Primary Care Mental Health For First Nations Peoples

22nd May 2019

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Interim Medical Director
First Nations Health Authority
It starts with me…

- BC First Nations Perspective on Wellness – holistic
- Our vision of health & wellness comes from the ancestors & is relational
- Colonization interrupted this worldview
Life Expectancy

Average life expectancy among First Nations in BC has improved slightly, since 2001-2005.

**Life Expectancy:** Average life expectancy for First Nations is **75.9 years**, compared to 81.6 years for other BC residents.
Mortality

Age Standardized Mortality Rate (# deaths due to all causes per 10,000 population):

Decreasing among BC First Nations in 2013 compared with 2005.

Higher than non-First Nations in BC.

Infant Mortality

Infant Mortality: First Nations infant mortality rate fluctuated over time & most recently at 8.12 deaths per 1,000 live births in 2009-2013, lower than baseline of 8.78 per 1,000 live births.
Unexpected Deaths: First Nations Youth & Young Adults (age 15 – 24)

- Accidental deaths (motor vehicle crashes, overdose, drowning & fire) accounted for 60% of all unexpected deaths

- **Suicides accounted for a 1/3 of all unexpected deaths**

- Homicides accounted for 5% of all unexpected deaths
Shifting the Paradigm: Sickness to wellness, deficits to strengths

Many First Nations have good health & wellness outcomes.

- Focus on wellness outcomes, not only “health” or disease/illness outcomes.
- Exploring & celebrating sources of strength & resilience – build, share & spread those successes!
### Progress Made on Health & Wellness Indicators (2005-2013)

- **Life expectancy** of Status First Nations has **improved**.
- **Age-standardized mortality rate** of Status First Nations has **improved**.
- **Infant mortality rate** among Status First Nations has **slightly decreased**.
- **Youth suicide rate** of Status First Nations has **decreased**.
- **Diabetes prevalence rate** among Status First Nations has continued to **increase**, but **rate of increase appears to be slowing since 2011-2013/14**
Traditional Ways & Knowledge for BC First Nations (2008-10)

Language

% of adults who reported using a First Nations language as one of the most used languages increased from 8.0% to 18.8% since 2002-03

Cultural Knowledge

63% of children & 45% of youth reported that traditional cultural events are very important to them

Traditional Foods

61% of BC First Nations of all ages reported often eating one or more types of traditional foods

Regional Health Survey data
Barriers in Access to Health Care

- **33%** Wait List
- **23%** NIHB
- **23%** Direct Cost
- **22%** Inadequate Health Care

The biggest barriers to **Health Care Access** reported among adults were: the waiting list being too long (33%), the services not covered by NIHB (23%), not being able to afford the direct cost of care (23%) and feeling that the health care provided was inadequate (22%).

Regional Health Survey data
## Top Health Conditions for Adult BC First Nations Living on Reserve

### 2002-03 RHS

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Condition</th>
<th>Age-Standardized Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Arthritis&lt;sup&gt;10&lt;/sup&gt;</td>
<td>24.8%</td>
</tr>
<tr>
<td>4</td>
<td>Chronic back pain (excluding arthritis)</td>
<td>17.5%</td>
</tr>
<tr>
<td>1</td>
<td>Allergies</td>
<td>25.2%</td>
</tr>
<tr>
<td>6</td>
<td>High blood pressure</td>
<td>14.3%</td>
</tr>
<tr>
<td>3</td>
<td>Hearing impairment</td>
<td>18.7%</td>
</tr>
<tr>
<td>7</td>
<td>Stomach and intestinal problems</td>
<td>13.2%</td>
</tr>
<tr>
<td>5</td>
<td>Asthma</td>
<td>14.5%</td>
</tr>
<tr>
<td>8</td>
<td>Diabetes</td>
<td>11.1%&lt;sup&gt;E&lt;/sup&gt;</td>
</tr>
<tr>
<td>10</td>
<td>Heart disease</td>
<td>6.0%&lt;sup&gt;E&lt;/sup&gt;</td>
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### 2008-10 RHS

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<td>Heart disease</td>
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Regional Health Survey data
Mental Health & Wellness

**Self-Rated Mental Health**

- Similar between males & females for youth & for adults.

**Feeling helpless dealing with the problems in their life**

- Higher among female youth as compared to male counterparts (43.1% vs. 27.6%).

**Feeling sad, blue or depressed for 2 weeks or more in a row in the past year**

- Higher among female youth & adult as compared to male youth & adult (45.0% vs. 30.4%).

**Reporting high level of mastery of control over life**

- First Nations Regional Early Childhood, Education & Employment Survey data
Mental Wellness

Physician Services – Mental Health & Wellness Related
- First Nations in all age groups except 65-74 had significantly higher rates for physician visits than other residents for mental-health related physician services in 2013/14.

Hospitalizations
- Admission rate of mental illness (MI) for First Nations aged 18-49 almost doubled between 2008/09 & 2013/14, & in the latter year, was significantly higher than the MI admission rate of other residents.
- The MI readmission rate among First Nations aged 18-19 more than doubled between 2008/09 & 2013/14. There was no difference with the other residents’ readmission rate in 2013/14.

Substance Use
- When compared to other residents, First Nations had higher rates for physician visits & hospitalizations related to substance use in 2013/14.
Changes in Prescribing for Mental Health & Wellness

- Antidepressants & antipsychotics are growing at 3.2% per year suggesting more clients are getting treatment for MH&W concerns.
- Opiate agonist therapy (OAT) including methadone & suboxone, are growing at an overall rate of 12.1% annually, which indicates that more clients are seeking treatment to cease opiate use.
- Benzodiazepines are decreasing 6.1% per year; these drugs are a safety concern to clients, especially if taken with opioids.

### Number of FNHB Claimants

<table>
<thead>
<tr>
<th>Year</th>
<th>Antidepressants</th>
<th>Benzodiazepines</th>
<th>Antipsychotics</th>
<th>Opiate Agonist Therapy</th>
<th>All Drugs</th>
</tr>
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<tbody>
<tr>
<td>2013/14</td>
<td>16,539</td>
<td>11,903</td>
<td>4,966</td>
<td>1,178</td>
<td>98,512</td>
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<tr>
<td>2014/15</td>
<td>16,746</td>
<td>11,004</td>
<td>4,998</td>
<td>1,225</td>
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<td>2015/16</td>
<td>17,369</td>
<td>10,524</td>
<td>5,253</td>
<td>1,336</td>
<td>98,889</td>
</tr>
<tr>
<td>2016/17</td>
<td>18,190</td>
<td>9,853</td>
<td>5,453</td>
<td>1,659</td>
<td>99,000</td>
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### Annualized Growth Rate

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<th>Drug Type</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
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Overdose Public Health Emergency: How Has It Impacted Our Communities?

- FNHA recently released preliminary findings on overdose data in BC.

- Data is from the BC Coroners Service, Drug & Poison Information Centre, BC Emergency Health Services/Ambulance Service & emergency department visits at hospitals across BC, & supplemented with data from the Ministry of Health & BC Centre for Disease Control.

- Linked with the First Nations Client File.
First Nations Health Authority

DATA FROM OVERDOSE EVENTS IS TAKEN FROM JANUARY 31, 2015 - NOVEMBER 30, 2016
DATA FROM OVERDOSE DEATHS IS TAKEN FROM JANUARY 31, 2015 - JULY 31, 2016

Overdose Public Health Emergency

3.4% of population of BC is comprised of First Nations peoples

14% of all overdose events in BC involved First Nations peoples

10% of all overdose deaths in BC involved First Nations peoples

First Nations people are 5X more likely than non-First Nations to experience an overdose event
First Nations people are 3X more likely than non-First Nations to die due to an overdose

THE OPIOID EMERGENCY HAS EQUALLY AFFECTED FIRST NATIONS MEN AND WOMEN
Across BC, First Nations population overdose events have affected: 52% men and 48% women.
Non-First Nations overdose events in BC have affected: 71% men | 29% women

FIRST NATIONS OF ALL AGES ARE AT A HIGHER RISK OF OVERDOSE EVENTS AND DEATH
1,903 First Nations OD Events between January 1, 2015 - November 30, 2016
60 First Nations OD Deaths between January 1, 2015 - July 31, 2016

“It’s unresolved trauma, unresolved grief. My respected elders have taught me that sometimes physical pain is actually a spiritual pain. Sometimes, a physical pain has a mental cause or an emotional cause. So when we begin to confront those challenges, we need to make sure that we’re responding with the appropriate care.” ~ Grand Chief Doug Kelly, Chair, First Nations Health Council
“We recognize the root cause of where we are today, & that root cause rests in colonization. Issues of racism, discrimination, judgment, & lack of ability to wrap people with love & services at every level has definitely affected where we’re going.” Dr. Shannon McDonald, Deputy Chief Medical Officer
Partnering with Indigenous Elders in primary care improves mental health outcomes of inner-city Indigenous patients Prospective cohort study.

David Tu MD CCFP George Hadjipavlou MA MD FRCPC
Jennifer Dehoney Elder Roberta Price Caleb Dusdal PMP
Annette J. Browne PhD RN Colleen Varcoe RN MSN PhD

Canadian Family Physician  |  Le Médecin de famille canadien  Vol 65: APRIL  |  AVRIL 2019
**Intervention:** Participants met with an Indigenous Elder as part of individual or group cultural sessions over the 6-month study period.
Figure 1. Changes in depression severity score among those with moderate to severe depressive symptoms at baseline (PHQ-9 score ≥ 10): n = 28.

PHQ-9—Patient Health Questionnaire.
Figure 2. Changes in suicide risk among those with elevated risk at baseline (SBQ-R score ≥ 7): n = 14.

SBQ-R—Suicidal Behaviors Questionnaire—Revised.
Figure 3. Emergency department visits before and after engaging with the Elders program

ED VISITS BEFORE AND AFTER ELDERS PROGRAM

ED—emergency department.
**Interpretation on the Public Health Primary Care Level**

Primary care intervention

By First Nations for First Nations

Resilience of our elders

Resilience of our population

Self determination

Importance of traditional healing methods

Central place for elders and traditional healers in our evolving primary care models

There is still a place for western primary care providers and modern treatments...for now
Questions & Discussion

Thank you

Gayaxsixa (Hailhzaqvla)
Huy tseep q’u (Stz’uminus)
Haw’aa (Haida)
Gila’kasla (Kwakwaka’wakw)
Kleco Kleco (Nuu-Chah-Nulth)
kʷukʷstéyp (Nlaka’pamux)
Snachailya (Carrier)

Mussi Cho (Kaska Dona)
Tooyksim niin (Nisga’a)
Kukwstsétsemc (Secwepemc)
č’eč’heθeč (Ayajuthem)
Sechanalyagh (Tsilhqot’in)
kw’as ho:y (Halq’eméylem)
T’oyaxsim nisim (Gitxsan)