NEGOTIATING COLLABORATIVE PARTNERSHIPS BETWEEN PSYCHIATRY AND OTHER MENTAL HEALTH PROFESSIONALS AND THE FIRST NATION POPULATION IN NORTHWESTERN ONTARIO.

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Aim: This presentation will explore the various social challenges to collaborating across mental health professions and with community organizations that service the First Nations people in Northwestern Ontario.

Background: The term of collaboration and partnerships on an equal standing is a foreign concept to many Indigenous population in North America, if not the world. Psychiatry has been viewed with suspicion as the term “Helicopter physician” is a common descriptor, unfortunately. However, over the last 30 years some improvements have been made that has allowed some collaborative efforts to been successful.

Methods: We will be using the case study of the mental health clinical and research interactions with psychiatry and the Northern Chiefs Council representing 6 bands, 12 reserves and 30 communities. A vast geographic area is covered by this collaborative partnership which took a year to negotiate with Elders, community leaders, local healers and mental heal workers.

Results: Themes including cultural artefacts and ownership, family dynamics and stigma around certain professional organizations will also be explored.

Discussions: Creating a safe “working environment” between these cultural and structural entities is formidable however, with nuance and patience, including competence and safety, especially with respect to collaboration the results are highly gratifying when successful. Such an example will be discussed and examined in detail.

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Learning Objectives:

1) To explain the nuance some of the challenges that arise in collaborating across levels of expertise, such as expertise in psychiatry, local expertise, or expertise in lived experience.

2) To analyze some of the barriers such as cultural competence, safety and humility versus structural hierarchy in building community collaborative partnerships within the Indigenous people.
References:
