

REPORT:
Canadian Mental Health Association Conference
“Honouring Our Past, Charting Our Future”
St. John, NB, July 7-10, 2004

Conference Purpose:

This conference was organized by the Canadian Mental Health Association and the Schizophrenia Association of New Brunswick, to share information about four themes: Wellness, Suicide, Primary Health Care and Justice. All are issues of concern to Aboriginal communities.

Key Information Obtained:

Although suicide is a primary issues in Aboriginal communities, the workshop descriptions on suicide did not seem to be offering much new information. I attended one presentation describing the feelings, needs and healing processes of those who have survived the suicide of a loved one, but then opted for workshops that dealt with other issues crucial to Inuit/Aboriginal communities, for which we have less information:

- Mental health/mental illness issues in the corrections system – a great many Aboriginal individuals needing psychiatric/psychological care end up in the justice systems:
 - Therapeutic interventions crucial within the corrections system (25% of inmates mentally disordered, some acutely; 70% have substance abuse problems), as well as outreach for ex-inmates:
 - Mental Health Act limits on treatment in/from communities (e.g., consent required - involuntary treatment possible only after structured tribunal decides individual a substantial danger to self or others; etc.) means a number of mentally disordered individuals instead end up in jail
 - numerous challenges in treatment within corrections system: lack of appropriate physical space, time, and privacy; requirements and structure of corrections model not appropriate for treatment model (e.g. disruptive behaviour treated as discipline problem requiring isolation rather than result of mental disorder requiring time with clinical staff; unstable inmate may not be able to follow institutional rules); staff untrained in mental health issues and serious mental illness, Mental Health Acts, etc., not enough clinical staff; necessity of protocols for involuntary treatment (e.g., psychotic inmate not able to consent to medication, must be forcibly medicated)
 - lack of community treatment orders/plans means little support/supervision after release: individuals often end up back in jail; jail may be only place where any treatment is possible.
- Therapeutic strategies /counselling for mental wellness – cognitive-behavioural strategies for developing coping skills/problem-solving skills known to be effective for a variety of mental wellness issues; coping skills have been identified as a major need in suicide/violence/other prevention efforts:

- Dialectical Behaviour Therapy, apparently especially effective with mental health problems (e.g., Borderline Personality Disorder) that involve great instability in relationships, emotions, self-esteem; impulsiveness; self-damaging behaviour – suicidality, recklessness, etc.; a 'life of crisis'; etc etc.) – thought to be the result of specific 'invalidating' experiences in very early life (i.e., child's emotions, needs, responses not accepted or responded to), or early traumas. This is a strategy that accepts (without judgment) an individual's emotions, perceptions, and apparent reasons for behaviour but focuses on helping the individual learn and take responsibility for problem-solving skills, functional behaviour, more positive thinking patterns, etc.
 - Solution-Focused Brief Counselling, a short-term (generally 1 to 4 sessions) problem-oriented strategy in which individuals are given help in developing cognitive and behavioural coping skills for a problem or problem pattern. It does not focus on the past, and does not assume that an individual needs help in other areas of his/her life. Counselling deals with the situation presented by the individual, but in a way that teaches the client a new skill applicable to similar or other problems in the future.
- Mental health telehealth/videoconferencing as an option for isolated communities that lack mental health services:
 - 4 types of technology, each increasingly better quality, but basic service possible even with relatively simple equipment (special audio/video equipment plugged into existing phone line - called POTS system – Plain Old Telephone Line)
 - Patient/client can be interviewed/provided counselling at home or at local health centre by specialist at major centre
 - Used successfully for many types of clients
 - Received well by clients
 - Telehealth shown to be effective in delivering cognitive-behavioural therapy
 - If psychiatric/psychological services are limited in remote areas, cost of setting up a system may be outweighed the fact that professional service is then available (My note: especially relevant to northern and remote communities)
 - Results of the program discussed in the presentation (outlying county 2-hour drive from St. John): of 14 clients (6 suicidal, 5 depressed, 2 anxious/agitated, 1 for medication review) 12 were managed locally, only 2 had to be taken to hospital in St John.
- Needs of families – because of lack of services and facilities families in Aboriginal communities are often the primary caregivers for the mentally ill:
 - Lack of information, training, support for families (e.g., medication info, coping tools, legal issues, finances, etc.)
 - Housing needs
 - Care plan for caregiver is necessary: caregiver's own mental, physical and social health needs; crisis planning
 - respite care
 - support groups
 - A mental wellness framework of support developed over a 20-year project by CMHA, CAMH (Centre for Addictions and Mental Health). Model is based on "What is

needed to maintain a level of wellness?” and includes all key community sectors. Community is used to develop a system that fits with needs and empowers individuals:

- 3 “pillars of recovery” are essential:
 - Community Resource Base to provide the individual with the necessary life and support services: housing, income, work, education, and including mental health services, family/friends, support groups
 - Knowledge Resource Base to transform our understanding of mental illness/mental health: recognition of diversity, mental health literacy, social acceptance/inclusion, wide range of support services – all based on understanding and including medical knowledge, experiential knowledge (including the knowledge of those who experience mental health problems), social science knowledge and customary/traditional knowledge
 - Personal Resource Base that enables control of one’s own life: hope, resilience, well-being, confidence – based on practical understanding of illness/problem, sense of purpose/meaning, sense of belonging/inclusion, and positive sense of self as being more than someone with an illness

Knowledge and community bases work together to develop the personal base.

CMHA’s framework document available online at http://www.hc-sc.gc.ca/hppb/mentalhealth/pdfs/sit_analysis/e_sasec2-10.pdf

I also obtained 2 excellent plain language reference manuals on schizophrenia. One is written especially for families and caregivers, describing symptoms, treatment, best practices, coping strategies, etc.: *Learning About Schizophrenia: Rays of Hope – A Reference Manual for Families and Caregivers* (3rd ed.). Available free from Schizophrenia Society of Canada, 50 Acadia Ave., Ste 205, Markham, ON L3R 0B3, 1-888-SSC-HOPE.

Conclusion:

Excellent conference combining knowledge, experiential and policy discussions.

Marja Korhonen, Ajunnginiq Centre, NAHO