



Roots of Hope

Situational Analysis

2019

Research Department
Meadow Lake and Meadow Lake Tribal Council, Big
Island Lake First Nations

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 situational analysis was commissioned to better understand local context, 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. This was supplemented by individual and group interviews with key informants who were knowledgeable about the programs and services and community members with lived experience or who were impacted by suicide.

Meadow Lake and the surrounding communities

Meadow Lake, Saskatchewan's most northern city, is located in the boreal forest of northwestern Saskatchewan. The city is connected via highways to the north (SK Highway 4) and to the south (SK Highway 55) and serves as the main business and shopping centre for many hamlets, villages, towns and First Nations and Métis reserves located in northwestern Saskatchewan. In addition to Meadow Lake, other communities participating in the Roots of Hope Project include six villages (Loon Lake, Makwa, Goodsoil, Dorintosh, Rapid View, Green Lake), four Meadow Lake Tribal Council (MLTC) First Nations communities (Flying Dust First Nation, Waterhen First Nation, Ministikwan Lake Cree Nation, and Makwa Sahgaiehcan First Nation), and one self-governed Cree community (Big Island Lake First Nation) all of which are located within a 100km radius of Meadow Lake. The area is served by the Meadow Lake Airport, located 3.7km west of the city. There are no local public transit systems in the

Highlights

- 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 limited 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 needed, more public awareness and strategies to reduce stigma and promote community dialogue about mental health.

participating communities and no inter-community public transit systems to connect residents to urban centres. Consequently, most residents rely on personal or family vehicles as the main mode of transportation. Industries supporting the Meadow Lake area include tourism, fishing, fur, pulpwood, forestry, agricultural grains, livestock, dairy and poultry, health and human services as well as service industry sectors. Importantly, Indigenous communities and their economic successes largely contribute to the local economy in the Meadow Lake area. During interviews and focus group discussions, community members indicated that Meadow Lake is a friendly, welcoming, supportive and integrated community. Many residents reported feeling a high degree of community connectedness; however, this may be dependent on one's willingness to engage and participate in local events and activities. Due to the communities northern and remote locations there is a greater propensity for cooperation and collaboration to address local challenges.

Within the Roots of Hope communities, the percentage of residents who self-identify as Indigenous varies substantially across the communities. For instance, the villages of Goodsoil and Dorintosh reported a lower proportion of Indigenous residents (8.2% and 15.4% respectively), compared to the MLTC and Big Island Lake communities, whose population is almost entirely composed of Indigenous residents. In the Meadow Lake area there is a small visible minority population (< 7%) composed of Black, Filipino, Chinese, South Asian and Japanese residents who reside predominantly in the city of Meadow Lake.

Similarly, the population age distribution varies across the respective participating communities. Several villages such as Loon Lake, Dorintosh and Goodsoil have a substantial proportion (over 20%) of the population that is 65 years and older and average age in the fourth and fifth decade. In contrast, communities on reserves were young with residents under the age of 15 comprising more than a third and older adults less than six percent of the population. This has implications for planning for services to meet the various community needs.

There exists considerable variation in education levels across communities, with disparities noted between on-reserve and off-reserve communities. For instance, the percentage of residents without a high school education was highest in Loon Lake (42.8%), Green Lake (46.7%), MLTC communities (41.0%-70.3%), and Big Island Lake (72.7%) and lowest in Meadow Lake (15.6%), Makwa (17.6%) and Dorintosh (15.8%). Across all communities, the unemployment rate was higher than the provincial and national unemployment averages. Unemployment is highest in Island Lake (48.1%), Makwa Sahgaiehcan (39.0%) and Big Island Lake (35.3%) and lowest in Meadow Lake (8.6%). While low income data from the 2016 Canadian Census was limited, existing LICO-AT data suggests that non-reserve communities report marginally higher rates of low income (5.7%-7.8%) compared with the rest of the province (5.9%). However, the average personal median income after tax in 2015 for Island Lake and Big Island Lake (\$12,235, \$6,784, respectively) fell well below the LICO-AT for the region (\$15,719).

Due to small numbers, suicide rates fluctuate widely in the area as seen in the vital statistics data obtained for the former Prairie North Health Region. Suicide rates were consistently higher among males than females for the ten-year period (2006-2015). Although suicide rates were highest among young adults (20-29-year-olds), older adults (50 years and older) were also disproportionately affected. Similarly, data from the Saskatchewan Coroner's Service for Meadow Lake, Loon Lake, Dorintosh, Rapid View and Green Lake revealed that suicide deaths were almost equally distributed across age groups and were predominantly men. In particular, suicide deaths for ages 60 and older were entirely composed of men. The most common methods used include firearms followed by hanging, with few deaths from drug and gas poisoning. Limited information was available about characteristics of persons who died by suicide. Race was reported but only at the provincial level. Data related to suicide attempts was available for the period 2014-2018 and was based on hospital discharge/separation abstracts extracted from Canadian Institute for Health Information (CIHI) database. 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.

Suicidal ideation and behaviour are complex and involve a number of risk factors that interact and operate at multiple levels. During community interviews and focus group discussion, many key stakeholders attributed suicide deaths to inadequacies in the social determinants of health and pervasive feelings of hopelessness. Stakeholders also observed that suicide attempts often co-occur with substance use, particularly the consumption of alcohol. Additionally, the breakdown of romantic relationships was often identified as a precipitating factor for youth suicide attempts. Other contributing risk factors identified by stakeholders included chronic illness, abuse, home difficulties, transgender issues, bullying, loneliness, depression, parental disengagement and a lack of support services or recreational activities. Many key stakeholders suggested that an expanded health sector response is needed in order to prevent suicide deaths including: enhanced screening for suicide ideation, increasing crisis and community outreach services, strengthening medication monitoring and follow-up services, increasing collaboration between mental health and addictions workers and police officers, and drawing upon telehealth capabilities to increase the availability of specialized services. Other stakeholders emphasized that a community development approach, with a focus on improving social determinants of health, is necessary for long term impact on suicide in communities. In particular, stakeholders identified the need for greater access to recreational programming, childhood enrichment opportunities, food security, employment opportunities, and quality housing. Lastly, many stakeholders indicated that reducing social isolation and increasing social support is central to preventing suicide deaths in the community.

Health sector responses

Suicide prevention and mental health and addictions is a strategic priority with recent provincial 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 (FSIN) with the publication of the Saskatchewan First Nations Suicide Prevention Strategy in 2018. This suggests that an advocacy platform and supportive policy environment is developing for advancement of the mental health agenda and specifically interventions to prevent suicides and reduce the impact on communities.

There are two separate health systems that provide services to residents on and off reserves. This potentially leads to fragmentation of services, challenges with care coordination and information sharing. Services related to mental health and addictions are mostly located in Meadow Lake and there are some access barriers that were identified including public awareness of the availability of services and navigation of mental health and addiction services. For example, several interview participants believed that a referral was required to access counseling services. Service hours for mental health services are limited although emergency care is available after hours. The central location of the unit within the Meadow Lake Hospital also deters some individuals from seeking services because of perceived privacy concerns.

The communities (on and off reserve) also struggle with recruitment and retention of health care personnel. This was attributed to health professionals finding urban areas more attractive for raising families and other social opportunities. There are shortages in primary care physicians as well as emergency response personnel. These conditions likely contribute to high turnover and adversely affects continuity and quality of patient-provider relationship.

Demand for detoxification services outstrips supply in the participating communities. In Meadow Lake, depending on the gender mix of existing patients, it creates challenges for new admissions who can be accommodated. In the case of reserve communities that are required to refer to federally approved treatment

centres, the duration of treatment is limited to 28 days. This duration is perceived to be too short for complex addiction situations and is further compounded when individuals return to the same environment after treatment. Some facilities also do not accommodate individuals with methamphetamine addictions. There is a need for additional spaces within the communities to mitigate transportation barriers and preserve connections to families supports.

Due to perceived adequacy of professional education to prepare staff for their respective mental health roles, they do not receive some types of trainings (e.g. ASIST and SafeTalk). However, there was support to provide access to training identified by staff. Staff at the detoxification program were trained in Mental Health First Aid. Meadow Lake Tribal Council has training capacity for Mental Health First Aid although the numbers trained were not available. There is interest in accessing other types of training for frontline staff to manage persons with methamphetamine addictions. Big Island Lake, the independent reserve community also had staff who had been trained in Mental Health First but expressed interest in developing training capacity to be able to expand the program to the community. There was also interest in other types of trainings such as administration of naloxone to manage opioid overdose, management of lateral violence and family programs.

Health Information Systems

There are a number of systems that capture registration and clinical information about patients. There appears to be little integration and capacity for information exchange between systems. There is limited exchange of information between health systems that serve residents on and off reserve. A common or shared record would facilitate care continuity and comprehensiveness of information. The Mental Health and Addiction Information System (MHAIS) was recently introduced in Meadow Lake. This is perceived as a positive development as mental health staff have access to records for clients who are seen by other services in North Battleford. The area has similar challenges for surveillance of suicide related behaviors. Small number of events present challenges for mapping trends over time and delays in timely access to data about deaths and methods also limit capacity to plan for interventions.

Educational sector response

The education sector is a key partner in the community's response to reduce the impact of suicides. Similar to the health sector, there are two educational systems that provides services for residents on and off reserves. These two systems are the North West School Division and the MLTC Board of Education. The MLTC Board of Education is responsible for administering programs and services in four schools located in the four MLTC participating on-reserve communities. Educational programs and services are led by a Director, two Superintendents of Education, and professional coordinators and consultants for several subject areas and are guided by the Department of Indigenous Services "*New Paths, Special Education Program (SEP)*", and the "*First Nation Student Success Program (FNSSP)*."

The North West School Division (NWSD) is responsible for administering programs and services according to provincially mandated curriculum for schools located in the participating off-reserve communities. Less than a third of the student population of NWSD self-identifies as First Nations or Métis. The NWSD is said to have good working relationship with MLTC communities and engages in culturally relevant professional development for educational and support staff in the form of Blanket Exercises, Treaty Simulations, Debunking Myths and Stereotypes, Treaty Education, Truth and Reconciliation and Elder and Knowledge Keeper visits and presentations to develop foundational cultural knowledge among staff and students. The Carpenter School located in Meadow Lake, is one of the few schools in Saskatchewan that is implementing the "Following Their Voices" program. Following Their Voices is an initiative designed to raise education achievement and participation among First Nations, Métis and Inuit students. The NWSD uses an integrated services model which facilitates partnerships and collaboration with the local regional health authority. For instance, Jubilee

and Lakeview Schools in Meadow Lake has partnered with the Prairie North Health Region to offer joint assessment and therapy programs for pre-kindergarten students. Furthermore, a daily lunch program has been operating at Meadow Lake Elementary School in order to address food security concerns in the community.

The North West School Division has capacity in several mental health related training programs including Mental Health First Aid and ASIST. Staff at the schools have also received training in Violent Threat Assessment (VTRA) and Critical Incident Stress Management (CISM). The actual number of staff trained were not available; however, it was emphasized that not all staff are expected to be trained and the programs are offered several times per year. There are also plans to increase access to online programs such as the “Bringing Mental Health to Schools” by covering the tuition costs for staff. A comprehensive assessment of training resources and needs is required to support the work of the implementation team.

Challenges for the NWSD include low rates of attendance and engagement among students, difficulties with recruitment and retention of qualified professionals, particularly mental health professions, and limited ability to effect change with students who return to environments with complex social challenges. Information was limited with respect to the specific strengths and challenges of the MLTC Board of Education programs and services.

Other community programs and services communities

There are several community-based organizations that offer programs that support individuals and families. Positively Parenting provides mental health counselling as well as delivers an awareness program in high schools. They also provide grief support groups for those persons who experience a loss. There are also faith-based programs for youth such as Friday Lunch program that combines education with recreational opportunities. The Meadow Lake Outreach Ministries operates the Door of Hope food bank and soup kitchen for vulnerable persons who need extra support. On reserves, there are cultural interventions such as cultural camps that allow youth to become immersed in traditional land-based activities. It was reported that Christian tent meetings in some reserve communities offer programming for youth. It was emphasized that there is need for more safe spaces for youths and opportunities to connect with mentors particularly in isolated communities.

Strengths and Limitations

The information in this situational analysis was derived from multiple sources and consequently reflects multiple perspectives and experiences with services and programs. Quantitative information was based on data gathered from Canadian Census profiles for the respective communities when available in addition to data on suicide indicators from vital statistics (through E-Health) and Coroner’s office. Data on suicide indicators are limited by existing regulations around suppression of small cell sizes (defined as counts less than 5). Additionally, granular data for participating communities was often reported at the level of the former regional health authorities. These areas include other communities that often have larger populations than the participating communities and may result in over or underestimates of indicators. These considerations will present challenges for monitoring the effects of project interventions.

The qualitative data was gathered from key informants and community members and provide rich contextual information to describe services and programs. It must be noted that the majority of key informants are engaged with the project and highly invested in its outcomes. Community participants were also highly motivated and consistently were personally affected by suicide. The information about programs and services in reserve communities is limited.

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