Appendix F

Community Crisis Assessment Guideline

The following community crisis assessment guideline, referenced in Part 2 of the preceding report, is offered for review, testing and modification. This assessment guideline borrows from the Nishnawbe-Aski Nation Youth Forum on the suicide community assessment process carried out at the beginning of each community forum as directed by the Assessment Team Leader.

This guideline can be used by community mental health workers to assess their community and develop a plan of action to address issues of concern. The community may wish to involve a professional mental health therapist in the process in order to develop a “diagnosis and treatment plan” for the community based on “estimated duration of treatment” (FNIHB Interim Program Directive for Mental Health Services, 1994). The community mental health workers may wish to incorporate such a community based diagnosis and treatment plan as part of their plan of action to deal with community mental health and suicide issues.

It is important to ensure that this assessment is seen as part of a community healing process. Consequently, caution is advised in the use and completion of the assessment guideline, by community mental health workers, so as not to create greater fear and alarm in the community.

COMMUNITY IDENTIFICATION

a) Name of Community:

b) Located in FNIHB Region of:

________________________________________________________________________
c) Total Population Residing “On Reserve”:
__________________________________________

Approximate Distribution by Age:
0 - 6 years: ____ 20 - 30 years: ____
7 - 12 years: ____ 31 - 50 years: ____
13 - 19 years: ___ Over 50 years: ____

d) This Assessment Guide is being completed by:
Name: _______________________
Position: ____________________________

Position within or relationship to the Community:
__________________________________________ (List all key informants/participants)

e) FNIHB Facility- Please check the type of FNIHB facility in the community:
Nursing Station: _____ Health Centre: _____ Other: _____

f) Describe the Location of the Community:
__________________________________________

__________________________________________
Location of community in relation to hospital, physician(s), and mental health services:
__________________________________________

Please Check the description the best describes the community:

☐ ● non-isolated road access (less than 90 Km. away)
☐ ● semi-isolated, road access (greater than 90 Km. away)
☐ ● isolated (scheduled flights, telephone service, no road access)
☐ ● remote (no scheduled flights, minimal telephone service; no road access)
☐ ● other (please explain)

*Please attach explanations on a separate page as needed
DESCRIPTIVE REVIEW OF THE COMMUNITY

a) Completed suicides in the past two years: (Please complete these questions for each suicide completed in the last two years)

Name (Optional): __________________________________________

Age: _____ Sex: _____ Date: _______________________

Circumstances:

● Previous Attempts: Y: __ Number (approx): _____ N: __
● Conflict with boy or girl friend or relationship partner: Y: __
  N: __
● Conflict with parent or parent figure: Y: __ N: __
● Was drug or alcohol Abuse involved? Y: __ N: __
● Where did the individual reside?
  Please explain: _________________________________

Method:

Please explain:

Was mental health counselling acquired in community from social/mental health workers or professionals (e.g. CFS, mental health therapist, psychologist, community worker, nurses, or medical doctors): Y: __ N: __

Please explain:

Previous hospitalization for mental health assessment or treatment reasons (when, where):

Please explain:

Circumstances:

Please explain:
b) Attempted Suicides in past two years: (Please complete these questions for each suicide attempted in the last two years)

Name (Optional): ____________________________
Age: ___ Sex: ___ Date: ____________________________

● Circumstances:
  Previous Attempts: Y: ___ Number (Approx): ___ N: ___
  Conflict with boy or girl friend or relationship partner: Y: ___ N: ___
  Conflict with parent or parent figure: Y: ___ N: ___
  Was drug or alcohol Abuse involved? Y: ___ N: ___
  Where does the individual reside?
    Please explain: ___________________________________________

● Method:
  Please explain: ___________________________________________

● Was mental health counselling acquired in community from
cocial/mental health workers or professionals (e.g. CFS,
mental health therapist, psychologist, community worker,
nurses, or medical doctors)
  Please explain: ___________________________________________

● Previous hospitalization for mental health assessment or
treatment reasons (when, where):
  Please explain: ___________________________________________

● Circumstances:
  Please explain: ___________________________________________

c) Please note whether, in your own opinion, the above completed
and/or attempted suicides constitute a cluster. Factors to consider
are the similarities and connection between completed/attempted
suicides, timing, children in care (in past and present), psycho-social
profiles, clinical histories, and previous involvement with
social/mental health workers and professionals, relationship problems and any known suicide pact arrangements.

Please provide description and explanation factors:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

COMMUNITY COHESION:

a) # of high-risk individuals (e.g. previous attempts as identified by community workers): ____
   Please explain:
   __________________________________________________________________________

b) # of “children in care”, “in community” placements: ____
   “out of community” placements: ____ Total: ____

c) Percentage of children being reared by biological parent (one and both), ____% step-parent ____%, relatives (formal or customary) ____%, other First Nation members ____%, or other non First Nation: ____%

d) # of non suicide deaths in the past two years through “non-natural means” by type (i.e. accidental, violence): ____ and the circumstances surrounding each death:
   __________________________________________________________________________

e) 1) percentage of youth/children with addiction issues (i.e. sniffers, drug abusers, alcoholics): ____%
2) percentage of adults with addiction issues (i.e. sniffers, drug abusers, alcoholics): ____%

f) # of family units with more than one family member with addiction issues: ____

 g) anecdotal accounting by community workers of abuse indicators present (physical, sexual and emotional):

   __________________________________________________________________________

h) # of reported sexual assaults in past two years: ____

i) # of reported physical assaults in past two years: ____

j) # of family violence reports in past two years: ____

*Please attach explanations on a separate page as needed
k) traumatic events that have happened in and to community:

_______________________________________________________
_______________________________________________________

l) loss of respected Elders, leaders or others:

________________________

FAMILY INTEGRATION FACTORS:

a) Role of Elders in extended family systems (advisors, counsellors, healers)? Please explain:

___________________________________________________

b) Interactional patterns (conflict, co-operation) between extended family systems/factions?

Please explain:

______________________________________________

c) Familial instability (marital & family break-ups)?

Please explain:

______________________________________________

d) Childhood separation and loss?

Please explain:

______________________________________________

e) Interpersonal and inter-familial conflict?

Please explain:

______________________________________________
IDENTIFICATION OF THE CURRENT STATUS OF THE COMMUNITY HEALING PROCESS

a) Community ownership over “child-in-care” decision-making, involvement in supporting “at-risk” families, role and functioning of family service committee (or equivalent)?

Please explain:
____________________________________________________

b) Role of community Elders in community decision-making processes?

Please explain:
____________________________________________________

c) Role of positive adult role models in assisting children/youth “at-risk”?

Please explain:
____________________________________________________

d) Extent to which the community embraces individual members as belonging to the collective (as opposed to “not belonging”)?

Please explain:
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

e) Extent of customary healing practices within the community based on traditional customary practices?

Please explain:
____________________________________________________
____________________________________________________

*Please attach explanations on a separate page as needed*
f) Accepting responsibility for and addressing past sexual or physical abuse at the community level (e.g. healing circles)?

Please explain:

_____________________________________________________

_____________________________________________________

_________

g) Identifying and supporting individuals with friends or relatives that have committed suicide?

Please explain:

_____________________________________________________

_____________________________________________________

_________

REVIEW OF COMMUNITY AND TRIBAL SOCIAL AND MENTAL HEALTH SERVICE DELIVERY

a) Community relationship with the FNIHB:

transferred community: Y:  __ N:  __

integrated agreement: Y:  __ N:  __

b) Contribution agreement for Non-Insured Health Benefits (NIHB) funded mental health services: Y:  __ N:  __

at the community level: Y:  __ N:  __

at the Tribal Council level: Y:  __ N:  __

If yes, Name of Agency: ________________________________

c) Mental health therapist contract:

at the community level: Y:  __ N:  __

at the Tribal Council level: Y:  __ N:  __

NIHB funded: Y:  __ N:  __

If yes, name of therapist and company/agency (if applicable):

_____________________________________________________

d) Is access to the NIHB funded mental health therapist on a per client fee for service basis: Y:  __ N:  __
If yes, name of therapist and company (if applicable)

___________________________________________________________

e) Brighter Futures Initiative Description:
   Funds received: __________________________
   Staff hired: ______________________________
   Activities:
   _______________________________________
   _______________________________________
   _______________________________________

f) Building Healthy Communities Program Description:
   Funds received: _________________________
   Staff hired: _____________________________
   Activities:
   _______________________________________
   _______________________________________
   _______________________________________

g) Access to provincial mental health services: Y: __ N: __
   Type:
   Please explain:
   _______________________________________
   _______________________________________
   _______________________________________
   _______________________________________

h) National Native Alcohol and Drug Abuse Program:
   Funds received: _________________________
   Staff hired: _____________________________
   Activities:
   _______________________________________
   _______________________________________

i) Access to Aboriginal Healing Foundation funded services
   Please describe funding, staffing and activities carried out at
   the community level:

*Please attach explanations on a separate page as needed
**COMMUNITY SELF HELPING PROCESSES**

a) Is there a linkage between suicidal behaviors and youth development processes: response from community workers to youth in crises; youth activities community inclusion and involvement?  
Please explain:

b) Efficacy of current community worker resources in identifying and monitoring high-risk individuals; level of support proactively provided to high-risk individuals? Please explain:

  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________

  c) Worker or volunteer response to suicide attempts/verbalizations/gestures, organization of response strategy, allocation of resources, community education and outreach efforts? Please explain:

  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________

*Please attach explanations on a separate page as needed*
d) Frequency of community worker team meetings, effectiveness in identifying and serving high risk clients, case conferencing and management procedures, task assignment and monitoring, remedial mechanisms to improve service delivery? Please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

e) Community worker team commitment to promoting positive mental health of high-risk individuals by connecting them to community social structure (individual home visits, assertive outreach, facilitating Elder involvement with high risk individuals)? Please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

f) Strengths and weaknesses of community health and suicide service delivery system?

Please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

IDENTIFICATION OF COMMUNITY INFRASTRUCTURE ISSUES

a) # of homeless and “near homeless” (especially adolescents/young adults previously “in -care”): ______

b) Does the community resource team ensure that the work is carried out by its team members?

*Please attach explanations on a separate page as needed*
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Please explain:

_____________________________________________________

_____________________________________________________

c) Are steps being taken to ensure the continuity of culture in the community? (e.g. assisting youth feel connected to their traditional and cultural origins)

Please explain:

_____________________________________________________

_____________________________________________________

d) Existence of cultural facility, traditional customary practices, involvement of youth in community culture; culture as heart beat/drum beat?

Please explain:

_____________________________________________________

_____________________________________________________

e) Community history:

Relocation, amalgamation, forced change of lifestyle, post traumatic stress.

Please explain:

_____________________________________________________

_____________________________________________________

f) Does the community have control over finances? (i.e. Is the community in third party management): Y: __ N: __

If Yes, who is the third party manager?
REVIEW OF SELF-CONTINUITY FACTORS:

a) Does the community have the ability to maintain and support a sense of self-continuity by adolescents? (e.g. help youth feel “rooted” in the customs of the community):  
   Y: __ N: __

b) Does the community support, through individuals, transitional challenges - adolescence to adulthood? (e.g. sense of belonging/connectedness):  
   Y: __ N: __

c) Self identify promotion within cultural context (degree of integration/traditional customs and practices exercised); is a cultural home provided?  
   Please explain:
   ____________________________________________________
   ____________________________________________________
   __________

d) Capacity of community culture to ground adolescents undergoing self-identity/transitional issues; how is this addressed?  
   Please explain:
   ____________________________________________________
   ____________________________________________________
   __________

e) Degree of loss of sense of connectedness to the future (e.g. multiple placements of children/youth in care); how is this addressed?  
   Please explain:
   ____________________________________________________
   ____________________________________________________
   __________

f) Ability to find a personally persuasive means of warranting self-continuity in time (loss of sense of connectedness to their own future); how is this addressed? Please explain:
   ____________________________________________________
   ____________________________________________________
   __________
g) Describe how well the current social and mental health delivery system including CFS, is responding to the community problem situation:

________________________________________________________________________

________________________________________________________________________

____________________

COMMUNITY TREATMENT PLAN

a) What challenges need to be addressed?
   Please explain:

________________________________________________________________________

________________________________________________________________________

____________________

b) What strengths does the community have, that can be built on, to address the current situation?
   Please explain:

________________________________________________________________________

________________________________________________________________________

____________________

c) How can “cultural continuity” within the community be strengthened?
   Please explain:

________________________________________________________________________

________________________________________________________________________

____________________

d) What is the “treatment plan” for the community?
   Please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
e) What is the estimated duration - time line?
   Please explain:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

f) What resources are needed (based on effective use of existing resources such as BFI, BHC, NNADAP, CHR, NIHB Mental Health, Aboriginal Healing Foundation and other funding sources)? Provide cost breakdown and budget:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

gh) Describe how services will be integrated and co-ordinated to ensure there is a case management system in place:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

h) Expected community outcomes by mileposts based on time line?
   Please explain what outcomes, when, how to be measured:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

i) Evaluative process to be utilized?
   Please explain:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

j) Reporting/accountability arrangement suggested?
   Please explain:
   __________________________________________________________
   __________________________________________________________
Concluding Remarks

Clearly defined community assessment findings may enable the First Nations and Inuit Health Branch (FNIHB) of Health Canada to address community problem situations at an early stage. In order to assist identified communities the FNIHB will be required to examine implementation of its community and NHIHB mental health policies and dedicate additional resources in order to implement planned response strategies before communities go into a state of high crisis.

This assessment guideline may assist the FNIHB in “pilot testing” the National Interim Program Directive for the provision of Mental Health Services. It can identify a community “at risk” and facilitate the development of assessments and treatment plans for such communities, building upon results achieved.