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Working with First Nations, Inuit and Métis: Spotlight on First Nations

#MHCChopelives

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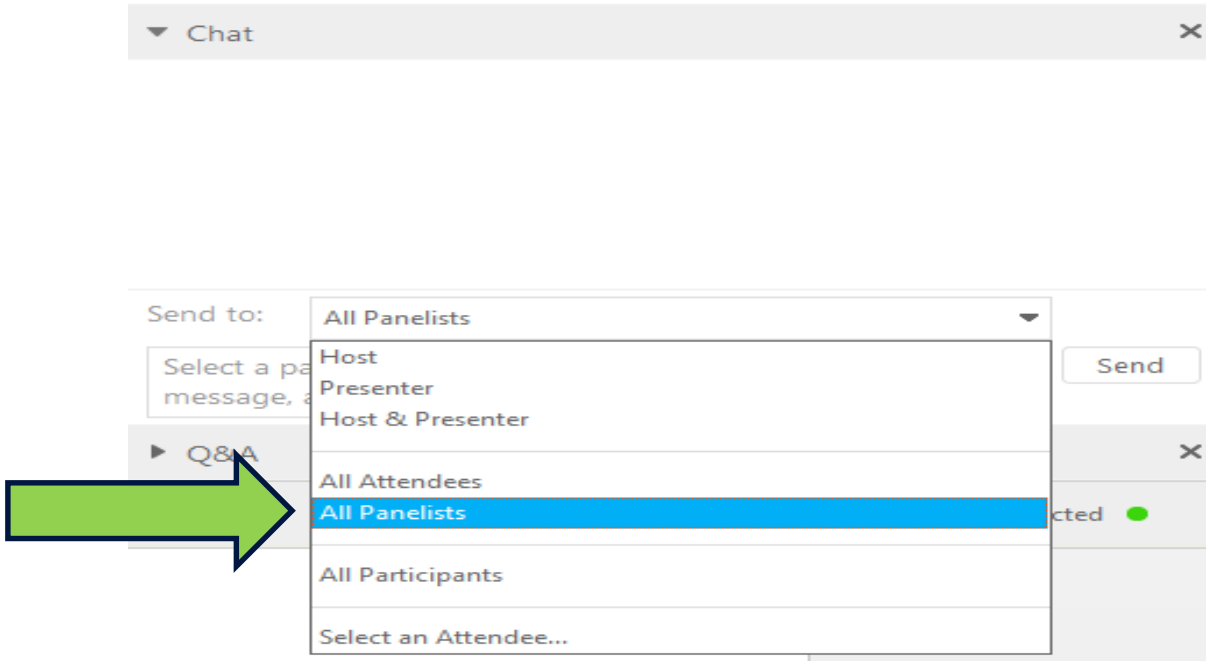
Important! Send questions/comments to ‘All Panelists’



Guidelines for Recovery-Oriented Practice

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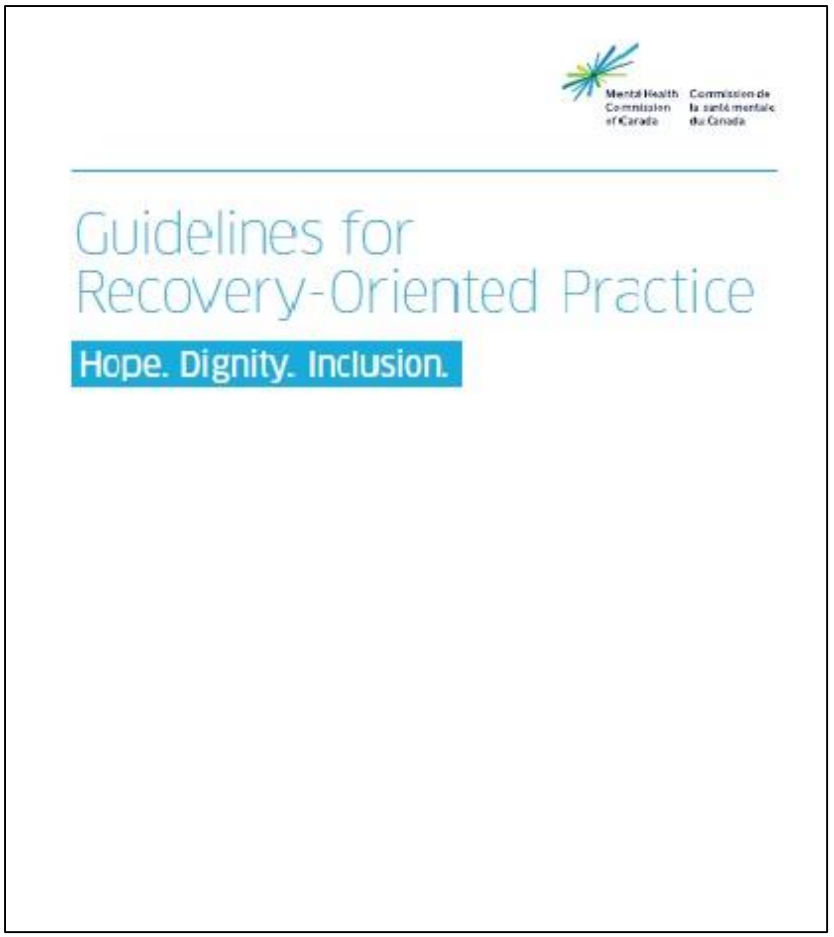

The *Guidelines* were released in June 2015 to provide a comprehensive document to understand recovery practice and promote a consistent application of recovery principles across Canada

http://www.mentalhealthcommission.ca/English/initiatives/RecoveryGuidelines

Six Dimensions of Recovery-Oriented Practice

1. Creating a Culture and Language of Hope
2. Recovery is Personal
3. Recovery Occurs in the Context of One's Life
4. Responding to the Diverse Needs of Everyone Living in Canada
5. **Working with First Nations, Inuit, Métis**
6. Recovery is about Transforming Services and Systems

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Agenda

1. How the Guideline was developed
2. Highlights of the Guideline
3. The Guideline in practice

Presenters

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Donna Lyons, Indigenous Health Specialist, Champlain Local Health Integration Network

Mary Bartram, PhD candidate in the School of Public Policy and Administration at Carleton University

Bill Hill, Aboriginal Clinical Practice Advisor, Social Worker, Parkwood Institute, Mental Health Care, London ACT 2

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How the Guideline was developed

On stigma, and sharing issues from the North to help develop the Strategy

“It was inspiring to be a part of it. My interest in Nunavut has been mental health because a large part of the population has been through trauma of some kind, but they are hesitant to seek help because of stigma. The priority should be mental health in Nunavut. I hope that governments, federal, provincial or territorial, will take it seriously and that the issues and recommendations are acted upon.”

Jack Anawak – Mental health advocate

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Reflections on Engagement

- Recovery guidelines for FNIM was based on engagement with the NAOs and other Indigenous organizations
- Engagement drew on principles and values of Indigenous engagement including:
    - Relationship building, developing trust
    - Respect and integrity
    - Reciprocity

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Relationship Building

- Initial engagement can be the first time meeting
- Important to develop and commit to relationships – extend beyond initial project
- Trust must be developed as groups are sharing their information with you
- Resources may be required to allow for appropriate engagement to occur

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Respect and Integrity

- Respect and integrity are essential for engagement – know who you are engaging with
- Engagement is not prescriptive, be responsive to how the group wants to be engaged and what they need to do engage appropriately
- Engage early on in the process
- Allow time for response, respect structures and processes within each group as they vary
- Listen and reflect what you hear in your work

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Reciprocity

- Important that the groups see their input reflected in the work
- Engagement must be seen as worthwhile to advance and empower Indigenous communities
- Align work with existing priorities as much as possible
- Information provided through engagement processes is respected and valued
- Engagement is based on or leads to an ongoing relationship - continue to work together on implementation or other initiatives

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How we Engaged

- Initial meetings and presentations occurred with organizations and committees
- Conversations and follow up meetings ensued to determine interest in participating in process
- Process determined with each group – varied based on structure, previous work, timelines, resources
- Discussions on structure of work – distinct approaches for each group

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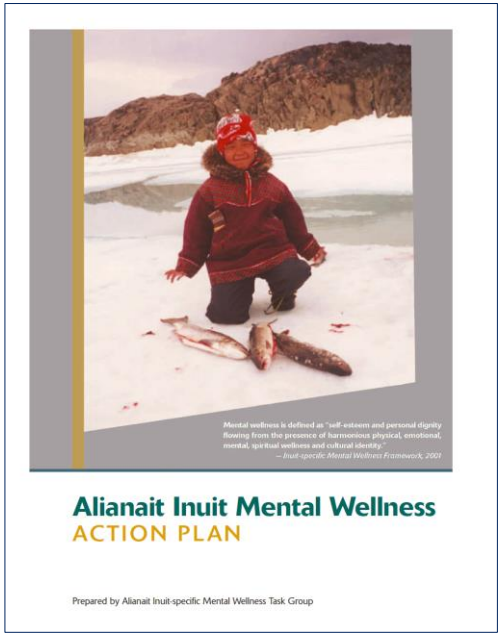
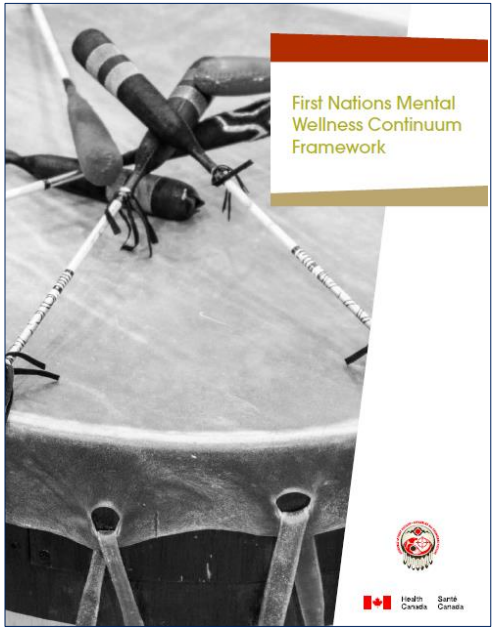
Built on Strategy Engagement

- Parallel outreach to NAOs, respecting protocols for engagement
- Drew wherever possible on FNIM policy initiatives supported by broad community engagement





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How we Engaged

- Drew on previous work ie. Alianait and First Nations Mental Wellness Continuum Framework
- Face to face meetings – ie. MNC Health Committee
- Opportunities to reflect, respond, revise to drafts
- Final draft sent for ratification to all of the groups

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Reflections

- The importance of protocols for engagement
- Constraints on community-level engagement
- Governance questions - is there a role in Indigenous policy development for mainstream organizations or should all resources be allocated to Indigenous organizations?
- Ethical engagement on policies with little direct impact on needs on the ground

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Highlights of the Guideline

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Recovery-oriented practice learns from indigenous understandings of wellness, and works with First Nations, Inuit and Métis to support recovery in the context of distinct cultures, rights and circumstances

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3 key points

- Recovery principles can be seen as overdue embrace of indigenous understandings of wellness
- Supporting First Nations, Inuit and Metis in their recovery starts with understanding the impact of colonization
- The recovery context is shaped by distinct First Nations, Inuit and Metis cultures, rights and circumstances

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Structure of the Guideline

- Overarching introduction with distinct overviews for First Nations, Inuit, Métis and urban Aboriginal
- One table highlighting:
  - Inuit, First Nations, Métis and urban-specific content (knowledge, opportunities, and resources)
  - shared content where appropriate (common principles, values, skills and behaviours, and reflective questions for recovery-oriented practice and leadership)

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Core principles for recovery-oriented practice

- Distinct First Nations, Inuit and Métis cultures, with all their variations, provide the context for recovery
- Practice must be holistic, strength-based and culturally-safe, and promote hope, belonging, meaning and purpose
- Family, community and broader social determinants, all have an impact on wellness and recovery
- Supporting self-determination and fostering choice from a full continuum of mainstream, cultural and traditional practices is necessary
- People's needs come before jurisdictional issues (Jordan's principle)

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Highlights – Knowledge – First Nations

- Rights (treaties, legislation, land claims, self-government, courts)
- Core cultural concepts (spirit, land, ancestors, path of life continuum, language as voice of culture)
- Role of Elders, traditional healers, community wellness
- Intergenerational impact of colonialism (residential schools, 60s scoop), poverty and other social determinants of health

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Highlights – Knowledge – Inuit

- Rights (legislation and land claims)
- Importance of holistic approach, promoting well-being, community strengths and the land
- Local tradition and cultural practices
- Relatively recent loss of language and culture, with forced relocation and residential school attendance
- Challenges in securing basics

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Highlights – Knowledge – Métis

- Distinct culture emerged along fur-trade routes
- Legacy of hidden ancestry
- Limited federal recognition
- Gaps in knowledge about mental health needs

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Highlights – Knowledge – Urban

- 56% indigenous population live in urban areas
- Challenges related to jurisdiction, access to culturally-safe services, poverty, intergenerational trauma

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Highlights – Skills and behaviours

- Critical reflection on cultural biases and privileges
- Support action on social determinants, individual and systemic racism and discrimination
- Provide safe spaces for people who have experienced trauma
- Work in collaboration with Elders, communities

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Highlights – Resources and opportunities (updated)

- Calls to close gap in mental health status and fund new Aboriginal healing centres (TRC, 2015)
- Murdered and Missing Indigenous Women and Girls Inquiry
- First Nations Mental Wellness Continuum Framework http://health.afn.ca/uploads/files/24-14-1273-fn-mental-wellness-framework-en05_low.pdf
- Inuit Suicide Prevention Strategy (in development)
- Supreme Court Daniels decision, recognizing Métis and non-status Aboriginal people
- Federal $70M/3 years for mental wellness teams, etc.

Reflections II

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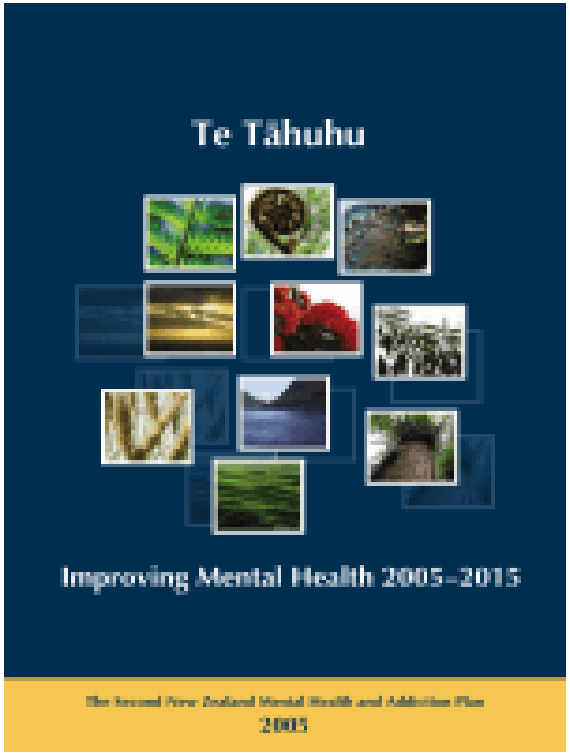
- Importance of distinctions-based vs pan-Aboriginal approaches
- Separate indigenous content vs integrating indigenous knowledge throughout mainstream policy (the New Zealand model)
- Nation-to-nation policy development?



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The Guideline in practice

Culturally Relevant Recovery Oriented Treatment

Validating Aboriginal Healing Methods Through Implementation

Bill Hill
Parkwood Institute, Mental Health Care, London ACT 2
bill.hill@sjhc.london.on.ca

The importance of identity

in mental health treatment

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Reflective Practice Questions –

Guidelines for Recovery-Oriented Practice

How have you reflected critically on the power imbalances and social inequities that may exist between yourself as a service provider and those who use your services, as part of a commitment to providing culturally safe practice?

Reflective Practice Questions –

Guidelines for Recovery-Oriented Practice

To what extent has your practice been influenced by an understanding of how recovery for Indigenous peoples is defined by culture and uniquely shaped by Canada's history of colonization?

With respect to providing Recovery Oriented services – Why Are First Nations People Different Than Other Minorities in Canada?

- Regardless of which country a person arrives from, they come with 4 sacred gifts “INTACT” that Canada promises to protect:
- Culture
- Language
- Identity
- Faith

Which **ONE** of These four Gifts could you remove from your daily lives that would NOT affect your mental health?

Reflective Practice Questions –

Guidelines for Recovery-Oriented Practice

In what ways have you systemically collaborated with First Nations traditional and cultural practitioners and Elders and included them in the delivery of services?

"Although they are kind, they need to learn us before they can introduce effective treatment that works. We should be the ones who are guiding them, they should be working together with us."

Oneida Elder and Traditional Healer - Bruce Elijah

Balancing the two

Providing Tailored Care Together

- Breaking New Ground
- Develop New Strategies of Shared Knowledge
- Mutual Learning Toward Recovery Oriented Practice

VALIDATING AND INCLUDING TRADITIONAL KNOWLEDGE IN RECOVERY

- Including Traditional Ceremony as an integral part of a Recovery Oriented Care Plan
- Having Culturally relevant interventions as part of the services offered for inpatient care
- Have practitioners attend and experience ceremonies with the person in recovery

Incorporating and Combining our knowledge(s)

- Our Ceremonies have always been the cornerstone of our Identity Formation, a means of expressing our Culture, and encompassing our Spiritual Mind
- Mental, Emotional and Spiritual Health are all inter-related within our Medicine Wheel
- Each can be addressed separately yet comforted as one

The Core of the Act of Healing

- Spiritually Focused
- Utilizes Ancestral Knowledge and Expression through Traditional Ceremony to calm our mind and soul as one, in balance
- Dene glo heyos - "Make your mind good"

Implementing the Recovery-Oriented Guidelines

Strategies To Engage FNIM Communities in a Meaningful Way

CREATE A SPACE WITHIN YOUR ORGANIZATION FOR CULTURAL PRACTICE

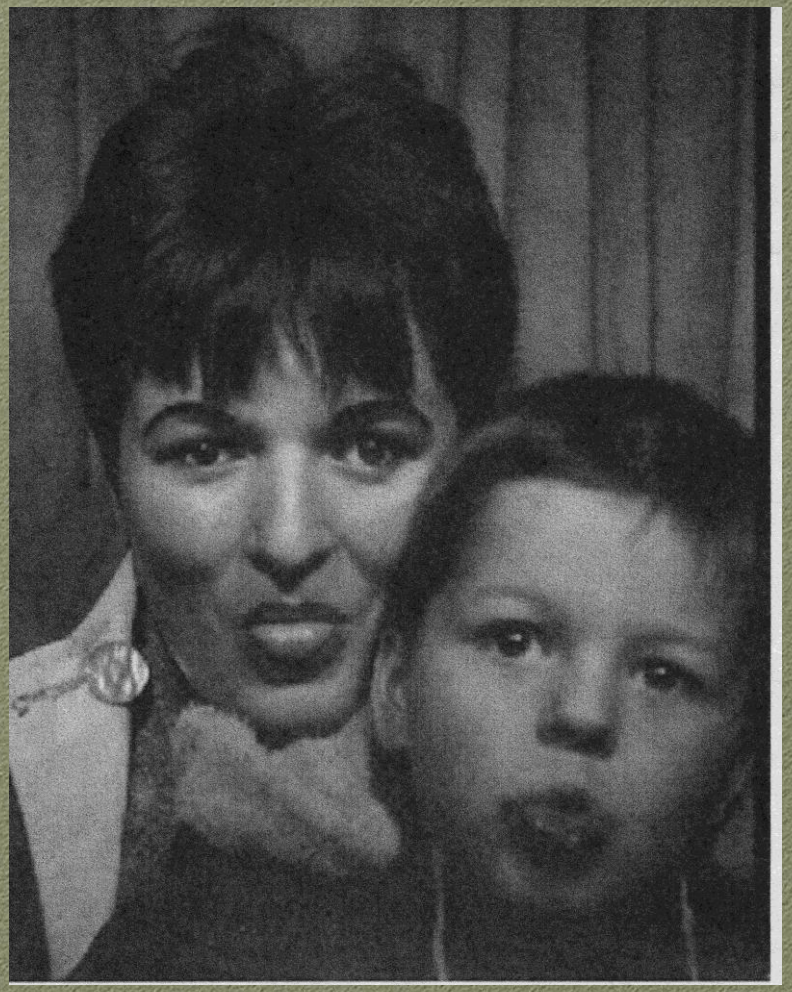
- Presently working with our Leadership to have space provided to conduct Traditional Ceremonies for in-patient use. Collaborating with local Elders and Traditional Healers for input
- Follow this dialogue - Strategize to improve access to effective mental health care that is specific to Indigenous needs that are expressed by the local community(ies) we serve
- Building working relationships with local First Nations Healing Centres
- Have practitioners provide mutual in-services with local Indigenous communities which will foster a relationship of knowledge sharing, building and validation

WALKING FROM TWO ROADS

- We see health from two perspectives and **we meet in the middle**
- When we meet, our Mutual Healers converse and collaborate
- We forge ahead knowing each of us has validated one another and we are being cognizant of the Indigenous lived experience

The importance of identity

in mental health treatment



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Questions?

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Next Recovery-Oriented Practice Webinar

Date: Thursday, September 15, 2016 at 1:00pm to 2:30pm ET

To rewatch or share this webinar visit:
www.mentalhealthcommission.ca/English/recovery

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How did we do?

Please fill out the survey that opens **after** you leave the webinar

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Thank you!

Karla Thorpe, Director, Prevention and Promotion
kthorpe@mentalhealthcommission.ca

Bonita Varga, Knowledge Broker
bvarga@mentalhealthcommission.ca

Mary Bartram, PhD Candidate, Carleton University School of Public Policy

Bill Hill, Aboriginal Clinical Practice Advisor, Social Worker, Parkwood Institute, Mental Health Care, London ACT II

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