



MENTAL HEALTH COMMISSION OF CANADA

ANTI-STIGMA / ANTI-DISCRIMINATION INITIATIVE CONSENSUS MEETING REPORT

September 23, 2008

Introduction and Context

The consensus meeting was opened by Michael Howlett, President and CEO of the Mental Health Commission of Canada (MHCC), who welcomed all of the participants, thanked them for coming and provided an overview of the primary purpose of the meeting—i.e. the joint development of a consensus vision, guiding principles and goals for the MHCC national Anti-stigma, / Anti-discrimination Initiative. While noting that full implementation of the initiative will take some time, the meeting represents a critical first step in the development of an effective and collaborative anti-stigma / anti-discrimination strategy for Canada. Michael emphasized the importance of working in partnership as this will enable the Commission and the mental health community to move forward together in achieving the identified goals.

Mike Pietrus, MHCC Director of Communications, reviewed the agenda and introduced the facilitator Beverley Bourget and guests, including Nicholas Austin of DRAFTFCB Canada, Bernie Colterman, of the Colterman Marketing Group and John Petitti from HBS Marketing. He asked the meeting participants to introduce themselves through a roundtable process. Mike then invited Nicholas Austin to share his experience at a U.N. consensus meeting about illicit drug use, with the group. Nicholas provided an overview of the process and outcomes of the U.N. meeting and noted that, despite the diversity of backgrounds and perspectives at that meeting, consensus was attained and a joint resolution developed. He expressed confidence that the MHCC meeting participants would also be able to reach consensus on key issues and offered to help support the process as needed throughout the day. The facilitator reviewed some key components of the background discussion paper that was circulated in advance of the meeting (*Appendix B*) to clarify the purpose, desired outcomes and ground rules of the meeting, and to define “consensus agreement” for the participants.

Research Findings: Stigma and Discrimination

Neasa Martin, Research Consultant to the MHCC, gave a presentation with respect to key research findings on stigma and discrimination. The presentation included an overview of the research literature, a review of several anti-stigma, anti-discrimination campaigns (in New Zealand, Scotland, the United Kingdom and the United States), results from consultations with Canadians and input from expert researchers in the field and advice from international and Canadian program leaders.

To date, there has been no coordinated national anti-stigma / anti-discrimination campaign in Canada. There are differing opinions as to how best to fight stigma and little Canadian research and evaluation with regard to the effectiveness of campaigns. Consultations with Canadians show that action on stigma and discrimination is a huge, urgent priority. The MHCC is seen as the vehicle to provide a voice, authority and visibility in this regard. Canadians would like the MHCC to:

- Build on activities already underway
- Be evidence-based in its programming
- Include consumers in a central role
- Use existing leadership, expertise and reach
- Partner with the community in program delivery, e.g. by building their capacity to act and investing resources
- Experiment, innovate, evaluate and improve

There are few rigorous studies concerning the most effective strategy for reducing stigma and discrimination but the experts agree that the task is complex and requires a multi-pronged approach. This would include education about stigma and discrimination myths, personal contact with persons with mental health challenges in a context where they are perceived as peers with equal power, and social protest. Some of the expert advice offered to the MHCC on moving forward with the campaign includes:

- Be strategic and take the time needed to plan carefully;
- Create a shared understanding by building agreement among partners and convene an expert Advisory Committee;
- Lead by articulating a clear national vision and developing common values and principles;
- Consider consumers/ service users as ‘experts’;
- Focus on discrimination and promoting rights;
- Ensure that recovery is the primary goal and hope is the key message;
- Look outward and build on the experience of others;
- Keep a national focus and seek systemic change but also work with partners to encourage local activity;
- Use social marketing tools to get the messages right;
- Ensure activities are “evidence-informed”;
- Include research and evaluation as key components of the work and build on and share knowledge as it accumulates;
- Target and engage specific priority groups—MHCC year one selected targets are youth and mental health care providers.

Developing a Vision Statement

The facilitator provided a definition of the term *vision statement* and shared some samples of vision statements related to fighting stigma and discrimination with the participants (see *Appendix B*). She presented the following draft vision statement to the group for discussion:

The vision of the Canadian mental health community is of a country where people with mental illnesses or disorders have the same rights and opportunities as all other citizens and are not subjected to stigma or discrimination in any form.

The ensuing discussion gave rise to a variety of suggestions for the preferred phrasing and terminology of the statement. For example, there was a robust debate about which of the following terms should be used and why: *mental illness*, *mental disorders* or *mental health problems*. Participants also considered whether the focus of the statement should be shifted to emphasize the importance of mental health and wellness. Several versions of a vision statement were put forward for consideration. After a lengthy discussion, the participants agreed that short and simple would be best and they arrived at consensus on the vision statement below.

Consensus Vision Statement

We envision a Canadian society that values and promotes mental health and wellness and is free from discrimination.

Identifying Barriers and Facilitators

The participants identified a range of barriers that might serve as impediments to the success of the campaign, as well as a number of facilitators that could support its success.

Potential identified barriers:

- Lack of buy-in from the mental health community—e.g. resistance to the Commission’s messages or reluctance to change approaches that appear to be working effectively
- Limited resources for those who would implement campaign activities, including human resources and funding
- A campaign with too narrow a focus—i.e. not inclusive of specific target groups or not sufficiently comprehensive to respond to the diversity of the population
- Jurisdictional issues—e.g. navigating differing federal and provincial mandates for mental health
- Not engaging key partners such as Public Health and provincial governments
- Lack of clarity regarding terminology—e.g. the words *mental illness* and *mental health* often mean different things to different people—which impacts capacity to accurately and effectively translate key terms
- The tremendous diversity of the Canadian population
- The geographic size of the country

Potential facilitators of success:

- Focused leadership and communications: organizations are spread thin so the Commission will need a highly effective communications strategy to reach them as well as strong leadership to get broad-based agreement with the campaign framework
- Building on existing success stories and framing the issue in positive ways—e.g. the effective HIV/AIDS campaigns
- Engagement of all key partners, at every level and jurisdiction, including those who are already doing stigma research (such as CAMH)
- Adopting clear and consistent terminology and ensuring materials are translated for different target groups
- Sharing emerging knowledge on ongoing basis with all partners
- Responsiveness to cultural differences as well as to the needs of different groups (such as low income Canadians)—this calls for expansion of the Commission Board and Committee membership to fully reflect the diversity of our population
- Using the lived personal experiences of individuals by recording their stories and figuring out how these apply to others (such as having individuals from different cultures share their stories with people from their communities)
- Identifying Champions to put a face to the issues
- Engaging health care workers
- Engaging young people in a way that works for them—i.e. using Internet resources such as You Tube and social networking sites
- Building support from the ground up—e.g. reaching out to communities through school boards
- Maintaining a positive focus and keeping partners motivated over time
- An effective evaluation plan to assess the process and progress of the campaign

Developing Guiding Principles

The facilitator defined *guiding principles* as fundamental rules that support decision making as work is progressing and create an environment that supports the accomplishment of the vision. She presented the participants with the following questions to aid in the discussion about guiding principles for the Anti-stigma / Anti-discrimination Initiative:

- Should we include a principle that speaks to the role of Canadians and Canadian society at large in combating stigma and discrimination?
- How should the principles address the issue of responding to the unique needs of diverse cultural and linguistic groups in Canada?
- Do we believe that representatives from the mental health community should work collaboratively to support the campaign and further its objectives?
- Should the guiding principles include a statement about the mental health community speaking with a united voice and using consistent messaging with regard to the campaign?
- What do we see as the role of the MHCC with respect to communicating with key stakeholders as the campaign is developed and implemented?
- What do we see as the role of consumers and caregivers in developing and implementing the campaign?

- How should the principles address the need to base campaign activities on best/promising practices from the research?
- How should the principles speak to the importance of campaign activities ensuring accountability for defined and measurable outcomes?

Some of the participants were uncomfortable with the term *campaign*, suggesting that it was causing people to think about the details of implementation and the group agreed that using the term *initiative* would help to keep people focused on the bigger picture. The participants further agreed that for the most part, guiding principles could be developed by turning the questions presented into statements. By doing so (with some editing) and by adding two statements, they generated the following list of key principles for the Commission's anti-stigma, anti-discrimination initiative.

Consensus Guiding Principles

1. The MHCC will lead the development and implementation of the initiative.
2. The initiative will support and encourage all Canadians to lead by example in accepting, including and respecting others.
3. People living with mental health challenges and their natural supports¹ must be invited to play a key role in developing and implementing the Anti-stigma / Anti-discrimination Initiative.
4. Any work done to promote mental health and decrease stigma and discrimination will contribute to the long-term sustainability of the Canadian health care system.
5. The initiative will recognize and reflect the diversity² of the Canadian population.
6. Cultural safety³ will be a cornerstone of the Anti-stigma / Anti-discrimination Initiative.
7. The Commission will work collaboratively with the mental health community to inform the development and implementation of the Anti-stigma / Anti-discrimination Initiative, further its objectives and develop effective, broad-based messaging about stigma and discrimination.
8. The Commission will seek engagement with diverse partners including leaders, persons of influence and change agents in various sectors.
9. The activities of the initiative will be informed by best/promising practices from research⁴ and lived experience and will incorporate lessons learned from evaluation

¹ Natural supports are those who provide care and/or support and are not part of a formal system of services, including family members and friends.

² See the glossary for the definition of diversity.

³ See the glossary for the definition of cultural safety.

⁴ See the glossary for the definition of grey literature.

Developing a Resolution Statement

The facilitator defined *resolution statement* for the group and shared examples of resolution statements put out by other groups (see *Appendix B*). She then presented a draft resolution statement for consideration by the group. Overall, the participants supported the content and direction of the draft. They did recommend changing the language, however, to reflect the terms used in the vision statement and guiding principles. They also pointed out that some of the recommended actions in the draft were a reiteration of the vision and guiding principles and suggested these items be replaced with one statement indicating support for the vision and principles. Some participants expressed concerns about “signing off” on a resolution statement without first obtaining endorsement of it by their respective Boards of Directors. To mitigate these concerns it was suggested that the statement be called a *consensus statement* rather than a *resolution statement* and all of those present agreed to this change. Managing this issue was also discussed in the context of next steps (see *the Next Steps section of the report*). The group agreed to the following consensus statement.

Consensus Statement

Understanding the negative impact of stigma and discrimination towards people living with mental health challenges, their natural supports and Canadian society at large,
Recognizing that stigma and discrimination hinder the capacity of people living with mental health challenges to recognize, openly acknowledge, manage their conditions effectively and recover their lives,

Deeply concerned about how stigma and discrimination subvert the basic human rights of people living with mental health challenges, including but not limited to their right to be treated with dignity and respect,

Deeply concerned also about how stigma and discrimination serve as an impediment to people living with mental health challenges to live full, meaningful and productive lives in the community,

Deeply concerned further about how stigma and discrimination affect the allocation of resources for effective diagnostic, treatment and community support services,

And welcoming the Mental Health Commission of Canada’s commitment to a national Anti-stigma / Anti-discrimination Initiative,

We, the participants of the September 23rd 2008 Mental Health Commission of Canada’s Anti-Stigma / Anti-Discrimination Consensus Meeting:

1. *Applaud* the development and implementation of the Anti-Stigma / Anti-Discrimination Initiative;
2. *Support* the vision and guiding principles of the initiative;
3. *Call upon* the Commission to work collaboratively with the mental health community⁵ to inform the development and implementation of the initiative, further its objectives and develop effective, broad-based messaging about stigma and discrimination.
4. *Call upon* all Canadians to support and participate in the initiative so that ultimately, discrimination is eliminated and stigma is not tolerated.

⁵ The mental health community is inclusive of all key stakeholders—i.e. people living with mental health challenges and their natural supports (as individuals and in the form of organized groups such as consumer-based organizations) as well as professional and service provider organizations.

Next Steps

The Commission will send the vision statement, guiding principles and consensus statement to all of the participants, in the form of a draft report. The participants will review the draft and if the content is acceptable, the Commission will assume responsibility for editing. Once finalized, the report will be posted on the Commission's website. Those participants requiring Board support for approval are welcome to share the report with their Boards. All Canadians who would like to express support for the consensus statement will be able to add their signatures to the list on the website.

Communication Strategy

A Liaison Group was established to facilitate ongoing communications between the Commission and those who attended the consensus meeting. The key mandate of the Liaison Group will be the dissemination of information to meeting participants. Mike Pietrus and Romie Christie will serve as the linkages for information sharing on behalf of the Commission.

Liaison Group Members

CAMIMH Chair – Constance McKnight
MHCC Advisor on Stakeholder Relations – Phil Upshall (Ex-officio)
CMHA – Taylor Alexander
CCSMH – Kim Wilson
CASP – Marnin Heisel
Child and Youth Mental Health – Don Buchanan
College of Family Physicians of Canada – Francine Lemire

Closing Remarks

In closing, Michael Howlett thanked the participants for their valuable input. He noted that this meeting represents a huge step forward in fighting stigma and discrimination in Canada and also as the launch of a truly collaborative social movement for change.

Glossary

Cultural Safety

From: *Charting the Future of Native Mental Health in Canada-Ten Year Strategic Plan 2007- 2017.*)

Cultural awareness is the first step in understanding that there are differences (cultural and other) and many people respond to this awareness by taking courses designed to sensitize them to these differences, e.g., formal ritual and practices. However, these sessions do not draw attention to the emotional, social, economic and political context in which people live. Cultural sensitivity alerts us to the legitimacy of difference and prompts the process of self exploration with an understanding that we are all bearers of culture, which includes our life experiences and realities that impact on others. Cultural safety begins with the practitioner. It requires that the practitioner consciously recognize and believe that we are all bearers of culture and always see others through our own cultural lens – that when we are in relationship with another person both the culture of the practitioner and the client (individual, family and/or community) are present.

Cultural safety goes beyond cultural awareness and sensitivity; it requires understanding others within the broadest context, including the historical, political and social factors that shape health care and health for people. In addition, cultural safety requires that structural inequities and power imbalances be recognized and that their role in shaping health care and health be understood and challenged. Cultural safety is both a process and an outcome; it requires excellence in relational practice and enables safe services to be defined by those who receive the service. Cultural safety includes openness to participating in cultures other than the one we are born into. It emphasizes the importance of understanding and owning our inherited cultural history and biases, and becoming aware of how these influence our beliefs, perceptions, and actions, thereby enhancing our capacity to relate to other people as whole human beings.

[1] Nursing Council of New Zealand. (1996). *Guidelines for cultural safety in nursing and midwifery education*, p. 9. Wellington: New Zealand. [2] Nursing Council of New Zealand.(2005).*Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice*. Wellington: New Zealand.

Diversity

Diversity is the variety of differences among people. The ways in which people differ include but are not limited to: age, gender, sexual orientation, race, ethnicity, culture, language, religion, education, socio-economic status, geographic location, and mental and physical abilities. In the context of this report, diversity is also defined as valuing all people equally regardless of their differences.

Grey Literature

Grey literature refers to materials such as government publications, technical reports, newsletters, bulletins, research reports, white papers, position papers, fact sheets, conference proceedings, etc. that are distributed freely and not published commercially.

Stigma and Discrimination

Stigma is a mark of disgrace or discredit that sets a person apart from others. It involves negative stereotypes and prejudice. Stigma results from fear and mistrust of differences. It builds on repeated exposure to misinformation reinforcing negative perceptions and false beliefs that are intensely held and enduring. Stigma leads to social exclusion and discrimination. *Discrimination*, which is unfair treatment of a person or group on the basis of prejudice, affects people in many areas including employment, housing, health care, policy and funding neglect, coercive treatment and denial of basic human rights.

APPENDIX A

Participant List

Key Stakeholders

Autism Society of Canada	Kathleen Provost
Canadian Working Group on HIV and Rehabilitation	Eileen McKee
Canadian Association for Suicide Prevention	Dr. Marnin Heisel
Canadian Association of Social Workers	Elaine Campbell
Canadian Coalition for Seniors' Mental Health	Kimberley Wilson
Canadian Coalition for Seniors' Mental Health	Sherri Helsinger
Canadian Medical Association, Office of Public Health	Dr. Maura Ricketts
Canadian Mental Health Association	Dr. Taylor Alexander
Canadian Mental Health Association – Ontario	Kismet Baun
Canadian National Committee for Police Mental Health	Edward (Ted) Ormston
Canadian Psychiatric Research Foundation	Jean Milligan
Canadian Psychiatric Association	Dr. Susan Abby
Canadian Psychological Association	Dr. Catherine Lee
Canadian Psychological Association	Dr. Karen Cohen
Child Welfare League of Canada	Peter Moore
College of Family Physicians of Canada	Dr. Francine Lemire
McMaster Child Health Research Institute	Don Buchanan
Mood Disorders Society of Canada	John Stanzynski
Mood Disorders Society of Canada	Phil Upshall
National Network for Mental Health	Constance McKnight
Native Mental Health Association of Canada	Dr. Ed Connors
Psychosocial Rehabilitation Canada	John Higenbottam
Registered Psychiatric Nurses of Canada	Annette Osted
Schizophrenia Society of Canada	Chris Summerville
Schizophrenia Society of Canada	Pamela Forsythe

MHCC Staff and Consultants

MHCC President and CEO	Michael Howlett
Director of Communications,	
Director Anti-stigma/Anti-discrimination Initiative	Micheal Pietrus
Manager of Communications,	
Project Manager, Anti-stigma /Anti-discrimination Initiative	Romie Christie
Secretary to the Board	Glenn Thompson
Executive Assistant, Office of the President and CEO (RECORDER)	Golda Temes
Research Consultant	Neasa Martin
Colterman Marketing Group	Bernie Colterman
DRAFTTCB Canada	Nicholas Austin
HBS Marketing	John Petitti
Facilitator	Beverley Bourget

APPENDIX B

BACKGROUND PAPER: THE CANADIAN NATIONAL ANTI-STIGMA, ANTI-DISCRIMINATION CAMPAIGN CONSENSUS MEETING

INTRODUCTION

This paper has been prepared to assist participants of the consensus meeting in developing a shared vision, guiding principles and a draft resolution for the National Anti-Stigma Campaign. Definitions of terms, samples of vision statements and resolutions, and key questions for the discussion on guiding principles are included for your review.

PURPOSE, CONSENSUS DEFINITION AND GROUND RULES

Purpose of the Meeting

The purpose of the meeting is to create consensus amongst the Canadian mental health leadership on a vision, key principles and resolution statement for a made-in-Canada anti-stigma, anti-discrimination campaign.

Definition of Consensus

Consensus means overwhelming agreement. It is important that consensus be the product of a good-faith effort to meet the interests of all stakeholders. **The key indicator of whether or not a consensus has been reached is that everyone agrees they can live with the final proposal, after every effort has been made to meet any outstanding interests.**

Ground Rules for Discussion

One person speaks at a time.

Each person addresses the facilitator.

Each person keeps an open mind and listens respectfully when others are speaking.

Each person participates with the intent of advancing the discussion.

DEVELOPING A SHARED VISION

Definition of a Vision Statement

A vision statement outlines what we want to see occurring in the future. It focuses on tomorrow and is inspirational. It normally takes a longer-term view, describing what we would like to see five to ten years out. It is designed to energize us and to help us to create a mental picture of our desired outcome.

Some examples of existing vision statements related to eliminating stigma and discrimination are:

1. Interagency Coalition on AIDS and Development (ICAD)

“The vision of ICAD is a world where the stigma, discrimination and inequities that drive HIV infection are eliminated and people living with or vulnerable to HIV infection are resourced and supported.”

2. Amnesty International

“Amnesty International’s vision is of a world in which every person enjoys all of the human rights enshrined in the Universal Declaration of Human Rights and other international human rights standards.”

3. National Association for the Advancement of Colored People (NAACP)

“The vision of the National Association for the Advancement of Colored People is to ensure a society in which all individuals have equal rights and there is no racial hatred or racial discrimination.”

Sample Vision Statement for the National Anti-Stigma Campaign

The statement below is an example of a vision statement that could be developed for the Canadian Anti-Stigma Campaign. It is presented for your consideration and further discussion at the planning session.

The vision of the Canadian mental health community is of a country where people with mental illnesses or disorders have the same rights and opportunities as all other citizens and are not subjected to stigma or discrimination in any form.

DEVELOPING GUIDING PRINCIPLES

Definition of Guiding Principles

Guiding principles are fundamental rules or values that represent what is desirable and positive. By serving as a guide to making decisions as the work is progressing, they create an environment that supports the accomplishment of the vision.

Key Questions for the Development of Guiding Principles

- Should we include a principle that speaks to the role of Canadians and Canadian society at large in combating stigma and discrimination?
- How should the principles address the issue of responding to the unique needs of diverse cultural and linguistic groups in Canada?
- Do we believe that representatives from the mental health community should work collaboratively to support the campaign and further its objectives?
- Should the guiding principles include a statement about the mental health community speaking with a united voice and using consistent messaging with regard to the campaign?
- What do we see as the role of the MHCC with respect to communicating with key stakeholders as the campaign is developed and implemented?
- What do we see as the role of consumers and caregivers in developing and implementing the campaign?
- How should the principles address the need to base campaign activities on best/promising practices from the research?
- How should the principles speak to the importance of campaign activities ensuring accountability for defined and measurable outcomes?

DEVELOPING A RESOLUTION STATEMENT

Definition of a Joint Resolution Statement

A joint resolution statement is a formal statement of a decision or opinion by a group. The format can vary, but a resolution statement generally begins with the title of the resolution and name of the group putting it forward, goes on to identify the reasons for developing the resolution including the areas of concern or the problem that needs to be addressed (often prefaced by **Whereas..**) and then lists a series of recommended actions to address the problem (often prefaced by **Therefore or Therefore be it resolved that..**)

Sample Resolution Statements

1. Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health

POSITION STATEMENT

American Psychiatric Association

Approved by the Board of Trustees, July 2006

"Policy documents are approved by the APA Assembly and Board of Trustees... These are ...position statements that define APA official policy on specific subjects..." -- *APA Operations Manual*.

The American Psychiatric Association recognizes that racism and racial discrimination adversely affect mental health by diminishing the victim's self-image, confidence and optimal mental functioning. Racism also renders the perpetrator unprepared for the 21st century society that is becoming increasingly multicultural and global. Racism and racial discrimination are two of the factors leading to mental health care disparities. Further, the APA strongly opposes all forms of racism and racial discrimination that adversely affect mental health.

Therefore, the APA believes that attempts should be made to eliminate racism and racial discrimination by fostering a respectful appreciation of multiculturalism and diversity. The APA and its members should be mindful of the existence and impact of racism and racial discrimination in the lives of patients and their families, in clinical encounters, and in the development of mental health services. In addition, the APA supports enhanced member and public education about impacts of racism and racial discrimination, advocacy for equitable mental health services for all patients, and further research into the impacts of racism and racial discrimination as an important public mental health issue.

This statement was prepared by the Committee of Black Psychiatrists of the Council of Minority Mental Health and Health Disparities. Members of the Committee include: Sandra Walker, MD (Chair); Lisa Green-Paden, MD; Napoleon Higgins, MD; James Lee, MD; Saundra Maass-Robinson, MD; Sherri Simpson, MD; Kalaya Okereke, MD; O.C. White, MD; Marketa Wills, MD; Rahn Bailey, MD (Corresponding Member, National Medical Association). Carl Bell, MD, and William Lawson, MD, contributed to the work of the Committee's Position Statement Task Force.

2. Assembly of First Nations Resolution No. 2

**Special Chiefs Assembly
Resolution No. 2/2007
May 23, 2007, Gatineau, QC**

**Subject:
Support AFN Women's Council Gender Balanced Analysis Framework (GBA).**

WHEREAS the AFN Charter states that the equality of men and women has always been a guiding principle and that both men and women must be involved in the advancement of an equitable society and that building and strengthening partnerships among women and men must become an integral part in all decision-making for the AFN; and

WHEREAS Resolution 10/98 established the National First Nations Gender Equality Secretariat and Resolution 16/2001 amended the AFN Charter to establish and include a Council of Women as a "Principal Organ" under Article 5 and the related roles, responsibilities and composition of the Council; and

WHEREAS the AFN Women's Council held its inaugural meeting at the Annual General Assembly in Charlottetown, Prince Edward Island, on July 19, 2004, to determine quorum, procedures, functions; and

WHEREAS the AFN Renewal recommendation #19 calls for the AFN to review and approve the gender analysis framework prepared by the AFN Women's Council prior to confirming AFN policies or positions; and

WHEREAS the February 12-14, 2007, Forum for First Nations Women Chiefs endorsed the AFN Women's Council Gender Balanced Analysis (GBA) Framework and the Women's Council convened a strategic planning session to advance strategic initiatives on the GBA that was presented to the AFN National Executive Committee on April 11-12 at their meeting in Regina.

THEREFORE BE IT RESOLVED that the Chiefs in Assembly accept and endorse the AFN Women's Council Gender Balanced Analysis Framework as a culturally sensitive policy teaching tool and effective approach to counter the impacts of colonization and restore traditional egalitarian partnerships and relationships among men and women, girls and boys; and

FINALLY BE IT RESOLVED that the Chiefs in Assembly direct the National Chief to meet with the Government of Canada to attempt to secure the federal government's participation, support and financial contributions to support this initiative.

3. UN General Assembly Resolution on the Rights of the Child

Forty-fourth session

Agenda item 108

Resolutions adopted by the General Assembly

44/25. Convention on the Rights of the Child

The General Assembly,

Recalling its previous resolutions, especially resolutions 33/166 of 20 December 1978 and 43/112 of 8 December 1988, and those of the Commission on Human Rights and the Economic and Social Council related to the question of a convention on the rights of the child,

Taking note, in particular, of Commission on Human Rights resolution 1989/57 of 8 March 1989, by which the Commission decided to transmit the draft convention on the rights of the child, through the Economic and Social Council, to the General Assembly, and Economic and Social Council resolution 1989/79 of 24 May 1989,

Reaffirming that children's rights require special protection and call for continuous improvement of the situation of children all over the world, as well as for their development and education in conditions of peace and security,

Profoundly concerned that the situation of children in many parts of the world remains critical as a result of inadequate social conditions, natural disasters, armed conflicts, exploitation, illiteracy, hunger and disability, and convinced that urgent and effective national and international action is called for,

Mindful of the important role of the United Nations Children's Fund and of that of the United Nations in promoting the well-being of children and their development,

Convinced that an international convention on the rights of the child, as a standard-setting accomplishment of the United Nations in the field of human rights, would make a positive contribution to protecting children's rights and ensuring their well-being,

Bearing in mind that 1989 marks the thirtieth anniversary of the Declaration of the Rights of the Child and the tenth anniversary of the International Year of the Child,

1. *Expresses* its appreciation to the Commission on Human Rights for having concluded the elaboration of the draft convention on the rights of the child;
2. *Adopts and opens* for signature, ratification and accession the Convention on the Rights of the Child contained in the annex to the present resolution;

3. *Calls upon* all Member States to consider signing and ratifying or acceding to the Convention as a matter of priority and expresses the hope that it will come into force at an early date;
4. *Requests* the Secretary-General to provide all the facilities and assistance necessary for dissemination of information on the Convention;
5. *Invites* United Nations agencies and organizations, as well as intergovernmental and non-governmental organizations, to intensify their efforts with a view to disseminating information on the Convention and to promoting its understanding;
6. *Requests* the Secretary-General to submit to the General Assembly at its forty-fifth session a report on the status of the Convention on the Rights of the Child;
7. *Decides* to consider the report of the Secretary-General at its forty-fifth session under an item entitled "Implementation of the Convention on the Rights of the Child".

61st plenary meeting
20 November 1989