Cross Cutting theme Mental health

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Improving Mental Health Services and Supports in the National Native Alcohol and Drug Abuse Program (NNADAP)

The overall purpose of this gap paper was to explore opportunities for improving the integration of mental health and addictions programming within the National Native Alcohol and Drug Abuse Program (NNADAP). The project was commissioned by Health Canada- First Nations and Inuit Health (FNIH) and the National Native Alcohol and Drug Abuse Program (NNADAP). The project was approached as an opportunity to identify specific strengths, limitations, and opportunities for providing mental health services, supports, and/or partnerships within NNADAP.

The key to this project was to create an understanding of what was needed to move forward in the integration of mental health services. Guidance provided by both the best practices literature and by experts who were interviewed in this paper described many different routes through which this could be accomplished. Additional recommendations found in the Regional Needs Assessments were also added.

Funding Context

Estimated federal expenditures

Federal Aboriginal addictions and mental health funding

Addiction Programs: Approximate annual funding

NNADAP – Community-based: 500 communities-30 mill
NNADAP Residential:50 centres-28 million
Youth Solvent AC Residential:10 centres-13 million
Tobacco Strategy: 10 million

Total annual addictions funding: 81 million

Mental health and healing annual funding (approximate)

- Brighter Futures: 50 million
- Building Healthy Communities:30 million
- NIHB Mental Health: 8 million
- Aboriginal Healing Foundation:50 million

Total annual mental health and healing funding: 138 million

Total annual federal funding for Aboriginal mental health and addictions: 219 million

Integration

However the integration of mental health services and addiction services is approached, participants noted the need to ensure that addictions funding is not lost. As was stated by the Canadian Executive Council on addictions: Integration efforts need to be adequately resourced and supported since many of the changes that are required are in the realm of organizational and systems culture and, therefore, require sustained efforts and ongoing corrective feedback loops to ensure the goals are being met for people needing services and supports

Restructuring

From a mandate perspective, in order to move toward a more integrated continuum of services, facility-based treatment centres would need to broaden their mandate to include the treatment of mental health issues, and increase their capacity accordingly.

A standardization of policies, procedures and programming is needed to ensure a systematic approach to any integration initiative.

FNIH should develop a more coordinated approach to mental health services for First Nations by: eliminating multiple sources of funding for mental health services, and restructuring into a single mental health or wellness program for First Nations. Ideally, the new program would include elements spanning the continuum of care, including promotion, prevention, crisis response and intervention, early intervention, treatment, aftercare, and long-term rehabilitation and healing. (Sask RNA)

Given the small amount of money spent on mental health counselling under NIHB, FNIH should consider phasing out funding for mental health counselling as part of that program and focus on developing mental health counselling as an element of a new mental health program. (Sask RNA)

FNIH, in consultation with other stakeholders in the region, should determine what mental health and addictions services should comprise a "basic package" available in all communities. Tentatively, these services could include prevention, crisis response and intervention, referrals, basic addictions and mental health counselling, cultural support, and aftercare. (Sask RNA)

Funding Challenges

Funding changes were seen as a primary strategy for improving needed mental health services. For example, participants noted that increasing the rate of pay Health Canada has for psychologists would facilitate contracting out of these services. The treatment centres are also extremely underfunded and many of the buildings are badly in need of renewal

Increased funding for NNADAP workers is also critically needed in order to increase opportunities for recruitment and retention. Increased salaries and supports will also be necessary if higher training requirements are put in place.

Collaboration

Improve FN's experience in accessing provincial mental health and addiction services by: encouraging collaboration and cooperation between First Nations and provincial service providers, developing supports for First Nations people who access provincial services (Sask RNA).

Better case coordination including protocols for information sharing across agencies (Alta RNA)

Community Support

Aftercare is the missing piece of the treatment puzzle. The capacity to provide aftercare is generally not present in our communities.

Suggestions were made to address the needs of rural and remote communities. One is the development of 'centralized staff' and the second is to build on growing Videoconferencing capabilities. One community is currently undertaking a pilot project to integrate these capabilities.

Supports in the community need to be developed to assist families in providing after care for loved ones. A helpline for communities was suggested as an idea to provide additional support.

Involvement of Elders in a residential treatment program was suggested as a support opportunity. In one treatment centre, an Elder is available 24/7 to provide traditional healing and counselling.

Youth

Increase the number of qualified First Nations practitioners, in particular, mental health therapists and mental health and addictions workers with specialized training to work with youth (Sask RNA).

FNIH should develop a comprehensive strategy to address the mental health and addictions needs of First Nations youth such as, developing specialized mental health and addictions services for youth developing innovative strategies to reach youth; possibilities might be youth outreach programs, peer support programs, school-based programs, providing more pro-social recreational activities for youth, increasing the number of NNADAP and mental health workers specially trained to work with youth (Sask RNA).

Supervision and training

There is a significant need for education and training in mental health for existing NNADAP staff.

Participants noted that most NNADAP worker training is in addictions, not mental health and suggested the need for coordinated training approaches and partnerships. In some cases, this is done through participating in existing training opportunities with local health authorities.

Joint training linked to paraprofessional credentials is needed to move toward better and more integrated supportive counselling and aftercare services.

An InPsych (Indians into Psychology program) could be developed for Canada to address the extreme shortage of Aboriginal psychologists. The United States Indian Health Service funds 5 InPsych programs in 5 different universities across the US in an effort to train/recruit/prepare Indian Psychologists.

Closely related to training is how the human resources requirements for NNADAP can be met. Participants noted the need for a Statement of Qualifications to ensure that appropriate mental health services can be provided. Unfortunately, there appears to be variable hiring criteria between different FNIH initiatives and a comprehensive, systematic approach was requested.

Participants also noted that unique training needs to be developed that would incorporate mental health, addictions and cultural knowledge.

Service providers to be trained in Cultural Safety and to be aware of their own social location and the impact they have on program development and delivery (Alta RNA)

Mental health therapists to provide clinical supervision and training to community-based workers; include deploying in-person support on a rotating basis to First Nations communities, and developing a 24-hour telephone line workers can access for clinical supervision, advice, and guidance (Sask RNA).

Clinical Services

Clinical services that are able to address both addictions and mental health issues needs to be brought into the continuum of care and into case management. Competent and culturally appropriate clinical services can build the capacity of paraprofessionals in prevention and promotion, intake, screening and assessment, supportive counselling, aftercare and rehabilitation, by providing training, supervision, and case consultations, and by supporting case management processes.