'Cultural Safety' in Aboriginal Mental Health Reform

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Abstract: An institutional ethnographic study and post-colonial feminist analysis of cultural safety examining British Columbia’s regional Aboriginal mental health reform shows the ways in which neoliberal, colonial and Western bio-medical ideologies intersect to challenge culturally-safe mental health policy practice and service provision. Using the findings of a critical policy review and in-depth interviews, I discuss stakeholders’ experiences promoting ‘cultural safety’ in Aboriginal mental health policy and services. Participants’ experiences occurred within the post-colonial context of BC’s most recent reiteration of regionalization under which health authorities are mandated to: 1) promote Aboriginal participation in health programming, and, 2) implement region-specific Aboriginal health plans. Participants primarily self-identified as Aboriginal and were purposively selected from a range of positions including service providers, managers and directors within the institutional setting of one Regional Health Authority, as well as community-based organizations on- and off-reserve. Participants from both community-based and institutional settings highlighted how current funding and decision-making practices continue to marginalize the majority of Aboriginal peoples’ voices, tie funding to Western, biomedical treatment models and have, in fact, resulted in further disintegration of mental health and addictions services. This disjuncture between policy and lived experience is reflective of neo-liberal, colonial and biomedical ideologies. Understanding how the intersecting dynamics of these dominant ideologies continue to place Aboriginal people at risk for cultural harm and undermine progressive policy can guide health authorities to translate culturally-safe policy into practice.

Background

The Problem

Despite longstanding evidence for the disproportionately higher mental health burden carried by Aboriginal communities, mental health and addictions remain a pressing issue facing Aboriginal peoples in Canada. Mainstream mental health services and programs that are designed on the premises of Western biomedical understandings of mental health are not effective, are underused and often are not adhered to by Aboriginal peoples. Thus, the provision of culturally-safe mental health and addictions services represents a major concern to community-based leaders in Aboriginal health, health authorities, service providers and community members.

Cultural Safety

Cultural safety is an indigenous concept that emerged out of concern with the in the postcolonial context of Aotearoa/New Zealand. As a reflexive lens, cultural safety reminds us that health discourses are shaped by political, social, cultural and economic structures, which have historically subjugated certain knowledge(s) and privileged others. In Canada, cultural safety has become a vehicle for indigenous people to advocate for increased recognition of Indigenous self-governance and a discursive shift in mental health care towards the inclusion of Indigenous knowledge(s) and practices as legitimate intervention options.

Aboriginal Participation & Regional Health Authorities in BC

For off reserve Aboriginal communities, the notion of Aboriginal self-determination is enmeshed in the discourse of increased participation in health policy and practice in partnership with regional health authorities. In the context of BC, Aboriginal partnership and collaboration in health planning is endorsed through provincial mandates that task regional health authorities to increase Aboriginal participation at all levels of health planning and to develop region-specific Aboriginal health plans in collaboration with local Aboriginal communities.

The Rationale

Yet, given the recent history of regionalization in BC, regional health authorities do not have a long history of citizen engagement; particularly with respect to Aboriginal peoples. In addition, because the notion of cultural safety is a relatively new concept, little is known about what constitutes culturally-safe mental health and addictions services in Canada and what culturally-safe policy might look like. Critical research exploring the applicability of cultural safety in the Canadian mental health care context is therefore needed.

The Case Study

The subject of this analysis is one of BC’s five geographical health authorities. This health authority was chosen because public sources indicated the successful creation of new participatory structures and avenues for Aboriginal peoples in mental health planning and programming (IH, 2007). Within its regional Aboriginal health plan (IH, 2006; 2007), ‘mental health and culturally-appropriateness’ of services are presented as key priorities (IH, 2003; 2006). The study concentrated on the experience of Aboriginal service providers and key stakeholders within the area of three urban centers.

Objective

The goal of this research was to critically examine stakeholders’ experiences of how regional Aboriginal mental health reform has shaped culturally-safe mental health policy and service provision in British Columbia. The study was guided by four research questions:

1. What kind of mental health services are provided for Aboriginal people and how are they accessed?
2. How do Aboriginal mental health services interface with mainstream mental health services given provincial-federal jurisdictional issues?
3. How are historical and current mental health reforms impacting Aboriginal mental health? And,
4. What would culturally appropriate services and policy look like?

Methodology & Methods

A postcolonial-feminist standpoint

1. 12 semi-structured interviews
2. 10 participants
3. Theoretical Sampling
4. Participants primarily self-identified as Aboriginal
5. Critical historical policy review

Interviews were coded using Nvivo software. Altogether data were collected through exploratory interviews and analyzed in conjunction with a critical policy review using an iterative research process.

Key Findings

Removal of Decision-Making:

“...We used to be informed. We used to be involved. Since then it has been restructured and they actually have advisory committees, which takes the frontline workers off of those planning committees. That’s how it works now.” (Community-based service provider)

Western-based Funding Criteria:

“All the funding is based on Western science or the general public’s knowledge of how life is. It doesn’t allow for cultural appropriateness. No, it’s mainstream society funding.” (Manager at the Health Authority)

Funding Schemes and the Disintegration of Mental Health and Addictions Services:

“Well what ended up happening is our agency had to decide which program was more in demand, because they could only submit one proposal to that funding stream. ‘Addictions’ or ‘Mental Health’ and ‘Addictions’ was the one that they submitted.” (Community-based manager)

Structural Barriers to Decision-making:

“...The health authority says ‘Oh yeah well let’s get an urban Aboriginal liaison, let’s get an Aboriginal team lead, let’s get an ‘Aboriginal’ so, they bring these people aboard but that does not provide culturally safe services. They are still making their decisions as to how they are going to fund, who they are going to fund, who they’re going to fund, and how much they’re going to fund.” (Community-based service provider)

Priority of Fiscal Concerns:

“The Mental Health and Addictions dollars that were just allocated, there was only one person from Mental Health that sat on the team that made the final decision. All the rest were business managers that had no background. We aren’t happy with that but that’s... their process. So there was one person that was from the Mental Health and Addictions background and that was it. And there was the Aboriginal lead. So they felt that was covered off.” (Manager at the Health Authority)

No Safety in Decision-Making:

“There is that assumption that the corporation determines how you act, how you react. You fall under the corporation’s mandate because you are now an employee, and you must address some of the policies and procedures of that organization that you’re within that. So you are actually almost torn into two, because how do you advocate on First Nations and Metis and Aboriginal peoples’ behalf within the system when you’re paid by them and employed by them?” (Manager at the Health Authority)