I have the privilege of working as a Collaborative Coach with the Child, Youth Mental Health and Substance Use (CYMHSU) Collaborative. With the Cariboo Local Action Team (LAT), I facilitated a unique patient journey mapping experience, *David: the journey of a rural First Nations youth towards and through mental health services*.

This multi-disciplinary team, which includes youth and families with lived experience, is part of the CYMHSU Collaborative work to increase timely access to mental health and substance use supports and services. At ImpactBC, our CYMHSU Patient Journey Maps (PJM) record the experience of the mental health and substance use system from the patient’s perspective. Using this methodology, courageous youth and their family members share their experience with the team.

Youth and families outline what their experience is navigating the complex system of mental health and substance use care in our current system. My role as facilitator is to ask the youth and parents what happened, and how they felt. Their comments are recorded on a large sheet of paper that is posted for all participants to see. Service providers bear witness as the experience is shared and, other than asking clarifying questions, they provide no further comment regarding the patient’s experience. Instead, their role is to flag any medical or systemic barriers that are identified on Post-it notes.

These barriers are affixed to the “map,” acknowledging where the system does not work for youth and their families. It generally takes up to two hours (a long time for a patient and/or family member to be front and center) to map the patient’s journey from a designated start to end. It seems simple, but to be successful, there are many aspects that the Cariboo LAT focused on prior to and post mapping that deepened the experience and increased the potential value. I would like to share my thoughts on the process and how it should be a model for all of us.

After the LAT briefing about the processes and outputs of a PJM, and the importance of having “the whole system in the room,” the Aboriginal Child and Youth Mental Health clinician took the lead. Based on her experience serving First Nations communities and seeing first-hand the multiple and complex challenges that children, youth and families face, she wrote a composite case of a First Nations youth. Most patient journeys tell the story of a specific youth and family, but a composite case was chosen since there are 15 First Nations Bands within three Nations in the Cariboo area, and the experiences of youth on reserve who have mental health and substance use issues are varied, raw and tragic.

The case was situated in a hypothetical, yet typical, background of grandparents and parents suffering from an array of intergenerational challenges that stem from deep-rooted cultural issues. These issues provide cultural context that is
critical to understanding the experience of youth such as David. As one participant summed up: “Parents of First Nations youth care as deeply as any other parent about their child but because of this cultural context they are often unable to act on behalf of their child despite loving them deeply. If you don’t know the cultural context, you won’t be able to understand the experience for First Nations youth and their families.”

Once the composite case was written, the Aboriginal Clinician met with Nation members, “Aunties”, school counsellors, and other clinicians to determine whether this composite accurately represents their community. Once agreement was reached, the youth was named David and mental health providers and First Nation members were invited to come together to witness his journey.

On the day of the mapping, representatives for Carrier, Tsilhqotin, and Secwepemc Nations joined members of the LAT at the Denisiqi Services Society: school counsellors, Ministry of Children and Family Development, CYMH Counsellors, physicians, community agencies, a representative from Communities That Care, etc. The session opened with a song of strength and acknowledgment of First Nations Territory. We sat in a semi-circle around a blank sheet to map the experience and barriers. To ground David’s experience as a journey of his people, the Aboriginal clinician started the journey with the lives of David’s parents and grandparents.

David’s parents were unmarried teenagers when he was born. There was a history with foster care, substance use and domestic violence, and both were victims of racism. In addition, David’s grandparents were residential school survivors. We learned about David’s early life on and off reserve, in and out of band schools, and with and without his dad’s presence. We learned about his early childhood trauma, adversity and the lost opportunities for early intervention.

When David leaves the band school to attend high school in Williams Lake, 2.5 hours from his home, boarding with someone he barely knows, we begin mapping his experience. The Aboriginal clinician provided the big steps and others in the room shared anecdotes of typical First Nations experiences and identified dozens of barriers.

David encounters a number of challenges: he has difficulty with the different systems; he receives little support (despite people’s concerns); he returns to the reserve after being expelled from school; and, he lives an isolated life with increasing paranoia in the basement of his parents’ house where his behavior is “normalized” and seen as a gift of speaking with his ancestors. He is in and out of the Cariboo Memorial Hospital where he is transported to a designated tertiary facility six hours from his home. There, he and his family experience stigma and racism.
At the end of this composite case, participants acknowledged that David’s experience could end many ways: getting care from service providers in a culturally-appropriate way—which is not yet a reality; getting jailed; or, tragically, committing suicide. During the recounting, 128 barriers were identified. The first stage of the patient journey mapping of David ended with a commitment to consolidate a draft map and gather again to take down the barriers.

Many common themes emerge from patient journey maps. On the same day that we recorded the composite First Nations Youth map, we also recorded the experience of an urban youth who was cutting. We are grateful to him and his family for sharing their moving journey. Common issues in these two maps, and others shared in the CYMHSU Collaborative are: fragmented or non-existent services; stigma from providers; information not flowing between systems; and, youth and family not included in decision-making. All of these, and more, are barriers that the CYMHSU Collaborative is intent on addressing.

However, within the First Nations map, many were unique. For example, there is inherent mistrust of providers, whether Ministry of Children and Family Development or health care services, due to the histories of residential schools and hospitals, and of racism in foster care. Other barriers include band and provincial school systems that use different curriculum and assessments; parents who are unable to advocate for their children because of personal history or due to geographic distances; and, services that are not trauma-informed or culturally appropriate.

The next step was to transcribe the experience into a Patient Journey Map. With the help of an ImpactBC colleague with both artistic and PJM skills, we developed a map of David’s journey set in a circle, which is culturally important to First Nations, and sent it to the Cariboo Aboriginal clinician (Image 1.0). The clinician met with a number of First Nations people to confirm whether the map represented their experiences. The drawing portrayed the medical journey of the youth, featuring the many judgments or misunderstandings made by service providers and placed on families attempting to access care.

These judgments include comments such as: they didn’t show up for their appointments; they failed to cooperate with planning; they were difficult; they were involved in addictions; and, they didn’t want service. While those are the providers’ perspectives, the comments display a lack of sensitivity to the challenges that First Nations families in remote communities face. The Aboriginal Clinician provided a sketch of what they wanted (Image 1.1), which added the cultural component to the medical content for David’s family, themed into six determinants of wellness drawn from the First Nations Mental Health Plan, “The Path Forward.”
David: The journey of a rural First Nations youth towards and through mental health services

Resilience, moving forward, seeking solutions

**PHYSICAL**

- **Residential Schooling and Assimilation**
- **Inter-generational Trauma**

**MENTAL**

- **Loss of Territorial Language and Culture**
- **Inter-generational Trauma**

**SPIRITUAL**

- **Residential Schooling and Assimilation**
- **Inter-generational Trauma**

**EMOTIONAL**

- **Residential Schooling and Assimilation**
- **Inter-generational Trauma**

David

- Arrives in Williams Lake to attend grade 10 high school. He is 3 hours from home.

**Image 1.2**
So we went back to the drawing board with help from another ImpactBC team member to land on another draft map (Image 1.2). It remained a draft because a couple of key steps occurred. The map is being used to further engage community stakeholders through community events on and off reserve in order to validate the experience and identify barriers that need to be addressed. As well, artwork by a local school counsellor and a First Nations artist will be added so the visual appearance of the map reflects the community.

A second multi-disciplinary session, with many of the same participants and a few new ones, gathered again at the Denisiqi Services Society about a month later. Following a drumming and opening song, participants identified 45 actions for schools, emergency services, intra and inter-community agencies and treatment services, to take. Highlights include: cultural competency development for all areas, as well as service providers who come in contact with First Nations children and youth; trauma-informed schools and communities; and, revisiting the reconciliation process between agencies and our First Nations communities. Lastly, and importantly for the LAT team, to develop integrated networks of care in the community for children and youth with complex mental health issues where families are in a lead role and a cultural resource person or advisor is present, as in the case of First Nations children and youth.

The Cariboo LAT plans to use David’s map to invite further input and collaboration with rural First Nations communities so they can work together to improve services. The action plans will also be used by the LAT to complement existing planning by other groups to increase access to timely, integrated, trauma, and culturally informed supports and services. We learn as we go in the Collaborative and David’s journey serves as an informative piece to grow from. What makes this process valuable is the decision to map such an important journey in the first place. It is a prime opportunity to learn about the experience of rural First Nations youth, to situate that experience within the cultural context, and to engage and plan together with First Nations service providers, community members and agencies to improve services and access to services.