

Mental Health First Aid First Nations

Program Outcomes
and the Importance of
Cultural Safety in
Programming and
Research



Research Team

We are an independent research team evaluating the outcomes, adaptation and implementation, and cultural safety of the MHFA-FN course and the views expressed in this research represent the research participants, but not necessarily the views of the Mental Health Commission of Canada.



This study was supported by the Canadian Institutes of Health Research

Program Development

- MHFA FN a version adapted by the Mental Health Commission of Canada from the Basic course
- MHFA Basic



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

**Mental Health
First Aid Canada**



First Nations Mental Health and Culture

Cultural identity and cultural continuity correlate with mental health and wellbeing in certain First Nations communities



Thunder Day Art by Mike Cywink



Adaptation for First Nations Context

Appropriate and engaging mental health services for First Nations people



MHFAFN Training Room, Opaskwayak Cree Nation Health Authority

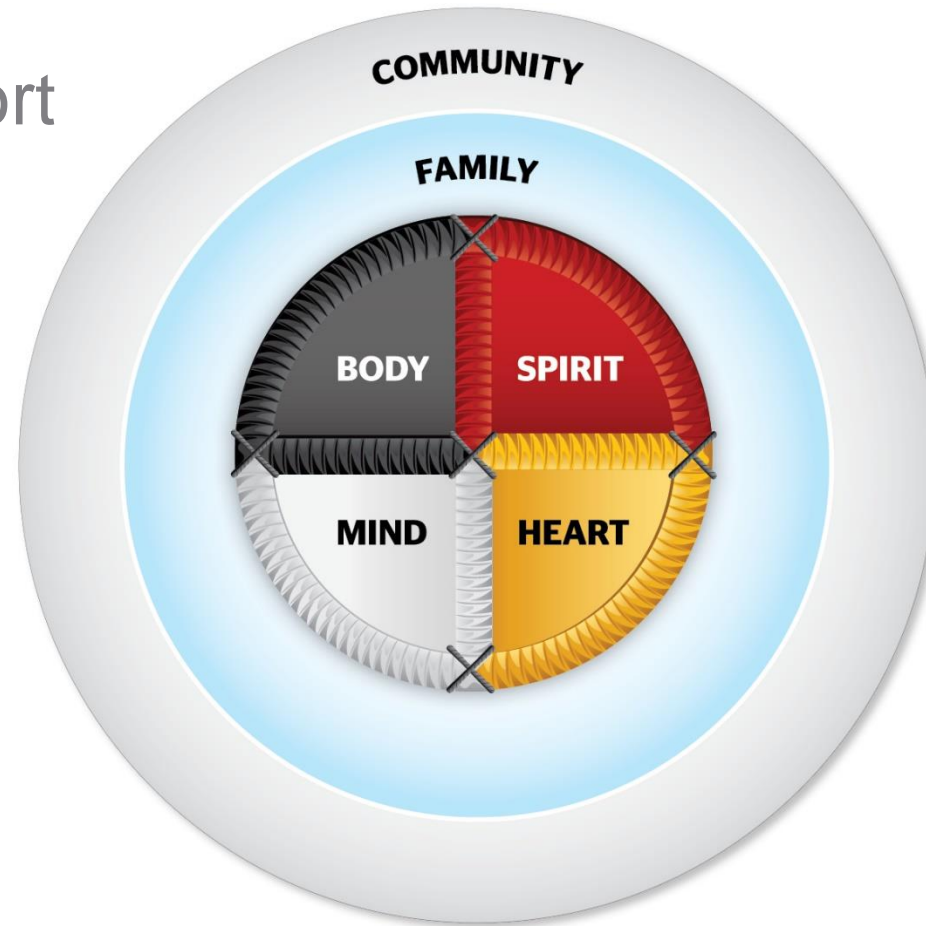
MHFA FN Vision

- Historical Loss and Trauma
- Walking in Two Worlds
- EAGLE



MHFA FN Vision

- Circle of Support



Cultural Safety in Prevention Programming

- Cultural safety defined by the receiver of care
- Care providers must reflect on power differentials, and their own culture and attitudes

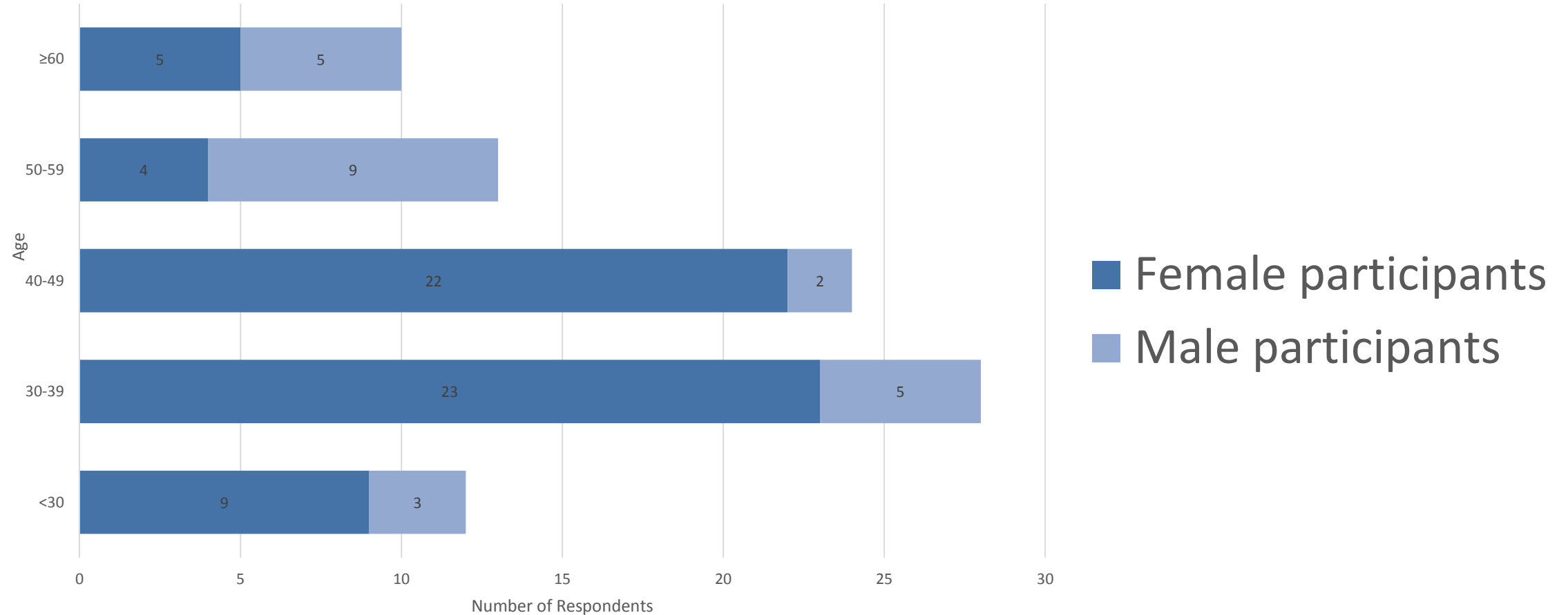


Data Collection

Target group	Methods	n	Timing
Course participants	Interview	89	During the last day of the training
	Paper/ online surveys	91	During the last day of the training or after training
	Follow up surveys	21	3-6 months post training
Course facilitators	Interview	9	After delivery of at least one training



Understanding the Participants



Understanding the Participants

- Most participants identified as Indigenous (81%)
- Group composition varied
 - 7/10 groups entirely Indigenous participants
 - Community organization vs. Open registration
 - Previous training/ professional roles



Cultural Safety in MHFA FN

- 97% of participants report the course was a safe space to discuss their culture and views
- Factors that promoted cultural safety among MHFA FN participants:
 - Group characteristics (shared experience, Indigenous)
 - Group process (dynamics, confidentiality, non-judgement)
 - Facilitator (supportive, Indigenous)
 - Cultural components



Cultural Safety

“ I was told numerous times that we all have our own cultural significance, it was acknowledged by the Elder every day and in prayer and ceremony.”

Participant, female



Cultural Safety

“I think that it was a pretty safe space and I was happy with the environment. I think that part of the reasons for this were the use of the talking circle and smudge to start and end our days and I appreciated the team building activities that helped us get to know and feel more comfortable with each other.”

Participant, female



Mental Health Literacy

Scale	Postsecondary M (SD)	Other training / certification M (SD)	No Formal Training M (SD)	F (df)
Knowledge-MH	3.18 (.62)^a	3.06 (.63)^a	2.54 (.68)^b	8.22 (2,88) ^{***}
Knowledge-SDOH	3.35 (.51)^a	3.20 (.63)^{a,b}	2.85 (.69)^b	4.87 (2,88) ^{**}
Self-efficacy	3.16 (.79)^a	3.15 (.64)^a	2.55 (.70)^b	7.47 (2,88) ^{***}
Stigma	2.08 (.58)^a	1.94 (.42)^b	2.28 (.54)^a	3.60 (2,87) [*]

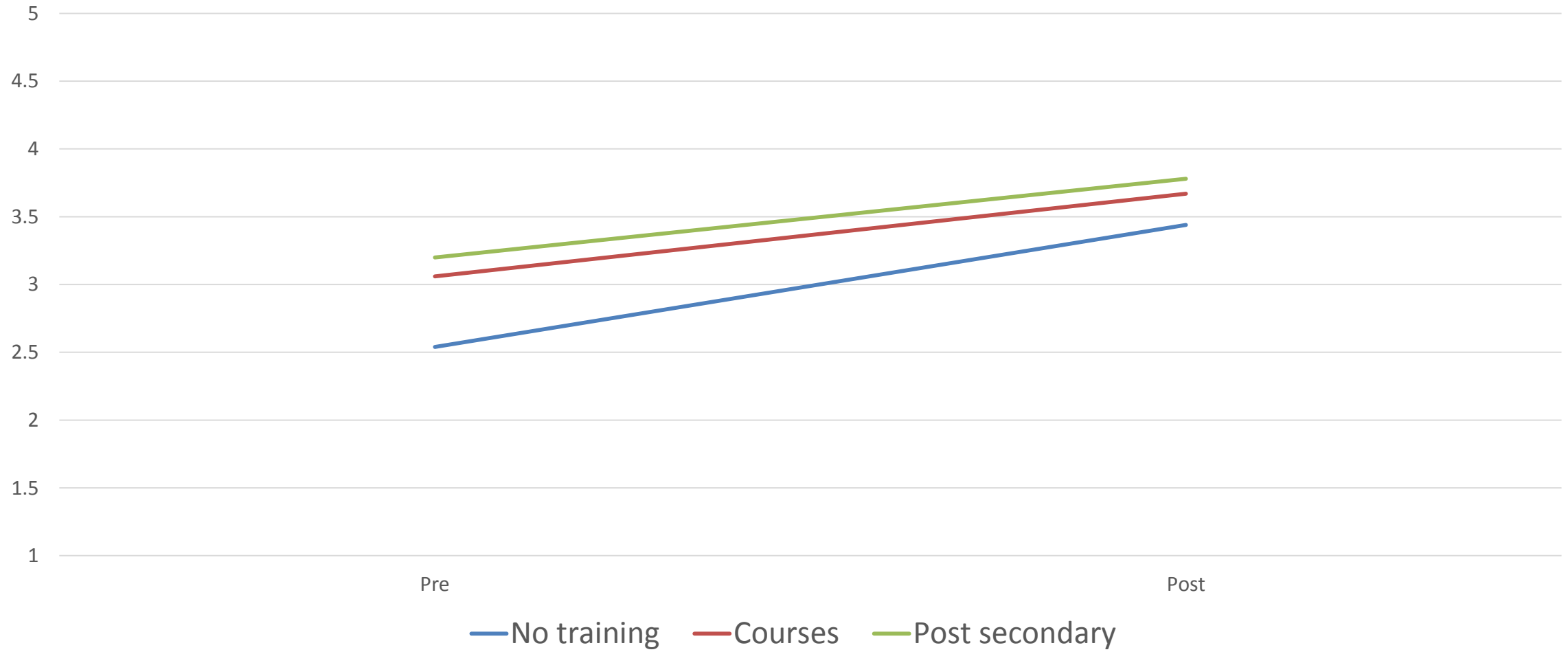
Differences across training groups at pre-test.

*p < .05, **p = .01, *** p = .001

a, b, denote equivalent or different means at the p < .01 level



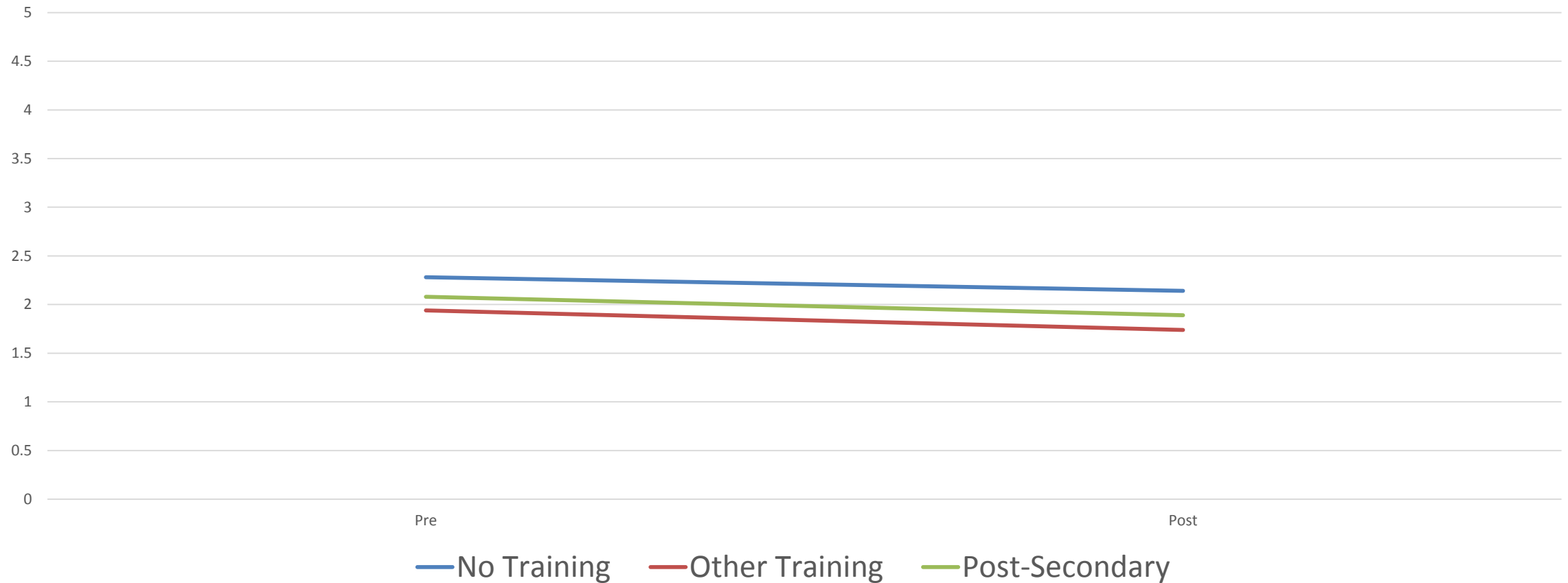
Mental Health Literacy: Knowledge



Mental Health Literacy: SDOH



Mental Health Literacy: Stigma



Real World MHFAFN Skill Application



- Approximately 6 months after course completion, follow-up surveys were sent out to participants
- **63%** of follow up survey respondents identified they had a situation where they could have applied their MHFA skills
- **94%** of the respondents who had the opportunity, did use their skills



Real World MHFAFN Skill Application



“ I have had someone close to me come to me with suicidal thoughts and urges.. with my knowledge from the training about dealing with mental health emergencies I was able to listen and direct this person to the resources I knew available in our community. Person is currently receiving help at the professional level.”

- Participant, Eskasoni, Nova Scotia

Real World MHFAFN Skill Application



“ I knew how to respond to someone contemplating suicide and I knew how to use my body language with our First Nations people. It is different than the regular population, as well the eye contact. I hope my actions helped the individual. This person is still here with us today. As well, they confide in my completely. Thankful for MHFAFN.”

- Participant, The Pas, Manitoba

Conclusion

<http://www.csmh.uwo.ca/research/mhfa-fn>

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Webinars

<http://www.csmh.uwo.ca/research/mhfa-fn>

September 2017 - *Mental Health First Aid First Nations*



TUESDAY
SEPTEMBER
5
1:00-1:45 p.m.

Ann Seymour

Indigenous Program Specialist, Mental Health Commission of Canada



Topic: Program Development and Vision



TUESDAY
SEPTEMBER
12
1:00-1:45 p.m.

Claire Crooks

Director, Centre for School Mental Health

Topic: Program Outcomes



TUESDAY
SEPTEMBER
19
1:00-1:45 p.m.

Andrea Lapp

Project Coordinator, Centre for School Mental Health

Topic: Importance of Cultural Safety in Programming and Research

