Western
Centre for School Mental Health

Successes and Challenges for Implementation of Mental Health First Aid First Nations

Advice and Reflections from Mental Health First Aid First Nations Facilitators

Introduction: Nine facilitators of Mental Health First Aid First Nations (MHFAFN) were interviewed with the goal of understanding their perspectives around the implementation of MHFAFN, as well as impacts on their community or organization. This report is a brief summary designed to share the knowledge and successes of the MHFAFN facilitators who were interviewed.

Barriers/Challenges of Implementing Mental Health First Aid First Nations

Interview participants were asked to discuss any barriers or challenges they faced in delivery of MHFAFN.

Capacity to deliver course with obligations of full time job

Facilitators are often mental health professionals and always are balancing their obligations to teach MHFAFN with their full time jobs. *"Workloads are full, so to take 3 days out to teach, the prep and add travel, that's a lot."*

MHCC requirements of facilitators

The requirements state that a facilitator must complete 2 trainings per year and unfortunately, some facilitators have struggled meeting these expectations.

> *"[The co-facilitator] didn't get her 2 in last year, so she got a letter from [MHCC] who told her she needed to do another one or she loses her provincial standing. In my first year, I couldn't line up the training/course opportunities to meet the provincial designation for instructors. In December, when she got that letter, we were thinking, 'when can we deliver?', we tried, we did lots of outreach, but the minimum number of requiring 12 participants was a hindrance, we could get 6 or 8, but not 12."*

Inconsistencies between information in materials

Some facilitators indicated that the manuals and power point slides may require some fine tuning to reduce any distracting inconsistencies.

"Postpartum depression is not in the facilitator manual but is in the participant book."

"Improvement in the participant manual as well in terms of the course content running parallel with the powerpoints. Sometimes you do have to refocus your group just based on the participant manual not lining up with the presentation."

Timing in delivery of course

MHCC has a structured delivery (20hrs course time) but some facilitators stated that the timing has been a challenge in implementation. Feedback from participants consistently indicates that time to share their stories and not feel rushed is important. One facilitator spoke to the cultural significance of this: *"we come from a storytelling way, so people want time set aside for them to do their story telling."*

Another challenge with time is that the structured delivery of the course can become at odds with daily realities and competing priorities.

"Even though the commission has its structure, and they have their way of doing things, and they continually insist on this time limit (20 hours to teach the course), more and more, I'm sensing MHFA-FN will not be appropriate for community in the far north – unless you adapt it to allow stories to be shared."

One facilitator discussed these challenges and highlighted the importance of flexibility:

"If we could have the option, you have to be there for the full three days, but if something does happen, an emergency, that one of us would have to agree to do a one on one with them, not a whole day, but go through what they missed so they get all the material ... If we don't do one on one with them, they can to come to the next time we deliver and sit through that section we missed. Create open options for them."

Geographic challenges

When implementing the course in small First Nations communities geographic challenges arise, including: lodging availability, weather, and flight complications. Facilitators stated other Northern infrastructure limitations they faced are: internet connection, water quality, power connectivity, and finding facilities available to host the course.

Language, Labelling, and Experiences of Mental Health Disorders

Language and view of mental health challenges may differ between First Nations communities. Some First Nations languages do not have a word for pain or mental illness, and these concepts are typically described in a more positive way.

"Labelling things whether PTSD, acute stress disorder, psychotic disorders, it's all new language in community. I understand how things have to be organized in the mainstream... it may not be relevant to the people living in the communities. They may not attach any meaning to the labels. Anishinaabe don't have DSM-5."

Facilitators explained that sometimes visions and experiences that may be considered symptomology of psychosis could also be considered gifts in some traditional cultures. One facilitator spoke to the dichotomy in terms of anxiety:

"Have you had arousal in anxious state? That is a gift, but we label it as anxiety. But it's spirit. And it doesn't fit the mainstream definition of who we are. Everything in mainstream is so deficit and diagnoses. Many negatives can be strengths. Spirit is what guides you."

Solutions/Successes of Implementing Mental Health First Aid First Nations

Interview participants shared their successes and offered solutions to the challenges faced in delivery of MHFAFN.

Build on Community and Cultural Strengths

The cornerstone to MHFAFN is the cultural aspects of the course. One facilitator explained: *"A lot of them [participants] said they took the basic MHFA but they didn't get it as much as they did taking the First Nations one; they were able to connect with it better."* MHFAFN connects Indigenous ways with Western concepts of mental health. Other facilitators stated:

> *"[MHFAFN] had good compliments, the way that it is structured and the FN part of it made it stand out. The communities want it because of the culture."*

> *"It has taken off huge! We've had requests from all over ....Because the cultural aspects - everyone is seeing it as relevant."*

Using a friendly, non-intimidating approach to teaching course

Facilitators said their approach to the MHFAFN course was to make sure everyone could understand and learn something: *"It was taught in laymen's terms rather than million dollar words that doctors use. We take it down a notch."* Another facilitator again highlighted story telling as a way to teach, reinforce, and learn: *"story telling is important for the connection between Western style; so for them to express their 'aha' moments is important to retain MHFAFN knowledge. I can't stress that enough."*

Laying the Ground Work in Communities for Course Implementation

A critical step that some facilitators credited for successful implementation is the pre-training planning meetings that they had within communities and with community leaders. For example, one facilitator said, *"I went in beforehand to do a presentation to Chief and Council; a 2-hour overview of MHFA-FN."*

This meeting helped with the community buy-in because the Council was promoting MHFAFN. Other participants stated they met with Health Service Directors, who in turn supported and promoted the MHFAFN course. Another facilitator stated an early first step of linking with a community contact helped to facilitate connections, logistics, and gather participants to attend the course training.

Appreciation for Infrastructure Support

Interview participants expressed that being part of a larger organization helped to promote their successful implementation of MHFAFN. For example, facilitators said that having a mental health department within their organization and having a facility to link to (e.g., Friendship Centre) enables supports to be provided in case participants are triggered by the materials. Organizations can also provide necessities such as a physical space to conduct the course and financial support for purchasing supplies, food, and travel.

Flexibility and Cultural Responsiveness

One facilitator explained that flexibility in course implementation is key:

> *"The values are different. In community, you don't follow the clock so tightly, if there's a break, it could go longer because people have other things to do during that break. The pace needs to be different and flexible enough to adjust to the environment and community."*

Respecting the specific community where they were implementing MHFAFN required understanding of cultural protocols.

> *"Sometimes things happen, a death in the community, things happen, life happens, when it happens in community, the priorities shift, it's not about achieving the completion of the course."*

> *"If an Elder dies, the community shuts down."*

Participation or Co-Facilitation with an Elder

Many of the facilitators spoke of the importance of an Elder's presence, whether it was as a facilitator or as a contributor.

> *"We need an Elders point of view, no one can always deliver that, only an Elder can provide a traditional point of view."*

> *"Some have said they've worked in Aboriginal places for years and have never learned as much. I attribute it to how we teach it with Elders."*

> *We work better as a trio rather than a duo, because there are 3 of us and because we have an Elder with us; it works really well. There is respect there because we went to residential school."*

Celebrating Successes

Facilitators indicated their general best practices for success for implementation.

- Now that we are reading back on the feedback they are saying keep up with the role playing, that is what they are saying, it helps them connect and understand where our people are coming from – it helps with their understanding – when they understand what the person is going through, that helps them.

- Sharing our personal stories; people are better able to relate if they are hearing our stories. By us being open and willing to share a little something they are able to better connect with us and get a better understanding of a topic.

- I find we have incorporated idle hands, what that means is we have playdoh and adult colouring books. Over half of them say that it has helped them focus in the training because there are some points, modules 5 or 6, when it is a lot of info and it gets kind of monotone after a while. So we incorporate our personal stories in those sections. I know it is heavy but people learn better when we can laugh, adding some humour, there is appropriateness to humour – that is why we brought out colouring books and playdoh for those sections.

Summary

Facilitators interviewed overall had positive experiences implementing MHFAFN and appreciated that the course can be flexible for implementation in different First Nations contexts. Facilitators also explained that although the groundwork can be a lot of work this preparation increases the success of the course. Overall, the facilitators found MHFAFN to be a culturally relevant and safe course that is meaningful for First Nations people and important to share.

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For more information about this evaluation: csmh.uwo.ca/research/mhfa-fn.html