Saskatchewan Health Authority

Roots of Hope

Situational analysis

2019

Research Department
La Ronge, Air Ronge and Lac La Ronge Indian Band

Executive Summary

Background

Roots of Hope is a national multiprovincial initiative that seeks to reduce the impact of suicide on local communities through community-driven evidence-based suicide prevention interventions. This demonstration project is being implemented in Saskatchewan in response to growing concern about suicide particularly in northern communities. The project is sponsored by the Mental Health Commission of Canada and administered by the Saskatchewan Health Authority with support from the Ministry of Health.

Project implementation occurs in a phased approach with mobilization of partnerships and development of monitoring and evaluation framework; implementation of interventions and data collection to monitor performance; reporting and knowledge exchange and scaling up of successful interventions. The project operations are led by an Implementation Coordinator in collaboration with a local advisory committee. As a key step of planning for implementation, a situation analysis was commissioned to better understand local determinants, identify priorities for intervention and establish a detailed portrait of opportunities, resources, challenges and barriers to implementation. Due to the project's national scope, a common template was provided by the Mental Health Commission to facilitate standardized collection of data to describe physical factors, health system governance and infrastructure, policy environment, cultural factors, suicide-related indicators, social determinants, mental health and suicide prevention resources including training capacity and needs. Ethics and operational approval was obtained from the Saskatchewan Health Authority Research Ethics Board prior to data collection. For this site, data was obtained from multiple pre-existing documents, organizational reports as well as relevant custodians of suicide indicators.

Highlights

- Determinants of suicide-related behaviors are complex and include risk factors that interact and operate at multiple levels. Variation exists across communities in opportunities and capacity to respond.
- Community assets include high priority accorded to issue, strong intersectoral partnerships, community cultural and school programs and some persons trained to support persons with mental health needs.
- Challenges for implementation include additional human resources, lack of public transportation, service hours and limited capacity for surveillance of suicide-related behaviors. Gaps include multiple health systems without shared clinical records, more training capacity, more cultural interventions and strategies to reduce stigma and promote community dialogue about mental health.

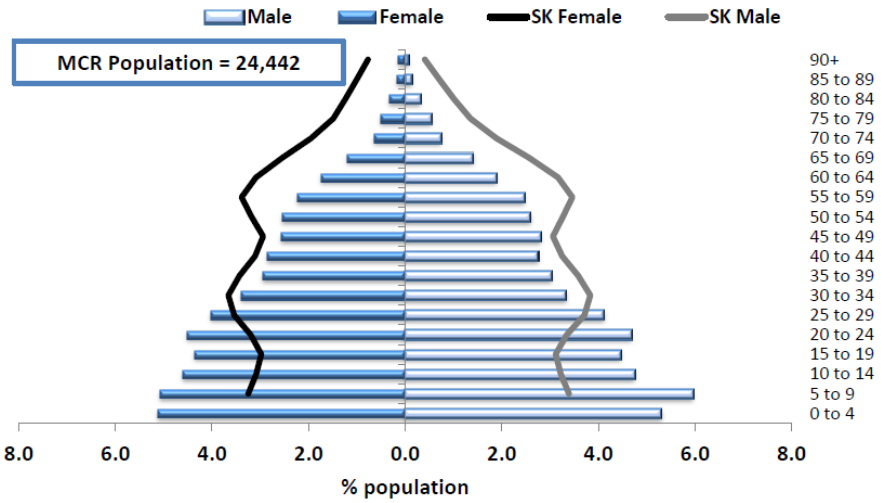
La Ronge and surrounding communities

La Ronge "area" is a northern population centre comprised of an interconnected network of towns and villages including the town of La Ronge, Air Ronge and the five affiliated communities of the Lac La Ronge Indian Band. As the centre is connected via highways to the north and south as well as has access to other points it is considered a northern eastern hub for the province. The area is served by the La Ronge Airport and La Ronge Aerodrome. There is no public transit system for connection to urban centers although local private taxi services are available for transportation between communities. Consequently, the majority of residents rely on access to personal or family vehicles as the main mode of transportation to services. On reserves, more than a quarter of band members use primarily active travel modes such as walking for transportation. The area is ecologically diverse with rich natural resources that support economic development and recreation while preserving cultural heritage and connection to the land. In recent years, the area has experienced the social and economic costs of natural hazards such as wildfires and there is keen interest in hazard risk assessment and mitigation as well as effects of climate change.

The population covered by the former Mamawetan Churchill River Health Region (includes participating communities) is about 24,442; however, the Lac La Ronge Indian Band has a membership of 10,712 with 64% residing on reserves. Among the Roots of Hope participating communities, a high percentage (60-100%) of residents self-identify as Indigenous. More than two thirds of the Indigenous population in the area identify as First Nations although only 40% of those who reside off reserve report registered Indian status. There is a very small visible minority population (<5%) concentrated in the town of La Ronge.

A young population resides in La Ronge and the neighboring communities. (Figure 1) The average age of the population in communities ranged from 26.2 to 32 years compared to the province overall (39.1 years). Almost a third of residents on reserve were under the age of 15 years compared to 19.6% for the entire province of Saskatchewan. The number of females outnumbered males in the age group 15-64 years while the opposite was observed among residents under the age of 15 years. In 2014, three former northern health regions (including Mamawetan Churchill River Region) in Saskatchewan had the highest dependency ratios (87.2) indicating potential for economic stress as a small working population is required to bear the burden of a larger economically dependent youth population.

Figure 1: Population pyramid for Mamawetan Churchill River Health Region, percent of population by sex and age group 2015



Source: Saskatchewan Covered Population 2015, Prepared by PHU, Jan 2016

Due to small numbers, suicide rates fluctuate widely in the area. The most granular data available was at the level of the former health regions. The most recent year with complete data was 2015. The Mamawetan Churchill River (MCR) Health Region is one of three regions (Athabasca and Keewatin Yatthé) with the highest suicide rates per 100,000 population in Saskatchewan. Suicide rates were consistently higher among males than females for the ten-year period (2006-2015). Young people are disproportionately affected with deaths concentrated in the first to third decades of life. The most common methods used include hanging and firearms. Limited information was available about characteristics of persons who died by suicide. Race was reported but only at the provincial level.

It is known that there was a cluster of suicides in three communities in the area in October 2016 when six deaths occurred among female youths (under 14 years). The circumstances surrounding these events are not

clearly articulated in any source. Most of the available information was in the news media and could not be verified.

Data related to suicide attempts was available for the period 2014-2018 and was based on hospital discharge/separation abstracts extracted through provincial repositories. Fewer suicide attempts occurred among males compared to females; however age-related information was not available. The main method used for self-harm was drug poisoning followed other methods including sharp objects. Surveillance systems for suicide related behaviors present many challenges in small communities (Pollock, Healey, Jong, Valcour & Mulay, 2018). Clinical information is captured in paper-based formats that require manual review to extract details related to behaviors such as suicidal ideation. Small numbers of events also make it difficult to see trends over time. Unavailability of Indigenous identifiers in administrative and clinical information systems also limit stratification of health outcomes and determination of some health inequalities.

The determinants of suicide-related behavior are complex and may include risk factors that interact and operate at multiple levels. Among Indigenous peoples, colonialism has been suggested to impact health through acculturation stresses that result from loss of land and traditional ways of living, weakening of social institutions and disruption to families; suppression of beliefs and loss of language as well as racial discrimination and marginalization (Reading & Wein, 2009). Other assimilation policies such as child apprehension and placement into residential schools also adversely affect the mental health and wellbeing of Indigenous peoples. The intergenerational trauma or the transmission of effects of trauma from parents to children has been associated with suicidal thoughts and attempts among Indigenous peoples (Kumar, 2016; Hackett, Feeney & Tompa, 2016). Other factors such as community distress including crowded housing, food insecurity, family violence and early childhood adversity, acute stress or loss may also contribute to suicide risk (Saskatchewan First Nations Suicide Prevention Strategy, 2018). The available local information suggests that community members are likely also impacted by these risk factors; however, several resiliency factors and community strengths were also evident.

Community assets

There is concern about suicide and mental health and addictions is a strategic priority with recent investments to implement the 10-year Mental Health and Addiction Plan. Although Saskatchewan doesn't have a national suicide prevention strategy, the way forward has been paved by the work of the Federation of Sovereign Indigenous Nations with the publication of the Saskatchewan First Nations Suicide Prevention Strategy in 2018. This suggests that a supportive policy environment is developing to support advancement of the mental health agenda and specifically interventions to prevent suicides and reduce the impact on communities.

At the individual level, perceived parental and family connectedness, school engagement and community involvement have been identified as potential protective factors against youth suicide (Aboriginal Healing Foundation, 2007). The Saskatchewan Alliance for Youth and Community Wellbeing Survey (2016) among students in grades 7 to 12 reported that the majority (90%) of participants felt that their family supports them, 90% were motivated to do well at school although a lower percentage (63%) felt that they were involved in their community. Similarly, among participants of the First Nations Regional Health Survey (2018) the majority (80.5%; 95% CI [78.9, 81.9]) of First Nations adults with one or more chronic health conditions report a very strong or somewhat strong sense of belonging. These findings were not significantly different from First

Nations adults with no health condition (81.2%, 95% CI [79.1, 83.2]). In the case of First Nations youth, nearly three-quarters (74.9%, 95% [71.7, 77.9]) with one or more chronic health conditions reported a very strong or somewhat strong sense of belonging to community. There was no significant difference to that of youth without chronic diseases. The results of a recent survey (2019) of community members from Lac La Ronge, Stanley Mission, Sucker River, Hall Lake and Little Red River also suggest that there is some local community connectedness expressed as positive regard and support for each other, appreciation of the physical attributes (scenery, lake, and wilderness) and traditional values.

Despite multiple barriers to employment and economic independence including the need to upgrade educational qualifications, jobs, transportation and need for child care; efforts are ongoing to prepare persons to take advantage of available opportunities. The Lac La Ronge Indian Band has a pre-employment support program (PES) that addresses some barriers to employment with much needed supports. The Northland College also provides a variety of adult education programs that address the needs of residents in northern Saskatchewan. The new Northern Indigenous Teacher Education Program (NITEP) offers an accredited Bachelor's degree in Education with an emphasis on northern Indigenous culture, language and land based instruction. This will increase access for residents as well as potentially increase the pool of qualified educators who are knowledgeable about the culture and values. The Lac La Ronge Indian Band has also pursued economic development opportunities through its locally owned and operated businesses (Keethanow Group of Businesses). The Kitsaki Management Limited Partnership performs the for-profit economic development activities of the Lac La Ronge Indian Band. Kitsaki invests in several sectors including: transportation, road construction, insurance, environmental, hospitality, mining, and agriculture with a focus on long term sustainability.

Although overcrowding remains a significant challenge for participating reserve communities, there have also been efforts to meet the demand for more housing stock through market based housing initiatives. New initiatives have also contributed to housing for vulnerable low income populations such as seniors, and women and children transitioning from shelters. The Lac La Ronge Indian Band has gained control over educational and health institutions through appropriate agreements. Additionally, LLRIB also has operational responsibility for child and family services for the six communities that comprise the band. These strides towards self-determination reflect their 'pride in our heritage and our Cree language, and of the educational opportunities, economic successes and social development work made possible by many years of strong leadership' (Lac la Ronge Indian Band).

Challenges and barriers

Several gaps were identified that related to access to health and specifically mental health services. Although there are strong partnerships between agencies and organizations that deliver services; efforts remain fragmented due to multiple agencies delivering programs and services. Services for youth also need to be oriented to their needs. The Saskatchewan Alliance for Youth & Community Wellbeing Survey (2016) reported that only 65% of participants would talk to a counsellor or adult if they needed help. This is consistent with the need for increased mental health supports that are youth-friendly. The First Nations Regional Health Survey (2018) reported that 15% of First Nations youth had used mental health services in the past 12 months. They were also asked whether they needed to talk to anyone about their emotional or mental health in the

preceding 12 months. More than one-fifth (20.7%, 95% CI [18.7, 22.8]) responded "yes"; 79.3% (95% CI [77.2, 81.3]) responded "no." In terms of social supports, nearly 2 in 5 (39.1%, 95% CI [36.4, 41.9]) First Nations youth said they talked to their parents about their emotional or mental health; one-third (33.5%, 95% CI [31.0, 36.2]) said they talked to a friend, and nearly 1 in 5 (18.3%, 95% CI [16.2, 20.5]) said they talked to another immediate family member. Mental health professionals, social workers, Traditional healers and family doctors were the least often reported sources of support. This also suggests the need to equip family members and friends with the skills to support others with mental health needs.

Inadequate use of mental health services has been associated with suicide among some Indigenous people (Inuit Tapiriit Katanami, 2016). The First Nations Regional Health Survey (2018) observed that more than two-thirds (70.9%, 95% CI [69.2, 72.6]) of First Nations adults said that they had never used any mental health services. It should be noted that all adults were asked this question regardless of how they rated their mental health, and some adults may not have accessed a mental health service because they did not require assistance. More First Nations adults reported that they talked about their emotional or mental health to a friend (36% [95 % CI 34.6-37.4]0 or family member (36% 95% CI [34.8-38.3]) compared to a doctor (6.1%), mental health professional (7.6%) or crisis line worker (0.8%).

There are limited human resources within the community to deliver mental health and addiction services. Access to specialist services such as psychiatry appear to be limited. It is unknown the extent to which telehealth services are used or their acceptability to the local community. Local community surveys reported that participants wanted providers (doctors and nurses) who were resident in their community compared to visiting/itinerant services. Concerns were also expressed about access to emergency response services as a result of distances and or perceived slow responses. Medical transportation was also identified as a concern although specific issues were not explained.

There was little information about any public awareness campaigns on related subjects in the participating communities. It was equally challenging to quantify existing training resources and needs. In an article published by CBC News (December 21, 2018), LivingWorks (suicide intervention training organization) reported that the La Ronge area had high training densities for ASIST and SafeTALK programs. They estimated that one in six or seven persons have attended a LivingWorks training in these programs. Since 2014, 370 persons have been certified in ASIST and 198 in SafeTALK programs. Most of the SafeTALK training had occurred in the previous 2 years (i.e. between 2016-2018).

In 2016, there were six suicides among female youth in northern Saskatchewan (4 in La Ronge area) that served as a catalyst for action in the area of suicide prevention. This local crisis increased advocacy from Indigenous health and regional health authorities to mobilize support from key agencies including Mental Health Commission of Canada to accelerate the local response to address suicide in the affected communities. There have been increased efforts to understand root causes and to develop strategies and plans to mitigate the impact of suicide in most vulnerable populations. This has been accompanied by significant federal and local financial investments to increase community capacity to respond. Key gaps include the need for additional human resources within the community to accelerate access to mental health and addiction services as well as facilitation of transportation to encourage service utilization. There appears to be a need for greater public awareness about mental health and suicide that facilitates community dialogue and reduces stigma. Training

resources are limited especially as more than one facilitator is required per training session. Mental health training needs are varied but include increased opportunities for families, youth, gatekeepers to improve knowledge as well as gain skills and competencies in the community. Capacity for surveillance of suicide indicators needs to be enhanced in order to facilitate timely reporting and program evaluation. Ongoing efforts to improve social determinants of health are also likely to contribute to enhanced physical and mental wellbeing.

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