



jurisdictional snapshot

**INDIGENOUS TELE-PSYCHIATRY:
A JURISDICTIONAL SCAN**

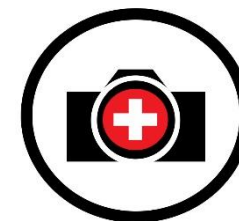
March 2020 | Sarah Williams, Stephen Bornstein

*A scan of health policies and practices implemented outside
Newfoundland and Labrador*

Newfoundland & Labrador Centre for
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To support our Health System Partners, CHRSP has produced this Snapshot Report of health care practices, processes, and protocols inside and outside of Canada. This report is designed to inform decision-makers about the healthcare landscape across jurisdictions, particularly with respect to practice variation and policy initiatives. It will also help guide topic selection for other CHRSP products, such as our Evidence in Context Reports and Rapid Evidence Reports.

1. About *Snapshot* Reports

In 2016, the NL Centre for Applied Health Research (NLCAHR), under its Contextualized Health Research Synthesis Program (CHRSP), introduced *Snapshot Reports* to provide rapid decision support for stakeholders in the Newfoundland and Labrador health system.

Snapshot Reports provide a brief scan of health policies, practices or models and a summary of established or emerging interventions that have been carried out on the issue in question in jurisdictions outside Newfoundland and Labrador (NL). This new format was developed in response to demand from our health system stakeholders for timely information about policies/practices/models in other jurisdictions that might be suitable for adaptation within the NL context. *Snapshot Reports* are prepared in response to specific requests from CHRSP's health system stakeholders on topics identified by the health system as being of immediate interest. The results of a given *Snapshot Report* may provide all the information required or it may indicate that further study is needed, possibly in the form of a CHRSP *Evidence in Context Report* or *Rapid Evidence Report*.

Snapshot Reports are not intended to be a comprehensive or exhaustive evaluation of the practice or policy under study; rather, they offer a brief overview that includes:

- an executive summary;
- the research objective that clearly states the policy or practice under consideration;
- the focus and scope of the report;
- a summary of key descriptive findings;
- a table listing the practices/policies/models identified in other jurisdictions, with web links to each where available; and
- an appendix containing more detailed information.

Given the limitations of this approach, *Snapshot Reports* should not be construed as a recommendation for or against the use of any particular healthcare intervention or policy.

2. Executive Summary

Topic: The Department of Health and Community Services of the Government of Newfoundland and Labrador asked the Contextualized Health Research Synthesis Program (CHRSP) team at the NL Centre for Applied Health Research to conduct a jurisdictional scan of tele-psychiatry programs established for use by Indigenous populations living in rural and remote communities elsewhere in Canada and in select international jurisdictions. This report identifies service adaptations that have been tailored to ensure that tele-psychiatry, when provided to Indigenous peoples, is culturally appropriate. The results of this report are intended to assist the Department of Health and Community Services with the implementation of recommendations outlined in [*Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador*](#).

Study Approach: We conducted a rapid literature search using PubMed, PsychInfo, Google Scholar, and Cochrane databases to identify tele-psychiatry programs of interest. We also searched publicly available websites, including those of Canadian provincial and territorial governments, Indigenous communities, and relevant mental health agencies. Finally, we searched for publicly available information in international jurisdictions. For some of the programs we identified, we contacted key informants to obtain additional information.

Key Findings (Summarized in Table 1 below):

- Our jurisdictional scan found 16 tele-psychiatry programs or applications (apps) of interest. Nine are Canadian tele-health programs, three are programs from the United States, and four are applications that have been developed for use in Australia and in New Zealand. Five additional programs for which complete information could not be found are included in Appendix B (page 71).
- The identified tele-psychiatry program models used throughout Canada and the United States have many common features across the programs.
- The e-mental health applications we found varied in terms of the target age groups and the conditions treated, but all were designed for, or adapted for use by, Indigenous peoples.
- The following key features are intended to improve the cultural appropriateness of tele-psychiatry for Indigenous peoples (see page 10 for details):
 - providing community support for the program;
 - including traditional healing approaches;
 - taking a holistic view of health;
 - adapting the program to patient capacities;
 - making reciprocal visits (i.e., providers visiting communities or local health workers visiting consulting providers);
 - educating the care provider; and
 - enhancing local capacity.

Table 1: Summary of Key Findings— Tele-Psychiatry Programs or Applications for Indigenous Peoples

Tele-psychiatry Program or Application ↓	Mode of Delivery		Indigenous Leadership		Program Features That Improve Cultural Appropriateness for Indigenous Peoples						
	Video Conference	Application	Organizer	Partnership	Community Support	Traditional Healing	Holistic Health	Considering Patient Capacities	Reciprocal Visits	Service Provider Education	Enhancing Local Capacity
Cree Telehealth (CAN)	✓		✓		✓	✓	✓	✓	✓	✓	✓
KO eHealth (CAN)	✓		✓		✓					✓	✓
Sioux Lookout (CAN)	✓		✓		✓	✓	✓	✓			✓
SickKids (CAN)	✓			✓	✓	✓	✓	✓	✓	✓	✓
Weechi-it-te-win (CAN)	✓		✓		✓	✓	✓	✓	✓	✓	
CAMH (CAN)	✓				✓	✓				✓	✓
RNTS (CAN)	✓				✓	✓	✓		✓	✓	✓
MBTelehealth (CAN)	✓				✓		✓	✓			
eHealth Sask (CAN)	✓				✓	✓	✓	✓		✓	✓
HIS (USA)	✓				✓		✓	✓		✓	✓
AITMH (USA)	✓				✓	✓	✓	✓	✓	✓	
San Carlos (USA)	✓		✓		✓		✓	✓	✓		
AIMhi (AUS)		✓			✓	✓	✓	✓	N/A	N/A	N/A
iBobbly (AUS)		✓			✓	✓		✓	N/A	N/A	N/A
MindSpot (AUS)		✓			✓	✓	✓	✓	N/A	N/A	N/A
SPARX (NZ)		✓			✓	✓		✓	N/A	N/A	N/A

✓ a check mark in a cell indicates that the specified feature was found in our jurisdictional scan

□ a blank cell indicates that no information was available as to whether or not this feature is included in the program or application

3. Background & Research Objective

The province of Newfoundland and Labrador is home to four peoples of Indigenous ancestry: the Inuit, the Innu, the Southern Inuit, and the Mi'kmaq. The continental portion of the province, Labrador, is home to the Inuit of Nunatsiavut, Innu Nation of Nitassinan, and the Southern Inuit of NunatuKavut (1,2). The geographic dispersion of Indigenous peoples in Labrador, in combination with a harsh northern climate, makes delivery of mental healthcare services particularly challenging in that region of the province. This report is intended to support decision making on tele-health services for Indigenous peoples in the Labrador region.

In 2017, the Government of Newfoundland and Labrador made a commitment to address gaps in mental health and addictions services, to strengthen existing services, and to abolish barriers of stigma and timely access to care across the province. The policy document *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador* outlines several recommendations for improved mental health services. The recommendations particular to Labrador include:¹

- to ensure that psychiatrists provide regular visits (locums) to Labrador coastal communities;²
- to prioritize the recruitment of two permanent full-time psychiatrists;
- to provide new mental health beds in Labrador;
- to include services that are inclusive and culturally-appropriate; and
- to provide access to evidence-based services via technology (telehealth, telephone, online, text, virtual reality and social media) (3).

Acting on these recommendations, Labrador-Grenfell Health has begun providing tele-psychiatry services to communities in Labrador. However, the psychiatrists who provide tele-psychiatry services are located outside of the region and are not always familiar with Labrador's geographic or cultural contexts. In order to support the tele-psychiatry service, the Department of Health and Community Services requested this jurisdictional scan of tele-psychiatry programs and other technology-delivered mental health services serving predominately Indigenous populations in order to determine how these programs seek to provide inclusive and culturally-appropriate care.

¹ The list of recommendations provided here is taken directly from the *Towards Recovery* policy document. (3)

² A Locum, short for the Latin "locum tenens," is a person who temporarily fulfills the duties of another. For example, a locum doctor is a doctor who works in the place of the regular doctor when that doctor is absent, or when a hospital/practice is short-staffed.

4. Focus and Scope of this report

The focus of this report was to identify tele-psychiatry programs serving rural and remote Indigenous communities and to highlight how these programs have been adapted to provide culturally-appropriate care for Indigenous patients. Rather than presenting an exhaustive list of all tele-psychiatry programs in Canada or in selected jurisdictions, the report provides an overview of relevant tele-psychiatry programs that have been established to serve Indigenous peoples in those jurisdictions selected by our partners.

Search Parameters

Table 2 outlines the parameters of our search. All parameters were refined in consultation with a health system partner at the Department of Health and Community Services and with a healthcare professional partner working at Labrador-Grenfell Health.

Table 2: Overview of Search Parameters, Inclusion Criteria and Exclusion Criteria for this Report

Parameter	Inclusion criteria	Exclusion criteria
Population served by the tele-psychiatry program or application	<ul style="list-style-type: none"> Any Indigenous groups All age groups All mental health conditions 	<ul style="list-style-type: none"> No Indigenous populations involved
Areas of focus for the tele-psychiatry program or application	<ul style="list-style-type: none"> Mental health and addictions services Psychiatry services Psychology services Mental health applications 	<ul style="list-style-type: none"> Programs limited to consultations among health professionals with no involvement of patients
Program Setting (i.e., where the patients live or where they receive the tele-psychiatry service or access the application)	<ul style="list-style-type: none"> Rural or remote communities Indigenous communities or reservations Community clinics 	<ul style="list-style-type: none"> Urban communities
Jurisdictions	<ul style="list-style-type: none"> Canadian provinces and territories United States, Australia, New Zealand 	<ul style="list-style-type: none"> None
Timeframe	<ul style="list-style-type: none"> Currently active programs 	<ul style="list-style-type: none"> Programs that are no longer active

Search Strategy

We began with a literature search using PubMed, Google Scholar, PsychInfo, and Cochrane databases. We combined search terms (e.g., “tele-psychiatry,” “tele-mental health,” “telemedicine,” “e-health,” “e-mental health,” “indigenous,” “aboriginal”) with one another and with the jurisdictions of interest. References included in relevant articles were searched to identify additional programs of interest. Relevant journals and informal databases (e.g., International Journal of Circumpolar Health, Telemedicine and e-Health, and FirstMile.ca) were hand-searched for eligible programs.

We also searched publicly available websites using search terms similar to those listed above. These terms were combined with each jurisdiction of interest. A more general Canada-wide search was also conducted.

Our searches identified 16 programs in total: nine in Canada, three in the United States, three in Australia, and one in New Zealand. Detailed information about each program can be found in the tables in Appendix A. Data of interest include:

- program jurisdiction;
- community profile;
- program delivery model;
- language of delivery;
- cultural adaptations;
- program partners;
- financial considerations;
- program contacts; and
- any related web links or references.

To learn more about some of the programs, we also contacted program representatives by email to obtain additional information regarding cultural adaptations. Appendix B of this report includes information about five additional programs for which we could not locate all of the key information but which decision makers may also wish to consider.

5. Summary of Key Findings

Across Canada, the United States, Australia, and New Zealand, various tele-psychiatry and e-mental health programs have been implemented to serve people who live in rural and remote Indigenous communities. In summarizing the features of these programs, several key themes emerged across many of the identified programs in terms of the method of program delivery and the kinds of adaptations that have been made to improve the inclusiveness and cultural appropriateness of these services for Indigenous patients. Highlighted below are some of the key features of the programs we found.

Program Delivery Models

Program delivery using tele-health service methods

Despite considerable variation, the majority of the tele-psychiatry programs we examined from Canada and the United States share a number of key features. The following key features of tele-psychiatry program delivery were identified:

- When tele-psychiatry programs are established, they involve considerable collaboration and consultation between community clinics and the larger centres where psychiatrists are based.
- Tele-psychiatry programs take advantage of existing tele-health infrastructure and facilities when available. Tele-psychiatry appointments are often hosted in the same location as other tele-health appointments.
- Tele-psychiatry programs will have a coordinator located at the local health centre or at a more central location. This coordinator is responsible for scheduling appointments.
- A local healthcare provider such as a physician, nurse, or mental healthcare worker usually makes the referral to tele-psychiatry services; the service is then provided by a mental healthcare provider (known as the consulting provider) situated in a large urban health centre.
- The patient usually attends at the local health centre closest to his/her home.
- All tele-psychiatry programs use videoconferencing technology.
- Sessions include the consulting provider, the patient, and often the referring provider. Many programs allow a family member or a friend to accompany the patient to the appointment.

None of the information about the programs we identified indicated that this general program delivery model will differ significantly whether tele-psychiatry services are provided to non-Indigenous or to Indigenous populations.

Program delivery using e-mental health applications

We also identified four e-mental health applications, three from Australia and one from New Zealand. These applications vary in terms of the target age group and the conditions treated. All have been adapted or designed for use by Indigenous peoples and all have the following common features:

- The app was developed by healthcare professionals (e.g., psychologists and/or psychiatrists) and university-based researchers.
- The therapies provided through the apps are considered to be “adapted” because they do not involve the delivery of therapy directly by a care provider. They are adapted from evidence-based therapies such as cognitive-behavioural therapy (CBT).
- The app is interactive and activity-based.
- The apps are supported by healthcare professionals or encourage program users to seek the support of a healthcare professional for the duration of use.
- The app is designed to be completed over several weeks at the program user’s pace.
- The app is of low or no direct cost to the program user.
- The apps have been evaluated for acceptability, feasibility, and effectiveness.

Cultural Adaptations That Improve Tele-Psychiatry Services for Indigenous Peoples

All of the identified tele-psychiatry programs included in this report were adapted to meet the cultural needs of the Indigenous populations they serve. The following key adaptations were found:

- ***Providing Community Support for the Program:*** The support of the community is required when establishing tele-psychiatry programs for Indigenous peoples. Community members must express a need for the service and they must be involved in program development. This community support can be achieved through community consultations and the involvement of Elders or other Indigenous advisors in program design and implementation. The community will then continue to be involved with the program after its establishment. The programs we identified had various ways of involving the local community, including hiring members of the Indigenous community to work as coordinators, health providers, or as community volunteers.
- ***Including Traditional Healing Approaches:*** Most of the tele-psychiatry programs we identified prioritized the incorporation of traditional healing into the care program. Examples include: offering traditional therapies such as horticultural therapy, land-based cultural healing, and the medicine

wheels;³ providing information about, or referrals to, traditional healers; and providing space for sweat lodges, smudging, and talking circles. One tele-psychiatry program provides a quiet room at the local health centre for smudging before or after tele-psychiatry appointments (see Table 6). The identified apps also incorporated traditional Indigenous imagery, stories, and context.

- ***Taking a Holistic View of Health:*** Many of the programs we identified take a holistic approach to health to ensure that the care being provided includes the patient's physical, social, spiritual, and emotional health needs. The traditional healing methods described above are considered to be an important component of this holistic approach. Another component of this holistic approach is the involvement of the community and, particularly of Elders. Some programs include Elders as board members, advisors, and mentors. Some programs connect interested patients with local Elders who may then accompany them to their tele-psychiatry appointments or meet with them before or after their appointments. Programs also involve family and friends who are permitted or even encouraged to accompany patients to their tele-psychiatry appointments.
- ***Adapting the Program to Patient Capacities:*** Many patients requiring tele-psychiatry services may not speak English or may have low English literacy. They may also lack experience using computers and other technologies. To address these issues, many of the tele-psychiatry programs we identified offer translation and interpretation services. Some programs provide written information in multiple languages. Some program websites are available in multiple languages or in audio formats. The identified apps provide audio or video instructions. Cree Telehealth in Quebec (see Table 2) has developed a medical glossary known as the Cree Medical App which contains words, terms, and phrases to help patients and providers communicate. Many programs also offer an orientation to the videoconferencing technology at the local health center that will answer first-time users' questions before their first appointment.
- ***Making Reciprocal Visits:*** While tele-psychiatry reduces the need for providers to travel to rural and remote communities, many programs suggest that providers make an initial visit to the communities where their services will be provided. These visits can help provide cultural context to providers who do not have experience working with these communities. The visits also offer an opportunity for local staff, patients, and community members to meet their new healthcare provider and to establish trust. One of the identified programs also provides opportunities for the local health workers to visit the consulting provider at their urban health centre (see Table 5) as a way of contributing to capacity building and improving collaboration.

³ Medicine wheels (sometimes called hoops) come in many forms, and their significance and use is culture-specific. There is, however, one fundamental similarity: medicine wheels represent the alignment and continuous interaction of physical, emotional, mental, and spiritual realities. The circle shape represents the interconnectivity of all aspects of one's being, including the connection with the natural world. Medicine wheels are frequently believed to be the circle of awareness of the individual self or to represent the circle of knowledge that provides a person with power over his or her life.

- ***Educating the Care Provider:*** Care provider education is a crucial component in delivering culturally-appropriate care. The majority of psychiatrists providing tele-psychiatry are located in large urban centres. Many do not have experience working with Indigenous populations and may not understand the social, cultural, and geographic contexts of their tele-psychiatry patients. For this reason, some programs offer online education modules and in-person training for care providers. Examples include: visits from Elders, presentations on traditional medicine and storytelling, the Blanket Exercise,⁴ cultural safety training, and Indigenous language classes.
- ***Enhancing Local Capacity:*** Local frontline staff within rural and remote Indigenous communities may have limited experience with various mental health and psychiatric conditions. Psychiatrists and psychologists use videoconferencing technology to provide frontline staff and health workers with training to increase their capacity to help patients locally, which in turn will improve the continuity of care for patients between tele-psychiatry appointments or once their involvement in the tele-psychiatry program has ended. Some of the training offered to local care providers may qualify as continuing medical education (CME). Examples of the training offered by some of the programs we identified in this report include: education about routinely-encountered mental and behavioural health issues, training in suicide prevention, education in dealing with trauma, and training in providing support for people with addictions and substance use issues. Some programs also have platforms for online knowledge-sharing among various care providers.

⁴ The Blanket Exercise is an interactive educational program that was developed in collaboration with Indigenous Elders, knowledge keepers, and educators. It teaches the history of Indigenous peoples in Canada and aims to foster truth, understanding, respect and reconciliation among Indigenous and non-Indigenous peoples. See <https://www.kairosblanketexercise.org/> for more information.

6. Summary Tables

The following tables provide a summary of the 16 tele-psychiatry programs and applications that were identified in this jurisdictional scan. Tables 3-11 summarize Canadian tele-psychiatry programs; tables 12-14 summarize tele-psychiatry programs from the United States; and tables 15-18 summarize tele-psychiatry applications from Australia and New Zealand. Appendix A provides more detailed information about program delivery, as well as information about financial considerations, key contacts, and relevant references. Appendix B describes additional programs found during the jurisdictional scan but not included in the summary tables.

The following information is captured in the summary tables:

- the program name and jurisdiction;
- an overview of the program;
- a description of the community and population served;
- details pertaining to program delivery;
- a summary of the cultural adaptations undertaken;
- language of program delivery; and
- a list of key partners.

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Table 3: Cree Telehealth (Quebec) For more details, see p. 30

<p><u>Cree Telehealth, Eeyou Istchee James Bay, Quebec</u></p> <ul style="list-style-type: none"> Cree Telehealth is the regional telehealth service for the Miyupimaatisiun Department and is responsible for the coordination, implementation and delivery of all telehealth services. Tele-psychiatry is provided through a partnership with McGill University’s Réseau Universitaire Intégré de Santé et Services Sociaux (RUISSS). Care providers are psychiatrists located at one of McGill University’s four teaching hospitals in Montreal. They are able to monitor, consult, and treat patients while the patients remain in their communities, thereby reducing the need for patients to travel for diagnosis or treatment while also reducing the care provider’s need to travel to see patients face-to-face. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> Population ~ 18,000. Large distances between communities and limited access to specialists. Each community has a Community Miyupimaatisiun Centre (CMC), or Community Health Centre, operated by the Cree Board of Health and Social Services of James Bay (CBHSSJB). Chisasibi Regional Hospital is located in the region. 	<ul style="list-style-type: none"> RUISSS Telehealth provides consultations with physicians, nurses, and other health professionals. Psychiatric services are offered to both children and adults. Patients can choose to be accompanied by a family member. Telehealth sessions are held in a private rooms equipped with a microphone and video monitor. After the appointment, a report is forwarded to the attending physician and any necessary follow-up is scheduled. Languages of delivery: English, French, and Cree. 	<ul style="list-style-type: none"> Cree language courses for staff of the CBHSSJB. Medical glossary known as the Cree Medical App. Consent forms are available in video format, the website is bilingual and includes Cree audio translations, and all signage is multilingual. The CBHSSJB incorporates opening prayer, consultation with Elders, and the Blanket exercise. Council of Elders available to offer knowledge surrounding cultural safety. 	<ul style="list-style-type: none"> Province of Quebec’s Réseau Universitaire Intégré de Santé (RUIS) McGill University Health Centre (MUHC) Jewish General Hospital St. Mary’s Hospital Centre Douglas Mental Health University Institute



Table 4: KO eHealth Telemedicine Services (Ontario) For more details, see p. 32

<p>KO eHealth Telemedicine Services (KOTM), Keewaytinook Okimakanak (KO) First Nations, Ontario</p> <ul style="list-style-type: none"> • KOTM is the largest Indigenous-owned and operated telehealth network in the world. • KOTM services are community-driven, culturally- appropriate, and available to First Nations communities throughout Ontario. • KOTM clinical services are delivered via videoconferencing technology. • From 2010-2017, mental health was among the top clinical services for which the KOTM provided telemedicine. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> • Keewaytinook Okimakanak (KO) is an administrative council of Northern Chiefs located in Northwestern Ontario. • KO communities form a population of about 3000 and are only accessible by plane, winter/ice roads, or snowmobiles. 	<ul style="list-style-type: none"> • The service model is directed by First Nations requirements, community leadership, and health and wellness priorities. • KOTM appointments are scheduled for all communities at a centralized office. The scheduler confers with local Community Telemedicine Coordinators (CTCs) daily to book and confirm appointments. • CTCs collaborate with communities to ensure that the service needs of the community are being met. • Consulting physicians are located throughout Ontario as well as in other provinces. • Sessions are 1.5hrs long and include assessment, treatment, and consultation services as needed. • Videoconferencing is also used to connect local health professionals to consultants outside the community. 	<ul style="list-style-type: none"> • KOTM participated in community engagement with Health Committees, Band Councils, and the general public to introduce telemedicine before establishment. • Continued community engagement and collaboration are key components of the program. • KOTM respects the authority and jurisdictions of First Nations governments in the delivery of health services. • KOTM hosts regular Chief, Council, and Elder meetings. • Education sessions, training, and supports are offered to front-line workers and staff. 	<ul style="list-style-type: none"> • NORTH Network Ontario • MBTelehealth in Manitoba • Aboriginal Health Access Centres • Ontario Telemedicine Network (OTN)



Table 5: Sioux Lookout First Nations Health Authority (Ontario) For more details, see p. 35

Sioux Lookout First Nations Health Authority , Northern Ontario			
<ul style="list-style-type: none"> Sioux Lookout First Nations Health Authority (SLFNHA) provides health services to the Anishinabe First Nation people. The telemedicine program was developed to enable access to both clinical and non-clinical mental health services using confidential videoconferencing located in local nursing stations and health centres. The program has a focus on child and youth services. It provides tele-mental health services to health care providers, clients, families, and support workers located in communities. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> Population ~ 5600 spread over 536 km². 33 First Nations communities within the Sioux Lookout region, 25 of which have access to the telemedicine program. Regional hospital located in Sioux Lookout is the Meno Ya Win Health Centre. 	<ul style="list-style-type: none"> Services are available for both children and adults and include: psychiatry, psychology, counselling, art therapy, and primary care. Tele-psychology offers individual psychological consultations to clients. The Telemedicine Program Coordinator acts as a care manager for all those referred for services and initiates Intake Assessments. A referral from a counsellor or family physician is required. Videoconferencing is also used to provide mental health education programming to communities and staff. Tele-mental health services are provided to students who are enrolled in the National Native Alcohol and Drug Abuse Program (NNADAP). Language of delivery: English with translation services available for Ojibway and Oji-Cree languages. 	<ul style="list-style-type: none"> Program integrates holistic view of health and wellbeing, Anishinabe ways of knowing, culture, language, and healers. SLFNHA respects Anishinabe teachings and autonomy. Mentoring is provided to Community Mental Health and Addictions workers to increase the capacity of local mental health services. 	<ul style="list-style-type: none"> KOTM K-Net Meno Ya Win Health Centre OTN Province of Ontario Carleton University Norther Ontario School of Medicine University of Toronto Chiefs of Ontario First Nations & Inuit Health Branch



Table 6: The Hospital for Sick Children TeleLink Mental Health Program (Ontario and Nunavut) For more details, see p. 37

The Hospital for Sick Children TeleLink Mental Health Program (TMHP), Ontario and Nunavut			
<ul style="list-style-type: none"> TMHP began providing psychiatric mental health assessment, consultations, and education by distance to children and youth in northern Ontario and Indigenous communities as a pilot project in 1997 and more permanently as of 2000. TMHP aims to provide comprehensive psychological services while also increasing the capacity of local mental health centres. In 2011, TMHP partnered with the Territory of Nunavut to provide tele-psychiatry consultations as a pilot project. In 2014, another partnership was formed between the Nunavut government’s Department of Health – Mental Health and Addictions Team and The Hospital for Sick Children (SickKids). The TMHP tele-psychiatry collaboration with Nunavut is ongoing. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> Program serves Area 4 in Ontario which includes London, Chippewas of the Thames First Nation – Muncey, Windsor, Owen Sound, Nipissing First Nation, and Tyendinaga. Nearly 65,000 youth in Ontario identify as Indigenous. Nunavut has a small population spread over a large geographic area. Twenty-five communities are remote with fly-in access only. About 40% of the population is under the age of 19. Nearly 85% of the population identify as Inuit. Mental health service needs are significant, with a higher rate of suicide in Inuit youth compared to the rest of Canada. 	<ul style="list-style-type: none"> The program is facilitated locally by designated tele-psychiatry coordinators. Referrals can come from community physicians, children’s mental health agencies, community general hospitals, youth detention or justice programs, and Indigenous youth workers. Referring clinicians must first complete a mental health assessment and obtain consent. TMHP uses a consultative model to connect psychiatrists with case managers, clients, and their families, depending on need. Psychiatrists located at the University of Toronto provide consultations either weekly or monthly. The typical appointment is 1.5hrs long and may be a clinical assessment, diagnosis, or treatment recommendation. Short-term follow-up and shared care are also available. The ongoing responsibility for the client remains with the referring physician. Psychiatric consultations and tele-psychology services are available for a variety of reasons. At the end of the appointment, recommendations are provided verbally followed by a written report within 15 days. TMHP psychiatrists provide education sessions to frontline workers in Nunavut which include psychiatric nurses, social workers, child and youth workers, and community wellness workers to increase their capacity. Language of delivery: English and French. 	<ul style="list-style-type: none"> TMHP recognizes the cultural and social strengths of the Indigenous communities they serve. They use team meetings and consults to ensure that community values and priorities are integrated into care plans. One of the providers acts as a liaison with Indigenous and Remote Communities. During appointments, a case manager or primary physician must accompany the client to assist with culture and language. <p>Ontario</p> <ul style="list-style-type: none"> Southwest Ontario Aboriginal Health Access Centre (SOAHAC) promotes holistic health practices and honors traditional values. SOAHAC offers an online Ontario Indigenous Cultural Safety Program to all professionals. <p>Nunavut</p> <ul style="list-style-type: none"> During program development, a child psychiatrist providing fly-in services in the community assisted administration with program structure and relationship building. Providers in Nunavut collaborate with psychiatrists to ensure that recommendations are feasible for the context. Reciprocal site visits are encouraged. 	<ul style="list-style-type: none"> SOAHAC Territory of Nunavut Dept. of Health – Mental Health and Addictions Team University of Toronto



Table 7: Weechi-it-te-win Family Services (Ontario) For more details, see p. 41

<p>Weechi-it-te-win Family Services (WFS), Northwest and Northeast Ontario</p> <ul style="list-style-type: none"> WFS launched in October of 2014 and is governed by ten Chiefs of the Rainy Lake Tribal Council. WFS provides coordination of a tele-mental health program for First Nations, Métis, and Inuit communities located in Service Area 6. Existing videoconferencing infrastructure is utilized to connect children and youth ages 0-18 to specialized mental health consults. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> Service Area 6 covers 800,000 km² including the Kenora, Rainy River, and Cochrane districts. A large number of Indigenous communities are located in the area. 	<ul style="list-style-type: none"> WFS uses a consultation model with physicians from The Hospital for Sick Children, The Children’s Hospital of Eastern Ontario, and the Child and Parent Resource Institute. Referrals can come from any publicly-funded health professionals within Service Area 6. Local tele-mental health coordinators (TMHC) receive referrals, conduct “Service Readiness Reviews”, schedule consultations, and arrange for consultations to take place as close to home as possible for the client. The referring provider attends the consultation with the client. It is their responsibility to implement the recommendations made by the specialist. Within 2-3 weeks of the tele-consultation, the specialist will send a report to the referring provider. 	<ul style="list-style-type: none"> TMHC travel throughout the region to build relationships and increase awareness of the program among potential referring providers and clients. TMHC work with service providers to ensure the delivery of culturally and linguistically appropriate services and outreach. WFS staff are Indigenous people themselves and reside in the service area. WFS has a Cultural Room which clients are encouraged to use for smudging or quiet time prior to their consultation. WFS has an Elder council that provides guidance, oversees cultural protocols and ceremony, and can meet with clients during or outside of appointments. 	<ul style="list-style-type: none"> The Hospital for Sick Children The Children's Hospital of Eastern Ontario Child and Parent Resource Institute OTN KOTM



Table 8: Centre for Addiction and Mental Health Tele-psychiatry (CAMH) (Ontario) For more details, see p. 44

Centre for Addiction and Mental Health (CAMH), Ontario			
<ul style="list-style-type: none"> CAMH is located in Toronto, Ontario and is affiliated with University of Toronto. It is the largest mental health teaching hospital in Canada. CAMH provides telemedicine services through two organizations, the Northern Psychiatric Program (NPOP-C) as well as the North East Local Health Integration Network (LHIN) Northern Tele-psychiatry Program. From 2018-2019, there were 2766 tele-psychiatry appointments. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<p>NPOP-C</p> <ul style="list-style-type: none"> Remote and rural communities in Northern Ontario. Psychiatry outreach services in Iqaluit and the Qikiqtani Region of Nunavut. <p>LHIN</p> <ul style="list-style-type: none"> Northeastern Ontario region with population of 565,000. Communities are rural or remote, with fly-in or ice roads in the winter. Eleven percent of the population are Indigenous. 	<p>NPOP-C</p> <ul style="list-style-type: none"> Outpatient tele-psychiatry consultations take place within community hospitals, primary care clinics, or mental health facilities. The general provincial referral model places clients on a waitlist to see the first available psychiatrist. Wait-times are around 12-14 weeks once a referral is received. The integrated care model partners a psychiatrist with a particular community organization for regularly scheduled care. Psychiatrists meet with their organization bi-weekly for 3hrs and provide both direct client care and indirect client care. <p>LHIN</p> <ul style="list-style-type: none"> LHIN pairs Family Health Teams with a psychiatrist from CAMH as well as the OTN. A clinical coordinator schedules the consults and acts as a liaison. CAMH psychiatrists spend a half day bi-weekly with their assigned Family Health Team. They provide clinical consultations to clients as well as education and support to the primary care team members. 	<p>NPOP-C</p> <ul style="list-style-type: none"> Developing a set of training competencies in outreach psychiatry in partnership with stakeholders and Indigenous clients. Developing a model of integrated mental healthcare based on Indigenous knowledge and best practices in partnership with Indigenous community members. Connect Indigenous Elders and health care practitioners to enable them to provide mental health care which combines best practices with Indigenous knowledge. <p>LHIN</p> <ul style="list-style-type: none"> Provides funding for online cultural safety training for their health services providers. Cultural Mindfulness Training is available for interested service providers. 	<ul style="list-style-type: none"> Ontario Psychiatric Outreach Program (OPOP) OTN KOTM University of Toronto Aboriginal Health Access Centres



Table 9: Rural and Northern Telehealth Service (Manitoba) For more details, see p. 47

Rural and Northern Telehealth Service (RNTS), Northern Manitoba			
<ul style="list-style-type: none"> RNTS was developed in 2010 as a suicide prevention initiative and now provides tele-mental health services to children and youth up to age 21 who are experiencing emotional difficulties. Services are available in all 63 Indigenous communities in Manitoba. RNTS aims to improve access to mental health services in underserved and remote communities, to collaborate with hospitals and communities to ensure appropriate treatment and follow-up, and to contribute to overall community wellness through prevention and community capacity-building efforts. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> 18% of Manitobans are Indigenous and over 50% of the population reside in rural areas. 63 First Nations communities in Manitoba with ~ 60,000 people living on these reserves. Communities vary in size from 400 to 1000 people. Various health resources available. 	<ul style="list-style-type: none"> Tele-mental health services are provided daily by Mental Health Clinicians and psychiatrists located in Winnipeg. Services offered include consultation, assessment, and treatment. The referral policy is “no wrong door” meaning youth can be referred from any concerned resource. Tele-mental health and tele-psychiatry appointments occur at local clinics, nursing stations, or schools using videoconferencing. A report from the psychiatrist is sent to the local nursing station to ensure continuity of care and collaboration of services. Follow-up services are provided as needed. Youth who are in crisis are sent to the hospital in Winnipeg. Follow-up can then be provided by tele-psychiatry. 	<ul style="list-style-type: none"> RNTS prioritizes traditional Indigenous teachings and historical ways of healing. RNTS delivery model is one of Two-Eyed Seeing. This is when western mental health models are combined with traditional wisdom and teachings. RNTS team members travel to the communities they serve to meet and engage with clients. Some of the specialists offer traditionally influenced therapies including horticultural therapy, land-based cultural healing, and medicine wheel. 	<ul style="list-style-type: none"> Departments of Health, Family Services First Nations Inuit Health Branch



Table 10: MBTelehealth (Manitoba) For more details, see p. 50

MBTelehealth, Manitoba			
<ul style="list-style-type: none"> • MBTelehealth provides telehealth services across the province of Manitoba at 195 sites throughout the five Regional Health Authorities. Nearly 60 of those sites are in First Nations communities. • Available services include healthcare, continuing education, health-related meetings, family visits, and eConsult Store and Forward. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> • Large First Nations and Métis population. • Northern Manitoba’s population is 65% Indigenous. 	<ul style="list-style-type: none"> • Services include specialist consultations, follow-up appointments, case conferencing, and patient education. • Tele-psychiatry is available from psychiatrists and psychologists to both children and adult clients. • Local healthcare providers send referral requests on behalf of their patients and include a request for the appointment to be made via telehealth. • Telehealth appointments take place at local telehealth sites. • Family members, a friend, or other healthcare providers are permitted to be present in the appointment. • Following the appointment, the consulting health care provider sends a report of the appointment to the local healthcare provider who requested the appointment for follow-up. 	<ul style="list-style-type: none"> • During establishment, the team included a First Nations liaison who assisted with site and service development as and the development of community capacity. • MBTelehealth have dedicated staff for the First Nations and Northern Health Regions. • Community Mental Health workers use Facebook to reach out to clients which gives them an opportunity to avail of services if they are needed. This is not normally used in larger centres, but meets community needs. • Some communities have flexible service delivery with a block of time dedicated to first come first serve tele-psychiatry. 	<ul style="list-style-type: none"> • Manitoba Health • First Nations and Inuit Health Branch – Health Canada • University of Manitoba



Table 11: eHealth Saskatchewan (Saskatchewan) For more details, see p. 52

<p>eHealth Saskatchewan, Saskatchewan</p> <ul style="list-style-type: none"> eHealth Saskatchewan’s Telehealth program is available to residents of the province residing in rural and remote areas. It connects both patients and primary care providers to specialists using videoconferencing and allows for collaborative, holistic medical care. A variety of tele-health services are offered, with tele-mental health being one of the most used services in First Nations communities. From 2016-2017, the First Nations Inuit Health Branch helped organize 1059 telehealth sessions. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> Population of 1.2 million. 11% identify as First Nations and 5% identify as Métis. Rural, remote, and Indigenous communities in Saskatchewan face challenges in accessing specialist mental health care. 	<ul style="list-style-type: none"> Tele-health is used for medical appointments, consults, follow-ups, meetings, and education sessions. Services that are currently offered include tele-psychiatry, tele-visitation, and tele-mental health. Referrals for tele-health consultations come from family physicians. Most specialists are located in Saskatoon or Regina. Local telehealth coordinators notify patients of their appointment and answer any questions they have. Appointments take place at the patient’s nearest telehealth site, usually within their community. Appointments vary in length from 10-60 minutes depending on need and whether the specialist has previously met with the patient. 	<ul style="list-style-type: none"> First Nations and Inuit Health Branch helps ensure a holistic approach to health and protects and maintains the integrity of traditional health practices. Northern Inter-Tribal Health Authority is a First Nations organization which provides them with expertise with regards to culturally based, professional health practices. Telehealth services that are being added in the future include tele-addictions meetings, community education sessions, mHealth (mobile health) technologies, and wellness activities. 	<ul style="list-style-type: none"> Saskatchewan Regional Health Authorities First Nations and Inuit Health Branch Northern Inter-Tribal Health Authority



Table 12: Indian Health Service (USA) For more details, see p. 54

Indian Health Service – Telebehavioral Health Center of Excellence (TBHCE), United States			
<ul style="list-style-type: none"> The Indian Health Service (IHS) is the largest federal body providing healthcare to Native American communities. The TBHCE was established in 2008 to provide, promote, and support the delivery of high quality, culturally-sensitive telebehavioural healthcare to American Indian and Alaska Native (AI/AN) communities. A variety of behavioural health services are offered with an emphasis on psychiatric and psychological services. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> There are 26 telebehavioural health sites located in rural and remote communities in Alaska, Arizona, Maine, Montana, New Mexico, New York, South Carolina, Washington, and Wisconsin. The rates of suicide, post-traumatic stress disorder (PTSD), alcohol dependence, and disruptive behaviour disorders are all higher in AI/AN communities. 	<ul style="list-style-type: none"> Each site has a dedicated Telebehavioral Health Coordinator who acts as the primary contact for the telehealth program, schedules appointments, maintains patient schedules, provides education regarding telehealth, obtains patient consent, sets up each session, introduces patients to their provider, and coordinates patient follow-up. Current programs offered include adult psychiatry, addictions psychiatry, geriatric psychiatry, child and adolescent psychiatry, family therapy, child and adolescent therapy, addictions therapy, and adult therapy. Frequency of appointments varies based on the need of the community. Appointments may be scheduled as a half day weekly, bi-monthly, or monthly. 	<ul style="list-style-type: none"> Establishment of the program was based on a partnership between the Albuquerque Area IHS and tribal members in the area. Local residents are involved in the program as coordinators and provide historical and cultural context to providers. Local community providers are consulted in order to understand needs and priorities. Distance education for providers is offered. Topics include routinely encountered behavioural health topics presented in a culturally-sensitive way. 	<ul style="list-style-type: none"> IHS Division of Behavioral Health University of New Mexico, Department of Psychiatry and Behavioral Sciences Center for Rural and Community Behavioral Health (CRCBH)



Table 13: American Indian Telemental Health Clinics (AITMH) (USA) For more details, see p. 57

American Indian Telemental Health Clinics (AITMH) Colorado, United States (no website found)			
<ul style="list-style-type: none"> In 2001, the University of Colorado partnered with the Department of Veteran Affairs (DVA) to design, implement, and administer the AITMH tele-mental health program for American Indian veterans with PTSD. As of 2017, there were 14 established tele-mental health clinic sites providing services to 20 different tribes. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> Based in Denver, Colorado but provides services in Idaho, Montana, South Dakota, and Wyoming. AI/AN veterans have high rates of substance use disorders and PTSD. Limited access to specialized healthcare services on reservations and trust lands located in rural areas. 	<ul style="list-style-type: none"> Each site has a Telehealth Outreach Worker (TOW) who promotes the clinic services in communities. The TOW is responsible for clinic operations. Each veteran is assigned to one provider who they have regular appointments with. Clinicians provide therapy, prescribe medications, and coordinate other necessary care. Individual and group psychotherapy is available. Family involvement in consultations is encouraged. TOW provide guidance on cultural and community issues relevant to patient care to the provider. AITMH clinics collaborate with communities to make sure care delivery is culturally acceptable and holistic. The TOW can connect veterans with traditional healers to help them incorporate traditional healing including sweat lodges, smudging, and talking circles. 	<ul style="list-style-type: none"> During the AITMH pilot stage, feedback, support, and approval were sought from the local tribes. AITMH recruit providers that have experience working with veterans or with cross-cultural experience. Providers undergo training in AI/AN cultural issues and visit communities prior to starting. Tribal Veterans Representative (TVR) program in which AI/AN veteran volunteers act as outreach workers at sites of service delivery and in the community. TOWs are involved in community organizations and collaborate with TVRs to provide access to local traditional healing resources. Providers attend the DVA’s Tribal Veterans Representative training sessions a minimum of once per year. 	<ul style="list-style-type: none"> University of Colorado Denver’s Centers for American Indian and Alaska Native Health DVA Rural Health Resource Center – Western Region DVA Office of Telemedicine Services DVA Medical Centers Indian Health Service



Table 14: San Carlos Apache Wellness Center (USA) For more details, see p. 59

<p>San Carlos Apache Wellness Center, Eastern Arizona, United States</p> <ul style="list-style-type: none"> The San Carlos Apache Wellness Center (SCAWC) opened in 2003 as a tribally run out-patient mental health and substance abuse program. In 2009, they began offering tele-psychiatry services. The mission of the SCAWC is to heal, serve, and empower the Apache people while honoring their traditions and providing quality care. The importance of family, community, and the individual are respected. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> Located in Eastern Arizona on a 1.9 million acre Indian reservation. Over 15,000 members avail of services. The nearest psychiatrist is a 6+ hour drive away. In 2015, the San Carlos Apache Healthcare Corporation opened a hospital on the reservation. 	<ul style="list-style-type: none"> Services offered include mental health, substance abuse prevention, and peer support groups. Service providers include psychologists, therapists, substance abuse counsellors, case managers, support staff, and psychiatrists. Only the psychiatrists provide services via telemedicine. In order to access tele-psychiatry services, an individual must be a client with a counsellor or therapist at the SCAWC. Primary clinicians schedule tele-psychiatry appointments, coordinate all care, and join the patient for all tele-psychiatry appointments. SCAWC has a Patient Experience Department with Ambassadors that help patients navigate the tele-psychiatry site. Language of delivery: English with Translation for Apache, Spanish, and Sign Language. 	<ul style="list-style-type: none"> During establishment, the psychiatrist came to the SCAWC to visit the site and meet with local clinicians in person. The SCAWC team provide clients with an orientation of the technology and found this to help mitigate any concerns. A patient’s primary counsellor or therapist attends all tele-psychiatry appointments with the patient. This helps to mediate communication and cultural issues that may arise. Apache interpretation services are available through the Patient Experience Department Ambassadors. 	<ul style="list-style-type: none"> Indian Health Services Arizona Telemedicine Program IHS San Carlos Hospital Regional Behavioral Health Association (Cenpatico Behavioral Health)



Table 15: The Aboriginal and Islander Mental health initiative Stay Strong App (Australia) For more details, see p. 61

Aboriginal and Islander Mental health initiative (AIMhi) Stay Strong App, Australia			
<ul style="list-style-type: none"> The AIMhi Stay Strong App was developed by the Menzies School of Health Research and Queensland University of Technology in collaboration with Aboriginal and Torres Strait Islander peoples and Aboriginal Health Workers. The App delivers a brief therapy designed to improve mental health, substance use, and well-being. It combines cognitive behavioural principles with goal setting and social support building. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander communities in Australia. Community identified the need for culturally-relevant mental health services for Aboriginal and Torres Strait Islander peoples in Australia. 	<ul style="list-style-type: none"> AIMhi Stay Strong App is a tablet-based application (app) that is interactive and clinician supported. The App is available for both Apple and Android devices. Used by Indigenous clients working with Aboriginal Health Workers, nurses, GPs, allied health professionals, and community workers. The App focuses on mental health and substance misuse intervention using content and imagery specific for Indigenous clients. The App helps individuals improve their well-being by visually representing areas of their life in which they are strong and not as strong. It then assists users in making a plan for change. The goal-setting section of the program is adapted to the client’s own values and sociocultural context. A summary of the client’s Stay Strong Plan can be exported, emailed, or printed for their own records and to share with their provider. 	<ul style="list-style-type: none"> AIMhi works with Aboriginal and Torres Strait Islander researchers, practitioners, organizations, and communities. AIMhi app based on tools that were developed with Indigenous people for Indigenous people. The App provides instructions and help in both text and audio form. The App discusses relationships and family in a holistic manner which fits with Indigenous views. Future updates to the App may include translation into Aboriginal and Torres Strait Islander languages as well as the inclusion of more culturally relevant graphics and animation. 	<ul style="list-style-type: none"> Queensland University of Technology Central Australian Aboriginal Media Association (CAAMA) University of Sydney Black Dog Institute



Table 16: The iBobbly App (Australia) For more details, see p. 63

<p>The iBobbly App, Australia</p> <ul style="list-style-type: none"> iBobbly is a suicide prevention app designed for use by Indigenous populations that delivers treatment-based therapy in a culturally-relevant way. The App uses psychological therapies and Indigenous metaphors, images, and stories to reduce users’ suicidal thoughts. The App format addresses the barriers of geographic isolation as well as the stigma associated with suicide and mental health treatment. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> Pilot project in 2015 in Kimberly, Western Australia. Expanded to over six locations around Australia. Indigenous youth suicide rate in Australia is five times higher than the non-Indigenous population. Few Indigenous people seek help for suicidal thoughts. 	<ul style="list-style-type: none"> The app is designed for Indigenous Australians aged 15 years and over who are experiencing suicidal thoughts. The content in the app is based on Acceptance and Commitment Therapy as well as Cognitive Behavioural Therapy. It incorporates mindfulness and values-based action strategies. The app is self-directed, contains activity modules, and self-assessment. The content is delivered using interactive activities, stories, and videos. If a program user is experiencing thoughts of suicide, they are directed to call an emergency line, Lifeline, or KidsHelp line. After downloading the app, internet use is not required and it can be used for any length of time. The app is password-protected to maintain confidentiality. 	<ul style="list-style-type: none"> The app was developed in partnership with members from the Indigenous community in Kimberley, Western Australia. The name iBobbly is derived from a Kimberley greeting. The imagery in the app was created by Indigenous artists and graphic designers. To mediate low literacy or technology skills, all text was accompanied by audio recordings. The involvement of the community in the development of the app contributed to engagement and acceptability. 	<ul style="list-style-type: none"> Black Dog Institute Alive and Kicking Goals HITnet Innovations Australian Government Thoughtworks Muru Marri Indigenous Health Unit UNSW Young and Well Cooperative Research Centre NHMRC Centre for Research Excellence in Suicide Prevention



Table 17: The MindSpot App (Australia) For more details, see p. 65

The MindSpot App, Australia			
<ul style="list-style-type: none"> • MindSpot is a free service for Australians over the age of 18 who are experiencing anxiety, stress, depression, and low mood. MindSpot has seven courses including an Indigenous Wellbeing course designed to help Aboriginal and Torres Strait Islander adults learn to manage symptoms of depression and anxiety in a culturally respectful way. • MindSpot was developed by researchers at Macquarie University’s eCentreClinic as a result of the Commonwealth Government’s eMental Health strategy to improve availability of mental health services for people in remote parts of the country. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander adults aged 18 years and older. • Indigenous people in Australia face challenges in accessing local mental health services. • The majority of Indigenous users of MindSpot courses are located in rural and remote areas. 	<ul style="list-style-type: none"> • The MindSpot Indigenous Wellbeing course is a version of the original Wellbeing course that has been modified by an Indigenous mental health worker in consultation with an Indigenous advisory group. • The course is delivered online over a period of 8 weeks. It consists of 5 lessons designed to provide the same information and skills a client would gain from therapy. • Recommended for Aboriginal and Torres Strait Islander adults who experience symptoms of low mood, depression, social anxiety, panic attacks, and general worry. • Suggested to spend about four hours per week working on the course and practising skills. • The course can be completed entirely individually or users can opt to receive weekly support from a therapist. • Evaluations of the MindSpot course have shown Indigenous participants achieve symptom reductions in all areas and have high satisfaction with the program. 	<ul style="list-style-type: none"> • MindSpot team has an Indigenous Advisor who has helped with the development of the course. The Indigenous advisor consulted with an Indigenous advisory group as well as with Indigenous individuals and groups around the country. • Designed to reflect the experiences of Indigenous people and how those experiences impact their mental health. • Content added to the Indigenous course includes intergenerational trauma, family and community violence, and longing for country. • Indigenous Advisor is available to assist participants with their participation in the course. • Stories and images used were created by Indigenous Australians for Indigenous Australians. 	<ul style="list-style-type: none"> • Macquarie University • Warawara (Department of Indigenous Studies), Macquarie University • Queensland University of Technology • University of Sydney



Table 18: SPARX Computer Program, New Zealand For more details, see p. 67

<p>SPARX (Computer Program) New Zealand</p> <ul style="list-style-type: none"> • SPARX is a free online computer program for youth between the ages of 12-19 who are feeling down, anxious, or depressed. • SPARX was designed by researchers and mental health experts at the University of Auckland in 2008/2009 with the input of youth. Some members of the design team are Māori. • SPARX was developed with the help of young people and is based on Cognitive Behavioural Therapy (CBT). Participants learn CBT skills from SPARX including how to cope with negative thoughts and feelings by thinking in a more balanced and helpful way. 			
Community Profile	Program Delivery	Cultural Adaptations	Partners
<ul style="list-style-type: none"> • Māori are the Indigenous people of New Zealand. • Depression is a major health issue for Māori youth and they face significant barriers to accessing mental health treatment. 	<ul style="list-style-type: none"> • Interactive fantasy game that uses CBT and mindfulness to teach youth how to cope with negative thoughts and feelings. • Program users work their way through a series of challenges to restore the balance in a fantasy world dominated by Gloomy Negative Automatic Thoughts (GNATs). • The program covers seven modules to be completed sequentially. • At each level a guide interacts with the user and explains the upcoming module, provides education, and sets challenges similar to therapeutic homework. The guide also gauges mood using a Likert or PHQ-A scale. Youth who are using the program but not improving are prompted to seek help from their clinician. • Workbook available online with summaries of each module and space where homework can be completed or notes can be made. 	<ul style="list-style-type: none"> • Development team includes Māori people. They provided input throughout the development of the game. • Focus groups held with Māori youth established program effectiveness and acceptability. • SPARX incorporates Māori graphics and themes into the self-help game. • Users can customize their playing character with Māori designs. • Throughout the game there are voiceovers and audio instructions to address low literacy. • Future iterations of the game may be available in Māori language. 	<ul style="list-style-type: none"> • The University of Auckland • Metia Interactive • The National Institute for Health Innovation (NIHI) • Prime Minister’s Youth Mental Health Project

Appendices

Appendix A: Data Extraction

This section contains more detailed information about the programs in the 16 Summary Tables. Available website links and references are included. Most of the information was ascertained from websites, reports, and published literature associated with the programs. Some details were obtained through phone and email correspondence with program contacts.

Data Extraction – Canada

Program Name	Cree Telehealth
Jurisdiction	<ul style="list-style-type: none"> James Bay, Quebec <ul style="list-style-type: none"> Eeyou Istchee territory via the Chisasibi Hospital
Community Profile	<ul style="list-style-type: none"> As of July 2016, the population of Eeyou Istchee was 18,563. Each community in Eeyou Istchee has a Community Miyupimaatisiun Centre (CMC), or Community Health Centre, operated by the Cree Board of Health and Social Services of James Bay (CBHSSJB). The Chisasibi Regional Hospital is a 29-bed facility providing primary and secondary healthcare services to the entire population of Eeyou Istchee. Distances between communities in Eeyou Istchee are large and there is limited access to specialist healthcare including ophthalmology, obstetrics, and psychiatry. Before telemedicine was available, patients were sent to hospitals in Val d'Or, Chibougamau, or Montreal to access these services.
Brief Description of Program	<ul style="list-style-type: none"> Cree Telehealth is the regional telehealth service for the Miyupimaatisiun Department. They are responsible for the coordination, implementation and delivery of all Telehealth Services. Specialist services, including tele-psychiatry, are provided through a partnership with McGill University's Réseau Universitaire Intégré de Santé et Services Sociaux (RUISSS). Providers are located at one of McGill University's four teaching hospitals in Montreal. They are able to monitor, consult, and treat patients while they remain in their communities. This reduces the need for patients to travel for diagnosis or treatment, and reduces the provider's need to regularly travel north to see patients face-to-face.
Program Delivery	<ul style="list-style-type: none"> RUISSS Telehealth provides consultations with physicians, nurses, and other health professionals. Telehealth sessions are held in a private room. Both the patient and provider are equipped with a microphone and video monitor so that they can see and hear each other in real time.

	<ul style="list-style-type: none"> • Patients can be accompanied by a family member. When necessary, a technician or nurse may be in the room during the consultation. • Services are offered to both children and adults. Adult services include: <ul style="list-style-type: none"> ○ Eating disorders ○ Mood disorders and severe anxiety disorders ○ Substance abuse ○ Personality disorders ○ Cognitive behavioral psychotherapy (or CBT) ○ Geriatric psychiatry ○ Transcultural psychiatry ○ Psychiatric aspects for medical problems ○ Legal psychiatry • Services for children include: <ul style="list-style-type: none"> ○ ADD – “Attention Deficit Disorders” (or ADHD – “Attention Deficit Hyperactivity Disorders”) ○ Mood disorders ○ Substance abuse ○ First episode disorders ○ Autism spectrum disorders ○ Behavioral disorders ○ Neuropsychiatry ○ Attention deficit hyperactivity disorder ○ Developmental disorders • After the appointment, a report is forwarded to the attending physician and any necessary follow-up is scheduled.
<p>Language of Delivery</p>	<ul style="list-style-type: none"> • The majority of clients speak Cree with some English (varying levels). Of the population served, 10% speak only Cree. • Services are available in English, French, and Cree. • Telehealth technicians located in the community are available to assist with Cree translation. There are also 4 interpreters in Montreal available for Cree translation.
<p>Cultural Adaptations</p>	<ul style="list-style-type: none"> • Cree language courses began being offered to staff of the CBHSSJB in 2018 as a pilot project. Two teachers deliver the courses via video-conferencing. • In 2018, the CBHSSJB created a medical glossary known as the Cree Medical App. The Cree Medical App is a free tool designed to improve the cultural safety of Cree patients and can be used by patients, families, healthcare workers, and other service providers. The App contains words, terms,

	<p>and phrases to help patients and providers communicate. The Cree language, like other Indigenous languages, does not have words for many medical terms and new technologies. Terms are continuously developed and added to the App with the assistance of experts and Elders.</p> <ul style="list-style-type: none"> • The use of audio and video is important as the Cree language is primarily an oral language with varying levels of literacy within the population. At the CBHSSJB, consent forms are available in video format; the website is bilingual and includes Cree audio translations; and all signage is multilingual. • The CBHSSJB incorporates cultural elements into regular staff training and meetings such as an opening prayer, consultations with Elders, and the Blanket exercise. • In 2011, the Nishiiyuu Department was established with a mandate of integrating Cree healing knowledge into existing services. They also have a council of Elders available to offer cultural safety knowledge.
Partners	<ul style="list-style-type: none"> • Province of Quebec’s Réseau Universitaire Intégré de Santé (RUIS). This partnership provides access to 4 of McGill University’s teaching hospitals including the McGill University Health Centre (MUHC), Jewish General Hospital, St. Mary’s Hospital Centre, and Douglas Mental Health University Institute.
Financial Considerations	<ul style="list-style-type: none"> • Services are typically covered through the provincial Health Insurance Plan by the Régie de l’assurance maladie du Québec (RAMQ). • Some additional mental health services provided by the Cree Health Board in Eeyou Istchee are free for Beneficiaries of the JBNQA under the Cree Non-Insured Health Benefits program.
Relevant References	<ul style="list-style-type: none"> • Not found.
Related Web Links	<ul style="list-style-type: none"> • Cree Telehealth • Telehealth Ruis McGill
Contact	<ul style="list-style-type: none"> • Caroline Allard, Cree Telehealth Clinical Coordination <ul style="list-style-type: none"> ○ Phone: 819-825-5818 ext. 72057 • Katy Shadpour, Coordinator, Telehealth Coordination Centre, McGill Telehealth Office <ul style="list-style-type: none"> ○ Phone: 514 934-1934 ext. 23083 ○ Email: katy.shadpour@muhc.mcgill.ca
Program Name	KO eHealth Telemedicine Services
Jurisdiction	<ul style="list-style-type: none"> • Keewatinoook Okimakanak (KO) First Nations in Ontario including: <ul style="list-style-type: none"> ○ Deer Lake First Nation ○ Fort Severn First Nation ○ Keewaywin First Nation ○ McDowell Lake First Nation

	<ul style="list-style-type: none"> ○ North Spirit Lake First Nation ○ Poplar Hill First Nation
Community Profile	<ul style="list-style-type: none"> ● The province of Ontario has the largest Indigenous population in the country, with 1 in 5 Indigenous people residing in the province. The most populous group are the First Nations followed by Métis and Inuit. There are 13 distinct First Nations groups in Ontario. ● The KO is an administrative council of Northern Chiefs which serves six Oji-Cree First Nations communities located in Northwestern Ontario. Together, the communities form a population of about 3000. ● These communities are only accessible by plane, winter/ice roads, or snowmobiles in winter.
Brief Description of Program	<ul style="list-style-type: none"> ● KO Telemedicine (KOTM) was founded in 1998 through federal funding to establish telehealth services and began providing services in 2000. In 2002, a pilot tele-psychiatry program was established in partnership with Queen’s University. This was driven by a need to overcome geographic, economic, and health system barriers to mental health services. ● In 2009, KOTM partnered with the Ontario Telemedicine Network (OTN). From 2010-2017, mental health was among the top clinical services for which KOTM provided telemedicine for. ● KOTM is the largest Indigenous owned and operated telehealth network in the world. KOTM services are community driven, culturally appropriate, and available to First Nations communities throughout Ontario. KOTM clinical services are delivered via videoconferencing technology.
Program Delivery	<ul style="list-style-type: none"> ● The service model is directed by First Nations requirements, community leadership, and health and wellness priorities. Ownership of the program by First Nations people themselves has led to long-term program acceptance and growth. ● KOTM appointments are scheduled for all communities at a centralized office in Balmertown. The scheduler confers with local Community Telemedicine Coordinators (CTCs) daily to book and confirm appointments. CTCs collaborate with communities regularly to ensure that the service needs of the community are being met. The CTC then registers patients with the Telemedicine Service Manager through the OTN and confirms the requested appointment. The OTN assigns available physicians to each consult and thus it is not required for the referring provider to specify a physician. ● Services are provided primarily through videoconferencing. The telemedicine workstations are equipped with patient cameras as well as stethoscopes and otoscopes for other specialty consultations. ● Consulting physicians are located throughout Ontario as well as in other provinces. During the pilot phase of the tele-psychiatry program, the psychiatrist was located in Winnipeg, Manitoba. Sessions were 1.5hrs long and included assessment, treatment, and consultation services as needed.

	<ul style="list-style-type: none"> • Videoconferencing is also used to increase the capacity of the local mental health professionals by connecting them to professionals in other communities and to consultants outside the community. • A weekly Alcoholics Anonymous session is available to community members using the KOTM videoconferencing system.
Language of Delivery	<ul style="list-style-type: none"> • Not found.
Cultural Adaptations	<ul style="list-style-type: none"> • KOTM participated in community engagement with Health Committees, Band Councils, and the general public to introduce telemedicine and answer questions about the program before establishment. Continued community engagement and collaboration are key components of the program and helps to ensure that local priorities are met. • KOTM hosts regular Chief and Council meetings within the communities they serve as well as Elders’ meetings. • Education sessions, training, and supports are offered to front-line workers and health staff. This includes visits from Elders in which they present teachings on traditional medicine and storytelling. They also facilitate the sharing of knowledge among addictions workers through online access. • Some clients of the program have indicated that the physical distance between the client and provider during tele-psychiatry is actually more culturally appropriate than being face-to-face and makes clients feel comfortable. • Governance of KOTM respects the authority and jurisdictions of First Nations governments in delivery of health services while balancing the roles of provincial and federal government agencies.
Partners	<ul style="list-style-type: none"> • KOTM has grassroots connections with other First Nations communities as well as the NORTH Network Ontario and MBTelehealth in Manitoba. • KOTM works with representatives from culturally-appropriate service providers including Aboriginal Health Access Centres. • KOTM entered into a partnership with OTN in 2009 which is still in place today.
Financial Considerations	<ul style="list-style-type: none"> • The 2002 tele-psychiatry pilot project evaluation found that the travel and accommodation no longer required would result in a per client-session savings of \$2148. • In 2016-2017, KOTM generated \$2 million more than they received for operations due to medical transportation cost avoidance. • As of 2017, they had generated over \$20 million in health system benefits.
References	<ul style="list-style-type: none"> • Exner-Pirot, 2017 (4) • First Mile, 2018 (5) • Gibson, O’Donnell, Coulson, and Kakepetum-Schultz, 2011 (6) • Gibson, Coulson, Miles, Kakekakekung, Daniels, et al., 2011 (7)

	<ul style="list-style-type: none"> • Kowpack and Gillis, 2015 (8) • Molyneaux and O'Donnell, 2009 (9) • Muttitt, Vigneault, and Loewen, 2004 (10)
Related Web Links	<ul style="list-style-type: none"> • Evaluation of the Keewaytinook Okimakanak Telepsychiatry Pilot Project • Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada • KO Chiefs • KO Telehealth • Making Telemedicine Policy for Ontario First Nations
Contact	<ul style="list-style-type: none"> • Orpah McKenzie, KOTM eHealth Program Manager <ul style="list-style-type: none"> ○ Phone: 807-735-1381 ○ Toll Free: 800-387-3740 ○ Email: orpahmckenzie@knet.ca
Program Name	Sioux Lookout First Nations Health Authority (SLFNHA)
Jurisdiction	<ul style="list-style-type: none"> • Sioux Lookout communities in Northern Ontario including: <ul style="list-style-type: none"> ○ Bearskin Lake First Nation ○ Cat Lake First Nation ○ Deer Lake First Nation ○ Eabametoong First Nation ○ Eagle Lake First Nation ○ Fort Severn First Nation ○ Kasabonika Lake First Nation ○ Keewaywin First Nation
Community Profile	<ul style="list-style-type: none"> • The Sioux Lookout region is located in Northwestern Ontario. • The population is about 5600 and is spread over 536 km². • SLFNHA provides health services to the Anishinabe people throughout the Sioux Lookout region. • The regional hospital is the Meno Ya Win Health Centre. • There are 33 First Nations communities within the Sioux Lookout region. Of these communities, 25 currently have access to the Telemedicine program.
Brief Description of Program	<ul style="list-style-type: none"> • First Nations peoples within the SLFNHA are eligible to avail of the telemedicine program located at their local nursing stations and health centres. • The program was developed to enable access to both clinical and non-clinical mental health services using confidential videoconferencing.

	<ul style="list-style-type: none"> The program has a focus on child and youth services and development. They use the telemedicine program to provide tele-mental health services to health care providers, clients, families, and support workers located in communities.
Program Delivery	<ul style="list-style-type: none"> All telemedicine services require an initial intake assessment arranged in advance by the Telemedicine Program Coordinator (TPC). The TPC acts as a care manager for all service users. Services are provided through confidential videoconferencing consultations. Services are available for both children and adults. They include psychiatry, psychology, counselling, art therapy, and primary care. Tele-counselling connects clients, a community counsellor, and a service provider for any topic. This service can be initiated by a counsellor, family physician, or the TPC. Tele-psychiatry is available to review case management and recommendations, for follow-up care, and to provide emergency services within 48 hours. A referral from a counsellor or family physician is required. Tele-psychology offers individual psychological consultations to clients. Videoconferencing is also used to provide mental health education programming to communities and staff. Tele-mental health services are provided to students attending Sioux Lookout schools who are enrolled in the National Native Alcohol and Drug Abuse Program (NNADAP).
Language of Delivery	<ul style="list-style-type: none"> Services are delivered in English with translation services available upon request for Ojibway and Oji-Cree languages.
Cultural Adaptations	<ul style="list-style-type: none"> The telemedicine program was developed and is governed by the SLFNHA itself. This allows for the integration of a holistic view of health and wellbeing, as well as integration of Anishinabe ways of knowing, culture, language, and healers. SLFNHA respects Anishinabe teachings and autonomy while aiming to find a balance which meets the healthcare needs of their communities. Mentoring is provided to Community Mental Health and Addictions workers to increase the capacity of local mental health services. There are Community Mental Health and Addictions workers in 11 First Nations communities.
Partners	<ul style="list-style-type: none"> Keewaytinook Okimakanak Telemedicine (KOTM) K-Net (a telecommunication network) The Meno Ya Win Health Centre partners with the Ontario Telemedicine Networks (OTN) to provide access to telemedicine at the hospital site. Province of Ontario

	<ul style="list-style-type: none"> • Various university partnerships including Carleton University, Norther Ontario School of Medicine, and University of Toronto. • Other Indigenous communities and organizations including Chiefs of Ontario, First Nations & Inuit Health Branch, and local Tribal Councils.
Financial Considerations	<ul style="list-style-type: none"> • There are no fees to clients for any of the telemedicine services. • Funding comes from various sources including Health Canada, Nishnawbe Aski Nation, and other governmental departments.
References	<ul style="list-style-type: none"> • Not found.
Related Web Links	<ul style="list-style-type: none"> • Annual Report 2015-2016 • Annual Report 2016-2017 • Annual Report 2017-2018 • North West Health Line Sioux Lookout • Sioux Lookout First Nations Health Authority • Sioux Lookout First Nations Health Authority Telemedicine Program • Sioux Lookout Meno Ya Win Health Centre
Contact	<ul style="list-style-type: none"> • Ashley Cassidy, Telemedicine Program Coordinator <ul style="list-style-type: none"> ○ Phone: 807-737-5691 ○ Toll Free: 1-888-990-0477 ○ Email: ashley.cassidy@slfnha.com
Program Name	The Hospital for Sick Children TeleLink Mental Health Program
Jurisdiction	<ul style="list-style-type: none"> • The Hospital for Sick Children TeleLink Mental Health Program (TMHP) is based in Toronto, Ontario but provides telehealth services to rural and remote communities in both Ontario and Nunavut.
Community Profile	<p>Ontario</p> <ul style="list-style-type: none"> • Nearly 65000 youth in Ontario identify as Indigenous with the population continuously growing. • TMPH in partnership with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) serves Area 4 in Ontario which includes London, Chippewas of the Thames First Nation – Muncey, Windsor, and Owen Sound as well as more northern Nippissing First Nation and to the southeast, Tyendinaga. <p>Nunavut</p> <ul style="list-style-type: none"> • Nunavut has a small population spread over a large geographic area. Twenty-five communities are remote with fly-in access only. • Nunavut has a much younger population compared to the rest of Canada with about 40% under the age of 19.

	<ul style="list-style-type: none"> • Nearly 85% of the population identify as Inuit. • Mental health service needs are significant, with a higher rate of suicide in Inuit youth compared to the rest of Canada. There are no dedicated mental health facilities for children and youth in the territory but there is one Youth Wellness Team consisting of three casual wellness counsellors. The Team is based out of the Akausisarvik Mental Health Treatment and Addiction Centre in Iqaluit.
<p>Brief Description of Program</p>	<ul style="list-style-type: none"> • TMHP began providing psychiatric mental health assessment, consultations, and education by distance to children and youth in northern Ontario and Indigenous communities as a pilot project in 1997 and more permanently as of 2000. • TMHP aims to provide comprehensive psychological services while also increasing the capacity of local mental health centres. Partnerships are made with local stakeholders in order to meet community needs. • TMHP partners with the SOAHAC to provide access to mental health services for Indigenous children and youth in Ontario. • In 2011, TMHP partnered with the Territory of Nunavut to provide tele-psychiatry consultations as a pilot project. In 2014, another partnership was formed between the Nunavut government’s Department of Health – Mental Health and Addictions Team and The Hospital for Sick Children (SickKids). The TMHP tele-psychiatry collaboration with Nunavut is ongoing.
<p>Program Delivery</p>	<ul style="list-style-type: none"> • The program is facilitated locally by designated tele-psychiatry coordinators. Providers are located at the University of Toronto and include: <ul style="list-style-type: none"> ○ 23 child psychiatrists providing the majority of services, ○ 16 additional psychiatrists available for specific consults, ○ 3 psychologists, and ○ 2 social workers. • Referring providers must complete a mental health assessment and obtain all necessary consent. Referrals can come from a variety of routes including: <ul style="list-style-type: none"> ○ community physicians, ○ children’s mental health agencies, ○ community general hospitals, and ○ youth detention or justice programs. • TMHP uses a consultative model to connect psychiatrists with case managers, clients, and their families, depending on need. The typical appointment is 1.5hrs long and may be a clinical assessment, diagnosis, or treatment recommendation. Short-term follow-up and shared care are also available. The ongoing responsibility for the client remains with the referring agency or physician.

	<ul style="list-style-type: none"> • Consultations are available for a variety of reasons including: <ul style="list-style-type: none"> ○ attention deficit hyperactivity disorder and disruptive behavior disorders, ○ trauma and PTSD, ○ addiction, ○ cognitive behavioral therapy, ○ assessment and management of suicidality, ○ mood and anxiety disorders, ○ forensics, ○ eating disorders, and ○ fire setting. • Tele-psychology services including psychometric testing are also available. • At the end of the appointment, recommendations are provided verbally followed by a written report within 15 days. <p>Ontario</p> <ul style="list-style-type: none"> • SOAHAC aims to improve access to specialized mental health services for First Nations, Inuit, and Métis youth and their families living in rural and remote communities. • Referrals for tele-mental health services can come from any publicly-funded mental health professionals or other Indigenous youth workers. • SOAHAC has a Tele-Mental Health Coordinator who ensures clients receive appropriate services. This includes: <ul style="list-style-type: none"> ○ conducting a “Service Readiness Review”, ○ partnering with appropriate community services providers, ○ scheduling the sessions on behalf of the client, ○ following up with providers to ensure ongoing case management, ○ providing education and training about the program, and ○ participating in committees to promote collaboration. <p>Nunavut</p> <ul style="list-style-type: none"> • Referrals from Nunavut’s community health centres can be sent directly to the TMHP manager and an appointment is made within approximately 2 weeks. • In addition to the consultation services described above, TMHP psychiatrists provide education sessions to the frontline workers in Nunavut which include psychiatric nurses, social workers, child and youth workers, and community wellness workers. The aim is to increase their capacity to assist
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	<p>children and youth experiencing mental health and behavioural issues. Past education sessions have included suicide prevention, trauma, and substance-induced psychosis.</p>
<p>Language of Delivery</p>	<ul style="list-style-type: none"> • TMHP offers bilingual services in English and French.
<p>Cultural Adaptations</p>	<ul style="list-style-type: none"> • TMHP recognizes the cultural and social strengths of the Indigenous communities they serve. They use team meetings and program consults to ensure that community values, priorities, and cultural strengths are integrated into psychological care plans. • One of the providers located in a distant community acts as a liaison with Indigenous and Remote Communities. This role facilitates education sessions, systems advocacy, responds to feedback, ensures accessibility, grows partnerships, and enhances capacity on Indigenous issues. • Many of the providers have been involved in service delivery in Northern and Indigenous communities for 10+ years and have developed considerable experience and relationships with communities. • During appointments, TMHP requires that a case manager or primary physician be present to assist with culture and language, as well as formulation and recommendations. • TMHP’s research program uses a participatory approach and findings are used to adapt the program to youth and cultural needs. Their collaborative approach relies on relationships between clinicians, researchers, and community members. This is in line with Ojibwe, Oji-Cree, and Cree values of sharing. <p>Ontario</p> <ul style="list-style-type: none"> • SOAHAC promotes holistic health practices and honors traditional values. Culture and tradition are at the core of all health practices. • SOAHAC offers an Ontario Indigenous Cultural Safety Program which is available online to all professionals working for the Ontario health and social services systems. In-person workshops are also available. <p>Nunavut</p> <ul style="list-style-type: none"> • During the establishment of the program, a child psychiatrist from the Hospital for Sick Children provided fly-in services to the region. The psychiatrist assisted administration with the program structure and was able to help build relationships and trust within the community. Evaluation has indicated that this was a key element in the successful establishment of the program. • Providers in Nunavut collaborate with consulting psychiatrists to increase their knowledge of the lived environment. They also work together to ensure that the psychiatrists’ recommendations are feasible for the local context. Reciprocal site visits, while not always possible, are encouraged.

Partners	<ul style="list-style-type: none"> • Southwest Ontario Aboriginal Health Access Centre (SOAHAC) • Territory of Nunavut Department of Health – Mental Health and Addictions Team • University of Toronto
Financial Considerations	<ul style="list-style-type: none"> • Funding comes from numerous sources, one of which is an annual contract with the Ontario Ministry of Children and Youth Services. Funding also comes from donations, research grants, and in kind support from SickKids in the form of space, IT, and accounting assistance. • Many services provided can be directly billed to the provincial healthcare plan, the Ontario Health Insurance Plan (OHIP).
References	<ul style="list-style-type: none"> • Pignatiello, Boydell, Teshima, Volpe, Braunberger, et al., 2011 (11) • Volpe, Boydell, and Pignatiello, 2014 (12)
Related Web Links	<ul style="list-style-type: none"> • Our Minds Matter A Youth: Informed Review of Mental Health Services for Young Nunavummiut • Sick Kids TeleLink Mental Health Program • Southwest Ontario Aboriginal Access Centre • Tele-Link Mental Health Program
Contact	<ul style="list-style-type: none"> • Barbara Peters, Program Coordinator, SickKids TeleLink Mental Health Program <ul style="list-style-type: none"> ○ Phone: 416-813-6200 ○ Email: barbara.peters@sickkids.ca • Antonio Pignatiello, Medical Director, SickKids TeleLink Mental Health Program <ul style="list-style-type: none"> ○ Phone: 416-813-7524 ○ Email: antonio.pignatiello@sickkids.ca • Lainie Gardner, SOAHAC <ul style="list-style-type: none"> ○ Phone: 519-289-0352 ext. 248 ○ Email: lgardner@soahac.on.ca
Program Name	Weechi-it-te-win Family Services
Jurisdiction	<ul style="list-style-type: none"> • Service Area 6 in Ontario which includes Kenora, Rainy River, and Cochrane.
Community Profile	<ul style="list-style-type: none"> • Service Area 6 in Ontario covers an 800,000 square-kilometer area of Northwest and Northeast Ontario including the Kenora, Rainy River, and Cochrane districts. • Service Area 6 encompasses a large number of Indigenous communities including: <ul style="list-style-type: none"> ○ Keewaytinook Okimakanak Council, ○ Bimose Tribal Council, ○ Mushkegowuk Council,

	<ul style="list-style-type: none"> ○ Shibogama First Nations Council, ○ Windigo First Nations Council, ○ Independent First Nations Alliance, ○ Matawa First Nations, ○ Pwi-di-goo-zing-ne-yaa-zhing Advisory Services, ○ Algonquin Anishinabeg Nation Tribal Council, and ○ Anishinaabeg of Kabapikotawangag Resource Council.
<p>Brief Description of Program</p>	<ul style="list-style-type: none"> ● Weechi-it-te-win Family Services (WFS) launched in October of 2014 and is governed by 10 Chiefs of the Rainy Lake Tribal Council. ● WFS provides coordination of a tele-mental health program for First Nations, Métis, and Inuit communities located in Service Area 6. Existing videoconferencing infrastructure is utilized to connect children and youth to specialized mental health consults.
<p>Program Delivery</p>	<ul style="list-style-type: none"> ● WFS uses a consultation model to provide specialized mental health care. Consulting physicians are located at The Hospital for Sick Children, The Children’s Hospital of Eastern Ontario (CHEO), and the Child and Parent Resource Institute. ● Services are available for anyone 0-18 years of age. ● The video conferencing technology used is already existing in the community and is provided by the Ontario Telemedicine Network (OTN) and KO eHealth Telemedicine Services. ● Referrals can come from any publicly funded health professionals within Area 6 who work with children and youth. These include: <ul style="list-style-type: none"> ○ child and youth mental health agencies, ○ school boards, ○ Friendship Centres, ○ nursing stations, ○ youth justice programs, and ○ hospital out-patient programs. ● Local Tele-Mental Health Coordinators inform service providers of the eligibility criteria and referral procedures, receive referrals, conduct “Service Readiness Reviews” of potential clients, schedule consultations, and arrange for the consultations to take place as close to home as possible for the client. They also work with Case Managers to ensure that the consultation runs smoothly. ● Referrals received by the Hospital for Sick Children or CHEO are triaged and assigned to the most appropriate psychiatrist. Wait time varies between 2-4 weeks, depending on the presenting concerns.

	<ul style="list-style-type: none"> • The referring provider and/or the Case Manager are expected to attend the clinical consultation along with the child or youth client. Additionally, it is their responsibility to implement the recommendations made by the specialist. • Within 2-3 weeks of the tele-consultation, the specialist will send a report to the referring provider.
Language of Delivery	<ul style="list-style-type: none"> • Not found.
Cultural Adaptations	<ul style="list-style-type: none"> • During the first year of the program, the tele-mental health coordinator traveled throughout the region to build relationships and awareness of the program with potential referring providers. The coordinator continues to travel throughout the region to work with communities to increase the use of tele-mental health services. • The tele-mental health coordinator works with service providers to ensure the delivery of culturally and linguistically appropriate services and outreach. • The staff of the WFS are Indigenous people themselves and reside in the service area. • WFS has a Cultural Room which clients are encouraged to use prior to their consultation. This room can be used for smudging or quiet time. • WFS has connections with community Elders and requests can be made for a meeting or to include an Elder in consultations. They also have a Council of Elders who provide guidance and direction to staff with regards to programs and leadership. The Council of Elders oversees cultural protocols, care of sacred items, and participate in bi-annual ceremonies.
Partners	<ul style="list-style-type: none"> • The Hospital for Sick Children • The Children's Hospital of Eastern Ontario (CHEO) • Child and Parent Resource Institute • Ontario Telemedicine Network • KO eHealth Telemedicine Services
Financial Considerations	<ul style="list-style-type: none"> • Not found.
References	<ul style="list-style-type: none"> • Not found.
Related Web Links	<ul style="list-style-type: none"> • Weechi-it-te-win Family Services Tele-Mental Health • Weechi-it-te-win Tele-Mental Health Brochure • Weechi-it-te-win Tele-Mental Health 2015 Newsletter • Weechi-it-te-win Tele-Mental Health 2017-2018 Newsletter • Weechi-it-te-win Tele-Mental Health Service
Contact	<ul style="list-style-type: none"> • Arlene Tucker, Coordinator for Service Area 6 <ul style="list-style-type: none"> ○ Phone: 807-274-3201 ext. 4056 ○ Email: arlene.tucker@weechi.ca

Program Name	Centre for Addiction and Mental Health (CAMH)
Jurisdiction	<ul style="list-style-type: none"> Rural and remote communities in Ontario.
Community Profile	<p>Northern Psychiatric Program (NPOP-C)</p> <ul style="list-style-type: none"> Serves many Ontario communities including: <ul style="list-style-type: none"> Atikokan, Elora, Fort William, Kenora, New Liskeard, North Bay, Parry Sound, Sault St. Marie, Sioux Lookout, Sudbury, Thunder Bay, Timmins, and Wawa. NPOP-C also provides psychiatry outreach services to Iqaluit and the Qiqiktani Region of Nunavut. <p>North East Local Health Integration Network (LHIN)</p> <ul style="list-style-type: none"> The LHIN serves regions in Northeastern Ontario including: <ul style="list-style-type: none"> Algoma, Cochrane, Sudbury/Manitoulin/Parry Sound, Nipissing/Temiskaming, James Bay Coast, and Hudson Bay Coast. The LHIN region covers 400,000 square kilometres in which 565,000 people reside, resulting in a low population density. Many communities are rural or remote, with some only accessible by air or ice roads in the winter. Eleven percent of the population are Indigenous and include Cree, Ojibwa, Odawa, Algonquin and Métis peoples.

<p>Brief Description of Program</p>	<ul style="list-style-type: none"> • CAMH is located in Toronto, Ontario and affiliated with the University of Toronto. It is the largest mental health teaching hospital in Canada. • CAMH provides telemedicine services through two organizations, the NPOP-C as well as the LHIN Northern Tele-psychiatry Program. From 2018-2019, there were 2766 tele-psychiatry appointments. <p>NPOP-C</p> <ul style="list-style-type: none"> • This program began in 1993 providing consultation services to Kenora and expanding today to serving over 200 communities across Ontario. • NPOP-C works collaboratively with communities to provide tele-psychiatry services in the form of clinical care, education, and capacity building. Tele-psychiatry is used in tandem to fly-in and drive-in services, and to serve remote communities lacking visiting physicians. <p>LHIN</p> <ul style="list-style-type: none"> • LHIN began offering tele-psychiatry in 2015 to communities in Northern Ontario. They use a collaborative model, partnering with Family Health Teams to provide access to specialist mental health care and to ensure continuity of care. • From 2016-2017, they provided 454 tele-psychiatry consultations.
<p>Program Delivery</p>	<p>NPOP-C</p> <ul style="list-style-type: none"> • NPOP-C provides outpatient tele-psychiatry services using the existing OTN network. • Services are available to adults 18 years or older who are in need of a consultation or assessment in general psychiatry. • Referrals may come from physicians or nurse practitioners with an active license and OHIP number. • Consultations can take place within a client’s community hospital, primary care clinic, or nearby mental health facilities. • There are two models of care available: <ul style="list-style-type: none"> ○ The general provincial referral model (GPRM) places clients on a waitlist to see the first available psychiatrist. Wait-times are around 12-14 weeks once a referral is received. ○ The integrated care model (ICM) partners a psychiatrist with a particular community organization for regularly scheduled care. Psychiatrists meet with their organization bi-weekly for 3hrs and provide both direct client care and indirect client care. There are 18 organizations who currently use the ICM. <p>LHIN</p>

	<ul style="list-style-type: none"> • LHIN’s Northern Tele-psychiatry program begin in 2015 to link Family Health Teams with psychiatrists. Each Family Health Team is paired with a psychiatrist from CAMH as well as the OTN. They aim to not only increase access to mental health care but also increase capacity of the local primary care providers. • LHIN has a clinical coordinator whose role is to schedule the consults. The clinical coordinator acts as a liaison between the Family Health Teams and the CAMH psychiatrists in Toronto. • CAMH psychiatrists spend a half day bi-weekly with their assigned Family Health Team. They provide clinical consultations to clients as well as education and support to the primary care team members. This care model ensures continuity of care for patients.
Language of Delivery	<ul style="list-style-type: none"> • Not found.
Cultural Adaptations	<p>NPOP-C</p> <ul style="list-style-type: none"> • NPOP-C partners with community organizations such as Family Health Teams and KOTM to provide tele-psychiatry services to many First Nations communities in Ontario. • NPOP-C is developing a set of training competencies in outreach psychiatry. They are consulting with communities and stakeholders, including their Indigenous clients, in order to develop the training. They are also developing a model of integrated mental healthcare based on Indigenous knowledge and best practices in partnership with Indigenous community members. • ECHO Ontario First Nations, Inuit, and Métis Wellness was developed to connect primary care providers working with Indigenous clients across Ontario. This project connects providers weekly and aims to assist them in providing culturally-relevant care. • An Indigenous Tele-Mental Health Program has been developed in partnership with Aboriginal Health Access Centres across Ontario. This program connects Indigenous Elders and health care practitioners and enables them to provide mental health care which combines best practices with Indigenous knowledge. <p>LHIN</p> <ul style="list-style-type: none"> • The LHIN provides funding for online cultural safety training for their health services providers. • Cultural Mindfulness Training is available for interested service providers. A member of the Nipissing First Nation provides training in a learning circle format. Topics include Indigenous ways of knowing, culture, histories, and perspective. There are also activities including the Seven Grandfather Teachings, Medicine Wheel Teachings, Smudging, and language lessons.
Partners	<ul style="list-style-type: none"> • Ontario Psychiatric Outreach Program (OPOP) • Ontario Telemedicine Network (OTN) • Keewaytinook Okimakanak Telemedicine (KOTM)

	<ul style="list-style-type: none"> • University of Toronto • Aboriginal Health Access Centres
Financial Considerations	<ul style="list-style-type: none"> • Services provided within Ontario may be billed to the provincial insurance program, OHIP.
References	<ul style="list-style-type: none"> • Not found.
Related Web links	<ul style="list-style-type: none"> • CAMH Annual Report 2016-2017 • CAMH Annual Report 2018-2019 • LHIN North East Northern, May 8, 2015 • LHIN Quarterly Newsletter, Fall 2016 • Northern Psychiatric Outreach Program at the Centre for Addiction and Mental Health • Telepsychiatry at CAMH
Contact	<ul style="list-style-type: none"> • Allison Crawford, Clinical Head of Telepsychiatry at CAMH <ul style="list-style-type: none"> ○ Phone: 416-535-8501 ext. 30318 ○ Email: allison.crawford@utoronto.ca
Program Name	Rural and Northern Telehealth Service (RNTS)
Jurisdiction	<ul style="list-style-type: none"> • First Nations communities in Northern Manitoba
Community Profile	<ul style="list-style-type: none"> • Manitoba has a total population of 1.3 million, 18% of whom are Indigenous. About 50% of the province’s population reside in rural areas. • Indigenous groups represented in Manitoba include Lakota, Cree, Ojibway (Anishinabe), Oji-Cree, Dene, and Inuit. • There are 63 First Nations communities in Manitoba with about 60,000 people living on these reserves. Many reserves are remote and do not have year round road access. Some communities are only accessible by fly-in. • Communities vary in size from 400 to 1000 people and have various health resources. Some have nursing stations but many do not. Existing mental health services may include community health workers, addiction and prevention workers, and fly-in services from therapists.
Brief Description of Program	<ul style="list-style-type: none"> • RNTS was developed in 2010 as a suicide prevention initiative. The original pilot project provided mental health services to four Indigenous communities and used an existing provincial telemedicine network. • RNTS now provides tele-mental health services to children and youth up to age 21 who are experiencing emotional difficulties. Services are available in all 63 Indigenous communities in Manitoba. • RNTS aims to: <ul style="list-style-type: none"> ○ improve access to mental health services in underserved and remote communities;

	<ul style="list-style-type: none"> ○ to collaborate with hospitals and communities to ensure appropriate treatment and follow-up; ○ and to contribute to overall community wellness through prevention and community capacity-building efforts. ● RNTS guiding principles are to be: <ul style="list-style-type: none"> ○ sustainable, ○ culturally safe, ○ community-focused, ○ accessible, ○ collaborative, and ○ serving high-risk youth.
<p>Program Delivery</p>	<ul style="list-style-type: none"> ● Tele-mental health services are provided by Mental Health Clinicians or psychiatrists, depending on need. As of 2019, there are: <ul style="list-style-type: none"> ○ 11 Mental Health Clinicians, ○ 2 child and adolescent psychiatrists, ○ 1 child psychologist, and ○ 1 administrator on staff. ● Service providers are located in Winnipeg and provide services daily. ● Staff have a variety of specialized training including: <ul style="list-style-type: none"> ○ trauma focused therapy, ○ cognitive behavioural therapy, ○ dialectic behaviour therapy, ○ mindfulness and relaxation, ○ art therapy, ○ play therapy, ○ land-based cultural healing, ○ medicine wheel, and ○ horticultural therapy. ● Services offered include consultation, assessment, and treatment. Common presenting concerns are: <ul style="list-style-type: none"> ○ suicide prevention, changes in behaviour or personality, ○ relationship changes with friends or family, ○ mood swings, sadness, ○ excessive worry, ○ panic attacks,

	<ul style="list-style-type: none"> ○ history of trauma, ○ grief or loss, ○ serious problems at school, ○ and difficulty coping. ● Other reasons for being referred are: <ul style="list-style-type: none"> ○ psychotic symptoms, ○ substance-related issues, ○ neurodevelopmental challenges, ○ ADHD, ○ peer difficulties, ○ bullying, and ○ situational stressors. ● Referrals are accepted from community professionals including: <ul style="list-style-type: none"> ○ nursing station staff, ○ guidance counsellors, ○ child welfare workers, ○ National Native Alcohol and Drug Abuse Program (NNADAP), ○ building healthy community workers, and ○ suicide prevention coordinators. ● The policy is “no wrong door” meaning youth can be referred from any concerned resource. ● After a referral is received, the team determines need and how they can help. Appointments are made with counsellors or psychiatrists. Often referrals are made to other resources and collaborative care is undertaken. ● Tele-mental health and tele-psychiatry appointments occur at local clinics, nursing stations, or schools using videoconferencing technology. ● Following the appointment, a report from the psychiatrist is sent to the local nursing station to ensure continuity of care and collaboration of services. Follow-up services are provided as needed to ensure needs are met. ● Youth who are in crisis are usually sent to the hospital in Winnipeg. Once they are discharged and return to their community, follow-up can be provided by tele-psychiatry.
Language of Delivery	<ul style="list-style-type: none"> ● Not found.
Cultural Adaptations	<ul style="list-style-type: none"> ● RNTS has a commitment to reconciliation and prioritizes traditional Indigenous teachings as well as learning historical ways of healing.

	<ul style="list-style-type: none"> • The RNTS delivery model is one of Two-Eyed Seeing. This is when western mental health models are combined with traditional wisdom and teachings. This includes: <ul style="list-style-type: none"> ○ community healing practices and ceremony, ○ land-based cultural healing activities and training, ○ elder services, and ○ Mental Health Literacy Curriculum development. • RNTS team members travel to the communities they serve to meet and engage with clients. • Some of the specialists offer traditionally influenced therapies including horticultural therapy, land-based cultural healing, and medicine wheel. • The providers participate in workshops and conferences to learn about Indigenous cultural issues and challenges. They also have partnerships with Indigenous health organizations in Winnipeg.
Partners	<ul style="list-style-type: none"> • Departments of Health, Family Services • First Nations Inuit Health Branch
Financial Considerations	<ul style="list-style-type: none"> • There are no costs to clients as all providers are salaried. • Most funding comes from the provincial government in Manitoba as a result of the Manitoba Youth Suicide Prevention Strategy and the Changes for Children Fund. Some additional funding has come from the federal government. • In 2017, funding from the Federal Government for the implementation of Jordan’s Principle across Canada was used to expand the program to all 63 Indigenous communities in Manitoba.
References	<ul style="list-style-type: none"> • Koltek, 2019 (13) • Hensel, Ellard, Koltek, Wilson, and Sareen, 2019 (14)
Related Web links	<ul style="list-style-type: none"> • Rural & Northern Telehealth Service
Contact	<ul style="list-style-type: none"> • Mark Koltek, Director Rural and Northern Telehealth Service and Staff Psychiatrist <ul style="list-style-type: none"> ○ Phone: 204-958-9674 ○ Email: MKOLTEK@matc.ca
Program Name	MBTelehealth
Jurisdiction	<ul style="list-style-type: none"> • Province of Manitoba
Community Profile	<ul style="list-style-type: none"> • Manitoba has one of the largest First Nations and Métis populations in Canada. • Northern Manitoba has over 80,000 residents, of whom 65% are Indigenous.
Brief Description of Program	<ul style="list-style-type: none"> • MBTelehealth provides telehealth services across the province of Manitoba at 195 sites throughout the 5 Regional Health Authorities (RHAs). Nearly 60 of those sites are in First Nations communities. • Available services include: <ul style="list-style-type: none"> ○ healthcare,

	<ul style="list-style-type: none"> ○ continuing education, ○ health-related meetings, ○ family visits, and ○ eConsult Store and Forward.
Program Delivery	<ul style="list-style-type: none"> ● Clinical services that are offered include specialist consultations, follow-up appointments, case conferencing, and patient education. ● Tele-psychiatry is available from psychiatrists and psychologists to both children and adult clients. ● Local healthcare providers send referral requests on behalf of their patients and include a request for the appointment to be made via telehealth. If both providers are in agreement, the telehealth appointment is booked. ● Telehealth appointments take place at local telehealth sites. On the day of the appointment, staff at the telehealth site answer questions and explain how the appointment will work. Verbal consent from the patient is also obtained. ● Family members, a friend, or other healthcare providers are permitted to be present during the telehealth appointment. ● Following the appointment, the consulting health care provider sends a report of the appointment to the local healthcare provider who requested the appointment for follow-up.
Language of Delivery	<ul style="list-style-type: none"> ● Not found.
Cultural Adaptations	<ul style="list-style-type: none"> ● During the establishment of MBTelehealth, the team included a First Nations liaison who assisted with site and service development as well as the development of community capacity. ● MBTelehealth have dedicated staff for the First Nations and Northern Health Regions. MBTelehealth staff are located in all five RHAs in Manitoba to provide IT and other delivery supports. They also act as a communication link between MBTelehealth, the RHAs and First Nations Inuit Health. ● In some of the Indigenous communities, it is most common for locals to communicate using social media like Facebook. Community Mental Health workers use social media to reach out to clients which gives them an opportunity to avail of services if they are needed. This is not a normal means of communicating with patients in larger centres like Winnipeg, but has been adapted into use because it better meets community needs. ● Community Mental Health workers offer flexible service delivery in many Indigenous communities. Rather than having set appointments for each person, they have a designated block of time when tele-mental health or tele-psychiatry is offered. During this time, it is first come first serve for whoever shows up to avail of the services.
Partners	<ul style="list-style-type: none"> ● Manitoba Health ● First Nations and Inuit Health Branch – Health Canada

	<ul style="list-style-type: none"> • University of Manitoba
Financial Considerations	<ul style="list-style-type: none"> • Not found.
References	<ul style="list-style-type: none"> • Muttitt, Vigneault, and Loewen, 2004 (10)
Related Web links	<ul style="list-style-type: none"> • MBTelehealth • Northern Health Region – MBTelehealth
Contact	<ul style="list-style-type: none"> • Susan Boles, Northern Health Region and First Nations <ul style="list-style-type: none"> ○ Phone: 204-778-1515 • Kim Gray, First Nations <ul style="list-style-type: none"> ○ Phone: 204-789-3958 • General Contact <ul style="list-style-type: none"> ○ Phone: 204-272-3063 ○ Email: schedule@mbtelehealth.ca
Program Name	eHealth Saskatchewan
Jurisdiction	<ul style="list-style-type: none"> • Services provided to 134 communities in Saskatchewan including 39 First Nations communities
Community Profile	<ul style="list-style-type: none"> • Saskatchewan has a population of about 1.2 million, with 11% identifying as First Nations and 5% identifying as Métis. • Saskatchewan, like other provinces, has an uneven distribution of specialist care between rural and urban areas. Rural, remote, and Indigenous communities face challenges in accessing specialist mental health care which can potentially be mitigated by telehealth.
Brief Description of Program	<ul style="list-style-type: none"> • eHealth Saskatchewan’s Telehealth program is available to residents of the province residing in rural and remote areas. It connects both patients and primary care providers to specialists using secure videoconferencing technology and allows for collaborative, holistic medical care. • A variety of telehealth services are offered, with tele-mental health being one of the most used services in First Nations communities. From 2016-2017, FNIHB organized 1059 telehealth sessions.
Program Delivery	<ul style="list-style-type: none"> • eHealth Saskatchewan uses Community Net, a secure high speed network, in order to provide telehealth province wide. Telehealth is used for: <ul style="list-style-type: none"> ○ medical appointments, ○ consults, ○ follow-ups, ○ meetings, and ○ education sessions.

	<ul style="list-style-type: none"> • Services that are currently offered include: <ul style="list-style-type: none"> ○ tele-psychiatry, ○ tele-visitation, and ○ tele-mental health. • Services that are in the early stages or are being added in the near future to the Telehealth program include: <ul style="list-style-type: none"> ○ addictions meetings using telehealth, ○ community education sessions, and ○ mHealth (mobile health) technologies. • Referrals for telehealth consultations come from family physicians. Most specialists are located in Saskatoon or Regina. They receive the referrals and schedule telehealth consultations based on their availability. • Local telehealth coordinators notify patients of their appointment one week before. The coordinator also answers any questions the patient may have about the appointment. • Appointments take place at the patient’s nearest telehealth site, usually within their community. Other healthcare professionals may remain in the room if the patient wishes. Appointments vary in length from 10-60 minutes depending on the need and whether the specialist has previously met with the patient. • The telehealth stations located in community clinics include cameras, a computer monitor, and other equipment. There is also a large screen TV that may be used during the appointment. • Previously, lack of infrastructure was a barrier to implementing telehealth in Saskatchewan, however recent improvements have been made. For example, in 2018-2019 the First Nations communities in the Athabasca Health Region saw an increase in implementation and an expansion of services from just tele-psychiatry to include other tele-mental health services such as mental health therapists and addictions counsellors.
Language of Delivery	<ul style="list-style-type: none"> • Not found.
Cultural Adaptations	<ul style="list-style-type: none"> • eHealth Saskatchewan has partnered with the First Nations and Inuit Health Branch (FNIHB) in its development and delivery of telehealth, including tele-psychiatry and tele-mental health services. The FNIHB ensures a holistic approach to health and protects and maintains the integrity of traditional health practices. Their involvement ensures that First Nations people themselves are involved in the health system. • The Northern Inter-Tribal Health Authority (NITHA) is a First Nations driven organization which provides collective expertise with regards to culturally based, professional health practices. The

	<p>NITHA acts as a consultant and liaison between government agencies, eHealth Saskatchewan, and First Nations communities on eHealth matters.</p> <ul style="list-style-type: none"> • The telehealth infrastructure has been used to provide other mental health and wellness services outside of psychiatry. For example the Athabasca Health Region uses it to broadcast yoga classes for community members.
Partners	<ul style="list-style-type: none"> • Saskatchewan Regional Health Authorities • First Nations and Inuit Health Branch • Northern Inter-Tribal Health Authority
Financial Considerations	<ul style="list-style-type: none"> • Physicians in Saskatchewan face barriers to appropriate compensation for services delivered via telehealth. As of 2017, policies were not in place in Saskatchewan to support new technologies like telehealth. Salaried physicians do not face this same barrier.
References	<ul style="list-style-type: none"> • Exner-Pirot, 2017 (4)
Related Web links	<ul style="list-style-type: none"> • Athabasca Health Region Report 2019 • eHealth Saskatchewan • FNIHB-First Nations eHealth Infostructure Program • Northern Inter-Tribal Health Authority • Saskatchewan Health Authority Telehealth
Contact	<ul style="list-style-type: none"> • Leslie Poorman, eHealth Project Coordinator, First Nations and Inuit Health <ul style="list-style-type: none"> ○ Phone: 306-780-8879 ○ Email: leslie.poorman@canada.ca • Neil Olynick, Telehealth Program Lead, eHealth Saskatchewan <ul style="list-style-type: none"> ○ Phone: 306-337-5486 ○ Email: neil.olynick@ehealthsask.ca

Data Extraction – USA

Program Name	Indian Health Service – Telebehavioral Health Center of Excellence (TBHCE)
Jurisdiction	<ul style="list-style-type: none"> • Rural and remote communities within the following states: <ul style="list-style-type: none"> ○ Alaska, ○ Arizona, ○ Maine,

	<ul style="list-style-type: none"> ○ Montana, ○ New Mexico, ○ New York, ○ South Carolina, ○ Washington, and ○ Wisconsin. ● Currently, there are 26 telebehavioural health sites.
Community Profile	<ul style="list-style-type: none"> ● TBHCE provides services in isolated American Indian and Alaska Native (AI/AN) communities as well as areas with limited or no access to behavioral health services. ● The rates of suicide, post-traumatic stress disorder, alcohol dependence, disruptive behaviour disorders, and comorbidity of substance use and psychiatric disorders are all higher in AI/ANs than the general American population.
Brief Description of Program	<ul style="list-style-type: none"> ● The Indian Health Service (IHS) is the largest federal body providing healthcare to Native American communities. They established the TBHCE in 2008. ● The aim of the TBHCE is to provide, promote, and support the delivery of high quality, culturally sensitive telebehavioural healthcare to AI/AN communities. ● A variety of behavioural health services are offered with an emphasis on psychiatric (prescribing) and psychological (therapy) services.
Program Delivery	<ul style="list-style-type: none"> ● TBHCE uses videoconferencing technology to deliver telebehavioural health services. ● Each site has a dedicated Telebehavioral Health Coordinator. They act as the primary contact for the sites' telehealth program and are responsible for the following: <ul style="list-style-type: none"> ○ scheduling appointments, ○ maintaining patient's schedules, ○ providing education regarding telehealth, ○ obtaining patient consent, ○ set-up of each session, ○ introduce patients to their provider, and ○ coordinate patient follow-up. ● Current programs offered include: <ul style="list-style-type: none"> ○ adult psychiatry, ○ addictions psychiatry, ○ geriatric psychiatry, ○ child and adolescent psychiatry, ○ family therapy,

	<ul style="list-style-type: none"> ○ child and adolescent therapy, ○ addictions therapy, and ○ adult therapy. ● Frequency of appointments varies based on the need of the community. They can be a half day weekly, bi-monthly, or monthly.
Language of Delivery	<ul style="list-style-type: none"> ● Not found.
Cultural Adaptations	<ul style="list-style-type: none"> ● The establishment of the program was based on a partnership between the Albuquerque Area IHS and tribal members in the area. ● The original pilot project in New Mexico had difficulty getting started due to concerns from the tribal communities about partnering with the university based on a history of short-term services and provider turnover. Support for the program finally came from a collaboration between the local behavioural health program director who had been working in the community since the 1960s as well as a Mescalero tribal leader and long-time social worker in the community. ● Local residents are involved in the program as coordinators and provide historical and cultural context to providers before and after appointments. ● Local community providers are consulted in order to understand community needs and priorities relating to telebehavioural health care services. ● Distance education for providers is offered. Topics include routinely encountered behavioural health topics presented in a culturally sensitive way by providers who have experience working in rural communities serving Native Americans.
Partners	<ul style="list-style-type: none"> ● IHS Division of Behavioral Health ● University of New Mexico, Department of Psychiatry and Behavioral Sciences Center for Rural and Community Behavioral Health (CRCBH)
Financial Considerations	<ul style="list-style-type: none"> ● Initial funding for the establishment of the TBHCE came from the Methamphetamine and Suicide Prevention Initiative. ● TBHCE invoices each site quarterly for the services provided. It is the responsibility of each site to request reimbursement from Medicare and Medicaid for services that are covered. ● There is no cost to patients who qualify however they must provide proof of Native American status in the form of a Certificate of Indian Blood or similar document.
References	<ul style="list-style-type: none"> ● Roberts, Reichert, Adelsheim, and Joshi, 2015 (15) ● Sidhu, Fore, Shore, and Tansey, 2017 (16)
Related Web links	<ul style="list-style-type: none"> ● Indian Health Service Telebehavioural Health ● TeleBehavioral Health Center of Excellence Toolkit

Contact	<ul style="list-style-type: none"> • Daniel Cook, THBCE Coordinator <ul style="list-style-type: none"> ○ daniel.cook@ihs.gov
Program Name	American Indian Telemental Health Clinics (AITMH)
Jurisdiction	<ul style="list-style-type: none"> • Idaho, Montana, South Dakota, and Wyoming.
Community Profile	<ul style="list-style-type: none"> • The program is based out of Denver, Colorado. • American Indian and Alaska Native veterans have high rates of substance use disorders and post-traumatic stress disorder (PTSD). They also have difficulty accessing specialized healthcare services as reservations and trust lands tend to be located in rural and isolated areas.
Brief Description of Program	<ul style="list-style-type: none"> • In 2001, the University of Colorado partnered with the Department of Veteran Affairs (DVA) to design, implement, and administer a tele-mental health program for American Indian veterans with PTSD, known as the American Indian Telemental Health Clinics (AITMH). • The DVA is the largest federal body in the United States providing healthcare services to veterans and includes inpatient hospitals, outpatient clinics, and telehealth services. • As of 2017, there were 14 established tele-mental health clinic sites which provide services to 20 different tribes.
Program Delivery	<ul style="list-style-type: none"> • AITMH services are provided via videoconferencing to designated sites in communities. Providers are based in Denver, Colorado. • Each site has a Telehealth Outreach Worker (TOW) who is an employee of the DVA. TOWs promote the AITMH clinic services throughout communities and contact tribal veterans who may benefit from availing of tele-mental health services. • The TOW is also responsible for clinic operation. This includes: <ul style="list-style-type: none"> ○ opening the clinic, ○ activating the videoconferencing technology, ○ securing office space, ○ greeting patients, ○ scheduling appointments and sending reminders, and ○ providing any on-site assistance that is necessary. • The TOWs are trained for emergencies and know how to access in-person medical or psychiatric care if needed. TOWs are able to assist with navigation of the DVA system including eligible benefits and services. • Each veteran is assigned to one provider who they have regular appointments with. This allows them to develop long-term relationships.

	<ul style="list-style-type: none"> • Clinicians provide therapy, prescribe medications, and coordinate other necessary care. Individual and group psychotherapy is available with a focus on education, supportive therapy, and PTSD skill training. • Consultations with family members are conducted when possible and appropriate. Veterans are encouraged to bring family members with them to the site to learn about veteran healthcare needs and services. • A collaborative model with the veteran, TOW, and clinician prevents fragmented care and increases access to appropriate services. TOW are also able to provide guidance on cultural and community issues relevant to patient care to the provider • AITMH clinics also collaborate with communities to make sure care delivery is culturally acceptable and holistic. The TOW can connect veterans with traditional healers to help them incorporate traditional healing including sweat lodges, smudging, and talking circles.
Language of Delivery	<ul style="list-style-type: none"> • Not found.
Cultural Adaptations	<ul style="list-style-type: none"> • During the AITMH pilot stage, feedback, support, and approval were sought from the community and local tribe. Additional quality assurance data was sought to ensure that the needs of the community and goals of the program were being met. Modifications were made based on patient and staff feedback. • AITMH recruits providers that have experience working with veterans, with the DVA, and/or with cross-cultural experience. Providers also undergo training in American Indian cultural issues and visit tribal communities prior to starting work with the AITMH. • The DVA have a Tribal Veterans Representative (TVR) program in which Native American veteran volunteers act as outreach workers at sites of service delivery as well as in the community. TVR are appointed by their tribal councils and help to enroll, obtain benefits, and navigate care for veterans. • Each site has a TOW employed by the DVA. TOWs are usually veterans themselves and members of the tribe they are serving. They receive training through the TVR program. TOWs are involved in community organizations and collaborate with TVRs to provide access to local traditional healing resources. • AITMH appointments often take much longer than traditional psychiatry appointments due to the complexity of care and need to establish trust. Veterans have high levels of distrust as it was once an important survival skill for them. Providers have awareness and understanding of this which can then improve their therapeutic alliance. Providers are also aware of system transference and taught to acknowledge past issues or problems that patients have had with the system without excuses, rationalization, or blame.

	<ul style="list-style-type: none"> • Providers often visit AITMH sites whenever possible. This allows them to gain experience with the local culture, resources, and issues. Site visits also provide an opportunity to develop a connection to the local community through participation in their events. • Providers attend the TVR training sessions a minimum of once per year. These sessions are designed to expand understanding of the tribes that are being served as well as broader global issues affecting American Indian and Alaska Native communities.
Partners	<ul style="list-style-type: none"> • University of Colorado Denver’s Centers for American Indian and Alaska Native Health • Department of Veteran Affairs Rural Health Resource Center – Western Region • Department of Veteran Affairs Office of Telemedicine Services • Department of Veteran Affairs Medical Centers • Indian Health Service
Financial Considerations	<ul style="list-style-type: none"> • Not found.
References	<ul style="list-style-type: none"> • Goss, Richardson, Dailey, Bair, Nagamoto, et al., 2017 (17) • Shore, Brooks, Anderson, Bair, Dailey, et al., 2012 (18) • Shore, Kaufmann, Brooks, Bair, Dailey, et al., 2012 (19) • Sidhu, Fore, Shore, and Tansey, 2017 (16)
Related Web links	<ul style="list-style-type: none"> • Not found.
Contact	<ul style="list-style-type: none"> • Dr. Jay Shore, University of Colorado and Veterans Rural Health Resource Center <ul style="list-style-type: none"> ○ Email: jay.shore@ucdenver.edu
Program Name	San Carlos Apache Wellness Center
Jurisdiction	<ul style="list-style-type: none"> • Eastern Arizona, USA. <ul style="list-style-type: none"> ○ Counties include Northern Graham, Southeastern Gila, and Eastern Pinal.
Community Profile	<ul style="list-style-type: none"> • The San Carlos Apache Wellness Center (SCAWC) is located in the eastern part of Arizona, on a 1.9 million acre Indian reservation. • The San Carlos Apache tribe has over 15,000 members who avail of services at the SCAWC. • The nearest psychiatrist at a Native American service point is 6+ hour drive away. • In 2015, the San Carlos Apache Healthcare Corporation opened a hospital on the reservation.
Brief Description of Program	<ul style="list-style-type: none"> • The SCAWC opened in 2003 as a tribally run out-patient mental health and substance abuse program. In 2009, they began offering tele-psychiatry services. Prior to that, the Indian Health Service had provided 4 hours a month of fly-in psychiatry but ended the service in 2008. • The program provides an array of tele-mental health services including mental health, substance abuse, prevention, and peer support groups.

	<ul style="list-style-type: none"> • The mission of the SCAWC is to heal, serve, and empower the Apache people while honoring their traditions and providing quality care. The importance of family, community, and the individual are respected.
<p>Program Delivery</p>	<ul style="list-style-type: none"> • At the SCAWC, service providers include: <ul style="list-style-type: none"> ○ psychologists, ○ master’s level therapists, ○ substance abuse counsellors, ○ case managers, ○ support staff, and ○ psychiatrists. • Only the psychiatrists provide services via telemedicine. • In order to access telepsychiatry services, an individual must be a client with a counsellor or therapist at the SCAWC. • The patient’s primary clinician will then schedule their tele-psychiatry appointment, coordinate all care, and join the patient for all tele-psychiatry appointments. Tele-psychiatry appointments take place at the SCAWC. • Prior to the first appointment, patients are introduced to the tele-psychiatry technology, informed that they can stop at any time, and their consent is obtained. • The SCAWC has a Patient Experience Department with Ambassadors that help patients navigate the hospital site. The department also helps to ensure appointments are timely, information is easily accessible, and patients are able to communicate with their provider.
<p>Language of Delivery</p>	<ul style="list-style-type: none"> • SCAWC staff can provide translation for Apache, Spanish, and Sign Language.
<p>Cultural Adaptations</p>	<ul style="list-style-type: none"> • When the tele-psychiatry program was being established, the psychiatrist came to SCAWC to visit the site and meet with local clinicians in person. • Initially, some clients were uncomfortable using tele-psychiatry due to paranoid or referential delusions. Some Tribal Elders also preferred to speak only with the clinician present in the room rather than to psychiatrist on the screen. The SCAWC team provided clients with an orientation of the technology and found this to help mitigate concerns. Additionally, many clients adjusted to the new format within the first few minutes of the session. Clients are made aware that they have the option to end the session at any time. • The patient’s primary counsellor or therapist attends all tele-psychiatry appointments with them. This helps to mediate communication and cultural issues that may arise. • Apache interpretation services are available through the Patient Experience Department Ambassadors.

Partners	<ul style="list-style-type: none"> • Indian Health Services • Arizona Telemedicine Program • IHS San Carlos Hospital • Regional Behavioral Health Association (Cenpatico Behavioral Health)
Financial Considerations	<ul style="list-style-type: none"> • Initial funding for technology and staff training came from a \$16,000 grant. • Funding comes from multiple sources including a federal grant (20%), billing of services through Medicaid (75%), and prevention grants (5%). • Services provided are billed to the patient’s health insurance.
References	<ul style="list-style-type: none"> • Wilshire, 2012 (20)
Related Web links	<ul style="list-style-type: none"> • Overview of Services at San Carlos Apache Healthcare Corporation • San Carlos Apache Healthcare
Contact	<ul style="list-style-type: none"> • Thea Wilshire, San Carlos Apache Wellness <ul style="list-style-type: none"> ○ E-mail: thea.wilshire@scatwellness.net • General Contact <ul style="list-style-type: none"> ○ Phone: 928-475-1400 ○ Email address: info@scahealth.org

Data Extraction – Applications (Australia and New Zealand)

Program Name	Aboriginal and Islander Mental health initiative (AIMhi)
Jurisdiction	<ul style="list-style-type: none"> • Australia
Community Profile	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander communities in Australia. • There is a high need for culturally relevant mental health services for Aboriginal and Torres Strait Islander peoples in Australia.
Brief Description of Program	<ul style="list-style-type: none"> • The AIMhi research program began in the Northern Territory of Australia in 2003. It aimed to improve access to mental health services for Aboriginal and Torres Strait Islander people. • The AIMhi Stay Strong App was developed by the Menzies School of Health Research and the Queensland University of Technology in collaboration with Aboriginal and Torres Strait Islander peoples and Aboriginal Health Workers. • The App delivers a brief therapy designed to improve mental health, substance use, and well-being. It combines cognitive behavioural principles with goal setting and building of social support.

	<ul style="list-style-type: none"> • In 2009, a randomized controlled trial found that the AIMhi therapy led to improvements in well-being, substance use, and self-management.
<p>Program Delivery</p>	<ul style="list-style-type: none"> • The AIMhi Stay Strong App is an accessible tablet-based application that is simple to use, interactive, and clinician supported. The App is available for both Apple and Android devices. Once downloaded, it does not require an Internet connection. • It is used by Indigenous clients working with: <ul style="list-style-type: none"> ○ Aboriginal Health Workers, ○ nurses, ○ GPs, ○ allied health professionals, ○ community workers, and ○ others within both clinical and community settings. • The App focuses on mental health and substance misuse intervention using content and imagery specific for Indigenous clients. • The App helps individuals improve their well-being by visually representing areas of their life in which they are strong and not as strong. It then assists users in making a plan for change. The program asks clients to: <ul style="list-style-type: none"> ○ Identify friends and family who help keep them strong and healthy. ○ Identify their strengths relating to spiritual and cultural, physical, family, social and work and mental and emotional aspects of their lives. These are represented visually as leaves on a tree. As they input more strengths, the leaves grow stronger and healthier. ○ Identify things in their life that take away their strength in the same four areas. ○ Identify a goal for change to work on. ○ Develop a plan for achieving their goal by breaking it down into manageable steps. • The goal setting section of the program is adapted to the client’s own values and sociocultural context. • Throughout the App, content is delivered with both text and audio instructions. • The program is supported by a healthcare provider. A summary of the client’s Stay Strong Plan can be exported, emailed, or printed for their own records and to share with their provider.
<p>Language of Delivery</p>	<ul style="list-style-type: none"> • English
<p>Cultural Adaptations</p>	<ul style="list-style-type: none"> • AIMhi works with Aboriginal and Torres Strait Islander researchers, practitioners, organizations, and communities to address healing through strengths-based approaches to well-being and mental health. This community involvement is thought to increase acceptability, adherence, and uptake of the App.

	<ul style="list-style-type: none"> • The AIMhi App was based off of tools that were developed with Indigenous people for Indigenous people as part of the Aboriginal and Islander Mental Health Initiative research program. • The App provides instructions and help in both text and audio form. The audio form was added to address low English literacy and low technological literacy. • The App discusses relationships and family in a holistic manner which fits well with Indigenous views. • Future updates to the App may include translation into Aboriginal and Torres Strait Islander languages as well as the inclusion of more culturally relevant graphics and animation.
Partners	<ul style="list-style-type: none"> • Queensland University of Technology • Central Australian Aboriginal Media Association (CAAMA) • University of Sydney • Black Dog Institute
Financial Considerations	<ul style="list-style-type: none"> • Funding is provided by the Commonwealth Department of Health. • The App costs \$12.99 to download on Apple products and \$9.99 on Android products.
References	<ul style="list-style-type: none"> • Bennett-Levy, Singer, DuBois, and Hyde, 2017 (21) • Dingwall, Puszka, Sweet, and Nagel, 2015 (22) • Povey, Mills, Dingwall, Lowell, Singer, et al., 2016 (23)
Related Web links	<ul style="list-style-type: none"> • The AIMhi Stay Strong App • AIMhi NT - Aboriginal and Islander Mental Health Initiative • eMHprac – Stay Strong App • Demonstration of how to use AIMhi Stay Strong App (with Robbie)
Contact	<ul style="list-style-type: none"> • Stef Puszka, Menzies School of Health Research <ul style="list-style-type: none"> ○ Phone: 02 6125 0597 ○ Email: stefanie.puszka@menzies.edu.au • Michelle Sweet, Menzies School of Health Research <ul style="list-style-type: none"> ○ Email: michelle.sweet@menzies.edu.au
Program Name	iBobbly
Jurisdiction	<ul style="list-style-type: none"> • Australia • The pilot project in 2015 included 61 Aboriginal people from the remote community of Kimberly, Western Australia. • A second large-scale trial occurred in 2019 with over 400 participants from six locations around Australia.

Community Profile	<ul style="list-style-type: none"> • The Indigenous youth suicide rate in Australia is five times higher than the non-Indigenous population. • Despite high rates of suicide, few Indigenous people seek help for suicidal thoughts. Over 70% of suicides occur in people who have not previously sought mental health services.
Brief Description of Program	<ul style="list-style-type: none"> • iBobbly is a suicide prevention app designed for use by Indigenous populations and delivers treatment-based therapy in a culturally relevant way. • The App uses psychological therapies and Indigenous metaphors, images, and stories to reduce users’ suicidal thoughts. The App format addresses the barriers of geographic isolation as well as the stigma associated with suicide and mental health treatment. • The App is available for both Apple and Android mobile phones and tablets.
Program Delivery	<ul style="list-style-type: none"> • The App is designed for Indigenous Australians aged 15 years and older who are experiencing suicidal thoughts. • The content in the App is based on Acceptance and Commitment Therapy as well as Cognitive Behavioural Therapy. It incorporates mindfulness and values-based action strategies and is self-directed. • The app contains activity modules and self-assessment. The four main components are: <ul style="list-style-type: none"> ○ How do I feel – walks you through a self-assessment and gives you feedback about how you are doing. Allows you to keep a mood diary to see how you are tracking. ○ Stuff I can use – teaches you how to manage your thoughts and feelings, including any suicidal thoughts. This section also helps you to identify the characteristics you want to stand for and encourages you to set realistic, positive goals. ○ How I’m gonna beat this – helps you create your own personalised action plan and gives you the tools to monitor your progress. ○ Help - provides you with help and support options. • The content is delivered using interactive activities, stories, and videos. Every page has audio available for users with limited literacy. • If a program user is experiencing thoughts of suicide, they are directed to call an emergency line, Lifeline, or KidsHelp line. • After downloading the app, internet use is not required and it can be used whenever and for any length of time. The pilot RCT has shown that six weeks of use reduced depression, distress, and suicidal thinking. • The app is password protected to maintain confidentiality.
Language of Delivery	<ul style="list-style-type: none"> • English

Cultural Adaptations	<ul style="list-style-type: none"> • The app was developed in partnership with members from the Indigenous community in Kimberley, Western Australia. • The name iBobbly is derived from a Kimberley greeting. • The imagery in the app was created by Indigenous artists and graphic designers. • To mediate low literacy or technology skills, all text was accompanied by audio recordings. • The involvement of the community in the development of the app contributed to engagement and acceptability.
Partners	<ul style="list-style-type: none"> • Black Dog Institute • Alive and Kicking Goals • HITnet Innovations • Australian Government • Thoughtworks • Muru Marri Indigenous Health Unit UNSW • Young and Well Cooperative Research Centre • NHMRC Centre for Research Excellence in Suicide Prevention
Financial Considerations	<ul style="list-style-type: none"> • There is no cost to use iBobbly. • Samsung donated 150 tablets for the pilot program. • The app is funded by the Australian Government and the NHMRC Centre for Research Excellence in Suicide Prevention.
References	<ul style="list-style-type: none"> • Povey, Mills, Dingwall, Lowell, Singer, et al., 2016 (23) • Tighe, Shand, Ridani, Mackinnon, Mata, et al., 2017 (24)
Related Web links	<ul style="list-style-type: none"> • NACCHO Aboriginal suicide prevention: Black Dog Institute launches app to try to save lives • Black Dog Institute
Contact	<ul style="list-style-type: none"> • Tiarnee Schafer, iBobbly Project Officer <ul style="list-style-type: none"> ○ Email: t.schafer@blackdog.org.au
Program Name	MindSpot
Jurisdiction	<ul style="list-style-type: none"> • Australia
Community Profile	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander adults aged 18 years and older. • Indigenous people in Australia have reported difficulties in accessing local mental health services. • The majority of Indigenous users of MindSpot courses are located in rural and remote areas.
Brief Description of Program	<ul style="list-style-type: none"> • MindSpot is a free service for Australians over the age of 18 who are experiencing anxiety, stress, depression, and low mood. MindSpot has seven courses including an Indigenous Wellbeing course

	<p>designed to help Aboriginal and Torres Strait Islander adults learn to manage symptoms of depression and anxiety and is delivered in a culturally respectful way.</p> <ul style="list-style-type: none"> • MindSpot was developed by researchers at Macquarie University’s eCentreClinic as a result of the Commonwealth Government’s eMental Health strategy to improve availability of mental health services for people in remote parts of the country. • Since its inception in 2015, about 200 Australians have availed of the Indigenous Wellbeing Course, 95% of whom would recommend the course to others. On average, participants’ symptoms of anxiety and depression were reduced by 40-50%.
<p>Program Delivery</p>	<ul style="list-style-type: none"> • The MindSpot Indigenous Wellbeing course is a version of the original wellbeing course that has been modified by an Indigenous mental health worker in consultation with an Indigenous advisory group. It covers the same core content as the original wellbeing course. • The course is delivered online over a period of eight weeks. It consists of five lessons designed to provide the same information and skills a client would gain from therapy. • It is recommended for Aboriginal and Torres Strait Islander adults who experience symptoms of low mood, depression, social anxiety, panic attacks, and general worry. • The course is not for individuals who are suicidal; are already attending psychotherapy for anxiety or depression; or have clinical presentations that are deemed to require more comprehensive assessment such as those with severe or disabling psychotic symptoms. • The core psychological skills learned are: <ul style="list-style-type: none"> ○ How to recognize the cycle of symptoms involved in anxiety and depression. ○ How to recognize and challenge unhelpful thoughts and beliefs. ○ How to recognize and manage physical symptoms of anxiety and depression. ○ How to gain confidence by learning to safely confront things you have been avoiding. ○ Stories of how other Indigenous Australians have recovered. ○ How to stay well once the course has finished. • It is suggested to spend about four hours per week working on the course and practising the skills learned. • The course can be completed entirely individually or users can opt to receive weekly support from a therapist. Participants are also advised to speak to their GP about participating in the course. • Evaluations of the MindSpot course have shown Indigenous participants achieve symptom reductions in all areas and have high satisfaction with the program.
<p>Language of Delivery</p>	<ul style="list-style-type: none"> • Not found.
<p>Cultural Adaptations</p>	<ul style="list-style-type: none"> • The MindSpot team has an Indigenous Advisor who has helped with the development of the course. The Indigenous advisor consulted with an Indigenous advisory group at Macquarie University as well

	<p>as with Indigenous individuals and groups around the country. The course was adapted from the original wellbeing course based on these consultations. It was designed to reflect the experiences of Indigenous people and how those experiences impact their mental health.</p> <ul style="list-style-type: none"> • Content that has been added to the Indigenous course includes: <ul style="list-style-type: none"> ○ intergenerational trauma, ○ family and community violence, and ○ longing for country. • The Indigenous Advisor is available to assist participants with their participation in the course. • The stories and images used in the course were created by Indigenous Australians for Indigenous Australians.
Partners	<ul style="list-style-type: none"> • Macquarie University • Warawara (Department of Indigenous Studies), Macquarie University • Queensland University of Technology • University of Sydney
Financial Considerations	<ul style="list-style-type: none"> • In 2012, Macquarie University won \$16.4 million in funding from the Australian Government which was used to develop and deliver the MindSpot program. • MindSpot is contracted by the Australian Department of Health as a regulated clinical service. • The MindSpot Indigenous Wellbeing course was partly funded by a grant from the National Health and Medical Research Council (NHMRC).
References	<ul style="list-style-type: none"> • Titov, Dear, Staples, Bennett-Levy, Klein, et al., 2017 (25) • Titov, Schofield, Staples, Dear, and Nielssen, 2019 (26)
Related Web links	<ul style="list-style-type: none"> • MindSpot • MindSpot Indigenous Wellbeing Course
Contact	<ul style="list-style-type: none"> • Nickolai Titov, Department of Psychology, Macquarie University <ul style="list-style-type: none"> ○ Email: nick.titov@mq.edu.au • MindSpot General Contact <ul style="list-style-type: none"> ○ Phone: 1800 61 44 34 ○ Email: contact@mindspot.org.au
Program Name	SPARX
Jurisdiction	<ul style="list-style-type: none"> • New Zealand
Community Profile	<ul style="list-style-type: none"> • Māori are the Indigenous people of New Zealand.

	<ul style="list-style-type: none"> • Depression is a major health issue for Māori youth and they face significant barriers to accessing mental health treatment.
<p>Brief Description of Program</p>	<ul style="list-style-type: none"> • SPARX is a free online program for youth between the ages of 12 to 19 who are feeling down, anxious, or depressed. • It was designed by researchers and mental health experts at the University of Auckland in 2008-2009 with the input of youth. Some members of the design team are Māori. • Evaluation of the program has shown that users have clinically significant reductions in depression, anxiety, and hopelessness as well as an improvement in quality of life.
<p>Program Delivery</p>	<ul style="list-style-type: none"> • SPARX is an interactive fantasy game that uses CBT and mindfulness to teach youth how to cope with negative thoughts and feelings. • The SPARX website offers a Mood Quiz which users can take to determine if the program is right for them. The program is not suitable for youth with depression if a clinician determines that it is too severe for a self-help resource or if they are at high risk for self-harm or suicide. • Program users can choose their own avatar and customize it to use throughout the game. Customization includes Māori designs. Once a character is made, the user works their way through a series of challenges to restore the balance in a fantasy world dominated by GNATs. • The program covers seven modules to be competed sequentially: <ul style="list-style-type: none"> ○ Level 1—cave province: finding hope <ul style="list-style-type: none"> ▪ Psychoeducation about depression and an introduction to the CBT model ▪ Introducing GNATs ▪ Introducing “hope” (people recover from depression) ▪ Relaxation: controlled breathing ○ Level 2—ice province: being active <ul style="list-style-type: none"> ▪ Activity scheduling and behavioural activation ▪ Relaxation: progressive muscle relaxation ▪ Basic communication and interpersonal skills ○ Level 3—volcano province: dealing with emotions <ul style="list-style-type: none"> ▪ Dealing with strong emotions: anger and hurt feelings ▪ Interpersonal skills: assertiveness, listening, and negotiation ○ Level 4—mountain province: overcoming problems <ul style="list-style-type: none"> ▪ Problem solving using STEPS: Say the problem, Think of solutions, Examine the pros and cons, Pick one and try it, See what happens ▪ Cognitive restructuring-identifying SPARX: Smart, Positive, Active, Realistic, X-factor thoughts ○ Level 5—swamp province: recognising unhelpful thoughts

	<ul style="list-style-type: none"> ▪ Cognitive restructuring—recognising different types of GNATs ○ Level 6—bridgeland province: challenging unhelpful thoughts <ul style="list-style-type: none"> ▪ Cognitive restructuring—learning to challenge or “swap” negative thoughts for helpful ones ▪ Interpersonal skills continued: negotiation skills ○ Level 7—canyon province: bringing it altogether <ul style="list-style-type: none"> ▪ Recap of all skills ▪ Mindfulness: tolerating distress ▪ Relapse prevention: knowing when to ask for help • Throughout the game there are voiceovers and audio instructions to address low literacy. • At each level a guide interacts with the user. The guide explains the upcoming module, provides education, and sets challenges similar to therapeutic homework. The guide also gauges mood using a Likert or PHQ-A scale. Youth who are using the program but not improving are prompted to seek help from their clinician. • SPARX also has a workbook available online with summaries of each module and space where homework can be completed or notes can be made.
Language of Delivery	<ul style="list-style-type: none"> • The program is currently only offered in English but it has been suggested in program evaluations to incorporate Māori language in future versions.
Cultural Adaptations	<ul style="list-style-type: none"> • One of the members of the development team is Māori themselves. They provided input throughout the development of the game. They also held focus groups with Māori youth to establish SPARX’s effectiveness and acceptability. • SPARX incorporates Māori graphics and themes. • Users can customize their playing character with Māori designs. A qualitative evaluation of the program found that Māori youth felt that the ability to customize their character with Māori designs enhanced their cultural identity.
Partners	<ul style="list-style-type: none"> • The University of Auckland • Metia Interactive • The National Institute for Health Innovation (NIHI) • Prime Minister’s Youth Mental Health Project
Financial Considerations	<ul style="list-style-type: none"> • The program is available online for free. • The development of the program was funded by the New Zealand Ministry of Health.
References	<ul style="list-style-type: none"> • Merry, Stasiak, Shepherd, Frampton, Fleming, et al., 2012 (27) • Shepherd, 2011 (28) • Stasiak, Fleming, Lucassen, Shepherd, Whittaker, et al., 2016 (29)

Related Web links	<ul style="list-style-type: none"> • Sparx
Contact	<ul style="list-style-type: none"> • General Contact <ul style="list-style-type: none"> ○ Email: sparx@auckland.ac.nz • Dr. Matt Shepherd, Māori Team Member <ul style="list-style-type: none"> ○ Phone: +64 27 2180912 ○ Email: M.shepherd1@massey.ac.nz

Appendix B: Additional Programs

This section contains information about additional programs. While the level of detail available was not sufficient for inclusion of these programs in the data tables, we wanted to include the following to give a more complete picture of tele-psychiatry programs providing services to Indigenous populations. Effort was made to contact representatives of each program in order to obtain the missing information for inclusion.

The Child and Adolescent Mental Health Urgent Consult Clinic

[The Child and Youth Mental Health Urgent Consult Clinic](#) (CAMHUCC) is located in Kingston, Ontario, at the Hotel Dieu Hospital. The program provides tele-psychiatry to children and youth living in rural and remote Ontario communities a minimum of one hour away from the hospital. Within the service area is James Bay in which many Indigenous communities reside. This area is also home to a number of group homes for Indigenous youth with complex mental health needs.

The focus of the CAMHUCC program is on urgent risk assessments. These are conducted for patients presenting with:

- suicidal or homicidal ideation,
- dyscontrol due to drugs or psychosis,
- have made threats of violence, and
- other urgent mental health concerns.

Referrals for risk assessment tend to come from emergency departments as well as family physicians, school boards, and children's mental health agencies. All risk assessments are scheduled within 48 hours of referral with priority given to those from an emergency department.

Risk assessments consist of a full history taken by the social worker or nurse, as well as a diagnosis and treatment plan by the psychiatrist. The treatment plan may include medication and/or crisis-oriented interventions lasting 4-6 sessions. Brief crisis-oriented interventions are provided by a behavioural therapist for children under 12 years of age and the nurse or social worker for children over 12 years of age. Patients and families may also be referred to additional community resources or referred for admission to the inpatient unit in Kingston.

No information was available with regards to cultural or geographic adaptations. The program does have interpretation services available.

Partners:

- Kingston Health Science Center (KHSC)
- Division of Child & Youth Psychiatry at Queen's University
- Ontario Tele-Health Network (OTN)

Contact:

- Chelsea Stewart
 - Phone: 613-544-3400 ext. 2518
 - Email: chelsea.stewart@kingstonhsc.ca

References:

- Roberts, Hu, Axas, and Repetti, 2017 (30)

Alberta Health Services

[Alberta Health Services](#) (AHS) provides tele-psychiatry to rural and northern regions of Alberta. These regions comprise 22% of Alberta's population. Of the more than 400,000 people residing in Alberta's North Zone, 16% are Indigenous.

AHS uses videoconferencing to provide telehealth to over 900 sites throughout the province. Tele-mental health and tele-psychiatry clinics are held 3 times per week. Consultations are available with both psychologists and psychiatrists from various subspecialties for both routine and urgent conditions. The tele-psychiatry program is used to provide follow-up to patients who are discharged from larger centres. The program is also used to facilitate eating disorder support groups through the Eating Disorder Support Network of Alberta and local community health providers.

No information was available with regards to cultural and geographic adaptations or language of delivery. A 2015 report suggested that there was potential for AHS to expand tele-psychiatry services.

Financial Considerations:

- Initial establishment of the telehealth network was funded by Alberta Health and Wellness, Canada Health Infoway, and anonymous donors. Health Canada's First Nations and Inuit Health Branch contributes to grant funding and the implementation of services in First Nations communities.

Contact:

- Shy Amlani, Provincial Director, AHS Virtual Health
 - Phone: 780-938-4008
 - Email: shy.amlani@ahs.ca

References:

- [Healthcare Renewal in Canada](#)
- [Northern Health Summit](#)
- [Rural Health Services Review](#)

First Nations Health Authority

[The First Nations Health Authority](#) (FNHA) partners with over 200 First Nations communities in British Columbia (BC) to plan, manage, deliver, and fund health services. As of 2015, the FNHA began offering telehealth services in 23 BC communities. The telehealth program was developed in response to the *Transformative Change Accord: Tripartite First Nations Health Plan* developed in 2006 to address health, social, and economic gaps.

FNHA Telehealth provides clinical, educational, administrative, and care coordination services using videoconferencing. The mental health services available include:

- child and youth mental health counselling,
- child and adult psychiatry,
- forensic youth counselling,
- reproductive mental health counselling, and
- addictions counselling.

Group Alcoholics Anonymous sessions are also offered. Appointments occur at local health centres. Clients may have a friend, family member, or Community Health Representative attend their telehealth appointment with them if they wish. Other healthcare professionals such as a nurse may also be present if needed.

The FNHA incorporates culturally safe practices and actively works to embed cultural safety and cultural humility into health service delivery. The FNHA wellness philosophy is based on First Nations teachings. The telehealth program respects the diversity of First Nations' cultures and provides services that are specific to each community. No additional information was available with regards to cultural and geographic adaptations or language of delivery.

Financial Considerations:

- The FNHA telehealth program is fully funded by Canada Health Infoway. This includes all costs incurred from site assessment, equipment purchase and installation, training, and other costs associated with address community needs. There is no cost to clients for a telehealth appointment. Services are covered by the Medical Services Plan of BC.

Ikajuruti Inungnik Ungasiktumi (IIU) Telehealth Network

The IIU Telehealth Network was established in Nunavut in 1999 in order to address the healthcare needs of the province. Nunavut is a vast territory with a low population density and many remote communities. Of their population of about 38,000, nearly 85% identify as Inuit. Since 2004, 25 communities in Nunavut have access to IIU telehealth services. In 2012, tele-mental health was introduced.

The IIU program uses a collaborative, cross-jurisdictional approach with consulting physicians located in Alberta, Manitoba, Ontario, Northwest Territories, and Nunavut. The telehealth service offered include:

- consultations,
- health education,
- continuing medical education,
- family visitation, and
- administration.

Of the clinical services, tele-mental health and tele-psychiatry are offered. Services are available in Inuktituk, Innuinaqtun, French, and English. No information was available with regards to cultural or geographic adaptations.

Partners:

- Health Canada's Canadian Health Infostructure Partnership Program (CHIPP)
- MBTelehealth
- Canada Health Infoway
- Government of Nunavut

Financial Considerations:

- From 2003-2006, funding came from the Primary Health Care Transition Fund.
- In 2008, Canada Health Infoway invested \$2 million in the Nunavut Telehealth Expansion and Change Management Project to update telehealth sides and add supplementary sites.

References:

- [Canada Health Infostructure Partnerships Program](#)
- [Healthcare Renewal in Canada](#)
- Marchildon and Torgerson, 2013 (31)

Yukon Health and Social Services

Tele-health is available from three hospitals (Whitehorse General Hospital, Dawson City Community Hospital, and Watson Lake Community Hospital) to all communities in the Yukon Territory.

The Cultural Programs Coordinator at Whitehorse General Hospital outlined the following components as ways of delivering culturally appropriate care:

- Before a tele-health appointment, tele-health staff meet with the patient and discuss what they will experience during the tele-health appointment.
- It is important to build a team of support including First Nations social workers, elders, family members, and local nursing staff. Support staff are included in appointments if approved by the patient.
- First Nation support workers who attend the appointments take notes and then meet with the patient afterward to answer any questions they have. Providers can also follow-up with the patient after the appointment to ensure that understand what was discussed and what the plan is going forward. Additional check-ins to ensure the plan is working are also important.
- Incorporation of culture and ceremony into appointments can be individualized and adapted to patient needs or preferences. Examples include starting with an opening prayer or territory acknowledgement, and having an Elder representative accompany the patient in the appointment.
- Putting the patient first is a priority. Ways in which care is adapted to patient needs include having visual aids to assist in their understanding, making sure terminology being used is understood or simplified, and asking the patient themselves about their preferences for future meetings.

Contact:

- Krystal Olito, Cultural Programs Coordinator, First Nations Health, Whitehorse General Hospital
 - Phone: 867-393-8891
 - Email: krystal.Olito@wgh.yk.ca

Aboriginal Community Controlled Health Services (ACCHS)

Aboriginal Community Controlled Health Services (ACCHS) are located throughout Australia. They are independent legal entities which are controlled by Aboriginal people. This enables the ACCHS to control the planning, implementation, and evaluation of their own health services. In the Northern Territory and Western Queensland, the ACCHS are providing telehealth services.

[Aboriginal Medical Services Alliance Northern Territory](#) (AMSANT) oversees the ACCHS in the Northern Territory and has 25 member services throughout the region. They advocate for health equity and support high-quality healthcare for Aboriginal people in Australia. AMSANT supports a holistic view of healthcare which includes physical, social, spiritual, and emotional health.

Since 2014, telehealth services have been provided by an outside contractor, [Telstra Health](#). Consultations with specialists including psychiatrists are conducted via videoconferencing. Local hospitals or clinics connects with a Telstra telehealth coordinator who is responsible for all client communication, bookings, and administration. Patients can be accompanied by a local physician or other provider if they wish. This provider is responsible for following through on the specialists' advice or treatment plan.

At the ACCHS in Western Queensland, Indigenous Health Workers can be present and help facilitate the provision of culturally appropriate care. Indigenous Health Workers advocate for patient needs and provide them with support. They also help with communication between patients and providers. Their presence can reduce cultural barriers.

No additional information was available with regards to cultural and geographic adaptations or language of delivery. Limited information was found on tele-psychiatry besides that it is offered through the larger telehealth program.

Partners:

- National Telehealth Connection Service (NTCS)
- Telstra
- Northern Territory Department of Health

References:

- Caffery, Bradford, Smith, and Langbecker, 2018 (32)

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Appendix C: Additional Relevant Literature

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