Mental health care in aboriginals is neglected

I enjoyed the December 2001 issue of *Canadian Family Physician*, particularly Dr Carol Herbert's editorial,[1] written with her usual insight and clarity, and the articles on aboriginal health.[2,3]

For more than 15 years, I have regularly worked at Dease Lake, in the far northwest corner of British Columbia. The Stikine Health Centre is the most northern, rural, isolated health care facility in the province. Until 2 years ago, I did family medicine locum tenens; however, for the past 2 years I have gone up on a monthly basis, mainly to do psychotherapy. I fly in on a Friday, work Friday afternoon in the Stikine Health Centre and Saturday and Sunday at Iskut (a First Nations reserve), return Monday morning to the health centre, and fly home Monday afternoon.

I could write reams about health care in northern, rural, isolated, and First Nations communities, but I won't. Instead, I will comment on what appears to be, nationally, one of the most underappreciated aspects of mental health care in such areas—mental health care itself being disgracefully neglected.

This part of our province, and of our country, is an area where "residential school syndrome" is rampant, family violence is rampant, alcoholism is rampant, sexual abuse is rampant—and no one knows anything (or *wants* to know anything) about dissociation. People who have been traumatized, especially as children, develop incredible skills in compartmentalizing their lives in order to survive, emotionally and sometimes physically. Of course this works, but it carries with it many difficulties, especially of emotional fragility, inability to trust, relationship problems, and often poor coping skills. Skills that work when one is a child usually do not work when one is an adult. The consequence is often that personal and family life is fractured and unstable because of the dissociative nature of the disorder.

The sadness is that these disorders are treatable. It isn't even rocket science. It is just good, garden-variety psychotherapy that has the additional crucial component of knowledgeable attention to dissociative components. It takes, however, a long time and trained personnel to achieve the best results—and also money.

What is more important and logical: to find ways and means of offering good therapy and helping people achieve control over their lives or to continue to use up resources by patchwork, Band-Aid crisis management of the "comorbidity" (disrupted families, addictions, poor mental health, and the continuing cycle of family violence)?

The answer seems pretty clear to me. Why is it so difficult for governments and regional health councils to understand?

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