

Mi'kmaw communities in Nova Scotia, together with provincial and federal partners, created the

Nova Scotia First Nations Client Linkage Registry

This is an update to the communities about our health information, produced by the **Strength in Numbers Project (2016)**.

** At this time, our Registry does not include Acadia and Sipekne'katik First Nations' population numbers.*

Mental illness is a broad term that covers a wide range of issues, including:

- Mood disorder
- Anxiety disorders
- Substance use disorders
- Conduct disorders
- Personality disorder
- Dementias
- Schizophrenia and other psychotic disorders
- Depressive disorders

Together with **addictions**, **mental illness** is the biggest health issue our communities face.

Mental Health and Addictions

Population-level health data gives us quality information to support community education and planning.



Feel Stressed or Depressed? The numbers say you're not alone.

Depression and anxiety make up the majority of diagnosed mental illness.

Anxiety is one of the top 5 most common things diagnosed among men and women between the ages of 20-49 in our communities.

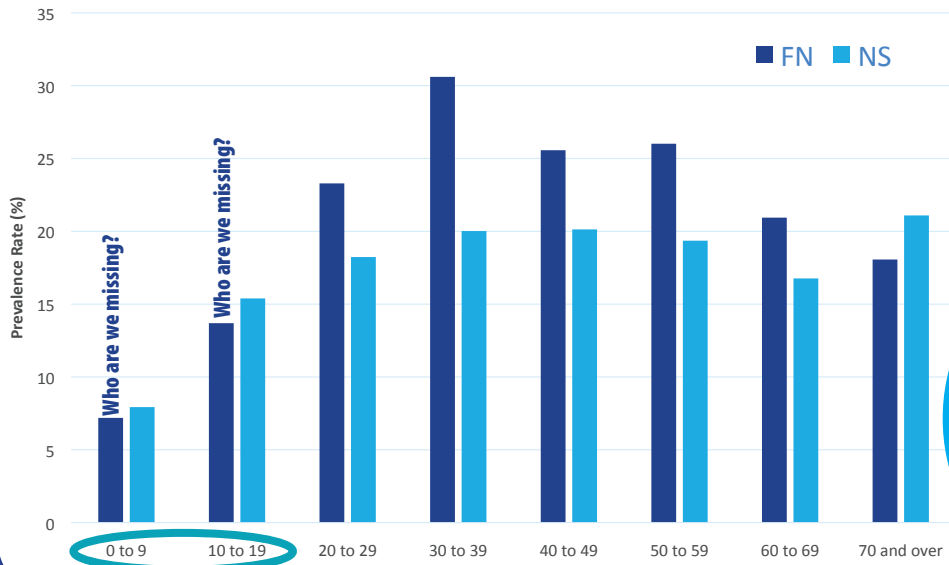


**We know what to do.
We have the information to back it up.**

Data sources for this bulletin:

- Canadian Chronic Disease Surveillance System, Department of Health and Wellness
- ASsist (Addiction Services statistical information system technology)

People using a hospital/doctor/NP service for a mental illness (FY2013)
by Age Group First Nation vs. Nova Scotia



This chart shows that in all age groups from 20 to 69, we have higher rates of mental illness than other Nova Scotians.

Why this spike for women? Unmet need when they were younger? Or is this when they visit their health providers regularly and share their problems?

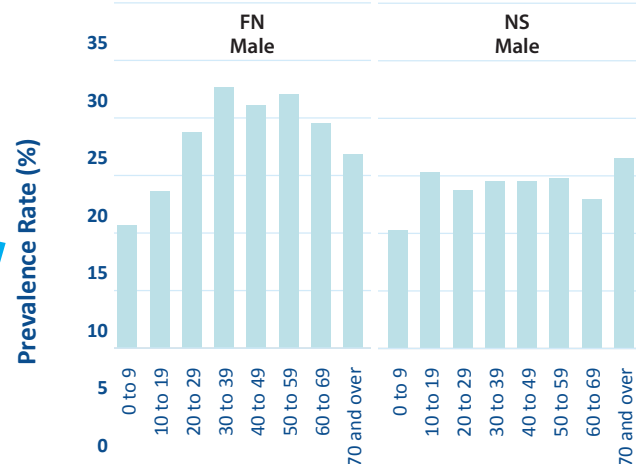
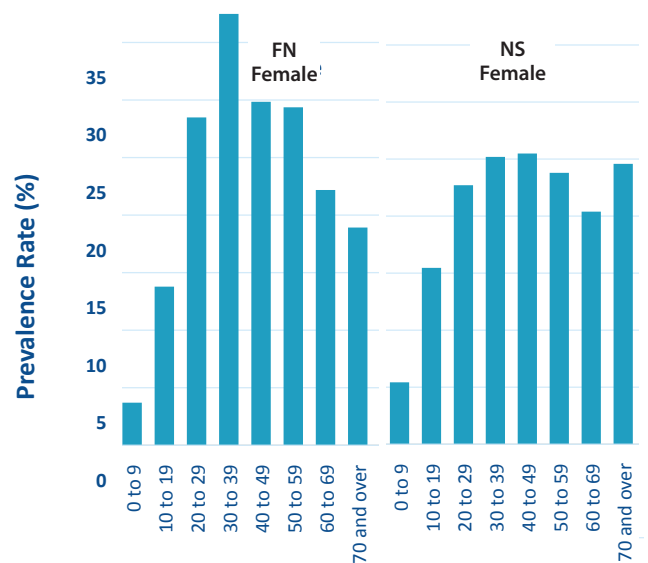
Birth control, baby care, Pap Tests and Breast Exams might mean women visit the clinic more than men.

Why does it look like our kids have lower rates of mental illness than other children in Nova Scotia? The spike in early adult numbers suggests that a lack of mental health assessment for school-aged kids in our communities is an issue.

For First Nations men aged 20-39 who visit a doctor or nurse practitioner, the most common diagnosis is anxiety,

... so we know that mental health is a big issue for our guys. We have to make sure they're getting the help they need.

The rate for FN men is higher than other NS men, but lower than FN women. Is it harder for our guys to ask for help and get it?

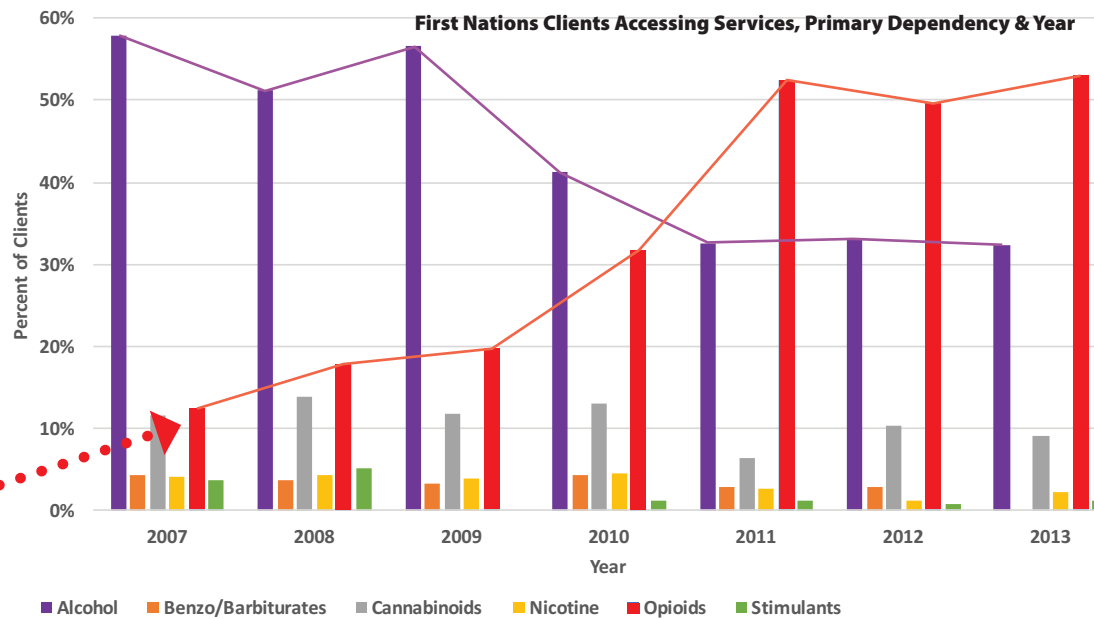


People using a hospital/doctor/NP service for a mental illness (FY2013) by Age Group and Sex First Nation vs. Nova Scotia

See the patterns?

alcohol ↓
opioids ↑

Opioids (pain medication) are either prescribed by doctors or sold on the street and have become our biggest addiction problem.

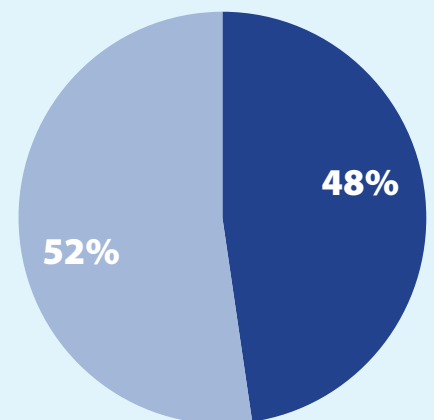


Quick Facts on Detox #s

- Wait times for detox are different across the province and tend to be longer for FN clients. Why? Is transportation an issue? Is the program having a hard time contacting clients?
- Inpatient detox use is going down, but the need for community based alternatives is not.
- Our people are seeking help for addictions at a younger age compared to the NS population.
- An increase in wait time in 2013 (everywhere) lines up with a policy change in detox for opioid dependency. Does there need to be a better understanding about the best practice for opioid detox by providers making referrals and providers doing admissions?

We need a First Nations community-based approach to mental health and addictions services, including detox facilities offering residential programs.

Reason For Discharge: First Nations 2005-2013



Normal discharge / mutual consent

Incomplete treatment (left against advice, no-show or other)

More than half of First Nations people who are referred to addictions programming either don't go or don't stay for the whole program. Why? Is treatment not culturally safe? Are expectations when they come not realistic? What needs to change?

There are **4 things** to take away from our data about how we can do better with mental health and addictions.

1 *We need core funding for community-based programs and access to culturally appropriate services within the provincial health care system.*

Our communities are carrying a heavy burden of mental illness.

High rates of mental illness in early adulthood might mean kids in our communities are not getting help soon enough in life.

2 *We need better access to early screening, assessment and intervention.*

3 *We need strategies to make sure prescription drugs intended to help with healing don't do harm.*

Over the past ten years, pills have replaced alcohol as our biggest source of addiction.

Once people are referred to addictions programming, culturally appropriate supports are needed to ensure they go, help them stay and see them through.

4 *We need addictions programming to line up with a First Nations' approach to recovery and healing.*

You can start by talking to your **Community Health Nurse.**