



# Reversing the Trends: *Developing Healthy Communities*

Québec Region

- NNADAP Needs Assessment & Findings
  - Vision
  - Priority Strategies

# Québec delegation:

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- Sandra Degrandmaison - NNADAP Agent
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# JOINT WORKING GROUP (JWG) ON WELLNESS & ADDICTIONS (Québec)

## MEMBERS:

- Treatment Centre Directors
  - Regional Working Group on Addiction and Wellness (NNADAP Workers)
  - Regional Representative from Health Canada
  - Representative from FNQLHSSC, which also convenes & coordinates
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- **The JWG meets up to four (4) times a year to assess , plan, recommend & coordinate improvements in the wellbeing of First Nations (Quebec)**
  - **The JWG has assessed the findings & developed these recommendations: Quebec's proposed regional Vision & strategy.**



# Data collection strategies

Two data collection strategies were used with key stakeholders :

- Structured interviews with a questionnaire
- Discussion groups
- Literature review

A total of 48 respondents were interviewed:

Abenakis  
Atikamekw  
Hurons-Wendats  
Micmacs  
Naskapis

Algonquins  
Cris  
Mohawks

Unable to participate in survey:

- The Inuit
- The Maliseet Nation

The Inuit participated & contributed fully to the analysis & recommendations





# Data collection strategy: Two Perspectives

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- I. **Profile & clinical analysis of the (new) client:**
  - ☐ Who is the *new* client?
  - ☐ What are her/his needs?
- II. **Needs Assessment (including 'best practices'):  
Quebec, Canada & international**

## FINDINGS:

We're losing the battles,  
& we're losing the war!!!

***Our survival as First Nations is at stake!***

***We can't just "adapt, refine or adjust"  
We must make "drastic" changes***

# THE FINDINGS:

***We're losing the battles & the war!!!***

**1. The growing complexity & comorbidity of the clients**

- Assessments are relatively ineffective
- Treatment programs need to be modernized & specialized

**2. Youth are our most vulnerable group**

- Largest group, including new parents
- Trends are worsening: compounded impact

**3. NNADAP Workers are overwhelmed & largely ineffective:**

- Overwhelming work load: totally absorbed in intervention & crisis activities
- Overwhelming "community environment / pressure"
- Under supported, inadequately trained and coached

**4. Prevention is ineffective: *inadequate* program, personnel & resources**

**5. There are major gaps in the continuum of care**

- No access to detox
- Critical need for "after-care"
- We need 'mental health expertise' at all stages
- Must be integrated with other resources

# VISION

## *Holistic Wellness*

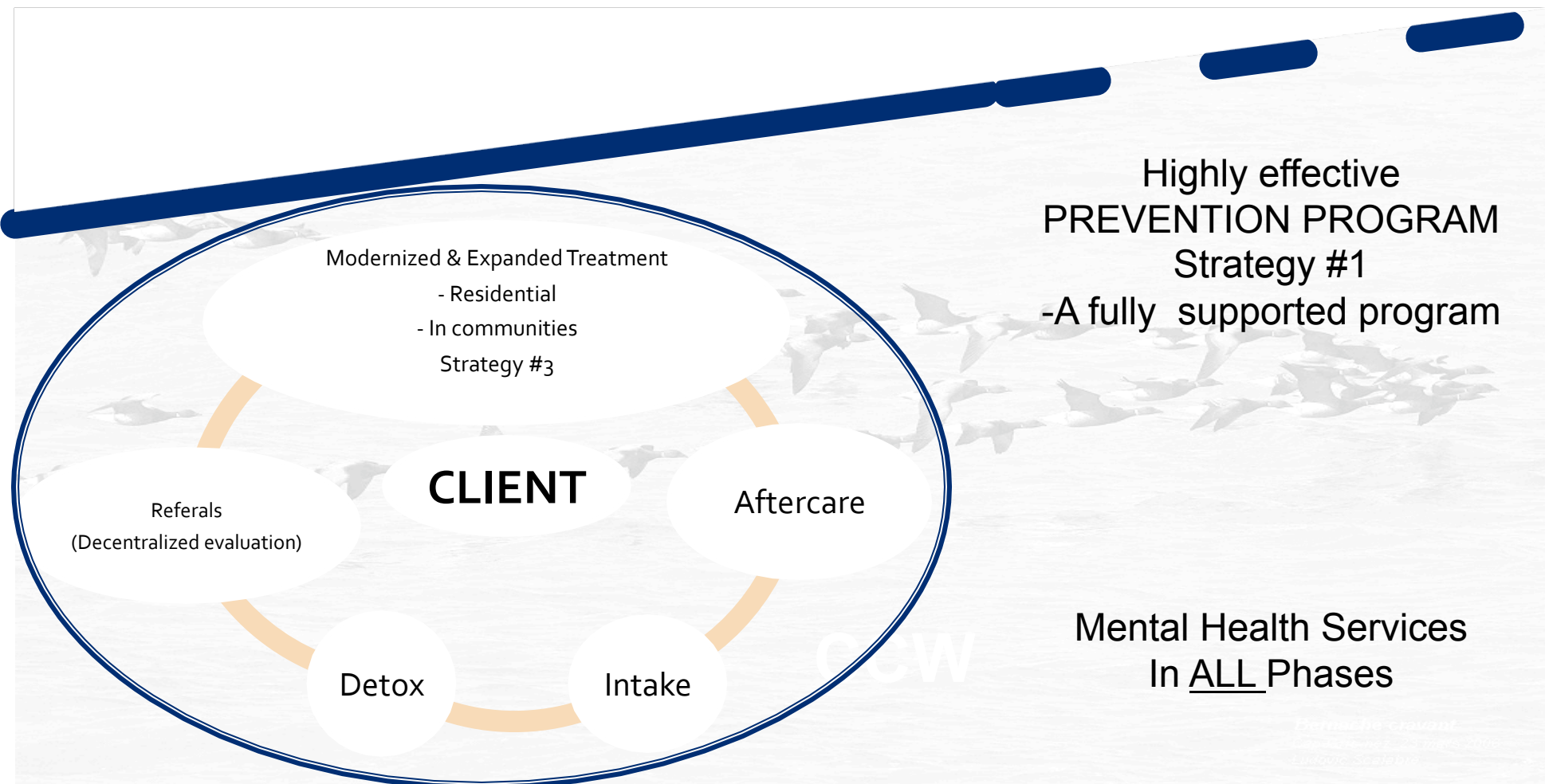
❖ We are striving for healthy & developing communities...

- built around a core of healthy, productive youth & young adults
- consistent with our diverse First Nation cultures
- *to achieve optimum well being*, with stable levels of well being comparable to norms in Quebec and Canada.



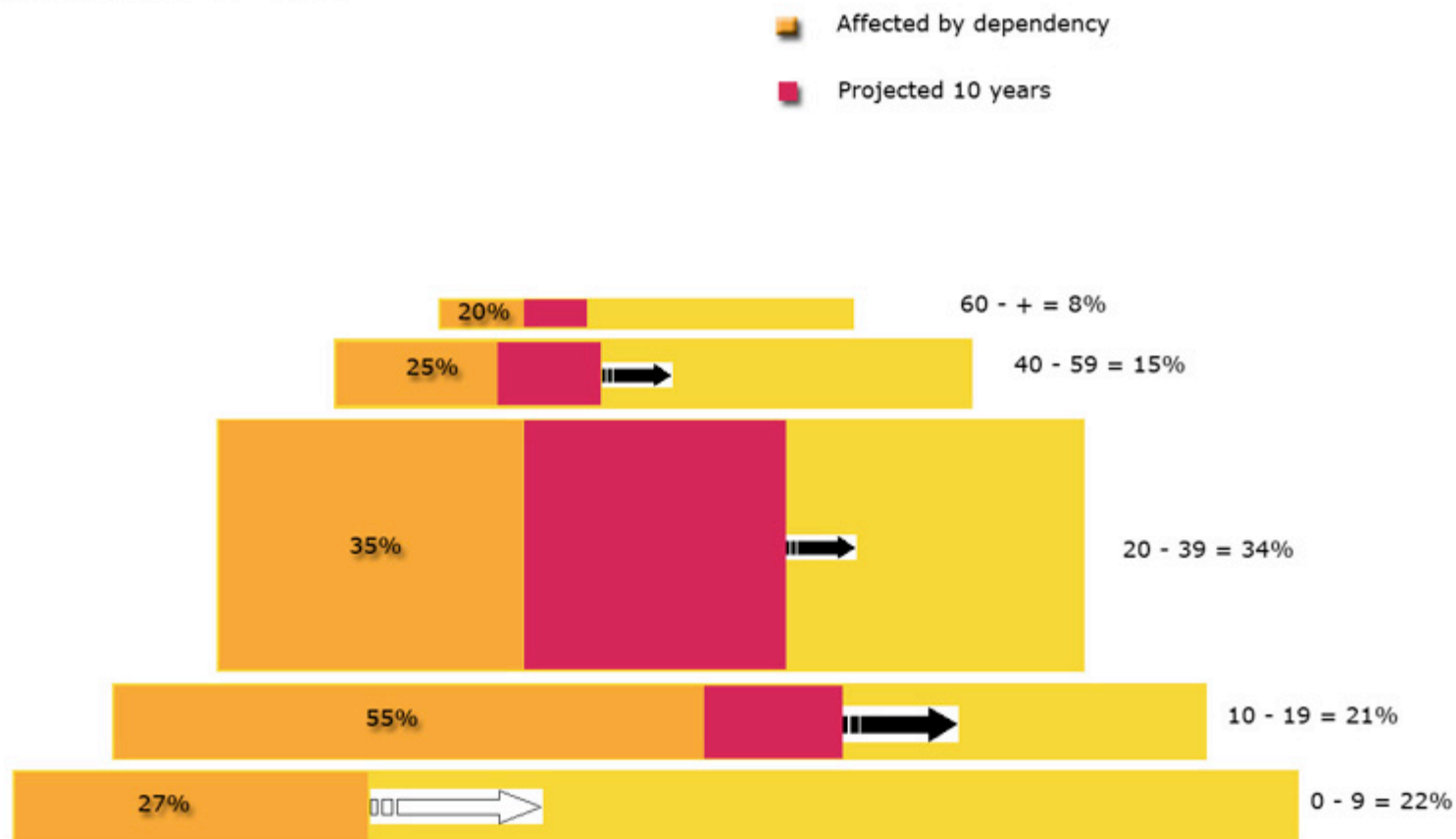
# Continuum of care

## Integrated Community & Regional Strategies



# Visual of population demographics & the effect of "no change"

At current rate of "loss"

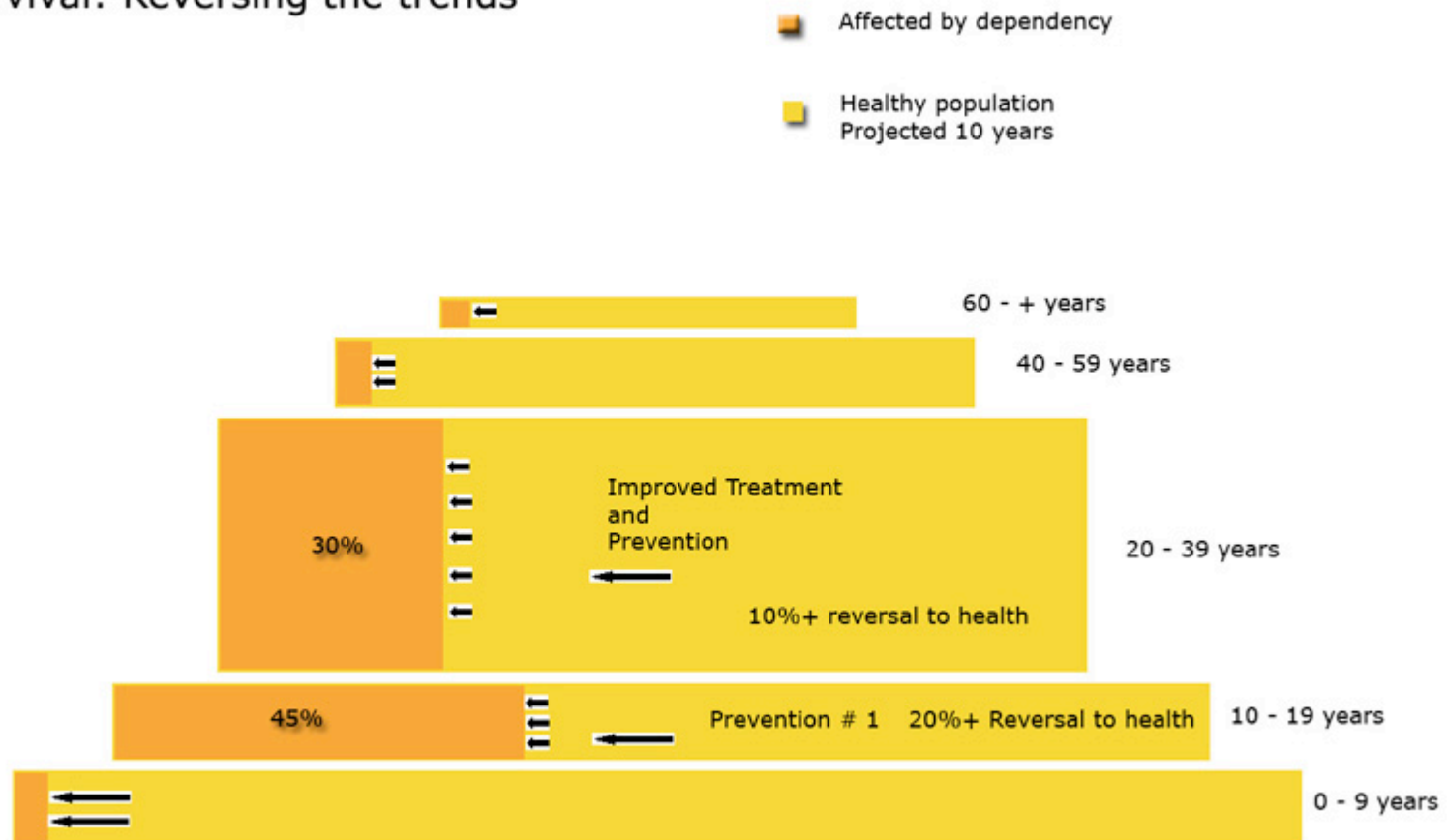


75% of FN population is under 40 years old. 1.05 millions (+) of FN individuals in Canada

For more information  
visit [www.fn.gc.ca](http://www.fn.gc.ca)  
or call 1-877-975-6777

# Visual of population demographics and the effects of the proposed changes

## Survival: Reversing the trends

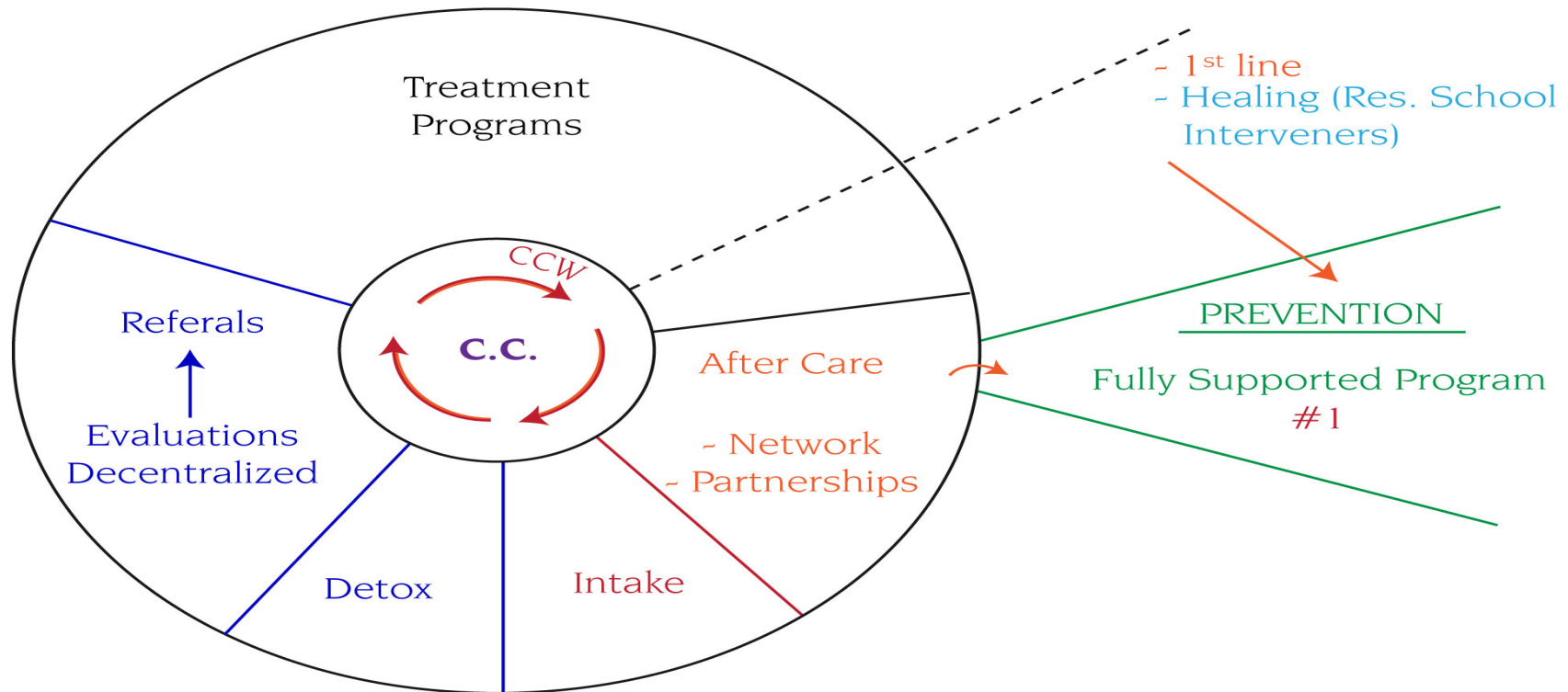




# CRITICAL STRATEGIES to significantly reduce the current trends in addictions & improve wellness

1. **PREVENTION:** implement a highly effective prevention strategy as our *primary* strategy
2. **IMPROVE CONTINUUM OF CARE:** significantly improve our continuum of care to meet a very changing profile
  - Assessment & referrals
  - Access to detoxification services
  - Modernised & specialized treatment programs, including family
  - Competent resources to deal with mental health issues at the local level
  - Capable, dedicated & healthy continuous care workers
5. **TREATMENT:** significantly increase our treatment capacity

# Continuum of Care



- 12 Core Functions (Incorporate)
- Mental health Services in ALL Phases
- Treatment also in communities
- Outreach worker?

# Target OUTCOMES

1. Reduce the gap between our wellness indicators & those of the general population in Canada over the five (5) next years.
2. Achieve comparable wellness levels by 2015.
3. Increase our *per capita* support dollars of those available to the rest of Canadian society for a total equity.



## STRATEGY #1:

# Implement a highly effective PREVENTION strategy

- It is absolutely critical that we significantly reduce the number of youth & young adults (parents & future parents) who become addicted.
- If current population growth rates continue & the same levels of addiction persist, **we will have a growing disaster *that will be beyond all control.***
- This urgently requires a comprehensive & highly effective prevention program, fully resourced.

## **STRATEGY #1:**

# **Implement a highly effective PREVENTION strategy**

### **Oriented toward individual, family & community «wellness»**

- ❑ A distinct strategy & program, fully resourced
  - Not part of assessment, intervention or counselling
  - Fully supported through specialized training, tools, and dedicated resources
  - Addresses major «risk factors»
- ❑ Guided by a Prevention Plan (research based), & using «best practices» that best fit each community culture/language
- ❑ Awareness and education that informs, motivates & mobilizes
- ❑ Prevention that enables community development
- ❑ Addresses integration/ overlap with continuum of care
- ❑ Fully supported by an engaged political leadership
- ❑ Part of the community health plan

## STRATEGY #1: OUTCOMES

1. Reduce the rate of addiction for youth & young adults (aged 12-34 & comparable targets for other age groups).
3. A reduction in related crimes, traffic accidents, abuse charges, marital breakdowns, etc. (to be determined).
4. Better parenting & future generations who get a better start



## STRATEGY #2:

# Modernize the continuum of care

### 1. IMPLEMENT QUALITY ASSESSMENTS by qualified people

Provide for the proper evaluation of the full range & complexity of each client's needs & a referral to the most suitable program.

- Must be available as close as possible to the client/community
- Must be fully competent
- Supported by centralized training, tools, standards & support, including teleconferencing
- Linguistically appropriate
- Can make better use of other local health services (with training), or mobile technical teams
- Will develop in partnership with provincial services, using various options supported by formal protocols
- Cultural – Holistic approaches

### OUTCOMES: *each person*

1. Receives an accurate & timely evaluation of the full range of her/his needs;
2. Is assigned to the most suitable treatment program.

## *STRATEGY #2:*

# Modernize the continuum of care

## 2. ACCES TO DETOXIFICATION

**Enable FN people to have timely access to appropriate detox services:**

- ❑ Must be available as close as possible to the client/community
- ❑ Must be linguistically appropriate
- ❑ Can be managed in partnership with other provincial services

### **Outcomes:**

- First Nations people have at least as much opportunity to access appropriate professional detox services as non-Aboriginal population in Canada, to meet the needs of our people.

## STRATEGY #2:

# Modernize the continuum of care

### 3. MODERNIZATION & SPECIALIZATION OF TREATMENT PROGRAMS TO BETTER MEET THE PROFILE OF CLIENTS

- ❑ Family involvement & family therapy
- ❑ Provide mental health services in all centres
- ❑ Long term, continuous admittance
- ❑ Expand non-centre based treatment options at local level
- ❑ **Priority focus:** youth & young adults/parents

#### OUTCOMES:

- The recidivism rate drops by in the next five (5) years.
- Reduction in rates of related incidences, i.e. traffic accidents
- Better parenting & healthier future generations

## **STRATEGY #2:**

# **Modernize the continuum of care**

### **4. ADDRESS MENTAL HEALTH**

#### **a. Provide for access to mental health experts throughout continuum of care: assessment, treatment & after care:**

- Develop cost effective options and models to meet the needs the diverse communities and centres, including partnerships with provincial services
- Centres must be able to provide compensation and work space
- Flexibility between funding programs

#### **b. Train all personnel in continuum of care to be able to identify & at least refer mental health situations to the proper resource:**

- Identify appropriate training requirements and training providers
- Make better use of Regional Gatherings of all continuum of care workers



## **STRATEGY #2:**

# **Modernize the continuum of care**

### **5. IMPLEMENT THE CONTINUOUS CARE WORKER**

**A fully dedicated community resource who accompanies the client through all stages of the continuum of care, with focus on referral stage & after care.**

- ☐ Client has same key contact/support person throughout wellness journey
- ☐ Support is there at critical «after care» stage
- ☐ Requires a capable & motivated community network
- ☐ Replaces the current NNADAP Worker & has no major responsibility for the prevention strategy

### **OUTCOMES:**

- The recidivism rate drops by \_\_\_\_% in the next five(5) years.

## STRATEGY #2:

# Modernize the continuum of care

### 6. DEVELOP A COMPETENT, SECURE & HEALTHY WORK FORCE IN THE CONTINUUM OF CARE

*We must stop the constant burn-out & turnover of the workforce in the continuum of care.*

*We are infringing on their rights & dignity as persons.*

#### Considerations:

1. Address the needs of each worker on a proactive & holistic basis
2. Adapt policies to deal fairly & effectively with the *real* working conditions of these workers, e.g. hours of work, adequate vacations, security
3. Use & respect a standard ratio of clients per worker
4. Set reasonable regional «standards» for these positions & provide effective coaching and support

## **STRATEGY #2:**

# **Modernize the continuum of care**

### **6. DEVELOP A COMPETENT, SECURE & HEALTHY WORK FORCE IN THE CONTINUUM OF CARE (continued)**

#### **Considerations (continued):**

5. Develop and use «personal wellness plans», including self-awareness & management skills
6. Provide formal & informal mentoring
7. Provide for regular local & regional recuperation and networking experiences
8. Provide a regional EAP option

#### **OUTCOMES:**

- The regional turnover rate will reduce
- Use of EAP will reduce
- The number of young FN post secondary students pursuing college education in addictions counselling will increase
- The number on continuum of care workers will achieve the standard ration to clients

### *STRATEGY #3:*

## **Significantly increase our Treatment Capacity**

***The “trends” & “numbers” indicate that  
we are losing the battles & the war!***

**Success in the previous strategies also requires  
that...**

**WE MUST *SIGNIFICANTLY* INCREASE OUR TREATMENT  
CAPACITY:**

1. Especially for youth & young adults
2. The treatment programs must be extended to “in  
community” approaches



# ***SUMMARY:***

## ***Key unmet or emerging needs in Quebec?***

- I. Highly complex client, typically suffering from various comorbidity factors**
  - Youth is most vulnerable group
- II. Lack of quality assessment of clients**
- III. Ineffective Prevention**
- IV. Treatment Programs need:**
  - Modernization & specialization
  - Expansion / outreach to communities, especially for youth & families
- V. Improve the Continuum of Care, especially**
  - Define & support the *new* Continuous Care Worker (as distinct from the *new* Prevention Worker)
  - Get access to detox services
  - Provide 'mental health expertise' at all phases

# ***SUMMARY:***

***Strengths / promising approaches that can contribute to the broader NNADAP renewal efforts?***

- I. An established network of Treatment Centres with good basic programs**
- II. Most Treatment Centres are in the process of being accredited**
- III. Our workers are being trained in specialized programs at:**
  - Sherbrooke University (Certificate Program) (Moncton does English program)
  - University of Quebec at Chicoutimi (Addictions Counselling)
- IV. We have a designated full time Coordinator at the FNQLHSSC, with full support**
- V. The Joint Working Group is working effectively**
- VI. We have developed good partnerships with Health Canada**

# ***SUMMARY:***

***Key strategies/recommendations that will help inform a Renewed Program Framework for NNADAP?***

## **I. Develop & implement highly effective PREVENTION**

## **II. Modernize the CONTINUUM OF CARE**

1. Quality assessments
2. Access to detox services
3. Modernize & specialize treatment programs
4. Provide “mental health expertise” at all phases
5. Implement the Continuous Care Worker
6. Develop & support a secure, healthy work force

## **III. Significantly increase TREATMENT CAPACITY, especially with youth at the local level**