



First Nations Health Authority
Health through wellness

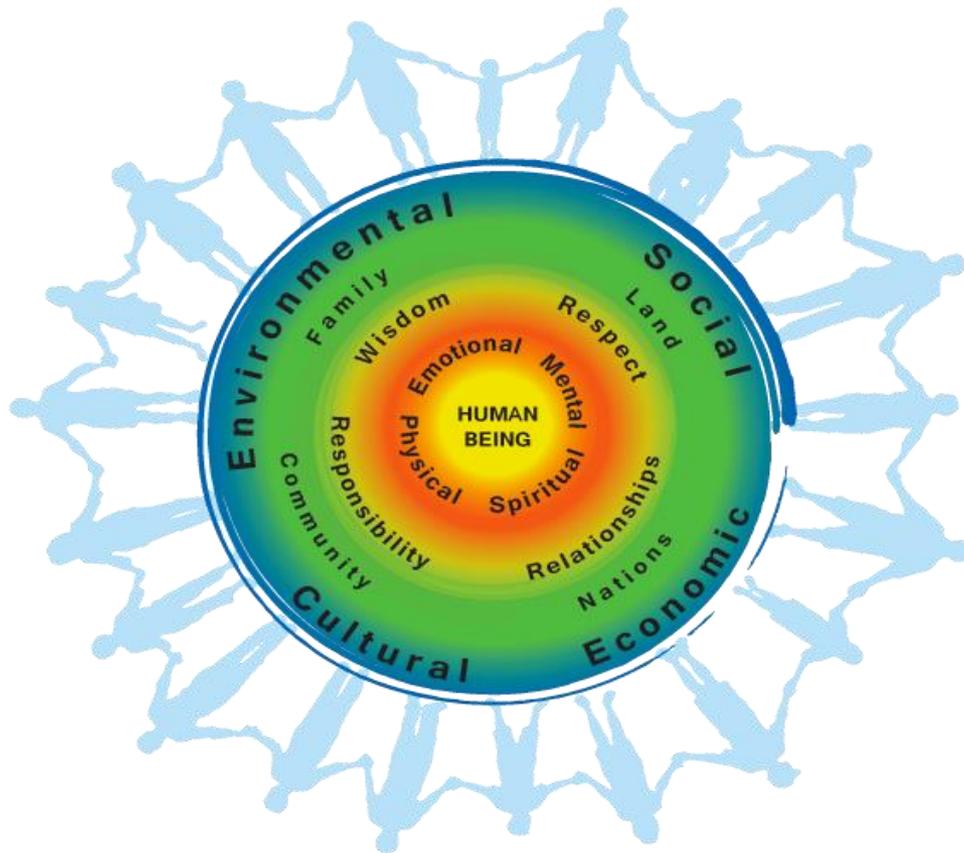
Primary Care Mental Health For First Nations Peoples

22nd May 2019

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DTM&H
Interim Medical Director
First Nations Health Authority**



It starts with me...

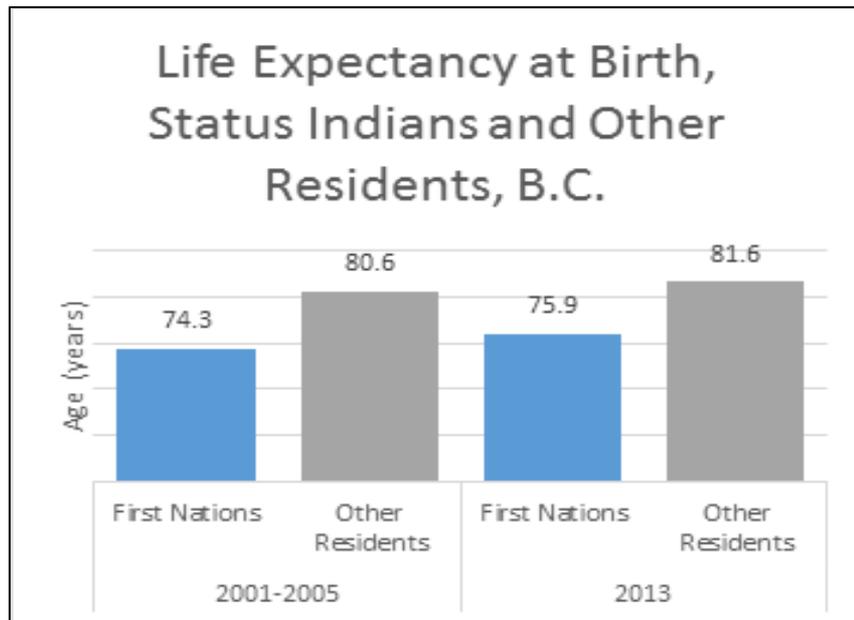


- BC First Nations Perspective on Wellness – holistic
- Our vision of health & wellness comes from the ancestors & is relational
- Colonization interrupted this worldview





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.

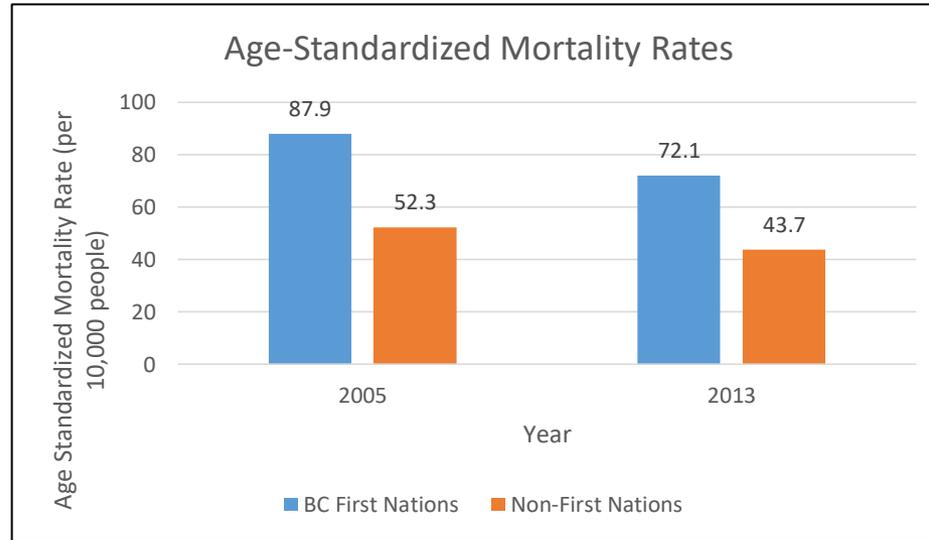


Mortality

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

Decreasing among BC First Nations in 2013 compared with 2005.

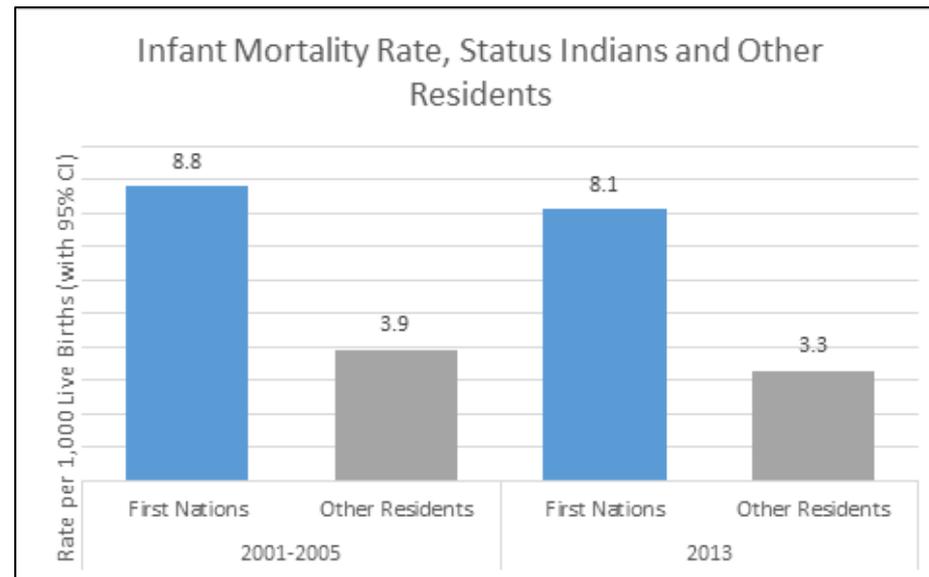
Higher than non-First Nations in BC.



BC Vital Statistics Agency data

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.



Provincial Health Officer/FNHA data



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!





First Nations Population Health & Wellness Indicators

SOCIAL CULTURAL ECONOMIC ENVIRONMENTAL	HEALTH SYSTEMS	LAND FAMILY NATIONS COMMUNITY	MENTAL PHYSICAL SPIRITUAL EMOTIONAL	HEALTH AND WELLNESS OUTCOMES	TRANSFORMATIVE CHANGE ACCORD FN HEALTH PLAN
EDUCATION	EXPERIENCE OF CULTURAL SAFETY & HUMILITY IN RECEIVING HEALTH SERVICES	COMMUNITY STRENGTH AND RESILIENCE	LEVEL OF PHYSICAL ACTIVITY	INFANTS BORN AT A HEALTHY BIRTH WEIGHT	INFANT MORTALITY
FOOD SECURITY	AVOIDABLE HOSPITALIZATIONS	ECOLOGICAL HEALTH	NUMBER OF CHILDREN WITH HEALTHY TEETH (no cavities)	ALCOHOL-RELATED DEATHS	CHILDREN WITH HEALTHY BODY MASS INDEX (BMI)
ADEQUACY OF HOUSING					YOUTH SUICIDE
CULTURAL WELLNESS • Exposure to traditional language • Knowledge of/access to traditional foods • Access to traditional medicine/healing • Sense of community belonging • Importance of traditional spirituality			SMOKING RATES OF COMMERCIAL TOBACCO	SERIOUS INJURIES REQUIRING HOSPITALIZATION	DIABETES PREVALENCE
				SELF-REPORTED MENTAL AND EMOTIONAL WELL-BEING	AGE-STANDARDIZED MORTALITY RATE
					LIFE EXPECTANCY
					NUMBER OF PRACTICING, CERTIFIED FIRST NATIONS HEALTH CARE PROVIDERS

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



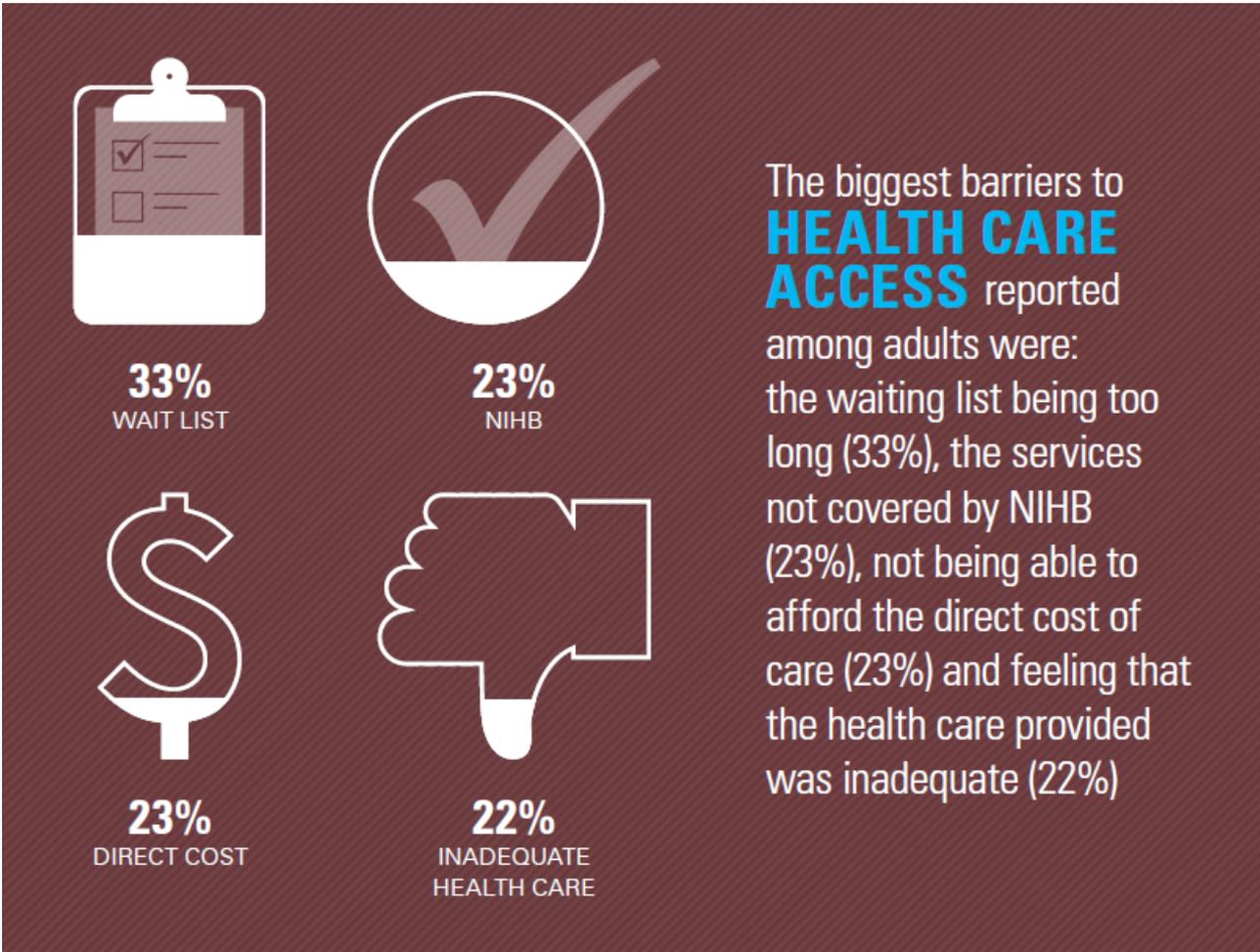
Traditional Foods

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





Barriers in Access to Health Care





Top Health Conditions for Adult BC First Nations Living on Reserve

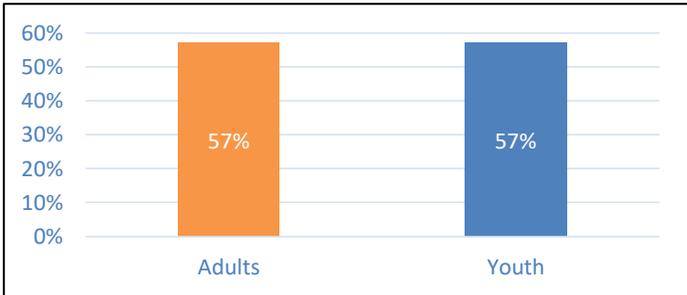
2002-03 RHS		
2002-03 Ranking	Condition	Age-Standardized Prevalence ⁹
2	Arthritis ¹⁰	24.8%
4	Chronic back pain (excluding arthritis)	17.5%
1	Allergies	25.2%
6	High blood pressure	14.3%
3	Hearing impairment	18.7%
7	Stomach and intestinal problems	13.2%
5	Asthma	14.5%
8	Diabetes	11.1% ^E
10	Heart disease	6.0% ^E

2008-10 RHS		
2008-10 Ranking	Condition	Age-Standardized Prevalence ⁹
1	Arthritis ¹⁰	27.9%
2	Chronic back pain (excluding arthritis)	23.9%
3	Allergies	23.7%
4	High blood pressure	17.0%
5	Hearing impairment	16.0%
6	Stomach and intestinal problems	13.8%
7	Asthma	12.2%
8	Diabetes	9.9%
9	Heart disease	7.9%



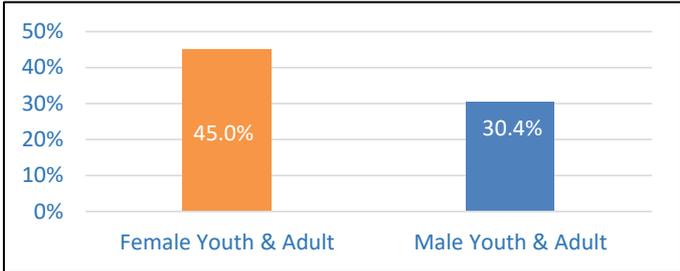
Mental Health & Wellness

Self-Rated Mental Health



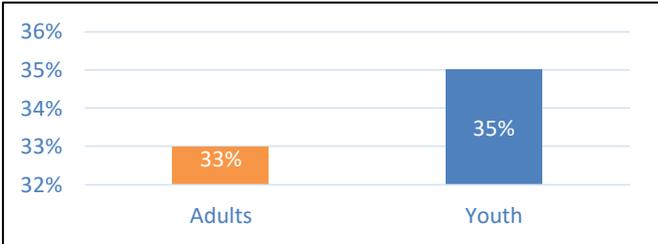
- Similar between males & females for youth & for adults.

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



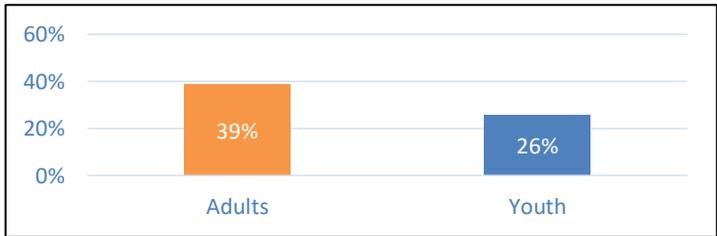
- Higher among female youth & adult as compared to male youth & adult (45.0% vs. 30.4%).

Feeling helpless dealing with the problems in their life



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

Reporting high level of mastery of control over life





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.

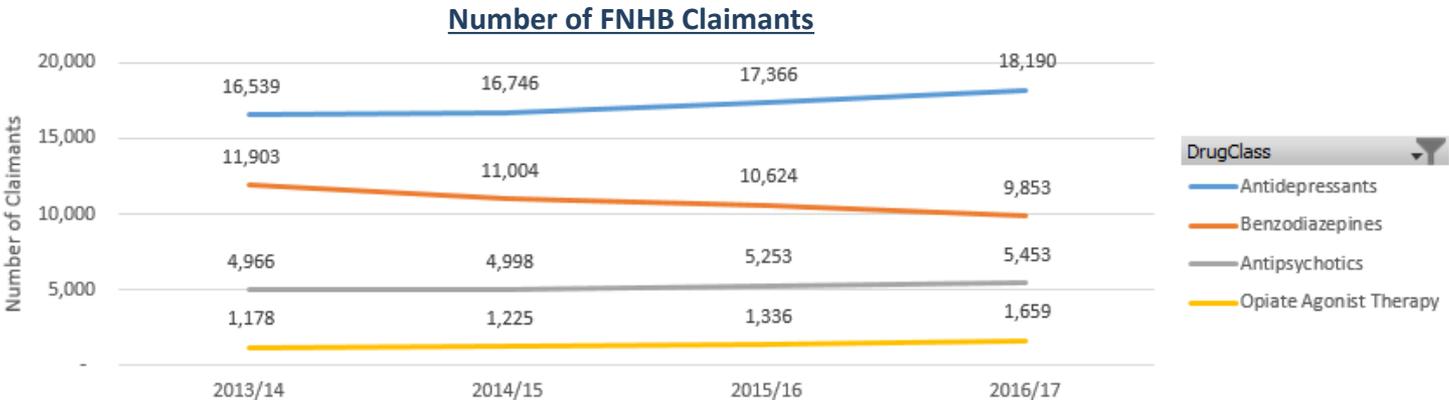
Substance Use

- 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.

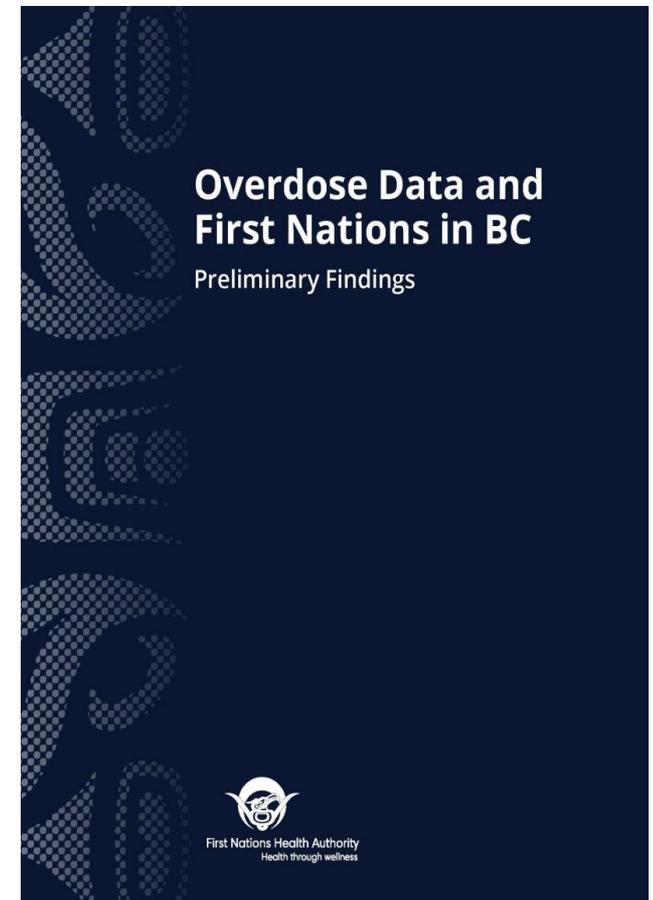


Drug Type	2013/14	2014/15	2015/16	2016/17	Annualized Growth Rate
Antidepressants	16,539	16,746	17,366	18,190	3.2%
Benzodiazepines (e.g. Anxiety, Insomnia)	11,903	11,004	10,624	9,853	-6.1%
Antipsychotics	4,966	4,998	5,253	5,453	3.2%
Opiate Agonist Therapy (Opiate Dependency)	1,178	1,225	1,336	1,659	12.1%
All Drugs	98,512	98,109	98,889	99,000	0.2%



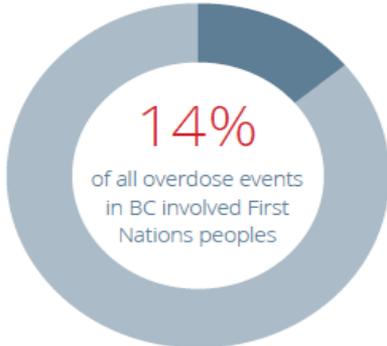
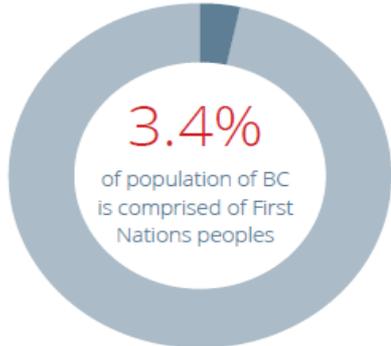
Overdose Public Health Emergency: How Has It Impacted Our Communities?

- 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.





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



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

Overdose Public Health Emergency



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

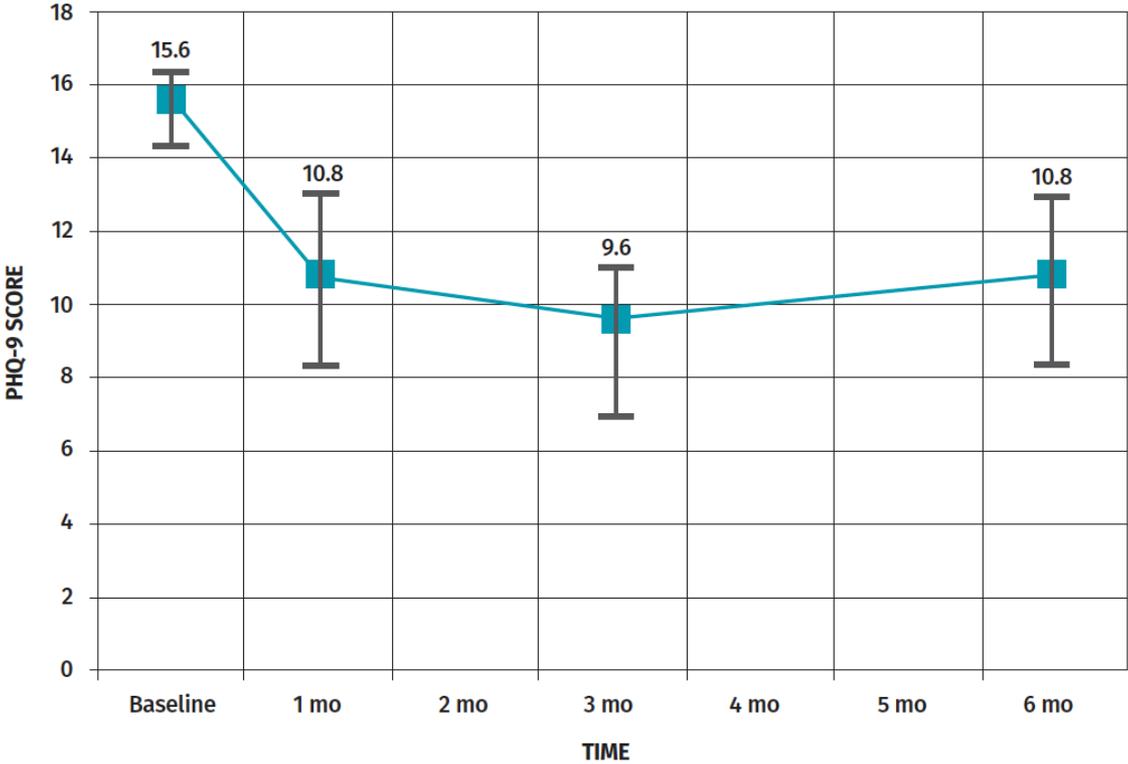
Canadian Family Physician | Le Médecin de famille canadien ☐ Vol 65: APRIL | AVRIL 2019



Intervention: Participants met with an Indigenous Elder as part of individual or group cultural sessions over the 6-month study period.



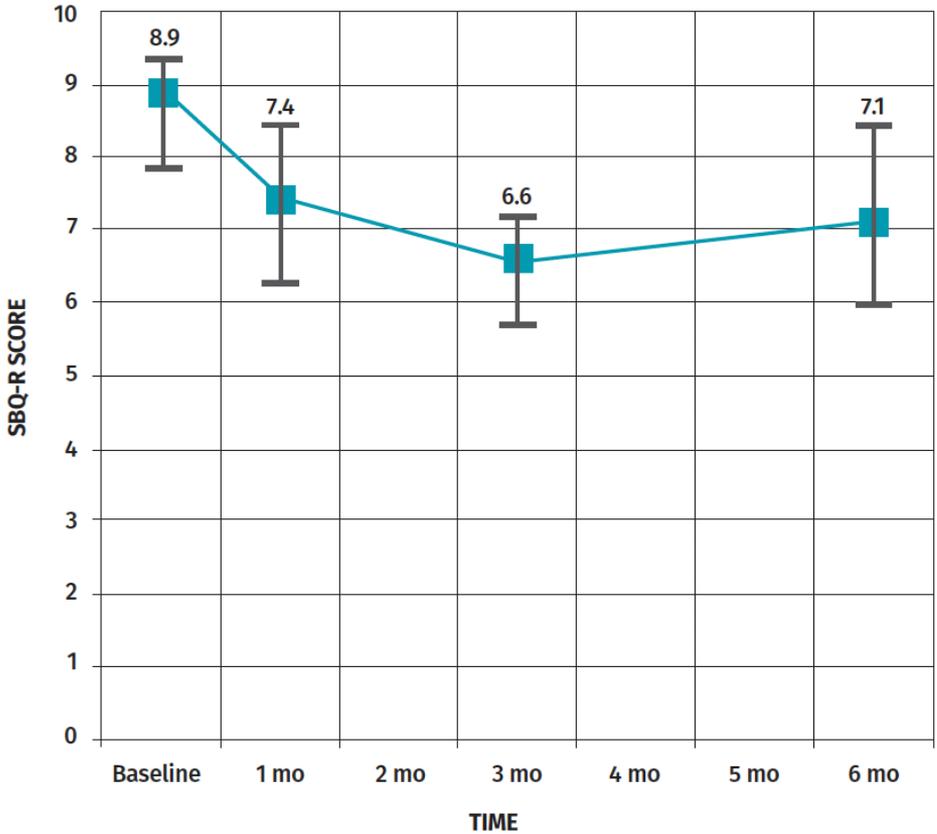
Figure 1. Changes in depression severity score among those with moderate to severe depressive symptoms at baseline (PHQ-9 score ≥ 10): $n = 28$.



PHQ-9—Patient Health Questionnaire.



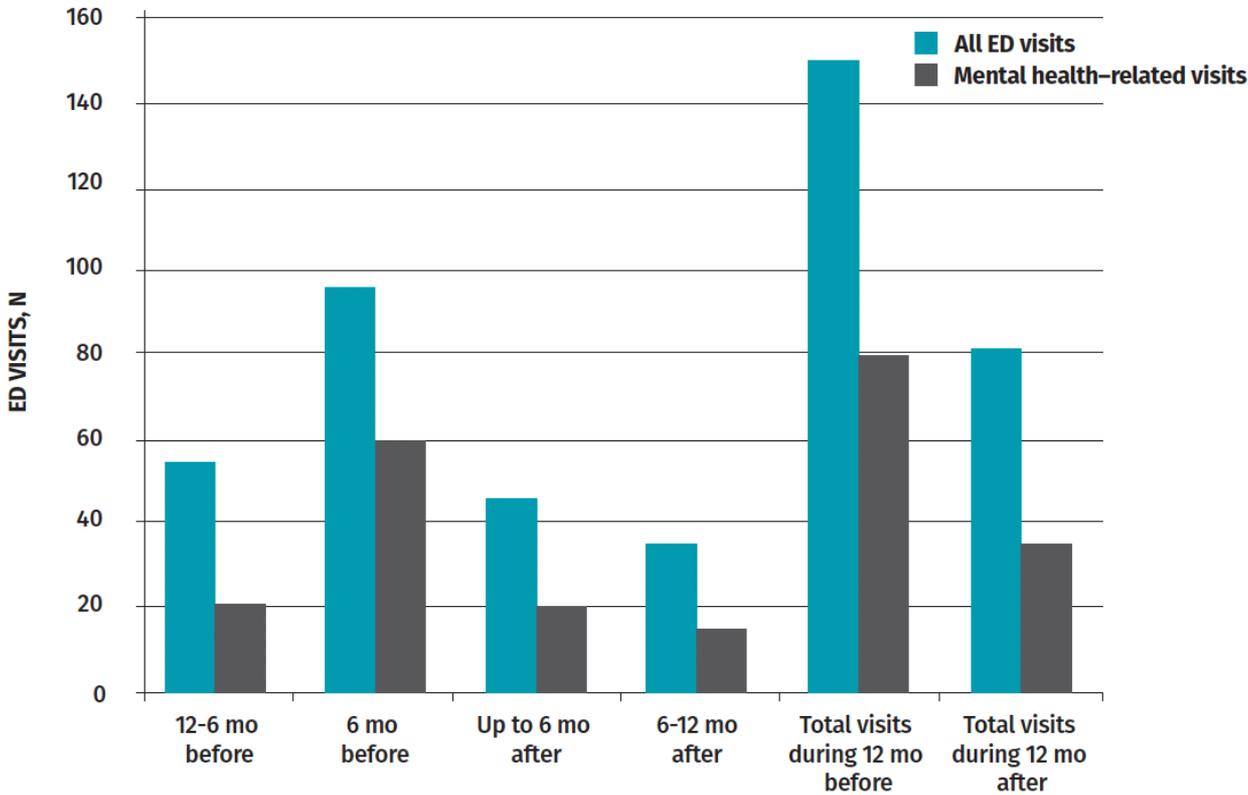
Figure 2. Changes in suicide risk among those with elevated risk at baseline (SBQ-R score ≥ 7): $n = 14$.



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)

kwuk^wstéyp (Nlaka'pamux)

Snachailya (Carrier)

Mussi Cho (Kaska Dena)

Tooyksim niin (Nisga'a)

Kukwstsétsemc (Secwepemc)

čěčəhaθεč (Aya'juthem)

Sechanalyagh (Tsilhqot'in)

kw'as ho:y (Halq'eméylem)

T'oyaxsim nisim (Gitksan)