

# NOW, NOW, NOW

Mental Wellness for Indigenous Youth in the Champlain Region



A REPORT BY THE CHAMPLAIN INDIGENOUS HEALTH CIRCLE FORUM

The Champlain Indigenous Health Circle Forum (Circle) acknowledges that we live and work on the ancestral lands of the Anishnabe and Ongwehonwe.

### **Champlain Indigenous Health Circle Forum (Circle)**

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

#### **Members:**

Akausivik Inuit Family Health Team

Algonquins of Pikwàkanagàn, Health Services

Métis Nation of Ontario

Minwaashin Lodge - Indigenous Women's Support Centre

Mohawk Council of Akwesasne, Health Department

Odawa Native Friendship Centre

Ottawa Inuit Children's Centre

Renfrew County and District Aboriginal Friendship Centre (associate member)

Tungasuvvingat Inuit

Wabano Centre for Aboriginal Health

The members of the Circle provided input and guidance to this report.

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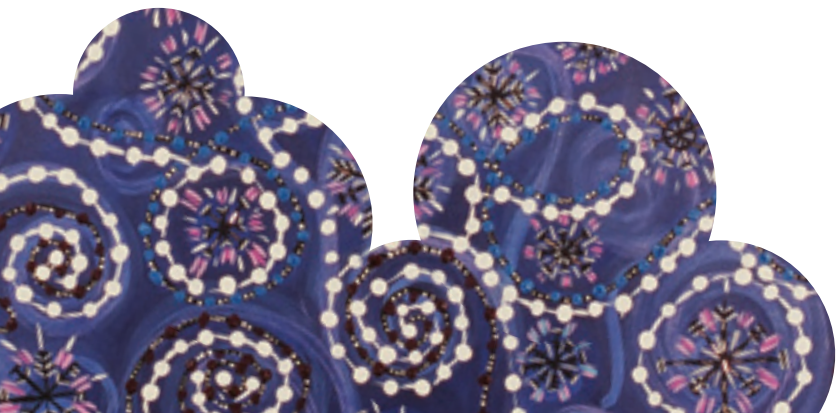
Authors: Lynne Toupin and Carlie Chase

[champlainlhin.on.ca](http://champlainlhin.on.ca)

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**NOW, NOW, NOW**

## Mental Wellness for Indigenous Youth in the Champlain Region

Indigenous communities relay important information through story-telling. This report's guidelines and action plan are based on many stories of Indigenous youth who have turned to systems for help, stories like Sarah's.

We begin this report with the true story of Sarah,<sup>1</sup> to reflect the traditional wisdom of story-telling and to value its relevance in our current day practices.

### Sarah's Story

Sarah is an Indigenous youth who lived with her mom, grandma and siblings on a First Nation in northern Ontario. Sarah had a complex history of trauma and so she was acting out. Mom was having a hard time coping because she also had a complex trauma history, was living in poverty and had multiple other children. Seeing no other way, mom reached out to the Children's Aid Society (CAS) to ask for help.

The CAS immediately removed Sarah from her home and her family and placed her in foster care. The foster home had no culture or community connections for Sarah. When Sarah continued to act out, she was shipped down south to another foster care home in Ottawa.

Sarah was now completely removed from all familial connections. Additionally, the northern foster care agency refused to transfer her file to Ottawa. The CAS forced

her to move to four different group homes within a year period. And with each new group home, came a new treatment plan for Sarah. None of the treatment plans connected to the last, and they were developed by non-Indigenous workers with no previous understanding of Sarah's history.

One day Sarah asked to be connected to Indigenous activities. Only then did the CAS start bringing her to a weekly cultural program at Wabano. This was an activity that Sarah looked forward to every week and she was creating new relationships. Sarah's mom came down to Ottawa to visit her daughter and ensured that she attended Wabano's culture program with Sarah.

Wabano started to advocate on Sarah's behalf and requested to be part of case management meetings regarding Sarah's care. CAS refused. They insisted on working with each organization individually. In one of these "individual" case management meetings with Wabano and her worker, CAS started to dictate to Wabano what kinds of services Wabano was "allowed" to provide. Arts and crafts were acceptable, mental health care was not. The concept of holistic well-being was a foreign concept to the worker.

Meanwhile, Sarah was not thriving under CAS care. She wasn't going to school. Her teeth were decaying and she wasn't brought to the dentist. The situation became so dire that Wabano found a lawyer to advocate on Sarah's behalf.

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<sup>1</sup> Name changed to protect client confidentiality.

One week, Sarah misbehaved at her residential facility. As punishment, her worker denied her access to the weekly cultural program. Access to her culture, her identity and to community was denied to Sarah because she did not behave properly. Once Sarah's access to Wabano stopped, her suicidal attempts increased and she was in the Children's Hospital of Eastern Ontario (CHEO) constantly.

## Using the Story to Make Change

We failed Sarah.  
We failed her mother who sought help.  
We have failed many Indigenous youth like Sarah.

Indigenous youth and their families across this country continue to struggle with a range of mental health challenges, many of which are rooted in the effects of colonization and the inter-generational trauma caused by the Indian Residential Schools experience and the Sixties Scoop.

Report after report speaks to the importance of having Indigenous culture at the heart of the healing process, yet programs and services tend to provide only peripheral cultural supports.

### **It is time for a different approach.**

This report is titled "Now, Now, Now". It is based on the Mohawk language where the words for past, present and future are connected to the concept of now.

The language acknowledges that everything is happening in this present moment:

- Now - looking back and seeing how things used to be and how well they worked
- Now - the view of how things are today
- Now - contextualizing the way forward.

Another view of this "now" concept is a land-based traditional teaching of standing in the river. When you stand in the river, you feel the water on your legs...this is the present now. But you know that that river flowed before it hit your legs...this is the past, but it is still the present river. And finally there is the river that will continue to flow past you... this is the future. The momentum that will continue after you are no longer there.

The teaching of the river and the teaching of the Mohawk language remind of the same thing: **The time is now.**

By focussing on mental health services for Indigenous youth as a way to begin to create systems change, the Indigenous Health Circle Forum (Circle) is inviting the Ministry of Children and Youth Services, the Champlain LHIN and other mainstream mental health partners to seize the opportunity to have success in this one area of health care in order to lay the foundation for change in other aspects of care for Indigenous people in the region.

This report is based on taking immediate action to change the future of mental health for Indigenous youth.

# Introduction: A New Approach to Mental Wellness

## Vision for Mental Health of Indigenous Youth in the Champlain Region

### In 20-years from now:

All Indigenous youth living in the Champlain region have access to mental health services that reflect Indigenous culture and connection to family, community and the land.

Culturally-based services are viewed as primary care for Indigenous youth. Indigenous agencies are the leads in providing this primary care across the region, with mainstream agencies as partners in a supporting role.

### It Begins With What We Say

“The Words Before All Others”

Indigenous communities understand the importance and power of words. From their oral tradition to ceremonial practices, they know that words matter. In Haudenosaunee tradition, they have something called “the words before all others.”<sup>2</sup> These are the words of gratitude that are said before any other action occurs. They have the power to bring our minds together as one so

that we can move forward in “a good way”. Meaning we move forward in a way that has the good of all in mind.

Mainstream health care systems also know the power of words. The words of primary, secondary and tertiary care have been used to define the different levels of health services.

For years, culture has been seen as tertiary care, despite evidence of the impact of culturally-based interventions on the health of Indigenous people.

Seeing this trend years ago, Indigenous organizations began to use the statement: “culture is treatment”. It was an attempt to use words that would help mainstream agencies view Indigenous culture – including traditional practices and teachings – as a valid healing intervention.

This report is taking this statement further. The new approach to mental health care for Indigenous youth views culture as primary care. While Western medicine largely considers primary care as physicians, nurses or therapists, Indigenous communities are reclaiming the notion of primary care. It is not to state that cultural practices are better than other health care services – but rather, that cultural practices are equal.

Viewed in this light, culture is *the care before all others*. It is what brings our minds together as one, as we strive for the best mental health outcomes for all involved.

<sup>2</sup> See Appendix G

## Report Overview

Mental wellness is a priority of Indigenous communities in the Champlain region.

A 2013 report by the Ottawa Aboriginal Coalition, entitled *Collaboration in Practice, The Ottawa Community Responding to the Mental Health Needs of Aboriginal People in Ottawa*,<sup>3</sup> chronicles the various research initiatives, reports and recommendations in the Ottawa region alone over the past 12 years.

A particular focus was placed on the mental health challenges of Indigenous youth in 2012 when the Champlain LHIN

published a research study entitled, *My Life, My Wellbeing*.<sup>4</sup> The current report, with guidelines and an action plan, builds on the recommendations of the *My Life, My Wellbeing* study, many of which called for culture to be integral to treatment and support.

The purpose of this report is to create:

1. A set of guidelines outlining the approach to culturally-based care;
2. A plan of action to accompany these guidelines.

The guidelines and action in this report act as a first step towards transformation of the existing system of care for Indigenous youth in the region. They outline a new approach to mental health services that will create different results for Indigenous youth and their families by being:

1. Culturally-based
2. Youth-focussed  
(versus systems-focussed)
3. Indigenous-led



<sup>3</sup> (OAC 2013)

<sup>4</sup> (Wabano 2012)

## Culturally-Based Care

### In the words of our Elders

A respected Oneida healer, Bruce Elijah reminds the people that there was a time in not such a distance past when Indigenous people did not suffer many illnesses, lived long lives, did not have prisons, hospitals or suffer homelessness or hunger.

He talks about the fact that the people knew who they were and took care of themselves and each other. He cites a Jesuit priests remarks on first contact with the Oneida's that he "had found utopia".

Elder Elijah says now today we have to put our minds together to bring our best forward and do our best to help the people. He reminds us that we have the things we need within the culture and we are trying to get to a place in the future where our people are not in need of extra help.

*Drawn from Misiway Children and Youth Mental Health and Addictions Initiative - internal document*

Culturally-based care is like any activity; to complete it successfully we have to identify:

- What it is
- How it will happen
- Who will be involved and
- Where it will take place.

An Indigenous perspective of **primary care** is: culturally-based services, led by Indigenous people for Indigenous people

### What is Culture and Culturally-Based Care?

To begin offering services that are culturally based, we must first understand what culture is.

Culture is the "sum of attitudes, customs, and beliefs that distinguishes one group of people from another. Culture is transmitted, through language, material objects, ritual, institutions, and art, from one generation to the next."<sup>5</sup>

Culture is a pattern of group behaviour. It comes from a foundational premise that we are all similar. This is different than mainstream or the broader western ideal of individualism, which has the foundational premise that "I am completely unique in the world".

All of us have culture. But as it is part of every aspect of our lives, it is often invisible to us. We operate in our cultures of origin unconsciously. Our culture of origin is what

<sup>5</sup> (Dictionary n.d.)

makes us feel comfortable; it is what lets us know that we belong.

Discomfort occurs when we find ourselves in a different culture. Our challenge then becomes to put into words what we are feeling and what we need. We move into the active process of making culture conscious.

For Indigenous people, making culture conscious has been a priority for generations. To do this, we have to understand that culture is part of every aspect of our lives.

According to Dr. Martin Brokenleg, culture is present in four areas of life:<sup>6</sup>

1. **Artifacts** – this is the easiest way to understand culture. It is represented in tangible things such as food, clothes, artwork, architecture etc.
2. **Action** – ceremonies, daily rituals or routines, kinetics
3. **Speech** – language. This is both *what* language is spoken and *how* it is spoken
4. **Thought** – the most challenging area of culture to unveil. It includes attitudes, values, ethics, spiritual beliefs, and metaphysics.

Providing care that is truly culturally-based uses the client's culture of origin in all four areas: artifacts, action, speech and thought. As such, it is impossible for a person of another culture to provide this kind of culturally-based care.

For the purposes of this report, **culturally-based mental health care** is provided *by* Indigenous people *for* Indigenous people and has an Indigenous focus in *all* four areas (artifacts, action, speech and thought). It is holistic in nature, focussing on making culture conscious to support the wellness and balance in an individual.

### Impact of Culture

Though culture is present in all four areas of life, when moving through healing, traditional ceremonies and practices (action area) have lasting impact. In their 2015 final report, the Truth and Reconciliation Commission of Canada stated that “ceremonies enable us to set aside, however briefly, our cynicisms, doubts, and disbeliefs, even as they console us, educate us and inspire hope. They have an intangible quality that moves us from our heads to our hearts. They teach us about ourselves, our histories, and our lives.”<sup>7</sup>

Ceremonies are the teachers of our identity.

As reported by the Aboriginal Healing Foundation:

“Healing from historic trauma involves truth-telling; a remembering and retelling of personal, family and social history from an Aboriginal perspective; and also involves connecting and reconnecting with one's culture and traditions. Cultural activities are, in fact,

<sup>6</sup> (Brokenleg 2011)

<sup>7</sup> (TRC 2015, 102)

a type of healing intervention: both culture and tradition contribute to and result in healing.”<sup>8</sup>

“Many Survivors told the Commission that reconnecting with their traditional Indigenous spiritual teachings and practices has been essential to their healing, with some going as far as to say ‘**it saved my life.**’”<sup>9</sup>

Reclaiming culture is the single most important therapeutic intervention for Indigenous people.

### Culture across Diversity

There are approximately 43,000 Indigenous people throughout the Champlain region:

- 28,280 First Nations people, representing First Nations from across Canada. The largest numbers are Ojibwe, Cree and Mohawk<sup>10</sup>
- There are two First Nations communities in the Champlain region:
  - Algonquins of Pikwàkanagàn: 456 (registered members: 2,687)<sup>11</sup>
  - Akwesasne First Nation: 9,794 (registered members: 12,556)<sup>12</sup>
- 1,155 Inuit but it is now estimated to be much higher<sup>13</sup>
- 9,315 Métis.

The Champlain region is home to First Nations, Métis and Inuit people from

communities across Canada. Each of these communities have unique cultures. Their uniqueness stems mostly from the first three areas of culture: *artifacts, action and speech*. Taking this into consideration, there is not one “Indigenous culture”. However, when looking at the fourth area of culture, *thought*, there are many commonalities.

One major commonality is the belief that true health is holistic. Being healthy includes more than just physical well-being, it also includes emotional, spiritual and mental well-being. So, through an Indigenous lens, mental health and health are one and the same.

Another commonality in the *thought* area of culture for Indigenous people is the belief that we are all connected. In relation to health, this belief means that true health of an individual is directly linked to the health of that person’s family, their community and their nation. Individual health, family health, community health, public health are all one and the same.



<sup>8</sup> (AHF 2006)

<sup>9</sup> (TRC 2015)

<sup>10</sup> (Wabano 2012)

<sup>11</sup> (INAC 2017)

<sup>12</sup> (Ibid)

<sup>13</sup> According to Tungasuvvingat Inuit, Ontario’s Inuit population is now just over 3,500, of which the vast majority live in the national capital region. Some of this population is transitory.

Indigenous organizations, no matter what their mandates, operate using these two cultural commonalities about health:

1. True health is holistic.
2. Health of an individual is linked to the health of their family, community and nation.

### How Does Culturally-Based Care Happen?

From an Indigenous perspective, a mental health intervention is most effective when it is culturally-based. It must have an Indigenous focus in *all* four areas of a client's life (artifacts, action, speech and thought).

Cultural activities are much more than an add-on service or an extra-curricular activity. They are key to restoring good mental health. When this practice is respected, the path to mental wellness becomes clearer and easier to follow.

Indigenous people also state that when trauma or crisis occurs in the lives of Indigenous youth, quick response is critical. In order for a culturally-based response to occur as rapidly as possible, Indigenous communities and agencies need to have self-determination. This means they need to have both the resources and the authority to deploy them in a manner that is most effective and timely for their clients.

The premise of a new approach to mental health services for youth is that cultural activities are a **valid healing intervention**, *equal* to other mainstream interventions (such as one-on-one therapy, group therapy or crisis intervention). They are the foundation for mental health in Indigenous youth. Mainstream providers must understand and remember that traditional practices, teachings and cultural activities are directly linked to an Indigenous youth's identity. And identity plays a key role in healthy child development.

To begin providing culturally-based mental health care that is responsive to Indigenous youth, culture must be viewed as a core essential service.

## Who Provides Culturally-Based Care?

For Indigenous people, who provides the service is as important as the actual care itself. Simply stated: Culturally-based care can only be undertaken by the people of that culture. You cannot make culture conscious when the culture is not your own to begin with.

Indigenous communities in the Champlain region continue to echo this foundational premise; they believe that *culturally-based* mental health services:

- can only be offered by Indigenous people and/or agencies and
- are the most effective treatment to facilitate life-long mental wellness in Indigenous people.

Continually, Indigenous people state that no matter what their mental health state is, culture is always the best – most long-lasting, most respectful, most impactful – method of care. From an Indigenous perspective, culture is primary care. Indigenous people with intensive mental health issues may require additional supports to culture, but culture is the primary treatment critical for well-being.

In the Champlain region, there are two types of organizations that provide mental health care for Indigenous youth:

- **Mainstream** – includes funders, mental health agencies, foster care agencies and schools
- **Indigenous** – includes Indigenous organizations and the community itself (youth, their families, and Elders).

Various Indigenous organizations in the Champlain region are set up to handle mental health case management for Indigenous youth. In addition to their full capacity and expertise in cultural interventions, treatments and activities, Indigenous organizations also have the following mental health supports available:

- **Mohawk Council of Akwesasne** – full complement of mental health professionals including therapists and addictions treatment
- **Minwaashin Lodge - Indigenous Women's Support Centre** - mental health workers
- **Ottawa Inuit Children's Centre (OICC)** – Inuit-specific mental health workers
- **Algonquins of Pikwàkanagàn First Nation** – system navigator
- **Wabano Centre for Aboriginal Health** - full complement of mental health professionals including therapists, mental health outreach, and system navigators
- **Métis Nation of Ontario** – telepsychiatry.

## Roles and Responsibilities of Organizations

The key to mental well-being for Indigenous youth is for them to access the culturally-based services offered through Indigenous organizations.

In the new approach, culture is seen as primary care in treating all mental health cases regarding Indigenous youth. Indigenous organizations will be the lead organization in this primary care provision with mainstream organizations being a partner in a supporting role.

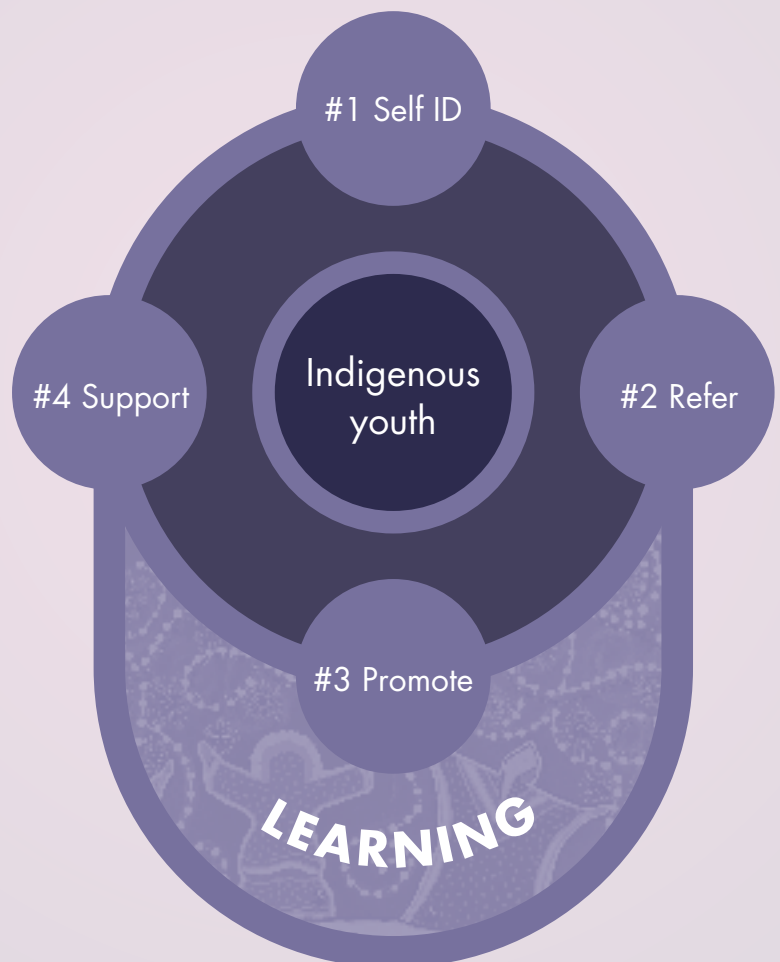
The key issue becomes that of client choice; and Indigenous youth are always at the centre of all supports.

The foundation of these roles and responsibilities is **learning**. While Indigenous youth should first and foremost receive treatment from Indigenous organizations, it is nevertheless valuable and wise to continue to learn about the history and culture of Indigenous people in Canada. Learning becomes the foundational activity that informs the other four roles. Learning can include:

- ✓ Participating in cultural activities at Indigenous organizations
- ✓ Hiring Indigenous organizations to provide in-house training on self-identification, referrals and how to promote Indigenous programs and services
- ✓ Seeking advice and guidance from Indigenous organizations and developing relationships.

In an approach where culture is primary care delivered by Indigenous organizations, the roles and responsibilities of mainstream agencies are as follows:

1. **Self-identification** - Providing a safe environment for youth and family to self-identify
2. **Refer** - Referring Indigenous youth and their families to Indigenous organizations
3. **Promote** - If Indigenous youth choose not to be served by an Indigenous agency, judiciously seek ways to promote cultural activities provided by Indigenous agencies to the youth
4. **Support** - If an Indigenous youth is in a mainstream residential facility, accompany youth to cultural events and activities to ensure youth can continue to access culture as primary care.



The role of **Indigenous organizations** is to be the lead agency in navigating the Indigenous youth through the system. This includes having the Indigenous agency lead the case management process.

### Where is the Best Place for Culturally-Based Care?

Looking back to the four areas of life where culture is present (artifact, action, language and thought), physical places are part of the artifact area. Culture can be visible in the places that people live. Indigenous people have always had a close relationship to the land where they reside. They understand the importance of space and place in their way of life and well-being; their very identity is connected to the land itself.

For mental health care to be truly culturally-based, it must be offered in places that are meaningful to Indigenous people. In focus groups held with Indigenous youth in the Champlain region in February 2016, the youth reported three places that were the most meaningful to them:

1. **On the land**
2. **Schools** – as this is a place where youth spend a majority of their time, youth do want to have culture available in schools, however, it is most meaningful to the youth when provided by Elders or other Indigenous people
3. **Indigenous agencies.**

The key to all of these places is that youth continually state that culture is most impactful when it is taught by Elders or other Indigenous people/organizations. This was reiterated by youth in the *My Life, My Wellbeing* report:

- “Aboriginal youth want services that include Elders and traditional knowledge” (p.17)
- “Aboriginal youth reported that caring attitudes and inclusion of Aboriginal knowledge, teachings and practices were important and preferred to access services from Aboriginal agencies.” (p.10)



## Youth-Focussed

To provide services that meet the unique needs of Indigenous youth, getting youth feedback is critical. In February 2016, three focus groups were held with Indigenous youth at various Indigenous sites where they access care. Youth were asked questions about the mental health services they access.

Here is what the youth said:

### **How/why they started coming to program(s) offered by an Indigenous organization:**

1. Friends referred - word of mouth
2. Family member referred
3. Friends referred - social media (this became more popular as a way to know activities once they started attending regularly)
4. Systems mandated or referred (courts, school, etc.).

### **Reason for continuing to attend program(s)**

1. Friends or family member (usually sibling) attends
2. Cultural activities (land-based activities were stated most often, then Elders, then drumming)
3. Physical Activities or games
4. Field trips (mostly connected to field trips for land-based cultural activities)
5. These last 5 all had same number of responses:
  - Food or other free giveaways
  - Mentoring younger kids
  - Staff (all staff names stated as reason for youth returning were Indigenous)
  - Small group size
  - Second Home/Safe Place/Relaxed.

### **Reason they do not attend other programs**

All three reasons had equal number of responses:

- Bad experience with staff
- Programs not consistent, frequently cancelled
- Activities not fun.

### **Who or where do they go when they are having mental health issues**

1. Friends
2. Keep it to myself (older kids stated this most often)
3. Family member (younger kids stated this most often)
4. Indigenous youth workers.

Note: Lack of trust in others was a common theme in this section. Before giving answers to who they go to, almost all youth hesitated and stated that they don't really trust anyone and prefer to keep their issues to themselves. And the older the youth got, the more they did this.



## Indigenous-Led

“Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.”<sup>14</sup>

*United Nations  
Declaration on the Rights of  
Indigenous People, Article 23*

The importance of empowerment of Indigenous people is directly linked to the history of oppression in Canada towards the Indigenous people, including racist laws and policies, Indian Residential Schools and systemic marginalization.

Today, Indigenous communities are looking to see a true reflection and representation of their culture in Canada. As stated in the Royal Commission on Aboriginal Peoples (1996):

*“Most of the institutions governing Aboriginal life today originate outside Aboriginal communities. For the most part, they operate according to rules that fail to reflect Aboriginal values and preferences. In every sector of public life, there is a need to make way for Aboriginal institutions. Development of many of these institutions should proceed before self-governing nations emerge, but they should be designed to complement, not compete with, nation structures.”<sup>15</sup>*

Self-determination is the single main requirement to overcome this oppression and for community transformation. In 1968, Paulo Freire stated that “it is impossible for the oppressor to liberate the oppressed.”<sup>16</sup> Around that same time, First Nations leader, George Manuel stated: “the future of the Indian People depends on the Indian People.”<sup>17</sup>

Success requires more than the presence of Indigenous people in mainstream organizations. As Indigenous leader Mike DeGagne stated in a keynote address at a 2016 education conference in the Champlain region:

*“You go into a mainstream agency – be it a school or a government ministry or a Children’s Aid – thinking you will influence the culture there. But this is impossible. Why?”*

<sup>14</sup> (UNDRIP 2008, 9)

<sup>15</sup> (Cree-Neskapi Commission 2012)

<sup>16</sup> (Freire 1968)

<sup>17</sup> (Secwepemcúlcw 2018)

*The very system that you are entering into is a dominant assimilist culture. The best you can do is manage and resist that culture enough to come out of it with your original values in place. We can still create meaningful change, as long as our eyes are open to the reality that we are entering.*

*When we acknowledge that this dominant assimilist culture is present in our systems, we can then begin to create the change we wish to see **outside** of them.”<sup>18</sup>*

In 1972, First Nations leadership produced a landmark education policy paper which stated that “...unless children learn about the forces which shape them – the history of their people, their values and customs, their language – they will never really know themselves or their potential as a human being. The Indian culture and values have a unique place in the history of mankind. The Indian child who learns about her heritage will be proud of it. The lessons she learns in school, her whole school experience, should reinforce and contribute to the image she has of herself as an Indian.”<sup>19</sup>

Nearly forty years after these important words, First Nations leadership in 2010 said... “For decades, the Indian Act specifically targeted and made illegal our ways and our customs. Even after the most offensive sections of the Act were changed, our languages and our traditions have suffered and been oppressed by policies and by mainstream

*education. Moreover, the history of Canada continues to overlook and even deliberately minimize and push aside our reality, our contribution and our rights.”<sup>20</sup>*

Years after these words have been stated, we still continue to simply repeat what leaders have been saying for generations. As the title of this report states, now is the time for action. Now is the time for a new approach for mental health services for Indigenous youth. This “new” approach is founded in the “old” guidance that Indigenous people are the leaders for their own empowerment.

Mental health services that are truly culturally-based will have Indigenous organizations taking a leadership role in service provision, working in a partnership with mainstream organizations who see culture as primary care.

Now is the time for Indigenous organizations to take leadership in providing primary mental health care for Indigenous youth in the region, care that is rooted in Indigenous artifacts, action, speech and thought. This responsibility includes taking the lead on case management, and doing so in a partnership with mainstream organizations across the region.

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<sup>18</sup> (DeGagne 2016)

<sup>19</sup> (Barman, Hébert, McAskill 1987)

<sup>20</sup> (Atleo 2013)

# Guidelines for Mainstream Organizations

Indigenous organizations are best positioned to provide culturally-based care to Indigenous youth that are dealing with mental health challenges. When one accepts this statement, mainstream organizations that currently offer mental health services and programs for Indigenous youth in the Champlain region need to consider and reflect on what this means for their work and their approach to engaging with Indigenous youth. Policies, processes and practices will need to change.

## **Referral and Assessment Practices**

1. Ask questions in a manner that promotes self-identification of Indigenous youth.
2. Proactively inform Indigenous youth and their families about the services and programs that are provided by Indigenous agencies in the area.
3. Refer Indigenous youth to Indigenous organizations with confidence and positivity.
4. Take into account the impact of inter-generational trauma in the assessment process.

## **Treatment Practices**

There may be times when Indigenous youth or families choose to access care at a mainstream agency. In that case, mainstream agencies still carry a responsibility to take a supporting role in providing culturally-based primary care. If an Indigenous youth or family chooses to access care in your agency:

5. View cultural activities as core to treatment for all Indigenous youth.
6. Work closely and collaboratively with Indigenous organizations to integrate these core services (cultural activities) into the program of treatment.
7. Take youth outside as often as possible for as many different activities as possible.

## **Collaboration**

8. Develop and implement partnership protocols that spell out your supporting role in working with Indigenous youth mental health, and states your commitment to supporting Indigenous organizations to be the primary mental health care providers.

9. Work with Indigenous organizations to implement the culturally-based case management plans developed by Indigenous organizations. These plans will ensure that youth have opportunities to engage with family, community, and in cultural activities.

## **Human Resources**

10. Hire Indigenous people/agencies to provide **ongoing** training and education to employees about Indigenous culture and culturally-based care.
11. Ensure all staff are educated on the programs and services offered by Indigenous organizations.
12. Develop accountability measures to demonstrate that employees are facilitating self-identification and referring Indigenous youth to their community organizations for primary care (culturally-based). This can be reflected in employees' workplans and performance evaluations.

## **Funding Practices**

13. Do not apply for Indigenous-specific funding. When Indigenous-specific funding is made available for mental health services, your only appropriate role is as a partner in a supporting role. Indigenous agencies are to be the lead and will provide the guidance for the most appropriate method of service.

## Guidelines for Funders

Funders also need to reflect on their own practices when it comes to providing resources for youth mental health services. Here are some elements for consideration:

1. Define cultural activities as core services/primary care with funding compensation comparable to other core services. For example: Elders as core providers
2. When funding Indigenous-specific services, ensure that the only eligible organizations who can apply for the funding are Indigenous
3. Ensure mainstream agencies that serve Indigenous youth are held accountable to the culturally-based model, requiring your funded agencies to create service agreements with Indigenous agencies
4. Provide funding to Indigenous agencies to have ongoing interactive information sessions on culturally-based care and cultural activities available in the region
5. Work and advocate with other funders to ensure that Indigenous-specific funding for youth mental health services is allocated to Indigenous organizations only.



## **Youth Voices: Guidelines for Mainstream Agencies**

The youth we spoke to were very clear on what was important to them in the services they access. The following guidelines are based on what we heard from youth and apply to agencies providing care to any Indigenous youth (complex or non-complex cases).

### **1. Friends and family matter.**

Despite advertising on social media and TV, the number one reason Indigenous youth go to a group, and stay in a group, is friends and family. If you want to be effective in supporting the mental wellness of Indigenous youth, then your top priority as a worker is to support the youth in developing, expanding and maintaining their friendships and community connections. In the end, it will be friends and family that get youth to access care, not the system itself.

### **2. Understand that culture is cool... the coolest. Ever.**

Indigenous youth echo what research shows, which is that the most effective mental health intervention for Indigenous people is culture. Youth want to learn culture from Elders, from their community leaders, and on the land. As Indigenous youth connect to their culture, they connect to their identity, as individuals and as community members. This is the beginning to true mental wellness.

### **3. Find the fun.**

One common trait of Indigenous communities is our sense of humour. This humour, laughter, joy, or fun, is vibrant in Indigenous agencies. The more you connect with Indigenous agencies, the more you will see, understand and be part of this fun. You finding the fun will help the youth as well. Youth don't respond well to being mandated to do things. If you are generally excited about the cultural activity and/or the Indigenous agency, a youth is more likely to be as well.

### **4. Be consistent.**

This is the basis for building trust with Indigenous youth. With their lives often in turmoil, it is imperative that mental health services are one area Indigenous youth can rely on. Keep programs running, show up to appointments, come through with promised rewards – youth listen to every word and will test us to ensure we live up to our commitments. We have the responsibility to role model caring through consistency.

## **Youth Voices: Guidelines for Funders**

### **1. Listen and act.**

When developing funding priorities for mental health services, consult with Indigenous youth and their families on what their needs are, what they deem important, and the kind of services and programs they feel will make a difference. Take their suggestions into account and don't just consult for the sake of consulting.

### **2. "FUNd".**

Recognize that mental wellness in Indigenous youth will increase as their joy and hope increase. Fund activities within Indigenous organizations that could be considered non-therapeutic such as camps, concerts, movies etc.

Camps were a particular focus for youth. They spoke to the years of camps that they attended, the things they learned while on the land, and the friendships they developed. Despite the research that echoes what youth say, which is that camps have lasting impacts on kids, creating resiliency and self-confidence, funding trends for camps have been on the decrease.

For Indigenous youth, being on the land is part of their identity; and strong sense of identity links to life-long mental wellness. Funding on-the-land camps are an opportunity for funders to show that they understand that culture is treatment for Indigenous youth. It is the single most impactful intervention for Indigenous youth.



## Conclusion

There are far too many Sarahs across this country and we know that there are Sarahs in this region. While the stories of Indigenous youth struggling with mental health challenges may each be unique, the *My Life, My Wellbeing* Report showed that there are tragic commonalities. It identified a range of systemic and social issues impacting Indigenous youth and gave clear solutions for change, with the key recommendation being:

*“Indigenous culture, teachings and practices must be included in mental health services for Indigenous youth and must involve Elders.”<sup>21</sup>*

### **Culture IS care for Indigenous people.**

For Indigenous youth, many of whom struggle with identity issues and the effects of inter-generational trauma, the place to begin the healing process must be rooted in an understanding of his or her own culture—in Indigenous artifacts, action, speech and thought.

It is **impossible** for a non-Indigenous person to transmit this culture. Indigenous youth and their families therefore need to be given every opportunity to access Indigenous organizations, with mainstream mental health service providers guiding the way, opening the doors to culturally-based care in their community, and partnering with Indigenous organizations to make this a reality.

Indigenous organizations in the Champlain region are prepared to take up the challenge of change and begin to take the steps necessary for this transformation to occur. The Ministry of Children and Youth Services and the Champlain LHIN can play a leadership role in implementing this new approach to care for Indigenous youth, by providing resources and helping to bring together the various stakeholders that need to be involved.

We believe that this approach will make a significant difference in improving the mental wellness of Indigenous youth across this region.

*Now is the time for us to listen  
to the wisdom of generations.  
Now is the time for us to do more  
than tell our kids that we care.  
Now is the time to show them.*

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<sup>21</sup> (Wabano 2012)

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## APPENDICES

- A. Mental Health of Indigenous Youth
- B. Historical Context
- C. Current Mental Health Systems
- D. Mental Health Practices That Work
- E. Definition of Indigenous
- F. *My Life, My Wellbeing* Report
- G. The Words Before All Others

## Appendix A: Indigenous Youth Mental Wellness

There are approximately 43,000 Indigenous people living in the Champlain region. 28,280 are First Nations, 9,315 are Métis and 1,155 are Inuit. (In 2015, the number of Inuit living in Ottawa had risen to over 3,000). The number of Aboriginal youth aged 13-24 is estimated to be approximately 8,500.<sup>22</sup>

One of the objectives of the *My Life, My Wellbeing* (MLMW) report was to understand the scope and nature of mental health and addictions issues for Indigenous youth in Champlain region.

The report's key findings were:

- 48% hpd<sup>23</sup> for depression, suicidal ideation, anxiety, or other internalizing disorders
- 40% hpd for ADHD, disruptive behaviours, or other externalizing disorders
- 29% had symptoms of substance abuse
- 20% had symptoms of violent or criminal behaviours.<sup>24</sup>

While national data on the mental health of Indigenous youth is sparse, these findings are consistent with information from Health Canada, indicating that:

- Thirty percent of First Nations people have felt sad, blue or depressed for two or more weeks<sup>25</sup>

- Suicide and self-inflicted injuries are the leading causes of death for First Nations youth and adults up to 44 years of age
- First Nations youth commit suicide about five to six times more often than non-Aboriginal youth
- Suicide rates for Inuit youth are among the highest in the world, at 11 times the national average.<sup>26</sup>

The study also showed that almost half of the youth surveyed were affected by what are called social determinants of health. They were living in inadequate housing, dealing with poverty and family violence, had few social supports, and were subject to racism and disrespect.

Social determinants of health influence the health of populations. They include income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture.<sup>27</sup>

<sup>22</sup> (Schnarch 2006)

<sup>23</sup> high probability of diagnosis

<sup>24</sup> (Wabano 2012)

<sup>25</sup> (FNIGC 2002/3)

<sup>26</sup> (Health Canada 2003)

<sup>27</sup> (PHAC n.d.)

## Appendix B: Historical Context

Intergenerational trauma is:

- Cumulative
- A “total wounding” – emotional, spiritual, physical
- Across the lifespan
- Massive group trauma.

Intergenerational (IG) trauma in Indigenous communities stems from **three systemic issues**:



In Canada, to adequately respond to the mental health issues in our Indigenous youth, we must look at the history of colonization. For Indigenous people, the high rates of mental illness can be directly linked to assimilation policies and practices in Canada.

“We know we live in history. We know we can shape it, although far less than we would like. And when we do intervene, it is inseparable from the great force with which history moves, surging across the generations with ease. The full impact of that intervention – of getting it right or getting it wrong – is something that will slowly unfold over decades, even centuries. So history both constrains us and demands of us a great deal.”<sup>28</sup>

*John Ralston Saul*

<sup>28</sup> (Saul 2014)

## Indian Residential Schools

*“The policy of colonization suppressed Aboriginal culture and languages, disrupted Aboriginal government, destroyed Aboriginal economies, and confined Aboriginal people to marginal and often unproductive land. When that policy resulted in hunger, disease, and poverty, the federal government failed to meet its obligations to Aboriginal people. That policy was dedicated to eliminating Aboriginal peoples as distinct political and cultural entities and must be described for what it was: a policy of cultural genocide.”<sup>29</sup>*

*“Residential schools were designed to assimilate Aboriginal people into the dominant society through the forced removal of children from their families, communities and culture, and education oriented towards the dominant society’s values, skills, culture, religion and language.”<sup>30</sup>*

*“The residential school era left ongoing and devastating impacts on the health and well-being of individuals, families, and communities. Residential schools eroded and undermined all aspects of well-being for Aboriginal peoples through disruption of the structure, cohesion and quality of family life; loss of cultural identity; diminished parenting skills; and low self-esteem and self-concept problems.”<sup>31</sup>*

*“These traumatic impacts have been felt not only by those with direct experience with residential schools – they have also been transmitted to subsequent generations through various psychological, physiological and social processes. The schools left an historical and emotional legacy of shame, loss, and self-hatred that is the root cause of addiction and many of the associated social problems facing Aboriginal communities today.”<sup>32</sup>*

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<sup>29</sup> (TRC 2015, 133)

<sup>30</sup> (LaFrance, Collins 2003)

<sup>31</sup> (Rice, Snyder 2008)

<sup>32</sup> (Ross 1996, 32)

## Poverty

As poverty is one of the social determinants of health, we know that when you are poor, your health is directly impacted. Ontario's Centre for Mental Health and Addiction clearly states that "poverty can be a significant risk factor for poor physical and mental health."<sup>33</sup>

According to the Centre of Excellence for Children and Youth:

*"There is a strong association between poverty and child and youth mental health problems. The odds of a child or youth from a family living in poverty having a mental health problem are three times that of a child from a family that is not living in poverty. This relationship is stable and consistent across countries, measures of poverty, methods of determining diagnosis and different times."<sup>34</sup>*

Though poverty rates for the Champlain region are not fully researched, we know that poverty rates of Indigenous people in Canada are higher than in the non-Indigenous populations.

According to Statistics Canada:

- 50% of Aboriginal people in Canada subsist on less than \$10,000 per annum and
- 52% of Aboriginal children live in poverty.

In Ontario, it is estimated that:

- 49% of First Nations children aged 6 and under that live off-reserve are in low-income families<sup>35</sup>
- In urban centres, 57% of First Nations children are considered to be from low-income families.<sup>36</sup>

## Oppression

One of the systems of oppression that we still see today is foster care. It is based on the premise that Indigenous parents are not good parents.

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<sup>33</sup> (CMHA n.d.)

<sup>34</sup> (Lipman, Boyle 2008, 4)

<sup>35</sup> (Best Start Resource Centre 2012)

<sup>36</sup> (Ibid, 8)

## Foster Care

Today, Indigenous people view the history of colonization, oppression and Indian Residential Schools being recreated through the foster care system. According to the Assembly of First Nations (AFN), the overrepresentation of Aboriginal children within the child welfare systems is an extension of the historic pattern of removal of children from their homes.<sup>37</sup>

The National Household Survey (2011) indicated that 48% of 30,000 children and youth in foster care across Canada are Aboriginal children, even though Aboriginal peoples account for only 4.3% of the Canadian population. In Ontario, 3% of the child population under age 15 is Aboriginal, and 21% of the children in care are Aboriginal children living off-reserve.<sup>38</sup>

“The doors are closed at the residential schools but the foster homes are still existing and our children are still being taken away.”<sup>39</sup>

*Old Crow Chief Kassi*

As stated in the 2015 Canada’s Premiers’ report:

*“Many of the factors that lead to children being placed in child welfare systems are rooted in events that have had a harmful and enduring impact on Aboriginal families, communities and individuals including an ongoing cycle of poverty and social challenges for Aboriginal people. Work to address the overrepresentation of Aboriginal children in child welfare systems needs to recognize that these past events are closely associated with today’s family and child welfare problems. Child welfare systems need to acknowledge these issues in order to move forward and provide culturally appropriate programming that could address these historical and generational impacts.”<sup>40</sup>*

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<sup>37</sup> (Aboriginal Children in Care Working Group 2015, 3)

<sup>38</sup> (Ibid, 7)

<sup>39</sup> (TRC 2015)

<sup>40</sup> (Aboriginal Children in Care Working Group 2015, 10)

## Appendix C: Current Mental Healthcare Systems

The 2013 report by the Ottawa Aboriginal Coalition, entitled *Collaboration in Practice, “The Ottawa Community Responding to the Mental Health Needs of Aboriginal People in Ottawa”*,<sup>41</sup> identified a series of gaps in the system of mental health care for Indigenous people. The following list corresponds closely to the gaps identified in the 2014 *My Life, My Wellbeing* Report on Aboriginal Youth needs for mental health and addiction services.

- 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
- Most of the mainstream services do not incorporate a plan of care for the family but focus on the individual
- Most services are not trauma informed
- Elders need to have a meaningful and recognized role in the mental health services
- There is insufficient training of all professionals.<sup>42</sup>

## Ontario Ministry of Children and Youth Services Framework

In 2006, MCYS developed a policy framework to provide strategic direction for ongoing improvements over the next decade. The framework applies to all Ontario children and youth up to age 18. The framework recognizes that child and youth mental health is a shared responsibility. The vision being an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

In 2011 the Ontario budget announced funding, that committed funding that would grow to \$93 million by 2013-2014 to support a **comprehensive Mental Health and Addictions strategy**, creating a more responsive and integrated system, starting with children and youth for the first 3 years of the strategy. The Ministries of Children and Youth Services, Education, Health and Long-term Care and Training, Colleges and Universities worked in partnership to implement the strategy and achieve its goals: to improve access to high quality mental health and addictions services, strengthen worker capacity, create a responsive and integrated system and build awareness and capacity about mental health issues within communities. This resulted in the introduction of varied programs in the service system including: Indigenous Mental Health Workers, Mental Health Workers in Schools, Mental Health Leaders in Schools etc.<sup>43</sup>

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<sup>41</sup> (OAC 2013)

<sup>42</sup> (Wabano 2012)

<sup>43</sup> (Ontario 2011)

Part of the Comprehensive Mental Health and Addictions strategy includes the introduction of **Moving on Mental Health** announced in November in 2012, which is the plan to transform the experience of children, youth and families/care givers within the child and youth mental health system in Ontario.<sup>44</sup> The plan will help children, youth and families to get mental health services in their communities that are accessible, responsive and meet their needs. The key goals of the plan is to ensure youth, parents will know where to go for help and know how to access services through the following changes:

- a. Creating and supporting pathways to care (clear and streamlined pathways to care between primary care, schools and community-based supports and community based support and services to assist children and youth moving through and across the service system.
- b. Defining Core Services - core mental health services that will be available in communities across Ontario, with specialized services available regionally, or provincially.
- c. Establishing Community Lead Agencies – responsible for planning for the effective delivery of core and youth mental health services and system management planning are key components
- d. Creating a new funding model (ie. recognizing individual community population and need)
- e. Building a legislative and regulatory framework (ie. accountability of lead community-based mental health agencies to ensure the same standard of care across the province).

The implementation of core services will take place within 33 service areas. At this time there are 31 lead agencies that have been identified in Ontario and following an identification process in the Niagara service area a lead agency will be identified in April 2018.

- Lead agencies across Ontario will be responsible for providing core services and collaborating effectively with other services that play a role in young peoples' lives, such as schools, hospitals, those working in primary care and child welfare authorities. Parents will only tell their story once
- Creating a new funding model – The new funding model will recognize individual community population and need, so agencies can respond effectively to local demands. Note that the existing funding relationship between Indigenous organizations and MCYS remains with the Ministry and is not included in the new funding model
- Building a legislative and regulatory framework – A framework will enshrine the accountability of lead community-based mental health agencies so that all are held to the same standard of care, regardless of where they are located in the province.

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<sup>44</sup> (MCYS 2012)

In the Champlain region, there are four Lead Agencies:

1. Youth Services Bureau (YSB) in Ottawa
2. Phoenix Centre in Renfrew
3. Cornwall Community Hospital
4. Valoris for Children and Adults of Prescott-Russell.

The responsibilities of the lead agencies fall into two broad categories:

1. CORE Service responsibilities – ensuring core community –based child and youth mental health services are available in every service area
2. LOCAL SYSTEM responsibilities – ensuring the community based sector works together with health care providers, schools and other organizations so children/ youth and families get the support they require.

A key component of effectively delivering services is understanding the demographics of the population within the community and being responsive to the community’s linguistic and cultural needs. This includes understanding the needs of First Nations, Métis, Inuit, and urban Aboriginal children and youth and their families. Core service providers must be aware of the distinct approaches required to address the needs of First Nations, Métis, Inuit and urban Aboriginal children and youth. Core service providers would define pathways to culturally appropriate services for First Nations, Métis, Inuit and urban Aboriginal children, youth and their families to ensure that they are supported and connected.<sup>45</sup>

### **Relevance of the MCYS Framework to Indigenous Youth in the Champlain Region**

With the MCYS lead agencies holding the responsibility for creating “service pathways” with partnering agencies, the Champlain LHIN, Indigenous organizations and First Nations have an opportunity to champion an Indigenous-led approach to mental wellness for Indigenous youth in the region.

The focus of the MCYS on a coordinated, responsive system that is easy to navigate, that enables answers and clear pathways to care is an important one. Its “service pathways” model has similar elements to the Indigenous “circle of care model” where no matter how a client enters the healthcare circle, they are able to be referred to care that is right for them. For this model to work for Indigenous youth and their families, the appropriate care is culturally-safe care; and culturally-safe care can only be provided by Indigenous agencies.

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<sup>45</sup> (MCYS 2015)

## Appendix D: What is Culturally-Safe Care?

The concept of cultural safety was first introduced by Irihapeti Ramsden, a Maori nurse in Aotearoa (New Zealand) in 1990.<sup>46</sup> Her premise was that cultural safety moves beyond cultural sensitivity and cultural competence.

Ramsden describes cultural safety as the final outcome on a learning continuum:



Both cultural sensitivity and cultural competence have the foundation of “other-izing”; they both seek knowledge about the culture of “the other”. Cultural safety, on the other hand, embraces self-determination and de-colonization, and seeks to restructure the power imbalances in society.

With self-determination being at the heart of cultural safety, it can be further stated that cultural safe care is only possible when it is delivered by the people who are part of that culture themselves. This removes all “other-izing” and empowers communities to make meaningful change for themselves.

Though a commonly accepted definition of cultural safety has not been finalized, there is a clear definition of what it is not. Culturally unsafe care is defined as “any actions that diminish, demean or disempower the cultural identity and well-being of an individual.”<sup>47</sup>

Culturally-safe systems will therefore provide a foundation that ensures Indigenous people can empower themselves. The United Nations has deemed this a human right, stating:

*“Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.”<sup>48</sup>*

*United Nations Declaration on the Rights of Indigenous Peoples*

<sup>46</sup> (Wepa 1990)

<sup>47</sup> (NAHO 2006)

<sup>48</sup> (UNDRIP 2008)

## Appendix E: Definition of Indigenous

This term is becoming a commonly used term with the recent reconciliation movement in Canada. Though there is no universally accepted definition for “Indigenous,” there are characteristics that tend to be common among Indigenous Peoples:<sup>49</sup>

- They tend to have **smaller populations** relative to the dominant culture of their country
- They usually have (or had) their **own language**. According to Statistics Canada, in 2011, there were 60 different Aboriginal languages in Canada from 12 distinct language families.<sup>50</sup> Algonquin is the largest language family with the most number of speakers
- They have **distinctive cultural traditions** that are still practiced. In Canada, cultural practices were illegal under the Indian Act until 1951, yet many have still endured
- They have (or had) their **own land and territory**, to which they are tied in a myriad of ways
  - Often thought of as the primary stewards of the planet’s biological resources. Their ways of life and cosmovisions have contributed to the protection of the natural environment on which they depend
- They **self-identify** as Indigenous.



<sup>49</sup> (Cultural Survival n.d.)

<sup>50</sup> (Statistics Canada 2011)

## Appendix F: My Life, My Wellbeing Report 2014

The purpose of the *My Life, My Wellbeing* (MLMW) report was to understand:

- the scope and nature of mental health and addictions issues for Indigenous youth in Champlain region
- services and programs and gaps
- barriers to accessing services
- the meaning of culturally safe programs and services.

MLMW conducted interviews with 32 service providers, held focus groups with 91 youth and 16 parents and received completed surveys from 305 Indigenous youth. The youth who completed the survey had the following composition:

- 36% male, 63% female, 1 transgender
- Ages: 12% 12-15 years; 43% 16-19 years; 43% 20-25 years
- 65% First Nations, 23% Inuit, 13% Métis.

The report's key findings were:

- 48% hpd<sup>51</sup> for depression, suicidal ideation, anxiety, or other internalizing disorders
- 40% hpd for ADHD, disruptive behaviours, or other externalizing disorders
- 29% symptoms of substance abuse
- 20% symptoms of violent or criminal behaviours.

From its qualitative data, the report had six major recommendations. For the purposes of this report, these recommendations have been placed in priority with five of the recommendations being the foundation for the first recommendation (creating a comprehensive plan).<sup>52</sup>



<sup>51</sup> high probability of diagnosis

<sup>52</sup> (Wabano 2012)

## Appendix G: The Words Before All Others

### The Mohawk Thanksgiving Address<sup>53</sup>

**The People** - Today we have gathered and we see that the cycles of life continue. We have been given the duty to live in balance and harmony with each other and all living things. So now, we bring our minds together as one as we give greetings and thanks to each other as People. NOW OUR MINDS ARE ONE.

**The Earth Mother** - We are all thankful to our Mother, the Earth, for she gives us all that we need for life. She supports our feet as we walk about upon her. It gives us joy that she continues to care for us as she has from the beginning of time. To our Mother, we send greetings and thanks. NOW OUR MINDS ARE ONE.

**The Waters** - We give thanks to all the Waters of the world for quenching our thirst and providing us with strength. Water is life. We know its power in many forms - waterfalls and rain, mists and streams, rivers and oceans. With one mind, we send greetings and thanks to the spirit Water. NOW OUR MINDS ARE ONE.

**The Fish** - We turn our minds to all the Fish life in the water. They were instructed to cleanse and purify the water. They also give themselves to us as food. We are grateful that we can still find pure water. So, we turn now to the fish and send our greetings and thanks. NOW OUR MINDS ARE ONE.

**The Plants** - Now we turn towards the vast fields of Plant life. As far as the eye can see, the Plants grow, working many wonders. They sustain many life forms. With our minds gathered together, we give thanks and look forward to seeing Plant life for many generations to come. NOW OUR MINDS ARE ONE.

**The Food Plants** - With one mind, we turn to honor and thank all the Food Plants we harvest from the garden. Since the beginning of time, the grains, vegetables, beans and berries have helped the people survive. Many other living things draw strength from them too. We gather all the Plant Foods together as one and send them a greeting and thanks. NOW OUR MINDS ARE ONE.

**The Medicine Herbs** - Now we turn to all the Medicine Herbs of the world. From the beginning, they were instructed to take away sickness. They are always waiting and ready to heal us. We are happy there are still among us those special few who remember how to use these plants for healing. With one mind, we send greetings and thanks to the Medicines and to the keepers of the Medicines. NOW OUR MINDS ARE ONE.

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<sup>53</sup> (Stokes, Benedict n.d.)

**The Animals** - We gather our minds together to send greetings and thanks to all the Animal life in the world. They have many things to teach us as people. We see them near our homes and in the deep forests. We are glad they are still here and we hope that it will always be so. NOW OUR MINDS ARE ONE.

**The Trees** - We now turn our thoughts to the Trees. The Earth has many families of Trees who have their own instructions and uses. Some provide us with shelter and shade, other with fruit, beauty and other useful things. Many peoples of the world use a Tree as a symbol of peace and strength. With one mind, we greet and thank the tree of life. NOW OUR MINDS ARE ONE.

**The Birds** - We put our minds together as one and thank all the Birds who move and fly about over our heads. The Creator gave them beautiful songs. Each day they remind us to enjoy and appreciate life. The Eagle was chosen to be their leader. To all the Birds--from the smallest to the largest--we send our joyful greetings and thanks. NOW OUR MINDS ARE ONE.

**The Four Winds** - We are all thankful to the powers we know as the Four Winds. We hear their voices in the moving air as they refresh us and purify the air we breathe. They help to bring the change of seasons. From the four directions they come, bringing us messengers and giving us strength. With one mind, we send our greetings and thanks to the Four Winds. NOW OUR MINDS ARE ONE.

**The Thunder Beings** - Now we turn to the west where our Grandfathers, the Thunder Beings live. With lightening and thundering voices, they bring with them the water that renews life. We bring our minds together as one to send greetings and thanks to our Grandfathers, the Thunderers. NOW OUR MINDS ARE ONE.

**The Sun** - We now send the greetings and thanks to our eldest Brother, the Sun. Each day without fail he travels the sky from east to west, bringing the light of a new day. He is the source of all the fires of life. With one mind, we send greetings and thanks to our Brother, the Sun. NOW OUR MINDS ARE ONE.

**Grandmother Moon** - We put our minds together and give thanks to our oldest Grandmother, the Moon, who lights the night time sky. She is the leader of women all over the world, and she governs the movement of the ocean tides. By her changing face we measure time, and it is the Moon who watches over the arrival of children here on Earth. With one mind, we send greetings and thanks to our Grandmother, the Moon. NOW OUR MINDS ARE ONE.

**The Stars** - We give thanks to the Stars who are spread across the sky like jewelry. We see them in the night, helping the Moon to light the darkness and bringing dew to the gardens and growing things. When we travel at night, they guide us home. With our minds gathered together as one, we send greetings and thanks to all the Stars. NOW OUR MINDS ARE ONE.

**The Enlightened Teachers** - We gather our minds to greet and thank the enlightened Teachers who have come to help throughout the ages. When we forget how to live in harmony, they remind us of the way we were instructed to live as people. With one mind, we send greetings and thanks to these caring Teachers. NOW OUR MINDS ARE ONE.

**The Creator** -We turn our thoughts to the Creator, or Great Spirit, and send greetings and thanks for all the gifts of Creation. Everything we need to live a good life is here on this Mother Earth. For all the love that is still around us, we gather our minds together as one and send our choicest words of greetings and thanks to the Creator. NOW OUR MINDS ARE ONE.

**Closing Words** - We have now arrived at the place where we end our words. Of all the things we have named, it was not our intent to leave anything out. If something was forgotten, we leave it to each individual to send such greetings and thanks in their own way. NOW OUR MINDS ARE ONE.







