

OUR HEALTH COUNTS KENORA



COMMUNITY REPORT #4 MENTAL HEALTH & SUBSTANCE USE, INDIGENOUS ADULTS





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OHC KENORA: KEY FINDINGS

Mental Health and Substance Use

While many Indigenous peoples are thriving, the effects of colonialism and a long history of racist government policies continue to impact health and wellbeing. These conditions and experiences have disrupted families and community support systems; caused dislocation from traditional lands and food systems; undermined language and culture; created an unequal burden of poverty; and restricted access to health care services, traditional medicines and healing practices.⁽¹⁻³⁾

This has had a negative impact on the wholistic health of Indigenous peoples – this includes mental and emotional health and wellbeing. These experiences and conditions have also been linked to high rates of commercial tobacco use and substance use.

This report examines experiences of mental health and substance use among Indigenous adults in Kenora and related homelands. Key recommendations are based on the findings presented.



POSITIVE MENTAL HEALTH & WELL-BEING

55% of Indigenous adults in Kenora and related homelands feel **happy and are interested in life** almost every day or every day.

49% of Indigenous adults in Kenora and related homelands feel that their life has a **sense of direction and meaning** almost every day or every day.

MENTAL HEALTH DIAGNOSIS

Although high rates of mental health resilience are evident, survey findings also show high rates of mental health diagnoses.

Almost 1 in 3 Indigenous adults in Kenora and related homelands have been **told by a health care worker that they have a psychological and/or mental health disorder**. Rates of mental health diagnosis may be higher than reported due to issues accessing safe, adequate care from health professionals.

Mental Health & Discrimination

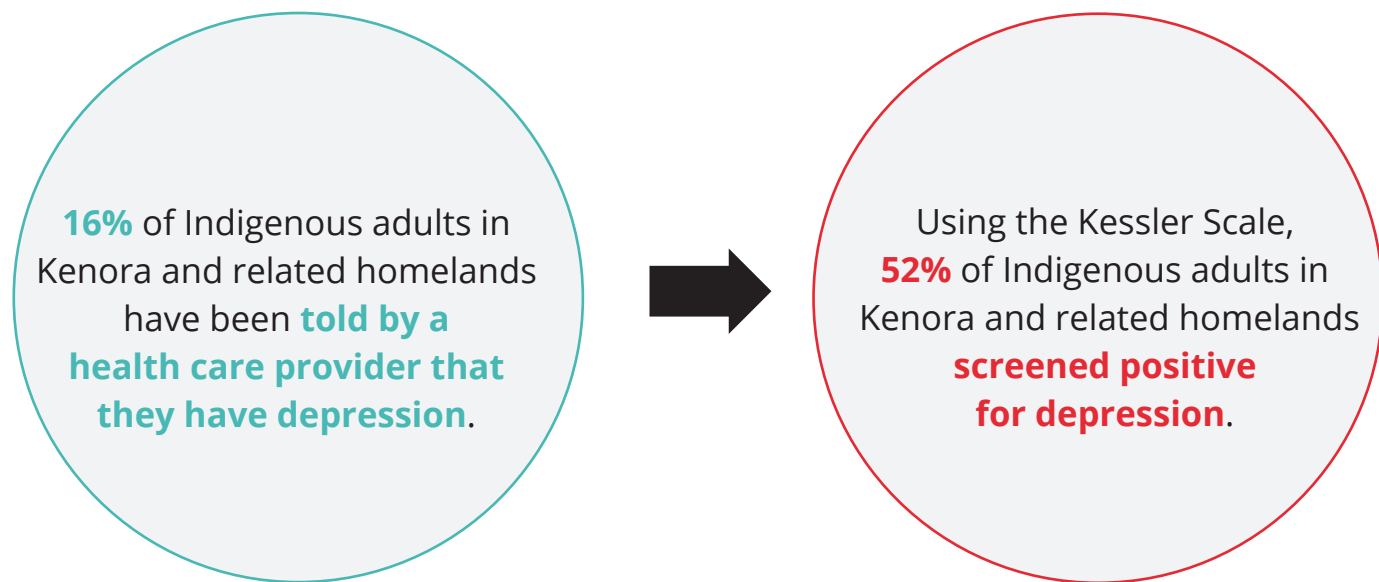
Almost 1 in 5 Indigenous adults in Kenora and related homelands reported that they **experienced discrimination** from others because of an emotional or mental health problem.

64% of those who faced discrimination because of their condition, **reported that this prevented or delayed them from getting the care or support that they needed**.

SCREENING & DIAGNOSIS FOR DEPRESSION

OHC Kenora used a mental health screening tool to assess the prevalence of depression among Indigenous adults in Kenora and related homelands. This screening tool shows that **there are gaps in access to mental health diagnoses and screening for depression** among Indigenous adults.

The gaps in diagnosis and screening are demonstrated below. For example:



This means that 52% of Indigenous adults in Kenora and related homelands have a high likelihood of experiencing depression. **This is over 3x higher than the number of people diagnosed by a health professional.**

This points to a significant gap in access to timely and adequate mental health diagnoses.

In comparison, 12% of adults (15+ years of age) in Ontario have had a major depressive episode in their lifetime.⁽⁴⁾

WHAT IS THE KESSLER SCALE?

The Kessler Psychological Distress Scale (K10) is designed to measure anxiety and depression. It is a validated 10-question scale that refers to a person's state of emotional or mental health.

Possible responses to the 10 questions are as follows: none of the time; a little of the time; some of the time; most of the time; and all of the time. A value between 1 and 5 is assigned to each of the responses. The values are then added up, for a total that can range from 10-50. A score of 10 would suggest no distress, and a score of 50 would suggest severe distress.

These numbers are then categorized to better understand a person's likelihood for depression (see Table 1). The four categories are low (10-15), moderate (16-21), high (22-29), and very high (30-50).⁵

Table 1: Kessler Score, Indigenous Adults in Kenora and Related Homelands

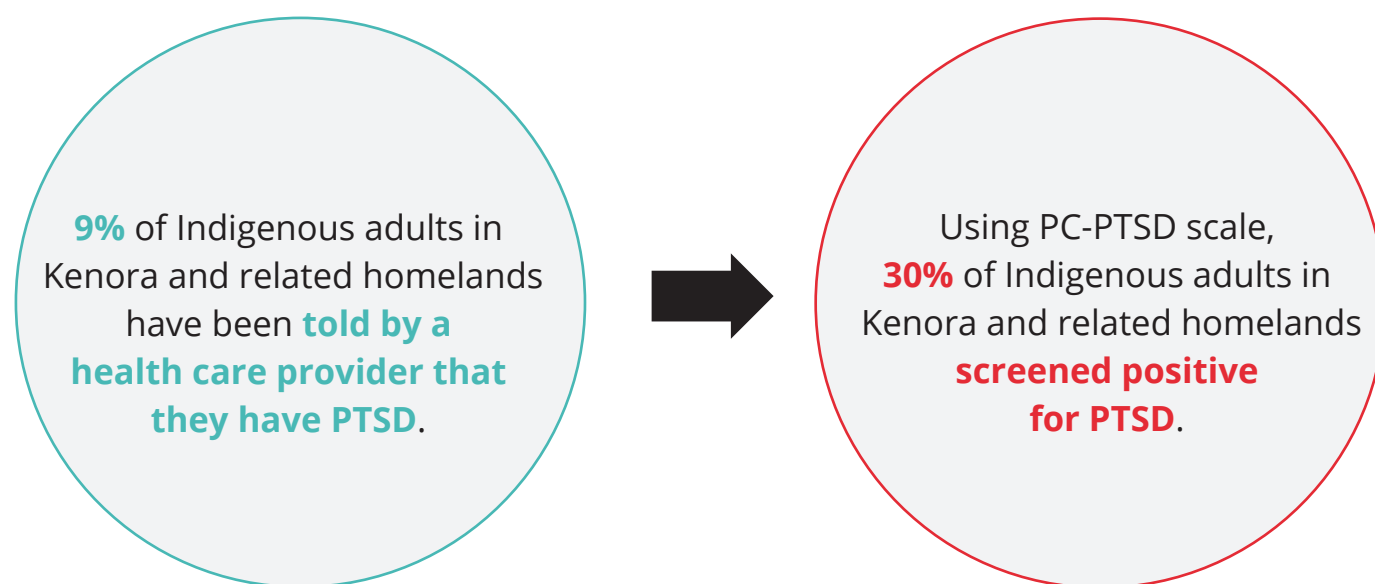
Kessler Scale Score	RDS Estimate (95% CI)*
Low (10-15)	28.7% (18.7, 38.7)
Moderate (16-21)	19.3% (11.5, 27.1)
High (22-29)	36.1% (27.6, 44.6)
Very High (30-50)	15.9% (8.7, 23.1)

*For a description of the 95% CI, visit the Our Health Counts Community Report #1: Project Overview and Demographics

SCREENING & DIAGNOSIS FOR POST-TRAUMATIC STRESS DISORDER (PTSD)

OHC Kenora used the Primary Care PTSD Screen (PC-PTSD) to assess the prevalence of PTSD among Indigenous adults in Kenora and related homelands. This screening tool shows that **there are gaps in access to mental health diagnoses and screening for PTSD** among Indigenous adults.

The gaps in diagnosis and screening are shown below. For example:



This is almost 3x higher than the reported diagnosis for PTSD.

In comparison, 2% of adults (15+ years of age) in Ontario have a current diagnosis of PTSD.⁽⁶⁾

SCREENING & DIAGNOSIS FOR POST-TRAUMATIC STRESS DISORDER

Table 2: PTSD Screening Tool, Indigenous Adults in Kenora and Related Homelands

PTSD Symptoms Screener	RDS Estimate (95% CI)
No Symptoms	48.2% (38.3, 58.2)
1 or 2 Symptoms	21.8% (14.1, 29.3)
3 or more Symptoms	30.1% (21.6, 38.7)

*For a description of the 95% CI, visit the Our Health Counts Community Report #1: Project Overview and Demographics

WHAT IS THE PTSD SYMPTOMS SCREENER?

The PC-PTSD is a 4-question scale used to diagnose PTSD through screening for symptoms of PTSD. Symptoms include re-experiencing traumatic events, avoiding situations, being on guard and easily startled, and/or feeling numb/detached from others and surroundings.

Participants who respond “yes” to a minimum of 3 of the 4 PTSD indicators are considered to have a positive PTSD diagnosis (see Table 2).⁽⁷⁾



ACCESS TO MENTAL HEALTH & SUICIDE PREVENTION SERVICES

Disclaimer:

The following sections contain sensitive information related to mental health, substance use, and suicide.

50% of Indigenous adults in Kenora and related homelands think there are **inadequate community resources serving Indigenous people** in the area of **mental health services**.

38% of Indigenous adults in Kenora and related homelands think there are **inadequate community resources serving Indigenous people** in the area of **suicide prevention**.

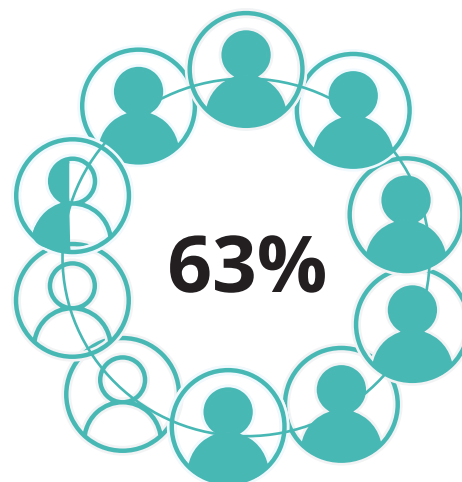
SELF-HARM AND SUICIDE

Mental health disorders often co-exist with addiction, thoughts of suicide, or attempts at suicide.⁽⁶⁾ High rates of self-harm were reported by Indigenous adults in Kenora and related homelands. **Over 1 in 3** Indigenous adults have attempted to die by suicide.

44% of Indigenous adults in Kenora and related homelands have thought about dying by suicide. This is almost **3.5x higher than the general Ontario population**, where 13% of adults have thought about dying by suicide⁽⁹⁾.

45% of Indigenous adults in Kenora and related homelands have harmed themselves on purpose.

63% have had a close friend or family member die by suicide.



SUBSTANCE USE

3 in 4 Indigenous adults in Kenora and related homelands currently smoke cigarettes (commercial tobacco).

This represents almost **75%** of the Indigenous adult population.



This rate is almost **6x higher than the general Ontario population** (13%), and **5x higher than the Northwestern Health Unit** population (16%).

37% of smokers currently smoke 11 or more cigarettes per day.⁽¹⁰⁾

2 in 3 Indigenous adults in Kenora and related homelands currently drink alcohol.

12% of adults **abstain from alcohol or rarely engage** (less than once per month) **in heavy drinking** (5 or more drinks in one sitting for self-identified men, and 4 or more for self-identified women, trans or others).

Survey participants were asked about substance use in the last 12 months (see Figure 1). **53%** of Indigenous adults in Kenora and related homelands **use cannabis**. The self-reported rate of cannabis use among Indigenous adults is **4x higher than the general Ontario population** (13%).⁽¹¹⁾

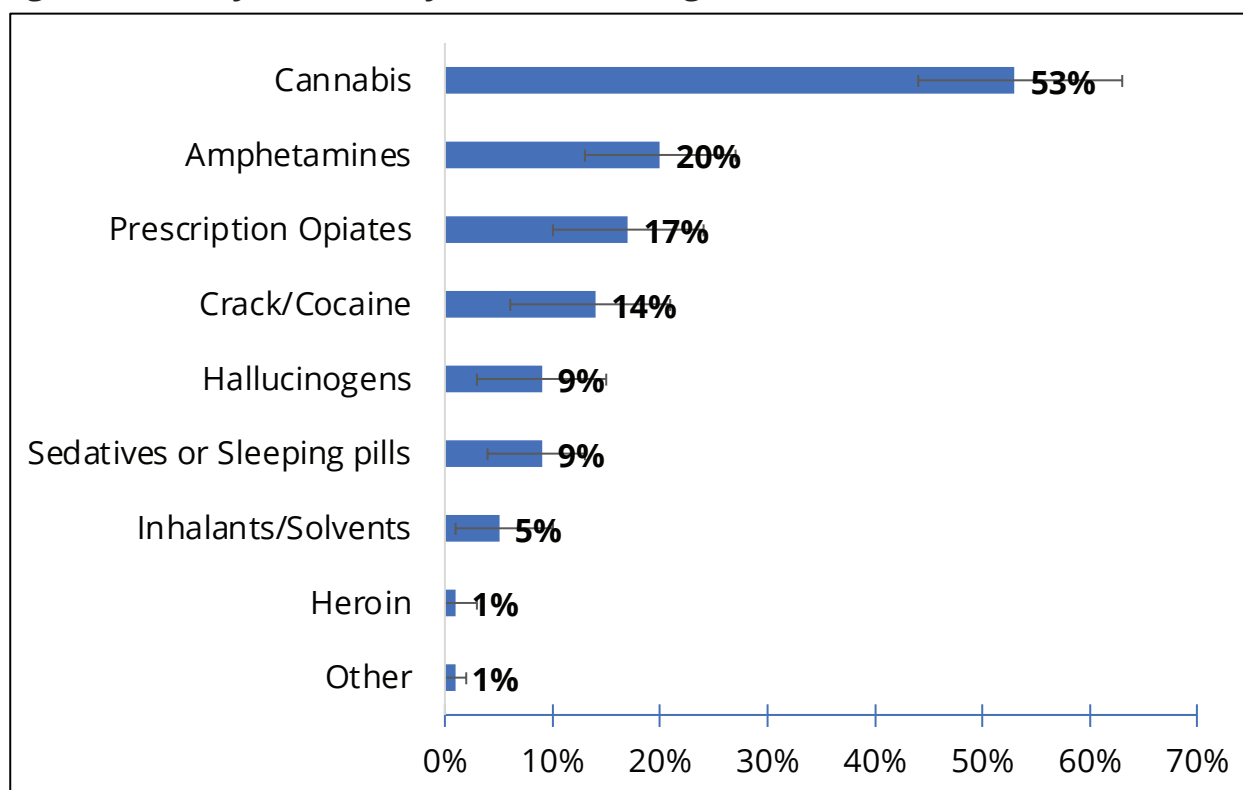
Cannabis use is a common method of self-medication and pain management among populations with unmet mental health needs.⁽¹²⁾ Cannabis has also become a more accepted treatment for certain health conditions or side effects of health treatments.

Aside from cannabis, the most common substances used in the past year included:

- Amphetamines (20%)
- Prescription opiates (17%)
- Crack/cocaine (14%)

SUBSTANCE USE

Figure 1: Have you used any of the following substances in the last 12 months?



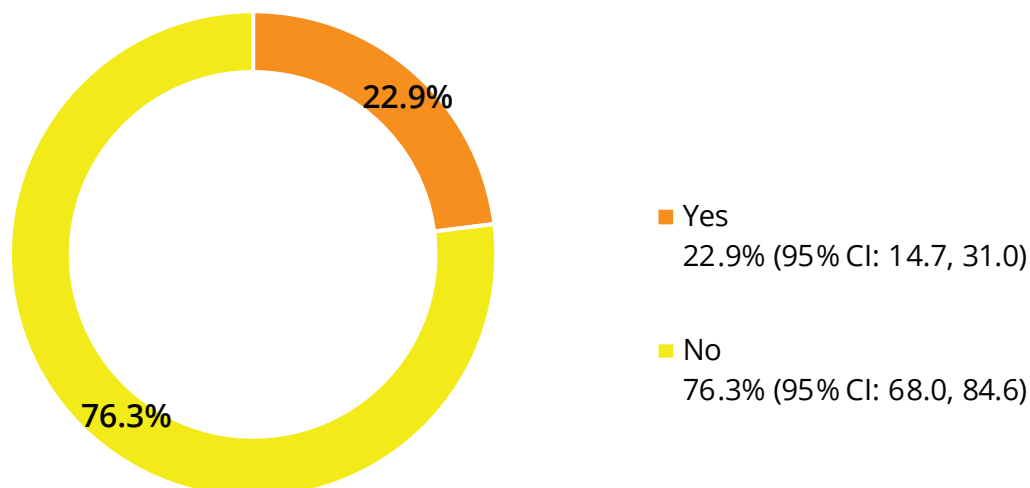
Past OHC studies have highlighted the need for Indigenous-owned data on non-prescription opioid use and its related harms. This data could be used to better address the needs of those at risk of overdose, and to improve public health initiatives.

In recent years, **methamphetamine and needle use** has increased in the Kenora area. **A recent report** from the All Nations Ontario Health Team addresses the connections between mental health, addiction service delivery, and health care in Kenora (with a focus on methamphetamine use). The report **identified the need for culturally safe and culturally specific Indigenous programming to treat and prevent addictions**.⁽¹³⁾

NEEDLE USE & EXCHANGE PROGRAMS

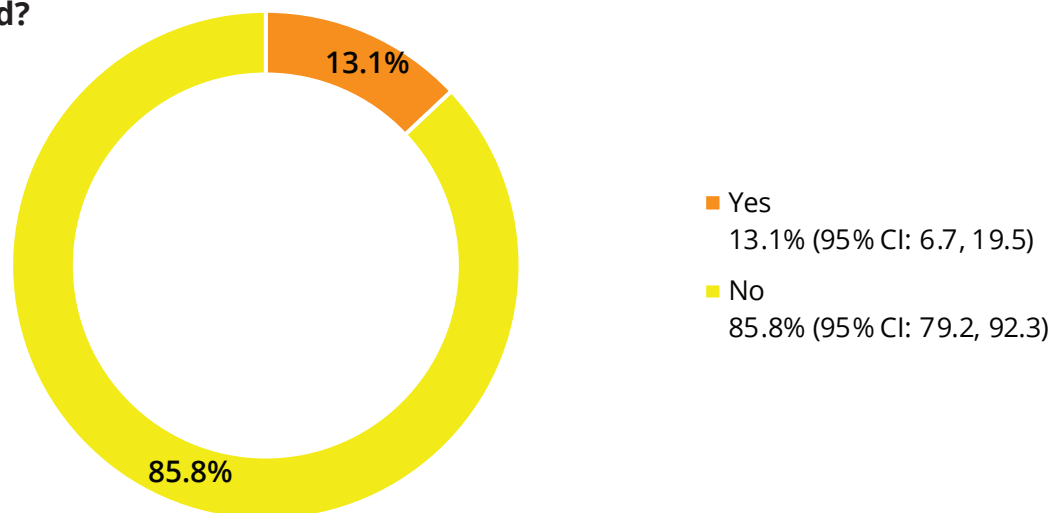
OHC Kenora data shows that **almost 1 in 4** Indigenous adults in Kenora and related homelands have used a needle to inject a drug that wasn't prescribed to them (see Figure 1).

Figure 1: Have you ever used a needle to inject any drug that wasn't prescribed to you?



13% of Indigenous adults in Kenora and related homelands have shared a needle with someone else (see Figure 2).

Figure 2: Have you ever shared a needle with anyone including your spouse, partner, or a close friend?



71% of Indigenous adults knew where to access a needle exchange program or get safe needles in Kenora.

RECOMMENDATIONS MOVING FORWARD

The OHC findings related to mental health and substance use **point to gaps in diagnosis and treatment, and to the need for culturally safe spaces.**

Based on the findings shared in this report, we call on the city of Kenora, provincial, and federal governments to work in partnership with urban Indigenous peoples and organizations to:

- Develop, fund, and support **community driven commercial tobacco reduction programs and services**, including access to nicotine replacement therapy. This recommendation is in alignment with Canada's commitment under the Framework Convention of Tobacco Control. Commercial tobacco reduction strategies have been effective in reducing tobacco use among the general population, however, Indigenous communities have not experienced the same benefits.¹⁴
- Develop, fund, and implement Indigenous specific and **community driven cannabis use health information resources and use reduction programs.**
- **Ensure culturally safe, trauma-informed mental health and suicide prevention services** are available to Indigenous peoples in Kenora. Ensure services are **inclusive of youth.**
- Increase the availability of **culturally appropriate, trauma informed health promotion services** that intersect with traditional Indigenous healing.
- **Increase available supports for urban Indigenous youth.** Connection to land, language, and culture have been shown to reduce substance use, decrease the risk of death by suicide, build self-esteem, and support mental health and connection among young adults.¹⁶

RECOMMENDATIONS MOVING FORWARD

- Support the continuation of **traditional healing services and land-based programs**, partnered with mental health services. Traditional ceremonies, cultural teachings, and language play an important role in treatment and prevention at all life stages. Research shows that connection, cultural continuity, and language revitalization can reduce suicide rates within communities.¹⁵
- Provide local training opportunities, and actively work to **recruit and retain Indigenous mental health providers** in the region.
- Continue to develop and **ensure harm reduction services are accessible** within the City of Kenora, including safe consumption sites and Rapid Access Addiction Medicine (RAAM) clinics.
- **Develop, fund, and implement transitional supports** for youth and adults moving from their communities to the City of Kenora for reasons related to education, health care, employment, or justice (see OHC Report #1). **Safe, long-term and transitional housing are a critical part of any harm reduction strategy.**⁽¹¹⁾

The Truth and Reconciliation Commission similarly recommends that all levels of government provide sustainable funding for urban Indigenous child, youth, and adult mental health strategies, programs, and healing centres.⁽¹⁾⁷



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