Session #D05

Reaching Further: Collaborative Care in Sioux Lookout, Canada.

A Psychiatric Consultation Model to Remote Fly-In Communities in Northern Ontario.

John Haggarty MD, FRCPC. Professor and Chair. Northern Ontario School of Medicine. Thunder Bay, Ontario.

Kathleen Anderson MD, FRCPC. Assistant Professor. NOSM. Sudbury, Ontario.

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

CFHA and SharedCare Annual Conference
October 19 – 23 , 2021

FACULTY DISCLOSURE

- Recognition of lands of Turtle Island and the land of Robinson Superior Treaty
- Sioux Lookout First Nation Health Authority: Consultant
- Colleagues: Dr. Albert Allen, Dr. Katie Anderson, Katie Wantaro and other members of SLFNHA
- St Joseph's Care Group: Employer
- Northern Ontario School of Medicine University: Faculty

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

CONFERENCE RESOURCES

Slides and handouts shared by our conference presenters are available on https://www.integratedcareconference.com/ and on the conference mobile app.

All sessions will be recorded and posted to https://integratedcarelearning.talentlms.com/ shortly following the conference.

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

LEARNING OBJECTIVES

- Understand a model that has accelerated the growth of collaborative care into our most isolated regions of Canada.

- How the model permitted both respect for the cultural setting, key components of collaborative care and the Indigenous Health Continuum .

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

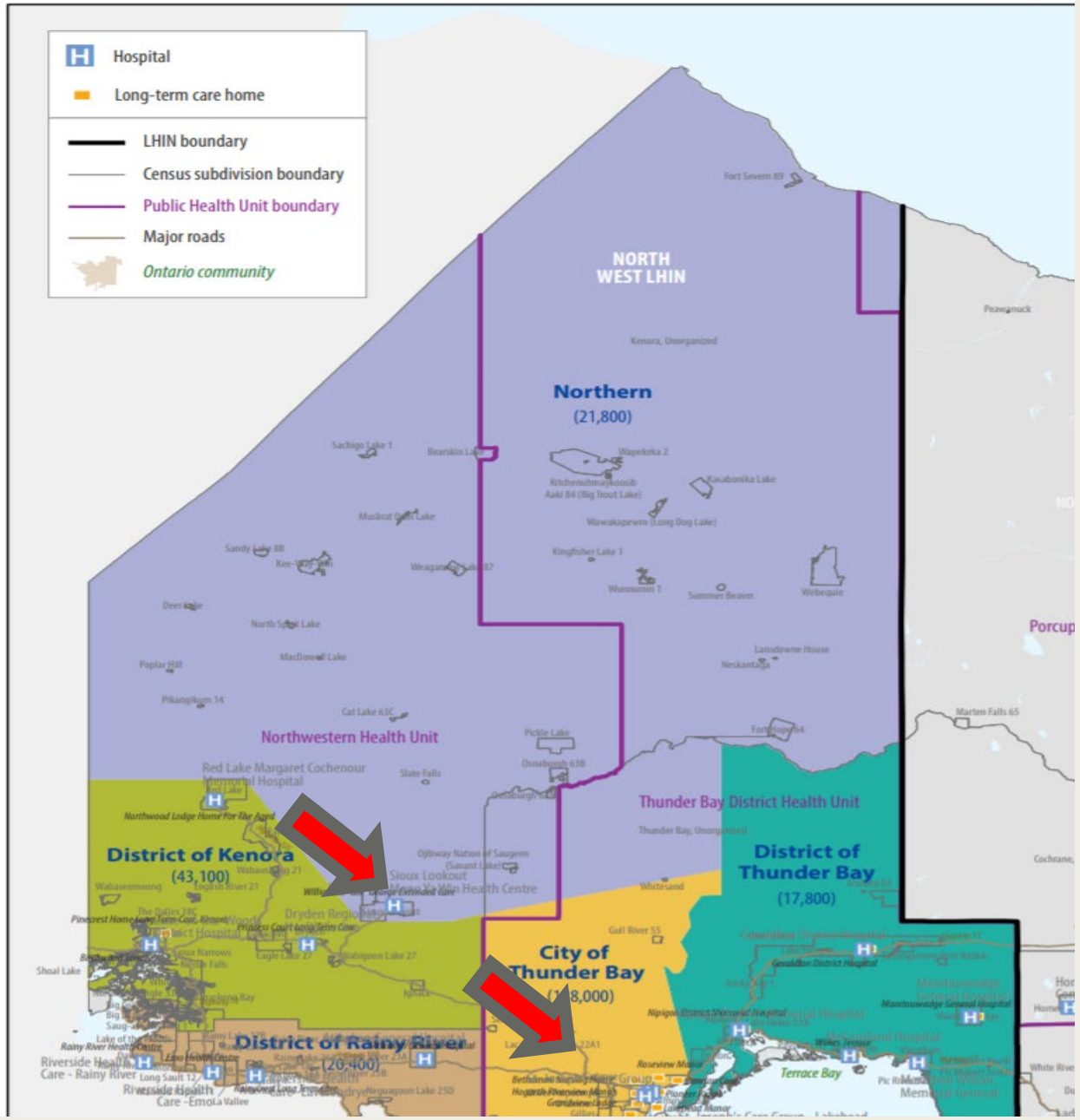
My Path

- As medical student
- As family physician in Labrador
- As psychiatry resident
- As early clinical researcher
- As medical leader/educator


Canada
MANITOBA
TCHEWAN
ONTARIO
QUEBEC
NORTH DAKOTA
MINNESOTA
SOUTH DAKOTA
WISCONSIN
MICHIGAN
Ottawa
Montrea
Toronto
VT
NH
NEW YORK
MA
CT RI
NG
Chicago
IOWA
NEBRASKA
ILLINOIS
OHIO
PENN
INDIANA
New York
United States

North West LHIN

Sub-Regio



History of SLFNHA

- 1988 Hunger strike
- Scott-McKay-Bain report
- 1990 Regional Health Authority established

History

1988 HUNGER STRIKE

On January 18, 1988, five men from Sandy Lake First Nation went on a hunger strike to protest the deterioration of equitable and quality health care for First Nation communities. Negotiations with Health and Welfare Canada led to an agreement between the federal government and Nishnawbe Aski Nation, on behalf of the communities. The hunger strike ended on January 20, 1988. Under the agreement a commitment was made to improve health services, which would be "consistent with, and support, the right of Indian people to determine their own health needs and to control the health delivery system by which their needs are met."

Sioux Lookout First Nations Health Authority

About SLFNHA

Mission Statement

Sioux Lookout First Nations Health Authority – Transforming the health of Anishinaabe people across Keewaytinook by providing community-led services and a strong voice for their community needs.

Values

At Sioux Lookout First Nations Health Authority, we respect, relationships, culture, equity, and fairness. We work to protect the Anishinaabe teachings of love, courage, respect, wisdom, truth, honesty, and humility.

Vision

Resilient, and health nations supported on their path to wellness.

Sioux Lookout First Nations Health Authority Priorities

1. **Coordinating the delivery** of high quality, culturally sensitive health care service;
2. Playing a **leadership** role in the development of First Nations health **policy**;
3. Facilitating **advocacy of clients rights** and wishes;
4. Educating health care providers and recipients **of their rights and responsibilities within a changing health care system**; and
5. Integrating the planning and **provision** of individualized, **community-based and institution-based health and social services**.

Sioux Lookout First Nations Health Authority

- Serving 33 First Nations communities in NW Ontario
- Population ~50-2500 people each
- ~30,000 total
- Rapidly growing population (21,344 in 2008)

Care Providers

- SLFNHA includes many departments that operate separately
- Approaches to Community Wellbeing (public health)
- Developmental Services
  - *Developmental psychology*
- FASD Clinic
- Nodin counselling services
  - *Counselling, expressive arts therapy, traditional healing*
- Primary Care Team (multidisciplinary teams serving clusters of communities)
- Northern Appointment Clinic (family physicians)

Facilities

- Meno Ya Win Health Centre
  - *60-bed health care centre serving Sioux Lookout and surrounding area.*
  - *Services include medical withdrawal management and mental health counselling and addiction services*
  - *Not a schedule 1 facility – child patients go to Thunder Bay, adults go to Lake of the Woods Hospital in Kenora*
- Two hostels – patients fly from the north and stay in one of the hostels or a local hotel to receive health care services in-person

Psychiatry Services

- Meno Ya Win Hospital (Pre-COVID)
  - *Fly-in psychiatrist every 1-2 months for 4-5 days; no follow-up visits in between trips*
  - *Child psychiatrist doing in-person visits as well*
- Developmental Services psychiatrist (based out of CAMH & Thunder Bay)
- Toronto Child (Sick Kids Hospital) telepsychiatry
  - *No in-person visits*
- Toronto Adult Psychiatry (CAMH) telepsychiatry
  - *No in-person visits*
  - *? Number of patients seen*

Psychiatry Services

- Primary Care Team
  - *Psychiatrist working from GTA (Dr. Allen), telemedicine 3.5 days per week*
  - *May 2020: Additional 2 days/week from Thunder Bay Psychiatrists (JH, KA)*
  - *2 to 4 then back to 2 mental health case managers*
  - *Clinical assistant*
  - *Telemedicine coordinator*
  - *Social worker*
  - *Dietician, speech-language pathology, PT / OT*
  - *Kinesiologists, pharmacist, Nurses (RN, RPN,NP)*

COVID Effects

- Near 100% stoppage of travel In/Out of communities. Check points.
- Staff worked from home
- Weekly COVID meeting on MH&A
- Sought additional partners the previous were not contributing
- Ontario Telemedicine Network (OTN) permitted quick move to full time Video Link (quick pivot)
- Increased ‘willingness’ of remote communities for virtual care

Psychiatry Clinical Data as of June 2021

all the psychiatrists for year 2020-2021 at PCT

Client interactions by all psychiatrists at Primary Care Team, SLFNHA

Total psychiatry client interactions	**782**
Male	331
Female	450
Gender Other	1
Adult	618
Child	164
Total interactions with clients in Northern communities	313
Total interactions with clients in Sioux Lookout/Hudson	469

Clinical Picture

- Top three reasons for referral to counselling services:
  - *Suicidal ideation*
  - *Grief / loss*
  - *Drugs and alcohol*
- High rates of psychological trauma (residential school, foster care, drugs / alcohol, sexual abuse)
- Wide spectrum of clinical issues (developmental disabilities, psychosis, bipolar, PTSD, depression, anxiety, drugs / alcohol, dissociation)

High Demand and No Shows

- High demand for services and growing
  - *Nodin had 280 referrals for counselling in 2014-15, and 721 in 2018-19*
- No show-rates (Primary Care Team)
  - *95% of these patients are from northern communities.*
  - *No show rate of 45% (compared to 20-30% for other SLFNHA services where patients are mostly seen in person, including in their communities).*

Strengths

- Primary Care Team provides multidisciplinary care; mental health workers who do case management ensure that recommendations are followed up on and clients with complex needs are tracked.
- Social worker can work closely with psychiatrist (e.g. for Community Treatment Orders)
- Defined population and known care providers (avoids “somebody else’s problem” pitfall of large urban centres)
- Possible to know and form relationships with almost everyone

Weaknesses / Challenges

- Telemedicine has high no-show rates
  - *Privacy concerns in nursing stations*
- For in-person visits, there is the issue of transportation
  - *Flights and accommodations need to be arranged; many things can go awry*
- Incomplete integration of services
  - *PCT does not work directly with Nodin; limited counselling provided through PCT*
  - *Northern Clinic uses a different EMR and northern communities do not have EMR (yet)*
  - *No psychiatrists living in the town; all are working remotely*

Opportunities

- Possible collaborations with other centres to provide services (e.g. Thunder Bay)
- Making Primary Care Team into a training site –Learning from traditional approaches – (sweat lodge, land-based approaches, integration with mindfulness or mind-body approaches?)
- More shared-care opportunities –time for physician-to-physician consults, informal advice

Decolonizing Transitions

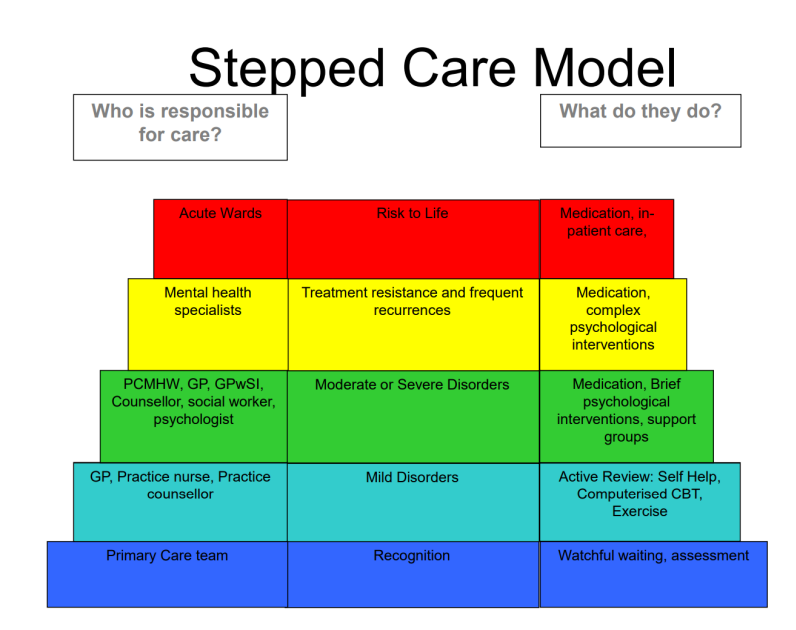
Moving from…

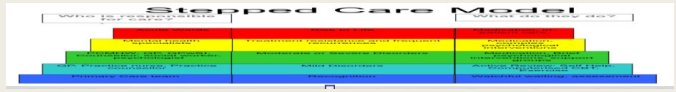
- Stepped Care
- DSM
- PostGraduate mandates
- Authority as ‘Specialists’
- Remote place and consult

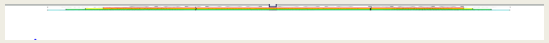
Moving to…

- Health continuum
- Integrated understanding
- Co-written curriculum
- Sharing expertise:
- Travel, community, experience of community, elders, culture

Decolonizing: Stepped Care to Continuum







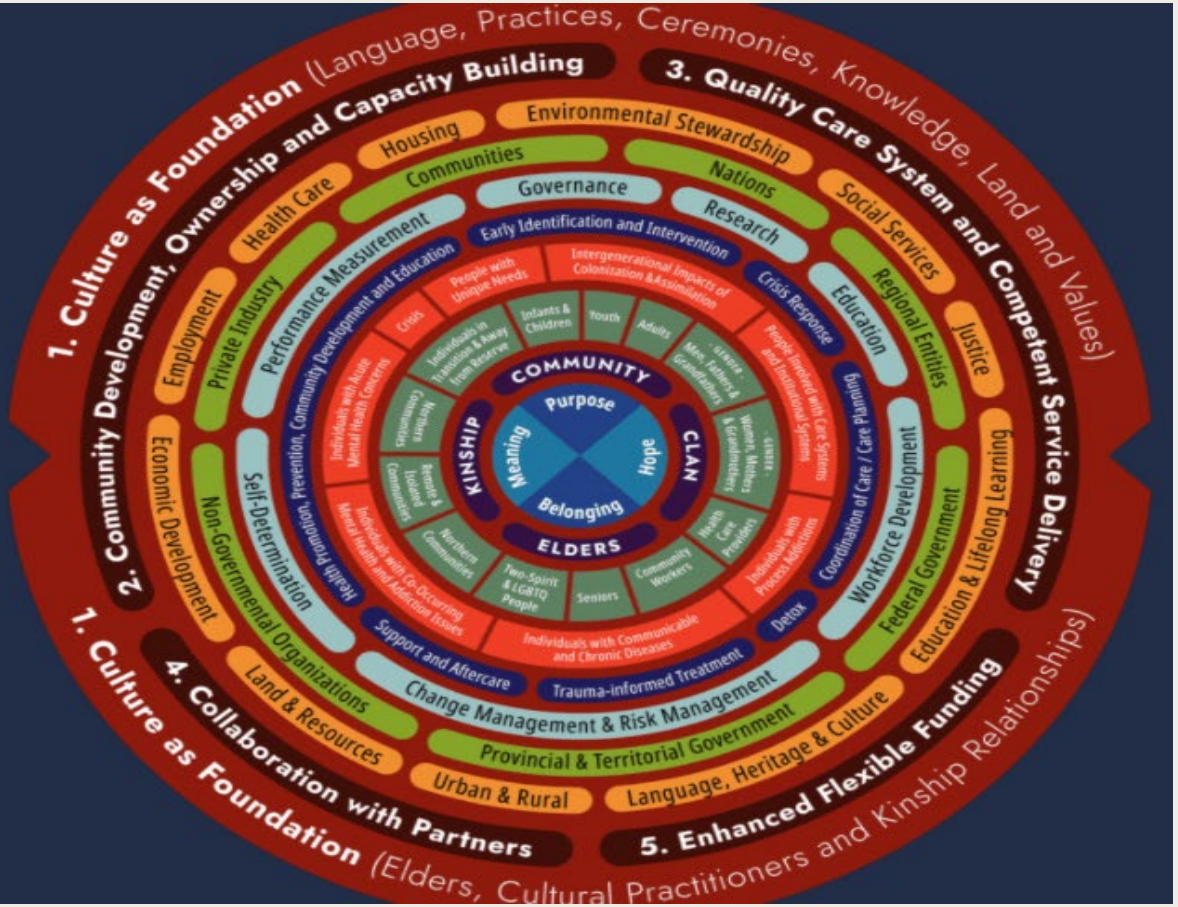
Decolonizing Concepts: Stepped Care

Hierarchy to Circle

The First Nations Mental Wellness Continuum Framework (FNMWC)

Substance use and mental health exist in the context of the indigenous determinants of health. Services must be designed with the 5 themes of the FNMWC:

1. Culture as the foundation
2. Community Development, Ownership & Capacity Building
3. Quality Care Systems & Competent Service Deliver
4. Collaboration with Partners
5. Enhanced Flexible Funding



THUNDERBIRD PARTNERSHIP FOUNDATION

thunderbirdpf.org thunderbird's resources are a must for all providers thunderbirdpf.org/honouring-our-strengths-full-version-2 Honouring our strengths transformed my understanding.

Practices

- Permitting time for
  - Ceremony/smudging/prayer
  - Integrating teams input
  - Indigenous knowledge keepers & elders
  - Respecting the opinion of ‘others’
- Decreasing sense of time pressure
  - Permiting pauses, flex scheduling, manage time anxiety
- Increasing own ‘interior life’ and spirituality
- Cultural training
  - Elder mentor
  - San’Yas training https://www.sanyas.ca/training/ontario/ics-enhanced-health

Summary

- The Indigenous peoples of Canada’s north present unique challenges and opportunities in collaborative care
- Peoples and their cultures lay at the heart of understanding
- Partnerships, are possible if one is willing to learn, be humble and engage
- Learning is bi-directional between providers, planners, and communities
- This work engenders a critique and may decolonize our views of our professional work

SESSION EVALUATION

Use the CFHA mobile app to complete the evaluation for this session.

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION