Transforming Youth Mental Health in Eskasoni First Nation

ACCESS OPEN MINDS
ESPRITS OUVERTS

Summary of 'Eskasoni First Nation's transformation of youth mental healthcare: Partnership between a Mi'kmaq community and the ACCESS Open Minds research project in implementing innovative practice and service evaluation' in the ACCESS Open Minds Early Intervention in Psychiatry Supplement

ACCESS OM Objectives

Early Identification

Rapid Access

Appropriate Care

11-25

Continuous Care

Youth and Family Engagement

Introduction

ACCESS Open Minds is a national evaluation project transforming youth mental health services across the country. The ACCESS Open Minds network is made up of 14 communities located in 6 provinces and 1 territory. The service transformation framework consists of 5 objectives: early identification, rapid access, appropriate care, continuity of care, and youth and family engagement. Due to the diversity of geographic, political and cultural realities at each of the 14 sites, the transformation framework and objectives were designed to be adapted to each site in order to meet the specific needs of local youth in those communities. The supplement describes how service transformation was achieved in seven of the ACCESS Open Minds sites. This document summarizes the article describing the service transformation which took place in the ACCESS Open Minds Eskasoni First Nation site.
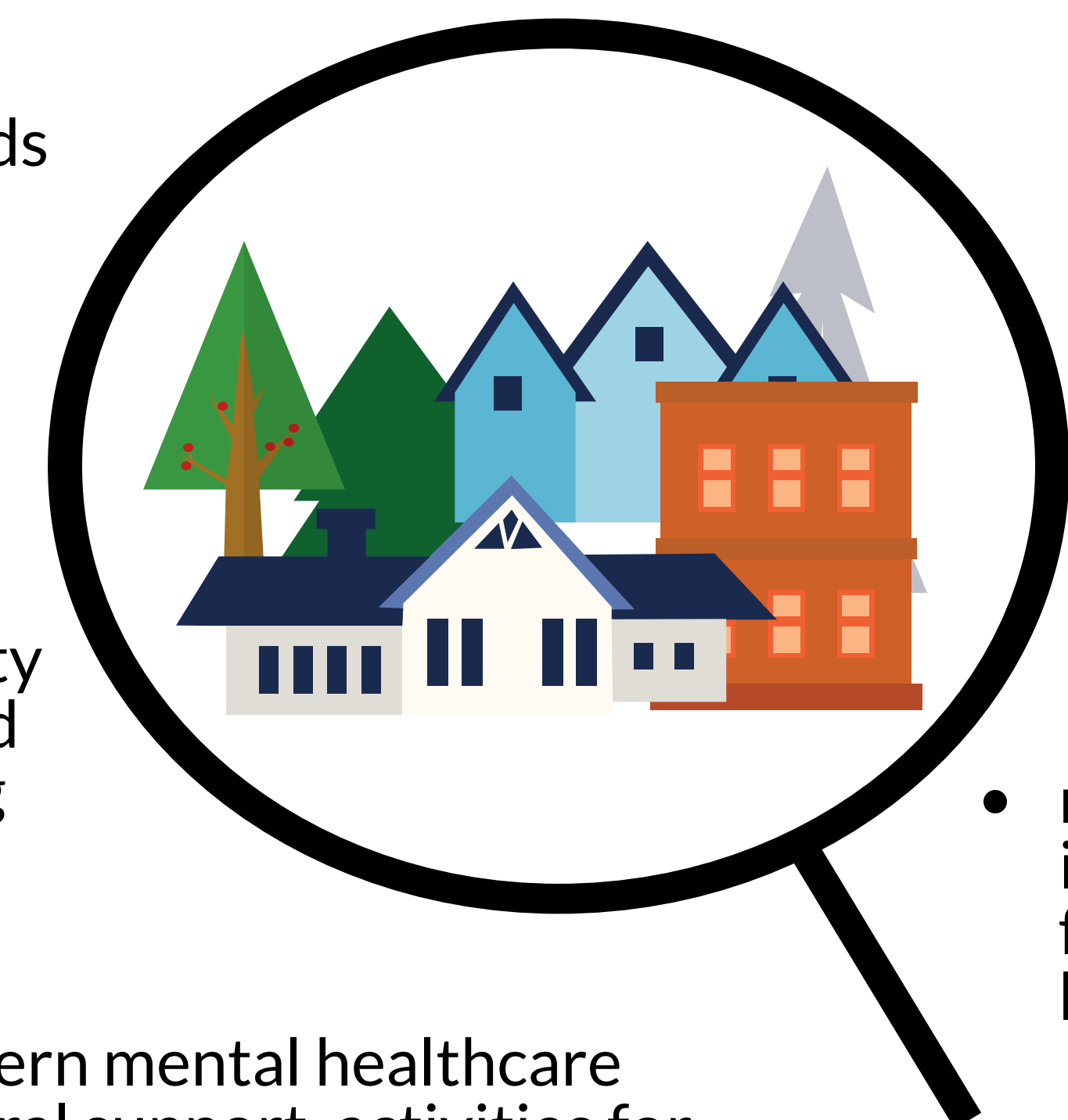
Context

Eskasoni First Nation, a Mi'kmaq rural community with a population of 4,556, is located on Cape Breton Island in Nova Scotia. With more than 50% of the population being under the age of 25 it is crucial for this community to have youth-friendly mental health services that incorporate local knowledge, traditions and values. The need for services became even more apparent and pressing when the community experienced a wave of youth suicides in 2008/2009. Eskasoni Mental Health Services responded by uniting formerly siloed community mental health services, crisis services and the case management teams. These services would now work together and follow the Fish Net Model to provide coordinated, streamlined, barrier-free and user-friendly mental health and addiction services.
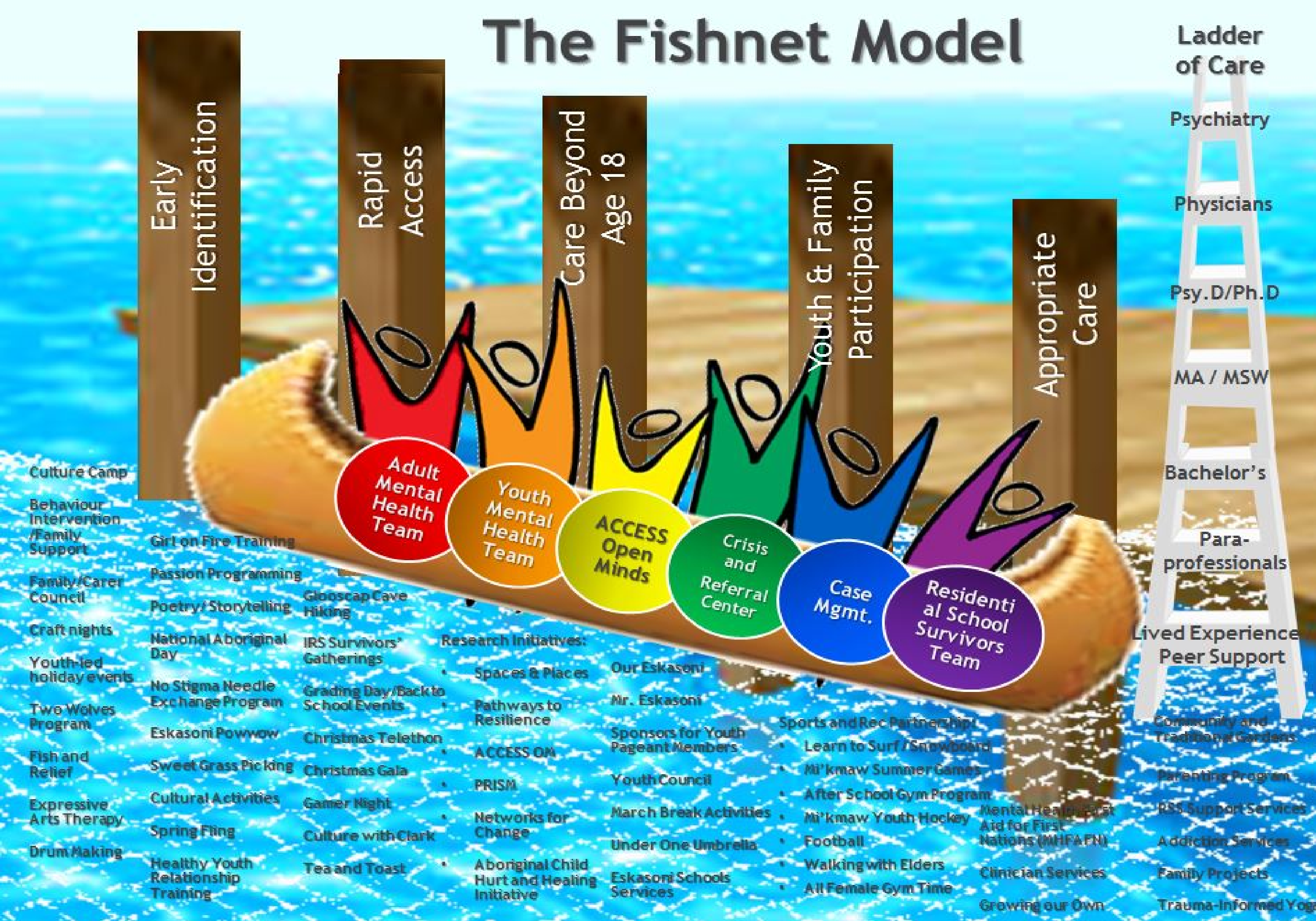
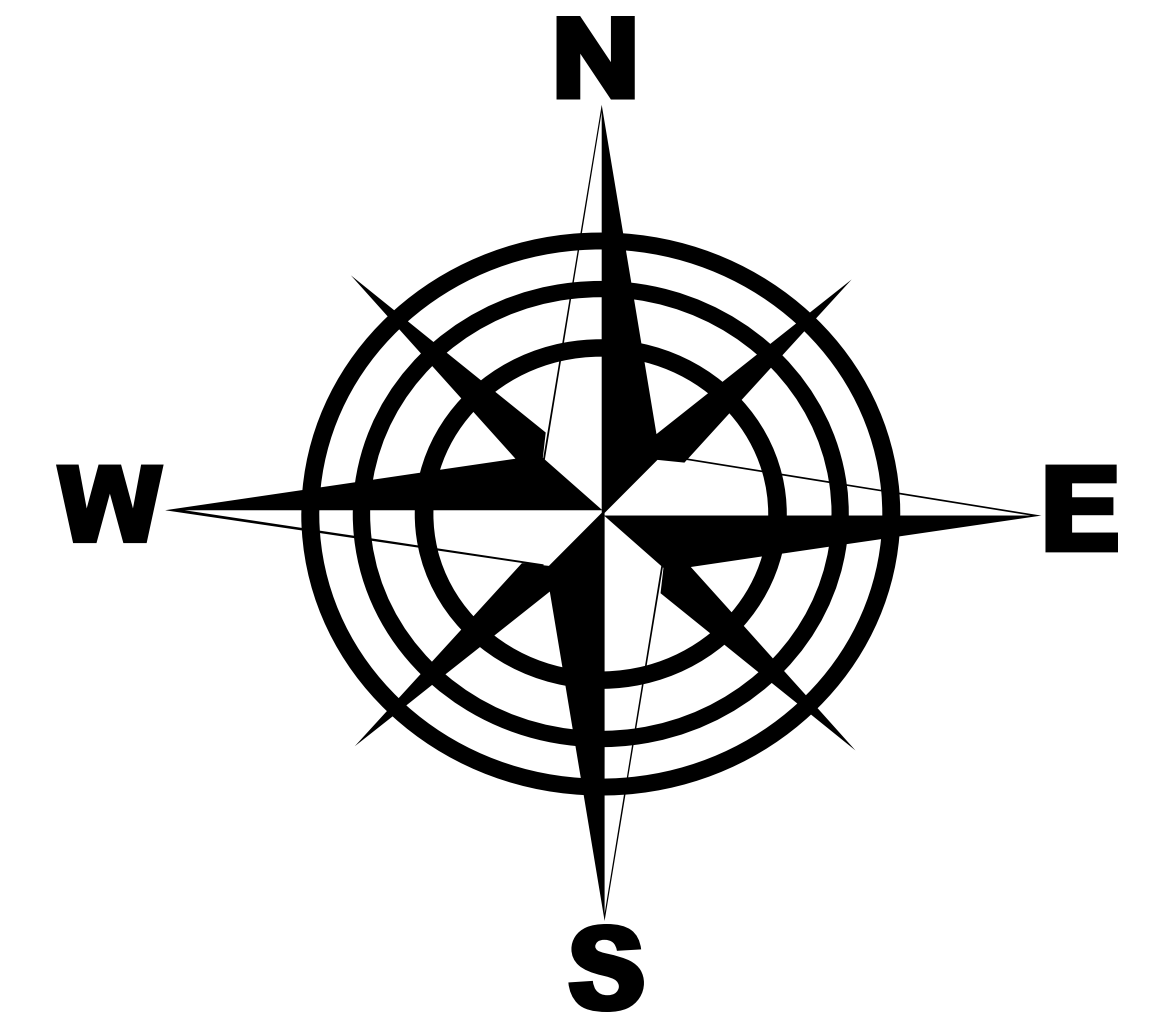## The Fish Net model

Community Focused Model of Care

- grounded in community needs and objectives

- values community development and capacity building

- includes Western mental healthcare services, cultural support, activities for youth, family and community members of all ages, peer support and crisis services

- promotes ownership of programs

- reinforces interventions that focus on all areas of health

The Fishnet Model

Ladder of Care

Psychiatry

Physicians

Psy.D/Ph.D

MA / MSW

Bachelor's

Para-professionals

Lived Experience Peer Support

Early Identification · Rapid Access · Care Beyond Age 18 · Youth & Family Participation · Appropriate Care

Adult Mental Health Team · Youth Mental Health Team · ACCESS Open Minds · Crisis and Referral Center · Case Mgmt. · Residential School Survivors Team

Culture Camp · Behaviour Intervention /Family Support · Family/Carer Council · Craft nights · Youth-led holiday events · Two Wolves Program · Fish and Relief · Expressive Arts Therapy · Drum Making

Girl on Fire Training · Passion Programming · Poetry/ Storytelling · National Aboriginal Day · No Stigma Needle Exchange Program · Eskasoni Powwow · Sweet Grass Picking · Cultural Activities · Spring Fling · Healthy Youth Relationship Training

Glooscap Cave Hiking · IRS Survivors' Gatherings · Grading Day/Back to School Events · Christmas Telethon · Christmas Gala · Gamer Night · Culture with Clark · Tea and Toast

Research Initiatives: · Spaces & Places · Pathways to Resilience · ACCESS OM · PRISM · Networks for Change · Aboriginal Child Hurt and Healing Initiative

Our Eskasoni · Mr. Eskasoni · Sponsors for Youth Pageant Members · Youth Council · March Break Activities · Under One Umbrella · Eskasoni Schools Services

Sports and Rec Partnership: · Learn to Surf/Snowboard · Mi'kmaw Summer Games · After School Gym Program · Mi'kmaw Youth Hockey · Football · Walking with Elders · All Female Gym Time

Mental Health Aid for First Nations (MHFAFN) · Clinician Services · Growing our Own · Parenting Program · RCS Support Services · Addiction Services · Family Projects · Trauma-Informed Yoga
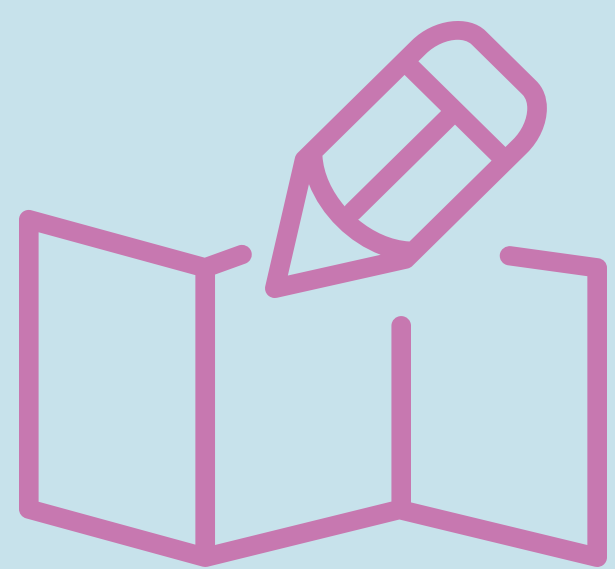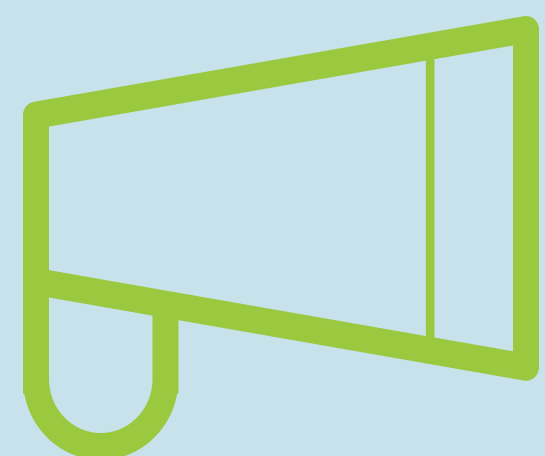
Community Mapping

With the help of community members, the first step in the implementation of ACCESS Open Minds in Eskasoni was to identify existing services and potential gaps.

Community mapping exercices

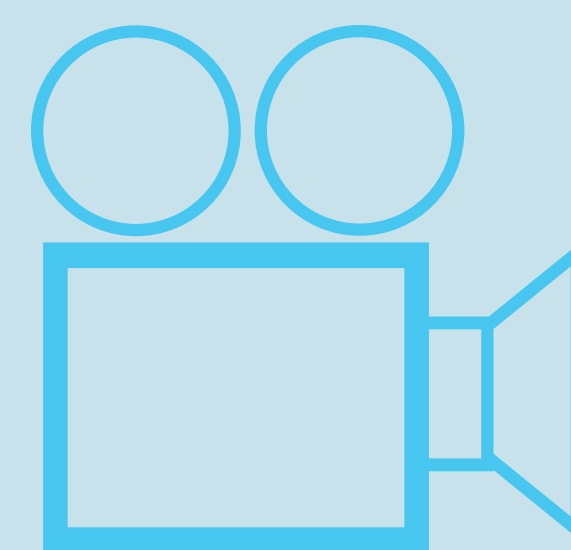| Creation of physical and online maps of services and gaps | Promotion of community events | Focus groups | Creation of videos | Staff evolutionary meetings | Creation of online portal to accessing services |

Early Identification

Mental health staff in Eskasoni have implemented a number of different initiatives to increase their visibility and the number of youth seeking services. This is important because many youth choose not to seek services at all. First, they implement a variety of services and activities, including counselling support, wellness groups, sport, recreation and cultural activities to engage and reach as many youth as possible. They open services to all youth and do not differentiate between mental health programming and regular youth programming. This is done in the hopes of reducing stigma, but also in order to identify mental health challenges early on. Most of these activities take place in the ACCESS OM Youth Space which is a safe and welcoming environment. Staff and youth come together to plan these activities which are largely determined based on their own interests and desires. The staff are active members of the community and adjust to the needs and realities of each youth. To further increase the community's understanding and awareness of mental health difficulties in youth, staff members often run mental health and wellness training workshops for community members.

Examples of youth programming

Rapid Access
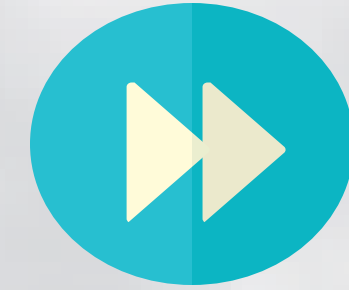
Youth in Eskasoni can access services:

- Through staff at site

- Through a Toll free telephone service

- Via Facebook

- Via Twitter

- Through the Crisis/Distress/Central Intake and Referral Centre

To be able to offer services as quickly as possible, the different Eskasoni service teams (such as the crisis centre and ACCESS OM staff) have worked together to make the process of connecting youth to the right service quick and easy. This is important because delays in access to treatment are related to poor short and long-term outcomes. The ACCESS OM clinician as well as other clinicians and youth peer support workers are readily available at the youth space and the crisis centre. The staff try to be as flexible as possible to truly meet youths' needs. For example, youth can communicate with the staff through social media and a toll-free telephone number, and staff will meet youth and their families in their location of choice, at their homes or on the land, for example.

Another strategy used by the team is integrating initial assessments into the intake process that is completed by the ACCESS OM research assistant/intake worker. This information is regularly communicated to the rest of the team, which means they can directly assess what the youth's needs are and can adapt their services and activities depending on recurring needs.

Appropriate Care ✅
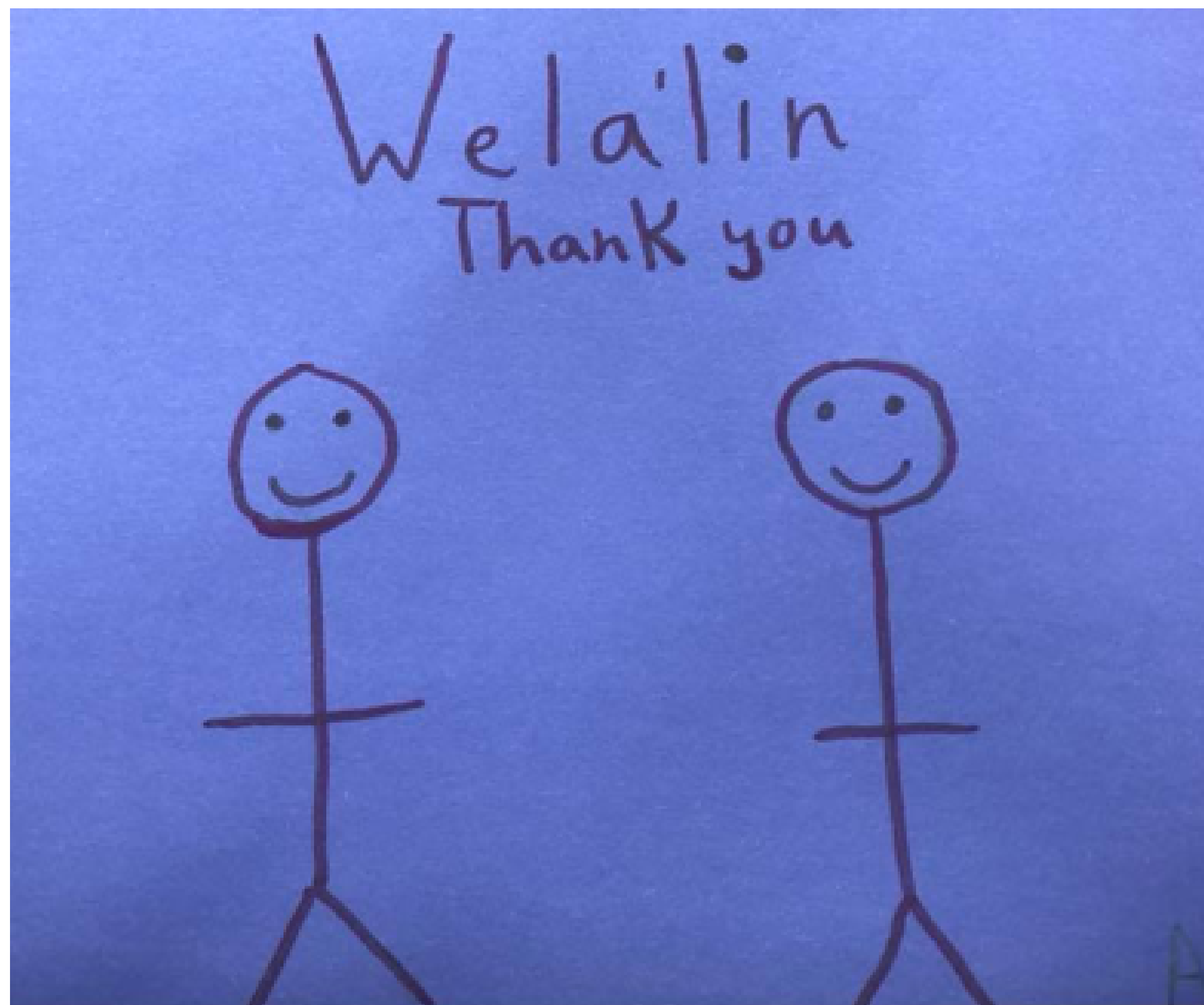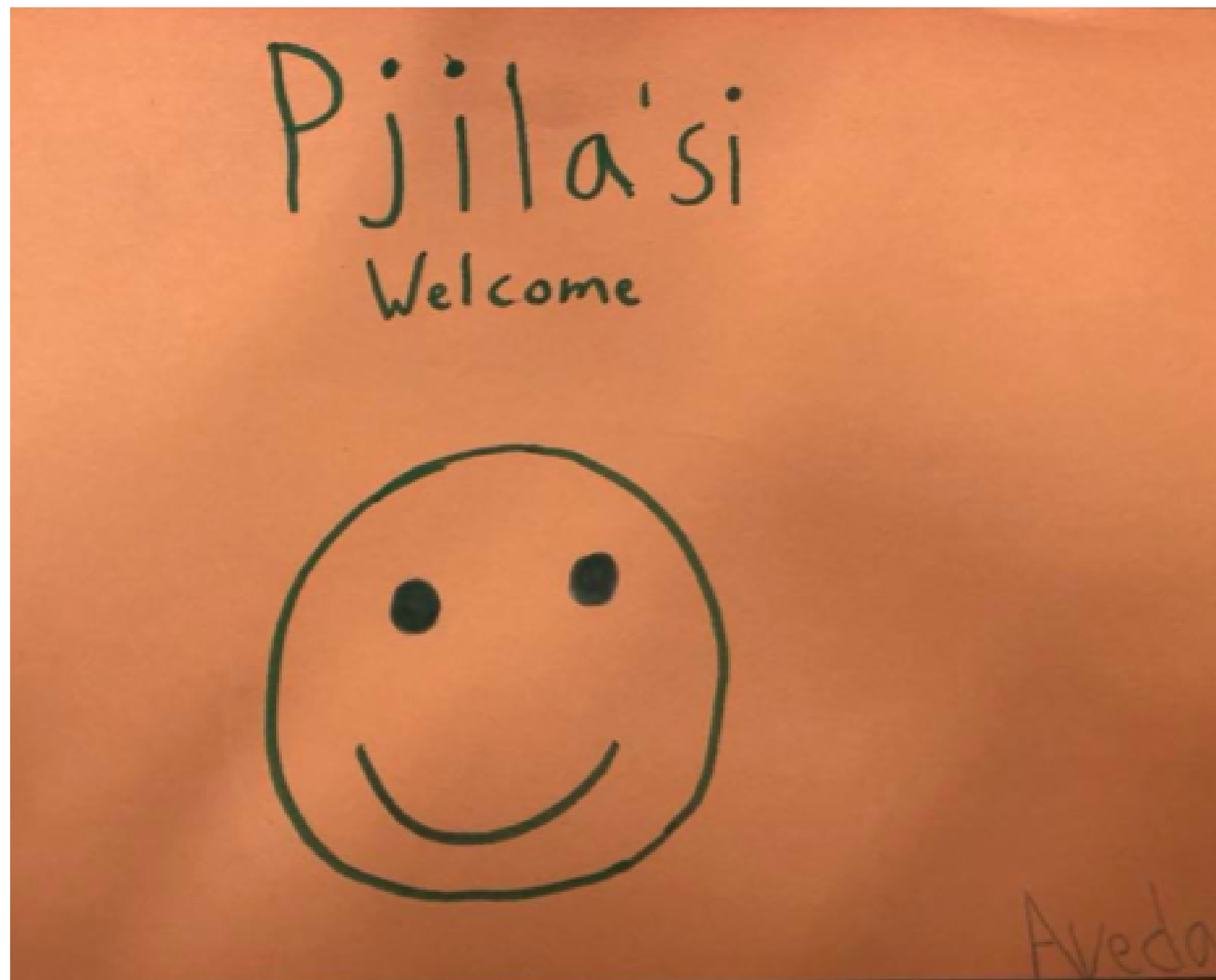
Eskasoni Mental Health Services wanted to transform service delivery so that these new services would foster youth resilience and create a strong generation of youth. For Eskasoni, youth resilience is grounded in building strong relationships, engaging with culture and ancestral knowledge, developing strong personal attributes and supporting a holistic view of health and well-being [1]. In line with this vision, the team chose the "Two Eyed Seeing" approach to inform their care. Youth can choose between mainstream mental health service and Indigenous methods of improving well-being, or a combination of both. They are able to see a wide range of helping professionals, paraprofessionals, family physicians, youth peer supporters, supportive community members and participate in a variety of activities. Additionally the implementation of the Ladder of Care model gives youth access to a wide range of helping professionals.

Challenge: It is a lot harder to provide appropriate care when referrals are required for more specialized services, like psychiatric care, and youth have to travel four and a half hours to access these services in Halifax.

"Two Eyed Seeing" Approach

- Approach based on the idea that you can learn by seeing from two perspectives (eyes): from Indigenous ways of knowing and from Western ways of knowing

- Created by the honoured Mi'kmaq Elders Albert and Murdena Marshall

- Guiding principle for the Eskasoni team, integrated into all aspects of service delivery

[1] Liebenberg, L., & Hutt-MacLeod, D. (2017). Aboriginal community development approaches in response to neoliberal policy: The example of Eskasoni Mental Health Services. In P. Dolan & N. Frost (Eds.),TheHandbook of Global Child Welfare. London, England: Routledge.

Listening to one another

Ka'qn
Door

eptek
Hot

Winisqi'k
Wings

Mi'kmaq class
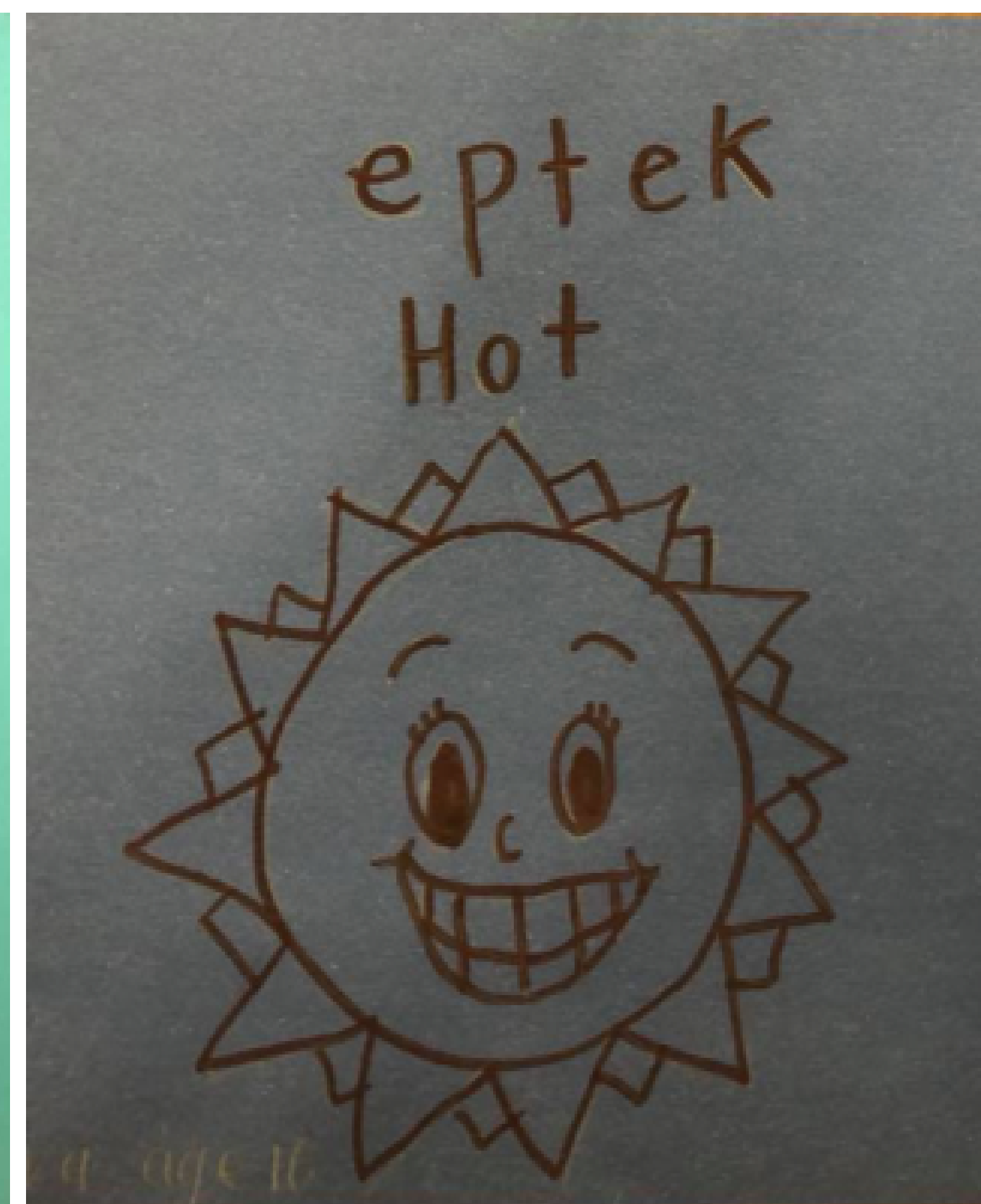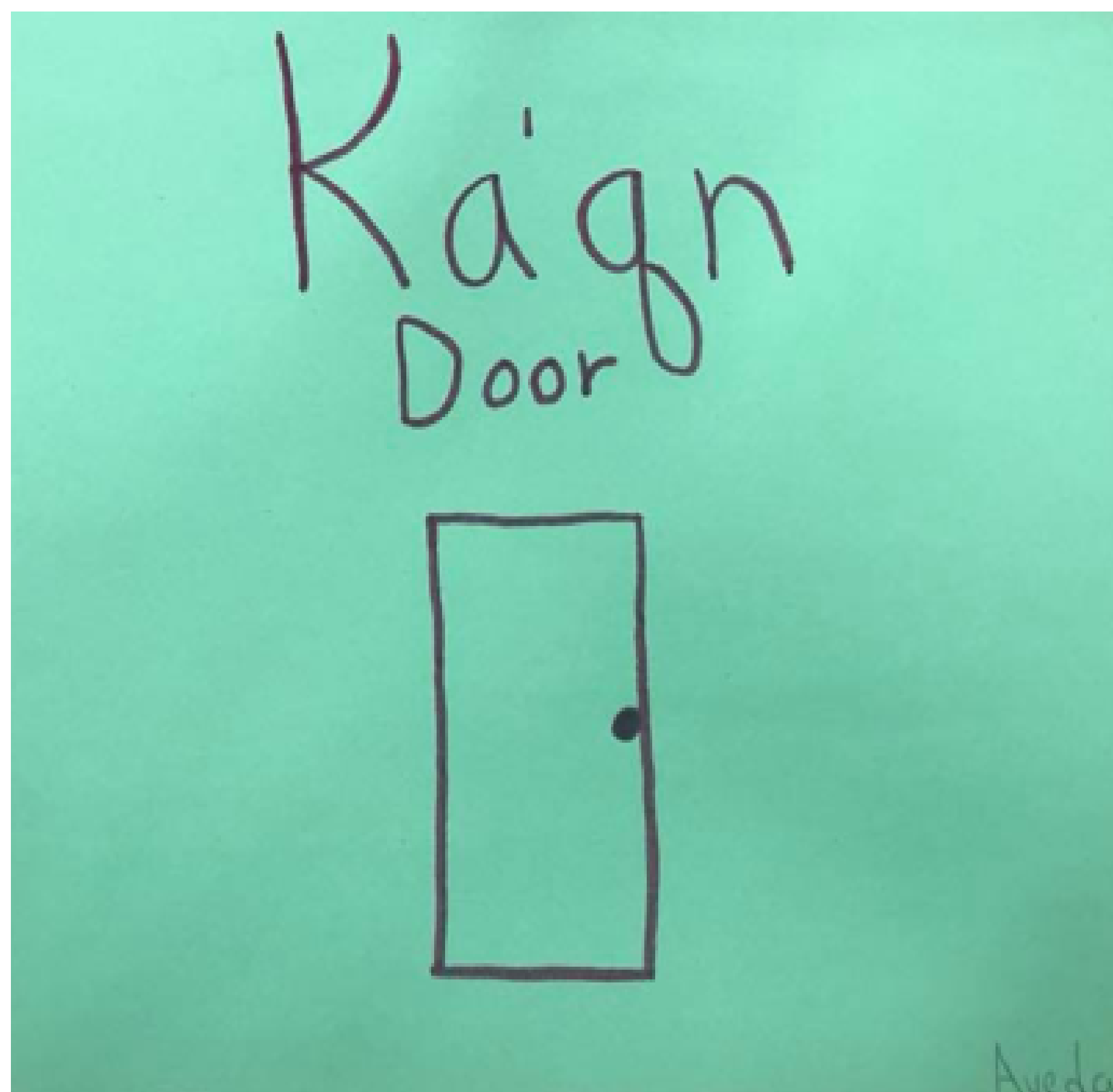
Continuity of Care

The ACCESS OM framework also seeks to eliminate service transitions based on age, so that youth can stay with the same service providers when they turn 18. Services in Eskasoni have always been offered from "womb to tomb".

Youth and Family Engagement

A local youth council was created to help design the ACCESS OM youth space and continue to contribute to the planning of programming, activities and services. For example, youth asked that barriers be removed from accessing services by broadening the ways in which staff could be contacted. The team now use social media, online messaging and are working to launch an online-referral platform. Engagement of families is more difficult, even though family members may bring their youth to the ACCESS Open Minds space to participate in activities, youth are still hesitant to involve family members in their care journey. Family programs are run in the space to try and improve engagement.

Research and Evaluation

The Eskasoni team have been carrying out the ACCESS OM research protocol since 2016, which consists of asking youth who have received services to provide their feedback and satisfaction with services. This allows the site to know more about the needs of youth they are seeing and allows them to adapt the services to their needs. Site team members used Dacima software, the online electronic database system that is used by the whole ACCESS OM network to manage data and to monitor outcomes.

Challenges and Sustainability

Although the transformation of services in Eskasoni has been successful the site does face some ongoing challenges. For example, by increasing the visibility of their services, the site is faced with an increase in youth seeking services which can challenge their capacity. Being part of a time-limited research project, the biggest ongoing challenge for ACCESS OM Eskasoni is finding long-term funding to sustain the transformation taking place after the ACCESS OM project ends in 2020.