Cultural Psychiatry Day 2013
April 10, 2013
Multi-site Videoconference

Agenda

Time	Title*	Speaker/Facilitator
1:30 – 1:40	Welcome and Introduction	Dr. K. Fung & Dr. L. Andermann
1:40 – 2:00	Keynote 1:	Dr. Laurence Kirmayer, McGill University
2:00 – 2:10	**Active Learning: Discussion / Q&A**	
2:10 – 2:30	Keynote 2:	Dr. Myles Blank, UBC
2:30 – 2:40	**Active Learning: Discussion / Q&A**	
2:40 – 3:00	Keynote 3:	Murray Nielsen, Anishnawbe Health Toronto
3:00 – 3:10	**Active Learning: Discussion / Q&A**	
3:10 – 3:25	**Break**	
3:25 – 3:45	Resident Case Presentation	Priyanka H (UBC Resident)
3:45 – 5:00	**Active Learning: Discussion / Q&A**	Led by Keynotes and Dr. Priya Raju

Overall Learning Objectives:

Upon completion of the event, participants will be able to:
1. Describe some of the social and historical roots of current mental health problems in Aboriginal populations and communities
2. Describe clinical techniques to address power imbalance and trust issues and strengthen attachment security in families
3. Identify key elements in the promotion of cultural safety in clinical practice and mental health promotion with Aboriginal peoples
4. Outline ways to blend traditional Aboriginal healing and other treatment models in an urban mental healthcare delivery program

Keynote 1:
The Mental Health of Indigenous Peoples: Resistance, Resilience and Renewal
Laurence J. Kirmayer MD, *McGill University*

The notions of historical trauma, loss and grief have drawn attention to the enduring effects of colonization, marginalization and cultural oppression in the lives of Indigenous people and communities. However, the kinds of adversity faced by each generation of Indigenous people differ and the metaphor of historical trauma does not capture many of the important elements that are rooted in structural problems including poverty and discrimination. This presentation will explore current understandings of historical trauma in Indigenous psychiatry and their implications for mental health interventions with Aboriginal peoples. The long history of suppression, denigration and destruction of indigenous cultures and communities makes attention to culture an essential dimension of mental health services as well as healing. However, the notion of culture has many different meanings including the identity of a people, their collective history, way of life, shared values, and knowledge of how to live good life. Each of these aspects of culture has implications for the design and delivery of mental health services and interventions. Respecting culture also means understanding the limits of conventional mental health services and the unique role of community-based practices that can strengthen the roots of resilience. This underscores the importance of cultural safety in mental health services.

Learning Objectives

At the end of this session, participants will be able to:
1. Describe some of the social historical roots of current mental health problems in Aboriginal populations and communities
2. Identify indigenous approaches to resilience and well-being
3. List key elements in the promotion of cultural safety in clinical practice and mental health promotion with Aboriginal peoples

Brief Biography
Laurence J. Kirmayer, M.D., FRCPC, is James McGill Professor and Director, Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University. He is Editor-in-Chief of *Transcultural Psychiatry*, and Director of the Culture & Mental Health Research Unit at the Institute of Community and Family Psychiatry, Jewish General Hospital in Montreal, where he conducts research on mental health services for immigrants and refugees, psychiatry in primary care, the mental health of indigenous peoples (First Nations, Inuit and Métis), and the anthropology of psychiatry. He founded and directs the annual Summer Program and Advanced Study Institute in Cultural Psychiatry at McGill. He also founded and directs the Network for Aboriginal Mental Health Research. His past research includes studies on cultural consultation, pathways and barriers to mental health care for immigrants and refugees, somatization in primary care, cultural concepts of mental health and illness in Inuit communities, risk and protective factors for suicide among Inuit youth, and resilience among Indigenous peoples. Current projects include: culturally based, family centered mental health

promotion for Aboriginal youth; development of a web-based multicultural mental health resource centre; and the use of the cultural formulation in cultural consultation. He co-edited the volumes, *Current Concepts of Somatization* (American Psychiatric Press), *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives* (Cambridge University Press), and *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (University of British Columbia Press).

Recommended Reading

Kirmayer LJ, Dandeneau S, Marshall E, Phillips MK, Williamson KJ. *Rethinking Resilience From Indigenous Perspectives*. Can J Psychiatry. 2011;56(2):84-91.

Kirmayer LJ, Tait CL, Simpson C. *The Mental Health of Aboriginal Peoples in Canada: Transformations of Identity and Community*. In: Kirmayer LJ, Valaskakis GG, editors. *Healing Traditions – The Mental Health of Aboriginal Peoples in Canada.* British Columbia: UBC Press; 2009.

Keynote 2:
Myles Blank MD, University of British Columbia

Abstract
The mental health care of Aboriginal child and youth is about addressing a number of issues-those outside the therapy room and those inside. My keynote will focus on urban Aboriginal families.

Outside the room, many of us are still shaking our heads at the fact that Aboriginal children often don't even show up on the larger system's radar until something goes very wrong. In a system that is already stressed by numbers, Aboriginal child and youth mental health is underserviced, in spite of urgent issues such as suicide, abuse and addictions.

Services and funds alone won't solve this problem. Respectfully incorporating Aboriginal perspectives on health, family and childrearing will point the way toward mental health programs that are more effective. The determinants of health apply here. Some helpful directions described in the literature are ecological interventions, mentorship, family support and the development of local leadership.

In joining the RICHER (Responsive Intersectoral Child/Community Health Education & Research) initiative in Vancouver's core area, I learned about "place based care" which emphasizes prompt responses and case finding through schools, community centers, and our neighborhood multidisciplinary maternity service. Nurse Practitioners, Pediatricians and Psychiatrists from Children's Hospital have regular clinics in a few familiar locations. In general, place-based care is better suited to kids in busy families with complex intergenerational dynamics.

Inside the therapy room, current knowledge of intergenerational trauma and healing strongly applies. Unlike in mainstream medical and psychiatric models, trust is less clearly implied and must be earned to an even higher degree, in a session-by-session manner. The core truth I have seen reaffirmed is: support the parent/family to support the child. Parents, single or otherwise, with safe homes, community support, food security, and self-esteem can accomplish a great deal with our sensitive and timely "coaching". This, and the nonjudgmental assessment of intergenerational trauma and related addictions, can go a long way to bringing effective mental health care to Aboriginal children and youth.

"Modern" child and youth mental health therapies can dovetail nicely with the many forms of Aboriginal spiritual and cultural practices, if they incorporate genuine respect for Aboriginal wisdom and worldview and its real ability to bring healing full-circle for many children and parents who have survived so much.

Learning Objectives

At the end of this session, participants will be able to:

1. Describe and use 2 interviewing techniques for specifically addressing power imbalance and building trust in clinical situations.
2. Define “Complex PTSD” and name and describe 3 history taking/interview strategies for sensitive assessment of intergenerational trauma and loss in children and parents.
3. Name and describe 2 stabilizing interventions for strengthening attachment security in all families.
4. Describe 3 determinants of health, in the context of historical treatment of Canadian Aboriginal peoples.

Brief Biography

I am a Vancouver Psychiatrist with special interests in infant-parent relationships, Post Traumatic Stress Disorder in children and adults and psychotherapy across the lifespan. I work at SHEWAY, a multidisciplinary resource for women and children on Vancouver’s Downtown East Side, as well as the Oak Tree Clinic (The Women and Children’s HIV Clinic at BC Children and Women’s Hospital). I have a part-time private practice in Vancouver. I was raised in Winnipeg, where I received my family practice fellowship with the privilege of working at a feminist community health clinic (KLINIC), at a local Emergency Room and at an HIV focused clinic in Winnipeg (The Village Clinic). I spent a year in James Bay, Quebec, as a GP living in the Cree community of Chisasibi, with service to satellite communities of Eastmain and Wemindji. I then moved to Vancouver and worked in the community mental health system before entering Psychiatry at UBC in 1993. I believe that Psychiatry can be most effective using a holistically informed approach with children, families and groups. This involves continuous learning from children and families about what works for them. It includes advocacy, demystification of psychiatric and psychological terminology, and embraces harm-reduction strategies.

Recommended Reading

Mussel, B., Cardiff, K., & White, J. (2004). *The Mental Health and Well-Being of Aboriginal Children and Youth: Guidance for New Approaches and Services*. Chilliwack, BC: British Columbia Ministry for Children and Family Development.

www.childmentalhealth.ubc.ca

Keynote 3:
Murray Nielsen, Anishnawbe Health Toronto

Abstract
Mainstream psychiatric and psychological concepts –and the institutions behind them – have typically left little room for traditional Aboriginal approaches to healing. Mainstream practitioners therefore have to undergo a process of self-examination and 'decolonization' in order to truly appreciate the therapeutic value of these traditions.

This talk will include a brief overview of several traditional techniques currently in use at Anishnawbe Health Toronto (AHT), an Aboriginal-focused community health centre in downtown Toronto. While the cultural references are typically Ojibway-based, traditional healers and counsellors use a commonality framework that is of help to many clients.

Audience members will have the chance to consider some traditional perspectives (e.g. spirit interpretations) and interventions (smudging, sweats, fasting) and what these can offer patients. They will hear a few case examples that include attempts to liaise and mix methods with mainstream colleagues. They will also hear about the early hopes and challenges as AHT develops a more integrated mental health service that takes these diverse perspectives on healing into account.

Learning Objectives
At the end of this session, participants will be able to:
1. Approach diverse healing frameworks while keeping in mind the assumptions (and historical power) behind mainstream psychiatric perspectives in Canada
2. Describe certain traditional Aboriginal healing perspectives and ceremonies, and appreciate what these can offer to patients
3. Outline ways to blend treatment models in an urban mental health care delivery program

Brief Biography
Murray Nielsen is a Program Coordinator at the Babishkhan Unit at Anishnawbe Health Toronto, with over 25 years experience in the mental health and addictions field. In the past 8 years, he has worked with Toronto's Aboriginal population in the area of mental health and addictions from a traditional approach. Murray is a certified in substance abuse, alcohol and gambling addictions with the Canadian Council of Professional Certifications Board of Canada. He is Cree, his family originates from the Moose Factory and Fort Albany area on the James Bay coast but he was born and raised in Timmins ON. Murray is a Traditional Drum Keeper and Pipe Carrier. He has sat on various boards/committees/ volunteered for many years for Aboriginal organizations to raise awareness and reduce the stigma of mental health and addictions within the Aboriginal community. He has been a keynote speaker at a variety of workshops and universities throughout the province. Murray lives in Etobicoke with his wife Sharon. When not working, Murray loves to spend his time boating on Georgian Bay with his wife, children and grandchildren.

Recommended Reading

Primary:

Dell CA, Seguin M, Hopkins C et al. *From benzos to berries: treatment offered at an Aboriginal youth solvent abuse treatment centre relays the importance of culture*. Can J Psychiatry. 2011;56(2):75-83.

Secondary references:

Gone JP. *The red road to wellness: cultural reclamation in a Native First Nations community treatment center*. Am J Community Psychol. 2011 Mar;47(1-2):187-202.

White Bison Inc (2002). *The Red Road to Wellbriety: In the Native American Way*. Colorado Springs: White Bison Inc.