



Health  
Canada

Santé  
Canada



First Nations  
and Inuit  
Health Branch

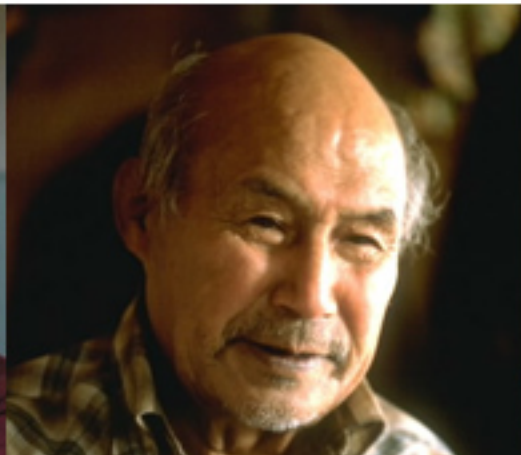
(FNIHB)

Direction générale  
de la santé  
des Premières nations  
et des Inuits

(DGSPNI)

## Saskatchewan Region Mental Health and Addictions Needs Assessment Summary

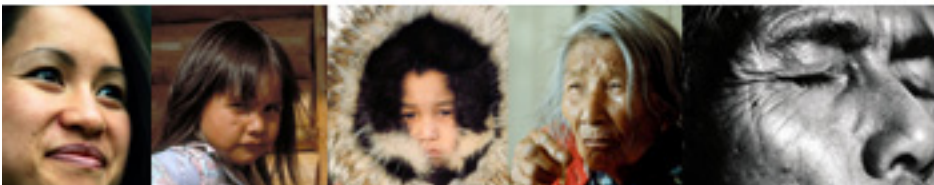
January 12, 2010  
M. Frey



Canada

## Saskatchewan Region

- SK Population - 1,034,974 (2009)
- SK First Nation Population – 129,138 (2009)
- 59% of SK First Nation population under the age of 24
- Treaty Areas: #2, 4 , 5, 6, 8 & 10
- First Nation Linguistic Groups: Cree, Dene, Dakota, Lakota, Nakota, Nakawē
- 70 First Nations comprising 84 communities
- 2 FN Health Authorities
- 8 Tribal Councils
- MOU on First Nations Health & Well-Being in Saskatchewan signed August 19, 2008



# SK Region A/MH Programming

- NNADAP Prevention in every community (80% transferred)
- NNADAP Treatment: 8 Centres; 2 outpatient, 6 inpatient (1 youth)
- NYSAP Treatment: 2 Centres; 1 outpatient, 1 inpatient (female)
- 10 IRS-RHSP Projects
- 21 NAYSPS projects; 10 large, 2 coordination & research, 9 capacity
- BF/MH/SA in every community and 2<sup>nd</sup> level management and support
- 18 AHF projects
- NIHB Crisis counseling



# Saskatchewan RNA Process

- National NNADAP RNA guidelines were amended to include mental health in the scope of the assessment. The integration of mental health into the process enabled SK region to capture relevant data on both mental health and addictions services within the region.
- The RFP was awarded to PRA Inc. in November 2008. Project Team: Rita Gunn, Sarah Fraser, Natalie Dayback, Dr. Alan Katz. Project completed June 2009.



## Saskatchewan RNA Process cont'd

- An ad-hoc Oversight Committee was created with a mandate to provide feedback on the RNA work plan, design and process; identify gaps, review and provide feedback on status update reports and assessment instruments; with particular attention to the protocol and cultural needs of First Nations and communities.
- Committee Composition: FNIH regional consultant, Elder, NNADAP/YSAP Treatment Centre Director, NNADAP Prevention Worker, Addictions Consultant, Mental Health Consultant, Mental Health Therapist, Health Director, Youth Suicide Prevention Coordinator, Resolution Health Support Worker, representative from the Federation of Saskatchewan Indian Nations, representative from the Province of Saskatchewan Ministry of Health.



# Engagement Strategy

- Knowledge partners, Chiefs, Treatment Centre Directors, Tribal Council Directors and Addictions Consultants, community Health Directors, and mental health and addictions front line workers.
- Representative membership on Oversight Committee including FN PTO and Province.
- Contact with other regional organizations working on strategic plans and assessments



# SK Data Collection & Sample Size

- Data and literature review
- Key Informant Interviews: 35
- Talking Circles: 12 (6 adult, 6 youth) 103 participants; good geographic cross section (Shoal Lake, Black Lake, Poundmaker, Carry the Kettle, Onion Lake, Canoe Lake)
- Treatment Centre survey: 9/10
- Community Health Directors survey: 22/60 (36%)
- Front Line Worker survey: 78/143 (54%)
- Aboriginal Healing Foundation survey: 11/18 (61%)





# RNA Limitations/Challenges

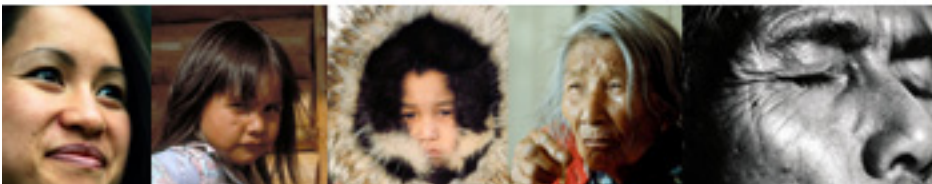
- Length of project
- Lack of community level quantitative data
- Lack of contractor's experience in data collection from FN communities and addictions
- Lack of community Health Director response
- Lack of recommendations on an ideal continuum of care, governance or resource allocation
- Lack of Regional FN Addictions advisory body





# RNA Strengths

- Front line workers are ready and willing to be engaged; above average response rate.
- SK Region integrated mental health into assessment
- Provincial Health service utilization data included in report
- Findings are largely consistent with previous assessments



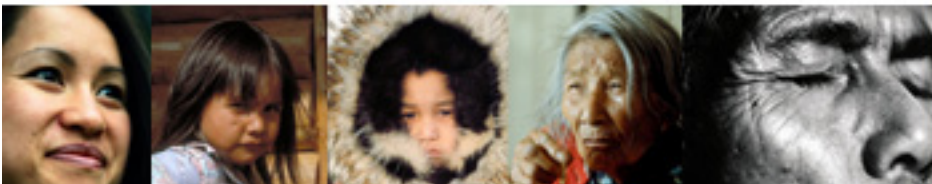
## Next steps in Saskatchewan Region

- Further presentations/discussions on the RNA findings and NNADAP Renewal
- SK FN vetting process
- Strategic Action Plan



## Research Framework & Recommendations

- Scope of Need: 3 recommendations
- Barriers: 2 recommendations
- Service gaps, needs & priorities: 6 recommendations
- Culture and best practice: 2 recommendations
- Human Resources: 6 recommendations
- Integration 1 recommendation
- Governance 0





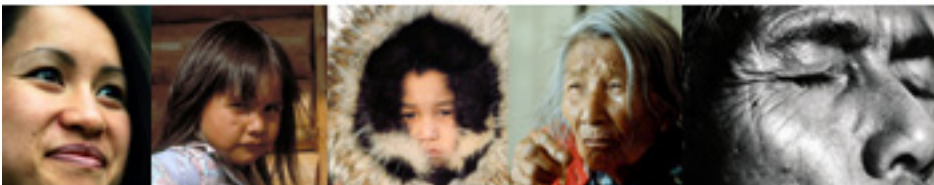
**What are some of the key unmet and emerging needs in the Saskatchewan Region?**



## Key unmet and emerging needs

### Children, Youth & Family:

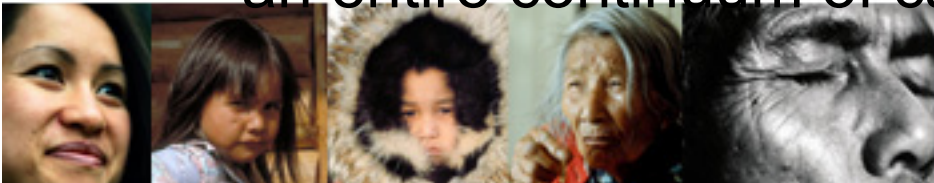
- Young population; no systematic plan or program to address the mental health and addictions needs of youth; not enough workers trained to work with youth.
- Greater use of family supports and family-based interventions are warranted; (residential and out-patient treatment, parenting programs, traditional relationships and roles, strong after care programming).



## Key unmet and emerging needs

### Re-Landscaping:

- The current service system is complex; with increasing complexity and interrelated contributing factors streamlining of FNIH MH/A programming, integration of MH/A services, multi-disciplinary, client centred approaches and formal recognition of alternative service providers is required
- With increasing complexities and responsibilities, the number of NNADAP prevention FTE's at the community level is not sufficient to meet the need
- Crisis response and intervention not at the expense of an entire continuum of care



## Key unmet and emerging needs

### Managing Knowledge and Information:

- lack of community level data and integrated information system
- recognition of alternative measures of success are required that are useful to community/centre
- research
- ethics and confidentiality





# Key unmet and emerging needs

## Strengthening Community

- involvement of Elders and community
- encouraging natural support networks and re-establishing traditional values and beliefs
- community development and empowerment



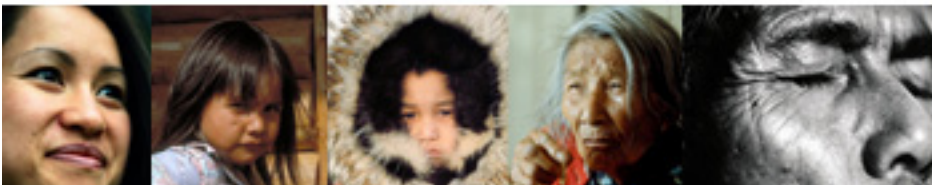


**What are the key strengths/promising approaches identified in Saskatchewan that may contribute to broader NNADAP renewal efforts?**



## Key strengths/promising approaches

- Some level of addictions services available in most communities
- Certification (43% certified (08/09))
- Accreditation
- Integration of cultural elements into service provision without designated resources to do so.
- Clinical Support for NNADAP Treatment Centres
- Re-profiling to meet emerging needs prior to NADS funding
- FN Training Institute and availability of addictions training



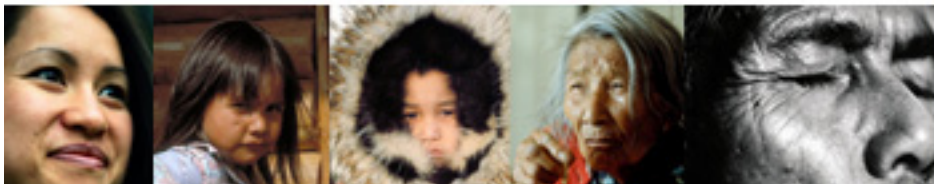
## Key strengths/promising approaches

- Treatment response is diverse; utilizing different modalities in order to address needs (equine assisted learning, matrix model, biopsychosocial, whole person, life process, stages of change, resiliency,)
- Versatility of communities; programming based on strengths and unique needs
- Diversity, qualifications and dedication of workforce
- Multi-disciplinary approaches in some communities and organizations



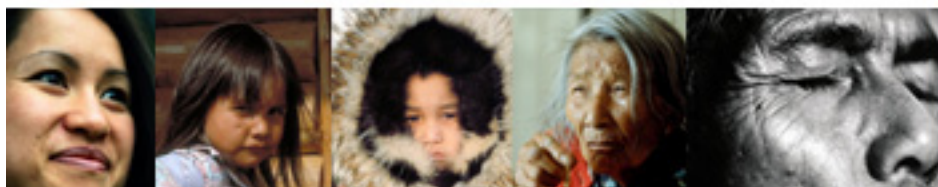


**Five Key Strategies/Recommendations that  
will help to inform a renewed Program  
Framework for NNADAP**



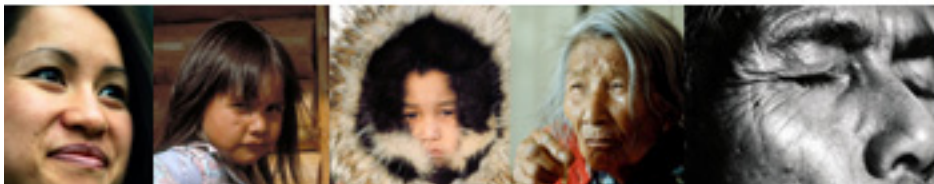
## Five Key Strategies/ Recommendations

- Eliminate multiple sources of funding for mental health and addictions programs; a single wellness program with elements spanning the continuum of care
- Develop a comprehensive strategy to address the mental health and addictions needs of First Nations youth; specialized services and training; clinical support for A/MH providers
- Support entire families and communities as part of efforts to address mental health and addictions problems



# Five Key Strategies/Recommendations

- Support for multi disciplinary approaches
- Support for improving the evidence base
- Support for incorporation of cultural elements into programming







**Thank you for your interest.  
Questions?**

