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Transforming Health Care to Become More Culturally Effective :

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Stories and Outcomes From the Vancouver Indigenous Elder's Partnership (VIP) Program

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Downtown Eastside, Vancouver

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Urban Indigenous Health & Healing Cooperative
FNHA Mental Health & Wellness Summit
February 8, 2018

Presentation Outline:

- Opening Prayer & Introductions (1:15-1:25)

- Background & Case Discussion (1:25 – 1:45)

- Documentary (1:45 – 2:00)

- Research Results (2:00 – 2:20)

- Discussion / Question & Answer (2:20 – 2:40)

- Reflection & Closing Prayer (2:40 – 2:45)

Intentions:

- To share our approach of partnering Indigenous Elders with Primary Care providers within a community health clinic setting.

- To share our research study results

- To Share our Plans for the Future

Disparities in Mental Health for Indigenous Peoples:

- 6-fold increase in depression prevalence (30%[1]-32%[2])

- 2-fold increased rate of suicidal ideation, suicide attempts and deaths by suicide.[3]

- 5-fold increased likelihood of hospitalized for mental health crises or suicide attempts compared to the general population.[4]

- Disparities are legacies of colonization and the oppression of Indigenous cultures-- recognized as "cultural genocide" by the Truth and Reconciliation Commission of Canada.[5]

1. Wingert S. The Social Distribution of Distress and Well-Being in the Canadian Aboriginal Population Living Off Reserve. *International Indigenous Policy Journal.* 2011;2(1):5-16.
2. Kirmayer LJ, Simpson C, Cargo M. Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry.* 2013;11:15-23.
3. Kirmayer LJ, Brass GM, Holton T, Ken P, Simpson C, Tait C. *Suicide Among Aboriginal People in Canada.* Ottawa, ON, Canada: Aboriginal Healing Foundation; 2007.
4. Office of the Provincial Health Officer. Pathways to Health and Healing. British Columba; 2009:1-348.
5. Truth and reconciliation commission of Canada: Calls to action. Accessed on Oct 20, 2017 at: http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
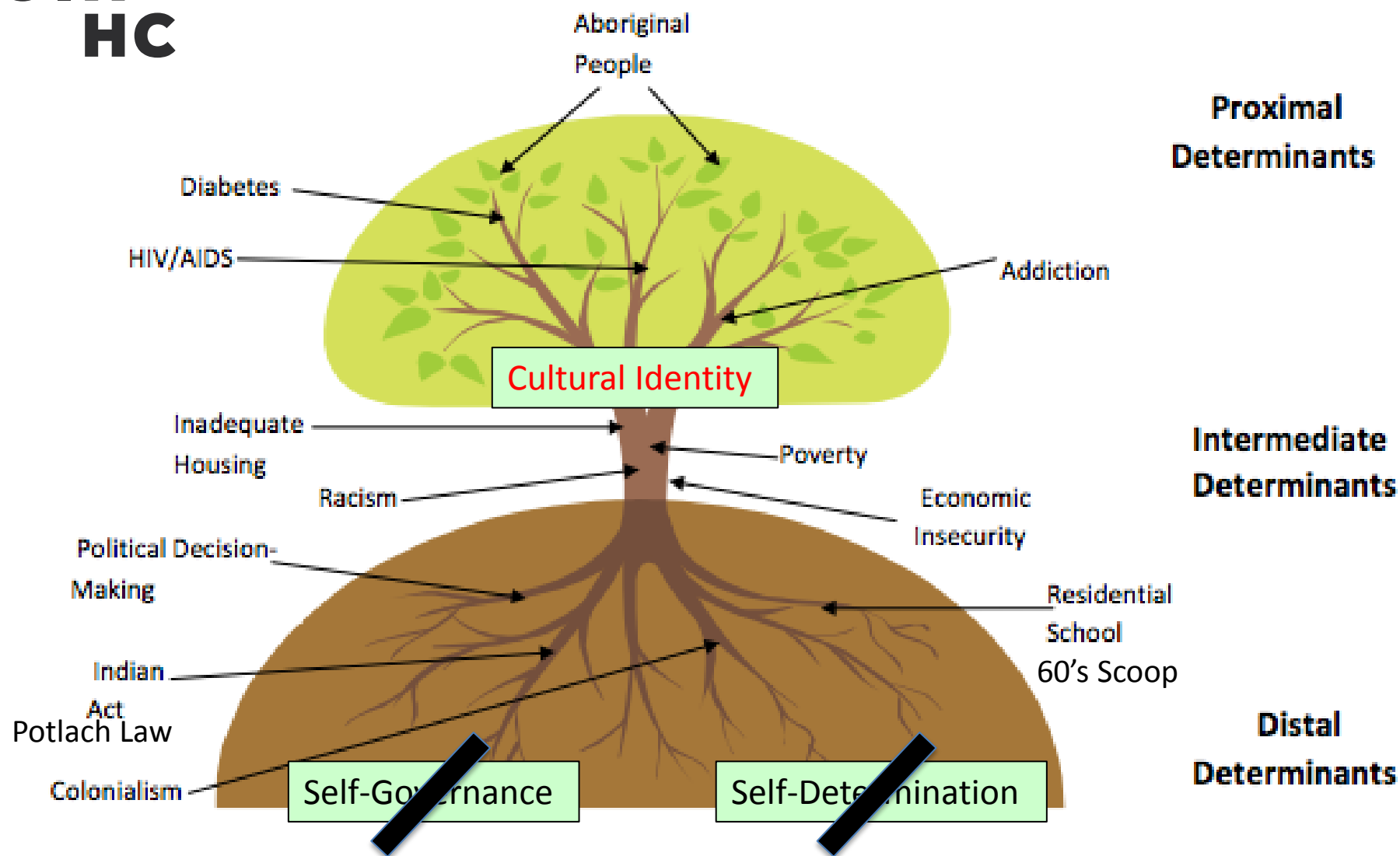
"Wellness reinforces and is reinforced by a sense of cultural identity."

– White Standing Buffalo

Standing Buffalo Bull - Ponca 1877
http://www.firstpeople.us/

Determinants of Health – Illustration

Source: Adapted from Reading, C. (2009). Social determinants of health: The case of Aboriginal women and HIV/AIDS. Research Lecture, University of Victoria.

Identity: A Determinant of Health

- Colonialism has been an assault on individual and community identity [1]

- "Cultural identity depends not only on access to culture and heritage but also on opportunities for cultural expression and cultural endorsement within society's institutions." [2]

- "Positive identity and negative identity are all seen within Indigenous populations, and are associated with predictable health outcomes." [1]

[1]King, et al. Indigenous health part 2: the underlying causes of the health gap. *Lancet* 2009; 374: 76–85
[2]Durie et al . Healing traditions: the mental health of Aboriginal peoples in Canada. Vancouver: UBC Press, 2009: 36–55.
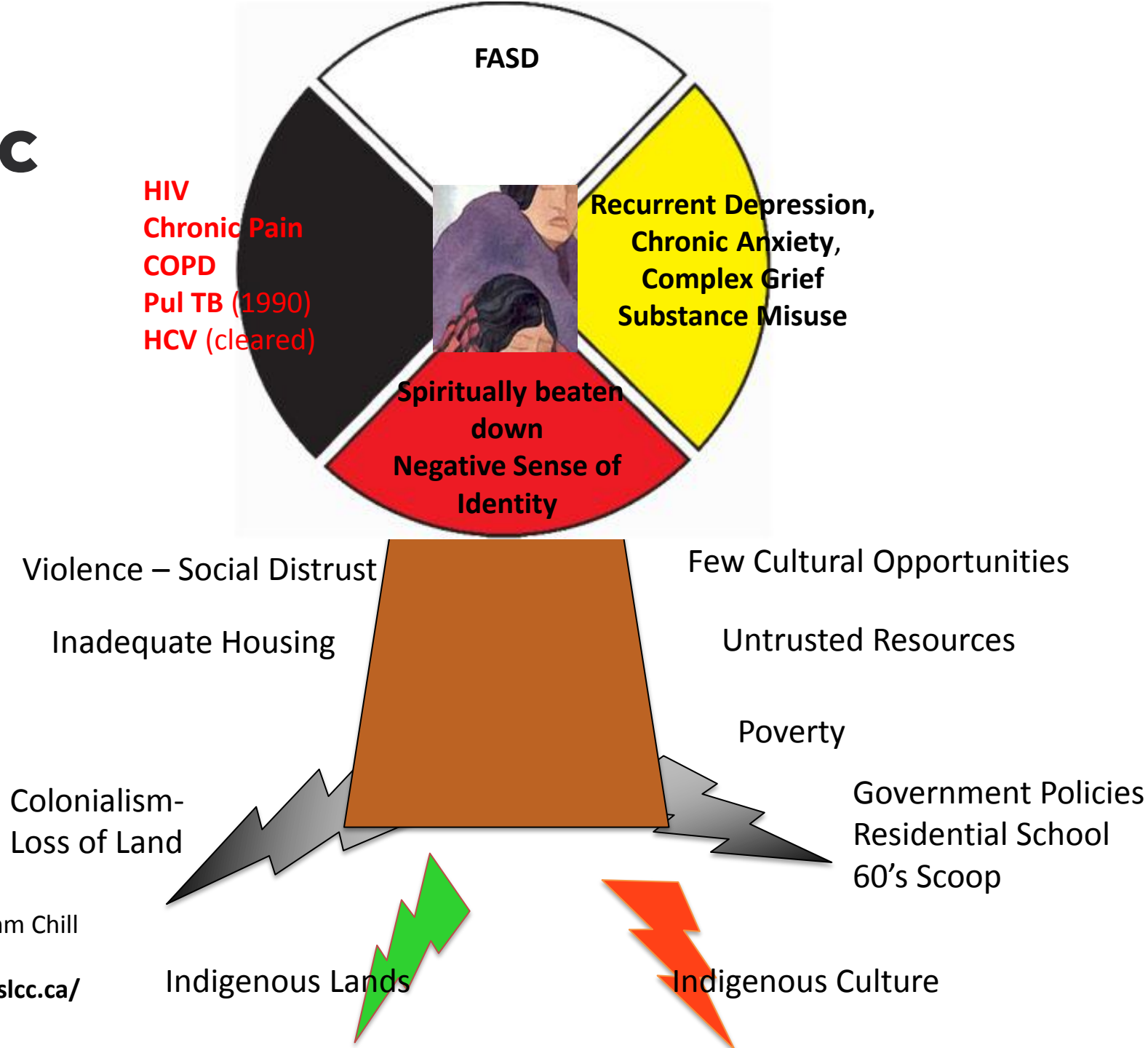
UIH HC ELDERS

- Recognized by their communities for their leadership, accumulated wisdom, compassion, community devotion, and dedication to personal healing[1]

- View mental illness in spiritual and social terms, as rooted in disconnection—from families, traditions, communities, the land, and from one's self and spirit—and healing as requiring the re-establishment of these connections.[2]

(1) Royal Comission on Aboriginal Peoples. *Report of the Royal Comission on Aboriginal Peoples.* Ottowa, ON: Royal Comission on Aboriginal Peoples; 1996.
(2) King M, Smith A, Gracey M. Indigenous health part 2: the underlying causes of the health gap. *Lancet.* 2009;374(9683):76-85.
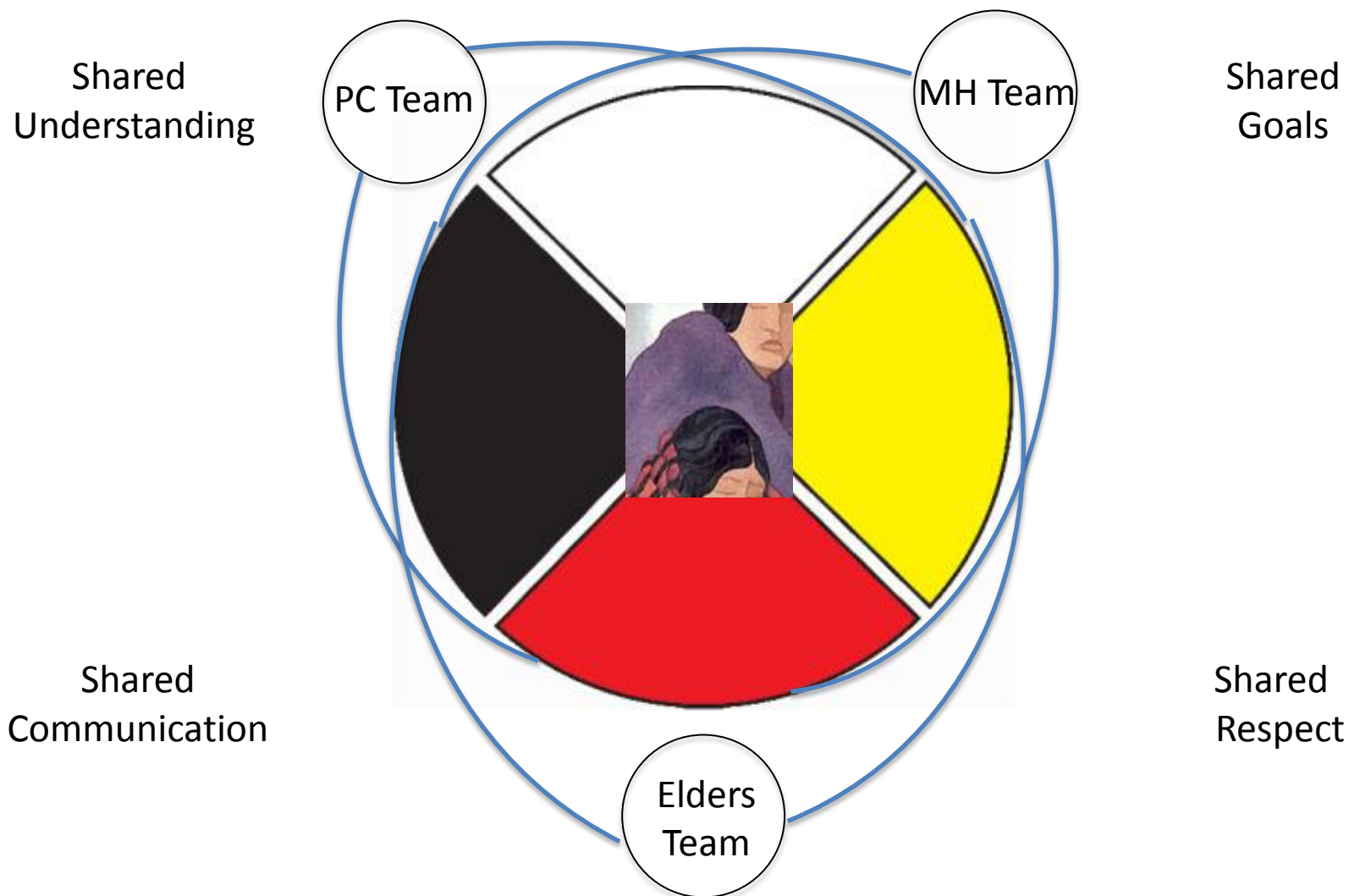
Ms CG:

- 40 year old Cree women,

- Presented to clinic feeling increasingly suicidal

- Suicidal thoughts & impulses x 24 hours… "cut my throat or maybe hang myself"

  - no active plan; feels unsafe
  - Triggers:
    - 12th anniversary of mother's death,
    - brother died in MVA 1 month ago,
    - Victim of rape 2 weeks ago
  - Destabilizers:
    - Etoh Intoxication x 24 hrs – now in moderate withdrawl

- Does not want to see a counselor / Does not want to go to hospital

FASD

HIV
Chronic Pain
COPD
Pul TB (1990)
HCV (cleared)

Recurrent Depression,
Chronic Anxiety,
Complex Grief
Substance Misuse

Spiritually beaten
down
Negative Sense of
Identity

Violence – Social Distrust

Few Cultural Opportunities

Inadequate Housing

Untrusted Resources

Poverty

Colonialism-
Loss of Land

Government Policies
Residential School
60's Scoop

Photo: Autunm Chill
by **Irene Klar**
http://shop.slcc.ca/
node/211

Indigenous Lands

Indigenous Culture

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Partnership Model Approach:

FASD

HIV
Chronic Pain
COPD
Pul TB (1990)
HCV (cleared)

Depression
Anxiety,
Complex Grief
Substance Misuse

Spiritually beaten down
Negative Sense of Identity

Violence – Social Distrust

More Cultural Opportunities

Inadequate Housing

Untrusted Resources

Poverty

Colonialism-
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Government Policies
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Indigenous Lands

Indigenous Culture

FASD

HIV
Chronic Pain
COPD
Pul TB (1990)
HCV (cleared)

Depression
Anxiety,
Complex Grief
Substance Misuse

Spiritually uplifted

Positive Identity

Violence – Social Distrust

More Cultural Opportunities

Inadequate Housing

Untrusted Resources

Poverty

Colonialism-
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Indigenous Lands

Indigenous Culture

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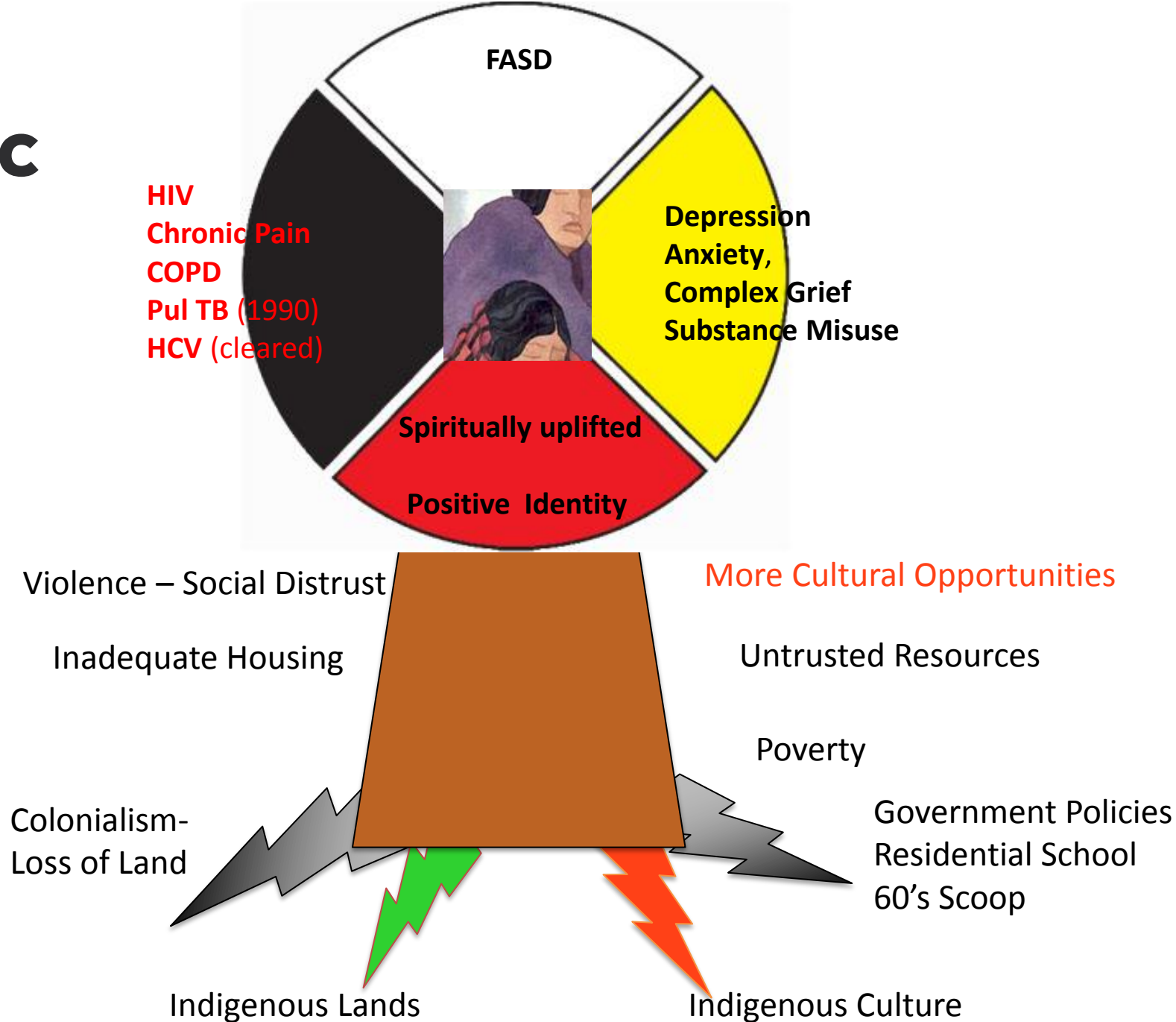# Ms CG – At the end of the day:

- Felt supported; safe enough to return home

- Has had weekly clinic visits - continue to work on Suicide Prevention Safety Plan

- 3 years later – she is still with us

- Has connected with a community Elder's talking circle

Documentary:

- https://www.youtube.com/watch?v=y3iqRNd9wXk&feature=youtu.be

Implementation Research:

Research Questions

1. How has the VIP program changed the way patients receive primary care?

2. How did Elders and clinic staff experience the process of implementation and scale up?

3. What are the implications for primary care organizations?

Methods

- **Semi-structured interviews** with Elders, care providers, and support staff (n=16)

- **Analysis**: Critical ethnographic analysis - balanced Indigenous / non-indigenous lens

Implementation Results:

1. **Impact on Patient Care**:

- Elders provide SPIRITUAL CARE and TIME that was previously unavailable

- Improved RELATIONSHIPS among community members; the clinic became a place of BELONGING & PURPOSE (via teaching circles)

2. **Impact on Clinic Staff / Organization:**

- Relationship with Elders and participation in ceremony CHANGES STAFF CLINICAL PRACTICE to be more culturally safe and appropriate

- INDIGENIZING organizational culture

Impact on Physicians:

- "The way I was trained around Aboriginal health in medical school was horrendous…. I need to undo that teaching."

- "The experience of working with Elders has opened new doors with patients. Doors that did not open from taking the cultural competency course."

Effectiveness Research:

- **Study Objective:** To determine the mental health impacts of patients connecting with Indigenous Elders as part of routine primary care.

- **Design:**
  - Prospective cohort study
  - Numbers: quantitative measures at baseline, 1, 3 and 6 months post intervention;
  - Stories: in-depth qualitative interview at 3 months; and
  - Cost Savings : data linkages to Emergency Room utilization data before and after the intervention.

The People who Participated:

Intervention: Participants connected with an Indigenous Elder as part of a 1-on-1 and/or group cultural sessions over the 6-month study period.

- N = 45
- 71% were female;
- mean age was 49 years.
- 31% had attended residential or Indian day school.
- 64% had direct experience in the foster care system.
- 14 Territories represented (43% from BC) :

- Coast Salish;
- Carrier;
- Cree;
- Dene;
- Gitxsan;
- Gwitchin;
- Interior Salish;
- Kwak waka'wakw;
- Métis;
- Mi'kmaq;
- Nisga'a;
- Nuxalk;
- Ojibwe;
- Saulteaux;
- Tsimshian

The Results in Numbers :

- Retention: 91%

- Mean Number of Elder visits : 5 (range 1-21)

- Depression, Suicidality, Emergency Room Visits:
  - all decreased significantly

Results: Depressive Symptoms

- 28 participants at baseline had moderate to severe depressive symptoms (PHQ9>10)

- 5-point decrease that was sustained over a 6 month period (p = 0.001).

Figure 1: Change in PHQ9 Depression Scores among those with moderate to severe depression at baseline (PHQ9>10, n=28)
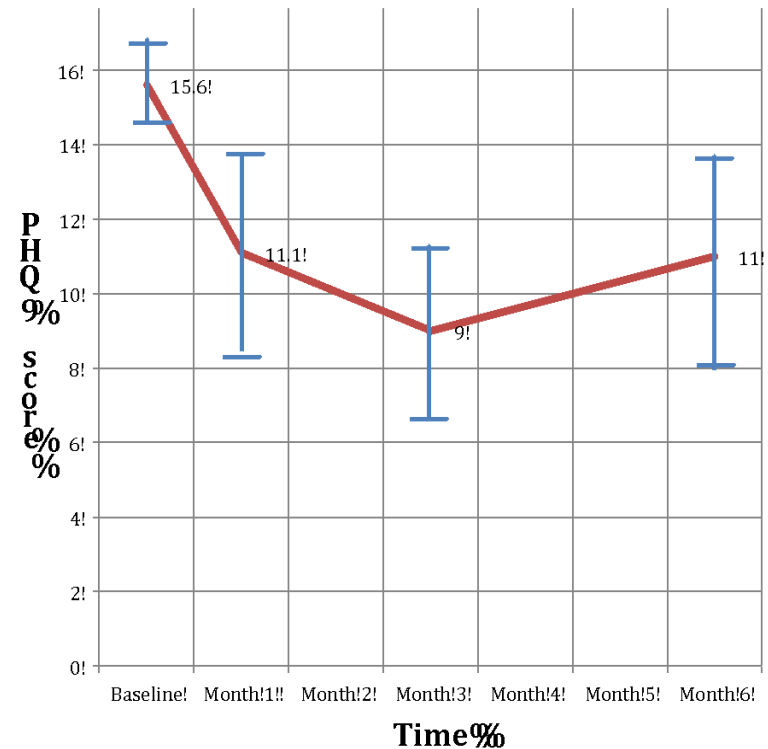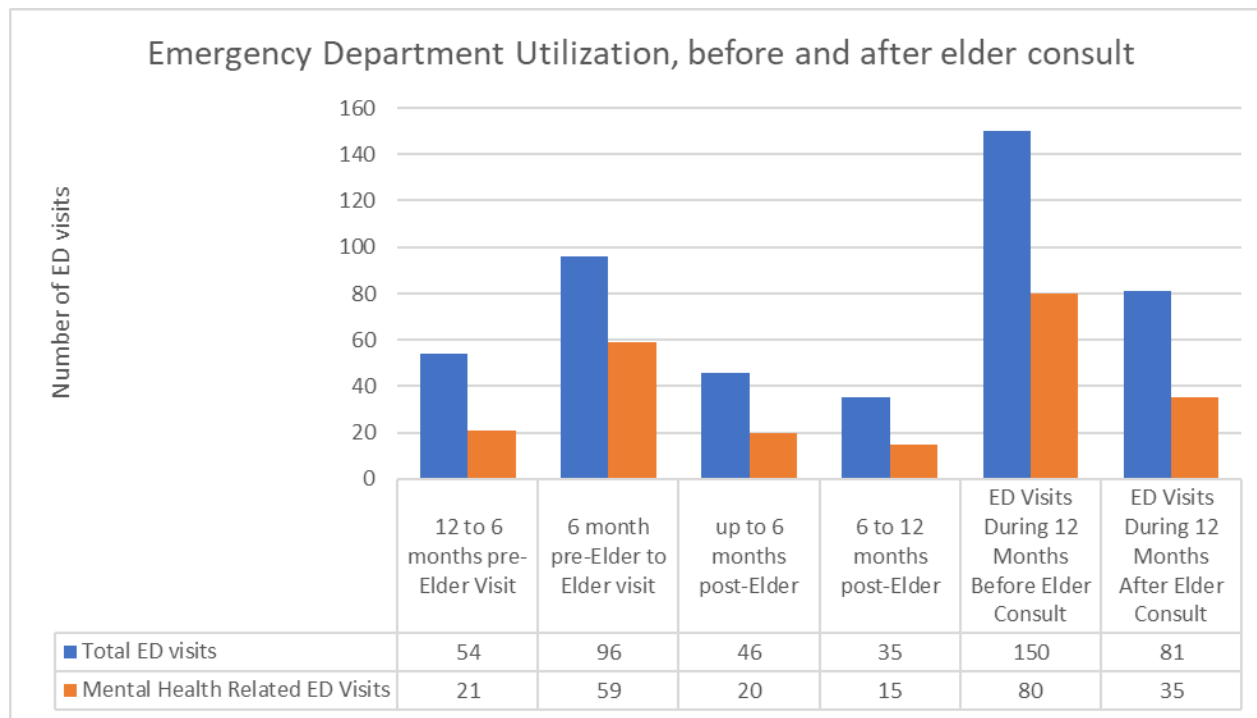
Results: Suicide Risk

- 14 participants had an above average suicide risk at baseline (SQB-R> 7)

- 2-point decrease in suicide risk that was sustained over a 6-month period (p =0.005)

Figure 2: Change in Suicide Risk Among Those With Elevated Suicide Risk at Baseline (ABQR >7, n=11)
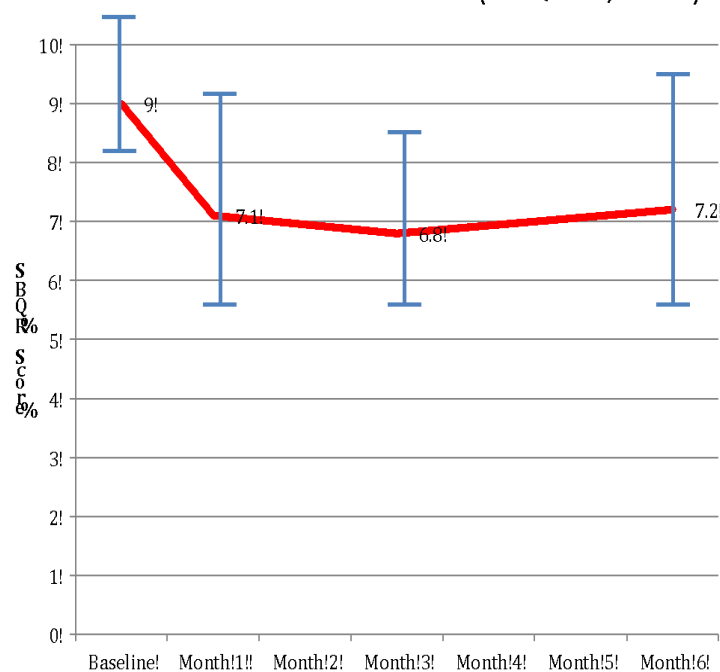
Results: Emergency Room Utilization

- 46% reduction in total emergency department visits(150 vs. 81)

- 56% reduction in mental health related ED visits(80 vs. 35)

- Mean number of MH visits decreased from 1.9/yr to 0.8/yr (p=0.11).

Emergency Department Utilization, before and after elder consult

Number of ED visits

	12 to 6 months pre-Elder Visit	6 month pre-Elder to Elder visit	up to 6 months post-Elder	6 to 12 months post-Elder	ED Visits During 12 Months Before Elder Consult	ED Visits During 12 Months After Elder Consult
Total ED visits	54	96	46	35	150	81
Mental Health Related ED Visits	21	59	20	15	80	35

Qualitative Results

- We are now holding and carrying the stories of 38 participants.

- We have a responsibility to these participants and to their stories.

Qualitative Results

- Finding a place of healing after a prolonged period of seeking and desperation.

Actually it's calmed me down. That's exactly, that's what it is; it's a calming effect that they have on me. I'm less stressed as well after I've seen an Elder. Basically it's medicine that I needed and I know I needed, so when I do really have issues or I'm feeling blue, it makes me happy to see them.

Qualitative Results

- Strengthening cultural identity and belongingness.

"And meeting with [the Elders] has given me this: "It's ok to be Native. It's ok to be Native." Like I know that, but they reinforced that. And again I got so much respect for both of them – the way they sit and the way they talk and the way they come across to you. You can't help but respect them. They're two very proud people and that's something that I have to work at is being more proud of myself and respect myself more. Which I believe I'm doing by reaching out. I've reached out. I've come out of denial. I'm asking for help. I've done it a number of times, but I don't think it was whole hearted like this."

Qualitative Results

- Developing trust and opening up.

    "I can talk and trust and not feel worried about her saying anything to anybody and because, like growing up, like our trust—like my trust—has been broken in many areas. And so you know just coming to see somebody is really hard for me to open up …[The Elder] had like a… kind, soft-spoken [voice] and just welcomed me in….It is very hard for an Aboriginal woman or a person to be open for a lot of things…I trust [The Elder] to talk to her about these things. And like I said: it's like people are put in our path for a reason. And she's the teacher and I am learning from her. Or else she is learning from me and I am teaching her something."

Qualitative Results

- Coping with losses.

"I lost my family and all of that you know, but everybody down here has the same story right—of hurt, pain, loss, betrayal and all of that. But rather than push that aside, at this point in my life it's the first time I want to deal with it. Yeah. I have the strength and the knowledge and the willingness to change."

Qualitative Results

- Engaging in ceremony and spiritual dimensions of care as a resource for hope.

Qualitative Results

"Yes, hopefulness. And that's a very important word… when I walked out I felt hopefulness um rather than having pills thrown at me—you know, that our emotional struggles that we encounter in life such as racism, you know, our terrible parents or sexual abuse or whatever it may be, it's being able to let a little bit out makes the day go better […] I went through stage 4 cancer and my oncologist basically said I had a 20% chance of living for 5 years. I'm in my 5th year right now, and so for the last 5 years I've been waiting to die and not doing rituals and not having hope to live, just kind of waiting like, "OK so when's it going to kill me?"… I have no cancer now but getting over that hump, that mental block, this Elder program has changed—like changed my life. I'm willing to live now. I'm not looking at when am I going to die it's like, "Well how much life can I live." So it has a huge impact."

Canadian Truth & Reconciliation Call to Action #22:

- "We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients."

Partnering With Elders in Primary Care Clinics:
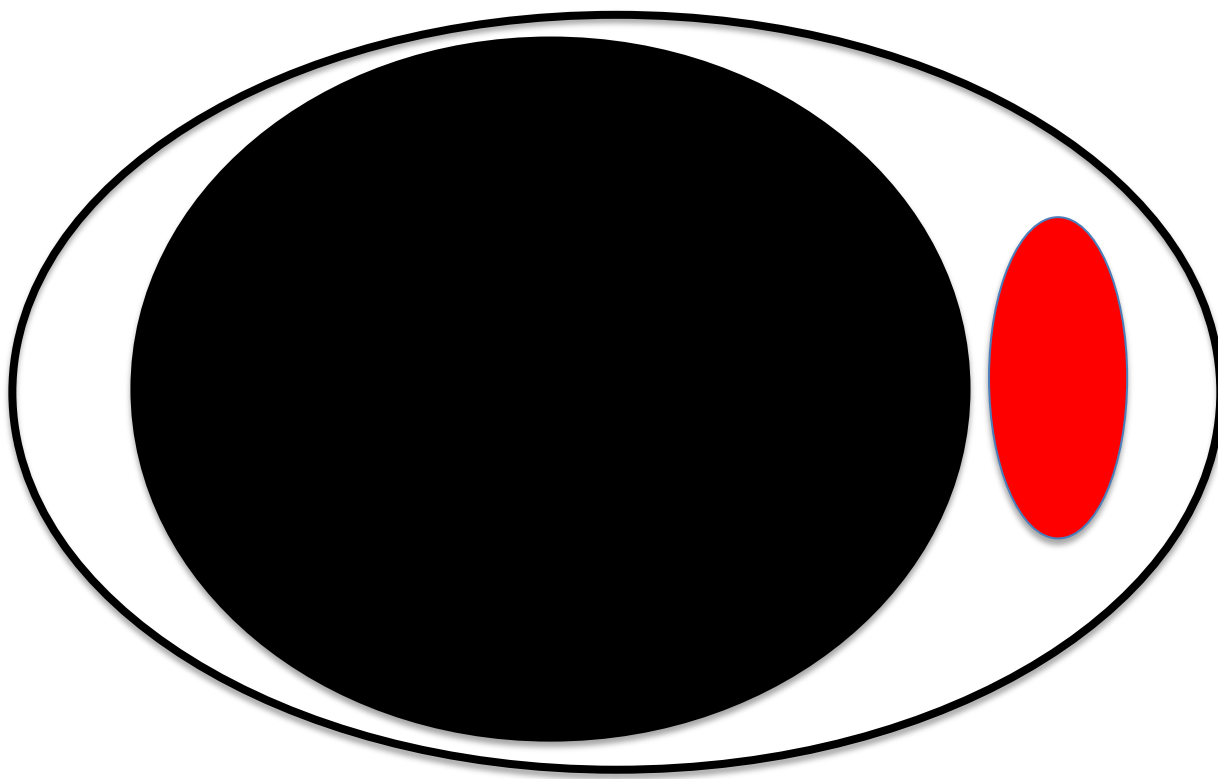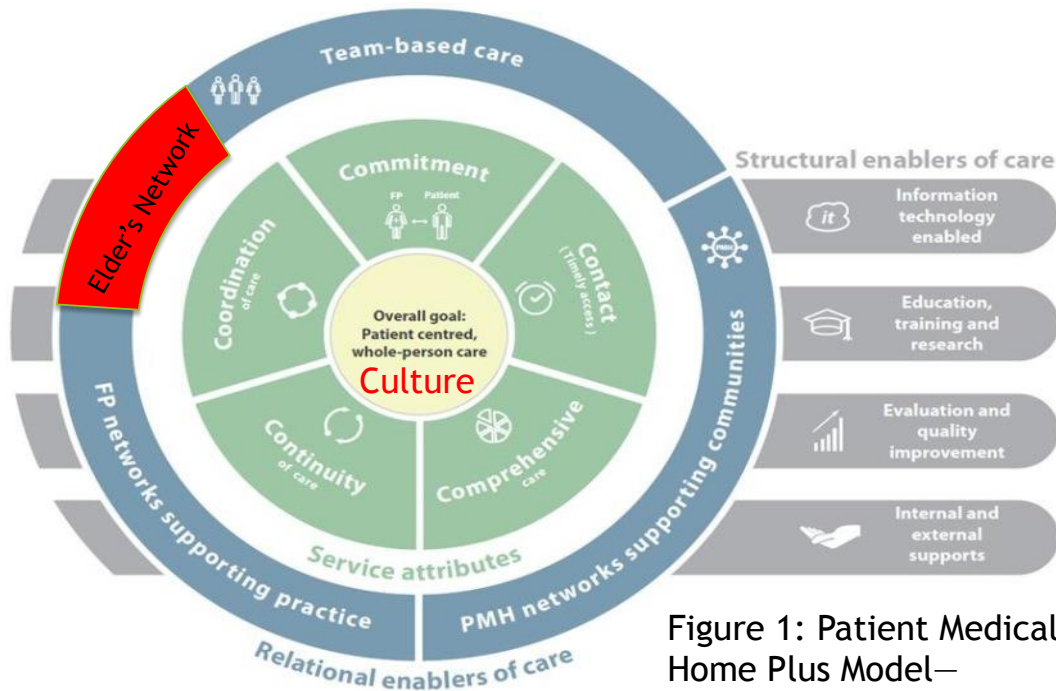
The Future:

Patient Medical Home + Model

Figure 1: Patient Medical Home Plus Model— Adapted to for the Care of Indigenous Peoples

Closing Reflections:

- Encounters with Indigenous Elders, as part of routine primary care, was associated with a clinically and statistically significant reduction in depressive symptoms and suicide risk.

- The observed decrease in ER utilization could also have significant cost saving implications for the health system.

- The study supports the proposition that Indigenous Elders can play an important role in the mental health of Indigenous peoples, especially as part of the key process of regaining positive cultural identity.

- Further expansion and evaluation of the role of Indigenous Elders as part of routine primary care is warranted and could contribute to eliminating mental health disparities for Indigenous Peoples

QUESTIONS??

"Thank you" & " Hychka O' Siem"

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