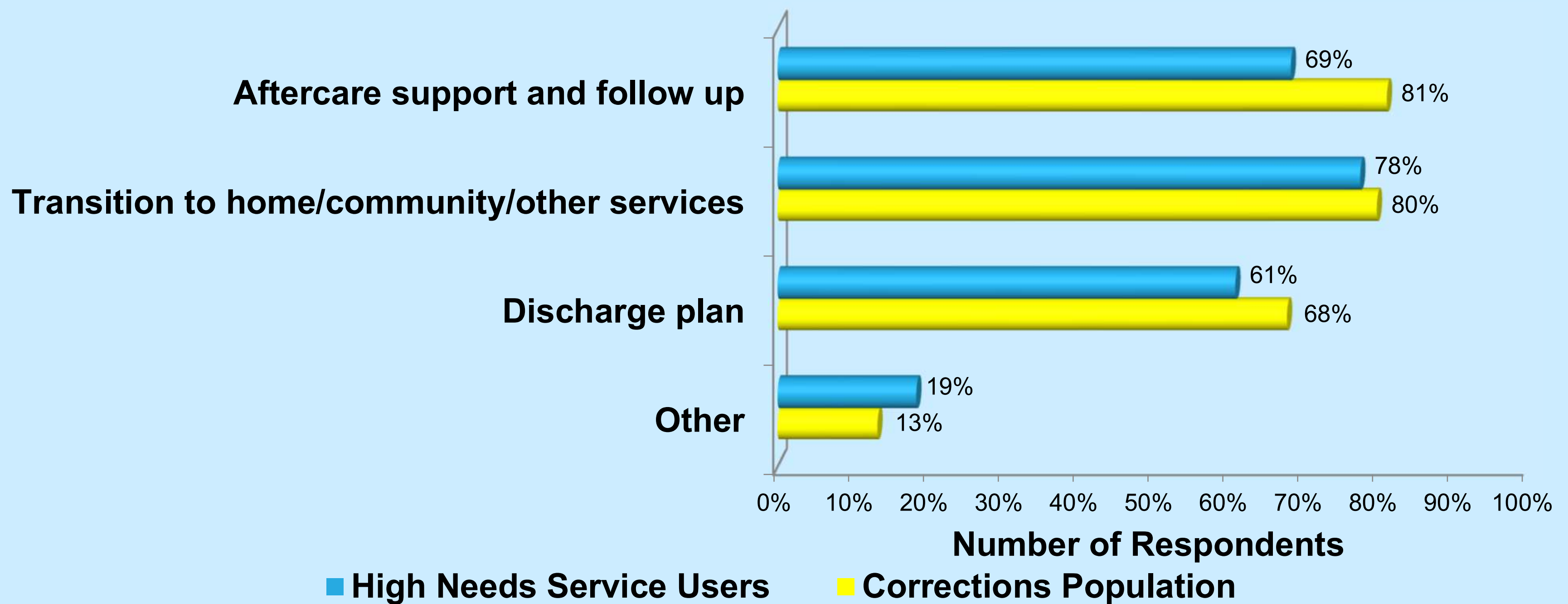
Service Delivery: AMH Services

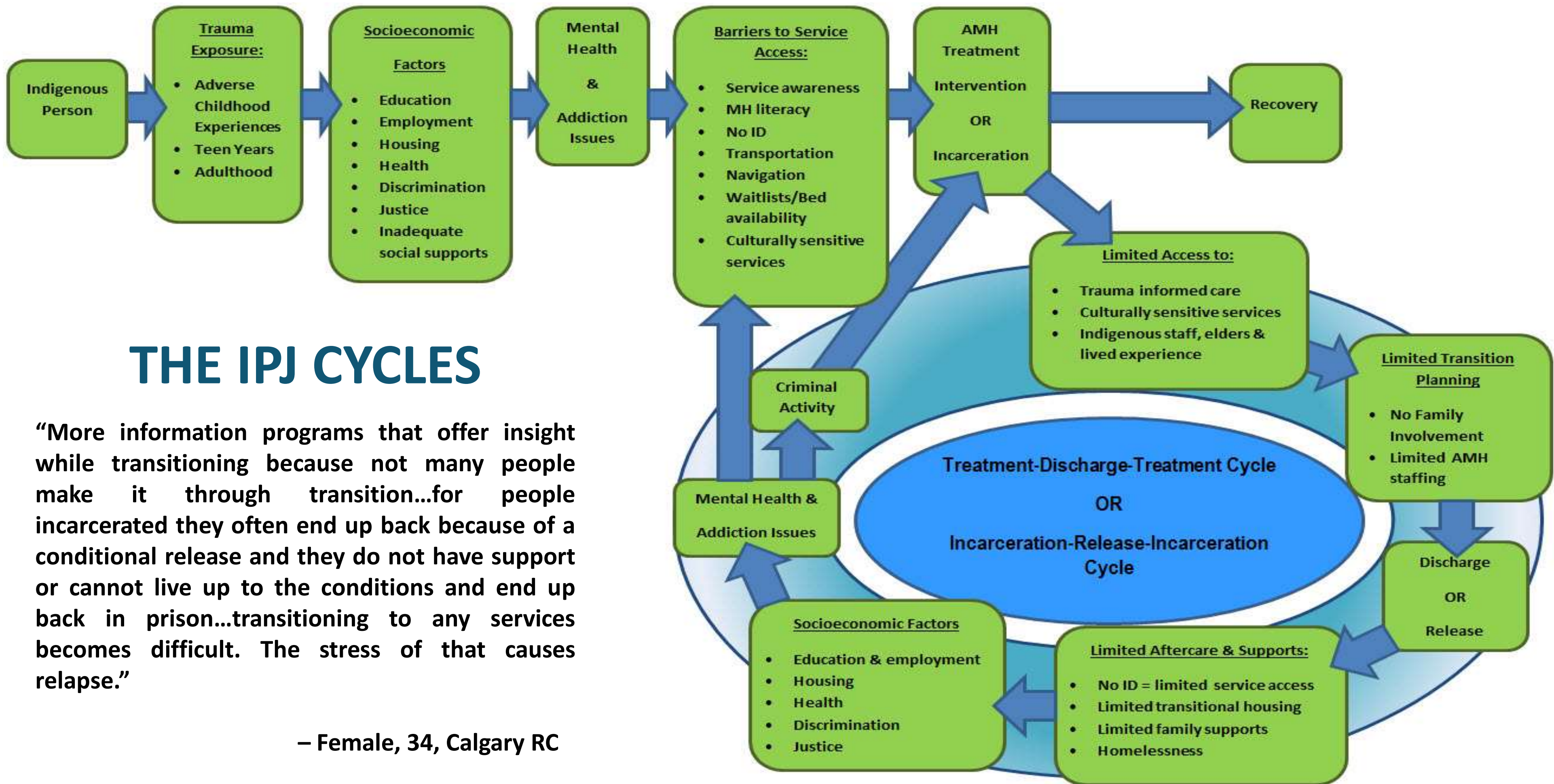


AMH Culturally Sensitive Services



AMH Service Transitions





THE IPJ CYCLES

"More information programs that offer insight while transitioning because not many people make it through transition…for people incarcerated they often end up back because of a conditional release and they do not have support or cannot live up to the conditions and end up back in prison…transitioning to any services becomes difficult. The stress of that causes relapse."

– Female, 34, Calgary RC

Alberta Health Services

What needs were identified?

1. AMH Services are difficult to access in Indigenous communities, rural communities and remote communities	2. Need to enhance Mental Health Awareness in Community
3. Need to enhance AMH Community Engagement	4. Need more AMH Service Awareness and AMH Service Access in Correctional Centres
5. Need more AMH service awareness and AMH service access in Indigenous communities, rural communities and remote communities	6. Need to Target Indigenous Youth With AMH Awareness/Promotion in schools
7. Need Improved Access to AMH services and staff in Community	8. Need Improved Transition Planning and Support
9. Need Support in Getting Pre-treatment Applications and Medicals	10. Need Consistent Family Involvement in AMH Care Planning and Intervention
11. Need more trauma informed care training for AHS staff	12. Need Housing To Be Part of AMH Transition Planning (i.e. Transition Beds)
13. Need 24 hour access to AMH staff, Services and Detox Beds in Community	14. Need Improved Aftercare Planning and Support
15. Need transportation assistance and support in Community	16. Need Employment To Be Part of AMH Transition Planning
17. Need shorter waitlists to get into inpatient addiction treatment in community	18. Need more access to AMH services and staff in Correctional Centres
19. Need more service navigation and transition staff	20. Need Standardized Planning, Collaboration and Communication with Community Based Organizations and Support Services
21. Need support services to assist people with getting ID	22. Need Longer Term Addiction Treatment Options in Community
23. Need Improved Access to Elders and Persons of Lived Experience in AMH Service Delivery	24. Need Improved Access to Addiction Detox, Addiction Treatment Beds & Transition beds in Community
25. Need improved access to Cultural Programming in AMH Service Delivery	26. Need Improved Access to Elders and Cultural Supports in AMH Service Delivery
27. Need more access to Forensic and Community Services (FACS)	28. Need more access to Corrections Transitions Teams
29. Need more AMH Service Awareness with young people	30. Need Improved Access to Elders and Cultural Supports in AMH Service Delivery
31. Need to ensure AMH services are sensitive and responsive to the needs of Indigenous people	32. Need more access to Corrections Transitions Teams
33. Need to Prioritize Indigenous Youth With Addiction and Mental Health Services (possibly in correctional centres)	34. Need Improved Access to Addictions counselors and Addiction Treatment (possibly in correctional centres)
35. Need to ensure AMH facilities are accepting and welcoming to Indigenous people and culture	36. Need Improved Access to Mental Health services and clinicians (possibly in correctional centres)
37. Need More Indigenous Staff and Indigenous programming in AMH Service Delivery in Community	38. Need Improved Aftercare Planning and Support
39. Need Addiction and Mental Health Orientation and Cultural Sensitivity Training For All Staff	40. Need Trauma Informed Care Training for AMH staff
41. Need Improved Intergovernmental Collaboration and Communication (Indigenous Communities)	42. Need to Target Indigenous Youth With AMH Awareness/Promotion
43. Need access to AMH Service Information on reserves	44. Need More Accurate AMH Service Information for Community-based Support Services & Service-users
45. Need to improve AMH Awareness and Community Engagement	46. Need More Patient Navigator Staff in AMH Service Delivery
47. Need Improved Access to AMH staff in rural and remote communities	48. Need to Expand Use of One-stop-shop models in AMH Services
49. Need to provide transportation support or AMH home visits in remote communities	50. Need to Improve Wait Times For AMH Services
51. Need Improved Access to Treatment and Detox beds	52. Need Improved Access To Specialized AMH Services
53. Need Access to Family or Couples Addiction Treatment	54. Need Longer Term Addiction Treatment Options
55. Need More One-on-One support in AMH treatment	56. Need More Indigenous Staff in AMH Service Delivery
57. Need to Utilize More Persons of Lived Experience in AMH Service delivery	58. Need Improved Access to Elders and Cultural Programming in AMH Service Delivery
59. Need More Educational, Recreational and Activity-based programming in AMH treatment	60. Need Consistent Family Involvement in AMH Care Planning and Intervention
61. Need More AMH Transition Planning staff	62. Need Improved Access to Transitional Beds
63. Need Improved Transition Planning and Support	64. Need Housing To Be Part of AMH Transition Planning
65. Need Employment To Be Part of AMH Transition Planning	66. Need Standardized Planning, Collaboration and Communication with Community Based Organizations and Support Services
67. Need to Review Cost of Treatment in Line With Government Benefits	

IPJ-1 Recommendation 1: Service Navigation

"Yes, I wasn't aware of other services. I've been sent to so many places to get help and then they send me somewhere else. It's so frustrating. It makes me want to explode and gets me in trouble. That's why I got banned from a lot of these places."

– Female, 56, Calgary

Service Navigation Projects:

- Support for initiatives involving the strategic placement of Service Navigation staff
- Navigation staff working out of community based organizations or providing daily onsite support
- Enhancing street-level outreach and connecting people to appropriate AHS services
- Enhancing AHS service awareness and promotion

IPJ-1 Recommendation 2: Trauma Informed Care

"…I talked about residential school to a counselor once. Only once. She told me it was in the past and I had to get over it and move on."
– Female, 56, Calgary

"It's all about the employees…abusing power and control. I was waiting in line in minus thirty for 3 hours to be the first in line for detox. When it was my turn to go up the lady recognized me from an argument we had weeks before and kicked me out."
– Female, 31, Calgary

Trauma Informed Care Implementation:

- **Consistent standard of Trauma Informed Care training for all AMH staff**
- **Support for departmental Trauma Informed Care QI projects & initiatives**

IPJ-1 Recommendation 3: Rural or Remote Communities

"The waiting lists are too long...there's a 3 month waiting list...This needs to be a lot shorter. Even the walk-in mental health...its a good idea but I have to see a different worker every time and explain my whole story all over again."
– Female,45, High Level

"They need to offer support and services to these young families through things like home visits. If they don't have transportation or childcare how can they access these services? These communities are remote...some are 45 minutes away from the services."
– Female, 54, High Level

Telementalhealth Service Projects:

- **Explore opportunities to utilize technology in support of communities with limited mental health service access and resources**
- **Partnerships with receptive Indigenous communities and organizations**
- **Partnerships with FNIHB, Health Canada & Alberta Health**

IPJ-1 Recommendation 4: Elders & Cultural Programming

"…there were a lot of times I would have liked to smudge after counseling session but it wasn't allowed."
- Female, 24, Edmonton

"…Not in the hospital. Nothing. They have a church in the basement but no gathering place for aboriginals.
– Male, 33, Fort MacMurray

Culturally Safe Services:

- **Support opportunities to expand the use of elders, to compliment existing AMH staff and services**
- **Look at opportunities to accommodate cultural traditions and beliefs in service delivery**

IPJ-1 Recommendation 5: Service Transition Staff & Aftercare

“They should have done follow up and home visits so people don't feel so alone after leaving treatment. We give up a lot of friends and family when we give up alcohol.”

– Female, 45, Fort Chipewyan

Service Transition Projects:

- Support for projects involving the strategic placement of Transition staff
- Transition staff based in treatment centres and services, coordinating discharges and needed supports
- Connecting service-users with longer term aftercare supports, education services, employment services, housing services etc.
- Expanded use of existing transition teams

IPJ-1 Recommendation 6: Transition Beds

"If there was someplace to go after treatment, most people just get out and go back to the same streets....start using again. There are no other options."
–Female, 53, Edmonton

"I think they should help us get into housing before we're just sent away. A lot of landlords see you're native and will not even show you the apartment, so how am I ever going to get off the street on my own?"
– Female, 56, Calgary

Transition Bed Projects:

- **Support for projects that utilize transition beds**
- **Can meet immediate food/shelter needs for homeless service-users leaving treatment or homeless persons leaving corrections**
- **While in transition beds, service-users can be connected with longer term aftercare supports, education services, employment services, housing services etc.**
- **Break the treatment-discharge-treatment cycle**
- **Lower rate of correctional recidivism**

IPJ-1 Recommendation 7: Harm Reduction Housing

*"When people are leaving treatment they more or less kick you out at the end. When I left treatment in **** they drove me to the bus depot and dropped me off. When I left ***** they kicked me out and I had nowhere to go with my bags. I was so worried and scared. I had no place to go. I ran into some people I knew and I didn't want to drink but I just didn't know what else to do. "*
– Male, 49, Calgary

"People who live on the street have a hard time letting go of the lifestyle. So they get kicked out of every place because they let family and friends live with them...here (Ambrose Place) there are rules but they are flexible...and safe."
– Female, 58, Edmonton

Harm Reduction Beds:

- Support for projects involving expanded harm reduction housing
- Some homeless service-users have high AMH needs that make independent living unsustainable
- Some homeless service-users have high medical needs that put them at extremely high risk
- Harm reduction housing offers a safe and secure environment that can support the complex needs of these vulnerable service-users

What's Next for IPJ-1?

- **A number of IPJ-1 recommendations addressed in VMH Next Steps**
- **A number of IPJ recommendations were included in the Calgary Recovery Services Task Force Report**
- **The CRSTF Report was recently signed off by municipal and provincial government representatives**
- **The Task Force has now evolved to Working Groups to progress these recommendations**
- **This project report was presented to a number of different strategy planning tables at AHS**

IPJ-2 Recommendation 1: Young Offender Patient Journey Project

"…Why aren't the Addiction and Mental Health Services trying to help people when they are young…why wait until they are in the system…when it's too late?"

– Male, 41, Lethbridge CC

YOPJ Project:

- **Support for a patient journey project that utilizes the young offender perspective.**
- **A project that seeks to identify what is working, what is not working and what is missing in services delivered to Indigenous Young Offenders.**
- **Identify opportunities to break the cycle before it starts.**

IPJ-2 Recommendation 2: Indigenous Diversion Services

> ***"There could be more Aboriginal mental health workers who are culturally aware and can do outreach…workers who understand what Aboriginal people have been through and their traumas."***
>
> ***– Female, 26, FSCC***

Indigenous Diversion Services:

- **Support for development of Indigenous Diversion services (in community)**
- **Identify communities with service demand and staffing capacity**
- **Support them with team training and development**

IPJ-2 Recommendation 3: Increased use of Indigenous Mental Health Diversion staff

"The…program was Indigenous and supportive. But the other programs do not have Indigenous staff…they could not really understand my lifestyle as an Indigenous person."

- Female, 49, Calgary RC

"In Edmonton there were no Indigenous staff and it makes a difference because when they are Indigenous, they bring cultural and Native Spirituality and practices. In Grouard and at Eagle Lodge they were all Indigenous and it helped."

– Male, 35, Edmonton RC

Indigenous Diversion Staff:

- **Support for Indigenous diversion staff**
- **To be deployed to communities who don't have the capacity for their own Diversion team.**
- **Enhanced service engagement will mean better service outcomes**

IPJ-2 Recommendation 4: Increased Access to Elders in Centre

"They (AMH Services) need to have an Elder on staff or a Native Counselor that can connect people with their culture …and resources in the community…so they can go to sweats, round dances…ceremonies."

– Male, 40, FSCC

"I think (AMH) services need to be rooted in culture (for Indigenous people)…most addicts do not have family so you need something to connect you to sobriety."

– Male, 59, Lethbridge CC

Increased Access to Elders:

- **Support for increased access to Elders in Centre**
- **Support equitable access to spiritual guidance and support**
- **Support AMH service engagement in centre**

IPJ-2 Recommendation 5: Increased Utilization of Persons With Lived Experience in AMH Interventions

“I think it is important to have counselors with life experience rather than book experience because it is harder to open up to people who don't have life experience …because you are afraid of being judged.”

– Female, 28, FSCC

“Poundmaker's Lodge because it was spiritual and cultural and because they were former users…and they understood trauma…and we did therapy in treatment”

– Female, 32, Edmonton RC

Persons With Lived Experience in AMH:

- **Support for more Persons With Lived Experience in employed in corrections-based AMH services**
- **Aim for a balance of Clinical AMH, Lived Experience and Culture inclusion**

IPJ-2 Recommendation 6: Trauma Informed Care Training for AMH Staff and Appropriate Correctional Staff

"No, that is the problem with AMH...they do nothing to address trauma, there needs to be a focus on this, instead of just choice and consequence."
– Male, 54, Calgary CC

"No not at all… I seen a friend die, nobody ever asked me about that…ever. My wife hung herself in 2003 nobody ever asked me about that."
– Male, 43, Lethbridge CC

"The awareness in the community needs to be more about mental health, there is a lot of awareness about addiction but there needs to be more focus on trauma and mental health in the community, get to the root of the problem of addictions."
– Female, 35, FSCC

Trauma Informed Care Training for Staff:

- Support for TIC training in centre
- Applicable to AMH staff and select correctional staff where & when possible

IPJ-2 Recommendation 7: Review of Corrections AMH Staff FTE Allocation and Staffing Matrix

“They need more CTT workers and addiction counselors in center, everyone in here has addiction problems…everyone…there should be more active screening for AMH programs in center…test them on the info provided to see if they are committed.”
– Male, 27, FSCC

“We need more mental health workers in Ft Saskatchewan rather than just one worker who comes in once month and even then it is hard to see her because she has to prioritize who she sees.”
– Female, 35, FSCC

Corrections AMH FTE Review :

- **Support for an FTE Review in AMH Corrections**
- **Address inequitable staffing will mean a more consistent AMH service and better client outcomes**

IPJ-2 Recommendation 8: Increased Access to Identification Document Support Services

"…help people fill out forms to get ID and Status cards or apply for financial funding that would help them…especially if they do not have a phone, if they could get ID that would help them get into programs"
– Female, 26, FSCC

"I first accessed addiction and mental health services while in provincial jail. If you could access services without a picture ID or have help getting your ID …reapply…get accepted into treatment and then get a medical rather than needing the medical first."
- Female, 25, FSCC

ID Services in Centre:

- Many Indigenous men and women leave correction centres without ID
- ID is the main requirement for accessing health services and supports
- Without services and supports, most will return to previous coping strategies and behaviours, and the cycles will continue

What's Next for IPJ-2?

- The IPJ-2 Summary Reports looks at Service enhancement opportunities for those AMH services delivered while in custody but the data gathered often included information about service experience BEFORE custody.
- It also highlights challenges faced by Indigenous service-users who leave custody and try to access AMH services
- We're continue to meet with leaders in AMH and Corrections to look at tangible enhancement opportunities
- Some of the IPJ-2 recommendations were addressed in VMH: Next Steps, specifically expansion of the Diversion program
- Objective Validation from PREPE

What can we do?

- Advocate for equity in health services delivered to Indigenous populations
- Hire Indigenous staff
- Look for opportunities to include the voice of lived experience in the design & development of services
- Look for opportunities to implement Trauma Informed Care
- Examine your patient's journey from beginning to end, identify choke points, barriers to service access, opportunities to support the patient through service transitions etc.
- Look for ways your service can be culturally inclusive, but also ways your service can reflect a commitment towards Indigenous Reconciliation

Huge 'Hiy Hiy' to the Following Organizations, their Management & Staff for making these projects possible:

- *The AHS Wisdom Council*
- *AHS Aboriginal Health*
- *Ambrose Place*
- *NWR FASD Society*
- *High Level Native Friendship Centre Society*
- *The Mark Amy Centre*
- *Nunee Health Authority*
- *Chipewyan Prairie First Nation Health Centre*
- *Fort McKay Family Support Centre*
- *Nistawoyou Association Friendship Centre*
- *Kainai Wellness Centre*
- *Aakom Kiiyii Health (Piikani Nation)*
- *CUPS Calgary*
- *Calgary Alpha House*
- *Sunrise Native Addictions Services*
- *High Prairie Native Friendship Centre Society*
- *Elizabeth Fry Society of Calgary*
- *Boyle Street Community Services*
- *Maskwacis Health Services*
- *The Drop In Center*
- *The Mustard Seed*
- *Peace River Correctional Centre*
- *Edmonton Remand Centre*
- *Fort Saskatchewan Correctional Centre*
- *Calgary Correctional Centre*
- *Red Deer Remand Centre*
- *Lethbridge Correctional Centre*
- *Medicine Hat Correctional Centre*
- *AHS Addiction and Mental Health-Corrections (All Centres)*

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