Overview

- Brief introduction to West Region Treaty 2 & 4 Health Services (WRTHS) – history, communities, programs and services, cultural programming
- MWT Project – Anishinabe Mekina Mino-Ayawin (AMMA)
- WRTHS Crisis Service Procedures Manual – a guide for responders to community crisis
- Case Study – an opportunity for participation and discussion
About WRTHS

- West Region Tribal Council (WRTC) established in 1979 following DIAND devolution process
- WRTC supported establishment of WRTC Health Department in 1998
- WRTC HD incorporated in August 2013 as West Region Treaty 2 & 4 Health Services (WRTHS) Inc., with WRTHS Board of Directors as its overall governing body
- WRTHS provides advisory and direct services to on-reserve and off-reserve members
- Accredited in December 2015 by CAC for three years
WRTHS Communities

1. Ebb & Flow F.N. – Treaty #2, 1871
2. Skownan F.N. (Waterhen) – Treaty #2, 1871
3. O-Chi-Chak-Ko-Sipi F.N. (Crane River) – Treaty #2, 1871
4. Keeseekowenin F.N. – Treaty #2, 1871
5. Pine Creek F.N. – Treaty #4, 1874
6. Rolling River F.N. – Treaty #4, 1874
7. Gambler F.N. – Treaty #4, 1874
WRTHS Vision Statement

To reclaim the health of Anishinaabe by opening doors to healthy living for present and future generations

WRTHS Mission Statement

To support West Region Anishinaabe to enhance and sustain healthy communities of today and tomorrow
WRTHS Programs and Services:

- **Counselling Services Unit**
  - Crisis and/or short term counselling
  - Critical incident response and de-briefing
  - Training, e.g. ASIST, MHFA for FN, Balancing Hook
  - Workshops related to wellness, e.g. loss & grief, anger management, relationships, suicide prevention
  - Advocate for clients, e.g. issues related to housing, home care
  - On-call during December break

- **Addiction Services Program**
  - Direct client service and delivery
  - Advisory service and support to community based NNADAP workers and program
  - Referrals to treatment centres and/or other service providers and agencies
  - Post-treatment follow up and aftercare; relapse prevention; case management

- **Tribal Nursing Program**
  - Community Health Nurses in seven communities

- **Home and Community Care Program**
  - HIV/AIDS Education, Awareness, and Prevention

- **Brighter Futures/Building Healthy Communities**
WRTHS Programs and Services:

- **Environmental Health**
  - water safety; water inspection services

- **Aboriginal Diabetes Initiative**

- **National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)**

- **Indian Residential School (IRS) Resolution Health Support Program**
  - IRS offices located in Dauphin and Brandon
  - Ensure the health and safety of former IRS students during all phases of the IRS Settlement Agreement, including TRC events
  - Ensure former IRS students and family members have access to appropriate support services
  - Offer awareness/educational workshops and presentations

- **Elder Advisory Service**
  - Spiritual Advisor; Elders gathering

- **Optical Service**
  - quarterly on-site visits by an Optometrist, includes optician service

- **Foot Care Service**

- **Medical Transportation Program**

- **Mental Wellness Team Project**
  - Anishinabe Mekina Mino-Ayawin
Mental Wellness Team Project (MWT)

Anishinaabe Mekina Mino-Ayawin (AMMA) - “Road to Good Health”

Initiated in the Fall of 2009 through a Call for Proposals from FNIHB

Goals:
• Increase access to a range of services including outreach, assessment, treatment, ceremony, counselling, case management, and referral
• Increase community engagement on mental wellness issues
• Increase peer supports, clinical supports and supervision to prevent front-line burnout through caseload sharing
• Improve treatment outcomes resulting from improved collaboration, better continuity of care, more appropriate and better quality services, and improved access to service
• Increase surveillance to detect mental health challenges and substance use disorders
• Ensure care providers are trained and supported to provide services at the community level
AMMA Community Teams

- Formed in 2010, membership includes: Team Lead, Alternate Lead, Elder, Youth, front-line workers, community members
- Multidisciplinary approach (includes family)
- Community owned, defined, and driven
- Enhances collaboration between community and external service providers
- Culturally safe
- Prevention to aftercare service
- Promote family/community supports
- Case management approach
- Terms of Reference
- Pamphlets; display boards;
AMMA Tribal Team

- Supports AMMA Community Teams
- Multi-disciplinary team of professional and paraprofessional service providers with expertise in prevention & healing; treatment; education & training; family development; community development
- Provides advisory and coordinated services that combines traditional, cultural, and mainstream approaches to mental health challenges
- Membership includes WRTHS Spiritual Advisor, Program Coordinators, First Nation community workers, PMH mental health professionals, Clinical Supervisor
MWT Program Delivery

• Assist with immediate response to critical incidents
• Collaborate with all WRTHS programs and services
• Participate with WRTHS organized events, e.g. NAYSPS Live Forward youth gatherings
• Participate in community events – health fairs, school wellness days
• Provide training – e.g. Mental Health First Aid (MHFA) for First Nations, Substance Abuse Subtle Screening Inventory (SASSI), Group and Individual Crisis Intervention
• Committee involvement – Parkland Mental Health Promotion Committee, Co-Occurring Disorders Leadership Team, Committee Advocating for the Removal of Sexual Exploitation (CARE)
MWT Program Delivery

• Promote and maintain service-to-service relationships through ongoing partnerships with Prairie Mountain Health (PMH), Mood Disorders Association of Manitoba (MDAM), Canadian Mental Health Association (CMHA), and committee involvement
  o Includes joint meetings with communities
• Regular AMMA Tribal and Community Team meetings
• Awareness and prevention workshops, e.g. depression
• Conference presentations
• Continue to address challenges
  o Stigma surrounding mental health issues
  o Funding
• Two successful evaluations completed:
  o Process – 2011
  o Immediate Outcomes - 2012
AMMA Wellness Gatherings

- Annual gathering of the seven AMMA Community Teams
- An opportunity for the teams to share information and exchange ideas
- Team reports include activity updates, successes, and challenges experienced by each team in their community
- Guest speakers on topics requested by the teams
  - Dr. Martin Brokenleg
  - Mental Health Act
  - Personal Health Information Act
  - Child and Family Services Act
Elders Gatherings

September 2014 – Elkhorn Resort, Wasagaming
“O Shee Tah Dah” – Let’s Get Ready

August 2015 – Camp Wasaga, RMNP
Reclaiming Our Spirit – What can we do?
WRTHS Cultural Services

Spiritual Advisors provide cultural support for the IRS Program:

- Teach and facilitate traditional healing practices, e.g. smudging, sweat lodge, and traditional medicines
- Available to the Tribal Team, AMMA Community Teams, and individuals upon request via the established referral process
- Deliver workshops, e.g. traditional teachings
- Facilitate sharing circles/groups, e.g. men’s and women’s groups
- Open and close meetings
MWT Successes & Challenges

Successes:
• Strong program delivery
• Effective crisis response
• Partnerships and connections are maintained, including committee membership
• Increased promotion has raised community awareness about mental health challenges
• Crisis Service Procedures Manual (next section)

Challenges:
• Busy work schedules; participation with other teams/committees; travel distance affects meeting frequency and attendance
• Staff turnover
• Promotion – to further increase community awareness
• Stigma
• Funding
Crisis Service Procedures Manual

WEST REGION TREATY 2 & 4 HEALTH SERVICES INC. (WRTHS)
IN PARTNERSHIP WITH
FIRST NATIONS AND INUIT HEALTH BRANCH, MANITOBA REGION

CRISIS SERVICE PROCEDURES MANUAL
A Guide For Responders To Community Crisis

WRTHS
3/26/2015

This manual provides an outline of resources which may be used and procedures which may be followed by staff of the Health Centres of Ebb & Flow, Gambier, Keeseebooowenin, O-Chi-Chak-Ko-Siis, Pine Creek, Rolling River, and Skownen First Nations.
Crisis Service Procedures Manual

• The remainder of this presentation will outline how WRTHS approached the production of its Crisis Service Procedures Manual

• As the process of this crisis manual development was undertaken, several questions were considered:
  o How do we best meet the needs of our communities in the event of a crisis?
  o Where do we begin?
  o Who should be involved during this process?
  o How much will it cost, in terms of time, printing costs, and training costs?
Crisis Service Procedures Manual

Background:

• Original document produced by Dr. John Elias, Elias & Associates Consulting Inc., for the Cree Nation Tribal Health Centre, Inc., The Pas MB, in April 2002

• Revised by WRTCHD in January 2003 with the assistance of Dr. Elias, in collaboration with WRTC First Nation communities, to assist front-line wellness staff working in WRTC First Nations

• 2003 revision was titled “Crisis Service Procedures Manual for Community Wellness Workers in the Communities of the West Region Tribal Council”
Crisis Service Procedures Manual

- Recognition in 2012 by WRTCHD staff that an updated guide to an organized crisis response to crisis was required:
  - to support the communities
  - to prepare the communities to effectively respond to critical incident events
- Meetings to review and revise the manual began in 2013 and continued through 2014
- Used with permission, including permission to make revisions
- Completed manual is copyrighted by WRTHS, February 2015
- Sent to the printer in March 2015
Crisis Service Procedures Manual

- The manual is a continuing effort to assist wellness staff working in WRTC First Nation communities respond to **social and emotional crises**, by providing procedures to follow and providing an outline of resources to use.

- The manual is **not** intended to replace or to provide a substitute for any other policy, procedure, or plan adopted by any of the First Nations within WRTC, or by WRTHS, e.g. an emergency response plan.

- Other policies, procedures and plans in use by communities should be used to deal with such events, e.g. natural disaster (flood, fire), accident (motor vehicle, industrial).
Crisis Service Procedures Manual

Acknowledgements:

• Dr. John Elias – Elias & Associates Consulting Inc.
• Cree Nation Tribal Health Centre Inc.
• Health Canada, First Nation and Inuit Health Branch
• Klinic Community Health Centre
• WRTHS Staff – program managers, nurses, administrative
• WRTHS Board of Governance
• West Region Tribal Council First Nation Community members
• WRTHS Spiritual Advisor
Crisis Service Procedures Manual

Organized into Sections:

1. Background
2. Acknowledgements
3. Purpose
4. How to Use This Manual
5. Principles and Roles – e.g. confidentiality
6. Crisis Management: Basic Theory & Methods
7. Crisis Service Procedures – step by step ways of dealing with different kinds of crises
8. Teamwork and Communications
9. Confidentiality and Release of Information
10. Record Keeping and Forms
11. Follow-up
12. Directory of Existing Resources
Crisis Service Procedures Manual

Section 7 – Crisis Service Procedures:

A. Basic Counselling
B. Risk of Suicide
C. Death by Suicide
D. Loss & Grief
E. Trauma
F. Violence and Abuse – includes bullying
G. Neglect
H. Serious Illness
I. Addiction – includes co-occurring disorders

• Communities may incorporate additional procedures, unique to their community, dependent on their policies, procedures, or by-laws
Crisis Service Procedures Manual

Outline for each Procedure in Section 7:

**Background** – basic information about the type of crisis

**Assessment** – a list of important questions or tools to help get a true picture of the important details of the crisis situation

**Immediate Goals** – the immediate goals to be pursued when intervening in the crisis at the community level
Crisis Service Procedures Manual

**Intervention** – guidelines on how to help, complete with a list of DO’s and DON’Ts

**DO** – practical things which a community-based wellness worker can do to help an individual, family, group, or community through a crisis

**DON’T** – includes a list of common mistakes, often with the best intentions, which may do more harm than good
Crisis Service Procedures Manual

Refer – suggestions about resources outside of your immediate work unit (health centre) to whom you could refer an individual or family for help

Notify – who should be notified about the crisis

Record – what to write about the crisis, the format, forms, and where the report should be filed
Crisis Service Procedures Manual

Distribution:

• WRTHS
• AMMA Tribal Team
• AMMA Community Teams
• Health Directors
• Chiefs & Councils
• Health Board of Governance
Crisis Service Procedures Manual

Training completed and planned:
- CISM Group and Individual Crisis Intervention, includes ICISF certification – 2015
- Applied Suicide Intervention Skills Training (ASIST) – ongoing
- Mental Health First Aid for First Nations (MHFA) – ongoing
- Workshops, e.g. bullying, lateral violence, anger management, grief counselling – ongoing
- Traditional Teachings by WRTHS Spiritual Advisor – ongoing
- safeTALK - planned
What We Learned

• Developing a crisis manual is not a simple, straightforward process:
  o WRTHS is fortunate to have had a source document
  o Writes and re-writes
• Successfully produced a valuable resource for our communities
• Important to solicit contributions from a range of sources – individuals, service providers, agencies, and organizations – for input into the manual
• Importance of including PMH (regional health authority) and FNIHB as part of any crisis response
• For certain crisis events, the assistance of other departments and agencies, or neighbouring First Nation communities, may be required
• Challenges remain:
  o shortage of funding required for training means identifying and securing other funding sources
• Important to acknowledge that every First Nation or organization is different and will approach crisis response situations according to their community’s needs
Case Study

Refer to handouts:

• Scenario – Community Crisis

• Group discussion questions
QUESTIONS?
Thank You
Merci
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