



# First Nations Mental Health Liaison Program

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Strathcona Mental Health Team

Vancouver Community Mental health Services

VCH



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First Nations Mental Health Liaison Worker

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# First Nations Mental Health

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- Bridging the Gap
  - First priority
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# Four Main Service Areas

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- Education
  - Consultation
  - Service brokerage
  - Direct clinical services
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# Education

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- First Nations community
  - First Nations front line workers
  - Staff of mental health services and other mainstream services
  - Services providers in areas such as education, welfare, corrections, community forms.
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# Topics

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Mental illness

Stigma

Treatment alternatives {traditional and non-traditional}

Spirituality and other cultural beliefs

Access to services

Cross-cultural services delivery

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# Consultation

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These activities are directed at human services providers who come in professional contact with seriously mentally ill members of the First Nations communities. This may include for example, clinicians of the Vancouver Community Mental Health Services or First nations frontline workers in mainstream human services agencies. Consultation may include cultural case consultation mental health consultation, or Consultation concerning needs and assessment or program development.

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# Service Brokerage or Referrals

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The First Nations mental health worker may become as involved as necessary to ensure that mentally clients from the target communities are linked up with a comprehensive set of coordinated services to meet their mental health and related service needs. They are also available to assist in coordinating a comprehensive service plan.

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# Direct Clinical Services

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The First Nations Mental Health Liaison Worker, may be involved as co-therapist with existing clinical staff of the Vancouver Mental Health Services. a FNMH worker may, on rare occasions, become involved as the primary therapist for some mentally ill members of the First Nations population. Depending on availability, this worker may also be involved in community-base psychiatric emergencies. also be involved in the First Nations communities, or with hospital admission or discharge planning.

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# First Nations Mental Health Conference

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The First Nations Mental Health Conference is an annual conference that has been very successful. Recent speakers include:

Dr Martin Broken leg, Gene Harry, Lorna Howe

Topics covered: wellness, suicide, depression, meditation, as well as some research projects.

This conference is held in the fall, mark your calendars.

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# Talking Circle for Mental Health

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First Nations mental health talking circle:

- 13 years
- Safe place
- Co-facilitated by a female
- Runs for 4 to 5 months

There is smudging before the group and a light lunch afterwards.

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# Native Sweats

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- Sauna
  - Prayer
  - Songs
  - Therapy
  - History
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# Morning Meeting 8:30-9:30, Five Days a Week

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- Referral
  - Intake worker's presentation
  - Team Discussion
  - Assigning of primary worker and other workers
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# Hans

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- 33 year old Blackfoot man, Danish speaking
  - 5 Year history of schizophrenia
  - Auditory hallucinations, some command voices telling him to commit suicide
  - Family History positive for suicide
  - Homeless. Periodically wanders back and forth between Calgary and Vancouver looking for his roots.
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# (Two months into treatment)

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- Difficulty developing rapport
  - English is a problem
  - Client develops severe eye problems (tardive dyskinesia) from treatment.
  - Continues to travel back and forth
  - Self reports symptoms to hospitals between Calgary and Vancouver and is treated with i.m.'s thus worsening t.d.
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# (four months in to treatment)

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- Certified to St. Paul's hospital
  - Transferred to Riverview
  - T.D. investigated
  - Is started on Clozapine
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# ( 8 Months into Treatment)

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- Discharged from Riverview to a boarding home
  - Followed by the Kitsilano Team
  - Seen regularly, medications monitored
  - Explores rehab
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# (Two year Into Treatment)

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- Meets First Nation Liaison Worker
  - Develops rapport with First nations worker
  - Explores ceremonies of first nations healing
  - Discusses housing options with First Nations worker and moves into more appropriate housing
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# Let me tell you a story

This is the day after welfare day. I am driving up Commercial Dr near Venables. I stop at a light, and to my left I see a young handsome native man, maybe late 20's, and a young pretty white woman about the same age. They are arguing. She's yelling "Where were you all night? Where the hell were you? Get out!" The native guy is still somewhat drunk. He's holding his backpack or duffel bag. He says, "I got drunk and passed out at my cousin, Elvis' house." Now, I don't know this young brother, but I want to yell out the window, "He's telling the truth. Who would lie about passing out at his cousin's house and having a cousin named Elvis!" As a guy who was once young, I know at one time or another I have passed out at my cousins house, and on every reserve, is a guy named Elvis.

# Culture Matters

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**WITHIN THE FIRST NATIONS GROUP THERE ARE SHARED BELIEFS, VALUES AND EXPERIENCES, NO MATTER WHAT PART OF THE COUNTRY YOU COME FROM.**

**NON-NATIVE PEOPLE MAY FIND THIS STORY FULL OF RACISM.**

**WHEREAS NATIVES RAISED ON RESERVES WOULD FIND THIS STORY VERY, VERY FUNNY.**

**THE ABILITY TO LAUGH AT ONE SELF AND OUR PEOPLE IS A GIFT.**

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# Thank You

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**Huy chexw**

Squamish

**T'oo yaksiy nin**

Nisga'a

**Wa'-do**

Cheshee

**Háw' aa**

Haida

**Hai Hai**

Cree

**Meegwetch**

Anishinaabe

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