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September 11, 2018

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An interview with Charlene Hellson, Aboriginal Wellness Program Coordinator, Vancouver Coastal Health
The Report, September 2018

Charlene Hellson began her work with Vancouver Coastal Health’s (VCH) Aboriginal Health Department in October, 2017. As coordinator of the Aboriginal Wellness Program, she is integral to the work of her team. She coordinates and chairs team meetings, provides support to therapists, and represents her team at the regional mental health substance use directors’ meetings and operational managers’ meetings. She supports clients through guiding them through intake procedures and taking intake requests.

Helson has a wealth of experience in health and community social services. She has worked in Indigenous mental health for over 15 years, previously at Alberta Health Services and then at Vancouver’s Women Against Violence Against Women (WAVAW) Rape Crisis Centre. Hailing from Calgary, Alberta, Hellson is Blackfoot.

She spoke to HSA about VCH’s new Cultural Safety Training and how health services can transform to more effectively meet the needs of Indigenous peoples. She also spoke to us about VCH’s newly launched mobile health van in the Downtown Eastside (DTES), and why it’s important for Indigenous peoples to have culturally safe care that can meet them where they’re at.
What do you enjoy most about your work?

I enjoy the small team I work with. We have a critical analysis of colonization and how it impacts Indigenous people. We all have a commitment together to decolonize in our healing practices.

I enjoy supporting the groups. I don’t facilitate them but I help with food preparation. And we had a burning ceremony in the spring for the grief and loss group.

The burning ceremony is a ceremony where you feed the spirits of the loved ones who’ve moved on to the spirit world. It’s a very healing ceremony, and it was beautiful to witness the west coast ceremony. It was conducted by the Musqueam, but many Coast Salish peoples do this ceremony. It was an amazing ceremony to support and to witness.

VCH now operates a mobile health van to provide on-the-spot health services to women and trans people in the DTES. Why is this initiative important?

Indigenous women – we are one of the most vulnerable populations in Canada. We experience racism and sexism and we experience domestic violence and murder at a higher rate than the rest of the Canadian population. This is a result of past and ongoing colonization. And so we see an overrepresentation of Indigenous women in the DTES, who comprise 30 per cent of its population.

Like many of us, Indigenous women in the DTES have experienced sexual violence and have chronic health care issues. Personal histories of trauma have created vulnerability that puts them at great risk. It is critical that they have culturally safe care that can meet them where they’re at. Many Indigenous women are not going to walk into a hospital willingly unless they absolutely have to. They don’t want to experience stigma, they don’t want to experience racism. Indigenous Women in the DTES are struggling with their lives and they don’t need to add another layer of humiliation.

It’s important to note that women in the DTES have each other. There’s such a strong community, and they become family to each other. And they can encourage each other to connect with the mobile health van. I know that the word is going to spread very quickly. In the Indigenous community we call it the moccasin telegram.

We know that if your health is good, then you feel better about yourself. That has major impacts and has a ripple effect throughout your whole life and for your loved ones as well.

Can you speak to the health disparity between Indigenous and non-Indigenous people? Why is it important that health services take a decolonial lens to their work?

Of course we see health disparities. It is a really wide gap in all areas of health. We are a small percentage of the community and yet we are overrepresented with chronic health issues, acute health issues, and especially mental health issues. And it all originates from the impacts of colonization and the historical trauma that ensued from that, which we all carry today.

How can health professionals be more effective in delivering health services to Indigenous patients?

There’s a historical mistrust of health care services on the Indigenous experience of health care. It has been unfortunate – very scary and harmful. I think that what health care providers need to understand is that there is a historical context. Each Indigenous individual who enters into health care carries historical trauma and it’s going to manifest in that health care interaction.

And so I think that health care providers need to understand that, meet it with compassion, and be reflective of what they are bringing to that interaction.

As Indigenous people, we see doctors, physicians, social workers, psychiatrists, and nurses as healers. Our concept of a healer is someone who is kind and compassionate. And when we don’t experience that, we withdraw and we avoid health care until it’s too late. We end up in the hospital anyway with chronic or terminal health issues.
Do you have any further advice for fellow HSA members?

I would encourage staff who would like to learn more to connect with the cultural coordinator and take in the cultural safety training. It is powerful and it will help transform practice.

We do have a cultural safety policy (for VCH) that will be signed off by Patty Daly (chief medical health officer and the vice president, public health for VCH), so it is going to be policy to deliver culturally safe services. Aboriginal Health provides Indigenous Cultural Safety training for VCH staff, which is headed by Jennifer-Lee Koble and was created by Riel Dupuis-Rossi, one of our therapists at the Aboriginal Wellness Program. A pilot has been launched at VGH to train health care providers. We’re training frontline staff, and we are hoping to really impact services, transform care, and create culturally safe care for Indigenous people across the health continuum.

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