



Wabano
CENTRE FOR ABORIGINAL HEALTH



*My Life,
My Wellbeing*

Aboriginal Youth Needs and Capacity Assessment
Mental Health and Addictions in the Champlain LHIN

Acknowledgements

Champlain Aboriginal Health Circle Forum AHCF

The Champlain Aboriginal Health Circle Forum consists of the following members; Health Services Algonquins of Pikwàkanagàn – Golden Lake, Bonnechere Algonquin Health Care Services, Métis Nation of Ontario, Minwaashin Lodge, Health Department Mohawk Council of Akwesasne, Odawa Native Friendship Centre, Tungasuvvingat Inuit, Wabano Centre for Aboriginal Health, Ottawa Inuit Children's Centre. Also included are: 1-3 Aboriginal Regulated Health Practitioner(s), 1 other Aboriginal community member/consumer, 1-3 Elder(s), Champlain LHIN representative (Ex-Officio)

The AHCF works in partnership with the Champlain Local Health Integration Network (LHIN) to improve the health status of Aboriginal peoples in the Champlain region. The Circle meets to combine efforts to address Aboriginal community health and wellness issues in systems coordination and integration.

The AHCF would like to thank and acknowledge:

- The parents of the Aboriginal youth who participated in this study,
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Research conducted by Catalyst Research and Communications

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The AHCF acknowledges that we live and work on the ancestral lands of the Anishinabe and Ongwehonwe.

MY LIFE, MY WELLBEING BACKGROUND

Historically, in Aboriginal societies, First Nations, Inuit, and Métis youth and children were protected, nurtured, and raised with a strong sense of identity, culture, and a place in creation. Elders tell us that children are a gift from the Creator yet today, many do not see this value reflected in their communities, their schools, and in the services they access.

Too often, Aboriginal youth in our communities face depression, and are struggling to deal with the impacts of violence, racism, or drugs - some even consider taking their own lives.

Aboriginal agencies in the Champlain region repeatedly raise concerns about the mental health and addictions needs of Aboriginal youth.

“There is a potentially huge benefit for us to explore a possible relationship with Aboriginal agencies.” - Service provider

In 2012, the *Aboriginal Health Circle Forum* launched *My Life, My Wellbeing*, a study to help understand:

- the scope and nature of mental health and addictions issues that Aboriginal youth in the Champlain LHIN are facing,
- the services and programs currently available for Aboriginal youth, including understanding gaps and the community’s ability to respond to mental health and addiction needs,
- the barriers to accessing services, and
- the meanings of culturally safe programs and services for Aboriginal youth and families.



ABORIGINAL APPROACHES TO MENTAL HEALTH

Mussell, Cardiff, and White¹ work with the Children's Mental Health Policy Research Program and describe Aboriginal mental health:

"Aboriginal explanations of mental health and illness differ from Western definitions which are exemplified through the disciplines of psychology, social work and psychiatry, and which tend to focus on pathology, dysfunction or coping behaviours that are rooted in the individual person. Aboriginal mental health is relational; strength and security are derived from family and community. Aboriginal traditions, laws and customs are the practical application of the philosophy and values of the group. The value of wholeness speaks to the totality of creation — the group as opposed to the individual."

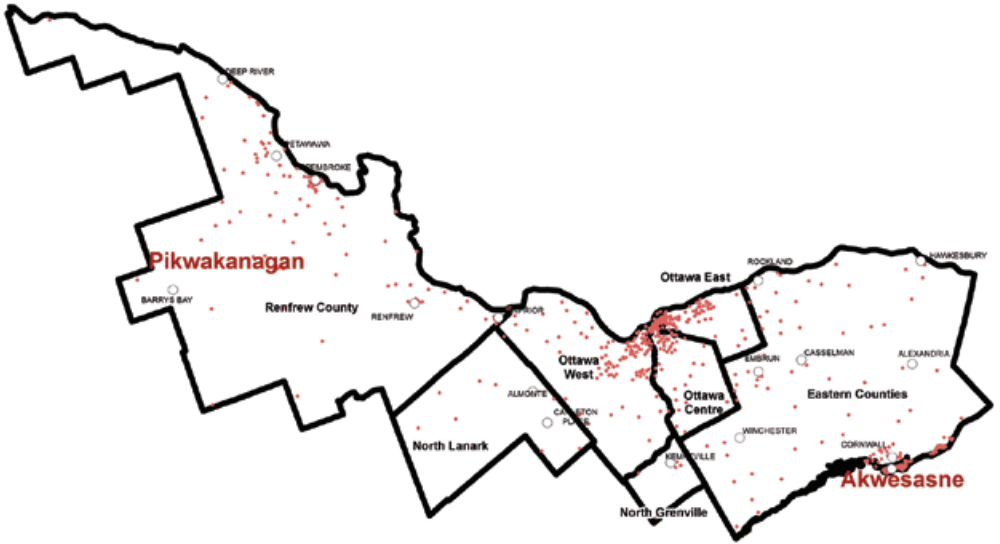
The Royal Commission on Aboriginal Peoples² describes ways to restore balance through education, raising self-esteem, reclaiming identity, leaving abusive relationships, learning traditions, customs and spiritual teachings, and letting go of pain. Healing is holistic and inclusive of the mental, emotional, physical, and spiritual states. Improving economic, political, and social standing are also interconnected with wholistic healing.

"Indigenous concepts of well-being extend beyond the absence of disease to an understanding of individuals living in harmony with others, their community, and the spirit worlds."³



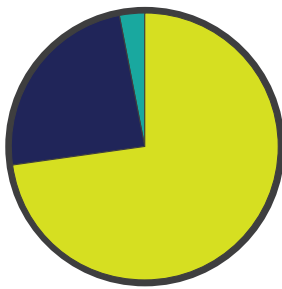
Aboriginal Population in the Champlain LHIN (2006)⁴

One dot represents 50 Aboriginal people



More than 43,000⁴ people live in the Champlain LHIN area, including the communities of Pikwakanagan and Akwesasne

Aboriginal Population in the Champlain Area



- First Nations (28,280)
- Métis (9,315)
- Inuit (1,155)



GATHERING INFORMATION FOR THE *MY LIFE, MY WELLBEING* STUDY

Research Ethics and Methodology

Under the direction of the *Champlain Aboriginal Health Circle Forum* and the *Steering Committee*, research for *My Life, My Wellbeing* was conducted under the management of the *Wabano Centre for Aboriginal Health*. The research processes adhered to the principles of *Aboriginal Ownership, Control, Access, and Possession of the data (OCAP)* and the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada*. Additionally, the *Institutional Review Board Services - Ontario Committee*, an ethics review board, approved the study methods.

The *My Life, My Well-Being* study drew on questions from the GAIN-Short Screener (SS). This is a tool that accurately identifies clients who have one or more behavioural health disorders (eg. Internalizing or externalizing psychiatric disorders, substance abuse disorders, or crime/violence problems), who would benefit from further assessment or referral for these issues.

The GAIN-SS was modified by the Concurrent Disorders Working Group and Wabano Centre for Aboriginal Health to create the GAIN-SS-Modified Aboriginal (GAIN-SS-MA) version.

Using questions from the GAIN-SS and the GAIN-SS-MA instruments allows comparison with data collected from mental health and addictions services across North America and Champlain region for clients who have consulted formal health care services. It also allows for comparison with similar surveys of the general population.

My Life, My Wellbeing includes information gathered from focus groups with 91 youth and 16 parents, in-depth surveys and interviews with 32 service providers, small scale interviews from another 20 service providers, and a youth survey completed by 305 Aboriginal youth to understand mental health and addictions, life circumstances, services accessed, and desirable characteristics of services for Aboriginal youth in the Champlain region. Existing national, provincial, and LHIN databases and studies also inform the findings.

48% of Aboriginal youth in the study have symptoms of internalizing disorders such as depression, suicidal thoughts or anxiety.

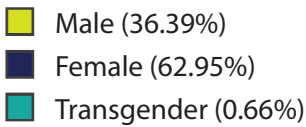
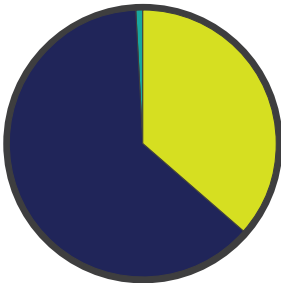
Who Are the Aboriginal Youth?

Three-quarters of the Aboriginal youth survey participants live in Ottawa; approximately 15% are from the Algonquin of Pikwàkanagàn First Nation or elsewhere in Renfrew County and the rest reside in other rural parts of the Champlain region or outside the region. Aboriginal youth that normally reside outside the Champlain region are included, as many Aboriginal youth live temporarily in Ottawa to access education, health care, or employment.

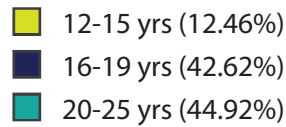
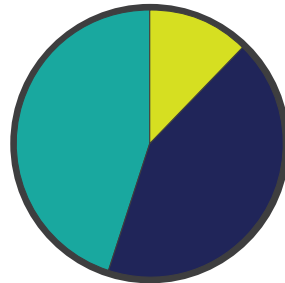
64.3% of respondents identified as First Nations, 22.8% as Inuit, and 12.9% as Métis. Just over 40% of the Aboriginal youth survey participants are in elementary, middle, or high school, while approximately 33% are in college or university; the remainder are not enrolled in school. The gender of survey participants is 63% female, 36% male, and 1% transgendered.

“I grew up here, I belong here, we have been here for generations.” -Aboriginal youth

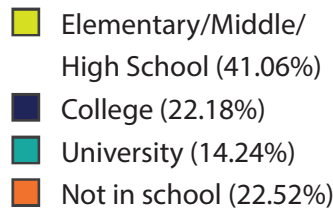
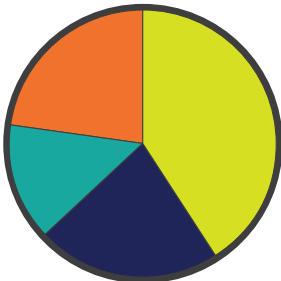
Gender of Respondents



Age of Respondents



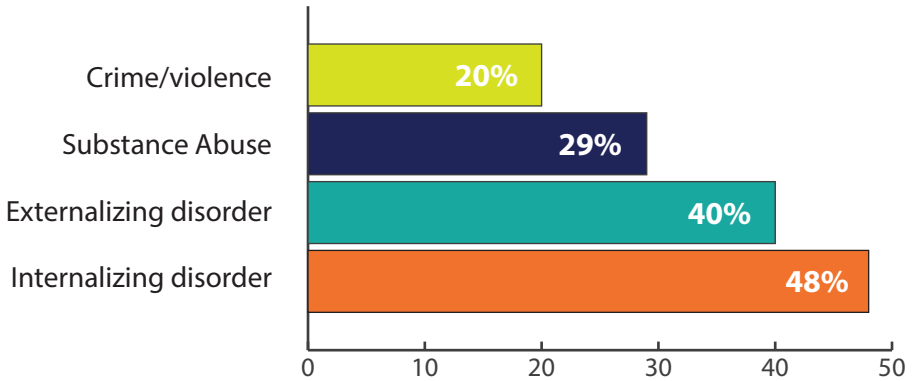
Respondents Attending Education Institution



WHERE ARE WE NOW?

The results of the study demonstrates that the there is a high need for mental health and addiction services for Aboriginal youth.

Issues Facing Aboriginal Youth



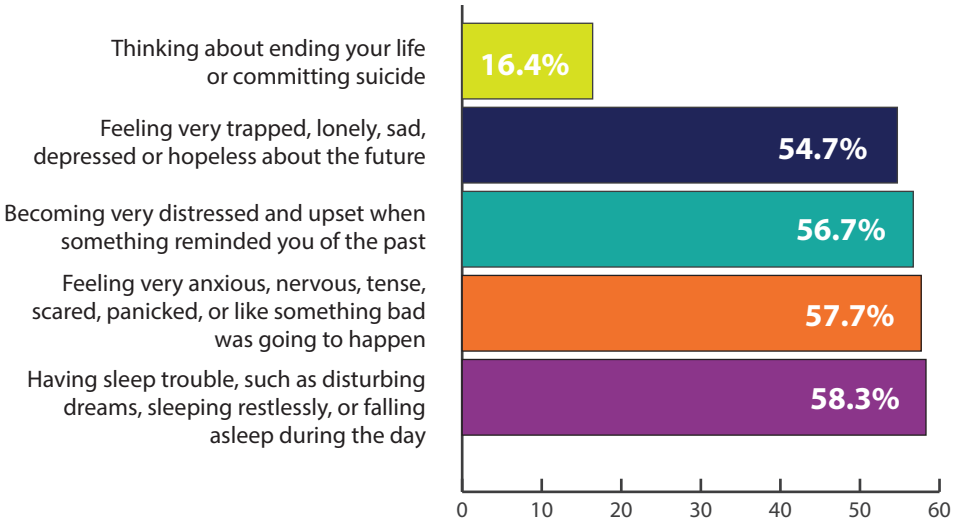
Aboriginal youth in the study:

- 48% have a high probability of a diagnosis for depression, suicidal ideation, anxiety, or other internalizing disorders
- 40% have a high probability of a diagnosis for ADHD, disruptive behaviours, or other externalizing disorders
- 29% show symptoms of substance abuse
- 20% have symptoms of violent or criminal behaviours

Young women are much more likely to report suicidal thoughts and to attempt suicide but young men have higher rates of completed suicide.



Reported Symptoms of Internalizing Disorders



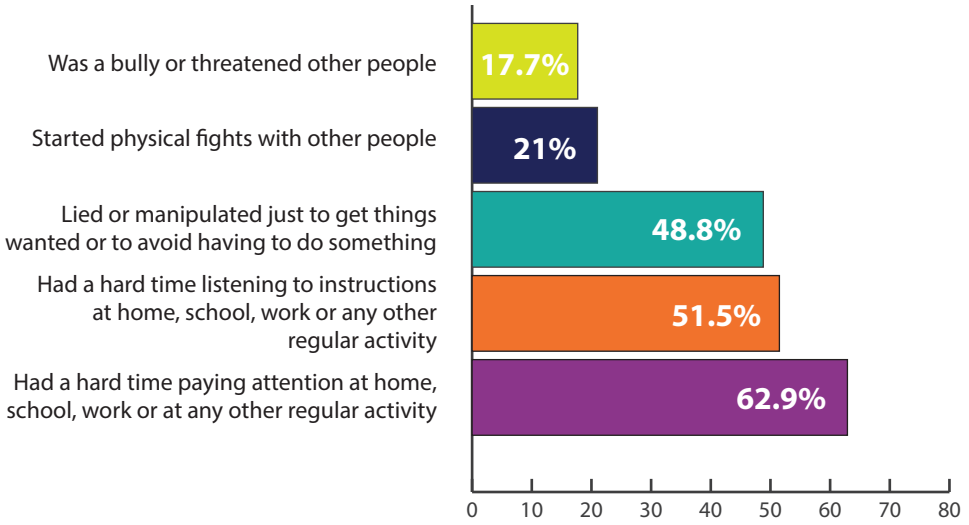
Internalizing Disorders:

- Rates of depression are 9 x higher among Aboriginal youth compared to non-Aboriginal youth in Canada (55% vs 6.5%)
- Rates of suicidal ideation are almost 3 x higher among Aboriginal youth compared to youth overall in Ottawa (16.4% vs 8%)
- Rates of reported symptoms of anxiety are almost 3 x higher among Aboriginal youth compared with estimates of anxiety disorders of 11% for young men and 19.5% of young women in Canada (58% vs 11% and 19%)



Aboriginal youth who reported 4 or more distress points in their lives were more likely to exhibit symptoms in all 4 types of disorders: Internalizing, externalizing, substance abuse and crime/violence.

Reported Symptoms of Externalizing Disorders (%)

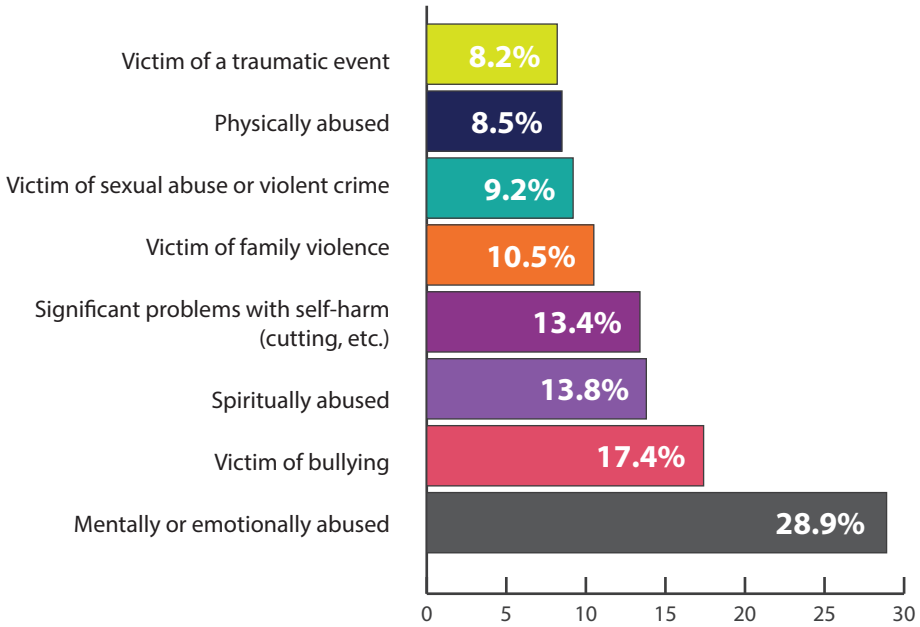


Externalizing Disorders:

- Rates of reported symptoms of substance abuse are 2 x higher among Aboriginal youth compared to youth in Canada (29% vs 13%)
- Rates of crime and violent behavior for Aboriginal youth accessing mental health and addictions services are slightly lower compared to non-Aboriginal youth accessing mental health and addictions services (60% vs 69.5%)
 - Without more comparison data from the general population it is difficult to determine if this is because Aboriginal youth in need are not accessing services or if externalizing disorders are actually lower for Aboriginal youth
- As illustrated above Aboriginal youth are more likely to report behaviours associated with Attention Deficit Hyperactivity Disorder than behaviours such as bullying, threatening or hitting others

On average, 4 in 10 Aboriginal people in the Champlain region are under the age of 25. The number of Aboriginal youth aged 13-24 is estimated to be approximately 8,500 which represents 19.7%.

Victim of Violence or Abuse



- 29% of youth reported having been mentally or emotionally abused in the last year
- 17% reported that they were victims of bullying

“Over half of the youth reported that they had been discriminated against or put down because they are Aboriginal, and over a third reported being attacked or bullied.”

The study showed that almost half of the youth were affected by drinking or drug abuse by someone in their life, had a close relative in bad health or dying, and themselves or their family not having enough food or money.

A quarter of the youth reported they did not have a place to live that is safe and comfortable. Some were also affected by violence and not having someone to take care of them.

“Intergenerational or multi-generational trauma happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next. What we learn to see as “normal” when we are children, we pass on to our own children.”⁵

Aboriginal Youth are Saying...

Aboriginal youth reported that *racism and disrespect* were the main reasons they hesitated to access services.

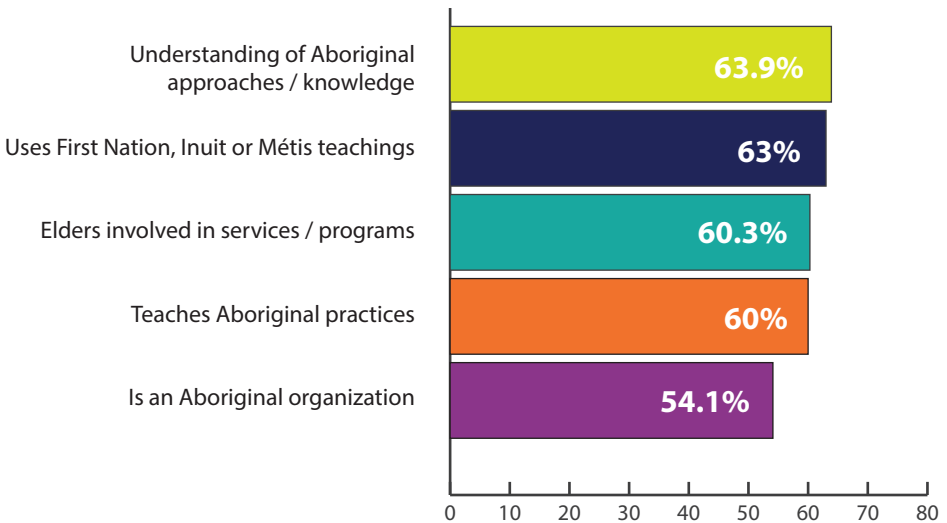
Aboriginal youth indicated that some youth don't know they need help or are hesitant to approach services because of the stigma attached to mental health issues.

Aboriginal youth reported that caring attitudes and inclusion of Aboriginal knowledge, teachings and practices were important and preferred to access services from Aboriginal agencies.

They also indicated that *culturally based programming* was not only important, but crucial.

Barriers identified by youth include racism and disrespect, eligibility limitations, location, hours, cost, transportation, past historical relationships with Aboriginal people, and doubts that mainstream providers have the skills to understand the complexities of Aboriginal youth.

Selected Important Characteristics in a Mental Health / Addictions Provider (%)



Service Providers are Saying...

“Service Providers report that the issues with Aboriginal youth are complex, challenging and layered...by the time they land at our door, they have layers of trauma.”

They also noted that the impact of poverty, food insecurity and unsafe or precarious housing were contributing factors to their mental health challenges or negatively affecting their journey towards a healthy and more balanced life.

Over half of responding agencies say that they were unable to refer Aboriginal youth to appropriate services because of long waiting lists and lack of culturally appropriate services.

Almost all service providers agree that collaborating across the system needs to be improved.

“The system is so over-burdened, it is not even a system – it’s more a cadre of fragmented, under-resourced services”
- Service Provider

Parents are Saying...

Barriers identified by parents are lack of coordination, lack of awareness of culture, impact of trauma, services are not designed for complex needs, cost, transportation, stop and start funding for Aboriginal programs.

Parents further stated that they need to be highly skilled, well-informed and relentless advocates...not all have the background, time, financial resources or ability to do this.

Responding To The Need

“Despite the high level of need, few Aboriginal youth access mental health and addictions services available in the Champlain region.”

29% of youth reported symptoms consistent with substance dependence which means that there are an additional 2,500 Aboriginal youth in the Champlain region in need of substance abuse services

Yet Aboriginal youth use less mental health and addictions services than non-Aboriginal youth.

Aboriginal youth are far more likely to approach a family member, a teacher, an Aboriginal agency or a youth agency when they need help.

These gateway services are critical for reaching youth.

14% of youth who experienced mental health difficulties indicated they did not seek help from **anyone**, including friends or family members.

Mental Health & Addiction Service Issues

There is very little capacity in the existing system to absorb the Aboriginal youth in need who are currently not being served. Service organizations are stretched to the limit and many report waiting lists.

Less than half of service providers who responded felt their staff were adequately trained for the challenges they face with this population.

Not all mental health and addictions organizations ask if clients are Aboriginal. Although some do, there is still a challenge in compiling information to create a meaningful picture of services overall.

We do know that very few Aboriginal youth access the services throughout the Champlain region...most are unlikely to approach formal service providers in the mental health and addictions sector.

There is no Aboriginal-specific substance abuse treatment centre in the Champlain region, so youth who wish to access culturally based treatment program have to leave the area to do so.

The number of Aboriginal-specific mental health programs is insufficient to meet the needs of the community including protective, culturally based and clinical programs.

The current model that is being used to deliver mental health services is not consistent with an Indigenous way of thinking about mental distress.

Only 3% of non-Aboriginal agencies indicated that in-depth cultural training had been provided for all or most of the relevant staff, 16% said they were up-to-date on research about culture and mental health issues and 8% had in-depth policies about providing culturally-sensitive services.



CANADA'S INDIAN RESIDENTIAL SCHOOLS

Prior to colonization, First Nation, Inuit and Metis societies were highly functioning, and had well-ordered ways of existing built upon strong cultural practices, traditions and beliefs.

The aggressive civilization and assimilation policies grounded in the Indian Act 1876 and onward, had far reaching inter-generational and devastating impacts on Aboriginal people. Their way of life from that time on was significantly disrupted.

One of the most devastating legislative changes was the advent of Indian Residential schools. Children were often forcefully removed from their parents; many of which were subjected to both physical and sexual abuse. The children were exposed to strict discipline and punishment, which varied dramatically from the gentle and corrective way children were taught in their home and community.

The children were also deliberately disconnected from their families and communities, prevented from speaking their language, and were not allowed to practice their culture; all designed to assimilate and become civilized.⁶ Parents and grandparents were denied the opportunity to pass on teachings to their children and over time, the teachings about culture, traditions and parenting were eventually lost.

“Children were taught shame and rejection for everything about their heritage, including their ancestors, their families and, especially, their spiritual traditions”⁶



Research demonstrates that the intergenerational effects of Canada's Indian Residential Schools reflect multiple losses which include loss of collective memory, way of life, language, culture, and economic freedoms. As a result, Aboriginal people regardless of where they live now, experience low levels of mental health, varying rates of suicide, substance abuse, physical, emotional and sexual abuse, depression, low levels of self-esteem, lack of identity, and overall unresolved grief.⁷

The First Nations Longitudinal Regional Health Survey states that 26.3% of First Nations youth who had at least one parent attend Indian Residential School have contemplated suicide; this compares to 18.0% of youth who did not have a parent attend.⁸

There is no other population in Canada that has had to endure government policies that ultimately deny them of their culture, identity, key practices, and relationships that ensure good mental health.

"Unresolved trauma continues to affect individuals, families, and communities. Intergeneration or multigenerational trauma happens when the effects of trauma are not resolved in one generation, allowing patterns of abuse to continue. The patterns of abuse that are passed from one generation to the next include not only physical and sexual abuse but also low self-esteem, anger, depression, violence, addictions, unhealthy relationships, fear, shame, compulsiveness, lack of good parenting skills, body pain, and panic attacks."⁹

Loss and grief accumulates generation after generation and results in an eruption of trauma symptoms and behaviours in Aboriginal youth.

Aboriginal communities are developing ways to understand and heal from the traumas inflicted through Canada's Indian Residential Schools. Just as intergenerational trauma has an effect through a family and a community, so too can healing; it can be contagious. Solanto¹⁰ describes some of the specific interventions that support healing:

- Break the silence. Talk about history in a more accurate way, including the traumas and the resilience, wisdom, and survival of First Nations, Inuit, and Métis peoples,

- Revive culture. Cherish and practice cultural traditions,
- Preserve language. Language is medicine,
- Gain community control and self-government over education, health care, and other areas,
- Reconnect to the land, including the pursuit of land claims,
- Honour the role of women. Include more women in leadership positions, and
- Restore pride and hope. Show youth role models and possibilities.

WHERE DO WE NEED TO GO?

1. Develop a Comprehensive and Collaborative Plan

The *Champlain Aboriginal Health Circle Forum* should work with all mental health and addiction agencies to develop a comprehensive and collaborative plan to adequately provide services for Aboriginal youth in the Champlain region.

“Our work on issues [of collaboration] is still in the infant stages.” -Service provider

The plan must:

- include a range of both prevention and treatment programs,
- adopt a community-based approach that takes into account the Aboriginal Social Determinants of Health,
- integrate culture, teachings, and practices into community life and mental health services, and
- recognize the key role of family, including extended family and the importance of schools and Aboriginal and youth agencies that are trusted and familiar to youth.



Strength-based Approach

Brendtro, Brokenleg, and Van Bockern¹¹ developed a strength-based approach to revitalize relationships with all family and community members “for mutual protection and support” (p. 26). The Wabano Centre for Aboriginal Health has adopted and modified the Circle of Courage^{®12} model to stress the importance of inter-dependent relationships.



*The above is a copyrighted version of an original painting depicting the Circle of Courage as described in the book *Reclaiming Youth at Risk* by Larry Brendtro, Martin Brokenleg, and Steve Van Bockern. The Circle of Courage is a trademarked term for the model registered by Starr Global Learning Network for whom Reclaiming Youth International is the corporate representative. See www.reclaiming.com for more information.¹²*

2. Close the Service Gaps

Increase mental health and addictions services that are tailored to Aboriginal youth. Adequate and ongoing funding must accompany these service increases.

Service providers must have cultural safety training. Mental health and addictions treatment services must be culturally safe and recognize the complexity of trauma-informed care

Families of Aboriginal youth need increased support. The role of extended family is an important protective factor and a component of resiliency and connectedness.

A culturally safe addictions treatment program for First Nations and Métis peoples should be developed.

“You are told all the time that you are disappearing. Métis culture is seen as the past, and you are constantly told you have no future.” -Aboriginal youth

Aboriginal youth want services that include Elders and traditional knowledge.

Parents need coordination and navigation services, culturally safe service providers, and complex needs services that are easily accessible, have extended hours, and are provided at low or no cost.

“I want to be able to talk with a counsellor who has been through it.” -Aboriginal youth

3. Prevention

Expand the number and scope of prevention programs available for Aboriginal youth, with a particular emphasis on cultural programs, sports and recreation, and the arts.

Provide preventive supports to families, including cultural teachings and activities that strengthen the positive elements of their relationship with their child.

Conduct public awareness and education about culturally safe mental health practices and services for Aboriginal youth.

“Estimates suggest that at least 70% of mental health problems and illness have their onset during childhood and adolescence, so it is critical that we ensure good mental health among our Aboriginal youth, as a foundation for the rest of their lives.”¹³



“You are going to live through hard times, difficulties.... [We] were told never to give up...” (Elder from Kangiqsualujjuaq, p. 3)

4. Include Culture in Services

Aboriginal culture, teachings, and practices must be included in mental health services for Aboriginal youth and must involve Elders.

“Effective healing in Aboriginal understanding focuses on inter-connectedness between family, community, culture and nature.”¹⁴

A code of practice, guidelines, and policies for the delivery of culturally safe services for Aboriginal youth must be developed.

Expand the learning, policies, and promising practices of culturally safe practices and services.

Non-Aboriginal agencies that provide services for Aboriginal youth should hire Aboriginal professional staff. Many organizations have an inequitable history with Aboriginal people.

5. System-wide Collaboration

A comprehensive series of protocols for Aboriginal and non-Aboriginal agencies that provide mental health services to Aboriginal youth must be established.

“Bring everyone together.” –Aboriginal organization

Navigators are needed to assist the parents of Aboriginal youth. Complex mental health care requires coordination and culturally safe service providers.



Culture is key to services for Aboriginal youth.

Cultural teachings and practices are very important components of services that are offered to Aboriginal youth.

“One person cannot sustain a culture.” -Aboriginal youth

Aboriginal Youth Define Key Elements of Culturally Safe Care

Involvement of Elders

“We need language classes.”
-Aboriginal youth

Inclusion of traditional teachings, stories, ceremony, music, dance, throat singing, drumming, and food

“We need a sweat lodge in the city.” -Aboriginal youth

Activities on the land, like being among trees and green spaces, out on the land, camping, hunting, kayaking, contact with animals, berry-picking

“Youth need access to lots of green space – maybe we could use NCC land.”
-Aboriginal youth

HOW DO WE GET THERE?

Engage community leaders and stakeholders to address racism and discrimination. It must create strategies to address poverty, reduce violence, and improve housing and food security.

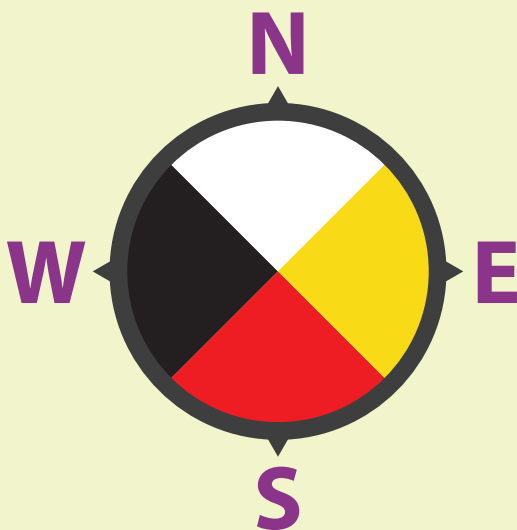
Aboriginal Social Determinants of Health



Aboriginal youth who report poverty, violence, food insecurity, and racism and discrimination in their lives are more likely to also report symptoms of mental health issues.

“We want white people to have more information about us and to not make assumptions.” -Aboriginal youth

How do we practice as frontline workers?



Working with Aboriginal youth optimally includes a focus on helping youth to attain a good balance between the emotional, spiritual, physical and mental aspects of their lives.

Culturally competent and culturally safe practice means:

- Being aware of my own lens and cultural biases so I can provide services free of racism, discrimination and stereotyping,
- Having understanding about the social, political and historical contexts of Aboriginal people,
- Accepting and respecting cultural differences,
- Taking time needed to build trust and mutually empowered relationships,
- Actively seeking ways and people who can incorporate cultural practices and traditions in the work I do, and
- Listening to Aboriginal youth about what they need and receiving their input on actions to move forward....understanding that only the Aboriginal youth can determine if the services I provide are culturally safe.

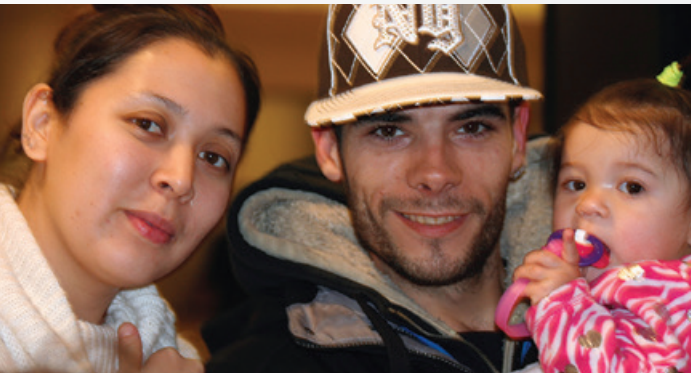
6. Continue Research, Monitoring, and Data Collection

Conduct research to examine the inclusion of culture and how it can act as a protective factor for good mental health for Aboriginal youth.

Intake forms across the Champlain region should be modified to allow all youth to self-identify as Aboriginal (First Nations, Inuit, and Métis).

Continue to use and build upon the *My Life, My Wellbeing (MLMW)* youth survey to address data gaps in this database. This will allow an analysis for the protective and harmful factors for Aboriginal youth.

“Aboriginal culture contains within its intrinsic truths that have withstood centuries of assault that forms the strengths upon which Aboriginal peoples construct connections to one another; the land, our ancestors and indigenous ways of being, seeing, knowing and doing.”¹⁵



IN CONCLUSION

We heard from the Aboriginal youth, their parents, and Aboriginal and non-Aboriginal service providers. We heard that the current mental health and addictions system is not adequately meeting the needs of Aboriginal youth in the Champlain region.

Aboriginal youth are saying they need more preventative and culturally-based services, and want to work with service providers who understand the complexity of their needs, their culture and who they are.

They want to feel welcome, and receive services in an environment where they feel they belong and are treated with respect.

Our Aboriginal youth are hurting. Without help, many move into adulthood with very complex issues and by that time, their issues are deeply entrenched. Some think about ending their life. Some actually do and never make it to adulthood.

Our Aboriginal youth are our future... they are the fastest growing demographic in Canada. It is our responsibility to help them become the best they can be... culturally connected and to live well-balanced, stable, happy, thriving, and productive lives.



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HEAD HELD HIGH

Try to keep your head held high
look up in the sky.
screw every person who told you a lie.
Come on run, run as fast as you can
they won't catch you, you'll be free again
as free as can be, you and me
we will travel the world and tell our stories
to every boy and girl, every man and lady.
Close your eyes, please don't cry
We'll help you survive
Lean on me, be like spidey
and conquer the enemy.
Time is a thief and death is a loss
these are metaphors that help us live our lives large
when I go and sit in the pews and while I'm rhyming to you
I praise Jesus Christ our mighty Lord
to teach all gone wrong and help them learn.
I promise that
We'll all do our very best,
We'll join hands and call it a success.

*Monica Stevens,
Aboriginal youth*