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Listening to the Communities: Perspectives of Remote and Rural First Nations Community Members on Telemental Health

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Summary

Telemental health involves technologies such as videoconferencing to deliver mental health services and education, and to connect individuals and communities for healing and health. In remote and rural First Nations there are often challenges both to obtaining mental healthcare within the community and to working with external mental health workers. Telemental health is a service approach that can address some of these challenges and potentially support First Nations in their goal of improving mental health and well-being.

This paper explores the perspectives on telemental health of community members living in two rural and remote First Nations communities in Ontario: Mishkeegogamang and Fort Severn. Using a participatory research design, we interviewed 59 community members, asking about their experiences with and thoughts on using technologies and their attitudes toward telemental health specifically. A thematic analysis of this qualitative data, and a descriptive quantitative analysis of the information reveal the diversity of attitudes among community members.

Community members' perspectives on the usefulness and appropriateness of telemental health greatly influence the level of engagement with the service. Valuing Indigenous knowledge can help us understand community members' experiences of and concerns with telemental health and inform more successful and appropriate initiatives. We explore the continuum of community members' perspectives – ranging from enthusiasm and embracing the technology use to hesitancy and rejection. With the invaluable support of the Keewaytinook Okimakanak Telemedicine co-authors (including the community telehealth coordinators), we offer ways forward to address concerns identified by the community members.

1. Introduction

The focus of this paper is community perspectives on telemental health, using the rural and remote First Nations of Fort Severn and Mishkeegogamang as a case-study. Telemental health is a service offered to these communities through Keewaytinook Okimakanak Telemedicine (KOTM). KO is the Northern Chiefs Tribal Council in Ontario.

By way of background, within the telemental health context, a small body of research exists on 1) the perspectives toward telemental health of mental health workers who work with remote and rural First Nations communities, and 2) the experience of telemental health clients, but little is known about the relevancy of telemental health to the communities in general and how community members perceive this approach to service.

We begin to address this gap by actually "listening" to the community members: exploring the perspectives of rural and remote First Nations community members on the usefulness of and concerns around telemental health.

Self-determination is an important goal of First Nations communities. Given that telemental health is accessible in remote and rural First Nations in Ontario (and other provinces), and that the KO tribal council sees value in it (as evidenced through the establishment of KO Telemedicine), it seems important to explore community members' own thoughts and concerns about using telemental health. This could allow for increased engagement in discussion about using the service in communities.

2. Telemental Health in a First Nations Context

Telehealth, conceptualized as the use of information and communication technology (ICT) and broadband networks to deliver health services and support wellness, has been a focus of interest and expansion in rural and remote First Nations communities in Canada (Health Canada Telehealth Status Report, 2004; O'Donnell et al., 2010; Romanow report, 2002). The literature has identified telehealth as a tool to help "facilitate more effective and appropriate delivery of health services" for individuals living in remote and rural First Nations who otherwise often live the reality of inconsistent health care due to geographic isolation, lack of resources, and other challenges (Muttitt, Vigneault, & Loewen, 2004).Tribal councils (e.g., KO), various levels of government, non-government organizations, and academic and research organizations have all been engaged to some degree in this adventure. Recently, the Assembly of First Nations (AFN) passed several resolutions recognizing and attempting to address the need for First Nations in Canada to have sufficient broadband networks and access to ICT (Whiteduck, 2010).

Challenges of creating successful telehealth initiatives in remote and rural First Nations communities have been identified (e.g., lack of infrastructure – see Health Canada 2004). Yet, Muttitt and colleagues (2004) posit that while these obstacles are not unique to the First Nations context; the interplay of "cultural, political and jurisdictional issues" can amplify these challenges. Nevertheless, there have been successful telehealth programs such as KO Telemedicine which strive toward community engagement, empowerment, and ownership (Carpenter and Kakepetum-Schultz, 2010; Muttitt et al.). Carpenter and Kakepetum-Schultz emphasize the importance of integrating First Nations values and beliefs into an information technology health system for rural and remote First Nations. Further, they assert that First Nations ownership and control of the service is central to the success of the initiative.

Telemental health is a mental health service approach which uses videoconferencing to connect those engaged with the service for a variety of activities, including (but not limited to): support groups and group therapy, assessments, individual therapy, and psycho-education. Since the mid 1990s its use in Canada and in First Nations communities across Canada has been growing (Health Canada, 2004). Telemental health has been conceived as a vehicle for connecting remote and rural communities to mental health services where otherwise access to certain resources within their own communities would not be possible (Gibson, Kakepetum-Schultz, Coulson & O'Donnell, 2009; Health Canada; KO, 2002; KORI 2008). Indeed, increased

access to services, client satisfaction, and decreased costs have been identified as benefits to telemental health in Indigenous communities (Gibson, Kakepetum-Schultz, Coulson, & O'Donnell; KO 2002; KORI 2008).

For instance, the KO telepsychiatry pilot project (KO, 2002) was a ground-breaking venture that sought to connect certain rural and remote First Nations communities in north western Ontario with psychiatric services. A driving force behind the project was the objective of supplementing current mental health services and reducing wait times. At that time (and arguably still today) mental health clients in the communities were often dependent on external regional services with limited presence in the communities, and/or they were often required to leave their home community to receive care. Currently, both in-person (again, as provided by external regional services, and certain in-community resources) and telemental health services are available in KO communities (KO - http://health.knet.ca/). Other service providers have also opted for this modified model of service delivery. For example, Brasfield and Clement (2007) describe how a stress and anxiety clinic in British Columbia works with a variety of remote and rural First Nations, harnessing the utility of telemental health and incorporating in-person visits to allow for greater continuity of care.

A report by the Assembly of First Nations (AFN) states that: "For Aboriginal people, an integral component restoring balance and wellbeing to communities, involves community empowerment as well as individual well-being. To this end, health and social services delivery must be under Aboriginal control, and services delivered by trained Aboriginal people. The ultimate expression of an Aboriginal Health system that embodies both individual and community empowerment is self-government." (AFN,1998, p. 20).

Perhaps an excellent example of an ehealth/telehealth project that follows this creed is the Fort Chipewyan project (Gideon, 2006). Specifically, remote First Nations in Alberta are working together using videoconferencing to provide traditional medicine to Aboriginal communities. This project started out with a typical health and physiotherapy focus, and has evolved into "tele-spirituality," connecting spiritual Indigenous leaders to various communities. Indeed, according to Gideon, Aboriginal leaders view e-health as a tool and a means to improve "access to, and control over, health services." Further, telemental health and eHealth in general in First Nations has been touted as having the potential to facilitate a new environment that is healthy, empowering, and key to social change (Gideon). Indeed, the Assembly of First Nations has proposed a strategy for increased broadband network connectivity which could help support these initiatives (Whiteduck, 2010). However, the success of any community's telemental health initiative will depend on how the tool is engaged with. Therefore, it is critical that First Nations be involved in the development of health, mental health, and telemental health policies.

3. Participation in Previous Studies on Telemental Health in First Nations

It appears that no research or literature exists on First Nations community members' perspectives on telemental health, or even on community perspectives on the broader area of technologies for mental health services or technologies in general.

Within the Canadian context, there are a handful of studies that have explored the experience of First Nations telemental health clients (KO, 2002; RVH, 2006). As mentioned earlier, a telepsychiatry pilot project was conducted in Northern Ontario in 2001. According to the evaluation (KO), telemental health clients reported high levels of satisfaction with the service: "almost all the clients indicated that the psychiatrist had helped them with their emotional problems, and that they would recommend the service to people they care about who have emotional problems." In addition, clients found it beneficial to have access to the opportunity of receiving mental health services in their home community without the requirement for travel. It was also concluded that, "In contrast to western cultural expectations, the distance created by not being face-to-face with the psychiatrist appears to have helped clients feel comfortable with the psychiatrist."

Advancing a few years and moving to Eastern Canada, during 2004 and 2005 the Mawi – Wolakomiksultine project (Maliseet for "together, let's have good healthy minds") was underway in New Brunswick (RVH, 2006). This partnership project focused on extending telemental health and teleaddictions to five First Nation communities in the area. First Nations clients who participated in this initiative reported very positive

experiences with telehealth. Understandably, many clients reported feeling somewhat uncomfortable with the telehealth set-up at first; however after they became engaged in the session they reported feeling as if they were in the room with the provider. Specifically, according to the evaluation, 96% of the clients reported being satisfied with the telehealth session, 89% reported ease of communication during the session, and 82% of the clients reported that they preferred the telehealth sessions to travelling to the urban center for services.

Finally, studies on telemental health that have explored the experience of mental health professionals who work with First Nations will be reviewed. Recently, Gibson and colleagues (2009) examined the experiences of and attitudes toward telemental health in mental health professionals who work with First Nations. Individual interviews with mental health professionals who had experience in telemental health with remote and rural First Nations clients informed the study. Additionally, there was an online survey component. Participants were mental health professionals Canada-wide who had experience working with remote and rural First Nations communities (but not necessarily telehealth experience). The researchers found that overall, participants in the online survey reported finding telemental health a useful tool for connecting with remote and rural First Nations clients. Further, there were a variety of concerns about using telemental in the clinical context, including the appropriateness of using videoconferencing with certain clients (e.g., individuals who are experiencing psychosis), the uncertainty of conducting certain interventions (e.g., exposure therapy) through video, and the need for "safety nets" and resources at client's site. Finally, the authors noted that professionals who had participated in the interviews tended to have significantly more clinical experience with the telemental health approach, and had discovered useful strategies for addressing therapeutic challenges (e.g., relationship building) in telemental health.

An earlier study on this topic found that health care workers reported experiencing increased continuity and coordination in their care for clients and increased flexibility in their work. In addition, front-line workers in the communities reported experienced reduced isolation and increased support in their work (KO, 2002). Finally, mental health professionals at a clinic in British Columbia use telemental health with First Nations communities and have found that the approach has actually facilitated comfort and disclosure in clients (Brasfield & Clement, 2007).

The review of background and previous literature identified the need to understand the community perspectives on this topic, which led us to our research question for the study: What are the perspectives of remote and rural First Nations community members on telemental health? Specifically, what do community members identify as advantages and concerns related to telemental health and its place in their community?

4. Description of Research Method

VideoCom is a collaborative research project exploring how remote and rural First Nations communities are using information and communication technologies. VideoCom (videocom.firstnation.ca) is a partnership between three First Nations organizations and two research organizations that spans the Atlantic, Quebec, and Ontario regions. This current study was conducted with the support of Keewaytinook Okimakanak (KO), our partner in Northwestern Ontario.

Our partner representatives provided expertise, feedback and support throughout the various stages of this initiative, including the design of the project and measures, helping foster connections with the communities, recruitment, and other activities.

Participants. In total, 59 remote and rural First Nations community members participated. All participants were over 18 years old; however specific age information was not collected. Participants reported holding a variety of roles and positions within the communities, including health workers, teachers, family members and caregivers (e.g., mothers), elders, leaders (Band Council members), community workers, part-time workers, technology support workers, and others. Our sample was 56% female and 44% male.

Materials. The structured interview guide had 12 sections; those relevant to this study include demographic and introductory information and technologies for community health and wellness. Specifically, participants

were asked about their thoughts on using videoconferencing for telemental health and counselling services in their communities.

Procedure. In autumn 2009, in collaboration with KO, the research team contacted 33 First Nations in the Sioux Lookout Zone in Northwestern Ontario, inviting them to participate in this initiative and host a community visit. Mishkeegogamang and Fort Severn First Nations accepted the invitation. The community Chiefs appointed a community liaison to work with us to organize the visits.

The research team was welcomed into the communities in February and March of 2010. To recruit interview participants, researchers employed the following methods: circulating posters prior to our visit; visiting community centers (e.g., resource center, health center, Band office) to meet community members and invite them to participate; advertising the study at a parallel outreach event (community video festival); and, in Fort Severn, placing an advertisement on the community television channel. Finally, the "snowball approach" was quite effective.

In total, 56 in-person interviews were conducted in the communities, and three telephone interviews were conducted afterwards. Interviews lasted between 20 minutes and one hour and participants were given a $20 honorarium. The research protocols complied with Canadian (Tri-Council) guidelines for research with Aboriginal participants, and all participants (and their data) were treated in accordance with the ethical guidelines outlined by the American Psychological Association, and the Research Ethics Boards of the University of New Brunswick and the National Research Council. The OCAP (Ownership, Control, Access, and Possession) principles also informed the design of the study (Schnarch, 2004).

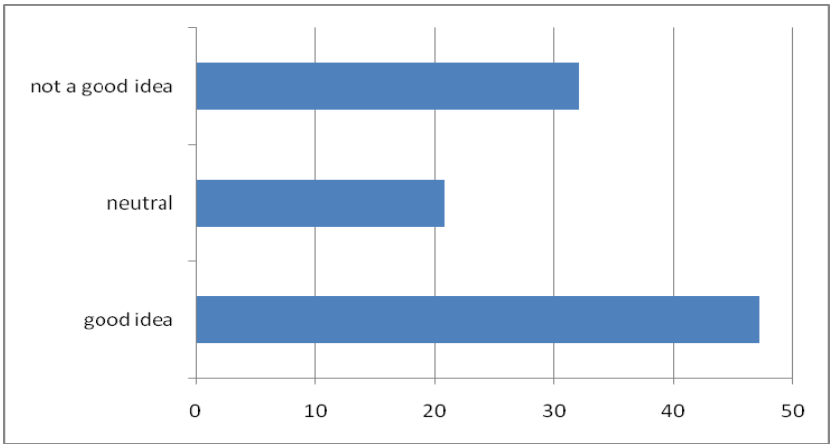
All 59 interview audio recordings were transcribed and the transcripts imported into a qualitative analysis software program – NVivo. The transcript sections related to telemental health were coded thematically for advantages and perceptions of usefulness, and concerns. Typically, when performing a thematic analysis, subthemes and data are only reported if more than one individual has raised the same issue, so as to avoid "n of 1" issues. However, since this is new and exploratory research, all of the concerns of community members were identified, even if the point was only raised by one participant.

Finally, the responses to the question on telemental health were quantified and categorized into three overall types of responses, namely: good idea, not a good idea, and neutral. This data was entered into SPSS to facilitate a descriptive analysis.

5. Presentation of Research Findings

5.1 Divided Opinions

Chart 1: Attitudes toward telemental health – Overall Percentages (n=53)



As illustrated in Chart 1, the quantitative results demonstrate a diversity of opinions, instead of a clear unanimous voice on the topic. Specifically, 47% of the participants reported finding telemental health to be a helpful and good idea, 32% reported that it was not a good idea, and 21% of the sample reported their attitude toward telemental health as neutral or undecided.

5.2 Advantages of Telemental Health

Usefulness. Community members identified telemental health as being potentially very useful in their communities. Telemental health was seen as a tool to enable 1) greater continuity of mental health care for community members, and 2) greater access to mental health services overall, as demonstrated by the quotes below. The first quote also underlines that trust in the service and the technology is crucial:

> *"I think that actually would be really good (telemental health)... Of course, if people were comfortable with it where we would have a place in the social program, maybe, or in the health centre where ... You know, say if somebody had a counsellor in Sioux Lookout that they really need to talk to because they're experiencing flashbacks or they're experiencing a kind of a dip in the road, they could go there and interact with that counsellor and they could see them on the video and just go back and forth and be able to overcome whatever it is that's bothering them at that time… I think the first thing is that people need to know they can trust the service, it's confidential. Because, of course, you know that in healing, the first thing that needs to be restored and the hardest thing to be restored is trust….If people know that they can trust the system to honour them — their healing — I think people would be apt to use it ... You need to be able to have it accessible. If something does happen ... Like our resource centre is supposed to be 24/7, so people can go there anytime if they need help"*
> - Mishkeegogamang participant

> *"I think it would be a really good idea because…say this person has kids and can't go out of town for counseling…they could just make an appointment with (the community telehealth coordinator) and she could do her counseling there."*
> – Mishkeegogamang participant

One participate noted their perception of the lack of in-community mental health resources and reported that telemental health could help address that issue.

> *"I think that would be a good idea if there was a mental health worker working with people on there (using telemental health) because we never have a mental health worker here."*
> – Fort Severn participant

Reductions in travel. Participants noted that telemental health could allow an individual to remain in one's home community when accessing certain mental health services that most times would require travelling. If using telemental health, an individual has the option of remaining in their home community while working on increasing their mental health, instead of facing different challenges associated with leaving their community to access services. Participants also indicated that the reduction in travel time and travel costs would be a benefit of telemental health.

> *"I think that's a good idea. It would cut down on travel costs."*
> – Fort Severn participant

> *"It (telemental health) sure beats…flying back and forth."*
> – Fort Severn participant

> *"Well, it (videoconferencing) would make stuff a lot easier for people, because most of them don't really want to leave home to go out there (outside of the community to access services). It's a lot easier for them just to stay where there's a videoconference set."*
> – Mishkeegogamang participant

Client comfort/facilitation of disclosure. Community members commented on how telemental health (as opposed to in-person sessions) may actually allow mental health clients to feel more comfortable, and talk more openly. This finding has also been documented in the literature (Brasfield & Clement, 2007; Gibson, Kakepetum-Schultz, Coulson, & O'Donnell, 2009; KO, 2002)

"Personally, I went through that (telemental health) myself. I was in counselling and at that time, I wasn't very comfortable with seeing like face-to-face, in person, until we started going on Telemedicine. So I got a little more comfortable saying what I wanted to say."
– Fort Severn participant

"I think that's why kids like Facebook so much, because there isn't that face-to-face interaction. And I find a lot of people, especially in the community, they tend to wear their hoods up to kind of hide their identity. And by using Facebook, they can do that, even though it's coming from them, they can still say what they want without having someone kind of talk back to them. So I think with video that definitely plays out too. They can somewhat still hide their identity and still be braver than what they would normally be."
– Mishkeegogamang participant

5.3 Concerns/Disadvantages of Telemental Health

In addition to the positive attitudes toward the use of telemental health, community members also voiced a variety of concerns about it – ranging from problems with the technology, to the appropriateness of accessing mental health services over videoconferencing, among other important issues.

Concern about the appropriateness of using videoconferencing. Several participants were wary about the appropriateness of using videoconferencing for accessing mental health services. Participants who voiced these concerns often noted that mental health work and healing is something that needs to be done "in-person." One participant explained that the importance of human contact was imbedded in First Nations culture, and just because the service approach may benefit certain stakeholders, does not mean that it is appropriate.

Expected difficulty with building trust over video was noted as well. The quotes below demonstrate these concerns:

"I really couldn't speak on behalf of Mishkeegogamang, but for myself, I think it's an inappropriate use of the video technology. I think it unnecessarily removes the psychiatrist as a human caregiver ... or a psychologist. And I don't think that you can ever really fully gain rapport with somebody that you see on screen. It doesn't matter how good the technology is. It could be a plasma TV. It doesn't matter. There needs to be some level of human contact in order to fully win somebody's trust and to make some useful changes…"
– Mishkeegogamang participant

"That (telemental health) would be alright, but I think you're better served with that with somebody in community … because you gotta build some trust there."
– Fort Severn participant
"It's easier for service providers 'cause it's cheap. It doesn't cost a lot of money and you can potentially reach more people and save a lot of cost and money. But that's not our First Nations people either. Our culture really means talking to somebody face-to-face in your own language and then using…cultural stuff. More and more we're sort of de-personalizing our citizens. You know, for a physical diagnosis, or in an emergency, that's fine (telehealth)."
– Mishkeegogamang participant

"For counselling… it would be better if that person's there. You know what I mean, (more) comforting."
– Fort Severn participant

One participant noted their preference for leaving the community for treatment, despite the perceptions by some other participants that leaving the community was an inconvenience.

> *"Well, I think it's better if you go out. Go out of town."*
> - Fort Severn participant

Another participant raised the point that if telemental health is being used, the mental health professional would not be there in-person to see what environment the individual is actually living in. This participant explains the issue below, and also appears to be questioning the utility of using telemental health when people are missing the very basic necessities.

> *"How do they (person connecting with client through telemental health) actually get to know that person? Like, with just seeing them and talking and that, how do they know, unless they're here to experience what that person is going through, and what their conditions of their house and their waters and things like that. Because there's tons of Natives that don't even have running water, and they don't have hydro, and there could be like 20 people living in one room. And if they don't have that in their house, then how would videoconferencing help that particular family?"*
> – Mishkeegogamang participant

Some participants commented on how developing a relationship over videoconferencing could be difficult and perhaps not appropriate, but that meeting "in-person" first could help address this issue.

> *"Probably just for follow-up but not for initial visits ... Probably follow-up will work, once they've already established that relationship with a person."*
> – Mishkeegogamang participant

Privacy and security issues. Community members raised some valid and important concerns about privacy, security, and confidentiality. Some participants noted the difficulty of achieving privacy in the office setting where the videoconference unit was located. Other participants voiced concern over who would be able to access and view their private video session while it was taking place, and what exactly would be happening with the video transmission.

> *"I tried it and I didn't feel comfortable talking on there because I feel like a (staff person) would hear what you're saying…she closed the door but I still didn't feel comfortable with it."* – Fort Severn participant

The last participant was asked if her experience of telemental health would have been different if she could have accessed it within her own home, and the following was said:

> VideoCom interviewer: *"…If you had it in a more private place, like in your own home, would that be better?"*
>
> Fort Severn Participant: *"Yeah, for me it would be."*

Safety concerns. Some participants also voiced concern around the safety of telemental health, and what would happen if an individual was in a crisis or was unsafe and the mental health worker was only connected through video at a distant site. This participant discusses how in a time of crisis they would prefer to be with someone in-person.

> *" I think that it's just so impersonal using technology. That's just my personal opinion. If I was going through a mental health crisis, I'd prefer to have someone there to touch me or just to say, it's okay, rather than doing it over the video."*
> – Mishkeegogamang *participant*

Interference with capacity building. One participant raised an important point of consideration – could telemental health detract from capacity building in the community, since the typical western set-up involves connecting a client with a therapist who is elsewhere?

The following individual reported concerns around the use of telemental health and when asked if telemental health would be more appropriate for helping with the continuity of in-person, regional services, the participant had this to say:

> *"I don't think it (telemental health) should be used in the mental health field. Secondarily, I don't think there should be any regional services ------ because I think we need to build a capacity in each community. We need to have our own mental health counseling in the community."*
> – Mishkeegogamang participant

Problems with the technology. A minority of participants reported actual personal experience with telemental health (please note that the participants were not asked whether they had personally used the service, but some described their experiences spontaneously). Of those who did, one participant noted that she found it positive and helpful but noted an issue with using the technology. Fortunately, she also noted that she did not perceive the technical issues to detract from her overall positive experience:

> *"I wish it [the image transmitted by video] would just stop freezing. That's about it."*
> – Fort Severn participant

5.4 Ambivalence/Uncertainty

Some participants were unfamiliar with the concept of telemental health; another participant recognized how it might not be appropriate for everyone, but there are likely some people who would find it useful for accessing support.

> *"I've never heard of that before. Well, because I know that there was a girl taken out of this community this week and sent to Sioux Lookout for treatment because she was talking about suicide. So I know here, they've always taken them out of the community to get them help. So she's at a hospital right now. So I don't know how that would work. I've never heard of that before. But you know, if they don't have anyone locally, that would be great, so then at least they have someone to talk to."*
> – Mishkeegogamang participant

> *"Everybody is different. It doesn't really make a difference for me if it's video or face-to-face, as long as I got the help that I needed."*
> – Fort Severn participant

6. Discussion and Conclusions

The remote and rural First Nations community members who participated in this study reported a wide range of attitudes toward telemental health. Quantitatively speaking, it was demonstrated that 47% of the sample found telemental health to be a good and useful idea, 32% did not think that it was a good idea, and 21% were undecided. Looking past the "numbers," important advantages and concerns of using telemental health were raised. Both the advantages and disadvantages need to be taken into consideration when communities are deciding upon whether telemental health may be a useful tool for their community, and whether it may help with meeting community goals. Further, concerns and barriers to use raised by community members must be addressed by telemental health initiatives if increased engagement with the service is a goal. Potential "ways forward" will be offered in the final section.

Based on the thematic analysis of interview responses, we now have considerable information to help us begin to understand community members' perspectives on telemental health. To begin with the advantages of using the approach, participants associated the use of telemental health with the potential increase in access to mental health services, and an increase in continuity of mental health care. Participants noted that the need

to travel outside of the community to access resources would be reduced, as would the time and cost associated with travel. Additionally, some participants also felt that communicating with a therapist through videoconferencing would facilitate client comfort and disclosure. Indeed, this same benefit has been noted in past research (Brasfield & Clement, 2007; Gibson, Kakepetum-Schultz, Coulson, & O'Donnell, 2009; KO 2002). In sum, many participants saw telemental health as being potentially very useful for their community.

In contrast, however, a good number of participants also felt that it would not be useful or helpful for their community. Many questioned the appropriateness of delivering mental health services over video, instead of "in-person." One participant questioned the real benefit of using telemental health when some individuals in the community did not have fresh water or other necessities. Another participant raised the point that telemental health (and even regional mental health services) could potentially jeopardize capacity building in the community since individuals are connecting with individuals outside the community for support. Still yet, others were concerned about privacy issues, noting that the telemental health set-up that they had experienced did not seem very private (i.e. sound carried outside of the room). One participant who had personal experience with receiving telemental health services noted that the technology could be improved upon, as she had experienced the image freezing during her session (however, and fortunately so, she did remark that it did not detract from the benefit of the experience).

Finally, other participants reported feelings of ambivalence and indecision about mental health, acknowledging that it likely wasn't a solution for everyone but some may find it helpful. It appears that this observation is quite valid, especially when taking into account the wide range of attitudes that were demonstrated.

Many of the concerns raised by community members have also been raised by mental health service providers (Gibson, Kakepetum-Schultz, Coulson & O'Donnell, 2009). Within the literature, certain options have been raised for addressing some of the concerns that were raised by community members. For example, mixed models of service delivery have been discussed, where videoconferencing compliments (instead of replaces) "in-person" services (Gibson, Kakepetum-Schultz, Coulson, & O'Donnell). Further, incorporating First Nations beliefs, values, and traditional practices into telehealth and telemental services have also been noted as being potentially helpful in increasing community acceptance and engagement with the service (Carpenter & Kakepetum-Schultz, 2010; Gibson, Kakepetum-Schultz, Coulson, & O'Donnell). Other possible solutions will be discussed in the next section.

Limitations. Within this study we were assessing the usefulness of the approach of telemental health – the tool of using videoconferencing to connect communities and individuals for mental health services – we were not evaluating the effectiveness of the mental health therapy or any service that would transpire via that service. Further, because of the limited number of participants and the nature of the nonrandom and non-representative sample, results of this study should not be generalized.

Future research. This study is a starting point for exploring how remote and rural First Nations community members perceive telemental health and its place in their community. Further investigations are needed as First Nations communities in Canada are diverse and varied, and community engagement on the topic can help better determine whether this approach to service is a useful and appropriate tool in helping meet community needs and goals. It would also be highly beneficial to have a critical analysis of the role of telemental health in First Nations communities, with an exploration into the cultural, social, political and economic factors involved. The important issues of whether telemental health could interfere with capacity building, and how useful it is in light of some individuals not having access to basic resources, deserve greater attention. It appears to be a complex issue, as telemental health – if owned and managed by the communities and used for supporting community goals – could potentially support the community in capacity-building. Future investigations will hopefully provide more insight into this situation.

7. Ways Forward

First and foremost, any ways forward for community telemental health initiatives need to be community-driven and community-led. This will increase the likelihood of the initiatives being successful and experiencing a higher level of engagement, and the community experiencing positive benefits from using the tool. Communities need to have the opportunity to tailor the use of the technology so that it fits their needs, and the use may be different than the current mainstream western use of the technology. For example, recall the "tele-spirituality" Indigenous telehealth initiative that formed out of a previous physiotherapy telehealth initiative.

To keep with the goal of community-driven ways forward and initiatives, this section was written based on a discussion with the Keewaytinook Okimakanak Telemedicine staff, and the community telehealth coordinators specifically. We will offer possible "ways forward" in the hopes that communities and organizations engaging in telemental health with First Nations will consider these ideas as possibilities that could strengthen their initiatives and address client concerns. The ideas we will discuss are not intended to be prescriptive, or exhaustive.

Before proposing any possible ways forward, it is important to emphasize the impact of colonialism on Indigenous peoples in Canada. At the same time, this is not mentioned to position First Nations as disempowered; for indeed there are self-governing, empowered and healthy Indigenous communities in Canada. However, the impact of colonialism on individual and community well-being, and on cultural, social, political and economic aspects of Indigenous communities in Canada cannot be denied. Further, some communities that are isolated (i.e. remote or rural) can experience greater difficulty in fostering healthy communities when confronted with a lack of resources. Therefore, if the various levels of conditions in the community (cultural, social, political, economic) could be improved so that the community was no longer in need of telemental health services, or all issues could be appropriately dealt with within the community, that would perhaps be ideal. However, a detailed discussion of interventions of this type is outside of the scope of this paper. Further, healthy communities and all communities always have individuals who sometimes need services.

Consequently, telemental health needs to be a community's choice, and an individual's choice; it cannot be something that is imposed. Telemental health needs to be one of many options (i.e. services within the actual community, traditional medicine, in-person therapy, etc.) that an individual or community can use in attempting to address goals of mental health and well-being. If a community is interested in increasing engagement in telemental health as a tool for accessing services and/or using it for their own interests (e.g., tele-spirituality clinic), the following possibilities could be considered.

Education about telemental health, and raising awareness about the approach, is an important first step. Even though participants in this current study lived in communities that had access to telemental health, not all participants were aware of it and the majority had never used videoconferencing for telemental health or any other activity. One possible way of increasing awareness may be by having brochures about telemental health available in community health centers, the Band Council office, or other areas that display information in the community. Interested individuals can be offered the opportunity to speak with the community telehealth coordinator (or someone else in the community who is trusted and aware of the service) in a confidential setting to discuss any questions or concerns they may have about telemental health. Further, brief videos about telehealth featuring community members who have found it useful and beneficial or community leaders discussing the service (e.g., the Chief or Band Council Members, the community telehealth coordinator, etc.) could help in communicating benefits of telemental health to individuals who may want more information on it. Of course, it is not being suggested that these videos would feature any private or sensitive information, or be about any personal telemental health experience.

Participants raised concerns about privacy and safety in using telemental health. Increasing privacy and safety needs to be a top priority in telemental health. Resources (like a "safety net," a counselor or contact available for the client in the community) and a safety plan need to be in-place for any clients of telemental

health. Further, there are a variety of things that could be done in a health center setting to help increase privacy. Ideally, the individual who is using telemental health would be aware of all of the precautions taken to ensure their privacy and would be asked if a sufficient level of privacy was achieved. For example, headphones could be used, or a white noise maker could be set-up outside of the room. The room used for telemental health consults needs to be as "sound proof" as possible.

Addressing issues of privacy underscores the need for flexibility in the setting of telemental health. Currently, the majority of (if not all) telemental health sessions take place at the community health center or nursing station. Some individuals may fear the stigma that could be attached to seeking mental health services, and some may not feel comfortable going to the nursing station for fear that their anonymity will be compromised in some way. In some areas of telehealth home-visits are possible, and in this study one participant noted that she would have felt more comfortable accessing telemental health from her home. However, using videoconferencing at a nursing station, or at home, is not always ideal. For example, depending on the home situation and how many people reside there, privacy may be even more limited at home. Therefore, communities and organizations need to be open to increasing the flexibility of telemental health and engaging the client in co-determining aspects of the setting that may be safest and most beneficial for the client.

The last point that we will mention is the necessity to "think outside the box." Using telemental health in the typical western way of connecting a client with a mental health professional may or may not be useful for a community. Instead, using the tool for peer support (e.g., alcoholics anonymous, quitting smoking groups), group work or sharing circles about certain issues, easing transitions from institutions or health care facilities, and facilitating family visits with family members who are out of the community due to illness, school, or other reasons are some possible creative applications of the tool. Further, telehealth can be used to foster well-being in a community by connecting Elders and other community members with other communities to provide the opportunity to speak traditional languages and engage in traditional practices. In fact, this last activity is currently offered by KOTM. There are endless possibilities, and the communities and their leaders know their own interests and needs best.

In conclusion, if communities decide to engage with telemental health and find it rewarding, participation in telemental health and consideration of using telemental health will likely increase naturally over time as people experience the benefits of it and learn the usefulness of it. After all, even though First Nations are forging new models for telehealth delivery, the introduction of telehealth into remote and rural First Nations is relatively new given the history of the communities and their familiarity with other technologies. One KOTM staff author recalls how a couple of years ago the idea was raised to use telehealth for facilitating First Aid and CPR training in remote and rural First Nations communities; the response was that it may not be possible or appropriate. Currently, this type of training is now offered via videoconferencing and the initiative has been reported to be very successful.

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