

THE ABORIGINAL CHILDREN'S HEALTH AND WELL-BEING MEASURE APP: A INDIGENOUS-DEVELOPED APP TO TRIAGE MENTAL HEALTH CARE AND EMPOWER COMMUNITY MENTAL HEALTH PROGRAMS

by *Maria Medeleanu, Elizabeth Khvatova, Frank Mazza*

Youth mental health and addiction has been a pertinent problem that current policies fail to fully address, especially within the Indigenous community. Current policy regarding this issue is in place, including the subsidization of 22 hours of counseling every 12 months, with additional hours available on a case-by-case basis, for Indigenous people with mental health problems under the Non-Insured Health Benefits program. However, this policy fails to provide culturally sensitive and specific help for Indigenous people, and is a reflection of Canada's long history of creating solutions that do not account for the differing lifestyle and experiences of the Indigenous community. Your task is to amend this current policy on mental health counseling to better address calls from Indigenous advocates and the multitude of cultures and healing traditions across Indigenous groups. Make sure that your brief centres solutions around Indigenous advocacy and considers the exclusion of Indigenous communities from decision-making. We also encourage that you look into areas where Indigenous advocacy and current policy clash.

Executive Summary

The Aboriginal Children's Health and Well-Being Measure (ACHWM) app was developed with indigenous youth for indigenous youth and is the first of its kind to measure spiritual, emotional, physical and mental wellness. The novel app has made a significant impact in Wiikwemkoong territory's youth wellness. Thus, we propose its expansion into other communities and integration into

existing Indigenous-Canadian healthcare networks.

Introduction

Indigenous youth suicide rates are three times higher than the national average, and 5-7 times as high for youth living on reserves (1). Both federal and provincial intervention have failed to adequately address this crisis due to lack of proper resource use, undertraining, and poor access to care during emergency situations

(2). Novel evidence-based methods of addressing youth wellbeing concerns as they emerge, rather than when they are urgent, have been shown to decrease suicide attempts by 50% (3).

However, we are still limited by a poor understanding of drivers of poor wellbeing specific for Indigenous youth, and a lack of culturally-relevant tools. To overcome these limitations, the ACHWM app was developed. The app provides a safe method for Indigenous youths to log spiritual, emotional, physical, and mental wellness, thus providing a culturally-sensitive tool for tracking wellness and connecting youths to health professionals or traditional knowledge keepers. The app, and this associated brief, directly address key issues forwarded by the Indigenous Truth and Reconciliation Committee (2015), who advocate for: recognition of cultural Indigenous practices, establishment of culturally relevant health measures and services, and educating medical professionals on Indigenous practices(4).

Approach and Results

ACHWM is a 62 multiple choice question tool developed in partnership with indigenous youth for measuring spiritual, emotional, physical, and mental wellness (5). The ACHWM was guided by the Medicine Wheel, a culturally appropriate model recommended by community partners, and developed through a series of full-day focus groups with First Nations children and refined in consultation with Elders, teachers and mental health clinicians (6)(7). In 2015 the ACHWM was broadened to apply to other indigenous communities and modified into a free user-friendly app (7). The app 1) facilitates confidential youth mental health screening, 2) is a liaison to help access local or specialized mental health care, and 3) collects important data to guide indigenous-led community health programs. The app has undergone thorough testing in several First Nations youth populations (8), has been found to be valid and reliable (9) able to produce health profiles of First Nations Children (10), and can screen at-risk children better than standard referrals (11). Importantly, the app is lauded by indigenous partners and is supported by the Chiefs of Ontario

(12). Due to its promising use, the app ought to be implemented beyond the Wikwemikong unceded territory into other territories and healthcare systems. The federal government has recognized the utility of the app and the gaps by allocating \$2 million in funding to scale up its use (13). Our policy recommendations address current ACHWM implementation gaps and provide feasible and actionable solutions.

Policy Recommendation

1. *The ACHWM App should be implemented via Indigenous learning programs:* The app has been successfully implemented into Wiikwemkoong's Land-Based Learning Program for the past two years, and should be applied to other indigenous education programs (14). We recommend that children will participate in the survey at least two times per year — at the beginning and end of the school year — providing community elders with valuable aggregate data on children's health at key times during the curriculum. By this policy's implementation, community leaders can leverage the acquired data towards an

upstream focus on youth mental health, that is, to identify children's health needs when emergent and not critical (15)(16). Despite a 66% increase in federal spending towards indigenous community well-being from 11 billion in 2015 to 17 billion in 2021, community well-being of first nations have remained below non-indigenous communities (17), thus, non-specific increased spending has been unsuccessful. Using the data acquired from the app, community leaders can better inform resource allocation towards specific health needs (such as spiritual, physical, or mental health). Critically, the minimal bi-annual data acquisition allows community leaders to directly measure the success of their investments. Moreover, the data collected from this policy lays the foundation for innovative personalized approaches to mental healthcare, leading to better treatment outcomes. In addition to providing insights to the individual, data may be aggregated by community leaders to gain insight on community-wide baseline health characteristics, a critical component of any informed health decision. As well, this provides the ability for healthcare workers to make more informed observations regarding indigenous health by

comparing individuals to their communities, rather than non-Indigenous communities. As with any healthcare application, there are concerns about data privacy and ownership. The appeal of ACHWM is that it provides culturally competent information on mental health and the data is owned by the community, thus respecting Indigenous rights to self-determination and enabling solutions to be determined and implemented from within each community (10)(18).

2. Providers using the ACHWM app must undergo cultural training to provide or direct to relevant culturally-sensitive treatment: We recommend all practitioners using the app undergo cultural competency training in holistic Indigenous wellbeing practices, as previous studies show results of improved Indigenous mental health, and increased early intervention success (19)(20)(21) — findings corroborated by leaders in Indigenous and non-Indigenous medical communities (4)(22)(23). Cultural competency training is also beneficial for providers. Australia’s “Yarning about Mental Health” training

led to higher provider confidence and resulted in inclusion of culturally relevant changes to treatment plans, allowing for better engagement with Indigenous patients and improved collaboration (24).

Education modules can be included in standard medical curriculum or as a separate accredited certificate program that is federally recognized such as UBC’s Indigenous Residency Programs and Certificate programs in Indigenous Health²⁵. Courses should be centered around Indigenous facilitators and focus on delivery using transformative education theory, as advised by 7 WISE practices in developing a cultural training program (22). To minimize costs and allow broader access, educational modules can be delivered online and done in collaboration with existing medical institutions’ curricula or Indigenous provincial centers such as the Ontario Federation of Indigenous Friendship Centres and their Indigenous Cultural Competency Training Program (26). As such, accessible cultural training for mental health practitioners within the ACHWM App network can provide better individualized and comprehensive mental health care

models catered specifically to Indigenous youth.

Conclusion

The expansion of the novel ACHWM app to other communities combined with mandated cultural training will allow for better integrated and culturally sensitive care that has been previously missing in addressing Indigenous youth mental health crisis. At an individual level, the app provides a judgement free mental health check-in, enables youth to “reconnect with and strengthen their spirit”, allows individuals to select a care path that is right to them, and combines both Indigenous and western perspectives on mental wellbeing. On a larger level, expansion to more communities can allow to bridge the current knowledge gap on Indigenous mental health and to inform impactful and relevant future mental health programming.

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