TELE-BEHAVIORAL HEALTH SERVICE IN NATIVE COMMUNITY: VISITING

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INTRODUCTION

- My People
  - Wah-zha-zhe (Osage)
  - Khoiye-goo (Kiowa)
  - Dine (Navajo)
  - Tohono O'odham (Papago)
- Career/Commitment
  - Graduate School Practicum/Research
  - Internship
  - Post-doctoral
  - Licensed Clinical Psychologist

MY TELEHEALTH EXPERIENCE

- Training
  - Beneficial in the future BUT…
    - "not as good because…"
    - Potential risks
- Pandemic
  - System response
- Post-pandemic
  - "Rug pull"

HISTORICAL PICTURE

- The significant health inequities experienced by Native people have resulted from the complex interplay between:
  - Geography
  - Socioeconomic determinants of health
  - Differing cultural conceptualizations of health
  - Longstanding effects of colonialism, intergenerational trauma, and structural violence leading to reinforcement of stigma and mistrust

ORAL HISTORY OF ORAL HISTORY

- Relationship
  - Informed by belief in origin story
  - Informed boundaries and connections
    - "Marriages"
    - Role
  - Procedure/Arranging communication
    - In the language
  - Credible/Recognized knowledge
- Groups
  - Variation of intimacy/sacredness
    - Evolved/differed in size
    - One-to-one interactions
- Purposeful/Careful
  - Going to see
  - Coming to see you

RECORDED HISTORY OF ORAL HISTORY

- Colonization
  - Together in a foreign/forced way
  - Distance
    - Mail
    - Telephone
    - Brief visits
    - Internet
  - Trust without relationship
    - Governmental entities
    - Medical professional
      - House calls

MY OBSERVATIONS

- Power dynamic
  - Rebalance
- Comfort and Convenience
  - Home court advantage
  - Scheduling options
  - Decreased “no shows”
  - Decreased shame/stigma
  - Decreased cost for client (financial, time)
- Accessibility
  - Equality/Equity
    - Transportation, Finances/SES, Responsibilities

CONVERSATIONS ON TELEMENTAL HEALTH: LISTENING TO REMOTE AND RURAL FIRST NATIONS COMMUNITIES

- Gibson, K. L., Coulson, H., Miles, R., Kakekakekung, C., Daniels, E., & O'Donnell, S. (2011)
  - No research or literature on First Nations community members' perspectives on telemental health, community perspectives on the broader area of technologies for mental health services.
  - Explored the perspectives on telemental health of community members living in two rural and remote First Nations communities in Ontario, Canada.
  - Interviewed 59 community members

PERSPECTIVES ON TELEMENTAL HEALTH OF COMMUNITY MEMBERS LIVING IN TWO RURAL AND REMOTE FIRST NATIONS COMMUNITIES IN ONTARIO, CANADA

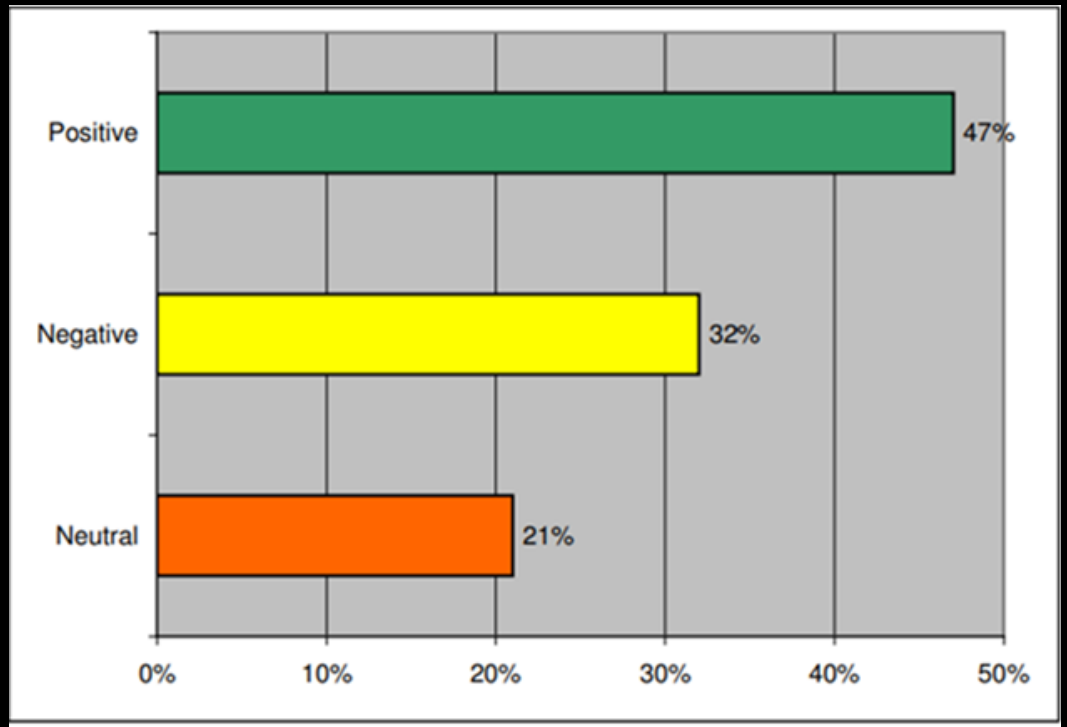


Figure 1: Telemental health responses: overall percentages (n=53)

LISTENING TO REMOTE AND RURAL FIRST NATIONS COMMUNITIES (CANADA)

- *"I've never heard of that before. Well, because I know that there was a girl taken out of this community this week and sent to Sioux Lookout for treatment because she was talking about suicide. So I know here, they've always taken them out of the community to get them help. So she's at a hospital right now. So I don't know how that would work. I've never heard of that before. But you know, if they don't have anyone locally, that would be great, so then at least they have someone to talk to." (Community member participant)*

- *"Everybody is different. It doesn't really make a difference for me if it's video or face-to-face, as long as I got the help that I needed." (Community member participant)*

LISTENING TO REMOTE AND RURAL FIRST NATIONS COMMUNITIES (CANADA)

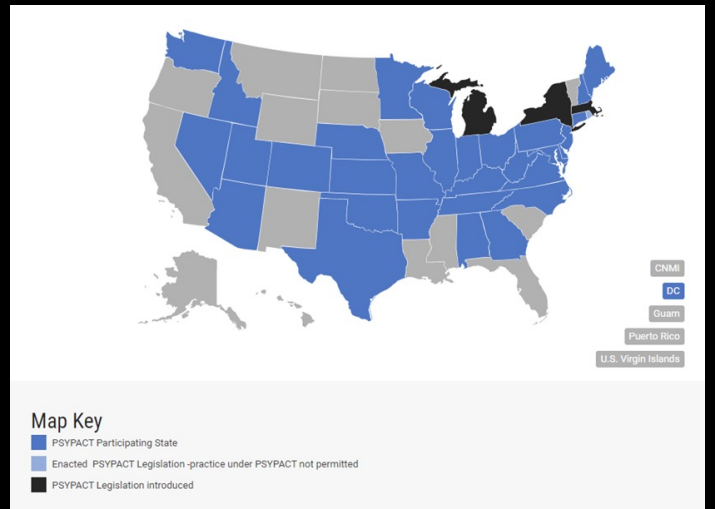
- Thematic analysis
  - **Advantages**
    - Usefulness
    - Reductions in travel
    - Client comfort/facilitation of disclosure
  - **Disadvantages/concerns**
    - Concern about the appropriateness of using videoconferencing
    - Privacy and security issues
    - Safety concerns
    - Interference with capacity building
    - Problems with technology

Digital solution	State of the evidence	Examples	Benefits	Limitations
Remote access to specialists				
Telemental health	Moderate to Strong • Quantitative studies demonstrating feasibility and cost effectiveness • Qualitative studies demonstrating acceptability	• Psychiatric assessment and management • Psychotherapy	• Reduces need for travel and has associated cost saving benefits • Keeps individuals in their home community • Facilitates involvement of family and other supports	• Some prefer face-to-face interactions, and may feel it depersonalizes the 'human connection' • May detract from local recruitment and capacity building efforts
Electronic consult	Fair • Pilot study in Indigenous Inuit community found cost-savings and provider satisfaction	• ChamplainBASE Nunavut project	• Keeps individuals in their home community • Enhances continuity of care • Enhances primary care provider satisfaction • Reduces need for travel and has associated cost saving benefits	• Relies on primary care assessment; specialist provides advice only • Requires access to a secure platform for information exchange
Building and supporting local capacity				
Electronic learning	Poor • No specific studies in Indigenous contexts	• Health care provider courses • Mental Health First Aid Training	• Standardizes material for large groups • Allows for distribution of information over large geographical distances • Enhances attendance rates	• Lack of face-to-face interaction, which is preferred by some • Lack of supervision may lead to underdeveloped skills • Difficulties assessing whether acquired skills are being utilized in practice
Electronic screening and decision support tools	Fair • Positive results in subset analyses and pilot studies	• YouthCHAT • Anchorage Depression Management DSTs • Intimate Partner Violence DSTs	• May help reduce racialized discrimination • Assists in identifying risky behaviors and health concerns • Facilitates patient-centred discussion surrounding treatment options	• Requires the health care provider knows how to work with the decision output
Virtual communities of practice	Poor • No specific studies in Indigenous contexts	• ECHO Ontario First Nations, Inuit, Metis Program	• Promotes collaborative learning among health professionals • Allows for team members to remain in their home community • Increased participant self-efficacy and satisfaction with reduced isolation	• Attendance may be limited by competing demands • Learning models utilized may not be accepted by all participants • Requires access to a multi-user digital platform
Patient-directed interventions				
Web-based applications	Fair to Moderate • Small number of RCTs demonstrating evidence for specific apps • Studies limited to Australian contexts	• Mindspot • ibobbly • AIMhi Stay Strong	• Tailored to the specific needs of a targeted group • Increases accessibility in a cost-effective, portable manner • Potential for co-design and adaptation of existing applications to be culturally relevant	• Variable accessibility dependent on the user, the environment, and the app design itself • Variable uptake by health care workers, due to their level of tech support, workload levels, office policies, and perceptions among staff members
Digital storytelling	Fair • Some preliminary evidence of benefit in Indigenous Alaskan youth	• Digital storytelling as a component of suicide prevention kits in Indigenous Alaskan Youth	• Enhances the sharing of personal experiences and learning from peers • May promote stronger intergenerational bonds • Allows a medium for users to reflect back on their own experiences and identify one's own coping strategies	• Issues surrounding confidentiality • May perpetuate stereotypes • Can trigger past traumas among some members
Social media	Poor • No specific studies in Indigenous mental health • Some positive evidence of behavior change in other domains	• Indigenous run Twitter and Facebook accounts (Ex. @IndigenousX) • Social marketing campaigns for lifestyle changes	• Provides a platform for users to showcase their own unique identity • Allows for the sharing of information and ideas among millions of users • May enhance community connections • Ability to be tailored to user's culture • Allows users to gain a sense of power/control	• May or may not be moderated leading to potential negative and/or harmful content • Accessibility and uptake will vary by user, and availability of technology

Hensel, J.M., Ellard, K., Koltek, M. *et al.* Digital Health Solutions for Indigenous Mental Well-Being. *Curr Psychiatry Rep* **21**, 68 (2019). https://doi.org/10.1007/s11920-019-1056-6

PSYPACT

- The Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries.
- PSYPACT Commission is the governing body of PSYPACT responsible for creating and finalizing the Bylaws and Rules and Regulations.
  - Commission is also responsible for granting psychologists the authority to practice telepsychology and temporary in-person, face-to-face practice of psychology across state boundaries.



https://psypact.site-ym.com/

PSYPACT

- Must:
  - hold a full, unrestricted license to practice psychology based off of a doctoral level degree in at least ONE PSYPACT participating state
  - be physically located in your PSYPACT home state of licensure at the time any services are provided
  - Possess an active ASPPB E. Passport (see requirements below)
    - Have a current, active psychology license based on a doctoral degree in at least ONE PSYPACT state.
    - Have no history of disciplinary action listed on any psychology license
    - Have a doctoral degree in psychology from a program that was accredited by APA/CAP or designated as a psychology program by the ASPPB/National Register Joint Designation Committee at the time of conferral, or deemed to be equivalent by a recognized foreign credential evaluation service. Please note: applicants who have been continuously licensed (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions since January 1, 1985, based on a doctoral degree in psychology from a regionally accredited institution, are deemed to have met the educational requirements for the E. Passport and/or Interjurisdictional Practice Certificate (IPC).
    - Official doctoral level transcripts must be sent to ASPPB from the degree granting institution or clearing house. Please have transcript sent to transcripts@asppb.org or mailed to ASPPB PO Box 849, Tyrone, GA 30290.
    - Successful completion of the Examination for Professional Practice (EPPP) with a score that meets or exceeds the established ASPPB recommended passing score at the time of the application. Please note: For applicants who have been continuously licensed (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions since January 1, 1985, documentation of completion of the EPPP is not required.
    - Annual renewal with three (3) credit hours of continuing education relevant to the use of technology in psychology
  - Provide attestations
  - Hold a full, unrestricted license to practice psychology in at least one PSYPACT state and be PHYSICALLY located in your PSYPACT home state of licensure at the time any services are provided

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THANK YOU

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