Stigma and Cultural Factors in Serving Aboriginal Young Adults with Mental Health/Addiction Challenges

Jeff D’Hondt, Native Child and Family Services of Toronto
Heather McDonald, LOFT Community Services
Outline of presentation

• History/background of the project
• The specific needs of transitional age youth
• Unique needs for young adults with mental health and addiction issues
• Stigma and Cultural factors in serving Aboriginal young adults with mental health/Addiction challenges
• Model of service in project
• Outcomes/findings
Background of the project

- TCLHIN call for proposals
- Funding had to go through a LHIN funded agency
- Developing the partnership: The model of service and how to ensure fit with both missions
- Proposal approved August 2012
- Charter and MOU: 100% of money flowed to NCFST
- LHIN requirements
Transitional age youth and mental health and addictions

• 70% of adults with MH issues, symptoms developed when they were young

“Identifiying youth at risk and intervening as early as possible improves their life trajectories, their productivity as Candians and reduces the prevalence of MH problems in adulthood” (Mental health Commission, 2010)
The needs of Transitional age youth

- GAINS study re TAY
- Youth who have serious mental health and addictions issues are accessing community supports
- Technology: Texting: Changing how we do business
- Access: The microwave generation
Developmental issues

• Unique mental health and addiction needs often under-acknowledged and underserved
• Struggle for individuality, achieving independence from family/system of care, acquiring an adult persona, entering the workforce, establishing sexuality, and establishing meaningful relationships outside the family (McGorry, 1996)
• Youth with mental health or addictions issues may have developmental milestones disrupted (McGorry et al, 1996)
Transition from Children to Adult System

- Interjurisdictional and funding issues between systems
- A child “becomes” an adult at 18: Is this realistic?
- These gaps come at critical time when first onset of mental health issues may occur
- Impact of stigma is high for this age group: Impact of labeling
- Challenge of rules of systems including rules of under 18 systems and the need for diagnosis in the adult system
Why a transitional aged youth specific services?

- This age group is often caught within the gaps of system delivery
- This is often the age when substance use becomes more serious with increased independence
- Transformative change is aided by age and the resilience of youth
- The power of peer influence is especially strong for this age
- 8-10% of Transitional youth are experiencing mental health problems (Mental Health Commission)
- 2/3 of all serious mental health issues begin in this age group
Youth-centred care Principles (Joanne Leavey, 2000)

Youth-Centred Mental Health Care Principles

- Involves youth in care decisions and program design
- Focuses on wellness and ability
- Addresses the social determinants of health, particularly gender, education and social support networks
- Focuses on home and community based care and fostering family support
- Identifies the special effects of stigma on youth
- Integrates peer support and assistance
- Recognizes developmental issues and the impact of interrupted development
- Avoids treatment related trauma attached to first diagnosis and hospitalization
- Develops age and stage appropriate education about mental illness
Why History Matters

• Historic Trauma (Transmission)
  – Post Traumatic Stress Disorder of a nation of people
  – a ‘cumulative emotional and psychological wounding across generations resulting from massive tragedies’ (Archibald, 2006).
Intergenerational Trauma or Grief

- “If we do not deal with our trauma, we inadvertently hand it down to the next generation. We often take our pain and hurt on those we love the most – which is ourselves, and those closest to us – our family and friends ...” (Phillips, 1999).
Residential Schools

- From the 1870s until the 1950s, the residential school system was in full-scale operation; some schools remained open until the 1990s
- Aboriginal children, ranging in age from 5 to 15 years, who were removed from their families and placed in schools that were often great distances from their communities.
Aboriginal children were denied the opportunity to participate in cultural practices or speak their language and they were separated from their parental and community systems of care.

The residential school experience has been described as a “failure where Aboriginal children were frequently inflicted with physical, mental, sexual and spiritual abuse, and many died from disease or malnutrition.”
Sixties Scoop 1

- Late 1940s
  - Advocacy groups, composed largely of social workers, lobbied the federal government arguing that Aboriginal communities were being unfairly deprived of the social services available to other Canadians.
  - Argued that social services, including child protection, should be extended to Aboriginal communities through the expansion of provincial jurisdiction to reserves.
Sixties Scoop 2

- 1951, the *Indian Act* was revised.
  - Section 88 allowed for the application of provincial law over items not specifically covered in the Act, including child welfare, health, and education services.
  - This gave provincial and territorial child welfare authorities the jurisdiction and legal authority to administer child welfare services in First Nations communities.
Sixties Scoop 3

• 1960 - mid-1980s:
  – Aboriginal children taken from their homes without knowledge or consent from families or communities.
  – Over 11,000 status Indian children, plus many other Aboriginal children, were placed for adoption by non-Aboriginal families.

A generation of Aboriginal children raised without cultural knowledge and with confused identities.
Question

• What do these concepts have to with stigma?
  – Youth hear about long history of pain; start to view own culture as source of non-stop oppression (or view learning about own history as boring and repetitive)
  – Non-Aboriginal helpers hear these narratives; get overwhelmed – Aboriginal clients can be seen as too complex
  – This issues also blend with stigma to exacerbate socio-economic issues
QUIZ: University Education

(Source: 2006 Census)

- About 30% of non-Aboriginal youth aged 20-24 who reported university attendance had completed university. How many Aboriginal youth aged 20-24 years who reported university attendance had earned a university degree?
  A: 15 %

- Young Aboriginal adults (25-29 yrs) university completion rate was lower than for non-Aboriginal adults. How much lower was it?
  A: approx. 2 x lower
In August 2012, 11/10,000 non-Aboriginal Ontarians aged 16-24 were incarcerated.

Q: What was the incarceration rate for Aboriginal youth aged 16-24?

10  80/10,000
QUIZ: Poverty

The 2006 Census found that 23% of non-Aboriginal children under the age of 14 in Toronto were living under the low-income cut off (LICO).

Q: How many Aboriginal children of the same age were under the LICO?

• 32%

QUIZ: Suicide

24 out of 100,000 non-Aboriginal young men (aged 15-24) in Canada committed suicide in 2000
5 out of 100,000 non-Aboriginal women (aged 15-24) in Canada committed suicide in 2000

Q: What was the same rate for First Nations men?
• 126 per 100,000 (a little over 5x higher)

Q: What was the same rate for First Nations women?
• 25 per 100,000 (5x higher)

a) Inuit suicide rates are 11 times the national average, and 83 per cent of these people are under the age of 30
b) There are currently no Métis-specific statistics on youth suicide
c) Statistics show that 60 per cent of all Aboriginal people who attempt and succeed in committing suicide are acutely intoxicated (drunk) at the time, compared to 24 per cent of all non-Aboriginal cases
d) Reliable, valid quantitative data remains a struggle to obtain publicly though many First Nations track their own rates

Canadian Institute of Child Health, 2000
According to Health Canada’s 2012 Youth Smoking Survey, what percentage of urban Inuit, First Nation and Metis youth are abusing prescription pain relievers, sedatives/tranquilizers or stimulants?

- **Inuit**
  - 18.4
- **First Nation**
  - 11
- **Metis**
  - 8.8

The recently released *First Nations Regional Health Survey 2008/10* indicated that the use of sedatives/sleeping pills among First Nations youth almost tripled from 0.8% in 2003 to 2.2% in 2010 but the survey did not track the use of prescription opioids.
CAUTION!

- The Youth Smoking Survey has a small sample size and the results must be considered carefully.
Stigma

- Epidemiological paradox (Reading et al. 2007: 8)
  - Aboriginal people need to raise profile of their suffering, so that they get help
  - Raising profile of suffering perpetuates racist stereotypes of Aboriginal peoples as suffering drains on health care system

Put another way ...

- Stigma is often so powerful that even the act of helping is stigmatizing
Critical Analysis

• Assessments, poorly done, can narrate a further cycle of learned helplessness and reinforce impacts of colonialism
• Treatment needs to avoid the same trap
• We’re talking about assessment today because that potential model is more clearly articulated at the moment – we’ll need to consider treatment too
Treating Intergenerational Trauma

• Link past, present and context to provide context and a narrative (Chaudhuri, Martin and Kelly, 2009)
  – Use Story-telling or Narrative methods to instill trust
  – Uncover Contextual ways of explaining the world
  – Uncover Contextual ways of explaining how and why good and bad things happen (e.g. social determinants of health, cultural teachings)
Chaudhuri et al. miss a key point, when thinking of youth

- Client engagement and relationship building are key; may be years before therapy begins, if it begins at all
- Stigma must be addressed – being “crazy” is synonymous with being shattered beyond repair
Model of Service

- Serving the most in need
- Mobile, flexible support
- Voluntary
- Emphasis on peer support
- Linked to the adult system of care (Access 1)
- 1:20 staff-client ratio
- OCANS and reports to LHINs
OCANs: findings after first quarter (at point of intake)

- COMMON: Youth have much higher level of need than what they are receiving

Observations that were more prevalent in Aboriginal youth than non-Aboriginal youth:

- Disability, ethnicity, gender and mental illness are common factors in their experience of discrimination
- 1/3 of the youth have children or are pregnant
- Confidence is a common barrier in finding work/volunteer/school
- Disability is common—intellectual, developmental or physical
- Most said spirituality was an important part of their lives
How to make this model work for Aboriginal Youth

• What might these preliminary findings show us about how to create a program catered to Aboriginal youth’s needs?
What we have learned so far from the program and future directions

Client service
• Level of need (first OCANs completed) and outcomes need to be monitored
• Type of services needed will evolve

The agency partnership
• Staff connecting
• Funding requirements
• reports
Questions??