Factors influencing the mental wellness of community health workers in Nain, Nunatsiavut

CHRISTINA HACKETT, PHD CCC

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Social location

"'Research' is probably one of the dirtiest words in the Indigenous world's vocabulary."
-Linda Tuhiwai Smith[1]

"…most Canadians do not know the history of their own country; they are in the dark about the past and the present, because after all, we create the present based on our understanding of the past."
-Taiake Alfred[2]

A guiding approach: Piliriqatigiinniq Partnership Model for Community Health Research[3]

1. Build positive relationships with communities and reflecting on research and context

2. Power and role of story telling for traditional knowledge – how stories are told and framed – in background, and analyses.

3. Holistic worldviews – multiple data sources, advisory committee in informing the protocol, interview questions

4. Being good – historical harms of research
   1. HOW IS THIS USEFUL?

Health services delivered by Inuit, for Inuit: A pathway to reduced health inequities[4-8]

- Structural determinants of health for Indigenous peoples[9]

  - Policy legacies

  - Indigenous self-government

- Barriers to accessing healthcare[10-13]

  - Geographic

  - Experiential

- Indigenous stewardship and health service planning[9]

- Community Health Workers

Community health workers in Canada[14-16]

Mental health of healthcare workers[17-19]

Psychological health and safety in the healthcare setting[20,21]

How do CHWs maintain and improve mental wellness at work, in the context of remote, Northern, Indigenous communities?

What are the barriers to and facilitators of workplace mental wellness for CHWs, as well as team leaders and supervisory staff?

What are the barriers to and facilitators of CHWs' access to supports to improve or maintain mental wellness at work?

To what extent do the perceptions of CHWs about their mental health and access to supports align (or not) with those of their team leaders and supervisors?

Context: Nain, Nunatsiavut[22]
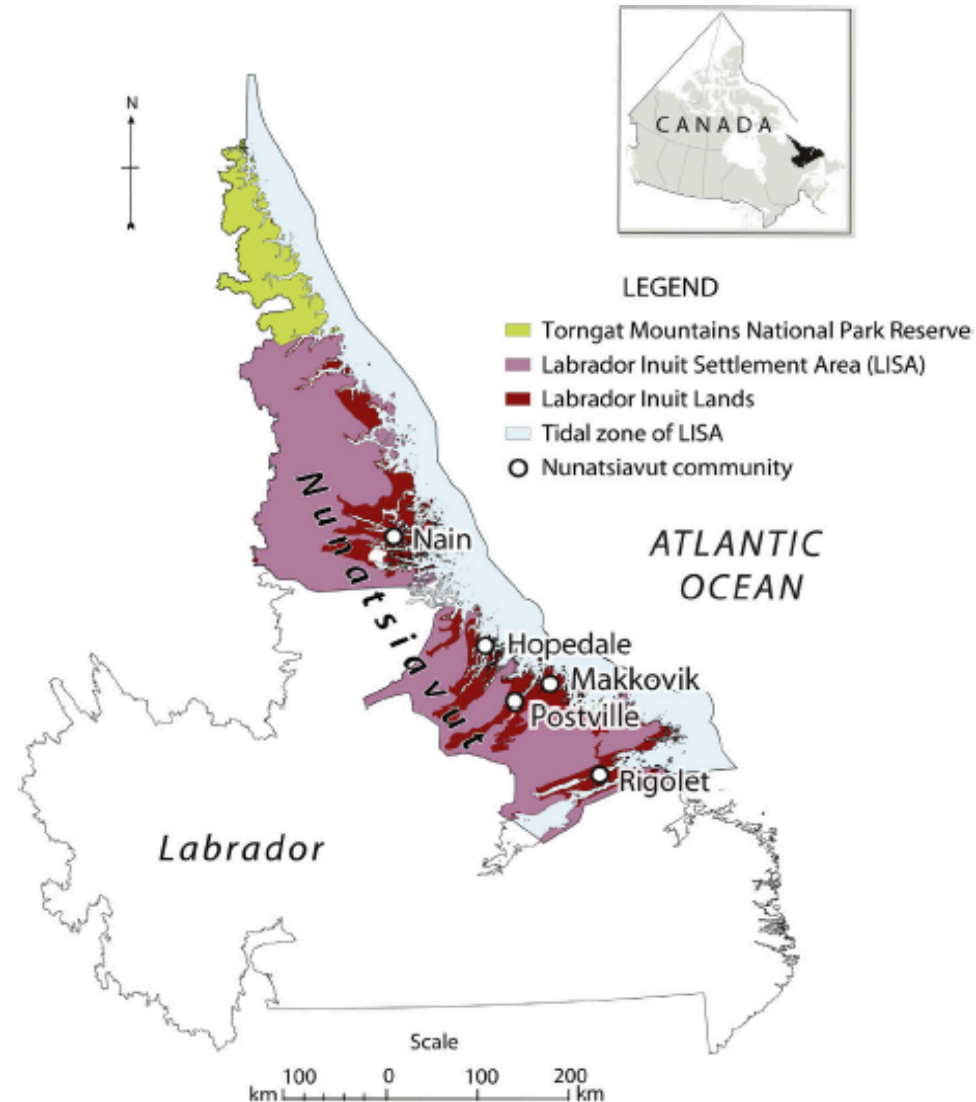
Organization of healthcare in Nunatsiavut

Department of Health and Social Development (DHSD) is one of seven Nunatsiavut Government departments and has jurisdiction over six health-related program areas

DHSD is located within the Labrador Grenfell Health Authority (LGHA) – one of four regional health authorities within the province of Newfoundland and Labrador, providing provincial healthcare services to all of Labrador, including the Nunatsiavut land claims area

Clinical and acute health and mental health services are delivered by the regionalized provincial health system

Public health, childcare, social, and health and mental health programs

Community Health Workers in Nunatsiavut

At the community level, the number and type of CHWs (or Program Support Staff as they are known in DHSD) varies based on population and human resources available.

Team leaders, program support staff, and supervisory staff

Objective

To explore how community health workers in Nain, Nunatsiavut (program support staff or PSS), their managers or team leaders (TLs), and higher-level supervisory staff (SS) maintain or improve their mental wellness at work.

Provide insights into factors influencing DHSD worker mental wellness

Methods

Approach
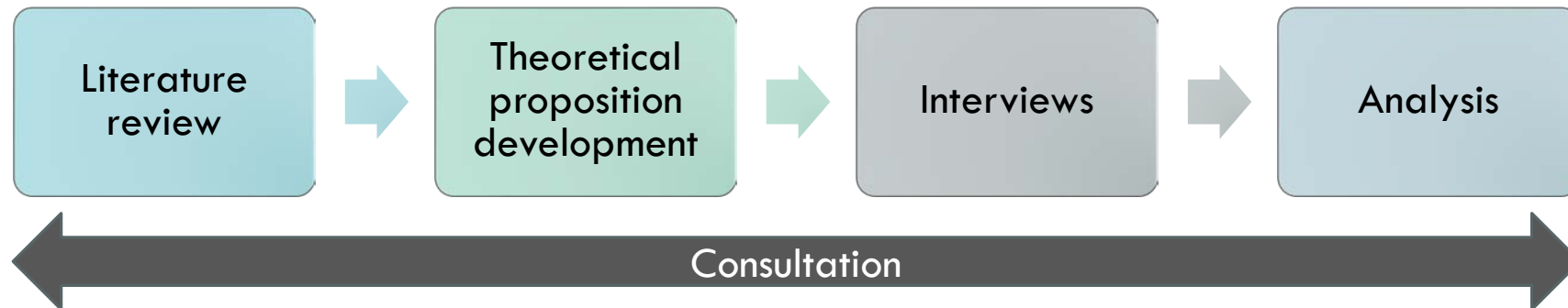- o Piliriqatigiinniq Partnership Model for Community Health[3]

Methodology
- o Single case study (explanatory)[23]

Data sources
- o Semi-structured interviews with staff representing perspectives from three job authority levels within Nunatsiavut Department of Health and Social Development staff; peer-reviewed and grey literature; and policy documents
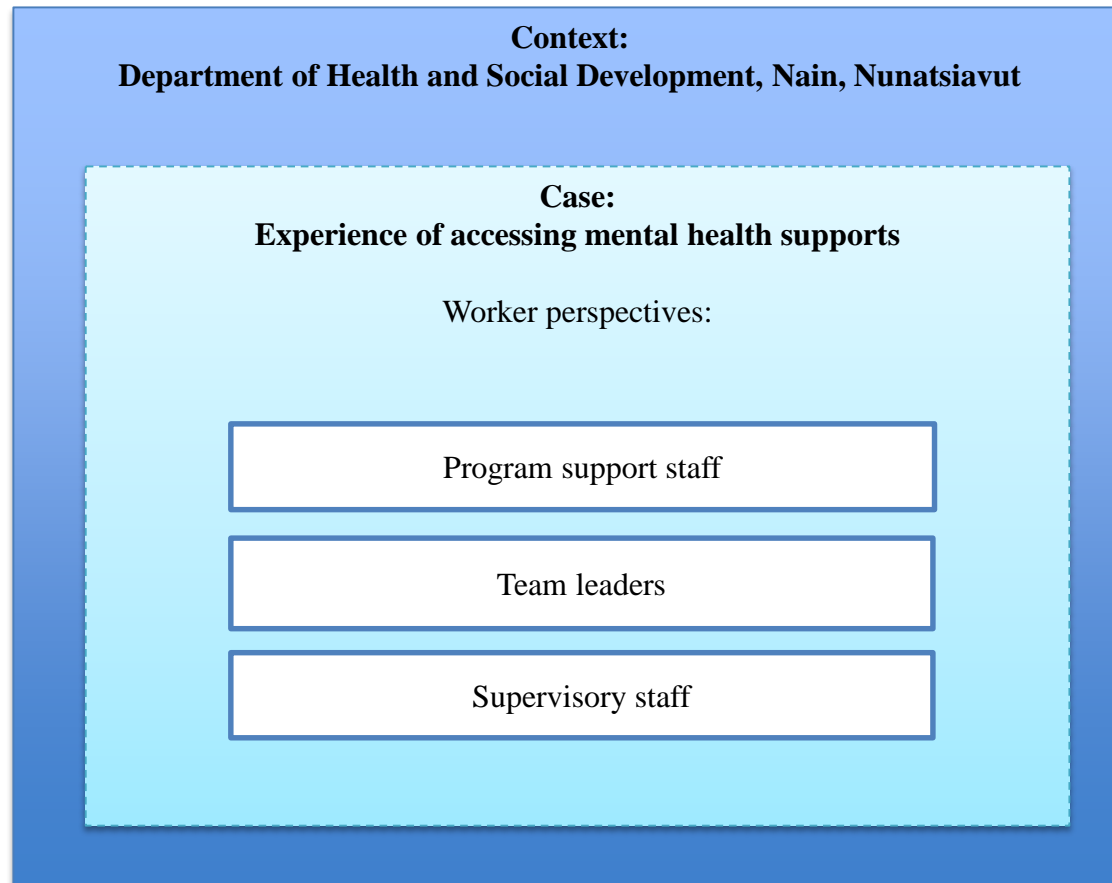
Analysis
- o Theoretical propositions, rival explanations, iterative and thematic analyses

Literature review → Theoretical proposition development → Interviews → Analysis

Consultation

Methods: Case study design[23]

Context:
Department of Health and Social Development, Nain, Nunatsiavut

Case:
Experience of accessing mental health supports

Worker perspectives:

Program support staff

Team leaders

Supervisory staff

Defining the case: 'community health worker mental wellness and experiences of support in a remote Indigenous community'.

Methods: Theoretical propositions

- factors that promote occupational psychological health and safety,
- factors relating to burnout, stress, role strain;
- frameworks relating to work and health more broadly (demand, control and workload);
- as well as contextual factors present in program support staff roles in Nunatsiavut (levels of exposure to trauma at work and in the community, general lack of healthcare resources).
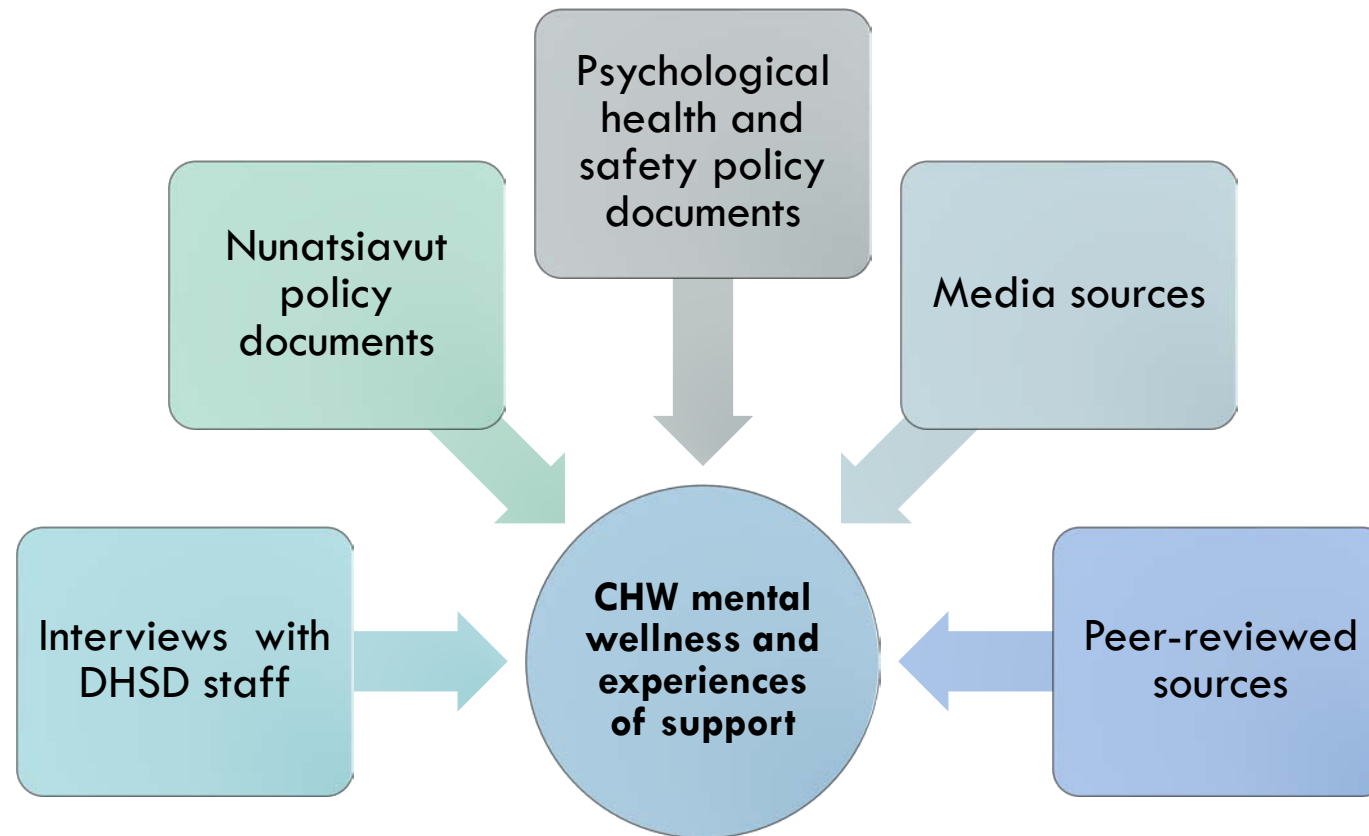
Methods: Theoretical propositions

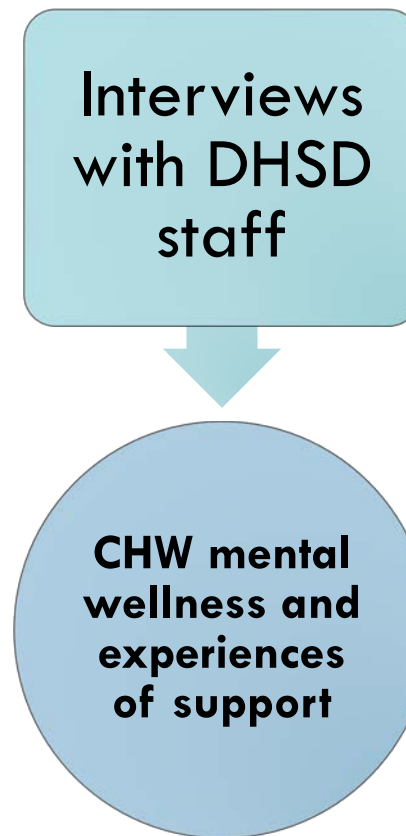| Factor	Proposition
Job role	Authority levels Perception of program support staff in community Psychological demands and rewards of specific roles
Organizational	Organizational culture – trauma-informed policy; supervisor buy-in to psychological health and safety processes/practices; processes of organizational communication
Individual	Embeddedness within the community; exposure to trauma; stigma related to help-seeking
Community	Current levels of trauma and loss in the community

Methods: Data sources

Psychological health and safety policy documents

Nunatsiavut policy documents

Media sources

Interviews with DHSD staff

CHW mental wellness and experiences of support

Peer-reviewed sources

Methods: Data sources

Interviews with DHSD staff

CHW mental wellness and experiences of support

22 DHSD workers

CHWs: n=12

Team leaders: n=4

Supervisors and decision makers: n=6

Methods: Data sources

Media sources
(2003-present)
n=10

Policy documents –
Psychological
health and safety
n=5

Peer-reviewed
sources –
theoretical
propositions
n=35

Policy documents –
Nunatsiavut
n=1

CHW mental
wellness and
experiences
of support

Peer-reviewed
sources –
triangulation
n=7
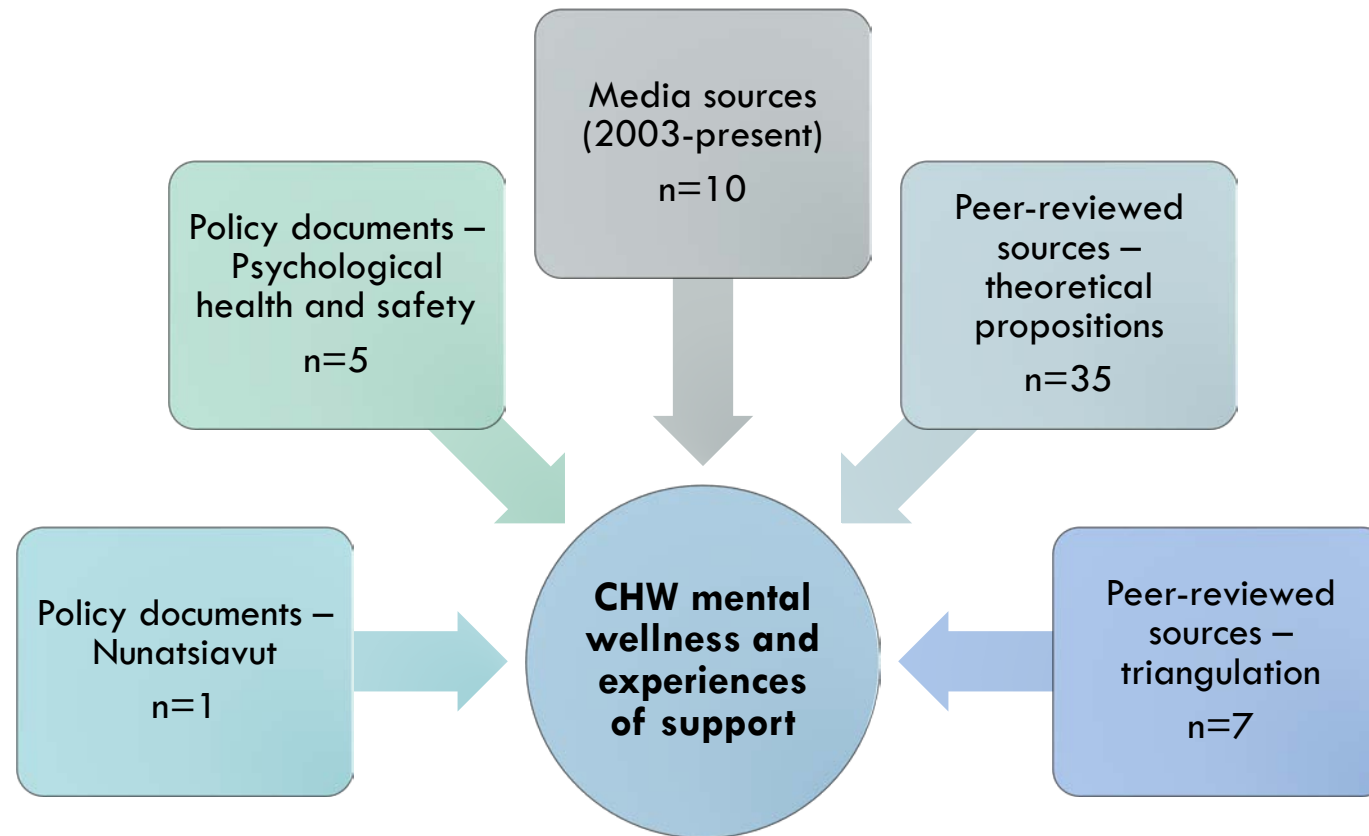
Methods: Analysis

Ethics

Coding and interpretation

- Mapping on propositions
- Tensions – alignment and divergence across perspectives and sources
- synthesis

Findings

"And I think it was because I was getting re-traumatized by people's lives and I didn't know where to go. I didn't know who to talk to, so I just kept it to myself. And it was really tough. I got really sick because my mental health was not good. I was in and out of the hospital all month."
Interview (Program Support Staff)

Exposure to trauma within work role

Increased scope of role without adequate training (TL)

Trust between coworkers

Pride in delivering programming that helps community

Feeling challenged in role (SS)

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Feeling competent in role (PSS)

I think that if they were educated on what exists [in terms of supports for mental wellness], they may feel more competent in their roles, which would overall impact their mental health at work."
Interview (Team leader)

"The trauma is so huge here. It's kind of scary to kind of face it. It's a big thing even though we need to start small. And they have done some steps with some staff, but I think it needs to be something ongoing. That's why I mentioned right in the beginning about the standards and supports. Because, I mean, when you look at other agencies, whether it be the RCMP or clinic, and even teachers when something traumatic happens they have teams come in. We don't have that."
Interview (Program support staff)

Culture of support between coworkers and from supervisors

Training opportunities provided by DHSD

Culturally appropriate benefits and supports
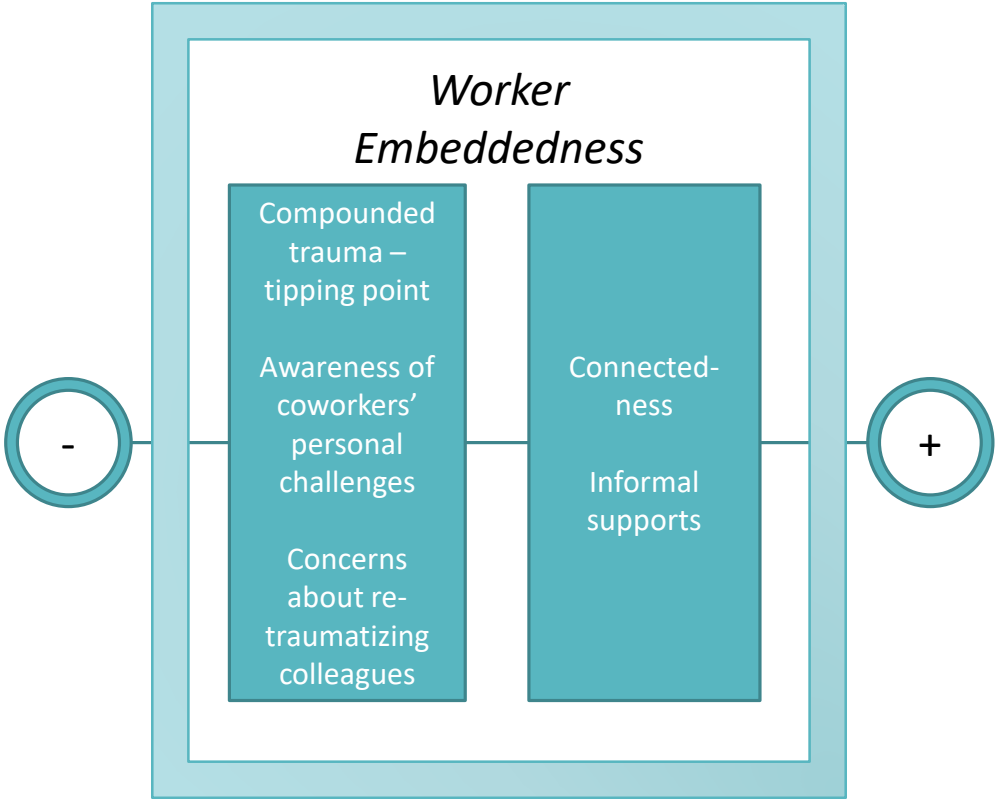
Psychoeducational programs for staff (PSS, SS)

Benefits for staff (SS)

Lack of trauma-related policies

Lack of formal supports for workers exposed to trauma (PSS, TL)

Lack of resources and awareness of how to obtain resources to deliver programs (PSS, TL)

– +

"It's very positive and easy to work together. Not scared to approach my colleagues – everybody takes care of each other."
Interview (Program support staff)

"There are workers here that are related and we all know what's going on with [their] family. They come in and they've got black eyes, and cuts, and everything else. It's been going on and on and on and on, and their situation isn't changing. But then it really affects that person especially when they have to deal with it at work during work hours. They have to leave their job to go and deal with a family situation. So that's kind of hard and that makes you worry about that person because everybody in here are just friends or family, anyway." (Program support staff)

Internalized feelings of stigma (PSS, TL)

(-)

Worker Embeddedness

Compounded trauma – tipping point

Awareness of coworkers' personal challenges

Concerns about re-traumatizing colleagues

Connected-ness

Informal supports

(+)

The land

Personal coping strategies

"It's the time of year, too. It depends on the weather. The land, we rely so much on the land as a resource. The land is a resource, and when we can get off on the ice or when we can get out on boat, I think that positively impacts health. And it negatively impacts the community's health when you can't access it." Interview(Team leader)

Community resilience

Informal support networks

Community levels of trauma

Lack of formal mental health services accessible to workers in the community (PSS, TL)

(-) —— (+)

"And we're fortunate that the team on the floor is able to, and has ongoingly dealt with so much, and has the resilience I guess to be able to deal with that and cope fairly well, even though they are being traumatized themselves because they're still connected to all the trauma we deal with. But internally, what the public can't see when we sit down and talk about some of the things – you could see, I guess, the scars that they're holding." Interview (Team leader)

Theoretical framework
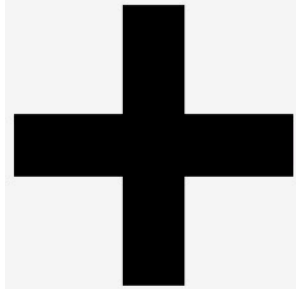
JOB ROLE

Pride in delivering programming that helps community
Feeling challenged in role (SS)
Feeling competent in role (PSS)

Culture of support between coworkers and from supervisors

ORGANIZATIONAL

Training opportunities provided by DHSD

Culturally appropriate benefits and supports
Benefits for staff (SS)

INDIVIDUAL

The land

Personal coping strategies
Psychoeducational programs for staff (PSS, SS)

COMMUNITY

Community resilience

Informal support networks

EMBEDDEDNESS

COMMUNICATION AND KNOWLEDGE SHARING

JOB ROLE

Exposure to trauma within work role
Lack of formal supports for workers exposed to trauma (PSS, TL)

ORGANIZATIONAL

Lack of trauma-related policies as an organization

Increased scope of role without adequate training (TL)

Lack of resources and awareness of how to obtain resources to deliver programs (PSS, TL)

INDIVIDUAL

Internalized feelings of stigma (PSS, TL)

COMMUNITY

Community levels of trauma
Lack of formal mental health services accessible to workers in the community (PSS, TL)

Many factors that influence DHSD worker mental wellness are relevant to other contexts

Intersections between worker embeddedness + Inuit values and culture

Divergence and alignment across worker perspectives

Strengths and limitations

Implications for policy and practice

- We found a complex set of interactions between job-role, organizational, individual and community factors:
    - *Job role* – +pride and a culture of support; - trauma exposure while at work.
    - *Organizational* – + training, hunting/fishing/gathering leave; - lack of trauma-informed policies/procedures.
    - *Individual* – + the land, personal coping; - exposure to trauma in the community.
    - *Community* – + shared experience; - community/collective trauma, lack of formal mental health resources for staff.

- Actionable areas:
    - Improved communication; and
    - development of formal psychological health and safety processes/policies for frontline staff.

Implications for research

Questions?

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Map source: Durkalec A, Furgal C, Skinner MW, Sheldon T, Climate change influences on environment as a determinant of Indigenous health: Relationships to place, sea ice, and health in an Inuit community, *Social Science & Medicine,* 2015; 17-26

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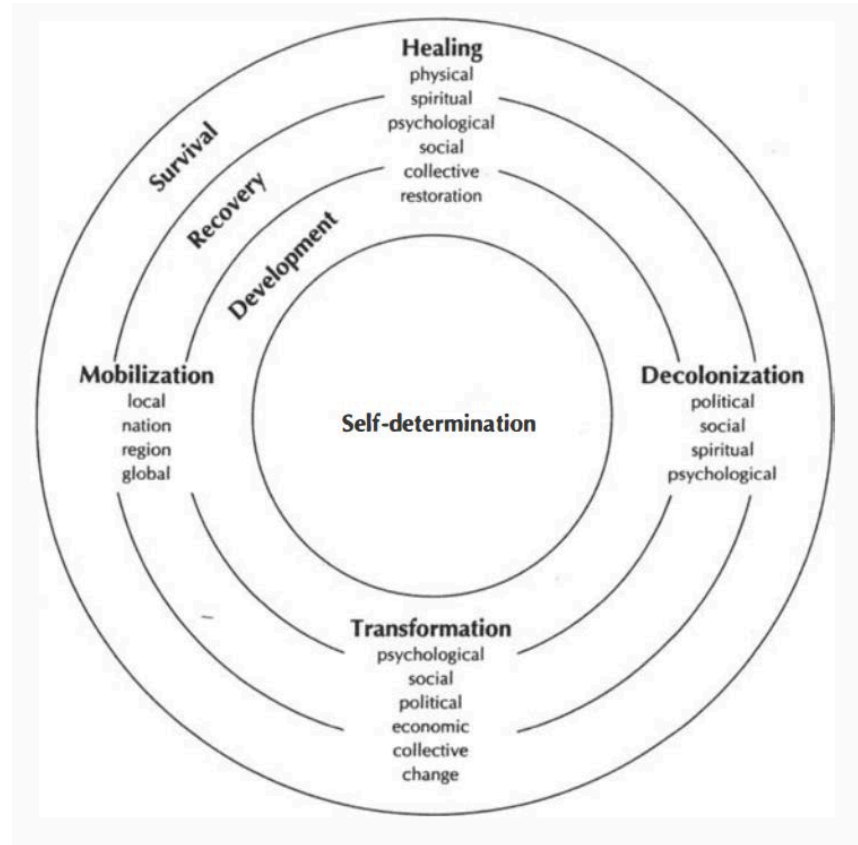
Determinants of Inuit health

Social Determinants of Inuit Health
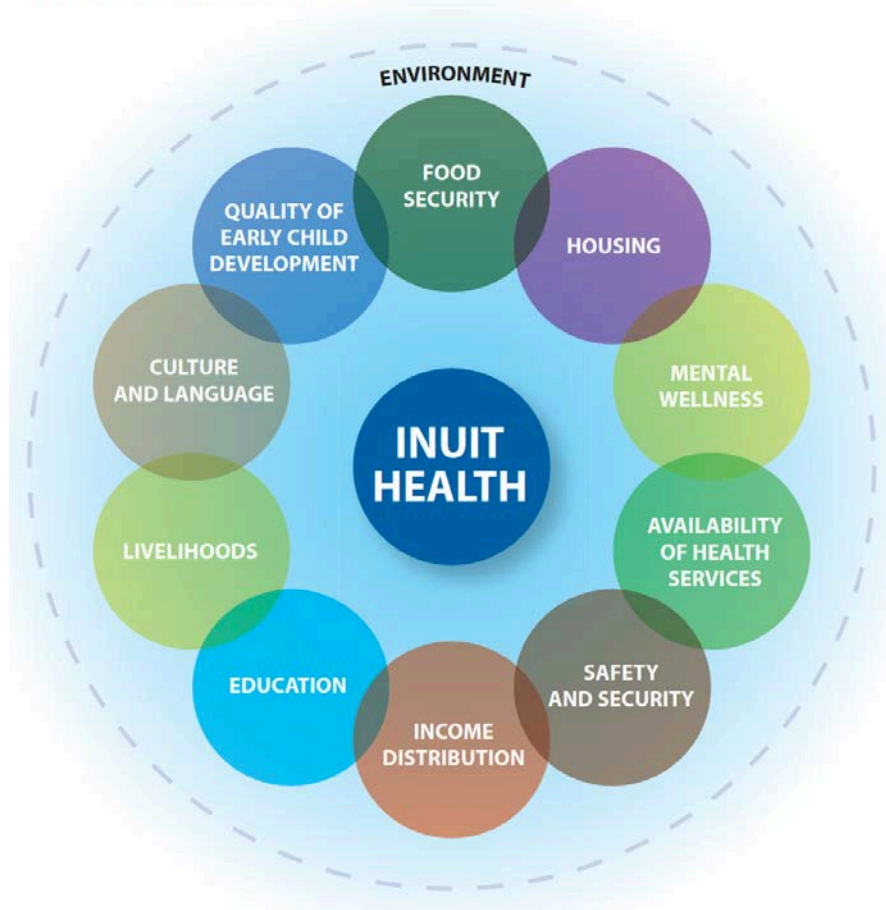
Decolonizing methodologies

Smith 1998

Further questions

What are implications for organizational policy in Indigenous health systems?

What lessons can be learned across Indigenous healthcare organizations in terms of trauma-informed policy development?

How can Inuit research and policy analysis frameworks be used to maintain and improve mental wellness of Indigenous health workers, and strengthen Indigenous health human resources?