

Research Digest



A PICTURE OF THE YOUTH ACCESSING MENTAL HEALTH SERVICES IN SIX INDIGENOUS COMMUNITIES ACROSS CANADA



Summary of the following article

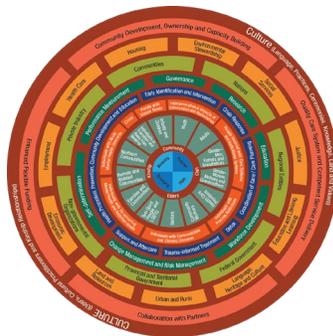
Boksa, P., Hutt-MacLeod, D., Clair, L., Brass, G., Bighead, S., MacKinnon, A., Etter, M., Gould, H., Sock, E., Matoush, J., Rabbitskin, N., Ballantyne, C., Goose, A., Rudderham, H., Plourde, V., Gordon, M., Gilbert, L., Ramsden, V. R., Noel, V., ... Iyer, S. N. (2021). Demographic and Clinical Presentations of Youth using Enhanced Mental Health Services in Six Indigenous Communities from the ACCESS Open Minds Network. *The Canadian Journal of Psychiatry*. <https://doi.org/10.1177/07067437211055416>

KEYWORDS: Demographics • Indigenous • Mental health service • Psychological distress • Youth

Indigenous communities partner with ACCESS Open Minds

Supported by the ACCESS Open Minds Network, six Indigenous sites implemented transformative approaches to services for youth mental health and wellness. This approach was also guided by the [First Nations Mental Wellness Continuum Framework](#) (see below) and [Inuit-specific Mental Wellness Framework](#).

Designed to serve youth ages 11-25, these services combined traditional healing, Indigenous identity-affirming practices and culturally-safe western approaches to meet community needs and improve youth mental health services.



Participating Indigenous Communities

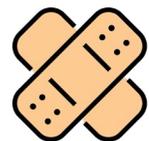
- Eskasoni First Nation (Nova Scotia)
- Elsipogtog First Nation (New Brunswick)
- Cree Nation of Mistissini (Quebec)
- Sturgeon Lake First Nation (Saskatchewan)
- Puvirnituq (Nunavik)
- Ulukhaktok (Inuvialuit Settlement Region)

Why should we care?

This is the first paper to present a demographic and clinical picture of youth accessing mental health services in multiple Indigenous communities across Canada.



In many Indigenous communities, youth mental health services are not enough. There is shortage of staff, programs, and culturally appropriate ways to address needs.



Many Indigenous communities have a high number of youth under 25 years old, which means the health and well-being of youth is critical to the future of these communities.



Methods



Community mapping was done to identify and coordinate youth mental services in the community.



ACCESS clinicians facilitated the help-seeking process, linking youth with their service of choice and conducted initial evaluations.



Study participants were youth accessing services for mental health concerns who provided written informed consent to participate in the research.



Measures included sociodemographic information, self- and clinician-reported psychological distress, self-rated mental health and suicide severity.

More details on the approach can be found in the [protocol paper](#) and/or [summary](#).

Take home messages

It is possible to build and deliver evidence-informed, culturally sensitive youth mental health services.



Indigenous sites have created safe spaces for youth who are vulnerable and/or marginalized.



Services were accessed by intended target population, showing promise of improving youth mental health services.



IMPORTANT CONSIDERATIONS



Contextual and cultural appropriate tools

Language and concepts used in evaluation tools can often be difficult to understand as they usually stem from a Western worldview and are not aligned with the Traditional worldview.



Interpretation of survey questions

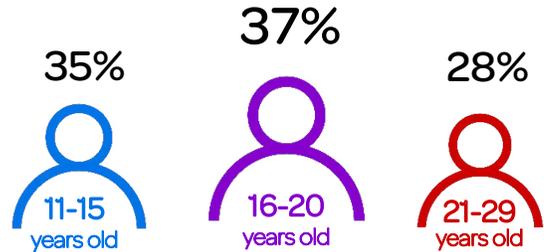
More efforts are needed to understand how young people interpret and respond to evaluation items, as they may not correspond with what is seen in their community.

Results

Data presented primarily pertain to four First Nations sites, as the two Inuit sites did not follow evaluation protocol due to cultural considerations, local constraints and preferences.

SOCIO-DEMOGRAPHICS

Age ranges of youth accessing services



25%

of youth reported having difficulty meeting basic expenses



29%

of youth identify as LGBTQ2S+



25%

of youth (+15) were not employed, in education or training

ACCESS TO SUPPORT

When there is barrier-free access to mental health services, youth and families use them.

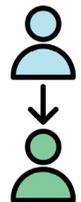


68%

of youth said ACCESS Open Minds was their first service for mental health

>50%

of youth were self-referred and/or referred by family members



87%



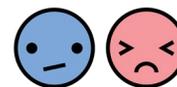
of youth accessing services reported that a reliable adult was around when they were in need

83%



of youth reported that they got along very well with the people living with them

CLINICAL PRESENTATIONS



50%

of youth accessing services had moderate to high distress levels, suggesting a possible mental health problem

Top 3 reasons youth reported seeking services

Anxiety/worry

74%

Stress

70%

Depression/sadness

54%

*Note: These statistics only represent Indigenous youth who accessed services and can not be generalized to all Indigenous youth.