First Nations Mental Wellness Continuum Framework

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Mental wellness is a balance of the mental, physical, spiritual, and emotional. This balance is enriched as individuals have: ***PURPOSE*** *in their daily lives whether it is through education, employment, care-giving activities, or cultural ways of being and doing;* ***HOPE*** *for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of* ***BELONGING*** *and connectedness within their families, to community, and to culture; and finally a sense of* ***MEANING*** *and an understanding of how their lives and those of their families and communities are part of creation and a rich history.*

Executive Summary

Developed in partnership with First Nations, the First Nations Mental Wellness Continuum Framework (the Framework) presents a shared vision for the future of First Nations mental wellness programs and services and practical steps towards achieving that vision. A response to the mental health and substance use issues that continue to be a priority concern for many First Nations communities, the Framework's overarching goal is to improve mental wellness outcomes for First Nations.

On the one hand, the Framework is designed to strengthen federal mental wellness programming and support appropriate integration between federal, provincial, and territorial programs. It describes how programs can communicate better and work more effectively together within a comprehensive mental wellness system for First Nations. The Framework establishes a continuum of care that forms the basis for this system. On the other hand, the Framework provides guidance to communities to adapt, optimize, and realign their mental wellness programs and services based on their own priorities.

Section 1 of the Framework provides an overview of the approach and process. The Framework focuses on the broader concept of mental wellness rather than mental illness. Mental wellness is supported by factors such as culture, language, Elders, families, and creation. It is necessary for healthy individual, family, and community life. First Nations seek to achieve whole health—physical, mental, emotional, spiritual, social, and economic well-being—through a coordinated, comprehensive approach that respects, values, and utilizes First Nations cultural knowledge, approaches, languages, and ways of knowing.

Federal, provincial, and territorial mental wellness programs and services seek to address the indicators that challenge mental wellness in many First Nations communities; however, there are gaps in services. Further, services are not always delivered in a culturally safe manner. To address this issue, First Nations communities and leadership called for the development of a coordinated, comprehensive approach to mental health and addictions programming. In response, the First Nations and Inuit Health Branch (FNIHB) of Health Canada, the Assembly of First Nations (AFN), and Indigenous mental health leaders from various First Nations non-governmental organizations jointly developed the Framework.

A number of processes have informed this work and are discussed in detail under Key Drivers, section 1.2.

A strength of the Framework process has been its connection to regional and national First Nations health and wellness networks, which have guided the process, shaped the Framework's vision, and supported engagement with First Nations communities. Specific direction for the implementation of the Framework has been developed in collaboration with key partners who will continue to refine ideas throughout implementation. Achieving the envisioned continuum of mental wellness will require sustained commitment, collaboration, and partnerships as well as effective leadership across the system.

CREATION is a term that conveys an understanding of an Indigenous world view that embraces land, animals, birds, physical elements, air, water, the universe and all that it is as "relatives". All of these "beings" are created by the Great Spirit just as human beings are created by the Great Spirit. They are relatives that are "other than human beings". They have a distinct purpose, they have a distinct identity, they have a distinct relationship with each other and humans, they have a place of belonging, and their existence has meaning unto themselves and in relation to each other and to humans.

The Framework outlines how communities can adapt, optimize, and realign their mental wellness programs and services to achieve a comprehensive continuum of quality programs and services. It can also be used at regional and national levels to initiate conversations with major healthcare providers, other service providers, and jurisdictional partners to enhance collaboration. At a high level, it provides guidance for system level change in the short, medium, and long term; for example, redesigning existing programs, re-profiling existing resources, and integrating resources across jurisdictions. The Framework will also guide new federal investments as opportunities arise.

All stakeholders have a responsibility to: raise awareness and gather information on areas of need within the mental wellness system; work strategically with a wide range of partners to enhance the system; advocate for the resources required to make the vision of the Framework a reality; and track and communicate progress on implementation. Monitoring at all levels is essential to fully achieve the shared goal of providing comprehensive, culturally relevant, and culturally safe community-based services to First Nations individuals, families, and communities.

Section 2 provides a detailed description of the First Nations Mental Wellness Continuum (the Continuum), which is at the heart of the Framework. The Continuum is rooted firmly in culture; it promotes access to supports and services for individuals and families across the lifespan, including those with multiple and complex needs. The continuum of essential services includes:

- Health Promotion, Prevention, Community Development, and Education
- Early Identification and Intervention
- Crisis Response
- Coordination of Care and Care Planning
- Detox
- Trauma-informed Treatment
- Support and Aftercare

Not all of the services described above will be available in every community; however, through collaboration and comprehensive planning, all communities should be able to have access to the key services they need.

The Continuum also recognizes a number of supporting elements that support the health system, specifically: governance, research, education, workforce development, change management and risk management, self-determination, and performance measurement. As such, success will depend on engagement at all levels: communities, Nations, regional entities, research-related institutions, the federal government, provincial and territorial governments, non-government organizations, and private industry.

Section 3 discusses the importance of culture to the Framework. Throughout the development of the Continuum and Framework, culture was consistently identified as the foundation. This means valuing First Nations knowledge and evidence similarly to western scientific evidence and ensuring that it is evident throughout all mental wellness programs, services, and supporting policies. Acknowledging First Nations knowledge is crucial to the process of creating a successful framework.

Section 4 describes the current status of FNIHB's mental wellness programming, indicating key issues in relation to access, quality, and system continuity. Federal, provincial, territorial, and community mental wellness funding, programs, and services are in place to address the mental wellness challenges faced by First Nations communities, but significant gaps persist. Dedicated funding for clinical mental health services does not exist in First Nations communities.

Section 5 discusses the context within which the Framework was developed and explores the unique needs of specific groups that must be addressed in order to meet the needs of all First Nations individuals, families, and communities as a whole. The section begins with a brief explanation as to why history matters in relation to the mental wellness of First Nations peoples. It then continues to explore the determinants of health and the needs of rural, remote, and northern communities. The section ends with a discussion on system change required for specific populations.

Section 6 describes five key themes. The first provides a more in-depth discussion of culture as the foundation. The others address the four priorities of the Framework: community development, ownership, and capacity building; quality care system and competent service delivery; collaboration with partners; and enhanced flexible funding. Each theme includes priorities for action and clear direction to partners at all levels for concrete action that can be taken to implement the Framework. Keeping culture at the foundation during implementation is crucial to ensuring the Continuum is culturally relevant and culturally safe.

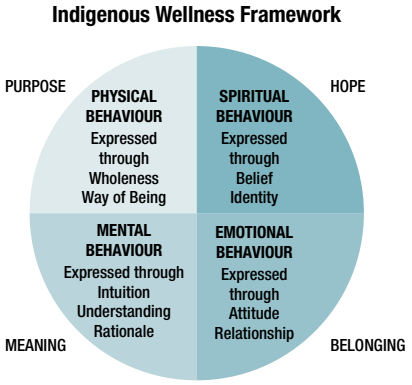
1. Getting to a Conceptual Framework

1.1. DEFINING MENTAL WELLNESS

In many of the discussions held in support of the development of the First Nations Mental Wellness Continuum Framework (the Framework), the four directions provided guidance for exploring the meaning of mental wellness within First Nations communities. Regional discussion sessions, a National Gathering, and a National Validation and Implementation Session were instrumental in grounding the Framework in community ideas and visions that all contributed to its concepts and key themes.

Elder Jim Dumont, in his opening to the National Gathering in June 2013, described how the four directions—the physical, the mental, the emotional, and the spiritual—are all necessary to mental wellness at the individual, family, and community level. He described how the key task for supporting mental wellness is to facilitate connections at each of these levels and across the four directions. This balance and interconnectedness is enriched as individuals have **purpose** in their daily lives, whether it is through education, employment, and caregiving activities or through cultural ways of being and doing; **hope** for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of **belonging** and connectedness within their families and to community and culture; and finally a sense of **meaning** and an understanding of how their lives and those of their families and communities are part of creation and a rich history.

FIGURE 1: CULTURE AS INTERVENTION MODEL[1]



The culture as intervention model was developed through discussion with cultural practitioners and Elders from across the country and from many different cultures. Although concepts were described in different ways across the various cultures, there were also many common threads. Of significance is the common belief that wellness must be understood from a "whole person" perspective wherein wellness is a balance of one's spirit, heart/emotions, mind, and physical being. Spiritual wellness is facilitated through a connection to beliefs, values, and identity. At the heart level of one's being, wellness is facilitated through relationships, having an attitude of living life to the fullest, and having connections to family and community. Mental wellness is facilitated through an appreciation for both intuitive and rational thought and the understanding that is generated when they are in balance. Finally, physical wellness is expressed through a unique native way of being and doing and taking care of one's physical body as the "home" of one's spirit. By attending to these four aspects of our being, we have the opportunity to live life as a whole and healthy person.

[1] University of Saskatchewan. (2013). *Mental Wellness Framework for Measuring Impact of Culture*. Regina, SK: Author.

Indigenous peoples across Canada have teachings about their relationship with land, animals, birds, fish... what we call "Creation". Indigenous languages recognize all of Creation as "beings" meaning they have a spirit, identity, unique purpose and way of being. Each aspect of creation has a unique "personality". Clans are based on this relationship with creation. Clans are gifts from creation to inform ones identity and to ensure that as human beings we know how to live within creation in harmony. Each culture has a way of identifying what the clan is, for example, if the clan identity is passed on by the mothers or fathers clan identity and if the clan is from the land (mountains, water, sky) or from animals, fish or birds. All clan systems are informed by the land, for example, there are no "whale clans" originating among the cultures around the great lakes because there are no whales in the great lakes but there will definitely be "fish clan" people around the great lakes and the whale clan people on each coast and the fish clan people around the fresh waters will still recognize each other as relatives. This then is another aspect of clan systems. Clans go across cultures and nationhood to unite people as family. A bear clan person in the Mohawk nation is related as family to a person who is bear clan from the Innu nation. Clan systems provide structure for family relationships, social order and governance. Clan relationships are valued in the same way as biological relationships and are often seen has having the same responsibilities. The way clans live together, their unique characteristics, traits, and overall personality inform the roles and responsibilities of people within community and within their nation. The identity of beings within Creation, as given by the Creator, are what inform a person's role as a doctor, counselor, teacher/philosopher, leader/chief, singer/artist, peace keeper, strategist, person who works with the medicines, child welfare—adoption, building/construction and all other roles necessary for "nationhood". In this way, clan systems provide social order to community living and provide structure for indigenous governance. Clans facilitate an understanding of ones spiritually gifted roles, responsibilities, belonging, purpose and meaning in life.

Similarly, the key wellness outcomes (hope, belonging, meaning, and purpose) are shared concepts, even if they are described in many different ways across First Nations cultures. Persons who experience wellness have hope, know where they belong in this world, and understand that their life has meaning and that they have a unique and specific purpose in life. These wellness outcomes can be achieved through core attributes of First Nations cultures across Canada, such as those relating to identity and intuition.

Identity, a core attribute of First Nations cultures and a key element of spiritual wellness, is derived from factors such as language, land, and ancestry. Having a strong sense of identity is important, but how identity is expressed is unique across cultures. For example, no matter where you go in Canada First Nations people consistently value family and community, but how they understand family and community will be specific to their culture (e.g., the clan family system differs across First Nations). **Intuition** is also a core attribute of First Nations cultures and a key element of wellness. First Nations place a high value on intuition based on the shared belief that First Nations people have a relationship with creation, with one's own spirit and with our ancestors and communicate with them through meditation, fasting, prayer, and dreams. Our inner knowing is our intuition, valued as "spirit knowing", and it is just as important for wellness as what we learn and know through "formal" learning and education. Connecting to the land for healing and to facilitate wellness is a good example of the role of intuition and spirit knowing. Spending time on the land can be a powerful facilitator for developing

wellness. Land-based healing camps are becoming more and more popular as many communities return to cultural practices and traditions.

"Way of being" is another concept connected with wellness. The First Nations way of being is reflected in First Nations languages, which describe all aspects of creation as living beings. The earth, stars, water, fire, animals, etc. are animate beings in every First Nations language. All First Nations share this essential way of being. This does not, however, mean that all First Nations cultures are the same. The land is a key element that differs across cultures; not all First Nations people, for example, will have stories about "the whale" because whales do not live in fresh water. Nations of people who depend on the whale for their families and communities have a unique way of relating to the whale, and this uniqueness is held within their traditional stories and teachings.

"Way of doing" is another key concept related to wellness that builds on the "way of being". For example, those coastal First Nations people who have a relationship with the whale will also have certain cultural practices that honour that relationship and express appreciation for the life the whale gives to them. Another good example comes from berries. Every First Nation has a relationship with the berries in their territory—all First Nations people pick berries—but the way First Nations honour berries through ceremony or cultural practices differs. Among the Anishinaabe people, the berries have a significant role in the rites of passage for young women, but this may not be the case in another culture. Each culture will honour berries in its own way.

Over the years, mental health has been defined most often in negative terms, as the absence of mental illness. More recently, it has been recognized that mental wellness is different from the absence of mental illness and that it is integral to our overall health.[2] While there are many different mental health issues, mental wellness is a broader, positive term that has been associated with wellness, inherent strengths, and functioning in life.[3]

Necessary for healthy individual, community, and family life, mental wellness needs to be contextualized to a First Nations environment so that it is supported by culture, language, Elders, families, and creation. First Nations embrace the achievement of whole health (physical, mental, emotional, spiritual, social, and economic well-being) through a comprehensive and coordinated approach that respects, values, and utilizes First Nations cultural knowledge, methodologies, languages, and ways of knowing. Forces of colonization have displaced the First Nations worldview and their ways of living and maintaining mental wellness. As such, many First Nations people face major challenges that continue to impact their health and wellness. In this context, mental health and substance use issues continue to be some of the more visible and dramatic symptoms of the underlying challenges.

First Nations have identified comprehensive, culturally relevant, and culturally safe community-based services and supports that promote mental wellness as key mechanisms that assist individuals, families, and communities to improve opportunities for education, employment, housing, and other key determinants of health. While this change is internally focused on First Nations people and communities, it is also necessary for systems operating around and in relationship to First Nations communities to address barriers and challenges at all levels of the system. A culturally safe system will support First Nations initiatives towards mental wellness with culturally relevant policies, funding mechanisms, and strategies and with programs and services that are directed, managed, and serviced by a culturally competent workforce. Cultural safety and cultural competence are discussed in more detail in section 6.1.

[2] Mental Health Commission of Canada. (2012). *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. Ottawa, ON: Author.

[3] Keyes, C.L.M. (2002). Journal of Health and Social Behavior, Vol. 43, No. 2. *The Mental Health Continuum: From Languishing to Flourishing in Life*. Atlanta, GA.

1.2. KEY DRIVERS

The principal driver for this work is the strong need within First Nations communities for a coordinated and comprehensive approach to mental health and addictions programs and services. First Nations communities and leadership have been calling for systemic changes that would facilitate this approach. There have been a number of processes that have informed this work and have supported moving it forward:

- The First Nations and Inuit Mental Wellness Advisory Committee (MWAC), established in 2005, produced a Strategic Action Plan that identified the creation of a comprehensive continuum of mental wellness services as its first goal. [4]
- The Assembly of First Nations (AFN), Health Canada, and the Public Health Agency of Canada Task Group identified the development of a First Nations Mental Wellness Continuum Framework as a priority.
- The Mental Health Commission of Canada's *Mental Health Strategy for Canada* called for a coordinated continuum of mental wellness services for and by First Nations.[5]
- *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*, developed in partnership with the AFN and the National Native Addictions Partnership Foundation (NNAPF), identified a continuum of care as essential to moving forward.[6]
- AFN's *First Nations Health Action Plan*, a comprehensive plan to achieve transformative change in the longer term as well as immediate improvements in the health of First Nations, echoed the need for a coordinated continuum of mental wellness service.[7]
- Lessons learned from the Aboriginal Health Transition Fund and Health Services Integration Fund support increased coordination and collaboration.
- The *First Nations and Inuit Health Strategic Plan: A Shared Path to Improved Health,* which was developed based on extensive engagement, outlined key principles, strategic goals, and objectives for the First Nations and Inuit Health Branch (FNIHB) in supporting First Nations in achieving their health and wellness goals.[8]
- The Indigenous Community Development and Capacity Building Framework, developed with input from the Community Development and Capacity Building National Advisory Committee, co-chaired by the AFN, the Inuit Tapiriit Kanatami, and FNIHB, and with participation from Aboriginal Affairs and Northern Development Canada (AANDC), established the importance of Indigenous knowledge and culture as tools for healing. [9]

[4] Health Canada, Assembly of First Nations, Inuit Tapiriit Kanatami (2007). *First Nations and Inuit Mental Wellness Strategic Action Plan.* Ottawa, ON: Author.

[5] Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author.

[6] *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada.* Ottawa, ON: Author.

[7] Assembly of First Nations, National Native Addictions Partnership Foundation, Health Canada. (2011). *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada.* Ottawa, ON: Author.

[8] Health Canada. (2012). *First Nations and Inuit Health Strategic Plan: A Shared Path to Improved Health.* Ottawa, ON: Author.

[9] Health Canada, Aboriginal Affairs and Northern Development Canada. (2012). *Community Development and Capacity Building Framework: Partnerships for Aboriginal Well-being.* Ottawa, ON: Author.

1.3. MOVING FORWARD

A strength of the Framework process has been its connection to a wide range of regional and national First Nations health and wellness networks. These networks have guided the development process, shaped the vision for the Framework, supported engagement with First Nations communities, and provided direction for implementation. They will continue to inform implementation.

The Framework process has helped to develop a commitment to a shared vision for mental wellness. For successful implementation, key stakeholders must take action within their existing resources and collaborate with other partners. Achieving the envisioned mental wellness continuum will require sustained commitment, collaboration, and partnerships, supported by effective leadership across the system. "Change leaders", whether individuals or collectives (partners, teams, institutions, agencies, families, or communities), will play a key role. Momentum is building in several regions across the country. Stronger partnerships are being developed and gaps are beginning to close in meeting the mental wellness needs of First Nations.

The Framework will guide communities to better plan, implement, and coordinate comprehensive responses to the full range of mental wellness challenges in a manner consistent with community priorities. It outlines how communities can adapt, optimize, and realign their mental wellness programs and services to achieve a comprehensive continuum of quality programs and services. Community planning provides a process for the community to establish priorities and identify needs. Planning and building on the priorities can benefit the entire community by creating positive change in a proactive way, while also promoting the values and health goals of the community. There are many different ways to support community priorities. The community wellness development teams in Ontario are a specific example. They provide mental health and addictions expertise and planning supports to First Nations seeking assistance in taking a community development approach to addressing prescription drug abuse. Other examples include public safety planning and community development planning. All examples are consistent with the priorities identified in *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada.* In addition, the Framework will support communities to use existing funding in a more holistic way, informed by the essential continuum of services and recognizing the impact of the determinants of health on mental wellness.

AN OVERARCHING FRAMEWORK

The First Nations Mental Wellness Continuum Model is a comprehensive model that can be used to address a broad range of health and social issues among First Nations in Canada as outlined in the "population specific needs" orange ring of the model. Other initiatives with a focus on promoting wellness among First Nations would benefit from the model overall with perhaps some adjustment to add more specificity or focus in the continuum of essential services while applying the rest of the model. For example, with minor modifications to the blue ring "Continuum of essential services", the Model can be used to inform and design support for First Nations access to a full continuum of care relating to children and family programs and services. Further, the Model is designed to complement and support other important wellness frameworks, such as Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada which provides more depth to understanding needs and strengths related to substance use issues primarily.

The Framework will support conversations with major healthcare providers, other service providers, and jurisdictional partners to enhance collaboration and build partnerships to ensure the needs of First Nations people are met. Strategic implementation of the Framework depends on making the most of relationships with and among provincial, territorial, and federal government departments. The Framework supports a shift away from fragmented programming toward a comprehensive mental wellness system for First Nations that is based on an evidence-based continuum of care. It provides guidance for system level changes in the short, medium, and long term (e.g., redesigning existing programs, re-profiling existing resources, and integrating resources across jurisdictions) that are grounded in First Nations community priorities and informed by regional, provincial, territorial, and federal government priorities. Further, the Framework will guide new investments as opportunities arise.

Specific direction for the implementation of the Framework will be developed in collaboration with key partners and will include:

- Identifying urgent and actionable implementation priorities in the short, medium, and long term;
- Developing federal, regional, and community implementation workplans and community wellness plan templates that outline the roles and responsibilities of partners for each actionable item;
- Developing specific timelines for each actionable item; and
- Developing a detailed evaluation plan and logic model which outline shared indicators to measure outcomes at key milestones.

It is important to emphasize that implementation timelines may be impacted by several factors, such as the type and intensity of the activity and the level and involvement of partners and other agencies. Some foundational work has already commenced; however, there will be areas where there is much to accomplish (e.g., with regard to capacity development and the engagement of multiple partners). Timelines for implementation opportunities will vary from community to community and are compounded by many issues such as resources, leveraging of partnerships, and priorities. All of these components must be considered when identifying logical and workable priorities.

Building on the momentum of the Framework development process, partners must work together to identify the most urgent and actionable implementation opportunities, drawing on the feedback from key meetings (e.g., regional discussions, the National Gathering, the federal discussion, and the National Validation and Implementation Session). Everyone involved in implementation has a responsibility to work creatively within available mechanisms to: raise awareness and gather information on areas of need within the mental wellness system; work strategically with a wide range of partners at all levels to enhance this system; advocate for the resources required to make the vision of the Framework a reality; and track and communicate progress on implementation. A First Nations Mental Wellness Continuum Framework Council will be developed and will take a leadership role in working with partners on Framework implementation.

Changes over time will need to be tracked and measured to know what progress has been made and where more resources and efforts are needed to fully achieve the shared goal of providing comprehensive, culturally relevant, and culturally safe community-based services to First Nations individuals, families, and communities. Monitoring progress toward achieving system change can be accomplished through the development of program and service delivery standards and indicators. Standards and indicators can, for example, provide concrete parameters for consistent quality services that align with provincial and territorial systems. Nova Scotia is doing some work with "Collective Impact" in their evaluations, which may be an effective process for Framework implementation as well. Collective Impact occurs when a group, that is comprised of different sectors, commits to a common agenda for solving a complex social or environmental problem.[10]

[10] Preskill H, Parkhurst M, Juster JS. *Guide to Evaluating Collective Impact: Learning and Evaluation in the Collective Impact Context*. Collective Impact Forum. Available at: www.fsg.org/OurApproach/CollectiveImpact.aspx

2. The Conceptual Framework

2.1. DEVELOPING A FRAMEWORK

FNIHB, the AFN, and Indigenous mental health leaders from various First Nations non-government organizations embarked on a joint process to describe a First Nations mental wellness continuum. Guided by an advisory committee, this process set out to map existing mental health and addictions programs and arrive at a common understanding of program strengths, gaps, and emerging priorities. The result is a comprehensive framework of mental wellness services that outlines opportunities to build on community strengths and control of resources in order to improve existing mental wellness programming for First Nations communities.

This work builds on previous processes such as the First Nations and Inuit Mental Wellness Advisory Committee's (MWAC) Strategic Action Plan, which recommended the development of a continuum of mental wellness services, and the regional discussions that fed into the NNADAP Renewal Framework. Starting in the fall of 2012, regional and federal discussions took place that engaged community members, regional and national mental wellness partners, provincial and territorial governments, and federal departments and agencies in discussions about the components of and recommended approach to a continuum of First Nations mental wellness services. These sessions validated the material and feedback

received during other processes such as MWAC and NNADAP renewal, but also looked to gather new information and details pertaining to mental wellness programming. This included looking at programs that were up for renewal or not receiving ongoing funding, such as the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) and the Indian Residential School Resolution Health Support Program (IRS RHSP). With the support and guidance of the co-chairs, the Advisory Committee, FNIHB Regions, and the AFN's National First Nations Health Technicians Network and Mental Wellness Committee, the secretariat (FNIHB and AFN) drafted a Regional Discussion Guide that provided guidance for regional discussions. In addition to these regional discussion sessions, a strategy session was held with First Nations leadership at the AFN Special Chiefs Assembly in December 2012.

The findings of these sessions were consolidated into a summary document that was then discussed with stakeholders and contributors at a National Gathering in June 2013. A federal discussion was held in October 2013 to review implementation opportunities raised in the regional discussions and at the National Gathering to develop a plan at the federal level to support the implementation of the Framework. Subsequently, this Framework was drafted to reflect the discussions and feedback received from all groups involved in the process.

This Framework will be available to communities to respond to new opportunities as they arise as well as to reform and realign their existing mental wellness programs and services according to their own priorities. It will also be used to inform future programming decisions to ensure the best use of any available resources, building on the guidance of First Nations communities. The Framework will support communities in shaping their programs and will strengthen integration between and among federal, provincial, and territorial mental health and addictions programs and services for First Nations. For example, the increased use of multi-disciplinary teams that include cultural practitioners can support an integrated approach to service delivery (multi-jurisdictional, multi-sectoral) through a range of mental health and addictions service providers.

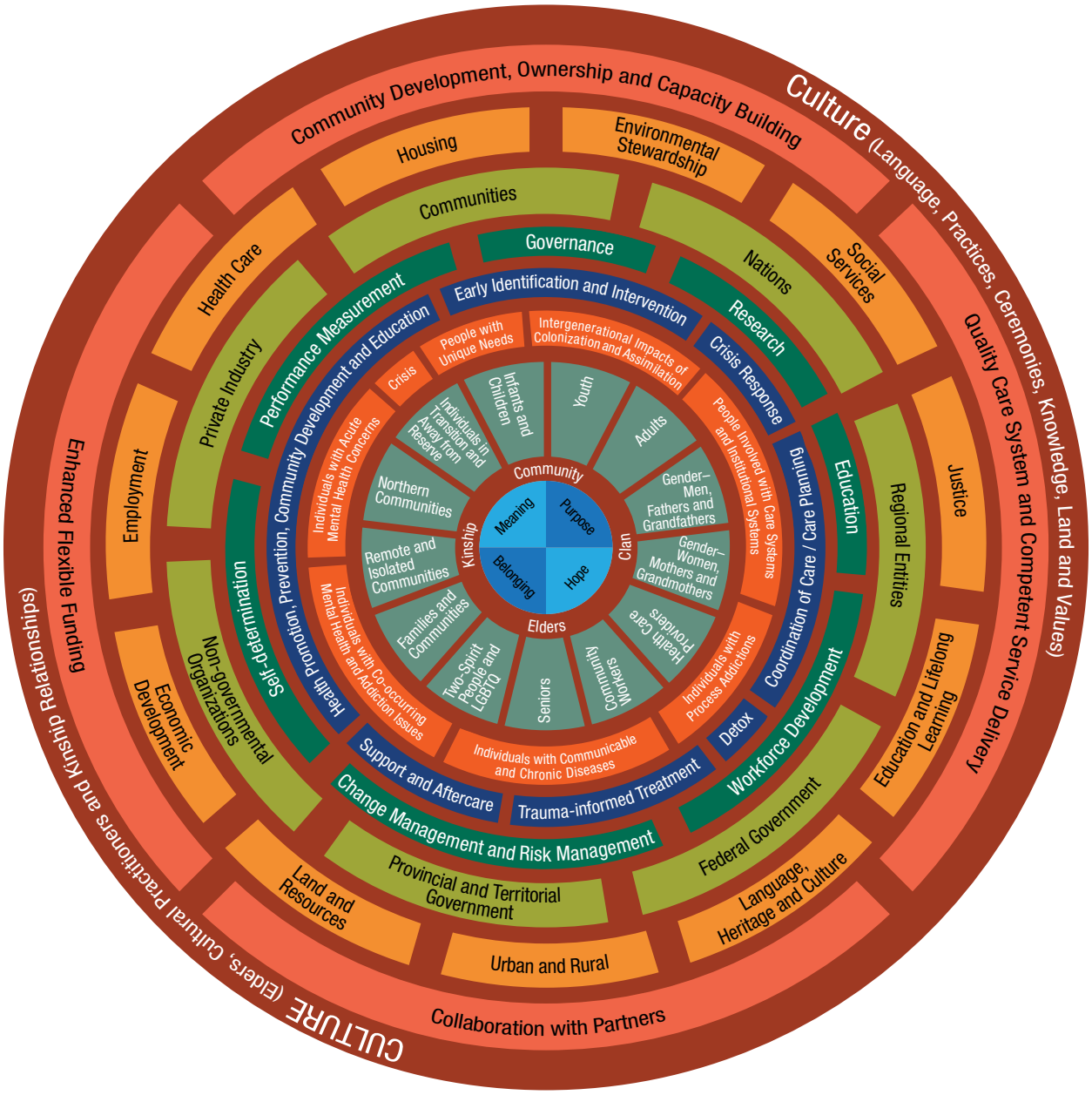
Regions and communities, working in partnership, will drive changes to the delivery of community-based mental wellness programs and services. They will develop and implement changes based on each community's needs and priorities, drawing on the Framework. Communities will remain the primary agents determining the structure and composition of their mental wellness programs and services.

2.2. MODEL AND CONTINUUM OF MENTAL WELLNESS SERVICES

The First Nations Mental Wellness Continuum is a complex model, rooted in culture and comprised of several layers and elements foundational to supporting First Nations mental wellness. It includes the key themes that emerged through dialogue with partners as well as the social determinants of health that are critical to supporting wellness. The model is supported by a number of partners at several levels, such as: communities, First Nations, regional entities, the federal government, provincial and territorial governments, non-governmental organizations, and private industry. Included in it are a number of elements that support the health system, specifically: governance, research, workforce development, change and risk management, self-determination, and performance measurement.

The Continuum aims to support all individuals across the lifespan, including those with multiple and complex needs. The centre of the model refers to the interconnection between mental, physical, spiritual, and emotional behaviour—purpose, hope, meaning, and belonging. A balance between all of these elements leads to optimal mental wellness.

FIGURE 2: FIRST NATIONS MENTAL WELLNESS CONTINUUM MODEL



Legend (from centre to outer ring)			
	Four Directions (outcomes)		Supporting Elements
	Community		Partners in Implementation
	Populations		Indigenous Social Determinants of Health
	Specific Population Needs		Key Themes for Mental Wellness
	Continuum of Essential Services		Culture as Foundation

2.2.1. Description of the First Nations Mental Wellness Continuum Model

The First Nations Mental Wellness Continuum Model at the heart of the Framework is comprehensive and complex. It synthesizes key components of three different models: the HOS Renewal Framework, the AFN Public Health Policy Framework, and the British Columbia First Nations Health Authority Wellness Framework. The Continuum model builds off these previous works by outlining a comprehensive continuum of mental wellness services rooted in the Indigenous social determinants of health, which emphasizes First Nations culture as a crucial element to effective program and service delivery. The following are brief descriptions of each of the model's rings, starting from the centre and moving outward. It should be noted that this model is not a traditional medicine wheel. It is a four directions model that promotes balance among spirit, heart (emotion), mind (mental), and body (physical).

1. **Four Directions—Outcomes (center):** *Hope, Belonging, Meaning, and Purpose*.

   This section describes the four key wellness outcomes. These concepts are drawn from research funded by the Canadian Institutes of Health Research (CIHR) for the "Culture as Intervention" project.[11] Project partners include: NNAPF, AFN, the University of Saskatchewan, and the Centre for Addiction and Mental Health (CAMH). From coast to coast, First Nations people have said that: a connection to spirit (identity, values, and belief) promotes hope; a connection to family, community, land, and ancestry promotes a strong sense of belonging; knowing who one is and where one comes from allows one to think and feel and understand life from an Indigenous perspective and promotes a sense of meaning; and an understanding of the unique First Nations way of being and doing in the world promotes purpose.

2. **Community**—*Kinship, Clan, Elders, and Community.*

   This section describes key relationships that organize social life and have an impact on health, such as kinship and clan (concepts that include family). Elders are individuals recognized and sanctioned by a community in that role; they are also recognized as health care providers.

3. **Populations**—*Infants and Children, Youth, Adults, Gender—Men, Fathers and Grandfathers, Gender—Women, Mothers, Grandmothers, Health Care Providers, Community Workers, Seniors, Two-Spirit People and LGBTQ, Families and Communities, Remote and Isolated Communities, Northern Communities, and Individuals in Transition and Away from Reserve*.

   This section represents the many diverse and unique populations to which First Nations mental wellness programs and services must respond.

4. **Specific Population Needs**—*Intergenerational Impacts of Colonization and Assimilation, People Involved with Care Systems and Institutional Systems, Individuals with Process Addictions, Individuals with Communicable and Chronic Diseases, Individuals with Co-occurring Mental Health and Addictions Issues, Individuals with Acute Mental Health Concerns, Crisis, and People with Unique Needs*.

   This section indicates the range of needs experienced by the different populations.

5. **Continuum of Essential Services**—*Health Promotion, Prevention, Community Development and Education; Early Identification and Intervention; Crisis Response; Coordination of Care and Care Planning; Detox; Trauma-informed Treatment; and Support and Aftercare.*

   This section indicates the key elements of a comprehensive continuum of essential services to address First Nations mental wellness needs.

[11] Dell, C.A., Hopkins, C., Menzies, P., Robinson, J., Thompson, J. (2012). *General format*. Retrieved December 1, 2014, from www.addictionresearchchair.ca/creating-knowledge/national/honouring-our-strengths-culture-as-intervention

6. **Supporting Elements—***Performance Measurement, Governance, Research, Education, Workforce Development, Change Management and Risk Management, and Self-determination.*

   This section identifies the supporting components and infrastructure that ensure essential services are able to address population needs in a way that promotes hope, belonging, meaning and purpose. Innovation is done through change management.

7. **Partners in Implementation—***Non-governmental Organizations, Provincial and Territorial Governments, Federal Government, Regional Entities, Nations, Communities, and Private Industry.*

   This section indicates the many partners needed for effective implementation, including various levels of government, non-government organizations, and private sector and corporate partners.

8. **Indigenous Social Determinants of Health—***Environmental Stewardship; Social Services; Justice, Education and Lifelong Learning; Language Heritage and Culture; Urban and Rural; Land and Resources; Economic Development; Employment; Health Care; and Housing.*

   This section identifies the Indigenous social determinants of health as outlined in the AFN Public Health Framework.

9. **Key Themes for Mental Wellness—***Community Development, Ownership and Capacity Building; Quality Care System and Competent Service Delivery; Collaboration with Partners; Enhanced Flexible Funding.*

   This section described the mental wellness themes that were identified through the regional and national dialogue sessions.

10. **Culture as Foundation**—*Elders, Cultural Practitioners and Kinship Relationships, Language, Practices, Ceremonies, Knowledge, and Land and Values.*

    Culture as the Foundation is identified on the outside of the model, but it is the underlying theme for all components of the Framework and, as such, is represented by the single color that holds all other components together.

2.2.2. Continuum of Mental Wellness Services

A full spectrum of culturally competent supports and services is necessary to support mental wellness.

This continuum includes:

- Health Promotion, Prevention, Community Development, and Education
- Early Identification and Intervention
- Crisis Response
- Coordination of Care and Care Planning
- Detox
- Trauma-informed Treatment
- Support and Aftercare

It is recognised that not all of the services described above will be available in every community; but, through collaboration and comprehensive planning, all communities can have access to key services. By identifying the key services, it is possible to identify gaps and avoid duplicating services that are already available within the community, an adjacent community, or from the provincial or territorial governments.

2.2.3. Health Promotion, Prevention Community Development and Education

Health promotion, prevention, and education activities seek to increase skills and knowledge in order to: create changes in awareness, attitude, and behaviour; help people engage in safer and healthier lifestyles; and create conditions that support such lifestyles, reduce the occurrence of harmful behaviours, and support healthy and supportive family relationships. Cultural knowledge is critical to increasing skills and knowledge for living as a whole and healthy person, family, or community. Health promotion, prevention, and education strategies focus on restoring linkages to cultural strengths, enhancing empowerment at the individual and community levels to increase participation in family and community life, strengthening resilience, increasing protective factors, and decreasing risk factors. Due to the interconnectedness of mental wellness with physical well-being, health promotion activities that target physical health, such as illness prevention, healthy living, physical activity, injury prevention, and safety are also critical to improving mental wellness.

Effective promotion and prevention strategies will be designed to serve specific communities and will draw on the worldview inherent in the First Nations language or languages, the history of the community, and their connection to land and ancestors. Without this foundation, promotion and prevention activities are limited to addressing the critical and immediate needs of individuals and families within many First Nations communities. A stronger emphasis on prevention and the promotion of culture-based strengths (e.g., activities that facilitate an understanding of a First Nations worldview, language, and culture) can enhance the skills and knowledge of individuals, families, and communities, thereby improving mental wellness at all levels. These culture-based prevention and promotion efforts also facilitate greater acceptance of the importance and relevancy of culture to mental wellness.

Community development is an approach that can lead to better health, economic, and social outcomes in First Nations communities by empowering communities to define and manage their own services, utilize their cultural knowledge, and build on their unique strengths. Skills that support these activities include building relationships, engaging natural or informal supports within the community, communication, team-building, decision-making, and planning. Having this capacity within communities is crucial to improving community health and wellness. With increased capacity:

- There are opportunities to learn about First Nations history and colonization so that First Nations can build an understanding of how these forces have affected their lives as individuals, families, and communities. With this capacity, First Nations can learn to replace the story of colonization with the Creation Story and reconnect to their true identity.
- There is greater appreciation for change processes (i.e. change management), including the efforts needed to sustain change over time.
- There is healing from intergenerational trauma, a greater sense of trust, and greater community capacity for relationships resulting in greater community consensus and cohesion.
- Formal and informal leaders can more effectively engage in community governance processes.
- Decisions and actions are more likely to reflect the social determinants of health and holistic health approach.
- The potential for community-to-community mentoring and knowledge exchange is increased.

Current efforts to support education, capacity building, and community development need to be strengthened to promote and improve mental wellness at all levels.

Traditional foods are an important medicine for health promotion and community development because:

- They are nurturing from our mother the earth and relatives in creation.
- When shared in community feasts, they facilitate relationships for individual, family and community wellness.
- Ceremonial feasts facilitate relationships with Creation and with ancestors, which are necessary for community wellness.
- Community and ceremonial feasts promote cultural values of sharing and caring.
- Community and ceremonial feasts promote an understanding of Indigenous world view.

2.2.4. Early Identification and Intervention

Early identification involves formal and informal screening of individuals who may be at risk for developing, or who already have, a substance use or mental health issue. By identifying those who may be at risk, service providers and community-based workers can intervene in a tailored, specific way that is brief, focused, culturally relevant, and effective. If necessary, service providers can then identify further mental health and/or addictions related resources and supports. Early identification can happen in many settings, including daycares, schools, family support programs, pre-employment and training programs, the workplace, and health and social service programs. Being suicide-aware and/or trained in suicide risk assessment is also an important part of early identification and intervention for service providers. The importance of factors that can support or hinder healthy early child development cannot be understated; they have a lifelong impact on mental wellness. The foundation of mental health later in life starts in pregnancy and infancy.[12]

Healthy child development is a key social determinant of health and is linked to improved health outcomes in First Nations and Inuit families and communities. Science reveals that the years from conception to age six have the most important influence of any time in the life cycle and are critical in terms of brain development, mental health, parent/child relationships, and health outcomes for the child, the family, and the community. Health and social problems can arise as a consequence of adverse childhood experiences. Supports for parents and families raising children, therefore, have a key role to play in the continuum of services and interventions for children and families. Comprehensive first level screening and assessment services are crucial to early identification and referral. However, significant gaps persist in availability and accessibility to parental supports and infant/child mental health services.

Service providers may lack the practical support tools, skills, knowledge, and confidence to intervene early, and they are often overburdened with heavy workloads. These challenges are compounded by: a system with limited resources; limited access to necessary programs and services; complicated or disjointed referral processes; and service providers who have limited knowledge of existing programs and services across jurisdictions (on and off reserve)or how to navigate them effectively.

2.2.5. Crisis Response

The ability to respond effectively to crises is dependent on effective crisis planning and timely access to necessary resources, supports, and services. At the community level, this may involve access to external supports to help communities respond to the immediate needs of individual clients and families beyond what the existing community workforce can provide. It may also mean defining a plan to address the underlying causes of the crisis and facilitate ongoing care and support. At the individual and family level, crisis response requires access to community-based and external supports to respond to urgent needs, assist with stabilization, and where needed, transition clients to other services or aftercare. A crucial component of crisis response is coordinated and timely follow up and debriefing at both an individual and community level.

The establishment of crisis response plans was one of the most critical gaps identified across regions. While there are usually plans to address pandemic or natural disasters, there often are no plans to address other crises, such as suicide, serious violence, substance or prescription drug issues, or other issues that have a community-wide impact. When the most acute needs of a crisis have been addressed, there is a need to establish community-based formal and informal information systems that increase the capacity of the community to anticipate need, assess corresponding risk factors, and intervene early with mitigation strategies. The

[12] Children's Mental Health Ontario. (2002). *Children's Mental Health Services for Children Zero to Six: Review of the Literature and Practice Guide*. Toronto, ON: Author.

traumatic impact of crisis on a community as a whole cannot be underestimated. Sustaining momentum towards growth and development requires ongoing attention; involving natural support networks and people of influence in a community and nurturing community strengths and hidden capacities are critical to facilitating a belief that change is possible.

We can learn from British Columbia's experience in fostering greater collaboration between First Nations health organizations and the provincial and regional health authorities that offer acute mental health services—services that complement the primary care, health promotion, prevention, and postvention supports that Health Canada funds in British Columbia through the First Nations Health Authority. Greater collaboration has encouraged the provincial and regional health authorities to take more responsibility for First Nations communities as part of their service mandates. Developed in collaboration with the First Nations Health Authority, provincial services are increasingly based on community-identified priorities and aligned with existing services to address gaps.

2.2.6. Coordination of Care and Care Planning

Although there are effective programs and services available within communities, provinces, and territories, there are many instances where individuals and families have "fallen through the cracks". Current efforts to support individuals and families around addictions, mental health, family support, employment and training, education, and social services would have had better results if there had been stronger coordination between programs and services, sectors, and jurisdictions. The importance of collaboration between all sectors and jurisdictions cannot be understated.

Coordination of care serves to ensure timely connection, increased access, and cultural relevancy across services and supports. It is intended to maximize the benefits achieved through effective planning, use, and follow-up of available services. It can be achieved through both dedicated case managers and team approaches. In the first instance, someone in the system of care provides case management and coordination as their main job. In the second, there is a shared approach to care that combines case management and coordination with the development of a care plan for individuals or families. In both cases, the goal is to ensure that care is client-centred. Other strategies to improve coordination of care within and across service sectors include: better role definition (e.g., roles of paraprofessionals); improved training and education on working effectively as a team; and improved understanding of the social determinants of health from a First Nations perspective. These strategies also help engage resources in a client-focused and coordinated manner. Finally, structured community programs with protocols that engage cultural knowledge and invite cross-jurisdictional coordination are beneficial to clients and their care outcomes.

2.2.7. Detox

Withdrawal management (detoxification or "detox") and stabilization refer to processes of support that help people withdraw from the use of alcohol or other drugs. These services are an important first step in a long-term recovery process in which timely access to culturally appropriate services is necessary. Withdrawal management and stabilization services may include:

- Medical approaches, such as those offered by provinces, typically either in hospitals or detoxification centres;
- Non-medical or minimally medical approaches, such as cultural, social, mobile, or home detoxification, which can be offered within communities, on the land, or within a home. Depending on symptoms, these may involve check-ins with primary care staff and medication; and
- Stabilization supports for people experiencing persistent psychological effects after successfully withdrawing from a substance (e.g., post-acute withdrawal syndrome), such as ongoing monitoring, assessment, case management, and treatment planning. These supports can be offered in a range of settings, including recovery houses, residential treatment centres, or through outpatient, day, or evening programming.[13]

Framework engagement sessions identified the ongoing priority of ensuring First Nations have adequate access to culturally appropriate detox services.

2.2.8. Treatment

Services and supports should be provided for people with severe or complex substance use or mental health problems by culturally competent professionals, paraprofessionals, and cultural practitioners internal or external to the community. These services can include land-based camps, outpatient treatment programs, or residential treatment programs. Programming is tailored to individual, family, or community needs and may include the use of culturally based activities, medications, or various forms of psychotherapy.

While treatment for addictions exists within the current range of federally funded programs, there are still gaps. Key issues include the lack of access to: culturally based treatment supports; more specialised supports for those with complex needs; and detox and treatment services focused on the needs of children and families. Providing services for children and youth in the child welfare system is an important issue that needs addressing as this is an extremely at-risk and vulnerable population for mental health problems and illnesses as well as suicide. Access to psychiatrists and psychiatric care is vital but non-existent in many communities. People who survive suicide attempts are often released from intensive care units at the hospital and put on waiting lists that can be long (e.g., up to a year). The situation for the homeless can be even more challenging.

2.2.9. Support and Aftercare

To be effective, aftercare should be designed as a key component of continuing care, involving all care providers and facilitating empowerment of client self-responsibility. In response to the potential need for multiple interventions, monitoring, and ongoing support, the concept of continuing care involves facilitating the level of care needed by the client following treatment.[14] Support and aftercare services seek to build on the strong foundation set out by a program-specific service or treatment process. Aftercare provides an active support structure within communities and across services to facilitate the longer term journey of individuals and families toward healing and integration back into a positive community life once the need for intensive treatment has passed. Aftercare can and should include ongoing involvement with community-based workers, professional counsellors,

[13] Assembly of First Nations, Health Canada and the National Native Addictions Partnership Foundation. (2011). *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada.* Ottawa, ON: Author.

[14] Garner, B., Godley, M., Funk, R., Dennis, M., and Godley, S. (2007). The impact of continuing care adherence on environmental risks, substance use, and substance-related problems following adolescent residential treatment. *Psychology of Addictive Behaviors, 21*(4), 488-497. doi: 10.1037/0893-164X.21.4.488.

self-help groups, and cultural practitioners who address mental wellness. Supports related to housing, education or training, employment, child care, and parenting are also important to effective aftercare. Stages or phases of aftercare with decreasing levels of intensity and with the capacity to re-engage higher levels of intensity if needed could also be helpful. The involvement of extended family and a range of community resources (e.g., relating to culture, heritage, employment, and recreation) could also be part of aftercare.

Currently, there are few strong aftercare supports in place in many First Nations communities, which can make it difficult to sustain the gains made by individuals and families through treatment or counselling. Opportunities to strengthen aftercare supports would be enhanced through a strengthened continuum of care and greater inclusion of service sectors across the social determinants of health. Mechanisms for system navigation and care coordination would better link individuals with appropriate follow-up supports.

2.3. SUPPORTING ELEMENTS

The Framework will guide action at all levels of the system to enhance mental wellness outcomes for First Nations individuals, families, and communities. A key purpose of the Framework is to inform how current programs and funding can be realigned to be more responsive and flexible in meeting the needs of First Nations peoples.

In addition to the identified themes and continuum of essential services, a number of supportive elements that cut across each of the key themes have been identified as necessary to support implementation. These supportive elements are: change management and risk management, self-determination, workforce development, research, performance measurement, and governance.

2.3.1. Performance Measurement

Throughout the development of the Framework, key themes and priorities for action have been identified. As work moves forward, strength-based performance measurement indicators will be used to determine if implementation across the system as a whole is improving wellness outcomes for individuals, families, and communities, and also to what extent individual components of the system are effective. Strength-based indicators (developed in partnership with First Nations communities) will be aligned with the community planning process, ensuring workforce capacity to undertake performance measurement, and the current work on standards underway in FNIHB, ensuring that we are measuring what matters to the community while being conscious of the need to reduce the reporting burden.

2.3.2. Governance

Implementation of the Framework across multiple networks will require the creation of a national governance structure. The governance structure will: champion efforts to facilitate the shift to "culture as the foundation"; help bridge gaps and promote a systems approach; set out objectives, including how members will be accountable to existing structures for implementation; incorporate strong partnerships, collaboration, meaningful engagement of stakeholders; and monitor and evaluate progress on implementation opportunities.

2.3.3. Research

By including research as a supporting component, the Framework highlights the importance of continuously building a comprehensive evidence base that describes which programs and services work in different communities, with different groups of people with specific needs, and in particular contexts. In addition, research founded on Indigenous knowledge and culture will help bridge the gaps identified in the Framework, inform the policy development process, and promote improvements across the system.

The First Nations Research Principles of OCAP™ (ownership, control, access, and possession) are respected in this process and ensure that First Nations control data collection processes in their communities. First Nations own, protect, and control how their information is used. Access to First Nations data is important, and First Nations must determine, under appropriate mandates and protocols, how access will be facilitated and respected for external researchers.[15] It is also important to recognize the role of First Nations leadership in research, to use culturally relevant methods, and to support First Nations researchers.

2.3.4. Workforce Development

Implementing the Framework and improving the quality of mental wellness services requires workforce development at both the paraprofessional and professional level. Quality services depend primarily on the skills and abilities of providers both within communities and as part of the provincial and territorial health systems. Throughout the Framework's development, the need for comprehensive, culturally competent training for mental wellness professionals and paraprofessionals was identified as a priority. Workforce development would also be conducted by educational institutions and professional associations through the development and implementation of workforce certifications and cultural competency and cultural safety training. From a culture as foundation approach, it is important to recognize that traditional healers, Elders, and other cultural practitioners are integral to the workforce for the provision of training to develop cultural competency, to provide clinical supervision, and direct client care. Each community is best placed to identify their cultural

The **SYSTEMS APPROACH** to addressing care is inclusive of the full range of services, supports, and partners who have a role in addressing mental wellness issues among First Nations people. This includes, for example, First Nations community-based services and supports but also other related partners and jurisdictions (e.g., housing, education, employment, and federal correctional services). It is recognized that no single sector or jurisdiction can support individuals and their families alone. A systems approach provides a framework through which all services, supports, and partners can enhance the overall coordination of responses to the full array of risks and harms associated with mental wellness issues among First Nations.

HONOURING OUR STRENGTHS

[15] "The First Nations Information Governance Centre. (2013). *The First Nations Principles of OCAP™*. Retrieved December 1, 2014, from www.fnigc.ca/ocap.html

resources. Likewise, the cultural knowledge and skills of First Nation employees who are not in a sanctioned role as Elder, Healer, or cultural practitioner must be recognized alongside western-based academic standing and work history. Equally important is the need for a trauma-informed workforce that is trained to address the impacts of multi-generational and severe trauma issues for individuals, families, and communities. Equality of knowledge and skills between western and First Nations cultures demands more equitable wages for employees within First Nations programs and services and for Elders, Traditional healers and cultural practitioners.

2.3.5. Change Management and Risk Management

A change management approach examines how the system as a whole can adapt to support the Framework's implementation. Healthy individuals are the product of healthy families and communities. Therefore, change management that builds the capacity of families and communities to promote and protect the mental wellness of community members is key to effecting lasting change. Commitment to building an understanding of and facilitating the role of culture is central to this systems change.

Putting culture as a central element changes the way we think about the current system, shifting the focus from an examination of deficits to a discovery of strengths. It also means taking a "whole person" perspective that looks beyond mental health. Part of the change management approach will be to identify areas of the system that are working well and share this information. For instance, by identifying the essential basket of services, it is possible to avoid duplicating services that are already available within the community, an adjacent community, or from provincial or territorial governments. Establishing an essential basket of services will also facilitate the identification of gaps.

Change management also requires acknowledging that, for First Nations, improvements to mental wellness outcomes will not be realized with improvements to mental health and addictions services alone. Change is a cycle, and it is supported by training, continuous awareness, and key people.

Risk management will also be key in implementing the framework, in that, it will be important to identify and address any risks inherent in the change management approach. Facilitating movement towards the development of a systems approach to client care is also a function of reducing risk to wellness for First Nations people, families and communities. For example, as health and wellness improves through a culturally based continuum of care, the risks to wellness decrease.

2.3.6. Self-determination

The Framework outlines how communities and governments can realign their existing services and funding to build a more culturally based system of services. It is clear that application of this framework must be driven by the needs and priorities identified by communities. It must also target clearly identified measures of wellness. Self-government, or other forms of increased community capacity and control, is a key component of a healthy community. Working across jurisdictions to coordinate and collaborate for optimum client outcomes through culturally relevant services and supports is a necessary component of self-government.

3. Culture

The cultural values, sacred knowledge, language, and practices of First Nations are essential determinants of individual, family, and community health and wellness. The principle that First Nations culture is a foundation for supporting mental wellness is challenging to apply in operational frameworks without first providing a description of its meaning. One way to understand the principle is to observe the unique structure of First Nation languages. The most fundamental aspect of First Nations languages is that they are "spirit-centred". All First Nations languages reflect a worldview wherein creation and the universe have names that describe First Nations people and elements of Creation as "living beings". As living beings, they have a unique identity, and within their identity is a description of their relationship to everything else, their purpose, and their meaning.

Culture, like language, is spirit-centred. Culture expresses language and the worldview it contains. Culture is manifested in the unique ways of living and being in the world. While culture is not static or homogeneous across First Nations in Canada, there are common fundamental principles. Identity, relationships, purpose, and meaning are all anchored by culture's unique way of seeing, relating, being, and thinking.

Despite the impacts of colonization, many First Nations people have maintained their cultural knowledge in their ways of living (with the land and with each other) and in their language. These foundations have ensured First Nations people have strength, laughter, and resilience. Culture is the foundation for a "good life", and the knowledge contained within culture applies across the life span and addresses all aspects of life.

First Nations believe that wholeness includes health and wellness of body, mind, heart, and spirit within interdependent relationships with family, community, and creation. Their cultural knowledge about mental wellness does not focus narrowly on "deficits". Rather, it is grounded in strengths and resilience. In this worldview, families care for each other, are mutually respectful, and see each other as important. From such vibrant families, healthy First Nations communities are built and continue to grow and thrive across Canada. First Nations languages, cultures, and teachings are tied to the past, the present, and the future—they are the

stepping stones to a brighter tomorrow. First Nations individuals, families, and communities have a wealth of knowledge from which to draw on to know how to live in balance, to care for themselves and others, and to restore balance when it is lost. However, there is work to be done to secure culture as the foundation for program and service design, development, and implementation.

While the colonization of people and land is often cited, what is equally important to acknowledge is the colonization of knowledge and language. In the most recent First Nations Regional Health Survey, almost half (42.6%) of First Nations youth reported loss of culture as a community challenge. Among those who recognized this as a challenge, fewer than one-in-ten (6.8%) reported that good progress is being made in the area of culture loss. The strength inherent in culture is not well recognized within the "evidence base" because it has been displaced by western knowledge systems that focus on deficits and problems. If culture is going to play the foundational role in the Framework, as articulated by First Nations people, then there has to be acceptance of the ambiguity that will initially exist as cultural knowledge and practices begin to be secured as a foundation for program and service design, development, and implementation. This is inevitable when two worldviews come together, especially for those who have not had the opportunity to learn to understand the differences, the similarities, and the points where the two worldviews can share space for collaboration.

The legacy of colonization and the intergenerational impacts of Indian Residential Schools have had devastating effects on First Nations communities and families. The daily reality of intergenerational trauma is seen in higher rates of substance abuse and interpersonal violence, and has contributed to a need for safety and healing among First Nations that is far greater than among other populations in Canada. There is a need to recognize, support, and foster the strength and resilience of First Nations individuals, families, and communities.[16]

Recognizing the healing force of culture in promoting First Nations mental wellness, First Nations leadership, national Aboriginal organizations, and Indigenous mental wellness experts continue to reinforce: the role of traditional and cultural approaches to healing; the interconnectedness of community, family, and individual health and wellness; and the cultural connections to language, land, and ancestry in all mental wellness programming. Research shows that First Nations communities who are actively engaged in rebuilding or maintaining their cultural continuity have a lower youth suicide rate.[17]

A growing body of evidence also shows the importance of integrating knowledge about First Nations individuals, families, and communities into health program and service standards, policies, practices, and attitudes. This is achieved through an ongoing process of respectful engagement and collaboration. Mental wellness teams and NNADAP and NYSAP treatment centres are two effective examples of integrating community, cultural, and clinical approaches to mental health and addictions care. Reports from First Nations communities suggest the efficacy of community-based, community-driven, holistic initiatives embodied in mental wellness teams.

Throughout the process to develop the Framework, culture was consistently identified as the foundational component. First Nations knowledge and evidence must be recognized with equal merit to western scientific evidence. The process of acknowledging First Nations knowledge is a crucial aspect to the process of creating a successful framework. In so doing, First Nations cultural knowledge and evidence will be evident throughout all mental wellness programs, services, and supporting policies. This will also act as a catalyst for healing for First Nations individuals, families, and communities.

[16] Assembly of First Nations, National Native Addictions Partnership Foundation, Health Canada. (2011). *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada.* Ottawa, ON: Author.

[17] Chandler, M. J. & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor against Suicide in First Nations Youth. *Horizons—A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future.*

AN EXAMINATION OF DEFICITS TO A DISCOVERY OF STRENGTHS

The story of a treatment centre for youth abusing inhalants

The **EVIDENCE** suggested that residential treatment programs to address inhalant abuse rarely lasted past nine months due to the highly volatile and aggressive behavior of youth who have been abusing solvents, a result of the impact of the solvents on brain functioning.

APPLYING THIS EVIDENCE led to a focus on setting up appropriate mechanisms to increase safety within the treatment centre environment for youth, staff, and property.

The **PROCESS** for applying this evidence involved (1) documenting, monitoring, and reporting trends for serious occurrences involving youth (reportable by legislation and defined by licensing requirements), (2) monitoring and reporting events and trends for internal incidents (non-compliance with treatment program, property damage), and (3) using this information to modify programs, staffing, and program delivery and to revise program and other organizational policies and processes. Serious occurrences often meant police assistance to attend to aggressive behavior between youth or from youth to staff. It was expected that the work environment would be highly stressful leading to a high rate of sick time and staff turnover. The treatment centre had many forms and processes in place to document this information, all centred around "volatile and aggressive behavior".

Note: These types of dynamics are similar to the experiences within families, communities, and schools. They appear in many places across the social determinants of health sectors such as policing, child welfare, education, and justice.

OUTCOMES seemed to confirm the evidence. Staff turnover rates were at 50% and average use of sick time by staff was at 75%. Youth completing treatment averaged 70% and the number of serious occurrences monthly was high. Property damage insurance claims were $20,000 for one year in addition to the expenses to repair damage that fell under the deductible rate.

CHANGING THE STORY started with listening and seeing differently. At first staff discussed their concerns about the youth, describing only the negative behaviors of the youth. Then staff were told the Creation Story, which talks about what the Creator gave to the Anishinaabe (the original people of the land), their inherent gifts. The story finished with a challenge, "Where in the story did you hear First Nations being described as volatile, aggressive, and hurtful people? How did the story talk about their inherent gifts and values? What are they?" The Creation story is true and sets the foundation for knowing and interacting with the spiritual influence that is present in life every day. The Creation story says that Anishinaabe are inherently kind, caring, sharing, honest, and strong people. The staff were asked what would happen if we shifted our perspective from the volatile, aggressive behavior to looking and listening for and expecting expressions of kindness, caring, honesty, and strength. Staff were immediately surprised to realize that, while acting in empathic ways, their expectations had been anchored in and held back by the majority of mainstream research that lacked this Indigenous evidence.

Staff began writing a **NEW STORY** by collecting data on strengths, acts of kindness, caring, and honesty. Client completion rates rose to 100%. Serious occurrences fell, as low as 0–3 per month. Property damage was nearly eliminated. Staff turnover rates decreased to 10%. Staff use of sick time was reduced by 50%. In 2007, 40% of the staff did not use any sick time. A focus on the staff strengths meant shifting resources from the deficit problem-based activity (filling shifts on short notice) to redirecting resources to support their proactive strategies as a partner with the treatment centre. As the staff shifted their focus to the strengths of youth, they also engaged in activities that shifted their focus as employees towards more proactive wellness to support a healthy workplace environment.

In **CONCLUSION**, if we leave out Indigenous evidence we miss an important part of the story, with the result being a significant loss to First Nations wellness and a loss of resource investment.

4. Current Status

4.1. CURRENT MENTAL WELLNESS PROGRAMMING

Federally funded First Nations mental health and addictions programming consists of:

- Brighter Futures (1992), which supports a range of health promotion and illness prevention activities;
- Building Healthy Communities (1994), which assists First Nations and Inuit communities to develop community-based approaches to mental health crisis management;
- The National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) (2005), which seeks to reduce risk factors and promote protective factors in preventing Aboriginal youth suicide;
- The Mental Health Crisis Counselling benefit administered under the Non-insured Health Benefits (NIHB) program, which is demand-driven and covers the cost of short-term professional mental health crisis counselling;
- The Indian Residential School Resolution Health Support Program (IRS RHSP) (2003), which provides mental health, emotional, and cultural supports to eligible former Indian Residential School students and their families;[18] and
- The National Native Alcohol and Drug Abuse Program (NNADAP) (1982) and the National Youth Solvent Abuse Program (NYSAP) (1995), which supports a national network of treatment centres as well as drug and alcohol prevention services.

Though not a specific program, Health Canada supports ten Mental Wellness Teams in seven regions across the country. Team approaches are gaining recognition internationally as an effective and innovative way to increase access to and enhance the consistency of health care, including mental health care. These teams aim to increase access to a range of mental wellness services, such as outreach, assessment, treatment, counselling, case management, referral, and aftercare.

Federal, provincial, territorial, and community mental wellness funding, programs, and services are in place to address the mental wellness challenges faced by First Nations communities, but significant gaps persist.

Accessibility:

- Many provincial and territorial services are inaccessible to those living on reserve (or in First Nations communities) due to location or other systems barriers.
- Where First Nations have access to provincial and territorial services, these services are often not culturally competent or culturally safe.

Quality:

- Federal mental wellness programs are often delivered by community-based workers who have received some mental health training but who receive little or no clinical supervision or support.
- Some provincial and territorial service providers offering tertiary level services to First Nation communities have expressed concerns about working with and supervising community-based workers. This contributes to gaps in services and the continuity in care. Their concerns may stem from a lack of understanding about First Nations history, culture, and language.
- Similarly, cultural supports within First Nations communities are not adequately recognized by funders as a key component of mental wellness and, consequently, may be less likely to receive funding.
- There are limited human and financial resources to adequately address First Nations mental wellness needs.

[18] The IRS RHSP is expected to sunset when the Indian Residential Schools Settlement Agreement expires (currently set to expire in 2016).

System Continuity:

- Considerable divides exist between and among jurisdictions in the delivery of mental wellness-related programs and services to First Nations.
- Federal, provincial, and territorial services tend to operate separately. This lack of integration means there are gaps in the continuum as well as in the continuity of care when moving through systems.
- Both within FNIHB (nationally and regionally) and in communities, there is limited understanding of the flexibilities that already exist within current funding structures that would allow and support First Nations communities to modify programs or direct funding to address community priorities.

Dedicated funding for clinical mental health services does not exist in First Nations communities. Many communities employ only paraprofessional staff. Depending on available funding and community priorities, they might receive only limited mental health training to offer community-based suicide prevention or mental health promotion programming. The majority of communities have no staff dedicated to mental health. With comparatively few mental health resources available on reserve, many First Nations people facing mental health challenges must travel outside their communities to access services, which are often not culturally competent or safe. They often receive little to no follow-up or continuing care upon returning to their community.

Significant gaps exist in services targeting those who are at risk of developing mental health problems (e.g., early intervention through appropriate assessment, diagnosis, and referral) and in services for those who need help managing an existing mental illness (e.g., treatment and aftercare). Left undiagnosed and untreated, mental illness can contribute to a host of health and social problems, including loss of employment, substance abuse, interpersonal conflict, violence, and suicide.

In addition to the lack of clinical mental health services in many First Nations communities, access to cultural practitioners or cultural approaches to mental health issues is also limited. Clinical supervision for community-based workers is important, but it is also important to have regular cultural supervision, training, and access to ceremonial supports to maintain a balance.

With the closure of the Aboriginal Healing Foundation and the scheduled completion of the IRS RHSP in the coming years, the gap in access to culturally competent mental health and wellness services is expected to widen. To date, many communities have been relying on the cultural, emotional, and mental health supports provided by the IRS RHSP.

MENTAL WELLNESS TEAMS

Mental Wellness Teams (MWTs) are an example of how the Framework can be implemented in communities. Grounded in culture and community development, these multi-disciplinary teams are developed and driven by communities, through community engagement and partnerships. Team membership is determined, based on community needs and strengths, and may include social workers, addiction counsellors, cultural advisors, occupational therapists, mental health workers, nurses, psychologists, etc. Each MWT provides a variety of cultural, clinical, and community-as-a-whole services and supports for mental health and addictions to a small cluster of First Nations communities on an on-going basis. Services provided vary depending on the community needs, approaches, local infrastructure, and availability of cultural, clinical and community expertise. The MWT concept has been demonstrated as an effective model for developing relationships that support service delivery collaborations both with provinces and territories and between community, cultural, and clinical service providers.

5. Context and Key Considerations

To understand the context within which the Framework was developed, it is important to explain some of the history of First Nations mental wellness in Canada. Although there is tremendous diversity within and between First Nations in Canada, there are common experiences related to colonization that have had lasting effects on multiple generations of First Nations peoples. With concentrated, continued efforts at reconciliation and healing involving First Nations and non-First Nations Canadians, the cycle of harm can be eliminated. The diverse needs of all First Nations peoples will only be met by a framework that can adequately respond to the unique needs of specific groups while also meeting the needs of First Nations individuals, families, and communities as a whole.

5.1. HISTORY MATTERS

Colonization involved the systematic attempt to assimilate First Nations peoples into mainstream Canadian society. From the early 1900s, the Government of Canada had a mandate to forcibly remove young children from their homes to place them in Indian Residential Schools. Many children were inadequately fed, clothed, and housed while attending residential school; some experienced traumatic and abusive conditions. All were deprived of the care and nurturing of their parents, grandparents, and communities. Subsequently, the "sixties scoop" involved the apprehension of a disproportionately high number of First Nations children to be temporarily placed with non-First Nations families in foster care or permanently

adopted into non-First Nations families. It was a practice that began in the 1960s, and some evidence suggests that it persists to this day as First Nations children are 15 times more likely to be in the care of child welfare agencies than non-First Nations children.[19] Like the Indian Residential School experience, the sixties scoop continued to deprive First Nations children of the care and nurturing of their parents, grandparents, and communities.

The effects of such harmful colonial practices have included: the loss of cultural practices and languages; the disruption of family structures; the elimination of a chance to observe and acquire healthy emotional self-regulation and parenting skills; and the destruction of individual, family, and community support networks among First Nations. The results of such forms of trauma can be seen in higher rates of suicide and mental health and addictions issues among First Nations as well as other significant disparities in health between First Nations and non-First Nations in Canada.

5.2. DETERMINANTS OF HEALTH

At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment, and individual behaviour. These factors are referred to as determinants of health. They do not exist in isolation from each other; rather, their combined influence determines health status. The Public Health Agency of Canada (PHAC) recognizes twelve determinants of health: culture, gender, health services, income and social status, social support networks, education and literacy, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, and biology and genetic endowment.

In addition to these factors, First Nations health is equally affected by a range of historical and culturally-specific factors (NNADAP 2011) which include loss of language, historical conditions, and cultural identity. As long as these remain unaddressed, efforts in health promotion, health protection, and disease prevention are not likely to succeed. The AFN recognizes the following First Nations specific determinants of health: community readiness, economic development, employment, environmental stewardship, gender, historical conditions and colonialism, housing, land and resources, language, heritage and strong cultural identity, legal and political equity, lifelong learning, on and off reserve, racism and discrimination, self-determination and non-dominance, social services and supports, and urban and rural.[20]

Numerous determinants of health have an impact on First Nations mental wellness:

- The rates of suicidal ideations among First Nations youth are higher when one or more parent and/or grandparent attended Indian Residential School.
- The fact that the median income among Aboriginal people is 30% lower than among other Canadians[21] and unemployment rates are more than twice the rate for other Canadians of the same age (13% versus 6%) overall and 22% for First Nations on reserve among First Nations[22] are examples of factors contributing to the significant disparities in health status that exist between First Nations and non-First Nations in Canada.
- First Nations experience four times the rate of overcrowding in homes and four times the rate of need for major home repair.[23]

[19] Cindy Blackstock – First Nations Child and Family Caring Society p.44; www.fncaringsociety.com/sites/default/files/docs/WendeReport.pdf "Data from three provinces indicates that First Nations Status Indian children are over 15 times more likely to be placed in child welfare care than other children in the provinces."

[20] Assembly of First Nations. (2013). *First Nations Holistic Policy and Planning Model: Social Determinants of Health.* Ottawa, ON: Author.

[21] Statistics Canada. (2008). *Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations, 2006 Census*. Catalogue no. 97-588-XIE.

[22] Statistics Canada, (2011). *National Household Survey*

[23] Office of the Correctional Investigator Canada. *Backgrounder: Aboriginal Inmates.*

- Depending on the study and Aboriginal sub-population, food insecurity ranges from approximately 3–6 times higher among Aboriginal households than non-Aboriginal households. Among First Nations, 41% of households on reserve in British Columbia, 38% of households on reserve in Manitoba, and 29% of households on reserve in Ontario have been found to be food insecure (First Nations Food, Nutrition and Environment Study, 2008, 2009–10, 20011–12). Conversely, as measured through a different survey, food insecurity affected 8.4 % of all British Columbia households, 7.1% of all Manitoba households, and 8.5% of all Ontario households (Canadian Community Health Survey, 2009–10).
- Statistics Canada's General Social Survey (2009) found that 15% of Aboriginal women reported having experienced spousal violence in the past five years compared to 6% of non-Aboriginal women surveyed. First Nations continue to be exposed to violence and racism.
- Across their life span, First Nations experience higher rates of chronic and communicable illness than non-First Nations in Canada, and research suggests a correlation exists between mental wellness and other chronic and communicable conditions.

5.3. RURAL AND REMOTE COMMUNITIES

Individuals in rural and remote areas have an increased vulnerability to challenges in mental wellness due to their isolation (e.g., higher transportation costs, higher rates of suicide, less access to specialized care). In these settings, a comprehensive continuum of mental wellness services can be more challenging to implement. However, effective models of care, practice, and service delivery that respond to the realities and needs of individuals, families, and communities in rural, remote, and isolated locations are being developed.[24] These models are based on sound evidence from First Nations communities, acknowledge the importance of culture and the involvement of cultural practitioners in service delivery, and use a client-centred/family-first perspective.[25] Encouraging collaboration through a team approach to health service delivery, including telehealth when possible and appropriate, supports a comprehensive continuum of care and a network of support for clients and service providers in First Nations communities.

5.4. NORTHERN COMMUNITIES

The territories face a number of logistical challenges in managing their health systems and providing health services to their residents given their remote and isolated populations. Approaches to addressing mental health and addictions in the territories require recognition of their unique geographic, economic, and jurisdictional realities. A number of recent reports highlight the need for a Northern approach to addressing mental health and addictions-related health issues (e.g., the Truth and Reconciliation Commission of Canada's interim report and the Mental Health Commission of Canada's Mental Health Strategy for Canada, both published in 2012). Northern First Nations communities are responding with innovative approaches: First Nations in the Yukon are building on their strong legacy of land-based healing and communities in the Northwest Territories (NWT) are exploring how to maximize their use of telehealth.

Territorial populations continue to grow at rates higher than the Canadian average, and the ability for an already stressed health system to keep pace is severely challenged. The cost of living in the North and providing basic services is considerably higher than that of southern Canada. The provision of basic health services, including those for mental health and addictions, is in some cases up to three times more expensive in the North compared to the provincial average. Added to this, many communities are only accessible by air, requiring medical travel to access specialized services in larger territorial communities or southern referral centres. The territories rely heavily on provincial health systems

[24] Health Canada. (2013). *Case Studies: Improved Client-Centred Health Services in Remote and Isolated First Nations Communities - Final Report*. Unpublished. First Nations and Inuit Health Branch, Health Canada, Ottawa, Canada.

[25] Idem

for services they are unable to provide, particularly for treatment of acute mental illness and tertiary care. As a result of this, the continuum of care is disrupted, which creates significant challenges that exacerbate mental illnesses and lead to higher acuity and higher costs.

The intergenerational trauma brought about by the Indian Residential Schools system has also led to deeply-rooted negative impacts at the societal and community level across the North. A larger proportion of residents in the North were sent to residential schools compared to the rest of Canada. Residential school survivors and their families have experienced pervasive psycho-social effects as a result of these experiences. This is a significant contributing factor to poorer mental health outcomes in the North. According to the 2001 Statistics Canada Aboriginal Peoples Survey, over 50% of Aboriginal people 45 years of age and older in the Yukon and the NWT attended residential schools. Given the First Nations share of the territorial population, the result has been a significant demand for mental health services.

Though responsibility for providing health services was transferred to the territorial governments (NWT in 1988 and Yukon in 1997), the federal government continues to fund community-based health promotion and disease prevention programs in the territories. In addition to community-based mental health and addictions programs, Health Canada provides mental health and emotional support for eligible former residential school students and their families as well as all participants before, during, and after Truth and Reconciliation Commission events. Through the Resolution Health Support Program (RHSP), Health Canada funds local organizations to provide cultural and emotional health support services through resolution health support workers and cultural support providers. The program also provides transportation services where access is an issue.

The new Territorial Health Investment Fund (THIF) announced in Budget 2014 will provide Territorial Governments $70M over three years to strengthen the continuum of services in the areas of mental health, chronic disease, and children's oral health. All three territories are undertaking work in the area of mental health.

Regional engagement sessions in the North identified programs and interventions that are grounded in First Nations culture as a key theme. Discussions also noted that improving collaboration and partnership among all levels of government and First Nations is essential to a mental wellness continuum that meets the needs of individuals and communities. The continuum of care needs to build on existing relationships and provide programs that are culturally relevant and reflective of community values.

The Framework recognizes the unique needs of northern First Nations. It is flexible in its implementation, providing advice and guidance that is grounded in the voices of First Nations in the North to ensure its applicability in a wide range of different settings and circumstances.

5.5. SYSTEMS CHANGE FOR SPECIFIC POPULATIONS

A systems-wide goal to address the needs of all populations is essential to removing barriers, combatting stigma, and ensuring members of First Nations communities have access to the mental health supports they need. There are concerns about misdiagnosis when professionals do not have the knowledge to comprehend the complexities and subtleties that exist across mental health problems, particularly how symptoms are uniquely manifested by First Nations people. Definitions of mental health and mental wellness are not universal or static across time, place, and culture; there is room for interpretation and error that should be attended to in a systematic way. More specifically, whereas "hearing voices" or seeing "little people" may be interpreted by non-First Nations service providers as symptoms of mental illness, in many First Nations these experiences may be considered a source of spiritual and cultural strength.

Promoting programming for specific groups within a First Nations community can help address the interconnected needs of the community as a whole. For example, indirect mental health programming for parents and women of child-bearing years (e.g., Maternal Child Health and Aboriginal Head Start on Reserve) plays a key role in the continuum of mental health supports and interventions for their families. Similarly, holistic approaches that centre on First Nations identity development, especially approaches that link culture to identity and focus on resilience rather than deficits, have been found to have positive effects.[26] There is also the need to be responsive to the effects of FASD and brain injury from all causes, including trauma, dementia, and other disabilities, on the design and implementation of addictions and mental health programs. Services to forensic populations (in jail or just out of jail), those leaving the child welfare system, and the homeless are also of specific concern.

[26] Health Canada. (2012). *Youth and Mental Wellness.* Unpublished.

6. Key Themes

Five themes have been identified as most important in the development of the continuum. These themes will be discussed in the sections below. Each theme will follow a similar outline:

- Priorities for Action
- Implementation Opportunities
  - At Community Level
  - At Regional Level
  - At Provincial/Territorial Level
  - At Federal Level

6.1. CULTURE AS FOUNDATION

Culture is an important social determinant of health, and a holistic concept of health is an integral part of a strong cultural identity. Many First Nations communities believe that the way to achieve individual, family, and community wellness (a balance of mental, physical, emotional, and spiritual aspects of life) is through culturally specific, holistic interventions. This understanding was also affirmed by participants at the Mental Wellness Continuum National Gathering.

A positive and balanced state of well-being cannot be achieved unless individuals, families, and communities are supported to openly express their own unique cultural identity. Government and other partners need to be aware of how their understanding of culture affects their ability to work with First Nations leadership, youth, and community members. Elders indicate that culture must be central, guiding all levels and aspects of the health system from service delivery to system-wide program and policy development.

When culture is considered the foundation, all First Nations health services can be delivered in a culturally relevant and safe way. The result of this conceptual shift will be policies, strategies, and frameworks that: are relevant to local community contexts; recognize the importance of identity and community ownership; and promote community development.

Priorities for Action:

- Responding to the Diversity of First Nations Communities
- Defining Culture
- Valuing Cultural Competency, Cultural Safety, and Indigenous Knowledge
- Understanding the Role of Language in Mental Wellness

6.1.1. Responding to the Diversity of First Nations Communities

As described in many of the regional discussion sessions, health services must be designed and developed by First Nations communities to address and embed a strong understanding of the many unique and diverse community realities. Government bodies at the federal, provincial, and territorial levels must work with communities to ensure their distinct circumstances are understood and incorporated into programming and policy development; programs and policies must reflect the needs and strengths of local First Nations communities.

> "**LIKE A FEATHER,** we need to have a strong centre stem so that we can stay on track and have a balance between these two sides."
>
> *Participant Reflection*

There are numerous strengths in First Nations communities. However, many individuals, families, and communities face significant challenges to their mental wellness stemming from historical and social issues such as oppression, colonization, and the intergenerational legacy of the Indian Residential School system. The devastating effects of colonization have had an impact on: spirituality; individual and community awareness; cultural identity and pride; healthy individual, family, and community-based skills; and familiarity with culture. The impacts have been different across communities.

6.1.2. Defining Culture

It is challenging to arrive at a single, universally agreed-upon definition of culture. Feedback from the National Validation and Implementation Session on the draft Framework underscored the need for a clear definition of culture. There are many ways of understanding culture; in general terms, culture can be described as:

- grounded in the creation story of each Indigenous language family (11 Indigenous language families in Canada) and maintained through their sacred knowledge structures;
- based on the truth that the pattern of creation continuously repeats itself across all aspects of life;
- maintained across generations and yet created through individuals' interactions with the changing world;
- identified through language, land, and nationhood and expressed spiritually, emotionally, mentally, and physically through unique values, relationships, and ways of being and doing;

and

- "dynamic, ever evolving and changing, created through individuals' interactions with the world, resulting in ways of naming and understanding reality;
- symbolic, often identified through symbols such as language, dress, music, and behaviours;
- learned and passed on through generations, changing in response to a generation or individual's experiences and environment; and
- integrated to span all aspects of an individual's life."[27]

As described in the *HOS Renewal Framework*, "Culture is understood as the outward expression of spirit and revitalization of spirit is central to promoting health and well-being among First Nations people. System-wide recognition that ceremony, language and traditions are important in helping to focus on strengths and reconnecting people with themselves, the past, family, community and land."

6.1.3. Valuing Cultural Competence, Cultural Safety, and Indigenous Knowledge

Cultural Competence

Cultural competence focuses on the attitudes, knowledge, and skills necessary for providing quality care to diverse populations.[28] Cultural competence requires that service providers, both on and off reserve, have ongoing awareness of their own worldviews and attitudes towards cultural differences. It includes both knowledge of, and openness to, the cultural realities and environments of the clients they serve. To deliver practices that are experienced as culturally safe, cultural competence is vital.

There is a need for the development of ongoing training and systems-based approaches to build and ensure cultural competence amongst staff and within services. Culturally competent First Nations-specific education and training programs require awareness and understanding of the diversity of the local historical, social, political, and economic conditions in which First Nations peoples live. Training could also include sensitivity and competence training around gender identity, sexual orientation, disability, trauma-informed practice, impacts of intergenerational trauma, etc. It is

[27] Nova Scotia Department of Health (2005). A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia. Available at www.healthteamnovascotia.ca/cultural_competence/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf

[28] Margo S. Rowan, Ellen Rukholm, Lisa Bourque-Bearskin, Cynthia Baker, Evelyn Voyageur, and Annie Robitaille. (2013). *Cultural Competence and Cultural Safety in Canadian Schools of Nursing: A Mixed Methods Study*; International Journal of Nursing Education Scholarship 2013; 10(1): 1–10.

essential to enable and ensure accountability for cultural competence training for provincial, territorial, and federal staff working with First Nations communities in health and social services. The ongoing participation of staff in various cultural activities, training sessions, and ceremonies can help health care providers develop increased respect and appreciation for the expressions and meanings of culture. Some examples of training in cultural competence are the Provincial Health Services Authority (PHSA) Indigenous Cultural Competency Online courses, the Society of Obstetricians and Gynecologists of Canada's Guidelines for Health Professionals Working with First Nations, Inuit and Metis Populations, and Promoting Improved Mental Health for Canada's Indigenous Peoples: A Curriculum for Psychiatry Residents and Psychiatrists.[29]

As outlined during the National Gathering, Elders are a primary source of cultural knowledge. The diversity of their skills, experience, and knowledge is essential to the development of locally relevant, culturally competent training approaches and programs to ensure the best possible quality of care. Other priorities would be the development of culture-based and land-based methods across the continuum, support the ongoing development of cultural practitioners, and the identification or design of appropriate indicators as well as monitoring and evaluation methods. This should be linked to Indigenous knowledge but separate from cultural safety and cultural competence.

Cultural competence development is also required within community service systems. Cultural competence should be defined at group, program, institution, and system levels, not just the service provider level. At all levels, cultural competence requires an understanding of the communities being served as well as the cultural influences on individual health beliefs and behaviours. Culturally competent staff devise strategies to identify and address cultural barriers to accessing programs and services.[30] To this end, it is necessary for local Indigenous knowledge to meaningfully inform and guide the direction and delivery of health services and supports on an ongoing basis.

Cultural Safety

Cultural safety was developed as an educational framework for the analysis of power relationships among health professionals and those they serve. It originated in New Zealand during the 1980s from the Maori people's dissatisfaction with nursing services.[31] The concept of cultural safety is inspiring new approaches to service delivery internationally.

"Cultural safety refers to what is felt or experienced by a patient when a health care provider communicates with the patient in a respectful, inclusive way, empowers the patient in decision-making and builds a health care relationship where the patient and provider work together as a team to ensure maximum effectiveness of care. Culturally safe encounters require that health care providers treat patients with the understanding that not all individuals in a group act the same way or have the same beliefs." (NAHO, 2008a, p. 19)[32]

Cultural safety can be considered an extension to cultural competence on the cultural continuum. As such, cultural safety takes us beyond the following: cultural awareness, the acknowledgement of difference; cultural sensitivity, the recognition of the importance of respecting difference; and cultural competence, the focus on skills, knowledge, and attitudes of practitioners.[33]

[29] Indigenous Physicians Association of Canada and Royal College of Physicians and Surgeons of Canada. (2009). http://ipac-amic.org/wp-content/uploads/2013/06/Promoting-Improved-Mental-Health.pdf

[30] Nova Scotia Department of Health (2005). A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia. Available at www.healthteamnovascotia.ca/cultural_competence/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf

[31] Ramsden, I.M. (2002). Cultural safety and nursing education in Aotearoa and Te Waipounamu (Doctoral dissertation). Victoria, NZ: University of Wellington.

[32] "Cultural Competency and Safety: A Guide for Health Care Administrators, Providers and Educators"; National Aboriginal Health Organization, 2008.

[33] "Cultural Competence & Cultural Safety in First Nations, Inuit and Métis Nursing Education: An Integrated Review of The Literature"; Aboriginal Nurses Association of Canada, 2009.

Cultural safety can also be seen to involve a paradigm shift. It includes reflecting upon cultural, historical, and structural differences and power relationships within the care that is provided. It involves a process of ongoing self-reflection and organizational growth for service providers and the system as a whole to respond effectively to First Nations people.[34] Rather than being a lens to look through (Anderson et al., 2003),[35] cultural safety could be seen as a mirror to hold up to oneself and one's organization, with an awareness of power relationships and all their broad impacts. Cultural safety involves being mindful, personally and as an organization, that one will always have "blind spots". Therefore, it is essential that First Nations clients and communities define what culturally safe services and policies entail (Wiebe et al., 2013).[36]

"Ultimately the goal of both the Aboriginal and non-Aboriginal members of the relationship is to work together to effect change for individuals and communities at risk or in crisis. At the individual, institutional, and government levels, the parties need to view cultural safety … as a navigation model to transform cross-cultural relationships" (Brascoupé, 2009).[37]

Indigenous Knowledge

First Nations have always recognized the critical role of Indigenous knowledge to health and healing. Knowledge is an inherent strength of communities and must be recognized as a resource in promoting mental wellness; it is grounded in an Indigenous worldview that has been maintained over generations through sacred societies, community practices, and in cultural ways of living and adapted to current realities. While knowledge is inherent within Indigenous worldviews, the richness and abundance of knowledge is also held within Indigenous languages. However, within an Indigenous worldview, knowledge is inherent and

[34] "Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada"; Assembly of First Nations, Health Canada and the National Native Addictions Partnership Foundation, 2011.

[35] Anderson, J., Perry, J., Blue, C., Browne, A., Henderson, A., Khan, K.B., Reimer Kirkham, S., Lynam, J., Semeniuk, P. and Smye, V. (2003). "Rewriting" cultural safety within the postcolonial and postnational feminist project toward new epistemologies of healing. Advances in Nursing Science, 26(3), 196–214.

[36] Wiebe P, van Gaalen R, Langlois K, Costen E, Toward Culturally Safe Evidence-informed Decision-making for First Nations and Inuit Community Health Policies and Programs. Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 11(1) 2013: 17-26.

[37] Brascoupé S and Waters C. (2009). *Cultural Safety Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness*. Journal of Aboriginal Health, Nov 2009, 6–41. www.naho.ca/jah/english/jah05_02/V5_I2_Cultural_01.pdf

reflective of all stages of life and, therefore, carried across the lifespan. Elders and cultural practitioners are most often seen as teachers or holders of Indigenous knowledge. There are also cultural practices that are necessary for wellness and specific to every stage of life, from pre-birth to birth, to childhood, adolescence, young adulthood, adulthood/parenting, elders/seniors, death, and after death.

It is vital to the development and on-going delivery of culturally appropriate community services to utilize Indigenous knowledge and skills and support the community to engage in cultural and traditional practices and activities. Initiatives that promote and encourage collaborative intergenerational education, knowledge exchange, and community participation also facilitate well-being. When culture and Indigenous knowledge is supported across the continuum, every generation is said to be a teacher and a practitioner. For example, when songs are transferred to individuals, families, or communities, these people are then sanctioned for their knowledge and rights to practice some aspect of culture. In these instances, age is not a condition but rather a guide for Indigenous education methods to transfer knowledge.

6.1.4. Understanding the Role of Language in Mental Wellness

Culture is expressed and embedded in language. Language portrays interconnectedness, balance, and harmony, thereby providing a holistic perspective. It transmits traditional knowledge, stories, and ceremonies and connects individuals and communities to values, traditions, and beliefs. This ultimately creates a worldview (McIvor and Dickie, 2009).[38] Language is more than communication; as identified at the National Validation and Implementation Session, how someone interacts with others and views themselves within the world is an integral part of language.

McIvor and Dickie also state that there is a strong link between mental wellness, healing, and language (including reclaiming language). Traditional languages contribute to First Nations health in concrete ways, for example, they can act as a protective factor against suicide. Activities and efforts aimed at preserving, promoting, and reviving traditional languages contribute directly to individual and community healing and resilience. By understanding a language and the teachings associated with that language, individuals can build a stronger identity, thus enhancing their resilience.

Lastly, language is closely connected to access to programs and services: location, communication styles, language of service, signage, physical design, and service-delivery style all influence a person's access to health services. For instance, language barriers such as lack of translation services can impede access to health promotion and prevention services. This can lead to the need for more costly services over time as the individual's health deteriorates. In order to achieve a positive and balanced state of well-being, individuals must have access to services that are sensitive to their language needs in hospitals, health units, and health centres. Offering health services in First Nations languages will directly influence the health of communities.

6.1.5. Implementation Opportunities

An initial set of implementation opportunities has been developed to support culture as the foundation. It includes ways to better recognize and respond to the diversity of First Nations communities across the county (e.g., offering FNIHB's community development and capacity building training to federal, provincial, and territorial employees working with First Nations and Inuit communities). It offers ideas on how to support cultural competence, cultural safety, and the use of Indigenous knowledge (e.g., by requiring cultural competence and cultural safety training for staff working in and with First Nations people and communities in health and social services). New ideas on how to move forward with culture at the foundation will be added to an evergreen list of implementation opportunities as they emerge. This list is being circulated independent of this document.

[38] McIvor O, Dickie K.O. (2009) *Language and Culture as Protective Factors for At-Risk Communities*. Journal of Aboriginal Health. Available at: www.naho.ca/documents/journal/jah05_01/05_01_01_Protective.pdf

6.2. COMMUNITY DEVELOPMENT, OWNERSHIP, AND CAPACITY BUILDING

Community development, ownership, and capacity building are significant factors that must be taken into account when enhancing mental wellness in First Nations communities. Sustainable and effective community development initiatives involve community capacity building and a strong focus on inherent strengths within First Nations communities. This Framework aims to support communities in shaping their own programs and services, ensuring that they own and develop the programs and services they provide. Research has demonstrated the positive impact of community ownership of local programs and health services on First Nations mental wellness. Community ownership ensures that the continuum of mental wellness programs and services for First Nations are relevant, effective, flexible, and based on community needs and priorities.

Community ownership and control must be present at all service levels: design, delivery, implementation, and evaluation. This will ensure that each community can design and implement their programs in a way that addresses their unique needs and priorities. Community ownership is also critical when examining and redesigning existing programs and policies as they have a direct impact on success at the community level. Historically, everyone had a place in the community and the first levels of support for individuals were family and community. The integrity of those systems was lost through colonization and needs to be rebuilt through community capacity building. Communities are the primary generator of ideas and innovations to meet these needs and must be recognized and supported in this role.

Human resource management and service supports are a key component of an effective approach to capacity building. There are few mental wellness training programs across Canada, and the training programs that do exist have little foundation in culture; many do not provide the skill sets needed for a qualified workforce. Specific training programs in First Nations mental wellness and mental wellness in general are needed for new employees as well as those already in the workforce across all sectors.

Capacity building includes increased access to formal and informal training opportunities for service providers to gain the necessary qualifications to serve communities. It also includes ensuring that essential supports are in place to ensure the retention of qualified people. Developing and disseminating the wealth of community knowledge, experience, and strengths honours and reinforces First Nations cultural ways.

Priorities for Action:

- First Nations Control of Services
- Building on Community Priorities
- Developing Community Wellness Plans
- Working Together in Partnership
- Investing in Community Development and Capacity Building

6.2.1. First Nations Control of Services

Federal, provincial, and territorial programs and policies must support communities in moving towards greater First Nations control of health programs and services and embrace broader system change; for example, changing the current relationship between governments and First Nations. What is needed is a constant and progressive relationship among all levels of government and First Nations leadership that embodies mutual respect and partnership.

FNIHB continues to support First Nations control of wellness programming and to seek new ways to support communities. The block funding model, for example, allows communities greater control over community wellness plans (e.g., based on their unique needs). Another example of progressive community control is the Tripartite Framework Agreement on First Nations Health Governance in British Columbia and the lessons learned through their comprehensive system change. These two examples demonstrate the different levels and scales at which constructive change can take place. Participants discussing this subject at regional discussion sessions and the National Gathering were clear that much more work needs to be done in this area.

WAPIKONI

Since its inception in 2004, Wapikoni Mobile visited 25 Aboriginal communities in Quebec with their mobile studios. More than 3,000 young people were instructed on how to make short films and musical works.

The organization's mission is to combat isolation, school dropout, addictions, suicide, and crime by promoting healthy lifestyles. The arrival of Wapikoni offers "respite" for communities often faced with serious social issues. The mobile studio becomes a gathering place of intervention and creation by providing participants with positive and meaningful activities.

Film and music are effective intervention tools to reach people who do not attend institutional services. Field teams provide individual support and guide those in need to local resources. For a period of four weeks, the workshops allow participants to set realistic goals, overcome obstacles to complete their project, and to work in teams that respect and help each other. This innovative approach allows them to express themselves freely on often difficult subjects, to socialize with peers, to discover their potential fields of interest, to regain confidence in the future, and ultimately, to cling on to life. Participants will develop multiple skills in addition to increasing their self-esteem, their resilience and their empowerment.

Their films and music in their communities is a major source of individual and collective pride. The distribution of the films is then used to bring public awareness to the various issues and problems that First Nations cultures are facing, and to enhance the safe keeping of the traditional Aboriginal languages and cultural heritage. Wapikoni Mobile is now active across Canada, Chile, Bolivia, Peru and Panama.

The Wapikoni repertoire's includes more than 600 shorts and films that have won 80 awards in prestigious festivals. Several participants continued their studies, others began a personal and professional journey, and some developed a career as a filmmaker and musician after making their debut in the mobile studio.

6.2.2. Building on Community Priorities

Greater flexibility at the community level is required to support implementation of the Framework. Programs and policies need to be developed in ways that embrace diversity, are flexible, responsive, and adaptable to multiple contexts. This would ensure that communities are able to implement programs in a way that addresses their most pressing needs. Communities should be the primary agents in determining the structure and composition of their mental wellness programming. Communities must also have the ability to tailor these programs based on a number of influencing factors, including Indigenous ways of knowing. Communities must have the flexibility to change the structure of and plan for their programs (e.g., workplans or community health plans) if they feel the current approach is not working. This will require raising awareness of existing flexibility in funding programs so that communities can fully take advantage of current opportunities and, over time, changes in the way agreements are structured. Supporting increased flexibility at the community level can be achieved by:

- supporting all communities regardless of funding arrangement type to develop a community wellness plan that reflects the collective vision of wellness for the community and that is developed using a fully collaborative approach (e.g., Public Safety's Mobilization Training or Asset Mapping);

- reorienting existing resources into clusters to reduce or eliminate silos;
- moving away from time-limited and project-based funding to reduce uncertainty and better support comprehensive planning and service delivery;
- moving away from siloed funding so that communities can make the best possible use of funds in addressing community needs; and
- improving coordination of programs and services and reducing administrative reporting burdens.

Reporting and evaluation activities should be designed to measure success as it is defined by First Nations communities, recognizing that there will be variation between communities with respect to how they define success.

SPIRIT OF HEALING: ALBERTA FIRST NATIONS CONQUERING PRESCRIPTION DRUG MISUSE

The *Spirit of Healing: Alberta First Nations Conquering Prescription Drug Misuse* presents a strategy developed in consultation with representatives from Alberta First Nations in response to a resolution passed by the Assembly of Treaty Chiefs of Alberta. It reflects the vision that Alberta First Nations will conquer harm from prescription drug misuse through the traditional spirit of healing. This vision was created by the Elders in the mountains and brought to the people in the plains. The knowledge and guidance of Elders was thus included from the onset, in turn allowing Ceremony, Consultation, and Celebration to be incorporated into the strategy as it was developed. The strategy was named and launched with **CEREMONY**. Recommendations were developed in **CONSULTATION** with Alberta First Nations Elders, adults, youth, and professionals. **CELEBRATIONS** were held to honour those committed to conquering prescription drug misuse in Alberta First Nations. The strategy aims not only to address the harms associated with misuse of prescription medication, but also to call attention to the need to protect people who use prescription medication appropriately and rely on continued access.

6.2.3. Developing Community Wellness Plans

Community wellness plans are tools to support a holistic approach to lifelong wellness and assist communities in realigning their programs and services along a continuum. A community wellness plan can be linked to the core elements of purpose, hope, belonging, and meaning to promote a deeper sense of accountability at the community level.

A community wellness plan grounded in community culture, strengths, and priorities and developed through a collaborative process could support individuals, families, and communities in accessing appropriate supports and services in a timely manner. Planning helps communities look comprehensively at issues, identify partners, and build the capacity needed to respond. It could also assist communities in taking a proactive approach to mental wellness. Additionally, it could help identify ways of coordinating and linking resources to facilitate access to mental wellness services with the overall goal of achieving and maintaining community wellness.

The development of a community wellness plan could help a community determine how to put cultural understandings and practices of *holistic wellness,* including the community's language, to the most positive use, making mental wellness an essential element of holistic wellness.

A successful community wellness plan should reflect the collective vision of wellness for the community, using a fully collaborative approach, inclusive of all segments of the community. The development of the vision for the community and the community wellness plan should be guided by the following principles:

- The most effective wellness plans are family and community based. These develop when an engaged community takes ownership of its needs and works actively to develop and implement activities that foster a healthy lifestyle.
- A holistic community wellness plan integrates all plans for the community, including the community health plan and the economic development plan, and considers space and infrastructure needs and resources in wellness planning.
- Wellness, which includes physical, mental, emotional, and spiritual health, is a shared responsibility in a community. It can only be achieved and maintained through a fully collaborative approach to care, including housing, employment, social, and cultural services.
- A community wellness plan should address the essential continuum of care, recognizing which services can be provided at the community level and which ones must be available as close to home as possible.
- A community wellness plan should consider providing innovative services in a community, depending on its needs and capacities. Examples such as mobile mental wellness teams, community withdrawal management programs that involve family participation, and community mental wellness programs supported by qualified on-site personnel could be considered. A peer-based counselling system for youth similar to the Yellow Ribbon Program, a suicide survivor-led program, could also be considered. Partnership, information-sharing, and collaboration between communities are additional opportunities to consider, including collaboration and partnership with nearby urban partners to meet program and service needs.

6.2.4. Working Together in Partnership

In supporting First Nations community ownership of programs and services, working together in partnership is key. This involves working in partnership with a range of government and First Nations partners.

Any adjustments to the delivery of community-based mental wellness programs as they exist now will be driven by a partnership between regions and communities to develop and implement changes based on each community's needs and priorities. Once programs, policies, and frameworks are developed, it is essential that First Nations remain central during implementation and the evaluation of program outcomes.

Quote from National Gathering:

"We will be successful if we, the people in the community, invest our time and knowledge in the community." (Statement made in reference to having community members work in and for community.)

When undertaking this type of work, governments should work with First Nations communities from the beginning of a process or project as opposed to undertaking consultations with First Nations once the programs or policies have already been developed. A process that has been identified as a promising practice both by First Nations and governments alike is the one used to develop *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*.

6.2.5. Investing in Community Development and Capacity Building

Perhaps one of the most important areas of focus in improving mental wellness within First Nations communities is community development and capacity building. Communities must be supported in their process of community development to define cultural knowledge, safety, and competency in their own context. This could include: building on existing individual, organizational, or governance capacity within the community; building on strengths in the community to address risks; and promoting community leadership and leadership development.

All First Nations communities are unique and have unique strengths that they are able to build on to achieve wellness. Communities that have been able to balance the interconnectedness between hope, meaning, purpose, and belonging across the four directions may be well placed to support other communities working towards that end. In many of the regional, national, and federal discussions, participants noted the importance of learning from each other. Shared learning and support between workers and community leaders, for example, can be helpful in supporting communities that are working towards the adoption of culturally relevant and strengths-based approaches to community wellness.

In addition to supporting community development more broadly, in some communities there is a need to expand community awareness and education on mental wellness. More information is needed among First Nations community members and wellness workers on how the mental health system is structured. For example, a description of basic service corridors and their functioning, the way to navigate these corridors easily and without fear, and existing service partnerships would be critical information to have as a wellness worker. Online program and service mapping tools where up-to-date information is available to workers in various locations could promote collaborative ownership and decision-making. Other examples can be drawn from the Health Services Integration Fund (HSIF) as many projects focused on supporting better coordination and integration of mental wellness services among First Nations communities, provincial or territorial governments, and the federal government. This expanded awareness and knowledge within First Nations communities could support community members in accessing the services they require, supporting in turn other community members in accessing these services, and reducing the stigma associated with mental illness.

PRINCIPLE OF STRENGTH-BASED APPROACH TO COMMUNITY DEVELOPMENT

A strength-based or asset-based approach to community development recognizes and builds on the existing strengths and assets in a community. This respects individual and community resilience. A strength-based approach sees potential, rather than need, and encourages a positive relationship based on hope for the future.

How does a strength-based approach work in real life? A community may engage with its constituents and do an asset-mapping exercise—when this is done effectively, it generates enthusiasm as people recognize the small and large gifts and skills that they contribute to their community. Then a community can start to discuss issues or risks that it wants to address, and based on their existing strengths and assets, prioritize doable issues for resolution. Good asset mapping can help a community see gaps in existing assets and make plans to address them.

SAGAMOK ANISHNAABEK FIRST NATION uses a community development approach. The community completed visioning and strategic planning to improve social determinants of health, defined as: strong families, strong culture, social support and inclusion, employment and economic development, infrastructure supports for community safety, ongoing learning, and human and social supports. Sagamok has achieved ISO9001:2000 international certification, and is the only First Nations community in Ontario to provide full language immersion from Kindergarten to Grade 3.

PRINCIPLE OF COMMUNITY-CENTRED APPROACH

The community-centred approach takes into consideration all levels of knowledge from the community. It relies on the knowledge, expertise, and leadership available within the community. This approach must be based on the community's strengths and assets, not its weaknesses and dysfunctions (Hancock, T. (2009). Act locally: Community-based population health promotion.). The Community Development Framework utilizes a three pronged community-centred approach:

- *Community-based:* The majority of well-being risk and protective factors are local. Capacity and activity to address them must also be local. A community builds on its own strengths and assets to address its own risk factors.
- *Community-paced:* Sustainable action builds on capacity in the community, its stage of community development (continuum).
- *Community-led:* The community's sense of ownership and control over activities to address wellness is likely just as important as the activity's outcomes.

Over the past twenty years in aboriginal communities across Canada, there has been a renewal of traditional approaches to building healthy communities. The Senate Subcommittee on Population Health has identified 12 chief factors or conditions—health determinants—that contribute to or undermine the health of Canadians. Of these 12, a full 10 play out largely at the community level. This report argues that since so many of these determinants act at the local level, it is at the community level that action must be taken.

Kahnawake Schools Diabetes Prevention Program

One of the first community-based programs, the Kahnawake Schools Diabetes Prevention Program (KSDPP) was developed in response to community requests. There was a three-year participatory research project that looked to prevent the onset of the disease by preventing the occurrence of non-insulin-dependent diabetes mellitus risk factors. A Community Advisory Board was created to ensure broad community involvement, empowerment, and encouragement of long-term sustainability, these included members of the health, educational, political, recreational, social, spiritual, economic, and private sectors of Kahnawake. Initiated by the community, based in and serving the community, and led by the community to meet its own priorities, this is a great example of community-centred action.

6.2.6. Implementation Opportunities

An initial set of implementation opportunities relating to community development, ownership, and capacity building has been developed. It includes actions to promote greater First Nations control of programs and services (e.g., providing continued support for First Nations community development to support communities in moving towards full control of their health programs). It proposes various actions to help ensure programs and services build on community priorities (e.g., supporting training and skills development opportunities) and to support community wellness plans. The set of implementation opportunities also includes actions to support enhanced partnership (e.g., establishing community health liaison officers to support communities in moving to more flexible funding agreements). New implementation opportunities will be added to an evergreen list as they emerge. This list is being circulated independent of this document.

6.3. QUALITY CARE SYSTEM AND COMPETENT SERVICE DELIVERY

The Framework outlines an ideal continuum of essential mental wellness services to which all First Nations communities should have access. Described in more detail in section two of the document, this ideal continuum of essential services includes:

- Health Promotion, Prevention, Community Development, and Education
- Early Identification and Intervention
- Crisis Response
- Coordination of Care and Care Planning
- Detox
- Trauma-informed Treatment
- Support and Aftercare

It is essential that this continuum of services be located within a quality care system and that the services and supports be of high quality and culturally competent. First Nations organizations, provincial, territorial, and federal governments, and other key partners will need to work together to achieve this standard. It also requires attention to the key elements that support a quality care system, such as performance measurement, governance, and workforce development. The following priorities for action have been identified as central to ensuring a quality care system with competent service delivery.

Priorities for Action:

- Delivering Accessible Services
- Providing Quality Mental Wellness Programs and Services
- Responsiveness, Flexibility, and Reliability
- Proactive Planning and Crisis Supports and Services
- Delivering Trauma-informed Care
- Promoting and Recognizing a Culturally Competent Workforce
- Providing Education, Training, and Professional Development
- Supporting Worker Wellness

6.3.1. Delivering Accessible Services

A comprehensive continuum of mental wellness services includes timely access to appropriate mental wellness services. Currently, services may not be available locally, especially for residents of many smaller and/or remote First Nations communities. Access to specialized services such as psychiatric and psychological services and Elder care, which are in high demand in many communities, continues to be a challenge. While efforts are underway in many First Nations communities to increase access to mental health professionals through initiatives such as telemedicine, a significant gap in services remains. Psychiatric services are a provincial/territorial responsibility, and it will be imperative that federal and provincial/territorial governments work together to address these inadequacies for First Nations. With the Tripartite Framework Agreement on First Nations Health Governance in British Columbia, it may be possible to bridge this gap. Their experience will serve as an example for other First Nations, provinces, territories, and the federal government.

Quote from National Gathering:

"First Nations networks can include other communities in the same Nation or other First Nations communities in the region who are willing to share data and network for the mutual benefit of each community."

Integrated and collaborative approaches could also enhance access to the appropriate mental wellness services in First Nations communities. For example, closely located communities could partner, sharing mental health resources and counsellors. In many of the regional discussions undertaken to build the Framework, participants noted the need to improve access to mental wellness programming for children and youth and other sub-populations. Participants also highlighted the importance of access to services offered in their language of choice. Lastly, a broader and more readily available continuum of essential mental wellness services will be key to addressing the legacy of trauma and abuse that affects so many First Nations individuals and communities.

6.3.2. Providing Quality Mental Wellness Programs and Services

Improvements in the quality of mental wellness programs and services are required to adequately meet the needs of First Nations. One way this can be accomplished is for communities to define program and service delivery standards and work in collaboration with other relevant jurisdictional partners. Standards could be established in such areas as cultural safety, cultural competency, collaborative care, partnership development, training supports, and crisis supports. Standards would further define what the comprehensive continuum of essential mental wellness services would look like in First Nations communities. Good service standards are timely, succinct, and appropriate. They help define what someone can expect when accessing services and provide the organization with clear obligations and responsibilities. They could also be linked to provincial and territorial standards to promote integration (taking care to avoid being dominated by western thinking and ways of measuring success) and coordination of health systems and services. Ultimately, it is the community which decides what constitutes a quality care system for their community.

6.3.3. Responsiveness, Flexibility, and Reliability

A comprehensive continuum of mental wellness services needs to be responsive and flexible to individual, family, and community needs across the lifespan. A responsive system engages in outreach to identify those who are most marginalized and may have the most pressing needs. A flexible system operates as if every door is the right door and provides supports and services that adapt to the needs of individuals, families, and communities. Not every service can or will be available in every community. However, regional and national discussions emphasized the importance of reaching out to people as early as possible. A reliable system is one that is consistent and can be depended on to provide help when needed.

Early identification of mental wellness concerns is necessary for First Nations people at every stage of life. In most cases, primary care services accessed through nursing stations or health centres are the first point of entry to the health system for First Nations individuals and families. Contact may also be made through an Elder, a school, a police department, or other community services such as home visitor programs. Early intervention opportunities are often missed due to a lack of adequately trained health care workers, jurisdictional barriers around funding for services, and a lack of appropriate services due to the short-term nature of limited program funding. Cultural safety, communication, and coordination across program and service sectors are also adversely affected by system limitations.

In order for the system to be responsive, flexible, and reliable, there is an urgent need to increase awareness of mental wellness issues. This involves having appropriate supports to coordinate mental wellness program and service delivery more effectively. It requires a system that reliably and consistently responds in a timely fashion to early signs of distress.

6.3.4. Proactive Planning and Crisis Supports and Services

Although there are always immediate needs to be addressed in a crisis, an effective response should include longer-term healing efforts, community development, and capacity building efforts. For example, healing from violence and trauma for individuals, families, and communities is critical to a community's ability to reach self-determination. Creating a greater connection between "critical" care and short-term mental health services or therapeutic interventions would channel resources more efficiently in First Nations communities. However, proactive planning can be difficult as funding is currently only available for crisis supports.

There is a need for crisis services that can react quickly, such as critical incident response teams that have a pre-existing relationship with the community. Effective teams are often more aware of situations or events, giving them the ability to mobilize a quick response. Such interventions should be tied to case management services, which can make linkages to other services and supports. Training of First Nations community members and staff in crisis response and planning should include making these connections to ensure crisis response efforts are making long-term gains.

6.3.5. Delivering Trauma-informed Care

Trauma is defined as an experience that overwhelms an individual's capacity to cope. Whether it is experienced early in life (e.g., a result of child abuse, neglect, witnessing violence, or disrupted attachment) or later in life (e.g., due to violence, accidents, sudden and unexpected loss, or other life events that are out of one's control) trauma can be devastating. Daily life events may trigger individuals to re-live past trauma, undermining their present mental health. Experiences like these can interfere with a person's sense of safety, decision-making ability, sense of self and self-efficacy, and ability to regulate emotions and navigate relationships.

The testimony of many First Nations people at Truth and Reconciliation Commission hearings underscores the fact that mental and emotional pain continues to be part of life for many people who experienced traumatic events in Indian Residential Schools. Research demonstrates that adverse childhood experiences can have mental and physical health impacts that extend into adulthood.

Given the number of adverse experiences and the history of trauma in First Nations communities, a trauma-informed approach to care is highly recommended. With trauma-informed care, the service provider or frontline worker is equipped with a better understanding of the needs and vulnerabilities of First Nations clients affected by trauma. This knowledge increases their sensitivity to viewing trauma as an injury and their ability to support healing based on compassion, placing priority on a trauma survivor's safety, choice, and control. A trauma-informed approach can include building trauma-informed systems, assessing and treating trauma, addressing secondary trauma in caseworkers, and providing trauma training. It can also mean developing trauma resources for caseworkers, caregivers, and families. Effective and appropriate interventions ("culture-based" and/or "Western") for specific sources of trauma are important.

6.3.6. Promoting and Recognizing a Culturally Competent Workforce

Promoting and recognizing a culturally competent workforce includes recognition of Elders and other cultural practitioners within communities. They have a critical role to play in individual, family, and community wellness. Their expertise and value as part of a comprehensive continuum of care must be recognized through the provision of proper resources and compensation.

It is important that all service providers working in First Nations communities be supported in developing or refining their cultural competency through formal and informal training as well as by sharing knowledge within and outside the community. Building on the cultural competency training provided to all incoming doctors in Canada, further training of the range of health and social services providers is recommended. Given the role of service providers from outside First Nations communities in the delivery of mental wellness programs and services, it is essential that those providers be aware of the unique needs of their First Nations clientele and be trained to provide services that are culturally safe. One such example that was referenced repeatedly throughout discussions was the need for trauma-informed training for service providers external to communities to ensure that the services they are providing are culturally safe and not exacerbating the impacts of trauma on their clients. First Nations are often reluctant to leave their communities for services as they do not feel accepted, comfortable, and safe.

6.3.7. Providing Education, Training, and Professional Development

Education, training, and professional development are essential building blocks to a qualified and sustainable mental wellness workforce in First Nations communities. Building and refining the skills of the workforce can be realized by ensuring workers are aware of what exists through both informal and formal learning opportunities. Professional development plans, integrated into community wellness plans, are an effective means for tracking training and professional development to ensure that the mental wellness workforce—from the frontline to the back office—is appropriately supported. Training does not have to take place in person or in urban centres. There are an increasing number of virtual or distance learning opportunities that could meet the training needs of community workers.

In many cases, training does not transfer into effective, sustained practices. Training and development initiatives need to be created that make a difference on a longer-term, practical level that benefits both recipient and organization. Supervisors could, for example, use "check-ins" to review differences in performance. It is important to build a system of quality assurance and accountability. The provincial regional health system could be used as a model for how to monitor training and skill development and its translation into practice (or lack thereof). Chart audits and case conferencing, communities of practice, and regular supervision are all examples of quality management and staff development.

Support is also required for cultural practitioners. Approaches need to be developed by the community based on their unique cultural practices and beliefs. This could include cultural apprenticeship and mentoring activities.

6.3.8. Supporting Worker Wellness

A mechanism to support worker wellness is particularly important for community-based workers in the field of mental wellness. This includes ensuring psychological safety, addressing vicarious trauma, and facilitating self-care. Both the employee and the employer are responsible for ensuring worker wellness. The employer is charged with creating a safe environment in which the employee's wellness is adequately supported and the employee is responsible for acknowledging vicarious trauma and practicing self-care. Teams working in First Nations mental wellness can help prevent front-line worker burnout and staff turnover by sharing caseloads among team members and building adequate coverage into staffing plans. This way, workers can relieve one another to prevent burn-out and enable each other to take time off without being "on call". Supervision should be provided to workers on an ongoing basis.

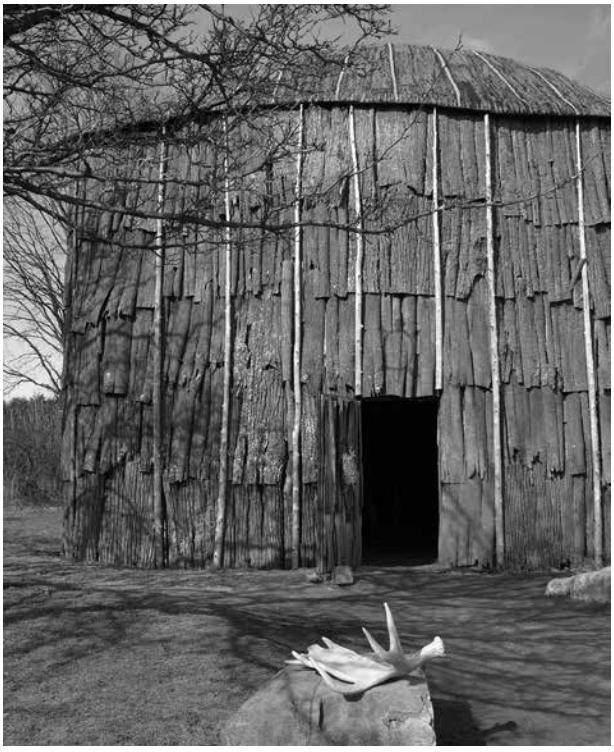
Supporting workers dealing with crisis is critical. When a community or individual is in crisis, it is essential that the helpers trying to assist with the crisis are well-trained to address the situation and well-supported by their employer and peers. Community workers need support to deal with communities in crisis over a longer period of time. There is a need to develop policies and procedures to guide workers in understanding their role and what protocols should be followed in the workplace. For example, crisis prevention and intervention guides could be very helpful in many communities as would a process for debriefing after a crisis situation. Providing a safe workplace requires regular appropriate and safe debriefing and case consultation.

Because of their foundation in Indigenous knowledge, Elders and cultural practitioners have a role in facilitating cultural competence, assisting with the development of culturally relevant codes of ethics, and supporting ethical decision-making to ensure cultural values are appropriately interpreted and applied. Good clinical supervision requires a foundation of cultural competency in order to support cultural safety in practice. Resolving ethical dilemmas must be based on an understanding of cultural values that may not be articulated or represented in evidence-based practice, treatment protocols, or legislation regarding care of vulnerable populations, all of which are tools used to facilitate the resolution of ethical dilemmas. Any attempts to resolve an ethical dilemma regarding First Nations and Inuit peoples' care is insufficient without attention to the cultural values and worldview of the client.

Access to cultural supports is important to supporting worker wellness and the development and maintenance of cultural competency. Worker wellness is supported through the same cultural strategies used to promote wellness among clients. Common cultural practices to support worker wellness include access to cultural and spiritual guidance, ceremony, and ongoing Indigenous knowledge development and learning opportunities. Attending cultural or ceremonial events should be considered part of essential professional development.

A worker's own lived experience can be valued by clients and should be understood as a demonstration of cultural competence. Workers who have the lived experience of mental health problems and illnesses and who share a common cultural lens and context with their clients are able to more fully appreciate the experiences of their clients. Community environment and First Nations history are critical aspects of any individual's story, offering key insights into an individual's wellness. Psychosocial rehabilitation is an approach that attends to the whole person rather than narrowly focusing on the "deficits or mental illness". For example, counselling in the client's language may help clients get more quickly to the heart of the matter because they can more easily express their emotions. Counselling is also facilitated by the common worldview held within the First Nations language.

Given the possibility that workers will also have their own experiences of trauma and mental health problems and illnesses, support for workers must also be trauma-informed and culturally competent.



6.3.9. Implementation Opportunities

An evergreen list of implementation opportunities has also been developed and is being circulated independent of this document. It includes actions to improve access to programs and services (e.g., expanding and improving the tele-health system and other health innovations supported by technology) as well as their responsiveness, flexibility, and reliability. It sets out actions to improve the quality of mental wellness programs and services (e.g., establishing mental wellness program and service delivery standards that are aligned with provincial and territorial standards, emphasize cultural safety and competency, and support First Nations as full partners in the provision of community services). It identifies opportunities to enhance crisis supports and trauma-informed care and to build staff capacity (e.g., promoting cultural competency, increasing education, training, and professional development opportunities, and supporting worker wellness).

6.4. COLLABORATION WITH PARTNERS

Enhancing First Nations mental wellness requires strategic action that goes beyond FNIHB's mandate. It involves federal government departments, provincial and territorial governments, and First Nations communities and organizations. It includes supports and services that cross sectors (e.g., health, justice, employment, and social services), requiring organizations to work collaboratively and cooperatively to ensure that a comprehensive continuum of mental wellness services is available. Currently, partner organizations do not share information regarding funding, policy, and decision-making in relation to First Nations communities. Although it is recognized that there are shared roles and responsibilities, these roles and responsibilities are unclear.

The lack of clear roles and responsibilities and the fragmented programs and services across federal, provincial or territorial, regional, municipal, and community health systems makes it difficult to address issues of wellness in a holistic manner. Working under these constraints puts pressure on individuals and their families to sort through a disjointed system. People don't always know who is responsible for what, whom they could talk with (e.g., is there a mental health worker in the community) or for how long a service will be available. Without mechanisms to support collaboration, relationship building, and partnership at the system level, people rely on individual connections, which can take resources away from delivering services to the community as a whole. In this context, partnerships are singular, fragile, and fragmented rather than an integral part of a system to which all citizens have equal access.

Priorities for Action:

- Defining Clear Roles and Responsibilities
- Establishing Leadership
- Creating Partnerships and Networking
- Developing System Navigators and Case Managers
- Providing Advocacy
- Raising Awareness—Reduction of Stigma and Protection of Privacy

6.4.1. Defining Clear Roles and Responsibilities

Throughout the regional, national, and federal discussion sessions, challenges were identified with respect to role clarity. These ranged from questions about federal, provincial, and territorial responsibilities in matters of First Nations health to questions about the duration and availability of mental wellness services to First Nations individuals and families. Jurisdictional issues are complex, longstanding in nature, and require multi-faceted solutions involving all implicated parties. One suggestion to facilitate partnerships was the creation of formalized referral networks with other agencies in order to maximize the positive impact of existing services.

Furthermore, jurisdictional agreements that may have been brokered through particular projects are often lost when funding for those projects ends or providers change. With new funding, the new providers have to start again to build relationships and renegotiate

jurisdictional changes to improve services for clients. Memoranda of Understanding between provinces, territories, and First Nations communities along with clearer program frameworks or guidelines outlining roles and responsibilities would help increase understanding among those accountable for service delivery.

6.4.2. Establishing Leadership

Intersectoral collaboration will only be possible once all parties commit to improving health outcomes. Even when partners commit to integrated decision-making processes, the different sectors need to better understand why they should get involved in supporting First Nations mental wellness through action on the determinants of health. This requires leadership at all levels.

> "**A FIRST NATIONS COMMUNITY** can only achieve holistic wellness, including mental wellness, by establishing effective partnerships with their regional partners."
>
> *Participant Reflection*

Leaders can provide a positive example through their own willingness and ability to engage in collaborative processes. They foster partnerships within and among First Nations communities and they provide support to the diverse sectors (e.g., proposing actions they can take that will have a positive impact on mental wellness). This kind of leadership is essential to ensuring a coordinated comprehensive continuum of mental wellness services for First Nations.

Regions have a role to play in facilitating partnerships between communities to build on each other's skills and experiences (e.g., in areas such as crisis response). There are also a number of highly successful First Nations community-designed and community-driven programs that could be shared between communities and built upon. Many participants in regional and national discussions felt that collaboration and partnership between communities must start at the leadership level, but also must be reinforced throughout the communities. Regional and national level structures (e.g., First Nations organizations and governments) must provide support for these collaborative opportunities.

6.4.3. Creating Partnerships and Networking

Three guiding principles to direct the establishment of effective partnerships based on mutual respect were identified as:

I. First Nations must be recognized as a key partner.

II. Partnerships must be complementary where partners have a shared responsibility.

III. Partners must know the culture and the reality in which First Nations live, collaborating in ways that reinforce First Nations cultures, traditions, and languages.

Networks and partnerships can include other communities in the same nation or other First Nations communities in the region who are willing to share information and network for the mutual benefit of each community. Other networking opportunities must include provincial, territorial, and federal plans in areas such as education, economic development, health, safety and social services. Discussions and even the creation of these plans can be opportunities to leverage partnerships. When undertaking this type of work, governments should work with First Nations communities from the beginning of the process.

> "**COMMUNITY POINT PERSON** needs to be identified to coordinate care and clinicians need to be open to working with that person and in collaboration with other service providers if needed."
>
> *Participant Reflection*

KEEWAYTINOOK OKIMAKANAK EHEALTH TELEMEDICINE SERVICES (KOeTS)

KOeTS began as a proof-of-concept partnership with NORTH Network—now known as the Ontario Telemedicine Network (OTN). The purpose of the partnership was to assess and address service model, technical, business process, and cultural requirements for First Nations' management of telemedicine service delivery. Since 2001, KOeHealth Telemedicine Services (formerly known as KO Telemedicine), has been leading technological advances in accessing health services for remote First Nations communities in Northwestern Ontario. A key component to the success of the Keewaytinook Okimakanak eHealth Telemedicine Services (KOeTS) program is the ownership of the program by the communities it serves. KOeTS has successfully implemented a holistic model for meeting community needs, and ensuring communities provide direction into program planning. This success was recognized by the Canadian Society of Telehealth which honored KOeTS with its 2006 "Award of Excellence in Telehealth". This success has been accomplished by honoring the vision of the Elders, the direction of the leadership, the technical expertise of the KOTM team, and the work of the Site Facilitators (CTCs) at the community level, who are responsible for championing telemedicine for their respective First Nations. KOeTS currently serves 26 remote First Nation communities. KOeTS provides hub services for each affiliated point-of-care: planning and new service development, scheduling, decision support, clinical supervision, quality improvement, staff training, and cultural interoperability.

6.4.4. Developing System Navigators and Case Managers

Programs currently allocate significant human resources to piece together multiple pots of funding to create a semblance of seamless mental wellness services. First Nations individuals and families, especially those with challenges to mental wellness, and under-resourced frontline health staff struggle to navigate jurisdictional barriers under the current system.

System navigators, who guide and track individuals and families through a comprehensive continuum of services, were identified as a possible solution. They could help reduce the piecemeal approach and build capacity in communities to enhance and sustain mental wellness. Peer navigators could play a critical role with First Nations youth in particular, but also with adult and senior service users. A "circle of care" or "wraparound" model could also be explored as a means of improving the experience of care for First Nations. In a "circle of care" or "wraparound" model, health care practitioners, NNADAP workers, and other community-based workers engage in a collaborative effort to help the client by integrating and coordinating mental wellness services with other services provided across the system of care.

6.4.5. Providing Advocacy

Advocacy was identified as a way to improve collaboration and partnerships. Individuals, families, and communities need to advocate for increased collaboration between mental wellness, physical health, employment, education, housing, law enforcement, and other social service sectors as part of a mental wellness continuum. Case managers or system navigators, as described above, are natural advocates as they provide support, bridge gaps, connect-the-dots in and across services, and reduce communication gaps for clients in the system. Furthermore, federal employees and departments working directly with First Nations communities have an invaluable role to play in advocating for the needs of this group within the structures and with decision-makers

in government. Provincial and territorial governments can also play a role within their systems and structures to improve First Nations mental wellness. The voices of these key partners often help to give credibility to the need for service changes and for building understanding in organizations where the realities of First Nations lives are often not well understood. Advocacy also promotes better understanding of the lives of First Nations within the broader Canadian population and can promote reconciliation.

6.4.6. Raising Awareness—Reduction of Stigma and Protection of Privacy

Facilitating collaboration and partnerships requires awareness and understanding of First Nations mental wellness. We heard throughout the discussion sessions that the lack of understanding of mental health problems and illnesses is widespread in First Nations communities and beyond, and that taking action to reduce stigma is crucial.

Building awareness means ensuring that community members and those visiting and working in First Nations communities are well informed and have access to information about:

- Healthy living and mental wellness;
- Healthy child development, including infant mental health and attachment;
- Cultural competency, Indian Residential Schools, intergenerational trauma, and the impacts of colonization;
- The applicability of various laws and acts, such as the Mental Health Act or child welfare laws, within their province or territory;
- How to access mental wellness services in your community or through the provincial health care system. This should include a description of basic service corridors and the way to access these corridors easily and without fear; and
- How to develop service partnerships.

Another way to promote awareness and reduce stigma would be integrating mental wellness staff and services into community activities. This would enable staff and services to have a presence in communities, potentially leading to opportunities to increase the level of understanding of addictions and mental health problems and illnesses, to provide information about where to access appropriate services, and to engage in dialogue aimed at reducing stigma.

Protecting privacy and maintaining confidentiality, a challenge given that First Nations communities are often small, are key to creating safe spaces for increasing awareness and reducing stigma. In order to adequately address these issues, confidentiality and privacy need to be defined from a cultural perspective, building on stories and teachings about what privacy is and how First Nations traditionally maintained it. By defining these issues through a cultural lens, First Nations communities can be better supported to develop informed policies and procedures to address them. Communities are responsible for ensuring that their workers protect client privacy and maintain confidentiality. Ideas presented to improve confidentiality include: protocols for information-sharing; exit strategies for case-managed clients; and fair and effective policy structures, supported by solid training and consistent practices regarding respect for privacy. There is also a community education role that can be played to reduce stigma and increase privacy, confidentiality, and anonymity. When community members understand the issues, they are better informed about their role in maintaining respectful boundaries.

6.4.7. Implementation Opportunities

An evergreen list of implementation has also been developed and is being circulated independent of this document. Under the theme of Collaboration with Partners actions are identified relating to: roles and responsibilities (e.g., create and share protocols and agreements to support the continuum of care); system navigation (e.g., map care pathways and implement a "no wrong door" policy); and leadership (e.g., develop mechanism and protocols for working together on and across interdepartmental committees). The list also includes implementation opportunities for reducing stigma and protecting privacy. Finally, it proposes actions to improve partnership and networking (e.g., expand membership and governance of key working groups to involve and include meaningful First Nations participation.)

6.5. ENHANCED FLEXIBLE FUNDING

The impacts of not addressing mental wellness issues are significant at the community level. Unaddressed mental wellness issues are also costly to the justice, child welfare, social assistance, education, and health systems. Mental health and addictions issues are linked to high rates of incarceration, child apprehensions, poverty, unemployment, preventable injury, disease burden, and lower levels of educational attainment.

Funding alone isn't sufficient to ensure a comprehensive approach to mental wellness. However, participants in the various engagement sessions communicated that additional funding and the flexibility and permanency of current funding were critical. Participants also identified the current lack of adequate and sustainable funding and the continuous focus on project funding as harmful to mental wellness.

As was described in the Collaboration and Partners section, funding and decision-making that affect First Nations are siloed within several federal departments (and provincial and territorial departments), making it challenging to address the determinants of health and develop comprehensive approaches to mental wellness.

Priorities for Action:

- Providing Additional Funding
- Moving Away from Time-Limited and Siloed Funding
- Increasing Flexibility of Funding

6.5.1. Providing Additional Funding

While federal investments in mental wellness programming are significant, participants in the gatherings conveyed the message that they continue to be outpaced by the complexity and severity of the needs in First Nations communities. In many areas of the continuum, particularly crisis response and early intervention, there are few defined services—and those that exist are underfunded and not integrated into a continuum. Therefore, the coordination and collaboration required to implement a seamless continuum is challenged by having to connect one underfunded area with the next. This is consistent with the findings of the Mental Health Commission of Canada's Mental Health Strategy, which states that "given the historical neglect of the mental health sector, the Strategy recognizes the need to invest more so that mental health outcomes can be improved." Consideration should also be given to ensuring communities can use current funding to better suit their needs.

> "**PROVIDE ADEQUATE**, core (long-term, not project) support to allow for community-driven, community-based, client-centred, culturally appropriate and effective mental wellness and healing plans, supports, and services. Ensure this is centred on First Nations worldview(s). Do not simply repurpose existing funds into 'new' programs."
>
> *Participant Reflection*

The significant needs of northern, remote, and rural communities were also identified as important throughout regional and national discussions. Many of these communities have very limited access to services and may also have greater mental health needs than less isolated communities. Often the combination of limited access and high need in these areas is not sufficiently recognized in the funding provided to support mental health services.

Participants in the various discussion sessions also identified that funding needed to be commensurate with overall need. While funding traditionally has been provided to communities using a population-based funding formula, participants noted that this formula should also take into account community needs.

6.5.2. Moving Away from Time Limited and Siloed Funding

Approximately one quarter of the Health Canada funding currently directed to First Nations mental wellness programming is time-limited. Other sources of federal, provincial, and territorial funding important to mental wellness activities at the community level are also often project-based and time-limited.

The level of human resources required to piece together multiple pots of funding to create a semblance of seamless services is a barrier to consistent quality programming at the community level. Funding uncertainty compromises communities' ability to attract and retain the best qualified staff, which can then make it more difficult to develop linkages with provincial services. Alternatives to competitive proposal calls could also be explored, seeking to build collaboration between communities to address mutual priorities through shared resources and labour.

6.5.3. Increasing Flexibility of Funding

Every First Nations community is at a different level of wellness and has a different range of resources and capacities to address mental wellness issues; relatively few communities have comprehensive community wellness plans. First Nations partners indicated that creating an approach for new and existing funding that supports communities to develop comprehensive plans was an important factor in allowing communities to respond to their priorities and issues. Supporting communities to build health management capacity was also identified as a priority. This would allow more communities to opt into flexible funding arrangements that would in turn allow them to define their own funding priorities (informed by the Continuum and the Framework) and carry-over funding from year to year.

Flexibility was also seen as important to ensuring that existing resources can be maximized. Specific examples were provided to demonstrate how the current funding terms and conditions do not cover all necessary program elements, cultural components in particular. In some cases, this has meant that available funding could not be used to respond to priority concerns.

There is also a need for increased flexibility so communities can use funding to address issues within the community that have an impact on mental wellness (e.g., sexual abuse). However, both in Health Canada and in communities, there is a lack of awareness of the existing flexibility under certain funding programs. As a result, communities are often not able to take advantage of those opportunities.

The lack of funding flexibility was identified as problematic in situations of crisis in a community. No clear mechanism exists to access the needed funding and supports in times of crisis, so community leadership sometimes turns to the media to get support and increase the likelihood of a coordinated response.

6.5.4. Implementation Opportunities

A number of implementation opportunities have been identified for enhanced flexible funding. They fall into three categories: additional funding (e.g., leveraging resources across the continuum through a common investment model); less time-limited and siloed funding (e.g., ensuring strengthened connections among federal funding bodies and between federal and provincial and territorial funding bodies); and flexible funding (e.g., using community wellness plans as a frame to reorient existing resources into clusters and reduce or eliminate silos). New implementation opportunities related to funding will be added to an evergreen list as they emerge. This list is being circulated independent of this document.

7. Conclusions

The First Nations Mental Wellness Continuum Framework, developed through intensive collaboration between First Nations partners and Health Canada's First Nations and Inuit Health Branch, represents a shared vision wherein First Nations individuals, families, and communities across Canada are supported to enjoy optimal levels of mental wellness. Achieving this vision will require:

- culturally grounded community development and capacity building that reduces risk factors and increases protective factors;
- comprehensive, coordinated, high-quality, culturally responsive mental wellness services for First Nations people living on reserve; and
- the sustained commitment and collaboration of many First Nations, federal, and provincial partners, supported by strong leadership and flexible funding.

Recognizing that a roadmap is needed to help guide and coordinate community-level, regional, and national action, the partners have collaborated on an evergreen Implementation Plan to accompany and put into practice the Framework. The Implementation Plan identifies urgent and actionable implementation priorities for the short, medium, and long term. It is expected that the list of priorities will change over time and as new issues and opportunities emerge. As First Nations health organizations and federal and provincial governments develop workplans and as First Nations develop community wellness plans, the Continuum, the Framework and the Implementation Plan can serve as important resources.

An important next step will be the development of an evaluation plan that will support ongoing improvement of the implementation processes as the partners work towards the envisioned continuum of mental wellness services. Opportunities to include culturally relevant indicators (outside of the usual process and outcome indicators) should be explored. Although sometimes difficult to capture, culturally relevant indicators are essential to centering Indigenous perspectives in mental wellness.

OTHER DOCUMENTS AVAILABLE

- National Gathering Report
- Regional Discussion Session Reports
- First Nations Mental Wellness Continuum (FNMWC) Process Map
- FNMWC Framework Implementation Opportunities

Appendix A
FNMWC Advisory Committee Membership List

CO-CHAIRS

Dr. Brenda Restoule—Native Mental Health Association

Keith Conn—Health Canada

Judy Whiteduck—Assembly of First Nations

Johnathan Thompson—Assembly of First Nations (past co-chair)

Sonia Isaac-Mann—Assembly of First Nations (past co-chair)

ADVISORY COMMITTEE

Elder Barney Williams

Elder Agnes Mills

Frantz-Hubert Sully—Health Canada

Caitlin Tolley—Assembly of First Nations Youth Council

Carol Hopkins—National Native Addictions Partnership Foundation

Chris Musquash—Network for Aboriginal Mental Health Research (NAMHR), Network Environments for Aboriginal Health Research (NEAHR)

Darlene Shackelly—Native Courtworker and Counselling Association of British Columbia

Dr. Diego Garcia—Assembly of First Nations

Gordon Taylor Lee—Public Health Agency of Canada

Heather King-Andrews— National Association of Friendship Centres

Tricia McGuire-Adams—National Association of Friendship Centres

Jennifer Robinson—Assembly of First Nations

Karl Nickner—Health Canada

Lisa Bearskin-Bourque—Aboriginal Nurses Association of Canada

Marla Isreal—Public Health Agency of Canada

Mike Degagne—First Nations, Inuit and Metis Advisory Committee, Mental Health Commission of Canada

Pamela Scorah—Native Courtworker and Counselling Association of British Columbia

Patricia Hoes—Health Canada

Dr. Patricia Wiebe—Health Canada

Peter Menzies—Centre for Addictions and Mental Health

Richard Gray—First Nations of Quebec and Labrador Health and Social Services Commission

Rocky Ward—Resolution Health Support Worker, Indian Residential Schools Resolution Health Support Program

Sasha Maracle—Assembly of First Nations Youth Council

Sarah MacDonald—Assembly of First Nations

Sheilagh Murphy—Aboriginal Affairs and Northern Development Canada

Theresa Campbell—Cultural Support Provider, Indian Residential Schools Resolution Health Support Program

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