

Implementation & Sustainability at Aaschikuwaatauch / ACCESS Open Minds Mistissini

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PANELISTS



Gregory Brass
Planning, Programming & Research Officer
Aaschikuwaatauch/ ACCESS Open Minds Mistissini



Jeff Drugge
Psychologist
Aaschikuwaatauch/ ACCESS Open Minds Mistissini



Ashley Iserhoff
Director of Health and Social Development
Cree Nation of Mistissini



Dr. Srividya Iyer
Scientific-Clinical Director
ACCESS Open Minds



Jess Chisholm
Director of Operations
ACCESS Open Minds

MODERATOR

Summary

Ashley Iserhoff, Gregory Brass, Jeff Drugge, and Dr. Srividya Iyer discuss the implementation of the ACCESS Open Minds framework in the Cree Nation of Mistissini, a community in Eeyou Istchee, the Cree territory located in northern Québec. The discussion is moderated by Jess Chisholm.

Overview of the evolution of the ACCESS Open Minds project

2013: the Canadian Institutes of Health Research (CIHR) and Graham Boeckh Foundation (GBF) partner to create a funding opportunity focused on youth mental health

2014: ACCESS Open Minds network is created as a pan-Canadian network of diverse stakeholders (youth, families/carers, service providers, decision makers, policy maker) at 14 sites across 6 provinces and 1 territory

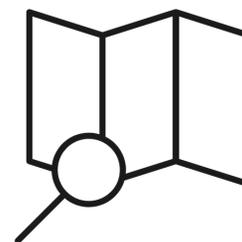
2016: Sites begin collecting quantitative and qualitative data and insights into how the ACCESS Open Minds framework can work in different contexts

Given the diversity of the sites, all with different strengths, resources, needs, and preferences, it was clear that services needed to be based on the 5 core values of ACCESS Open Minds rather than a prescriptive model:



Community Mapping aimed to help the site teams develop how this framework was going to be implemented.

Structure allowed for flexibility and local adaptation; ensured that the project would be community-led and highlighted what is important to the community/site team in how they provide youth mental health care.



Early learnings from the ACCESS Open Minds network

- 1 When services are set up in a way that is acceptable to youth, young people will access services.
- 2 Some youth who might have been less likely to receive services in other circumstances (i.e., because of poverty or other adverse experiences) are more likely to seek services in this sort of setting.
- 3 Youth report being satisfied and would recommend ACCESS Open Minds services to friends.

The site lead's perspective on the importance of mental health services/the ACCESS Open Minds project in Mistissini

Ashley Iserhoff: Mental health has always been a concern – and more so because of the current pandemic. The pandemic has complicated services, but youth are still able to meet with clinicians (even if virtually) and help is being provided.

In Cree communities, it has always been the role of the Elders to comfort people in time of distress. The name in Cree for the ACCESS Open Minds project is Aaschihkuwaataauch, which means “let’s get help for them soon/fast.”

Cree culture is alive and practiced, and is integrated into mental health services: connection to culture, what’s happening in the bush is helping people when they’re in the community. The Cree model of taking care of one another is integrated into the site’s ACCESS Open Minds project.

Challenges:

- It took a while to implement the research component and to find appropriate clinicians

Importance of research projects:

- Helps governing bodies (policy makers, governments, boards) make decisions backed up by data
- Can help all communities (not just Indigenous communities) make decisions about how to fund mental health services

Insights into implementation & impacts of implementing ACCESS Open Minds in Mistissini

Gregory Brass: It is important to underscore that the implementation process was very difficult.

Some facilitating factors included:

- Having people who are committed to the project (e.g., strong local leadership who want to make it happen)
- Working closely with the central office and the larger ACCESS Open Minds network to find solutions to obstacles

Limiting factors in the initial planning stages:

- Logistics around the ACCESS Clinician position: working through the Clinic (Community Miyupimaatisiun Centre) posed numerous organizational obstacles
- Not wanting to feed youth onto a waiting list
- Housing for workers who are coming from outside the community is limited

Solutions:

- Youth did not want to go into the Clinic (for various reasons, including confidentiality in a small community, stigmatization of mental health problems), so the Family Resource Centre (adjacent to the popular Youth Center) with separate entrances allowed youth to feel safe accessing services.
- Created dedicated positions not affiliated through the Clinic
- Could stand as an example of how to expand mental health services in the region



New challenge

With the COVID-19 pandemic, clinicians have had to stay away from the community. All ACCESS Open Minds services are virtual, a transition that took some adaptation.

It remains important to continue providing services, though, as levels of distress in the community continue to increase.

Jess Chisholm: There are complexities of ACCESS Open Minds being funded as a research project. Change cannot happen overnight, and it takes time to properly engage youth, families, and community members to share what they need and effect meaningful change. Longer-term funding is needed because change takes time. Mistissini is a good example of how far the project can go.

Aaschihkuwaataauch/ACCESS Open Minds in Mistissini from a clinician's perspective

Jeff Drugge: There are challenges being a Montreal-based/non-Cree clinician and working in Mistissini 1 week per month. There is an importance of getting to know the community and rhythms of community life (e.g., moose season, trapping, Goose Break).

Structural and logistical support from the site team/community leaders/Health Board partners made it easy for the clinician; an attestation of the hard work that the community has put into making it easy for clinicians, and allows them to focus on the clinical work.

Important to work to counter the biases and prejudices against Indigenous communities among settler mental health care workers from outside the community.

What impact has the ACCESS Open Minds program had on Mistissini, and why is it important to the community?

Gregory Brass: ACCESS Open Minds falls on a continuum of mental health services in the community. The community also has an existing and active Youth Council (which can support the youth engagement piece of ACCESS Open Minds). Aaschihkuwaataauch is important because the missing piece was providing front-line mental health services in the community. It is important to provide services that are appropriate to Cree youth. ACCESS Open Minds is a continuum of care, it fills gaps of where the existing system fails youth (for example, when young people have to leave the community for more intensive clinical care).

Srividya Iyer: Individual change in Mistissini adds to growing momentum for funding for youth mental health services. The Aaschihkuwaataauch program demonstrates importance of finding out what works in each individual community – the balance between being part of a larger network/project, and having the project owned by the community and responding to the needs of the youth in the community.

Ashley Iserhoff: Aaschihkuwaataauch has helped to educate different organizations in the Cree world about mental health issues and care; it has also helped to get more partners on board.

“When you are a parent and raise a child, you do not disappear when they turn 18. In the same way, there is a responsibility to make sure that the ACCESS Open Minds services that have been formed continue to be available to future youth”

Community leadership in Mistissini are committed to continuing support for Aaschihkuwaataauch beyond the current ACCESS Open Minds project because it's not just a research project, it's saving lives.

Jeff Drugge: Clinicians who are open to new experiences and willing to learn, have flexibility in working style, and are “team players” are those who should be encouraged to take on the role of ACCESS Open Minds Clinician (especially in remote locations).

Ashley Iserhoff: Potential Clinicians need to be open to the realities of working in a remote community (e.g. one of the ACCESS Clinicians had to be warned of a bear in the community, flights get fogged in, wolves on the trail, etc.)

Gregory Brass: Underscores that while “sense of adventure” is important when recruiting clinicians, there needs to be acknowledgement of real and serious issues, such as intergenerational trauma linked to residential schools, and ability to navigate these with clients. Site teams need to make sure they find the right person. Community members/clients will be able to identify who the suitable candidates are (rationale for having youth from the community on the hiring committee).

Audience Question

“How does ACCESS Mistissini compare to other Indigenous sites? Are there similar challenges and approaches?”

Gregory Brass: Every Indigenous community participating in ACCESS Open Minds is different; all communities are delivering services based on very different needs. Sturgeon Lake First Nation is located a 45-minute drive from an urban centre. Eskasoni First Nation had established mental health services that were transformed even more as a result of the project. Puvirnituk and Ulukhaktok are remote, arctic fly-in communities that might face even more challenges than Mistissini in sourcing clinical staff (and as a result have adopted a lay health worker model). Elsipogtog First Nation has taken a more grounded/peer-level approach to services. It's important to know your community's needs and what might work best for them.

Conclusions and closing thoughts - "If you had a magic wand and could change one thing what would it be?"

Gregory Brass: If I could go back and "re-do" the implementation, I would put more emphasis on engaging community (members, leadership, health board) about the community's actual needs and doing analysis of these findings. This might have helped overcome some of the obstacles faced in early implementation of ACCESS Open Minds in the community. Even between different Cree communities of Eeyou Istchee, the needs would be different.

Jeff Drugge: As a clinician, spending more time in the community would be beneficial because knowledge of the community – people, culture – is very important to providing a good clinical service. This has been made difficult by the pandemic. Also, as a non-Cree person, a noticeable value observed in the Mistissini community members is that of nurturing. To bring this to the world would make it a better place.

Srividya Iyer: When providing good youth mental health care, we need to look at all aspects of wellness (e.g., social determinants of health such as childhood care, access to adequate housing, schooling, food) and aspire for better outcomes. I've also been reflecting on the incredible creativity and innovation of each participating community, and as a network as a whole. It's not a destination, it's a journey.

Ashley Iserhoff: A reminder that each person has a mission, has importance and significance. That every day a person is alive, that they have a role to play in making the world a better place. Some people have gone off track in life, maybe because of different things they have gone through – we are in a place where we can help bring people back on track. We were given purpose to help others. We all have a choice in how to react to situations in life, and the ACCESS Open Minds program has supported the idea that we all have something to offer the world to make it a better place. It took time to implement and get Aaschihkuwaataauch where it is today, but it's there to help youth get back on track.