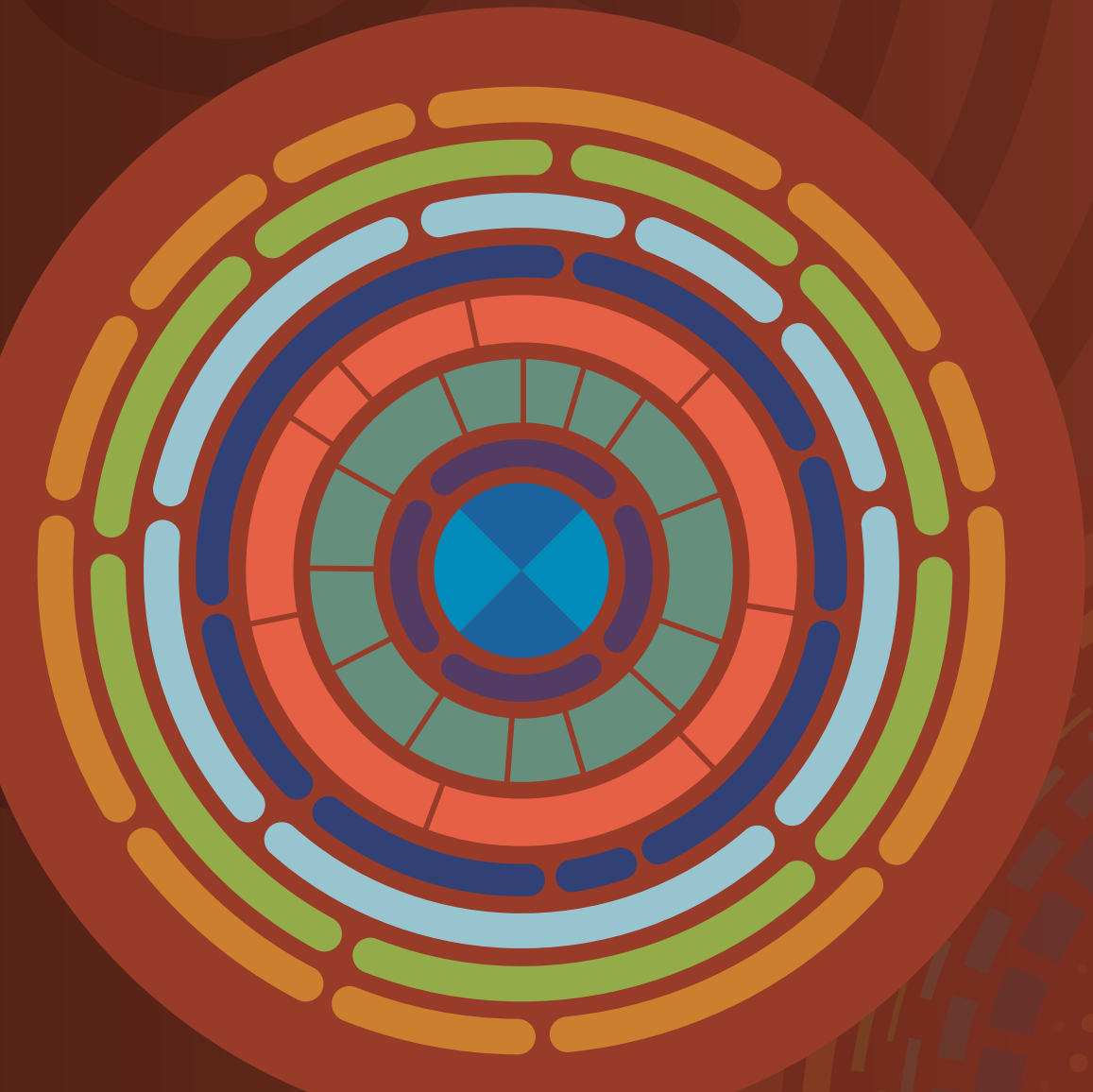


First Nations Mental Wellness Continuum Framework

A Guide to Implementation

THUNDERBIRD PARTNERSHIP FOUNDATION

Acknowledgements

The First Nations Mental Wellness Continuum Framework: A Guide to Implementation was written by Carol Hopkins and Jasmine Fournier, for the Thunderbird Partnership Foundation. The First Nations Mental Wellness Continuum framework is a joint initiative of the First Nations and Inuit Health Branch, the Assembly of First Nations, Thunderbird Partnership Foundation and the First Peoples Wellness Circle, and utilizes the Indigenous Wellness Framework.

thunderbirdpf.org

1-866-763-4714

info@thunderbirdpf.org

The Thunderbird Partnership Foundation is a leading culturally centred voice in Canada on Indigenous substance use and mental wellness research, advocating for partnerships that involve integrated and wholistic approaches to healing and wellness for First Nations. Thunderbird promotes research and collaboration to empower Hope, Belonging, Meaning, and Purpose within First Nations communities. Thunderbird's mandate is to implement the Honouring Our Strengths: A Renewed Framework to address Substance Use Issues Among First Nations People in Canada (HOS) and the First Nations Mental Wellness Continuum (FNMWC) framework.

The Thunderbird Partnership Foundation is a non-profit organization and a division of the National Native Addictions Partnership Foundation Inc.

Citation

Thunderbird Partnership Foundation. (2018). The First Nations mental wellness continuum framework: a guide to implementation. National Native Addictions Partnership Foundation.

Table of Contents

Annotated Table of Contents

1. **Introduction: Description of the Model and Themes**
   This is taken from the framework and provides a brief introduction to the themes, a visual of the model, and explanation of each layer of the model.

2. **Implementation and Managing Change**
   This section uses implementation science and system change theory to prompt thinking about where to start and examine what is driving the focus of implementation.

3. **Outcomes: Indigenous Wellness Framework**
   This section provides more description of the wellness indicators and their application in programs and services, and promotes the indicators as community wellness indicators.

4. **Understanding Culturally Defined Developmental Stages of Life to Inform Culture Based Service Delivery Standards**
   This section provides an outline of culturally defined developmental stages of life to guide attention to key cultural indicators that can guide design and delivery of community-based programs and services. The standards are also aligned with the Indigenous Wellness Framework outcomes: Hope, Belonging, Meaning, Purpose.

5. **Key Concepts**
   This section outlines key concepts of the FNMWC. These key concepts can act as principles to guide implementation and serve as descriptions for designing new or reviewing existing programs and services.

6. **Essential Services**
   This section provides examples from demonstration projects as well as an introduction to First Nations Service Delivery Models for Land-based and Crisis Prevention and Response, Community Healing Model, and First Nations community based opioid treatment.

7. **Developing Partnerships and Working Across Jurisdictions**
   This section focuses on critical aspects for brokering access to new services external to the First Nation community and for inviting services into the First Nation community. Examples of models for shared governance and program delivery are provided.

8. **FNMWC and Governance**
   This section provides basics of governance roles and responsibilities and introduces the links between these and the FNMWC.

9. **FNMWC and Workforce Development**
   This section provides cultural competency indicators that match the key concepts and the current trends in workforce development such as: opioid misuse, case management, strengths based practice, culture and cultural competency, trauma informed practice, land-based programming, crisis prevention and intervention, harm reduction and secondary risk reduction, cannabis, life promotion (suicide prevention), community healing from sexual abuse, data management.

10. **Implementation Priorities**
    This section contains the implementation priorities identified in 2013 during the development of the FNMWC.

11. **Appendices**
    This section provides resources, tools, templates, worksheets as well as references.

Chapter 1
Introduction

Developed in partnership with First Nations, the First Nations Mental Wellness Continuum Framework (FNMWC) presents a shared vision for the future of First Nations mental wellness programs and services and practical steps towards achieving that vision. A response to the mental health and substance use issues that continue to be a priority concern for many First Nations communities, the FNMWC's overarching goal is to improve mental wellness outcomes for First Nations. The FNMWC has five themes that support implementation (1) culture as foundation, 2) enhanced flexible funding, 3) collaboration with partners, 4) quality care system and competent service delivery, and 5) community development, ownership and capacity building. ***Culture as the Foundation*** is one of the themes that is often challenging to implement within formal structures of policy, governance, human resource management, program design and delivery. Factors that support mental wellness are Indigenous culture, language, Elders, families, and relationships with creation. These are necessary for a healthy individual, family, and community life. First Nations seek to achieve whole health—physical, mental, emotional, spiritual, social, and economic well-being—through a coordinated, comprehensive approach that respects, values, and utilizes First Nations cultural knowledge, approaches, languages, and ways of knowing. This guide is one tool that provides support in implementing the FNMWC framework through a variety of resources.

Description of the Model and Themes

The First Nations Mental Wellness Continuum is a complex model, rooted in culture and comprised of several layers and elements foundational to supporting First Nations mental wellness. Embedded within the model are the key themes that emerged through dialogue with partners as well as the social determinants of health that are critical to supporting and maintaining wellness. Several partners are necessary to support the model, such as communities, First Nations, regional entities, the federal government, provincial and territorial governments, non-governmental organizations, and private industry. Included in it are several elements that support the health system, specifically, governance, research, workforce development, change and risk management, self-determination, and performance measurement. The Continuum aims to support all individuals across the lifespan, including those with multiple and complex needs. The centre of the model refers to the interconnection between mental, physical, spiritual, and emotional behaviour—purpose, hope, meaning, and belonging. A balance between these elements leads to optimal mental wellness.

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

Intention of the Guide and How to Use It

In building a system of care for mental wellness

The guide is designed to support efforts to strengthen mental wellness programming and linkages between federal, provincial, and territorial programs. This guide is a useful tool to support planning towards a mental wellness continuum of care. Managing change towards a *systems approach* or a *strengths-based approach* can be supported through clear steps. These steps towards a vision of a systems approach can support engagement across governments, service sectors, programs and services, natural support networks, and partners to explore potential, connect areas of interest, and identify possible strategies.

▶ To support discussions across sectors of the social determinants of health

This tool provides a common understanding of key concepts and offers several examples to illustrate them in practice. Identifying common areas of interest can be accomplished by discussing how these key concepts apply in various services, leading to better coordination of efforts. This guide can also help others to determine the mental wellness impact of programming within the social determinants of health. It describes how programs can communicate better and work more effectively together within a comprehensive mental wellness system for First Nations. Team-based approaches link with primary care and public health approaches, including communicable and chronic disease.

In the community

For the community, this guide will assist in community planning and to identify links, relationships, and contributions in mental wellness services. It is hoped that the guide will promote a better understanding of *culture as the foundation*, a key theme that is everyone's responsibility that can be facilitated through partnerships, collaboration, aggregation, elimination of program silos, and a philosophy of continuous quality improvement. Communities are also encouraged to focus on individuals, families, and communities across the lifespan, with intention and attention to the needs of specific populations.

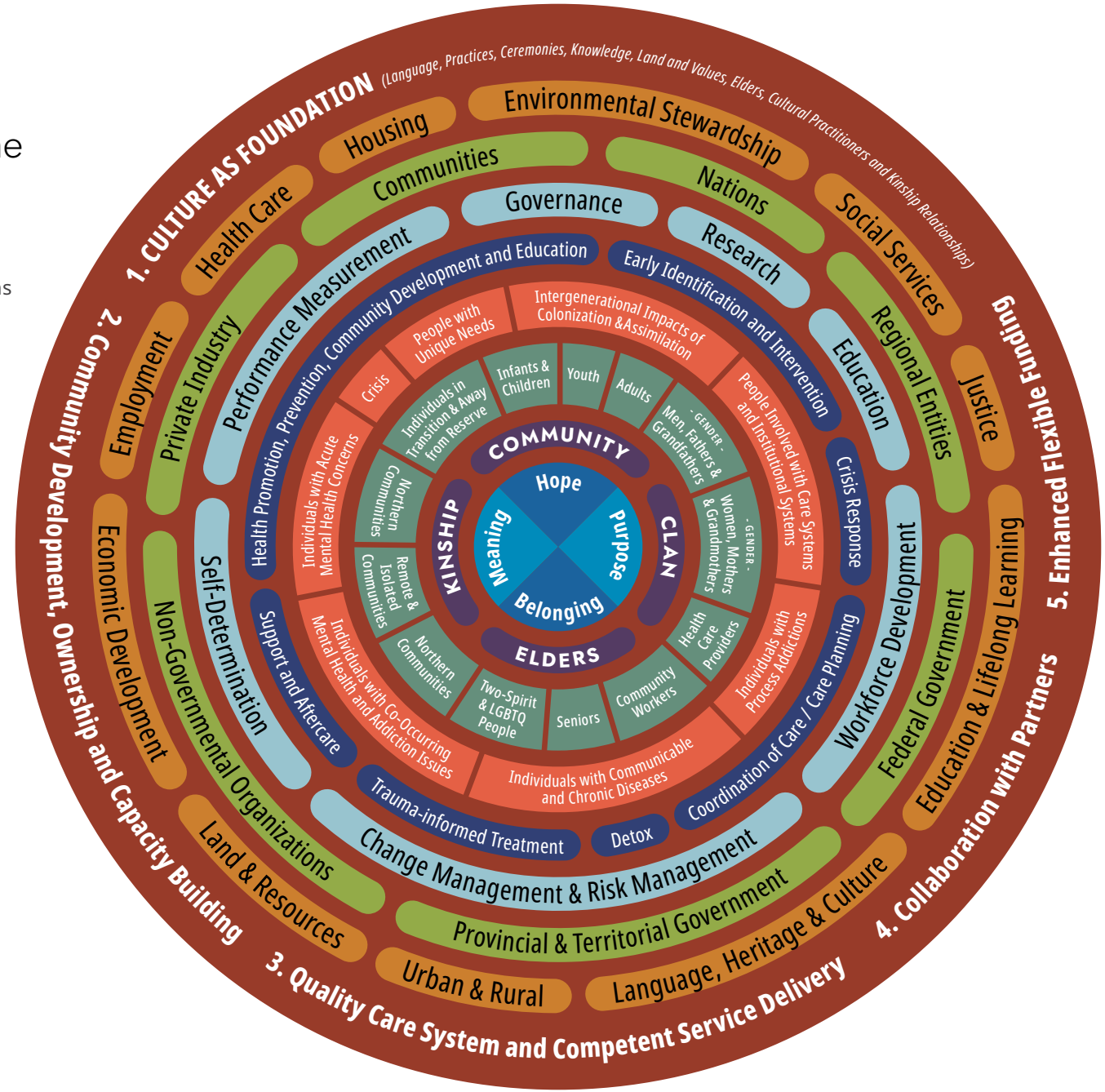
What's in the Guide

The guide offers common understanding of mental wellness and is intended to assist people in locating relationships, links, and contributions of others across the social determinants of health sectors and government, both internal and external to First Nations communities.

Brief Guide for Using the FNMWC Framework

The following table provides an outline describing each layer of the FNMWC framework and poses some key questions to facilitate the development of an understanding of how to apply the various layers of the framework to support community planning, design of services, or to support communication about how to meet the needs of First Nations mental wellness.

As you progress outward from the centre, you will see the primary facilitators of wellness, who are community, family, Elders, and relationship with Creation, i.e., Clans. As you think about all the ways the FNMWC framework can be applied towards mental wellness, you must think beyond the impact of policy, programming or services for the individual and consider the impact on family and community as well.



Four Directions (outcomes)
Hope, Belonging, Meaning, and Purpose.

13 Indigenous Wellness Indicators

Hope: Values, Belief, Identity

Belonging: Relationships, Family, Community, Attitude towards life

Meaning: Rational thought, Intuitive Thought, understanding what comes from integrating rational and intuitive knowing

Purpose: Unique way of Doing, Unique way of Being, Wholeness

The centre of the wheel shows the outcomes of HOPE, BELONGING, MEANING and PURPOSE. These outcomes have 13 indicators that were validated as contributing towards the outcomes. In using this model, you might consider how these indicators inform your use of the FNMWC model in strategic planning, program design and delivery, evaluating services, monitoring efficacy of culture in program and services, research, governance, human resource planning and management, broader community development initiatives, and coordination across the Indigenous social determinants of health sectors or across governments.

The 13 indicators can also be used as determinants of community health - communities can define and interpret the meaning of the 13 indicators within the context of the First Nation community history, experience, current context (see Appendix A for definitions of the 13 indicators). These indicators were developed from Indigenous Knowledge and therefore are strengths-based. These can work collaboratively with indicators that are focused on health issues.

Community

Kinship, Clan, Elders, and Community.

As you progress outward from the centre, you will see the primary facilitators of wellness, who are community, family, Elders, and cultural identity, i.e., Clans. As you think about all the ways the FNMWC framework can be applied towards mental wellness, you must think beyond the impact of policy, programming or services for the individual and consider the impact on family and community as well.

Think about the current context of First Nations communities and their capacity, their strengths, and the role of relationships within community, Elders, and cultural relationships defined as clans. It will be important to think beyond current crisis, challenges and issues to identify the strength of the community – and how strength is grounded in and comes from the culture of the people.

This will also help you to identify the cultural strengths and resources that can be brought forward to be more integrated as *culture as the foundation.*

Populations

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

Who are the populations being served or thought of in your strategic planning, policy development or program design?

The FNMWC framework is meant to address mental wellness for the full life span, across unique populations, and specific to geographic environments.

Specific Population Needs

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

What are the specific needs of this population?

Are there specific needs of this population that you have not considered?

Have you considered the different factors influencing mental wellness for this population, for example, people with chronic health needs and how these needs are linked with addiction or mental health needs?

Continuum of Essential Services Health Promotion, Prevention, Community Development, and Education; Early Identification and Intervention; Crisis Response; Coordination of Care and Care Planning; Detox; Trauma-informed Treatment; and Support and Aftercare.	What essential services will address the specific needs of the population within their identifying and geographic context?
Supporting Elements Performance Measurement, Governance, Research, Education, Workforce Development, Change Management and Risk Management, and Self-determination.	What are the gaps that currently exist or the key things that need to be in place to support the needs of this population, in the essential service? What infrastructure will ensure the essential services can operate in a way that contributes towards improved mental wellness outcomes?
Partners in Implementation Non-governmental Organizations, Provincial and Territorial Governments, Federal Government, Regional Entities, Nations, Communities, and Private Industry.	Who are your partners now? Who are the partners that need to be engaged, across government jurisdictions and private industry?
Indigenous Social Determinants of Health Environmental Stewardship; Social Services; Justice, Education and Lifelong Learning; Language, Heritage and Culture; Urban and Rural; Land and Resources; Economic Development; Employment; Health Care; and Housing.	Who are the other sectors that are also working towards or have a mandate for mental wellness? What other services have a role to play across the Indigenous social determinants of health? Who can you engage across the Indigenous social determinants of health to pool your resources toward common goals?
Key Themes for Mental Wellness Community Development, Ownership and Capacity Building, Quality Care System and Competent Service Delivery, Collaboration with Partners, and Enhanced Flexible Funding.	What is the key theme that your initiative is addressing or should address? What are some examples where these themes have been addressed and should be shared more broadly?
Culture as Foundation Elders, Cultural Practitioners and Kinship Relationships, Language, Practices, Ceremonies, Knowledge, and Land and Values.	How does culture play a role in every aspect of this conversation? Are First Nations playing a leadership or governance role? Are Cultural Practitioners part of your workforce? Does your research or programs and services align with First Nations worldview, knowledge, evidence, and values? How does your initiative measure / contribute towards Hope, Belonging, Meaning, Purpose?

Chapter 2

Paradigm Shift and How to Manage This Change

Paradigm Shift:

Examining and Changing the Way We Think About Wellness

There must be a change in the way we currently address mental wellness and the way we design services to promote wellness. The way a question is posed will determine the types of responses gathered. For example, the question "what mental wellness issues does community X have?" will yield deficit-focused answers. Whereas, a question such as "what is working well for community X's mental wellness?" will result in strengths-based responses. The dominant approach to creating solutions must be challenged. The focus must be shifted from dwelling on the deficits to discovering strengths.

People drive change, not systems!

What are the beliefs about health and wellness among the people who must lead change or have a role in change? Change management requires an exploration of ways of thinking that can bog down change towards wellness.

"Change the Way We Think... About What?"

FROM:		TO:
Programs focused on deficits	→	**Discovery of strengths**
Evidence that excludes Indigenous worldview, values, culture	→	Indigenous worldview, values, and culture that are the foundation to determine the relevance and acceptability of various sources of evidence in a community context
Focus on inputs for individuals	→	Focus on outcomes for individuals, families, and communities; wholistic collaborative approaches
Uncoordinated, fragmented programs and services	→	Comprehensive planning and integrated federal/provincial/territorial/ sub-regional/First Nations models for funding and service delivery
Communities working within program silo restrictions	→	Communities adapt, optimize, and realign their mental wellness programs and services based on their priorities
Program focus on health and illness	→	Approaches that strengthen multi-sectoral links, connecting health programs and social services, across provincial/territorial and federal systems to support integrated case management considering the First Nations social determinants of health

Implementation and Managing Change

Change Management is a concept that promotes an understanding of the dynamics of change. As a model for practice it facilitates an understanding of contextual barriers and opportunities to facilitate change. The evolution of theories on managing change have gone from a **top down approach** in the 1980s and 90s to an **understanding people and the impact of change** on people from the late 90s to today. There are various theories on managing change; for example, consider the following areas of focus and determine where you should start.

It is important to understand the theory of change because it will focus attention to the dynamics of change in different directions. For example, systems change, such as community health and wellness planning, requires us to decide if we focus attention on the dynamics at the system level or at the people level within the system or both. Systems change often gets bogged down by the complexity of dynamic relationships between interrelated components that make up a whole. Systems thinking means looking at the component parts and their characteristics, relationships, and interconnections to better understand the whole.

One model of change management that has bridged attention to both the systems level and the people within the system to help build understanding and facilitate change is based on the theory of *engagement* and it offers three clear steps: engage, activate, and reflect. It is also important to address misassumptions about change so that change can be facilitated through engagement with long term sustainability.

What are the Priorities for Change?

Where are we at now?

What's missing?

What pressures do you feel?

What do you really want to happen?

Of all the things you identified, what is the most critical?

What knowledge is required to get you where you want to be?

What skills are needed to facilitate change?

What are some of the attitudes that stand in your way?

What are some to the attitudes that will help facilitate change?

Did these priorities for change include:

1. Integration of Indigenous Knowledge or collaboration across programs and service sectors of the social determinants of health to pool resources
2. Management of shared decision making
3. Addressing structural changes
4. Engagement of community in supporting and navigating change
5. Other

How to Manage Change

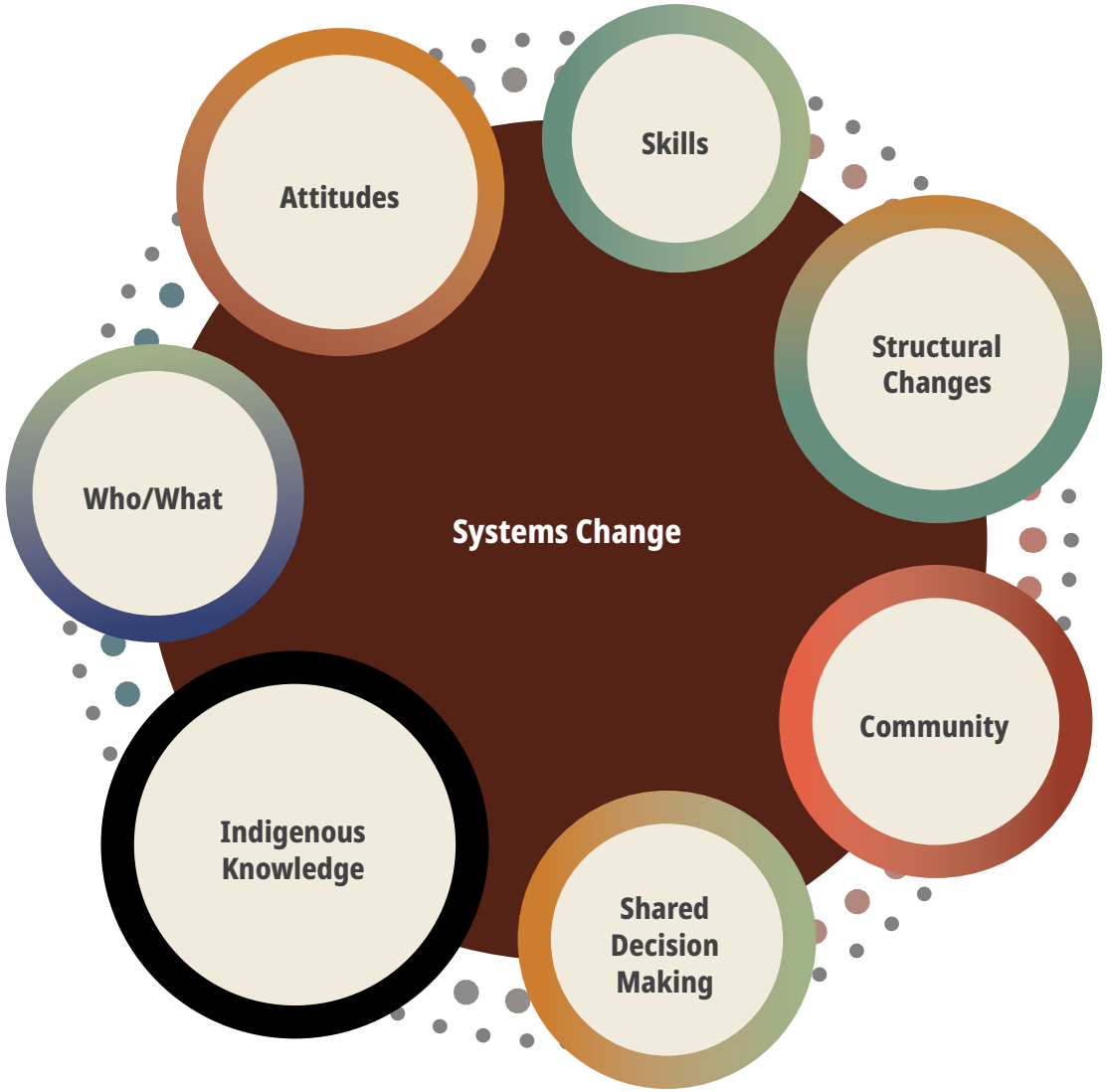
Shown on the right is one model we will work with to support our exploration of how to facilitate systems change. Here we must consider the interaction between the parts of the system we are considering. Once we have the pieces identified, then we will have to identify the groups of people who have a key role in these various aspects of the system. Next, we will look at the links between the pieces and the people in them.

Evidence Based Information

Tacit Knowledge – these are the things that are just understood, the things that are implied, the culture and customs and unique ways of doing things. This also includes the development of best practices.

Explicit Knowledge – these are the published findings from research, the best practices developed from research. It is also the cultural knowledge held within sacred societies.

Good knowledge is created from a blending of both tacit and explicit knowledge.



Process Questions

The following questions are meant to help you and your team examine your target of change. What evidence have you used to help inform the following?

1. **Gaps** – what is the source of information that tells you something is missing or not connecting?
2. **Trends** – what is the source of information that tells you that something occurs over and over, for all or just some people?
3. **Risks** – what is the source of information that tells you that there are potential harms, or things will just keep getting worse if no action is taken?
4. **Strengths** – what is the source of information that tells you there are positive people, skills, knowledge, ways of doing things that can be engaged to support change?

Now, put these answers together and decide if you have enough information or if you need to gather more. Use this information as a foundation to develop a more comprehensive picture of the target of change. In the space below, describe or illustrate the target of change. Also identify what other information you still need to obtain.

Facilitating the Process of Change

Describe the program, project or situation and then describe what change is needed.

Phase		Goal	Transition
1.	Engage	Buy into plan	Frustration to excitement
2.	Activate	Experience Success	Fear to Courage
3.	Reflect	Lock in wins	Judgement to Curiosity

Engage: Rally Your Team,
(move from frustration to excitement)

- Who is / should be involved?
- What do they feel about the situation?
- What patterns and dynamics are at work among people on the team, across other programs, or from the community?
- What are some first goals that will be accepted by everyone? Do you have a common ground that brings people together for change?
- How will you communicate to get people on board with supporting change?

Activate: Experience Success,
(move from fear to courage)

- What new knowledge, attitude, skills do you want to generate and apply?
- How will you develop these things?
- How will you maintain focus?

Reflect: Maintain the Team,
(move from judgment to curiosity)

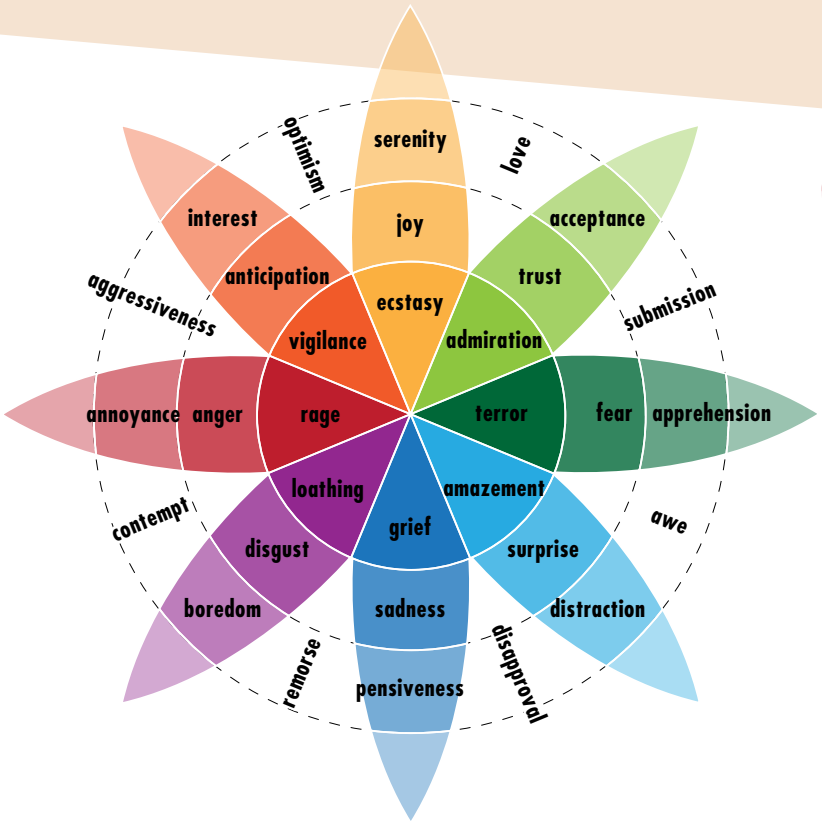
- How will you check progress?
- What will facilitate a curious/open vs defensive dialogue?
- How can you bring awareness of the change back to the organization, program, team, community (e.g., strength based stories)?

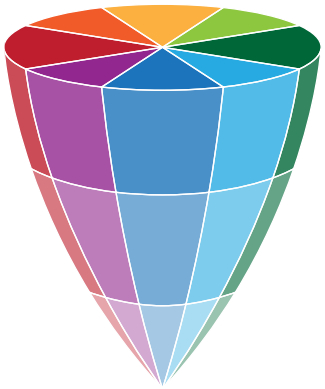
Recap

Misassumption	Problem	Antidote
Change is linear	We are not dealing with one simple change	Create a dynamic process for ongoing changeability
Leave emotions at the door	Humans are not only rational	Become effective with the emotional side
Change will occur by changing systems	Strategies don't work if people won't or can't execute them	Put people at the center of the planning

Robert Plutchik's psycho-evolutionary theory of emotion is one of the most influential classification approaches for emotional responses. He considered there to be eight primary emotions: anger, fear, sadness, disgust, surprise, anticipation, trust, and joy. Plutchik proposed that these basic emotions are biologically primitive and have evolved in order to increase the reproductive fitness. Plutchik argues for the primacy of these emotions by showing each to be the trigger of behavior with high survival value, such as the way fear inspires the fight-or-flight response. The concept of emotion is applicable to all evolutionary levels and applies to all animals including humans and in an Indigenous context of intergenerational trauma the fight-or-flight response can apply to a whole community.

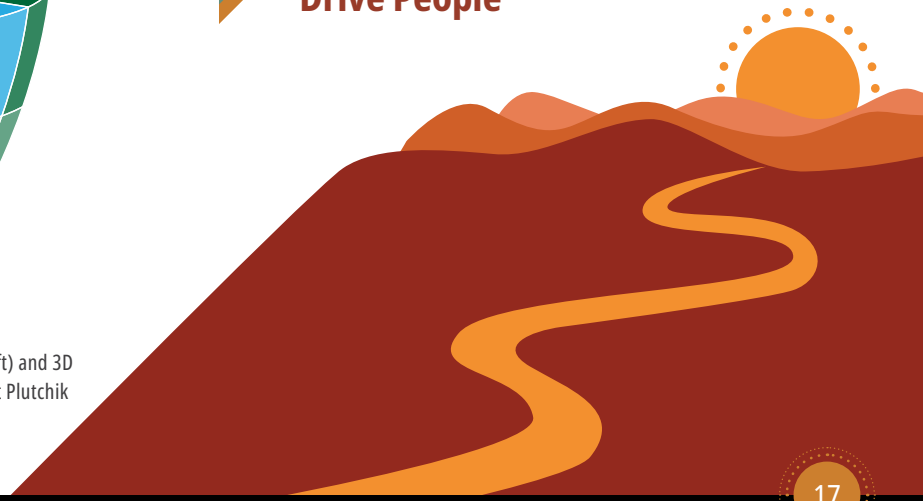
1. Emotions have an evolutionary history and have developed over time into various forms of expression.
2. Emotions serve an adaptive role in helping us deal with key survival issues posed by the environment, for example colonization, racism, and discrimination.
3. Despite different forms of expression of emotions, there are certain common elements or patterns that can be identified.
4. There are a small number of basic or primary emotions.
5. All other emotions are mixed or derivative states; that is, they occur as combinations, mixtures, or compounds of the primary emotions.
6. Primary emotions are patterns we develop and whose characteristics can only emerge in the right environment.
7. Primary emotions can be conceptualized in terms of pairs of polar opposites.
8. All emotions vary in their degree of similarity to one another.





The Plutchik Emotion Complex 2D (left) and 3D (above) developed in 1980 by Robert Plutchik

Emotions Drive People



Identify Long-Term Goals for Using the FNMWC

For this example, the long-term outcome is a strength-based system of care in First Nations communities that can demonstrate how this system facilitates Hope, Belonging, Meaning, and Purpose. To achieve that goal, the community or service team that is responsible for program design identifies three preconditions: communities define strengths from Indigenous knowledge, communities define how culture attends to these strengths, and communities have the knowledge and resource to measure the impact of culture in facilitating strengths. The program designers identify preconditions from their experience and from research. Communities identify how their programs and services attend to the 13 indicators of Hope, Belonging, Meaning and Purpose and these activities are documented.

Use the themes of the FNMWC framework to describe one goal for each theme

1. Culture as Foundation
2. Quality Care System and Competent Service Delivery
3. Community Development, Ownership and Capacity Building
4. Enhanced Flexible Funding
5. Collaboration with Partners

Remember each goal should move you towards:
Hope, Belonging, Meaning, and Purpose

Creating a Vision of Community Wellness by Defining the Outcomes

- **Describe the outcomes** clearly and with great attention to detail so that others can see the whole picture
- **Stay Focused in Respective Roles** from governance, to management, to front line staff as each role is important to achieving the right results/ outcomes
- Management must work with front line staff and partners to **translate the goals into action for change**... their work is dependent upon clear and specific communication and feedback
- Creativity is important... the path to the goal is dependent upon stakeholder involvement to create the vision

Outcomes

Wellness Indicators

As you read the Indigenous Wellness Indicators, notice the strengths-based language. The indicators were developed by posing the initial question "What makes a whole and healthy person?" to Elders, traditional Knowledge Holders, Cultural Practitioners, directors, and staff of treatment centres, consulting psychologists for treatment centres, and community health, chief and council members from the various First Nation communities. The most important aspect of these conversations is that they were about culture and using cultural knowledge, thus reinforcing that culture is the foundation of Indigenous wellness. These conversations allowed space to begin shifting the paradigm from deficit-based indicators to strengths-based indicators.

This section provides more description of the wellness indicators and their application in programs and services, in treatment programs and as community wellness indicators. The Native Wellness Assessment™ (NWA™) measures: Hope, Belonging, Meaning, and Purpose. There are five questions for each of the 13 indicators that are strengths-based and defined from Indigenous Knowledge. The NWA™ can be accessed at: *https://thunderbirdpf.org/nwa/*

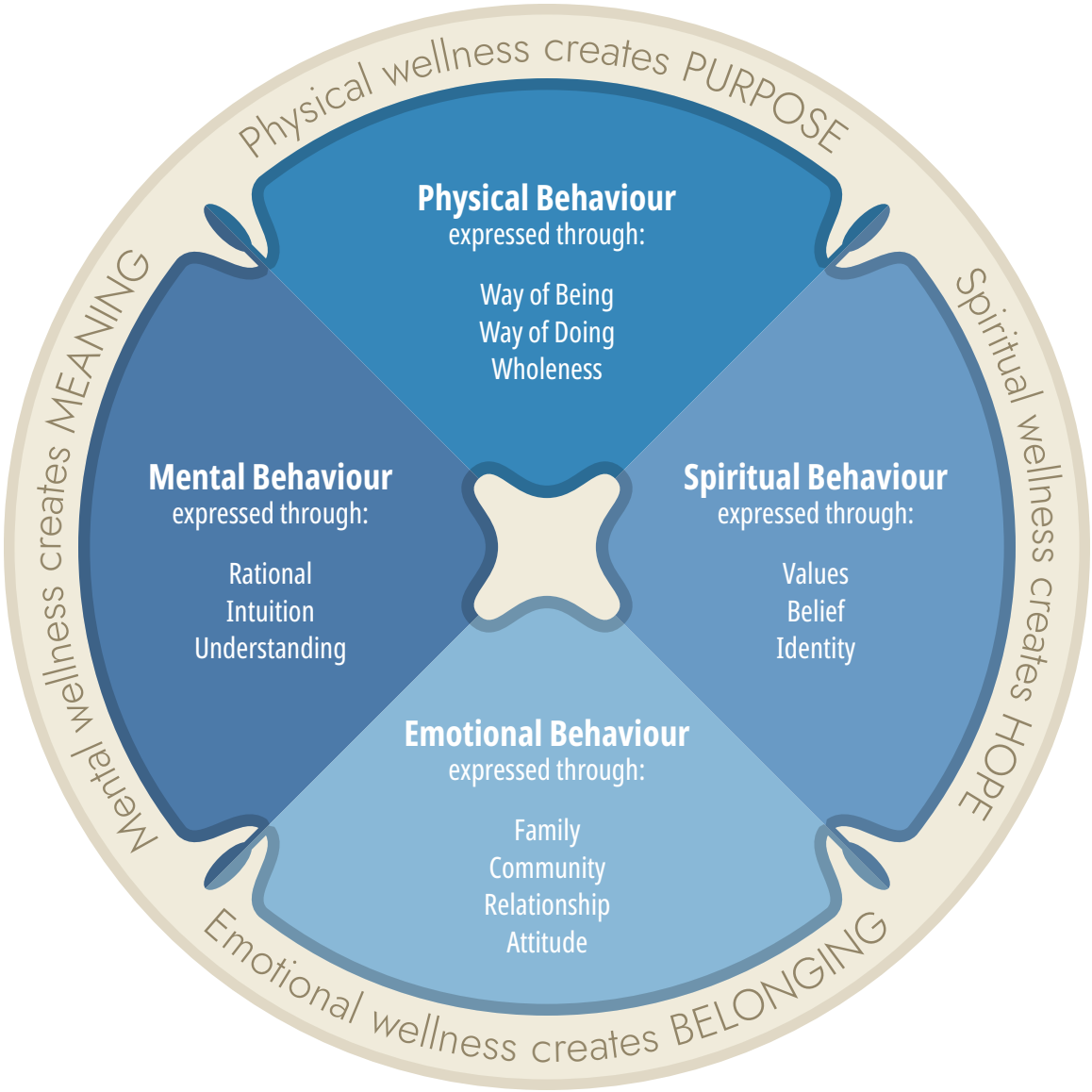


Figure 1: Thunderbird Partnership Foundation. (2014). *Indigenous wellness framework.* National Native Addictions Partnership Foundation.

Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, heart, mind, and body. Central to wellness is the belief in our connection to language, land, beings of creation, and ancestry, supported by a caring family and environment. Wellness of a whole and healthy person is described as follows:

Spiritual wellness is the quality of being alive in a qualitative way. The spirit causes us to live, gives us vitality, mobility, purpose, and the desire to achieve the highest quality of living in the world. Spirit is central to the primary vision of life and worldview and thereby facilitates **Hope**.

Understanding of culture gives perspective and vision for life. Perspective and vision are facilitators of hope. When we have our identity in tact we have a belief in both the spirit and physical aspects of life. It's our spirit that carries our identity because the Creator gave us our spirit, our identity, and no matter how we live our identity persists. As a people, we have a foundation of strength that comes from our creation story which existed from the beginning of time long before colonization and oppression. Our identity has persisted despite all that we have faced as a people. Our inherent values of kindness, caring, honesty and strength are within us when we come into this world.

Emotional wellness is nurtured by our **Belonging** within interdependent relationship with others and living in relation to creation, including beings in creation, and is at the heart level of our being. Within an Indigenous worldview, being rooted in family, community and within creation as extended family is the foundation of **Belonging** and relationships.

Our family is more than our biological family. It's our extended family including all beings in Creation. Our language tells us that all living beings have a spirit, Creation is alive. Our community is about our story of the land, the stories our community holds about who we are as a people and how we live on the land in relationship with Creation. Our relationship with Creation is expressed through our Clan systems. The relationship we have with family and community are important for supporting us throughout the path of life we live. They are the source of wellness and help us always to find the answers we seek about life.

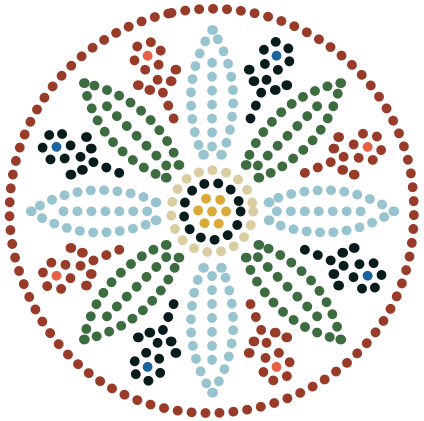
Mental wellness is the conscious and intelligent drive to know and activate our being and becoming. Having a reason for being gives **Meaning** to life. The mind operates in both a rational and intuitive capacity.

When we have a relationship with family and community we have an attitude toward living life to its fullest, living life motivated by our identity. Our spirit name, clan family and the land we come from and our language helps us to understand our roles, responsibilities, our unique traits, and characteristics... our life has purpose and we have a reason for being. Our cognitive thought and our spiritual thought, which we know as intuition, are critically important for understanding the meaning of our own life. When we weave the two together we have respect, an understanding about our own life. How do we blend our learning from fasting – where we pursue a spiritual understanding about our life, with what we have learned in school and with what our family teaches us about how to live life?

Physical wellness is that way of behaving and doing that actualizes the intention and desire of the spirit in the world. This and the knowledge that the spirit has something to do in the world generates a sense of **Purpose**, conscious of being part of something that is much greater than we are as an individual. The body is the most outer part of our being and is comprised of the most immediate behavioural aspects of our being.

As Indigenous people, our identity has persisted and so it is still intact. No matter how we live life or how we pray, we have a unique way of being, such as our laughter for example. Our laughter and humor help us not to take life too seriously. Laughter has helped us to cope with life and finding joy in life is foundational to a unique way of being. Way of doing is about the unique ways our culture helps us to live life, such as understanding that the earth is our mother and so we pick berries because we know they are medicine. Berries are the first food from our mother the earth and the berries are as important as a mother's breast milk is to newborn life. Wholeness is knowing that our body is the home for our spirit and that our spirit, heart, and mind are all interconnected and that they all work inseparably.

Thunderbird has developed an Indigenous knowledge based wellness assessment tool called the Native Wellness Assessment™ (NWA™), further explored on the next page. By registering your community, program, or organization, you can measure the impact of culture in promoting mental wellness over time. Once the assessment is complete, a client report is automatically generated for your use in planning how to meet the specific needs of the individual. Because the NWA™ is validated as a reliable measure of change over time, an aggregate report based on a timeframe defined by you can provide rich data on the performance of your program, give you feedback that can inform staff development and training needs, and provide information for cultural / clinical supervision of staff.



The Native Wellness Assessment™

The Native Wellness Assessment™ (NWA™) is an Indigenous knowledge based wellness assessment instrument that is available through the Addictions Management Information System (AMIS). It provides culturally-based information to guide treatment services and demonstrates the effectiveness of First Nations culture as a health intervention in addressing substance use and mental health issues. The instrument was launched in 2015 and is the first of its kind in the world. It is a product of the Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment (CasI) research project whose team included Indigenous and non-Indigenous researchers from across Canada, Elders, Indigenous Knowledge Keepers, Cultural Practitioners, service providers, and decision makers.

The NWA™ approach to wellness is wholistic in nature; broadly envisioned; wellness is understood to exist where there is some sense of balance between physical, emotional, mental, and spiritual. The NWA™ can be used to set treatment or client care goals, monitor changes over time, establish targets and benchmarks, and understand the relationship between changes in wellness and cultural interventions.

There are two forms: a *Self-Report Form* to be completed by a consenting client and an *Observer Rating Form*, to be completed by someone who is knowledgeable about a client's treatment progress, such as their counselor or an Elder. Ideally the NWA™ should be completed at multiple points.

1. Entry to Treatment: Within the first seven days clients are in treatment and prior to experiencing any substantial amount of cultural interventions/activities.
2. Midpoint in Treatment: About half-way through a treatment cycle.
3. Exit from Treatment: Near or at the end of treatment and ideally within seven days of completing the treatment program.

Activity 1:

After reviewing the *Self-Report Form* or an *Observer Rating Form* discuss with your community or organizational team the following:

1. Do the questions of the self-assessment fit within the context of your community's culture?
2. If the replies to the questions are "don't know", how might you use this information? (TIP: think about how you can address what is not known but what the community thinks is important for wellness.)
3. How might the results of the assessment guide plans of care for individuals and families, provide programs with information for shaping their actions toward culturally relevant services, guide investments, human resource development, ensuring cultural competency, and an environment of cultural safety?

Activity 2:

(Step 2 for creating community vision for wellness)

Use the Native Wellness Assessment™ - Self-Assessment to have a conversation with your community partners in health, education, social assistance, employment and training, child welfare, policing, treatment, lands and estates, environmental health, etc. Here's what you can do

1. Divide your group into smaller discussion tables - no more than four or five people.
2. Ask the people in the small groups to go through all 66 statements individually and choose one that stands out as they think about the community's needs.
3. Get each person to present what they saw as important to the others in their small groups and as they are presenting their priority, instruct the others in the group to listen to *understand* instead of *listening to talk next*. You want the small group participants to make sure they understand each other.
4. After each person in the small group presents their own thoughts about one of the 66 statements, then ask the small groups to discuss what they can agree is common amongst them. Then ask the small groups to choose one statement to represent the whole group. That is, from among the statements chosen by the four or five individuals - ask them to choose only one that they can agree will be important for further conversation among the community programs, services, and partners.
5. List one priority for each group and suggest that this list can inform an agenda for ongoing discussion among the community programs and service partners and for further development. The ongoing discussion is one way to gradually enhance collaboration among them and build on their existing strengths in their programs and as a community.

Resource:

http://thunderbirdpf.org/about-tpf/scope-of-work/native-wellness-assessment/

Step two: This exercise is the second step in creating your vision for wellness.

Resource: Culture Practices Descriptions

The following outline can be used to prompt your thinking about each cultural practice used in the community and the cultural practices protocols required. This outline forms the basis for policies and procedures to support consistency in cultural practices.

Cultural Practices Description

A. Cultural Practitioner[1] required?

☐ yes ☐ no Who: _____

What will you do to ensure reciprocity/gifting: _____

B. Ceremonial leader[2] required?

☐ yes ☐ no

Who: _____

What will you do to ensure reciprocity/gifting:_____

_____

C. Staff lead/partners required?

☐ yes ☐ no Who: _____

1 Go to Chapter 9: Appendix 2, p 110 for a description of a Cultural Practitioner

2 Go to Chapter 9: Appendix, p 109 for a description of a ceremonial leader

D. Describe staff cultural competency requirement

1. Knowledge: _____

2. Skills: _____

3. Attitude: _____

E. Location of activity

☐ Land based ☐ Building

Notes for land based activity: _____

_____

F. Transportation requirements

_____

_____

_____

G. Supplies required

_____

_____

_____

H. Gender

☐ Male ☐ Female ☐ Both ☐ LGBTQ ☐ Gender Fluid ☐ Two Spirit

I. How often

☐ Daily ☐ Weekly ☐ Monthly ☐ Seasonal ☐ All year round

J. Required for

☐ Infant ☐ Child ☐ Youth ☐ Emerging adult ☐ Adult ☐ Elder

☐ Family ☐ Women ☐ Pregnant women ☐ Men ☐ LGBTQ2S+, gender fluid

☐ Populations in institutional care ☐ All

K. Protocols for client: _____

_____

L. Protocols for participation in activity: _____

_____

M. Other considerations for cultural safety: _____

_____

_____

_____

Using the Indigenous Wellness Framework as Community Wellness Indicators

Health indicators are measurements. They measure different aspects of health within a community or group. Each indicator is like a piece of a puzzle contributing to an overall picture. When indicators are tracked over time, the picture becomes a movie, allowing us to see how the health story is changing.

There are two main types of indicators

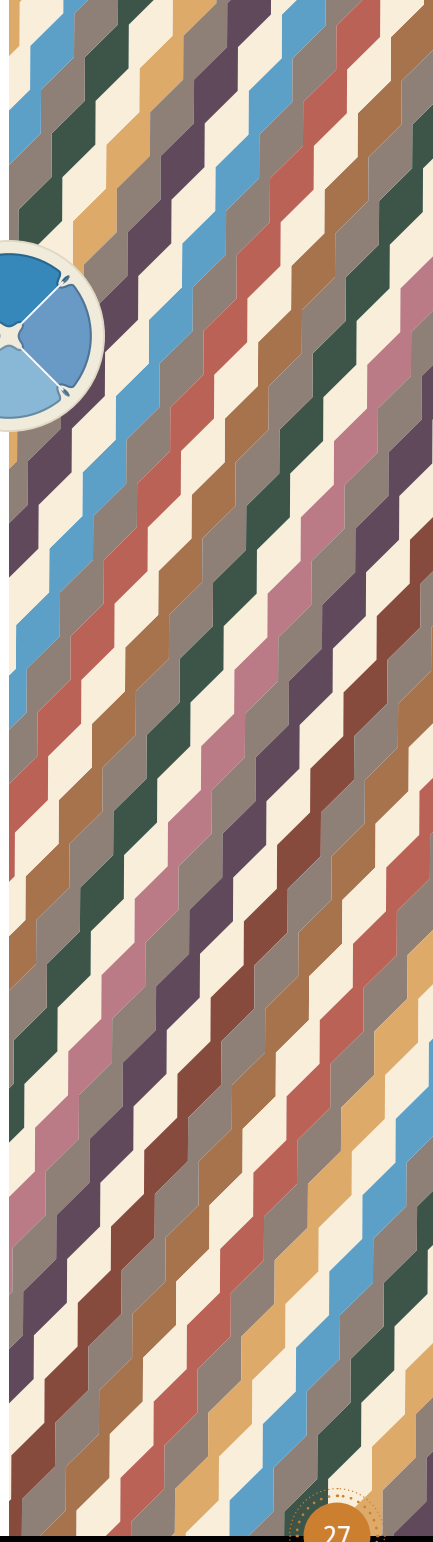
1. **Health status** indicators measure different aspects of the health of a population. Examples include life expectancy, infant mortality, disability, or chronic disease rates.
2. **Health determinant** indicators measure things that influence health. Examples include diet, smoking, water quality, income, and access to health services. First Nations also consider language, culture, and spirituality to be health determinants. (NAHO, 2007)

Indicators help to answer important questions, such as

1. How healthy is our community?
2. Is our community in balance?
3. What things affect health in our community?
4. Are our programs, services or policies working?
5. Are we moving towards or away from our vision of health? (NAHO, 2007)

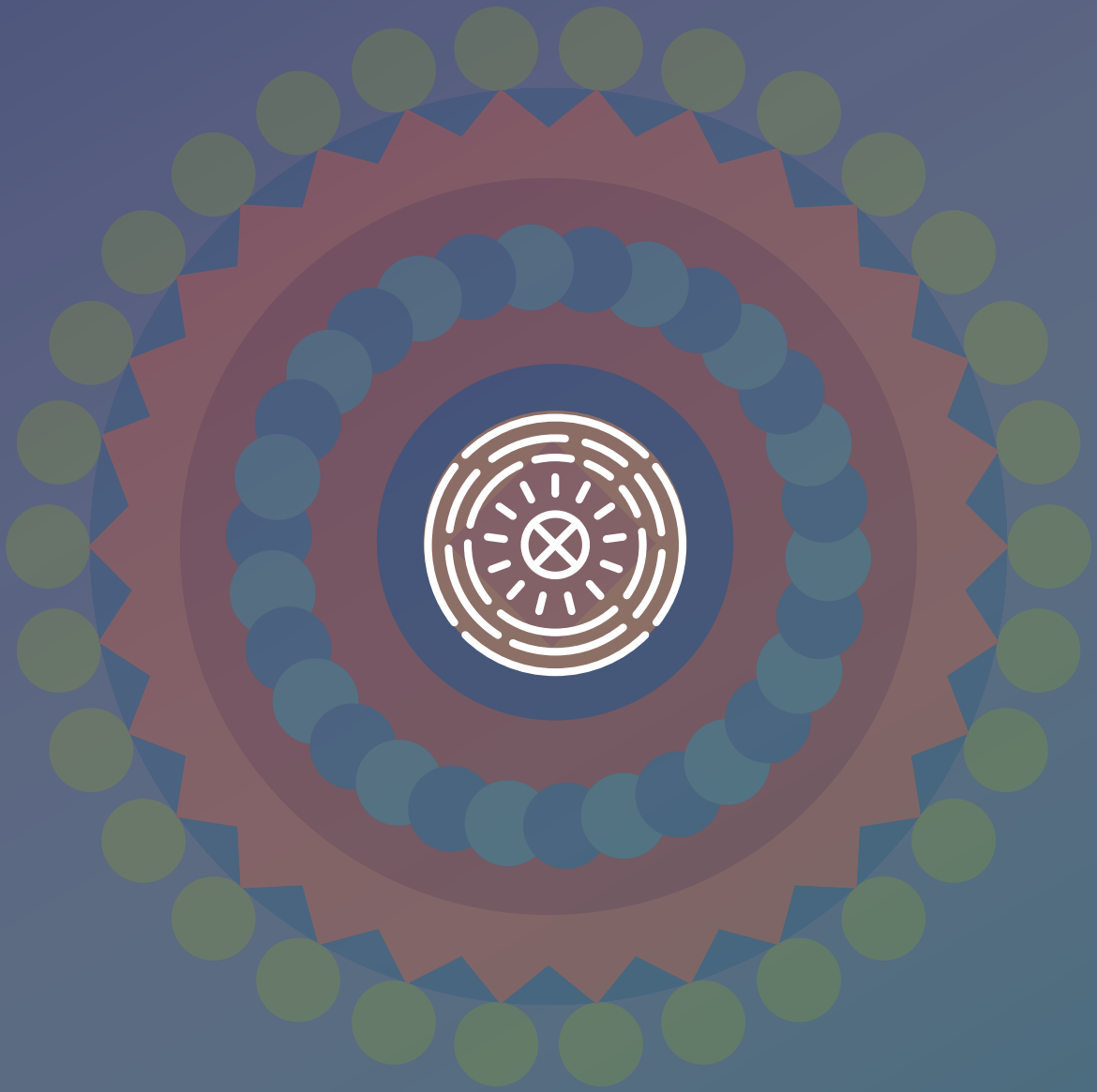
What does your team do now in program activities or services that contributes to Hope, Belonging, Meaning, and Purpose?

Use the resources (NWA™, Culture Reference Guide, Common Cultural Practices) **to help you identify culture based activities.**



Chapter 3

Steps to Implementation

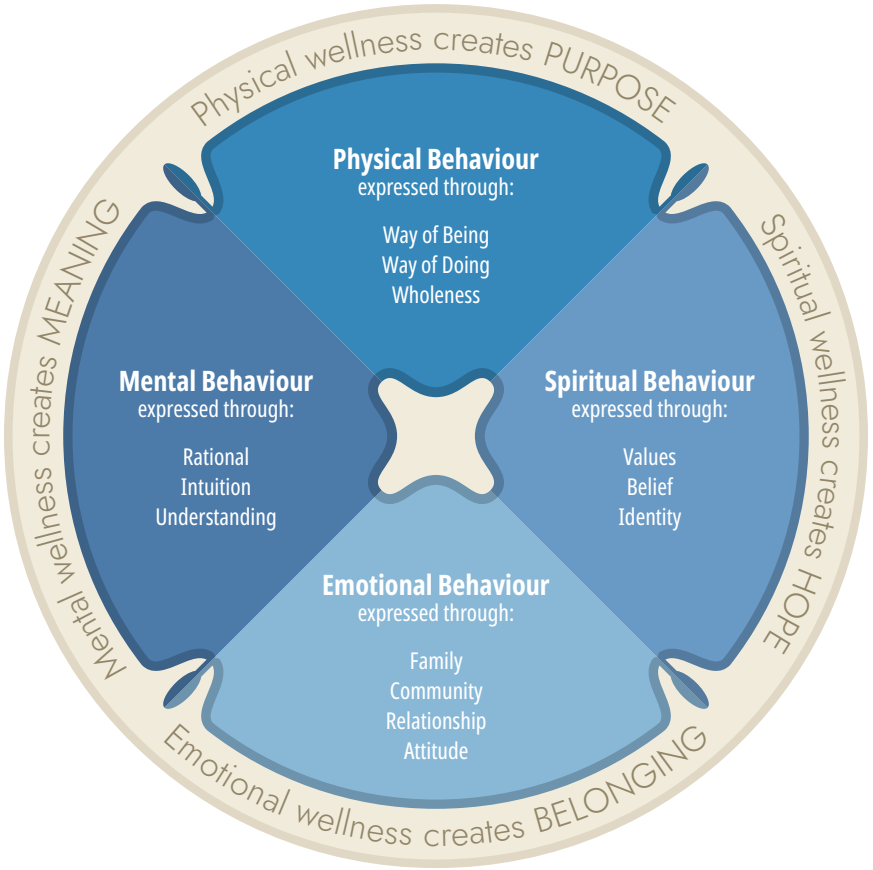


Steps to Implementation

1. **Managing change**
   - **a.** Identify long-term goals for using the FNMWC, i.e., what is the desired focus of change?
   - **b.** Backwards mapping from 13 indicators of Hope, Belonging, Meaning, and Purpose (diagram to the right).
     - **i.** How are the 13 indicators currently being applied towards your desired focus of change?
     - **ii.** How can you apply the 13 indicators more purposefully to effect change?
   - **c.** For tips and hints, see Chapter Two: Implementation and Change Management.

2. **Establish relationships to support implementation**
   - **a.** Engage support across social determinants of health sectors to participate in working group.
     - **i.** Who can you call upon to participate in a conversation on mental wellness from: child welfare, police, health, culture (elders or cultural practitioner), employment, education, training, economic development, justice, chief and council, physicians, pharmacy, nurses, community partners outside the community?
   - **b.** Engage families in conversations throughout process.
     - **i.** What are the needs of the families in your community or that your organization serves that can be addressed through the FNMWC?
     - **ii.** How do you engage these families in other conversations about your services?
     - **iii.** How can you prepare families to participate in a conversation about mental wellness services? (think about what information they might need)
   - **c.** Remember that it takes time to build and maintain a new partnership relationship.
   - **d.** You know relationships are working when people
     - **i.** Stay engaged in the ongoing conversations, and
     - **ii.** Are encouraged to use their creativity and talk openly about your project and the complex issues facing the community.
   - **e.** You use formal and informal processes to nurture and support the natural champions for the project.
   - **f.** Partnerships are complex and have many levels or phases in development... it's not just one meeting that will ensure a good partnership.

Image of the 13 wellness indicators of the Indigenous Wellness Framework



Thunderbird Partnership Foundation. (2014). *Indigenous wellness framework.* National Native Addictions Partnership Foundation.

3. **Map strengths**
   a. Think about how Hope, Belonging, Meaning, and Purpose are present in your community.
   b. Include community/stakeholders in conversation to explore their perspectives on wellness within the community.
   c. In addition to identifying strengths within programs and services or general operations of the community, think about the natural supports and networks present in your community.

4. **Assess need:** across the life span, for specific population groups, against the social determinants of health status
   a. Use the population ring (**sage green**) of the FNMWC model and then think about what the needs are, and what the wellness status is of these populations within the social determinants of health ring (**golden orange**).
   b. What are the strengths based on this assessment? (see key concepts later in this document to explore what is *strengths based*).
   c. What are the population's specific needs based on this assessment?
   d. Are there ways to collaborate with other services to ensure better coordination and reduce duplication of services?

5. **Link implementation to current and prior projects/strategies/priorities**
   a. Recognize that your community has already invested much effort into wellness.
   b. Identify projects/strategies/priorities that were developed and implemented in the past.
   c. Think about how these previous efforts helped you to learn something more about your community.
   d. What was accomplished in these previous efforts and what is still left to be done?

Establishing Relationships

Relationship building requires focus

Tips

1. Observe how people participate in conversation, starting with your own – what does this suggest about your/others values and intentions?
2. How does culture play a role in differences and the clashes that sometimes occur without really knowing what is going on?
3. What can we learn together to increase a sense of harmony and creativity?
4. Are there stories, photographs, videos, or links, or other sources specifically related to the initiative being discussed that could add dimensions to understanding?
5. What are ways you can support ongoing engagement of partners in the conversations?

Listen to understand vs listen to speak next will ensure that conversation can unfold in a way that is most natural for those involved.

6. **Establish priorities:** match strengths to needs, identify gaps, determine priorities
   - **a.** Based on your exploration in steps 1-4, think about what the most critical needs are and match these to the strengths you have present in your networks, partnerships, and community overall.
   - **b.** Start to develop the priority by thinking about what difference the priority will have for families and the community as a whole.
   - **c.** How can your efforts be enhanced with culture and the use of Indigenous Knowledge?
   - **d.** What population will the priority focus on?

7. **Match FNMWC key concepts to priorities and describe them against your priorities**, i.e., how they apply
   - **a.** As you begin to plan what essential services will be a focus for meeting the needs of the population, spend some time reviewing the key concepts (see Chapter Five) of the FNMWC framework and determine which ones will be important to include in your planning.
   - **b.** In what key concepts do you require more knowledge, skill development, and training?
   - **c.** What policy or program descriptions will change because of a shift towards more focus on the key concepts?

8. **Draft a plan:** identify key leads, process to monitor progress, process to report progress to community
   - **a.** If your plan for implementation includes partners across the social determinants of health sectors, then make sure that you have collectively spelled out the distinct roles and responsibilities of everyone involved.
   - **b.** Determine what communication is required between all participants.
   - **c.** Identify how the implementation plan will facilitate movement towards Indigenous wellness: Hope, Belonging, Meaning, and Purpose.
   - **d.** How will you collect information for everyone involved and who will do the analysis of what this information is telling you?
   - **e.** Ensure your plan includes a report back to community about the progress and lack of progress being made. Lack of progress can be contextualized as a strength because you are paying attention to what change is being created and you are willing to learn from your progress and make adjustments and changes as you go.

Mapping Strengths

Tip

Remember that community assets go beyond formal community services and programs. Community assets exist in extended family networks, natural support networks, and in cultural resources / Elders / land.

Experience

"In the north it has been my observation that long-term planning or strategic planning is difficult to conceptualize for some people. In that case, you would need to empower the participants that what they think really matters.

You need to assure them that this plan that you are developing is going to affect change and improvements in their community. Their input is very important to this planning exercise."

Chiefs of Ontario. (2010) Asset mapping facilitation guide.

9. **Revise the plan as necessary**
   a. Make sure that your changes to your plan for implementation are based on the information you have collected to help you monitor progress.
   b. Avoid making decisions for change based on situational or person specific experience.

10. **Evaluate implementation:** use Indigenous wellness indicators, standards of care
   a. The Indigenous wellness outcomes and indicators can help communities monitor their wellness from a whole person perspective.
   b. Standards of care (discussed in Chapter Four) provide guidance for ensuring that your attention to the specific populations across the life span is also attending to culturally relevant development milestones across the life path.
   c. Evaluation of implementation can also focus on the process by reviewing the quality of relationships among partners, by monitoring engagement and participation.

11. **Sharing knowledge gained from implementation, as well as outcomes of implementation**
   a. Always report back to the people who gave you information; such as, staff, community members, leadership, managers, funders, partners.

Include what your next steps are based on the information you have gained from monitoring relevant indicators and outcomes.

Facilitating Difficult Conversations

Dialogue is a method of communication that allows space for respectful communication where participants listen to understand, not to speak next.

The goal of dialogue is to have a better understanding of different perspectives.

Three central elements of dialogue[1]:

1. **Openness to the other's position:** *Being kind to others even if their ideas are different than our own.*
2. **Curiosity, not answers:** *Conversations prompt questions as opposed to solutions.*
3. **Creating possibilities:** *Conversations have the potential to form a deeper understanding of the task at hand.*

1 Binding, L. L., & Tapp, D. M. (2008). *Human understanding in dialogue: Gadamer's recovery of the genuine.* Nursing Philosophy, 9(2), 121-130

Chapter 4

Understanding Culturally Defined Standards of Care Through Indigenous Knowledge

Indigenous Knowledge is derived from community culture, sacred societies, and carried by Knowledge Keepers, Elders, and Cultural Practitioners. Its source can always be cited by the one translating the knowledge or teaching about how to use the knowledge. When thinking about standards of service delivery, using the culture and Indigenous Knowledge as the foundation, helps us understand how to facilitate wellness across the lifespan. We turn to knowledge and practices that explain how to take care of one's spirit at every stage of life. Every Indigenous culture has knowledge (meaning) and cultural practices (purpose) that are grounded in their language and worldview and that engender relationships with the land, environment and all of creation.

Understanding Culturally Defined Developmental Stages of Life

Erik Erikson was not the only theorist to describe developmental stages of life. Every First Nations culture has specific practices that are necessary for supporting the journey of the spirit through life. Many of the cultural practices are similar; however, the diversity in cultural practices is defined from sacred societies, community knowledge, language, and the teachings of the ancestors of the people, and connection to Creation and land. The journey of the spirit through life touches on every population identified on the population layer (**sage green**) of the FNMWC. This reinforces that culture is the foundation to wellness throughout each stage of life. Ensuring that culture is the foundation of all health services allows for optimal opportunities to achieve the positive wellness outcomes for everyone at any stage in their spirit journey.

Tip: As you read further on the developmental stages of life, consider the following:

1. What does your community follow in Indigenous Knowledge and culture based-practices?
2. Who in your community can you talk to about these practices?
3. What would it take to have a conversation with the community about how your programs and services can incorporate these practices as *standards of care*?
4. Remember that it's people who create change. What would you do if you were not afraid of what others will say?

Group Activity

Discuss what cultural practices were/are common to the community for each stage of life. Identify where these practices still exist and determine how to support the revitalization of these practices within the community. Use the image on the next page to help guide the discussion.

Understanding Culturally Defined Developmental Stages of Life to Inform Culture Based Service Delivery Standards

Developmental Stages of Life without Culture

Developmental Stages of Life with Culture

Culturally Defined Standards of Care Across the Life Span

Culturally defined *standards of care* ensure First Nations expectations guide the use of Indigenous knowledge to design, develop, and monitor the continuous improvement of services to promote mental wellness.

This section provides an outline of culturally defined developmental stages of life to guide attention to key cultural indicators. Indigenous Knowledge sources from sacred Indigenous societies across culturally defined linguistic groups have articulated the cultural practices that are necessary to ensure a sense of balance, a *whole person* approach, to continuous developmental progress across stages of life. Every culture of Indigenous people has knowledge about cultural practices at each stage of life, although the specific cultural rituals and practices will differ, as will the *label* for each developmental stage of life.[1] For example, the Blackfoot refer to the childhood stage of life as the *little bird society*[2] while Ojibway people refer to this same stage of life as the *Good life*. **Nurturing, culturally grounded developmental milestones across the lifepath is necessary within connections to family, community and in relationship with land, language, and lineage**. Translation of this Indigenous Knowledge through Indigenous Knowledge frameworks is necessary to ensure culture is the foundation in the implementation of a continuum of care for mental wellness and that there is optimal opportunity to achieve the right outcomes.

More specifically, the Indigenous Knowledge that is being translated here to structure standards of care is drawn primarily from the cultural knowledge of Elder Peter O'Chiese, shared in several personal conversations in the 1980s with Elder Jim Dumont and Thunderbird's Mary Deleary. Elder O'Chiese worked relentlessly in Indigenous communities across Canada and around the world talking about the *Stages of Life* teaching. In most Indigenous cultures, the *Stages of Life* teaching focuses primarily on the path of life from birth to death. To address the current environment of mental wellness among First Nations in Canada, it is critical to ensure that we draw upon Indigenous Knowledge to inform pre-natal development, birthing, and death and post death, especially since the journey of the spirit across the life span cannot be disconnected from the journey of the spirt prenatally and post death. Prenatal development has been a conversation held within the discourse of fetal alcohol spectrum disorder for some time; and, stigma, discrimination, and racism now challenge Indigenous women to access appropriate care for opioid misuse and addiction while pregnant and to maintain maintain their right to mother while they maintain opioid agonist treatment. Child welfare systems may not use current addiction evidence or Indigenous cultural evidence to support attachment or healing and instead are charged to act on the premise of *child protection* in the removal of new born infants from their mothers because of opioid addiction.

1 Thunderbird Partnership Foundation. (2016). *Environmental scan of Indigenous science on epigenetics with Indigenous Knowledge Keepers/Elders.* Thunderbird Partnership Foundation
2 Crowshoe, R. (2016). *Environmental scan of Indigenous science on epigenetics.*

The suicide crisis is as alarming as the opioid crisis. First Nations communities are challenged in addressing both. The current paradigm of flying *the saviours* into First nations communities facing suicide crisis is also not evidence based and has not demonstrated long term stability for the community. Long-term community stability can only be created through comprehensive community based approaches that aim to strengthen community resources, including cultural resources. "Any proposed solutions to addressing the problem of suicide among Indigenous peoples must directly address the legacy of colonial violence. This includes dismantling structural forms of racism, settling land claims, healing from intergenerational trauma, and reducing social inequities that contribute to high levels of hopelessness and distress among many Indigenous communities."[3] For each stage of life there are specific cultural and ceremonial practices that accompany these stages and while they may differ in rituals across cultures, every Indigenous culture has a way of attending to each stage of life. "We want to emphasize the importance of long-term, comprehensive, strengths-based and life promoting approaches that recognize the significance of land and ceremony, and honor Indigenous Knowledge, values, spirituality, and culture."[4]

The FNMWC challenges us to shift towards a strength based approach to care and a strength-based approach requires the use of Indigenous Knowledge and cultural practices. Using Indigenous Knowledge to articulate standards of care is one strategy to ensure culturally safe services for Indigenous people and First Nations communities.

The goal for culturally defined standards of care is

To ensure First Nations expectations guide the use of Indigenous knowledge to design, develop, and monitor the continuous improvement of services to promote mental wellness.

3 Whyte, J., & Musquash, C. (2016). I*nternational forum on life promotion to address Indigenous suicide discussion paper.*
4 Ibid

Standards of Care

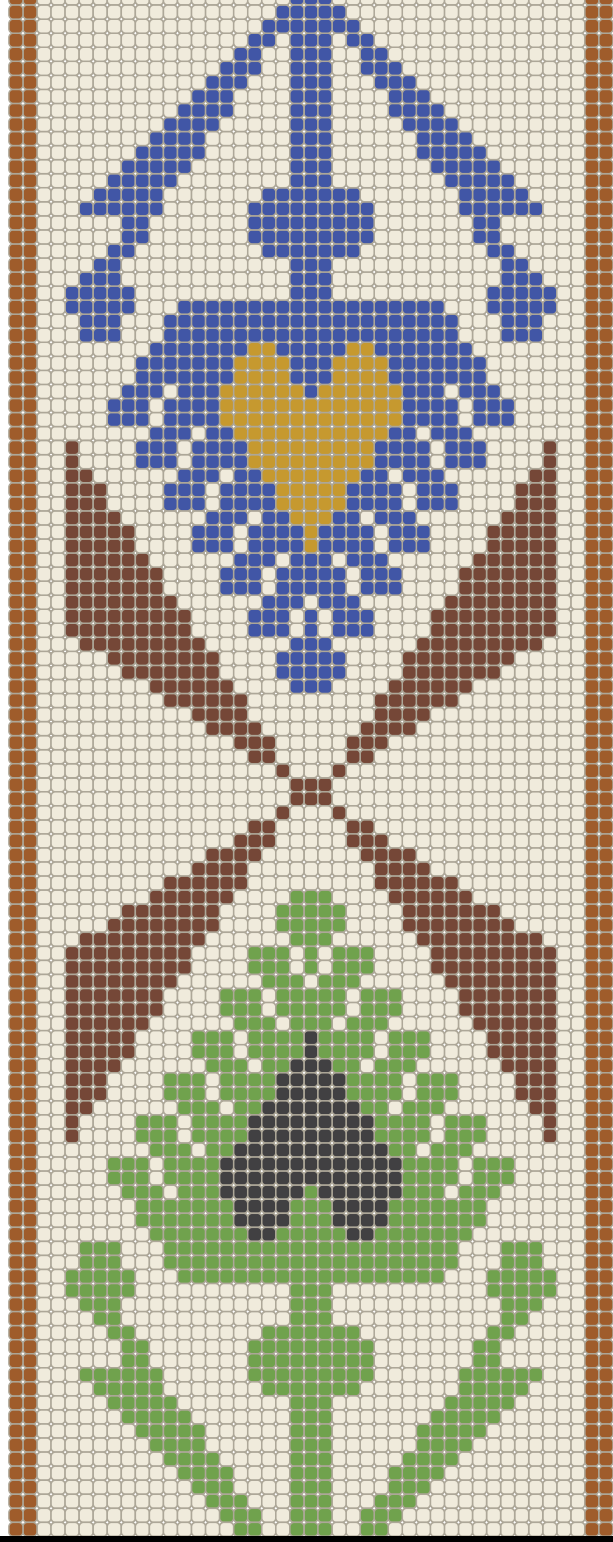
First Nations have the right to quality mental wellness services. Quality across a continuum of care and Indigenous mental wellness is measured by having a sense of balance across Hope, Belonging, Meaning, and Purpose. These four measurable outcomes can be facilitated through Indigenous knowledge based standards. These standards provide an overall framework for a continuum of care and for strengthening the fabric of services across the social determinants of health. Ultimately, the application of these standards supports a community environment that nurtures mental wellness across the life span. Facilitating this vision of quality care requires First Nations governance of mental wellness services. These standards of care will also support governance roles and responsibilities in relation to mental wellness services, including services that are brokered for the community, that bridge mental wellness and child welfare services and finally for monitoring performance of service delivery.

The Indigenous Knowledge based standards offer broad statements with a description for each to illustrate how the standard may be demonstrated. First Nations communities require support to articulate these standards from their culture. It is also important to ensure that the cultural practices at each stage of life continue into the next stage of life in age appropriate ways.

These standards are subdivided into four main sections

1. Primary focus for each standard of care provides a rationale for the standards.
2. Critical elements of care for each standard: general description of activities and aims of critical elements.
3. Example of cultural practice to support standard of care: guidelines for practice (not exhaustive).
4. Performance indicators based on facilitating Indigenous wellness.

As you review each of the standards, think about what cultural practices are known in your community. What actions are required to make these cultural practices a formal part of your community health/social programs? How do you support those that might have a different view about a culture-based approach to addressing community health/social programs?



Culture Based Standards of Care Across the Life Span

1. Pre-birth

Primary Focus: Connection with family, lineage, and clan/kinship family through visiting the fetus and providing cultural care for mother. Life promotion begins pre-birth. A cultural practice across linguistic groups is singing cultural songs about identity to the fetus. Hearing is the second sense to develop in the womb and is critical for attachment to family and identity prior to birth. In some cultures, this practice was a way of bonding between the father and baby and between the extended family and baby.

Critical Elements of Care: Before birth, cultural practices included important activities to ensure a good and safe journey of the baby into the world. These cultural practices are especially critical for pregnant women with addictions to alcohol or drugs, including opioids and can occur alongside other treatment methods. Withdrawal from opioids during pregnancy without the use of medication can be fatal for the developing fetus.

Example of Cultural Practices to Support Standard of Care

- Cultural teachings from Grandmothers about the developing fetus
- Talking to the fetus about their identity as defined by their nation, clan, land, lineage
- Singing to the fetus using Indigenous language, especially clan/kinship specific songs
- Use of cultural foods and teas to support preparation and support for safe birthing
- Ceremonial practices focused on giving thanks to creation for the new life that is coming

Performance Indicators

Focus of Development: Identity
Outcome: Hope: creates a sense of spiritual balance
Indicators: Cultural identity, belief/worldview, values

2. At Birth

Primary Focus: Connection to the earth, family, and community.

Critical Element of Care: Securing attachment to land, lineage, and language are necessary for ensuring a good life path. The infant and childhood stage of life requires attention to identity. Aboriginal language use is a marker of cultural continuity. First Nations with greater than 50% of members having Indigenous language knowledge also have youth suicide rates **six times less** than those First Nations with less than 50% of members having Indigenous language knowledge. When First Nations "live from their language" they are "maintaining all that (they) believe in and all that you've been born from".[5]

Examples of Cultural Practices to Support Standard of Care

- The placenta and umbilical cord are returned to the earth to ensure bonding with the land and for long-term connection to a place of belonging
- Skin-to-skin contact through breastfeeding is important for attachment of the spirit of the newborn to mother and the physical world
- First drink of pure maple sugar water is like breastmilk and secures an attachment to the earth
- Transmission and nurturing of Indigenous languageUse of a cradle board or moss bag to promote secure attachment. The cradle board/ moss bag allowed the baby to observe all of life around them and is a critical method for learning. The cradle board is dressed with the identity of the family and community in both design and dressing of the cradle board or moss bag, (e.g., the beadwork, and decoration). Anything that is part of the cultural identity derived from the family lineage, linguistic nation, the spirit name of the baby is sewn in articles or beadwork, some of which is hung from the cradle board hoop above the baby's face. (Much like the musical mobiles hung above a baby's crib, except the items attached to the cradle board were directly connected to and nurtured identity and secured a sense of belonging.)
- Pronouncement of the spirit name

Performance Indicators

Outcome: Hope: creates a sense of spiritual balance

Indicators: Cultural identity, belief/worldview, values

5 Oster, R.T., & Grier, A., & Lightening, R., & Mayan, M.J., & Toth, E.L. (2014). *Cultural continuity, traditional Indigenous language, and diabetes in Alberta First Nations: a mixed methods study.* International Journal for Equity in Health, 13, 92. Retrieved from: *http://doi.org/10.1186/s12939-014-0092-4*

3. Childhood: Good life

Primary Focus: This stage involves spiritual growth that is focused on developing a sense of self in relation to others. Providing for spiritual, emotional, mental, and physical needs of infants and children within family and community is balanced with teaching respect for personal autonomy.

Critical Elements of Care: The use of Indigenous language is important for supporting a connection to Indigenous world view. During this stage of life, it is important that children are validated for their cultural vision and that they have access to Elders and cultural teachers that can teach them about life from a cultural perspective during their *why* stage of development. The age when children begin wondering about the meaning of life around them generally begins between two and three. It's also at this stage of life that cultural practices focus on teaching children their lineage and connection to creation around them.

Example of Cultural Practices to Support Standard of Care

- The first touch of the foot upon the earth after birth is based on the creation story of the people that teaches about how the original and first Indigenous person came into and among Creation
- The walking out ceremony where the child can take his/her own steps on their own path of life
- Teaching the meaning of language as well as developing a vocabulary for Indigenous language
- Providing opportunity for children to observe and act as helpers in cultural practices and ceremony
- Teaching children about gardening, hunting, harvesting food, and berry picking helps to attach children to seasons, and supports the development of critical thinking for planning
- Teaching children to *Fast over life* through the incremental experience of being alone, going without food and water within the context of prayer and ceremony
- Teaching children their cultural story of creation
- Using the creation story to teach about the values given to Indigenous peoples by the Creator and the meaning of darkness and light
- Using culture to teach children about the importance of their vision and dreams
- Providing opportunities for children to learn about the meaning of cultural instruments; for example, pipe, drum, shaker, lodges or other cultural structures, symbols, etc.
- Teaching children about history of colonization and history of community location

Performance Indicators

Focus of Development: Developing self in relation to others

Outcome: Belonging

Indicators: Family, community, relationship (people and Creation), attitude towards living life

4. Adolescents: Fast Life

Primary Focus: The goal here is teaching skills for delayed gratification while developing a sense of social belonging and a connection to physical sense of self. Delayed gratification is a skill that teaches critical thinking and decision making about satisfying needs and wants. This is done through specific cultural practices that teach youth about their identity and specifically facilitate processes to explore the purpose of their life.

Critical Elements of Care: Every nation of people has cultural practices specific to the rites of passage at puberty. It was through these rites of puberty that adolescents became connected to a vision for life. These types of activities facilitate the development of delayed gratification skills, understanding spiritual meaning and purpose in life, and meant family and community could nurture the inherent gifts towards expression. The risk is that youth get stuck in instant gratification of this physical world.

Examples of Cultural Practices to Support Standard of Care

- Cultural teachings delivered by community *grandmothers* in the school focused on physical and spiritual development have demonstrated as meaningful in decreasing teen pregnancies and STD's.[6]
- *Fasting* over life that is specific to the cultural and linguistic identity is critical for developing critical thinking skills and learning to manage emotions
- Connection to cultural meaning of water and fire, land, Creation
- Cultural teaching about family lineage and clan/kinship relationships to transfer understanding about the inherent gifts, traits, characteristics that are important for informing the life path
- Interpretation of dreams through cultural meaning
- Providing youth with opportunity to fulfill roles and responsibilities within community that reflect their identity as defined by their spirit name, clan/kinship relationships, vision/dreams from fasting

Performance Indicators

Focus of Development: Finding expression of identity

Outcome: Belonging

Indicators: Family, community, relationship (people and Creation), attitude towards living life

6 Gargan, T. (2016). Community discussions of cultural practices that make a difference. Assembly of First Nations.

5. Young Adult: Wandering/Wondering life

Primary Focus: Central to this stage are cultural practices grounded in family and community, identity, worldview, and beliefs that support exploration of how to exercise and live with Indigenous identity and purpose within a world that may or may not be reflective of such. This may include exploring other worldviews and how others live life. Throughout this process of exploration, there is a need for continued connection with culture, such as with Elders, to process two world views and how to live life grounded in cultural identity in a contemporary context. This is a critical stage of life for mentoring young adults in cultural practices.

Critical Elements of Care

- Critical elements of care include continuing to focus on the expression of one's cultural identity and worldview through translation into life. It is the translation of cultural and Indigenous identity and worldview into the context of contemporary living that is essential to the continuous development of the meaning of life. A clear focus on supporting young adults with access to cultural resources as well as support for meaningful roles within the community is important at this stage.
- The process of moving from the original source of life (family and community) is about integrating or negotiating other ways of thinking and being in the world to establish a sense of meaning about life. At this stage, young adults may typically go off to college or university, look for work or travel and it's important to ensure there is support for negotiating meaning. The risk at this stage of life is not being able to find meaning to life at home, in family and community, or elsewhere. If there is no meaning, then there is a risk that the person may begin to think there is no worth in continuing life.There may be a false perception that there is a choice to step out of this life (suicide) but according to law, suicide is not a choice we have as people. Our cultures have always known this and every practice leading to this stage of life is *prevention*. Our culture also had ways to address the belief that life has no meaning.

Examples of Cultural Practices to Support Standard of Care

- Use of Indigenous language to interpret concepts of another worldview supported with conversation about the meaning of the differences and similarities
- Opportunities to exercise their inherent gifts, traits, characteristics, Indigenous identity through mentorship in cultural practices, and with Cultural Practitioners / Elders
- Acting as a helper in cultural practices / ceremony to mentor understanding
- Providing support to community through provision / sharing of resources: water, food, firewood, crafts, etc.
- Support for travel to share in cultural activities across First Nations; for example, social and cultural/ceremonial gatherings, youth specific events, social movements
- Support for *culture based* counselling to support young adults in finding meaning of life

Performance Indicators

Focus of Development: Seeking meaning of life

Outcome: Meaning - creates balance between rational and intuitive thought to develop a more wholistic understanding of life

Indicators: Rational/cognitive development, intuitive thought and spiritual knowing, learning to integrate rational and intuitive thought to create understanding and meaning of life

6. Adult: Truth life

Primary Focus: Central to this stage are cultural practices to support processes to apply the meaning in an environment that celebrates cultural identity, promotes cultural safety, and ensures Indigenous knowledge is translated into everyday life.

Critical Elements of Care: At this stage of life, it is said that truth is anchored in both the physical world and spirit world, i.e., identity, worldview, values, beliefs, family, community, relationships, and an attitude towards living – knowing that answers are always possible even in the most difficult times. Truth life is about practicing life, trying out answers and ways to solve life's dilemmas and through each experience discovering the truth of one's own capacity. The risk is that we allow our truth to be defined by *someone else*, someone else's teachings and worldview. If this happens then we don't really carry our own truth as it is held within Indigenous language and culture.

Examples of Cultural Practices to Support Standard of Care

- Provide access to cultural practices for reconciling life's challenges and supporting balance in mental wellness
- Community or cultural society recognition of culturally defined roles and responsibilities and calling upon that individual to lead or support community activities; for example, lead a prayer at a community gathering, peer support based on culture, etc.
- Creating opportunity for continuous learning about translating an Indigenous worldview, values, and identity within the context of contemporary living

Performance Indicators

Focus of Development: Spiritual identity, roles and responsibilities

Outcome: Meaning: creates balance between rational and intuitive thought to develop a more wholistic understanding of life

Indicators: Rational / cognitive development, intuitive thought and spiritual knowing, learning to integrate rational and intuitive thought to create understanding and meaning for life

7. Continuity: Planting life

Primary Focus: This stage focuses on ensuring continuity of culture and identity. This requires supports for Indigenous parenting, roles of extended family and relying upon aunts, uncles, and Elders for cultural teachings about family and child rearing.

Critical Elements of Care: Essential in programs and services is supporting activities for *cultural ways of doing things* and *cultural ways of being*. Culturally based mental wellness services are provided within First Nations schools. Knowing oneself supports how one acts on one's responsibilities defined within cultural identity, or other ways of giving life and supporting the continuity of life. Nurturing and expression of life are critical at this stage of life. The risk is creating life when we have no preparation or ability to carry life to its fullest.

Examples of Cultural Practices to Support Standard of Care

- Cultural supports for marriage
- Cultural supports and nurturing linkages within extended family
- Preparation for extending life through birthing and becoming parents
- Finding expression for facilitating creativity in life

Performance Indicators

Focus of Development: Preparing for the future

Outcome: Purpose

Indicators: Way of doing, way of being, wholeness

8. Fulfilling Purpose: Doing life

Primary Focus: This stage focuses on supporting the expression of use of developed gifts, potential, capacity and purpose.

Critical Elements of Care: In practice, the workforce is acknowledged and compensated for cultural knowledge and skills. First Nations communities have capacity for applying cultural knowledge and skills across programs and services promoting mental wellness. Having a strong sense of Hope, Belonging, and Meaning in life, you are ready to live life fulfilling your purpose to family, community, and creation. There is always a choice about what we do with the gifts and potential that support our Purpose and Meaning in life but there are also consequences for the choices we make. We can choose to give it up, but if we do, we give it up for those coming behind us as well.

Examples of Cultural Practices to Support Standard of Care

- Use of Indigenous Knowledge, skill and scope of practice within workforce
- Provision of culturally based practices and knowledge through programs and services in the community
- Compensation for Indigenous knowledge and skills
- Culturally safe programs and services have clear policies and procedures for the inclusion of culture

Performance Indicators

Focus of Development: Family and community

Outcome: Purpose

Indicators: Way of doing, way of being, wholeness

9. Elder: Give away life

Primary Focus: Cultural practices ensure that culture based knowledge and skills continue to the next generations, teaching, and giving to all those coming behind.

Critical Elements of Care: This requires that Elders, Cultural Practitioners, and Cultural Teachers are a critical part of the workforce addressing substance and mental health issues. The risk at this stage of life is loneliness. If there is no connection to family and community or no one who wants to carry the culture to the next generation, then the Elders become lonely. This loneliness can impact their cognitive ability (dementia) or their emotional wellness (angry and resentful).

Example of Cultural Practices to Support Standard of Care

- Elders and Cultural Practitioners are recognized for their knowledge, skill, competency as relevant across the life span, and for the whole community needs by offering leadership and guidance, being ceremonial leaders and teachers of culture.

Performance Indicators

Focus of Development: Cultural continuity

Outcome: Purpose

Indicators: Way of doing, way of being, wholeness

10. Death and the Journey of the Spirit

Primary Focus: Cultural practices focus on care for the spirit journey and care for the family that is left behind.

Critical Elements of Care: There are cultural protocols regarding burial and the timing of such. "We take care of our own people. We need to be able to see what they need. If they need a medicine, if they need a song. That is our responsibility on this side – to walk as far as the grave. From there the other side takes over. That is where we are supposed to walk with our people."[7]

Examples of Cultural Practices to Support Standard of Care

- Fire for the spirit for the duration of time leading to the burial
- Preparation of the deceased body with medicines and cultural symbols in clothing
- Care for the family through care for the spirit of the deceased
- Inclusion of the full life span and community in culturally based burial practices
- Feast for deceased

Performance Indicators

Focus of Development: Honouring *the spirit that lives forever* and support from ancestors

Outcome: Purpose

Indicators: Way of doing, way of being, wholeness

7 Elder Elva Jamieson, traditional healer, Six Nations of the Grand River.

Chapter 5
Key Concepts

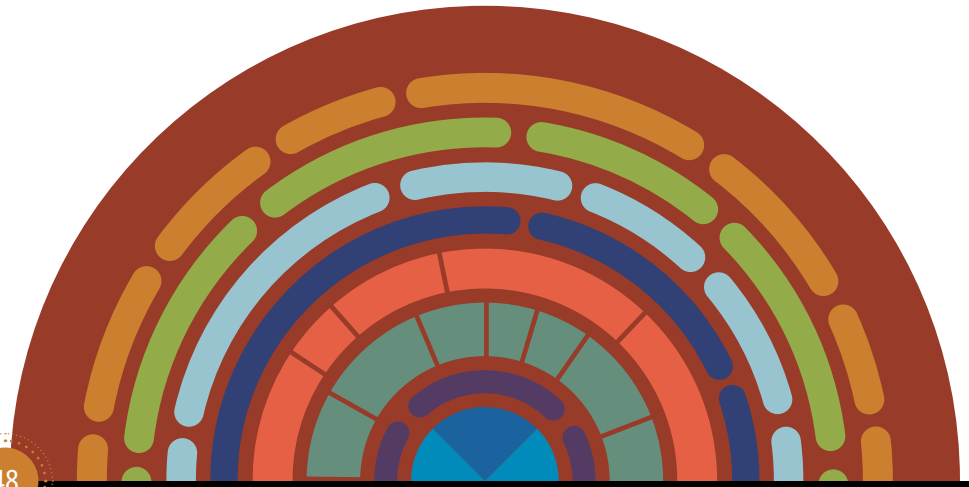
Key Concepts

The following section describes the key concepts of the FNMWC framework.

Group Activity:

Among your partners, discuss what each of your services do for each key concept. Then talk about how you can do the following:

1. Support the work of your community partner
2. Share the way you do things to reduce duplication of services
3. Understand why it is necessary to do things differently
4. Develop a shared process to support Hope, Belonging, Meaning and Purpose



Aftercare

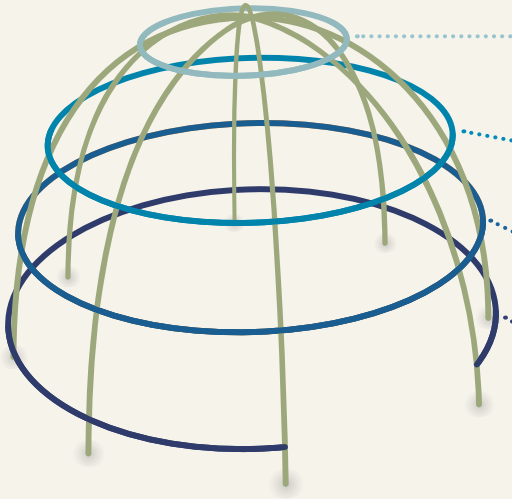
This term is popular but its application is still difficult to manage. No matter what national dialogue there is about a *systems approach to care* this term has always been identified as a *gap*. The most significant problem is the *stop* and *start* nature of the relationship that is implied by *aftercare*. To be effective, we should think about *continuing care* as a key component involving all care providers and facilitating empowerment of client self-responsibility. In response to the potential need for multiple interventions, monitoring, and ongoing support, the concept of continuing care involves facilitating the level of care needed by the client following treatment. Support and aftercare services seek to build on the strong foundation set out by a program-specific service or treatment process. Aftercare provides an active support structure within communities and across services to facilitate the longer-term journey of individuals and families toward healing and integration back into a positive community life once the need for intensive treatment has passed. Aftercare can and should include ongoing involvement with community-based workers, professional counsellors, self-help groups, and Cultural Practitioners who address mental wellness. Supports related to housing, education or training, employment, child care, and parenting are also important to effective aftercare. Stages or phases of aftercare with decreasing levels of intensity and with the capacity to re-engage higher levels of intensity if needed could also be helpful. The involvement of extended family and a range of community resources (e.g., relating to culture, heritage, employment, and recreation) could also be part of aftercare.

Effective cultural aftercare practices can include the following:

- The promotion of community-based strategies and partnerships
- Integration of Indigenous and relevant western based models to support a continued wellness journey
- Encouraging and promoting spiritual and cultural activities

"This guidebook has been developed to ensure that Indigenous culture is used to support the way community workers provide aftercare services to Indigenous individuals, families, and communities. Many clients [or patients] leave treatment centres [or other health care facilities] with a lack of knowledge about the aftercare supports in or around their communities. This renewal project will assist in providing support to community workers to provide these cultural aftercare linkages for the client" (p. 1). This guide will assist in the delivery of culturally appropriate aftercare using the following five objectives: 1) Establish a definition for cultural aftercare; 2) Define barriers to cultural aftercare; 3) Identify the methodology used to determine cultural aftercare; 4) Identify themes for best practice of cultural aftercare; and 5) Create a guide based on culturally relevant, evidence-based best practices. For a detailed description of each of these objectives please visit Cultural Aftercare Guidebook by Thunderbird Partnership Foundation (*http://thunderbirdpf.org/nnapf-document-library/*).

A successful aftercare approach addresses the needs on the following four levels:



Level 4: Extended Needs – volunteering, opportunities to give back and be recognized as having roles and responsibilities, participation in ceremonies and feasts as a way to maintain strength, ability to access medical care and counseling as needed, monitoring one's own wellness needs, etc.

Level 3: Family/Community Care Needs (cultural/social obligations) – reconnection to family and ancestry and extended family, ceremonies, connection to land, connection to a network of support for navigating life's challenges, etc.

Level 2: Personal Care Needs – language, identity, socializing, prevention tools, life skills, connection with higher power, daily rituals, etc.

Level 1: Basic Living Needs – food, shelter, companionship, finances / employment, education, environment, health care, childcare, protection / justice, traditional healer, etc.

Client Cultural Aftercare Planning Guide

Remember... Creator gave us tomorrow to make a difference. If tomorrow cannot be any different than today, then what do we need tomorrow for?

Cultural After Care Plan for: _____ Date: _____

Developed on: _____ By: _____

Community Services: (What will be provided and goals / objectives) *(e.g., Transportation – medical services van to transport client each week for a counseling session with mental health worker at the health centre at 2:30 pm.)*	**Program Contact:** (Who will be providing the service and when – daily, weekly, etc.)	**Phone:**	**E-mail:**	**Fax:**
Multi Team Cultural Aftercare Lead: (Person responsible to ensure services / programs / etc. are meeting client's needs, sets up multi team meetings to review status of progress with client and service providers, makes plan changes, etc.)	Meetings held:	Location:	Time:	Method: (teleconference / face-to-face, other)
Client Strengths: (What are you passionate about?)				
Client Needs: (What are your hopes for self / family / community?)				
Client Challenges: (What do you struggle with?)	Daily	Weekly	Seasonally	Annually
Client Future: (How do you want to be remembered?)				
Cultural Aftercare Planning Needs: (What cultural skills, tools, etc. do you need to stay balanced?) **Level 1:** Basic Living Needs **Level 2:** Personal Care Needs **Level 3:** Family/Community Care Needs **Level 4:** Extended Care Needs	Mental	Physical	Emotional	Spiritual

Reviewed and agreed on: _____ **By client:** _____ **Multi team Lead:** _____

Community Example: Kwanlin Dün Jackson Lake Wellness Team. *Building a path to wellness***.**

Kwanlin Dün First Nation is a community located near Whitehorse, Yukon. Their wellness team provides many different services including land-based healing camps that emphasize the balance between traditional and modern teachings, land-based programming, and culturally-based healing programs. The goal of the programming is to increase pride in the participants identity as a First Nation person, access the support, and develop the necessary personal and interpersonal skills to live healthy, connected, self-reliant and resilient lives. The program lasts between five and 12 weeks depending on the needs of the group. During the last week of the program individual aftercare resilience plans are created and a support group is set up that meets twice weekly. Upon return to the community, representatives from community services commit to providing an active support structure within and across services to facilitate the longer-term journey of individuals and families toward healing and integration back into a positive community life. As part of the reintegration process families and community members are invited to attend a closing ceremony to celebrate the achievements of those involved in the program. The evaluation process revealed that participants who participated in the aftercare support services were more likely, than those who did not participate, to report abstinence from substance use. This finding reinforces the critical importance of aftercare services and why it is a key concept in the FNMWC framework.

Basket of Services

Basket of services refers to the essential services required to effectively meet mental wellness needs. These services are

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

Example: Eskasoni First Nation: Mental Health Services

Eskasoni First Nation, located in Nova Scotia, describes their basket of services in a well laid out and easy to read format. Follow the link to see the home page for Eskasoni First Nation's Mental Health Services (*http://www.eskasoni.ca/*).

Resource: Thunderbird Partnership Foundation. (2013).*Developing a basket of mental health and addiction screening and assessment tools for use with First Nations clients*. National Native Addictions Partnership Foundation. Retrieved from *https://thunderbirdpf.org/nnapf-document-library*.

The goal of this project is to create a proposed standardized set of screening and assessment tools for National Native Alcohol and Drug Abuse Program (NNADAP) and National Youth Solvent Abuse Program (NYSAP) workers that are (or could be adapted to be) culturally appropriate and diagnostically sound for use with First Nation clients. It is hoped that as the field reviews these proposed tools, workers across all levels of the care continuum will begin adopting them as core screening and assessment tools for use with their clients.

Community Development

Community development describes the intentional actions taken by a community to increase their overall health and wellness. Community development strategies work best when they are community-driven, long-term, planned, empowerment-based, wholistic, build ownership and capacity at the community level, and consider the broader social and economic context. This context may include the influence of education, living, and working conditions, poverty, awareness of culture and traditional language, social environments, history of colonization, and access to health and well-being services (HOS 2011). A key aspect of community development is knowing your current community health status against the social determinants of health. This type of data can provide a benchmark to anchor measures of change over time.

Resources:

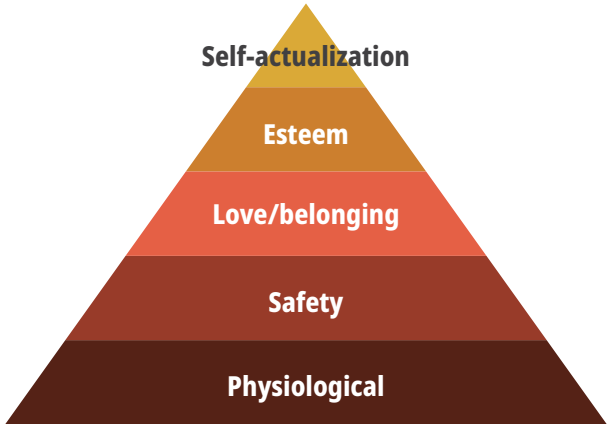
1. Community Waitakere. (2012). *Community development evaluation research: Case studies - evaluation frameworks in community development organisations*. Community Waitakere.
2. Health Canada. (2012). *Community development and capacity building framework. Version 4*. First Nations and Inuit Health Branch, Health Canada; Aboriginal Affairs and Northern Development Canada.
3. Little Black Bear and Associates (2011). *Moving toward a stronger future: An Aboriginal resource guide to community development*. Government of Canada.
4. Wesley-Esquimaux, C., & Calliou, B. (2011). *Best practices in Aboriginal community development: A literature review and wise practices approach*. Wesley-Esquimaux and Calliou.
5. Wood, S.K. (2008). *Asset-based community development: A case study*. Theses and Dissertations (Comprehensive). Paper 902.

Case Study: National Native Addictions Partnership Foundation. (2012). *Guidebook for NNADAP services, with a focus on inclusion of community, community development as a cultural practice, and culture-specific prevention strategies*. Retrieved from *https://thunderbirdpf.org/nnapf-document-library/*

A Case Study of Community Development: Linking Social Determinants of Health

Sagamok Anishnawbek First Nation's community development approach is viewed as the planned evolution of all aspects of their community's well-being, including economic, social, environmental, and cultural (Menzies, 2011). Community members come together to take collective action on and generate solutions to common problems, and the scope can vary from small initiatives within a small group to broader initiatives involving the entire community. Sagamok's community development approach links all determinants of well-being: basic physical needs such as clean water; adequate nutrition, shelter, clothing, and sanitary waste disposal; needs associated with spirituality, cultural integrity, and identity; and strong families supporting bonds of unity, co-operation, social being and belonging. Similar to Maslow's hierarchy of needs (pictured below), protection, safety, and security are equally important determinants, where adequate power, freedom, and voice within the community ensure parity and adequate income and sustainable economics for all who live within the community. Open, healthy communication and access to information is critical in providing learning opportunities and in advancing the development of adequate infrastructure and human services, while providing a social safety net for those who need it.

Figure 2: Maslow's Hierarchy of Needs



Sagamok Anishnawbek First Nation's administration plays a key role in its community development. It has the responsibility to develop plans and make recommendations to implement and facilitate community supports that lead to change, while continuously monitoring and evaluating the impact of these changes and evolving to meet new challenges. Sagamok's leadership—politicians, policy-makers, and lawmakers—is also an integral part of community development, acting as legitimate community representatives who advocate on behalf of their membership and manage public relations when implementing new and vital strategic directions. Principles of governance ensure that the community's development also supports transformation and healing guided by a vision that respects the value of culture and spirituality, interconnectedness, honour, unity, community participation, an approach to justice that reflects the community's morals and ethics, as well as a learning environment that encourages sustainability and leads to positive change.

Key to Sagamok's community development efforts is Minowanigoswin. It provides a foundation for Sagamok Anishnawbek law to move the community away from the control of the Indian Act, to help guide leadership selection and community administration, to provide mechanisms for conflict resolution, and to give a strong base for Sagamok's unique citizenship law. Quality management ensures the development of processes for every key activity such as defining standards for each process, evaluating the process itself on a constant basis, including the employees' performance in terms of standards, and monitoring and correcting the deviations when necessary.

For Sagamok Anishnawbek First Nation, community development begins first and foremost with community healing, and it is described by them as the process of moving beyond the hurt and dysfunction that had been internalized and had stifled the social and economic developments of the community (e.g., residential schools, colonization, loss of identity, loss of land, and loss of roles). Sagamok's community development focuses on the future, building a new pattern of life that leads to sustainable well-being and prosperity. The ultimate goal of Sagamok's community development is to move the population

as a whole toward higher levels of prosperity and well-being—socially, economically, politically, and culturally. It is also intended to ultimately lead to an effective form of First Nations government in Sagamok and to rebuild its government system to reflect Anishnawbek cultural values and practices. This commitment to reach out includes everyone in the community's rebuilding process, which could foster community healing from the legacy of past trauma.

Beginning with an assessment of issues in the community, Sagamok's community development story began with an organizational review by a professional firm whereby community members examined the strengths and weaknesses of children, youth, women, men, families, and Elders concerning Sagamok's social, economic, political, cultural, and spiritual dimensions. They looked at current conditions, lessons learned from the past, as well as pathways to the future. A 10-year action plan resulted with the development of a professional and volunteer team of workers, a family violence and sexual abuse response team, a crisis intervention team, as well as a leadership development program that supported continuous learning for a community where youth made up a large proportion of the population that was not represented on council. Total immersion into healing and personal growth training with a strong commitment to cultural and spiritual resources resulted, with new governance options being explored that included a municipal model, direct democracy, as well as a traditional clan-based government.

Achievements over three years resulted in a better matching of departmental work plans to broaden goals, regular communication with the community using a professionally developed monthly newsletter, and a well-functioning senior management team. Addressing the broadly recognized 12 determinants of well-being was paramount, which began with teaching a cultural sensitization training curriculum, *The Story that Was Never Told*, concerning Sagamok Anishnawbek First Nation history.

Strategies undertaken by Sagamok Anishnawbek First Nation include targeting youth, social reform, economic development, culture and language, early childhood development, waste management, emergency response, land stewardship, a financial and election code, ISO certification, dispute management, as well as community consultation throughout the community development process. In summary, the future is bright for Sagamok Anishnawbek First Nation: it is a relationship-based society that includes relations with each other, the environment, and their Anishnawbek spiritual world. Living in harmony and respect is a key element for Sagamok's community development efforts, and from their lens, the federal government has a responsibility to live up to its fiduciary responsibility by making available adequate resources so that Sagamok can achieve its community development goals.

Menzies, P. (2011). Key informant interview with the author and a Sagamok Anishnawbek First Nation member.

Resource: National Native Addictions Partnership Foundation. (2012). *Guidebook for NNADAP services, with a focus on inclusion of community, community development as a cultural practice and cultural-specific prevention strategies*. Retrieved from *https://thunderbirdpf.org/nnapf-document-library/*

The following page lists a few questions from each section of the Community Development Assessment exercise found on pages 4 and 5.

Community Development Assessment Exercise

In the following exercise, please assess as past, present, or future those criteria that would apply to your community development initiatives. There is no right or wrong answer, and the intent of the exercise is to provide the reader with an indication of your community's development progress or milestones achieved.

Assessing your community development	Check ALL that apply		
Foundational Level: Technical ability to apply the competency in most situations.	**Past**	**Present**	**Future**
Majority of efforts focused on economic development without culture-specific emphasis.			
Lack of priority placed on mental health and well-being, whether individual or family.			
Lack of flexibility in funding mechanisms.			
Basic Level: Consistent ability to apply the competency in most situations.	**Past**	**Present**	**Future**
Typically, part of a broader range of services and supports to address crisis response, treatment needs, and other demands.			
Basic support is provided to clients in the form of counselling and/or transporting clients to and from treatment facilities.			
Community supports bylaw policies that create dry communities; however, bootlegging and enforcement are significant challenges.			
Intermediate Level: Proactive ability to apply in a full range of situations.	**Past**	**Present**	**Future**
Development, prevention, and promotion efforts that engage the full range of health and other professionals, with full leadership support.			
School interventions, public speakers, and participatory events such as active community engagement during National Addictions Awareness Week involving Elders and community members, with cultural elements expressed throughout (e.g., language, sweats, ceremony).			
Bylaw policies relative to alcohol and substance abuse, coupled with a broader community wellness approach, are encouraged.			
Advanced Level: Complete understanding and ability to apply the competency in the most complex situations.	**Past**	**Present**	**Future**
System-wide approach to community development guided by leaders and the community that promotes local control and a sense of meaning and pride for individuals, families, and communities.			
Community development efforts linked to Indigenous-specific social determinants of health (education levels, living/working conditions, poverty, awareness of culture, traditional language, social environments, colonization, access to health services, income, employment, housing, and social supports).			
Services are linked and understanding of ways to address substance use are increased, including partnerships and better collaboration with communities, programs, multiple levels of government, and other federal departments.			

"The Medicine Wheel Community Development Tool is a template for a community workshop. Community members work together to construct a mural-a visual mapping of their community's needs and strengths in relation to solving serious community problems such as fetal alcohol spectrum disorder (FASD) or family violence and abuse. The Medicine Wheel Community Development Tool may be used by members of the same physical community or community of interest" (p. 3). This format allows for difficult conversations in an environment that is safe and free of judgment. Working together to strengthen the community allows for community development.

Community Workshop: Cox, L. (N.D). *Medicine wheel community development tool: An education of heart, hand, mind and spirit.* Elsipogtog First Nation.

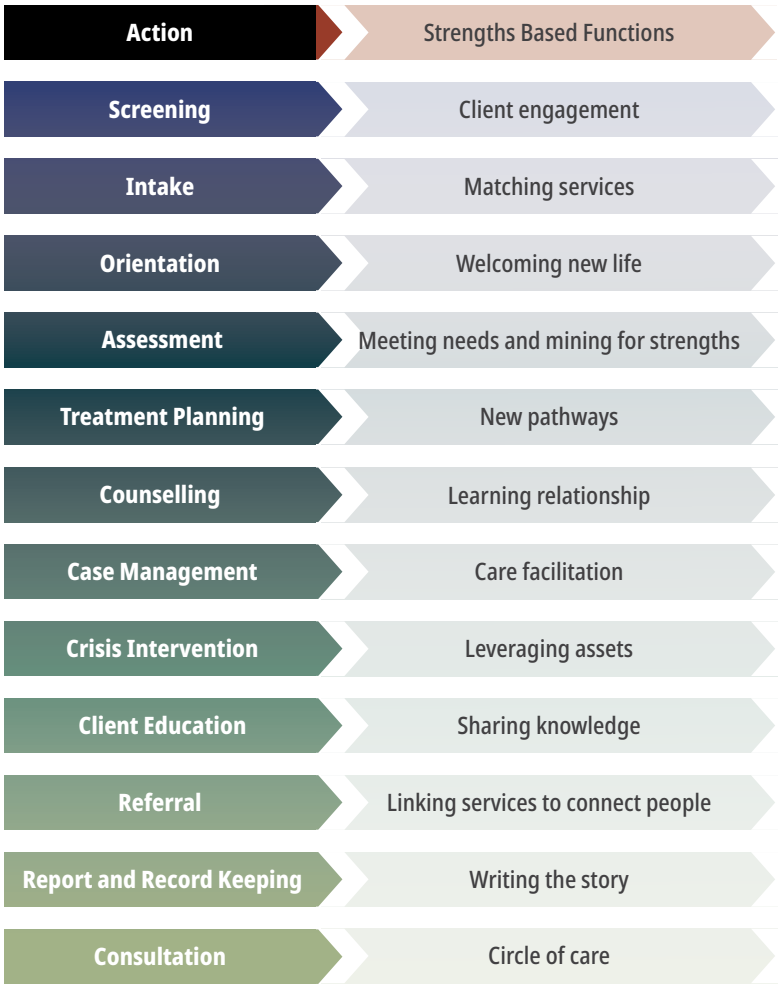
Continuum of Care

A continuum of care refers to access to the full basket of mental wellness services. It ensures that individuals, families, and communities have access to appropriate, culturally-relevant services and supports based on their needs at any point in their healing process. These services include:

- Health Promotion, Prevention, Community Development, and Education
- Early Identification and Intervention
- Crisis Response
- Coordination of Care and Care Planning
- Detox
- Trauma-informed Treatment
- Support and Aftercare (HOS 2011)
- **Training Opportunity:** From the Care Facilitation: A Continuum of Care training provided starting in 2016 by Thunderbird Partnership Foundation

Below is an example used during the training to demonstrate how a program or service can ensure that needs are being met across the continuum of care.

Strengths-based 12 Core Functions of a Continuum of Care



A Model to Guide Care Facilitation and Case Management

Identifying the needs of an individual that cannot be met by the professional helper or the agency and assisting the individual to utilize the support systems and community resources available, requires the helper to identify and connect with various community resources.

- **Identify** the need(s) and/or problem(s) that the agency and/or counselor cannot meet.
- **Explain** the rationale for the referral to the individual.
- **Match** the individual's needs and/or challenges to appropriate resources.
- **Adhere** to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
- **Assist** the client in utilizing the support systems and community resources available.

Continuum of Care Case Handover

To: _____ Date/Time: _____ Place/Location: _____

Participant

Name: _____ Date of Birth: _____ Spirit Name: _____ Clan Family: _____

Case Record

Opportunity Based Summary of Plan

_____

_____

_____

Accomplishments (identified by participant and service provider)

_____

_____

_____

Strengths / Resiliency Factors (identified by participant and service provider)

_____

_____

_____

Recurrent Issues / Challenges (identified by participant and service provider)

Future Needs and Supports (individual and/or family)

Continuum of Care Plan (what the participant can expect to happen after leaving the service)

Closing Care Facilitator Information

Name: _____ Title: _____ Signature: _____

Receiving Care Facilitator Information

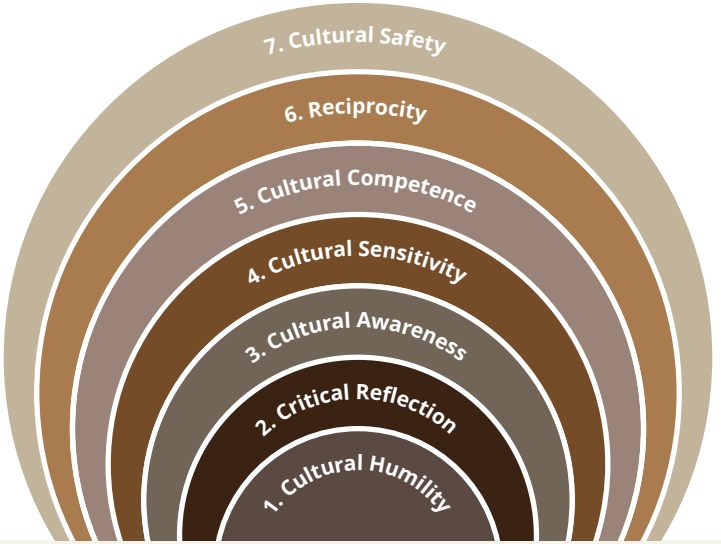
Name: _____ Title: _____ Record Closure Date: _____

Participant Signature: _____ Date: _____

Cultural Competency

Cultural competence requires that service providers, both on and off reserve, are aware of their own worldviews and attitudes towards cultural differences (cultural humility), and include both knowledge of and openness to the cultural realities and environments of the clients they serve. To achieve this, it is also necessary for Indigenous Knowledge to be translated into current realities to meaningfully inform and guide direction and delivery of health services and supports on an ongoing basis (HOS 2011).

Resource: Thunderbird's Stepping Stones for Cultural Safety



1. **Cultural Humility** is a foundational principle in the Renewal Framework Stepping Stones. It has a number of important components, including self-reflection, willingness to learn from the client, relationship building, and the concept of lifelong learning (Chang, & Simon, & Dong, 2010). Cultural humility ensures a less controlling, authoritative style when communicating with others. Humility helps us understand the obvious truth, that no one knows it all and no one is ignorant of everything.
2. **Critical Reflection** is a step beyond self-reflection and a necessary one to achieve cultural competence and awareness because "understanding what one brings to the environment will develop a critical mindset" (Pockett, & Giles, 2008). For example, a critical mindset is influenced by one's profession, ethics, values and life experience and it's important to understand how these factors influence one's relationship within a helping profession.
3. **Cultural Awareness** is the knowledge and wisdom of self and others of their "distinctive spiritual, material, intellectual and emotional features…[and] value systems, traditions and beliefs" (UNESCO, 2001: para.5). Goforth (2007) acknowledges the diversity, and similarities across Indigenous communities so the therapeutic practices must be determined within these communities. This step influences cultural sensitivity because it identifies what culture means from each perspective. It also helps to identify both Western and Indigenous Knowledge and finds ways to integrate them into practice.
4. **Cultural Sensitivity** is the next step because developing insight and understanding of what culture is and its diverse relationships is the intent of cultural sensitivity. Hume (2010), Trimble (2010) and Woods (2010) agree that acknowledging the importance of culture, differing worldviews and approaches, and being culturally inclusive helps lead to more effective health care services.
5. **Cultural Competency** is the behaviours, attitudes, and policies that come together in a system, agency, or among professionals which enables the same system, agency, or professionals to work effectively in cross-cultural situations. According to the Honouring Our Strengths framework, cultural competence requires that service providers, both on and off reserve are aware of their own worldviews and attitudes toward cultural realities and environments of the clients they serve. This step helps healthcare providers understand how historical trauma and colonialism have affected Indigenous people.
6. **Reciprocity** is a step that needs to be considered if cultural safety is to be achieved in the eyes of the Indigenous client. An example of this ethic of reciprocity from the Cree culture is the act of offering tobacco. The offering is given when we take something from nature and disrupt the balance of life. It is important to be aware of recognized cultural protocols within Indigenous communities. Reciprocity needs to be respected in order to acknowledge the culture of First Nations clients when they share their lived experience. This helps to keep the balance within the relationship, as well as build trusting relationships.
7. **Cultural Safety** is only determined by the client, after reciprocity has been established and the state of being safe has begun. It goes beyond the relationship between the health care provider and the client to ensure the health care environment is also culturally responsive by actively and continuously assessing and working to facilitate changes through building cultural competency in health care structures and process (such as service design, policy, human resources, service delivery) and in achieving health outcomes that are culturally relevant and meaningful.

Cultural Safety

Cultural safety extends beyond cultural awareness and sensitivity within services and includes reflecting upon cultural, historical, and structural differences and power relationships within the care that is provided. Health services that are culturally safe involve a process of ongoing self-reflection and organizational growth for service providers and the system as a whole to respond effectively to First Nations people, (HOS, 2011). Application of cultural safety is facilitated through policy, procedures, and workflow processes.

Toolkit: A Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People by Thunderbird Partnership Foundation (*http://thunderbirdpf.org/nnapf-document-library/*)

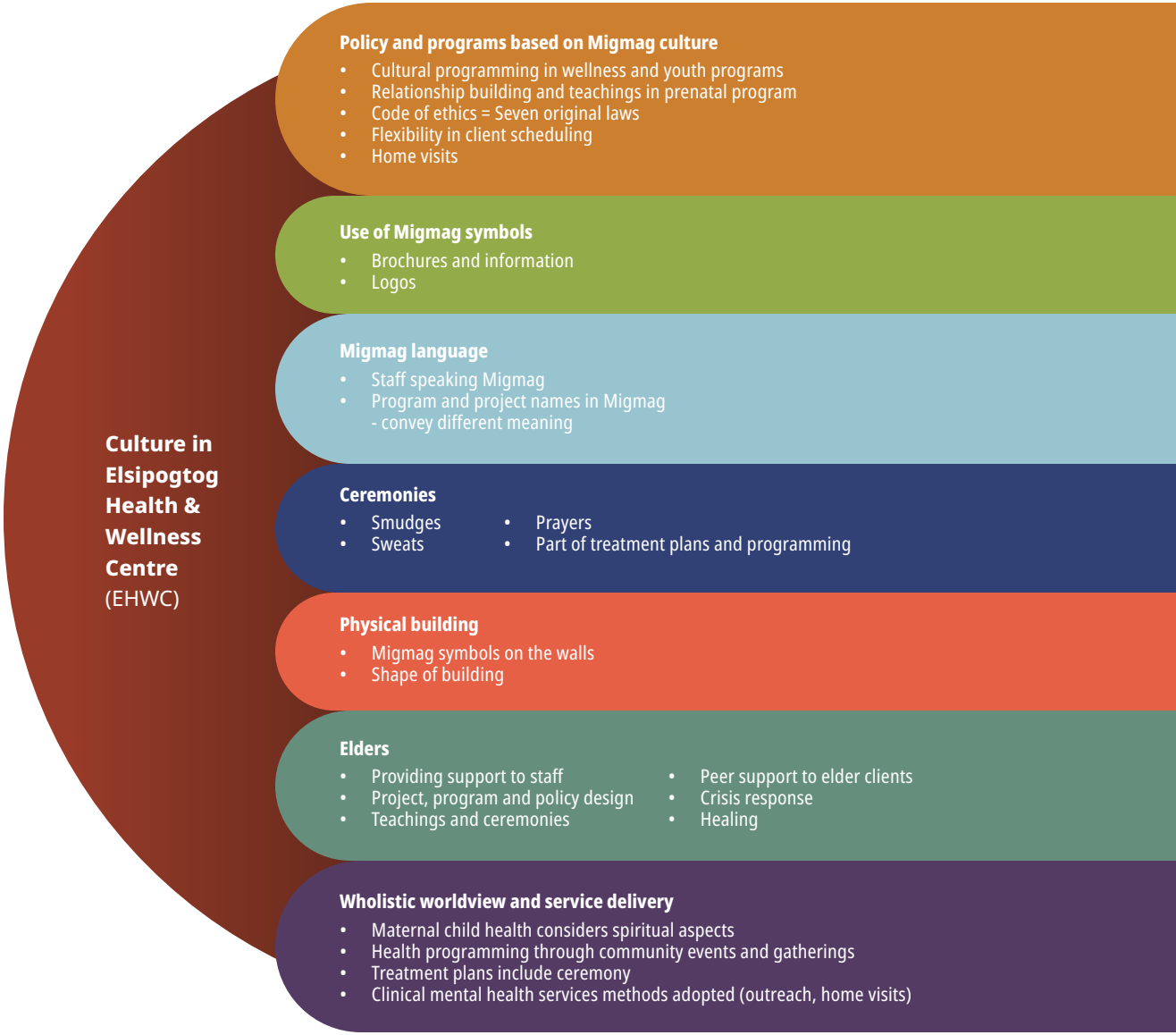
This document explains how to build a foundation of cultural humility, critical reflection, cultural sensitivity, cultural awareness, cultural competency, and reciprocity in order to start thinking about cultural safety. Practical examples of how cultural safety could be considered can be found in Appendix C: The 5 W's [who, what, where, when, and why] of cultural safety.

Community-Based Example: "Mset Nogemag" (All My Relations) Cultural Safety in Mental Wellness Programs and Services at Elsipogtog Health and Wellness Centre.

This project showed how wellness indicators increase significantly when health services are culturally safe. The following diagram shows how culture is integrated in all services offered by the Elsipogtog Health and Wellness Centre and how access to services improved, resulting in increased community wellness.

Question 1: How is culture embedded in mental wellness (health) programs and service delivery?

Question 2: What adaptations to policy, practice and linkages to other programs are needed to implement a culturally relevant approach in programs and services?



Culture

Although there are many ways by which culture is expressed amongst the various First Nations, there are principal, foundational beliefs and concepts that are commonly held that support a unified definition of *Indigenous culture*. In what follows are these primary concepts of the Indigenous worldview.

The Spirit The most fundamental feature of the Indigenous worldview is the spirit. Within this reality the spirit is housed within an inclusive concept of body-mind-heart-spirit. In our life within this earth realm these work together in such a way as to be inseparably functioning as a whole. The spirit is always central and always works in relationship to the other levels of being. Spirit is in all things and throughout all things. In the Indigenous worldview, we live in a spiritual universe and within a spiritual relationship.

The Circle The circle, more than any other symbol, is most expressive of the Indigenous view of the world. The circle is primary to all of life and life process, and, is also of primary significance in relating to and understanding life itself in all its dimensions and diversity. Human beings, amongst other beings, are in harmony with the life flow and grow to their greatest fulfillment when they too operate in a circular fashion. The circle, then, being primary, influences, in every way, how we see the world. The circle is synonymous with wholeness. Wholeness is the perception of the undivided entirety of things. To see in a circular manner is to envision the interconnectedness and the interdependence within life. The wholeness of life is the circle of life.

Harmony and Balance Desire for harmony is the pre-disposition of all of the created world. Harmony is a central value of the Indigenous worldview, which pre-supposes that all of life consciously cares for one another, and while respecting the individual's autonomy, strives to achieve and maintain an interrelationship that assures quality of life for the collective whole. Balance is a fundamental principle within the way that harmony in interrelationship works. A worldview that presumes a disposition toward balance causes people to see the dynamic character of their real world as always striving to maintain an equilibrium and symmetry in all aspects of the total economy of its ecology. Simply put the Indigenous person sees the world as always and naturally striving to maintain an equilibrium and symmetry – everything will ultimately try to achieve a balanced solution. The value of harmony works well within such a worldview because it assumes that people lean toward this same balance, and therefore, desire to be in harmony with one another.

All My Relations All that is created consciously cares about the harmony and well-being of life; all things are regarded as *persons* and as *relatives*. Personhood not only applies to human persons, but plants, trees, animals, rocks, and visible and unseen forces of nature are also considered as *persons*. Because they are persons, they have the range and qualities of personhood that are commonly attributed in western ideology exclusively to human persons. Once this is accepted, it elevates the prevailing view of other-than-human beings to a higher quality of being and moves the nature of relationship to an all-inclusive ethical level. We are all related to one another as persons, and are responsible for maintaining good and harmonious relationships within the *extended family* of persons.

Kindness/Caring/Respect Another key to understanding the Indigenous worldview is the recognition of the fundamental precept, the universe cares. The Creator cares for his creation. The Earth cares about her off-spring and all of earth-life. The beings within creation care about each other and about how they relate to one another within the interconnectedness and interdependence of the web of life. In that the creation originated in this way, it sustains itself and thrives by means of an underlying orientation toward kindness. The key to harmony in a life that is conceived as *all my relations* is respect. Respect is understood as the honouring of the harmonious interconnectedness of all of life, which is a relationship that is reciprocal and interpersonal. The Indigenous person is predisposed to have in his or her interest both the greatest good for the individual as well as the collective good.

Earth Connection We are all relatives because we have the same mother. In the Indigenous mind, the human person is of the earth and from the earth. Like all of the created world, the human being is part of the balance of nature and must find a special yet interconnected place within the created whole. The human person is a relative to all other *persons* of the earth, and, along with all creatures calls the earth, *mother*. The earth herself is a living, breathing, conscious being, complete with heart/ feeling, soul/ spirit, and physical/organic life, as it is with all the relatives of creation. Indigenous identity and relationship is defined by the land and the connection the natural world.

Path of Life Continuum The experience of living in this world is understood as a journey of the spirit moving progressively through stages that are interconnected and continuous. In the same way, lives are connected inter-generationally as *strings of lives* connecting us to our ancestors and to those yet unborn.

Language The original language is the most expressive communication of the spirit, emotions, thinking, behaviour and actions of the people. Language is the voice of the culture and therefore the true and most expressive means for the transmission of the original way of life and way of being in the world.

Culture is the expression, the life-ways, and the spiritual, psychological, social, material practice of this Indigenous worldview. (Dumont, NNAPF 2014)

Example: Honouring Our Strengths:
Culture as Intervention in Addictions Treatment Reference Guide
http://thunderbirdpf.org/nnapf-document-library/

Thunderbird Partnership Foundation Workbook
HOS Culture as Intervention

- Definition of wellness
- Definition of culture
- Common cultural intervention
- Indigenous wellness framework
- NWA™

For youth-specific resources visit our culture for life website:
http://www.cultureforlife.ca/

Harm Reduction

Harm reduction refers to policies, programs and practices that aim to reduce drug-related harm without requiring the person to stop using the substance. Harm reduction strategies aim to reduce drug-related harms not just for the user, but also for families, friends and communities. The approach is based on the belief that it is in both the user's and society's best interest to minimize the adverse consequences of drug use when the person is unable or unwilling to discontinue using. First Nations communities often struggle with harm reduction as an *approach* as these efforts are perceived as facilitating illness or substance misuse. A simple but often effective approach is to shift the presentation of harm reduction as an approach, or as a service focused on individuals, to a focus that begins with universal Indigenous values of family and community. That is, harm reduction presented as initiatives aimed at *reducing harms* to family and community by attending to the specific needs of individuals can be extremely beneficial in engaging First Nations communities in initiatives that benefit both individuals and more clearly, children, youth, families, and community.

First Nations Community Based Suboxone Treatment Programs

1. "Rings of Fire" to show community based programs: *https://www.aljazeera.com/program/witness/2015/7/29/canadas-rings-of-fire*
2. Dooley, J., Gerber-Finn, L., Antone, I., Guilfoyle, J., Blakelock, B., Balfour-Boehm, J., Hopman, W., Jumah, N., Phil, D., & Kelly, L. (2016). *Buprenorphine-naloxone use in pregnancy for treatment of opioid dependence. Retrospective cohort study of 30 patients.* Can Fam Physician, 62, e194-200
3. Jumah, N. A., Edwards, C., Balfour-Boehm, J., Loewen, K., Dooley, J., Finn, L. G., & Kelly, L. (2016). *Observational study of the safety of buprenorphine + naloxone in pregnancy in a rural and remote population*. BMJ Open, 6(10), e011774.
4. Kanate, D., Folk, D., Cirone, S., Gordon, J., Kirlew, M., Veale, T., Bocking, N., Rea, S., & Kelly, L. (2015). *Community-wide measures of wellness in a remote First Nations community experiencing opioid dependence. Evaluating outpatient buprenorphine-naloxone substitution therapy in the context of a First Nations healing program*. Can Fam Physician 61, 160-165.
5. Katt, M., Chase, C., Samokhvalov, A., Argento, E., Rehm, J., Fischer, B. (2012). *Feasibility and Outcomes of Community Based Taper to Low Dose Suboxone Treatment Program for Prescription Opioid Dependence in a Remote First Nations Community in Northern Ontario*. Journal of Aboriginal Health, (9)1, 52.
6. Mamakwa, S., Kahan, M., Kanate, D., Kirlew, M., Folk, D., Cirone, S., Rea, S., Parsons, P., Edwards, C., Gordon, J., Main, F., & Kelly, L. (2017). *Evaluation of 6 remote First Nations community-based buprenorphine programs in Northwest Ontario*. Can Fam Physician, 63, 137-45.

Quality of Care

Components of quality care is centred on the conceptual components of quality rather than the measured indicators: quality care is safe, effective, patient centred, timely, efficient, and equitable. Thus, safety is the foundation upon which all other aspects of quality care are built. (Committee on the Quality of Health Care in America, 2001.) Essential to quality of care for First Nations is cultural competency and safety which are the foundation for establishing engaging and collaborative relationship that empower first nations people to control and direct their own health care in ways that address the complexity of needs.

Resources

1. Thunderbird Partnership Foundation. (2018). *A cultural safety toolkit for mental health and addiction workers in-service with First Nations People. Retrieved from* http://thunderbirdpf.org/nnapf-document-library/.
2. Thunderbird Partnership Foundation. (2019). *Intake, Referral, Discharge, and aftercare planning: Protocols for NNADAP Workers.* Retrieved from http://thunderbirdpf.org/nnapf-document-library/.
3. Thunderbird Partnership Foundation. (2018). *Developing a "basket of mental health and addiction screening and assessment tools" for use with First Nation clients.* Retrieved from http://thunderbirdpf.org/nnapf-document-library/.
4. Thunderbird Partnership Foundation.(2016). *First Nations culture as intervention: Native wellness assessment.* Retrieved from http://thunderbirdpf.org/nnapf-document-library/.
5. Thunderbird Partnership Foundation. (2015). *Indigenous wellness framework.* Thunderbird Partnership Foundation. Retrieved from https://www.thunderbirdpf.org/IWF.
6. Health Canada. (n.a.). *First Nations Community Health Planning Guide.* Government of Canada.
7. Committee on the Quality of Health Care in America. (2001). *Crossing the quality chasm: A new health system for the 21st century.* National Academy Press.

Promotion of Indigenous Peoples rights as defined by the United Nations Declaration of Rights for Indigenous Peoples.

- Example: Article 2: What policies and practices does your program or service have in place to demonstrate respect for Indigenous culture or to improve health equity?
- Do these policies protect the right to health and to be free from any kind of discrimination, in the exercise of their rights, in particular those based on their indigenous origin or identity?

Promoting culture as the foundation to wellness

- What are programs and services doing to support culture as their foundation?
- How are individuals using culture to promote wellness?
- How does the physical and social environment allow clients to feel confortable to express themselves?

Understanding unique histories of Indigenous Peoples in addressing client needs

- ***What do you do to respect and promote the inherent rights of Indigenous Peoples who use your services?***
  - ***How do you act on these needs?***
    - ***How do you let people know what you do about these needs?***
      - ***What capacity do you have in terms of skills base, knowledge and experience as well as resources, to support diverse needs?***

Strengths-based Approaches

Strength-based or asset-based approaches recognize and build on existing strengths and assets in an individual, group or community. This respects individual, group, and community resilience. A strength-based approach sees potential, rather than need, and encourages a positive relationship based on hope for the future. Cultural continuity is a foundation of strengths. While culture may not be often recognizable within First Nations communities it is critical to recognize that culture is a way of life rather than a host of practices or way of doing things. Inherent in a culture based strengths approach is the recognition of the natural ways First Nations communities continue to thrive as distinct people, despite the challenges they face. This is based on a fundamental belief across Indigenous cultures that the Creator or Great Spirit gave Indigenous people their identities and despite forces of colonization and assimilation, the inherent gift of identity remains.

A core Indigenous value is the belief in strengths over weaknesses and assets over deficits and this comes from Indigenous Creations stories that teach about the inherent gifts given to Indigenous peoples by the Creator, commonly known as *kindness, caring, honesty and strength*. In a practical sense then, a strength based approach facilitates shared learning and support between community services and across the social determinants of health sectors. Most essential to a strength based approach is the belief that when engaged to do so, people are resourceful and can solve their own problems. The promotion of collaborative relationships with the client based is also essential. Strength-based approaches typically facilitate a manner of doing things that starts from belief

1. That people (clients, communities, partners) have existing competencies
2. That First Nations have important cultural resources and with the right support can translate Indigenous knowledge for application within community services
3. That First Nations people are capable of learning new skills and knowledge to address their concerns
4. That First Nations people can be involved in the process of discovery and learning.
5. That strength is founded on the idea that even at their weakest moments clients are resilient

First Nations community health planning should convey principles and standards from an Indigenous lens while ensuring cultural protocols and integrity are valued with the same integrity as *evidence based* standards of practice. For example, a standard of practice might be: rights, responsibilities, and client safety. From a Western or mainstream lens on service delivery, rights may be defined by license or other credentials that verify knowledge, skill, and scope of practice. From an Indigenous lens, rights of practice may be sanctioned by Elders, or Indigenous Knowledge Holders, sacred societies, or by a First Nation government that also has formal systems of accountability and supervision on scope of practice.

Elders, kinship relationships, clan families/cultural societies, and community are the primary facilitators of strengths, inherent strengths and strengths-based approaches to facilitate outcomes of Hope, Belonging, Meaning, and Purpose.

Resources

1. Brun, C., & Rapp, R. C. (2001). *Strengths-based case management: Individuals' perspectives on strengths and the case manager relationship.* National Center for Biotechnology Information. Social Work,46(3), 278-88.
2. Cwik, M., Tingey, L., Maschino, A., Goklish, N., Larzelere-Hinton, F., Walkup, J., & Barlow, A. (2016). *Decreases in suicide deaths and attempts linked to the white mountain apache suicide surveillance and prevention system, 2001-2012.* American Journal of Public Health, 106(12), 2183-2189.
3. Dell, C. A., Dell, D. E., & Hopkins, C. (2005). *Resiliency and holistic inhalant abuse treatment.* Journal of Aboriginal Health, 2(1), 4.
4. Animki See Digital Productions. (2017). *DigitalNations.ca*
   - Animki See Digital Productions partnered with the Aboriginal Television to produce short films/vignettes on Aboriginal art, culture and history. The following vignettes may be used to further your discussion on Cultural Healing and a Strength-based perspective.
     - **Little Thunder:** *https://www.nfb.ca/film/vistas_little_thunder/*
     - **Carrying Fire:** *https://www.nfb.ca/film/vistas_carrying_fire/*
     - **Red Ochre:** *https://www.nfb.ca/film/vistas_red_ochre/*
5. Dumont, J. & NNAPF. (2014). *Honouring our strengths: Indigenous culture as intervention in addictions treatment project.* Canadian Institutes of Health Research.
6. Gottlieb, L. (2014). *Strengths-based Nursing: A holistic approach to care, grounded in eight core values.* American Journal of Nursing, 114(8), 24 – 32.
7. Redko, C., Rapp, R. C., Elms, C., Snyder, M., & Carlson, R. G. (2007). *Understanding the working alliance between persons with substance abuse problems and strengths-based case managers.* Journal of Psychoactive Drugs, 39(3), 241-250.
8. Thunderbird Partnership Foundation. (n.d). *Strengths based Training, 2.5-day certified training.* Thunderbird Partnership Foundation.
9. Thunderbird Partnership Foundation. (2016). *How has Aboriginal culture helped.* [Video].

Strengths-based 12 Core Functions of a Continuum of Care

Action	Strengths Based Functions
Screening	Client engagement
Intake	Matching services
Orientation	Welcoming new life
Assessment	Meeting needs and mining for strengths
Treatment Planning	New pathways
Counselling	Learning relationship
Case Management	Care facilitation
Crisis Intervention	Leveraging assets
Client Education	Sharing knowledge
Referral	Linking services to connect people
Report and Record Keeping	Writing the story
Consultation	Circle of care

Resource: Cultural Aftercare Guidebook by Thunderbird Partnership Foundation (*http://thunderbirdpf.org/nnapf-document-library/*)

Community Strengths Activity

How well are you able to describe the cultural or community strengths in your area?

To what extent do you know the following demographics within the communities in your service area?

(Circle the number of your response for each area)

	Not at All	Barely	Fairly Well	Very Well
Community environment	1	2	3	4
Community leaders	1	2	3	4
Community strengths	1	2	3	4
Educational aspirations	1	2	3	4
Birth/death rites	1	2	3	4
Community rites of passage	1	2	3	4
Ceremonies, practices language	1	2	3	4

To what extent do you know the following characteristics of the people in your service area?

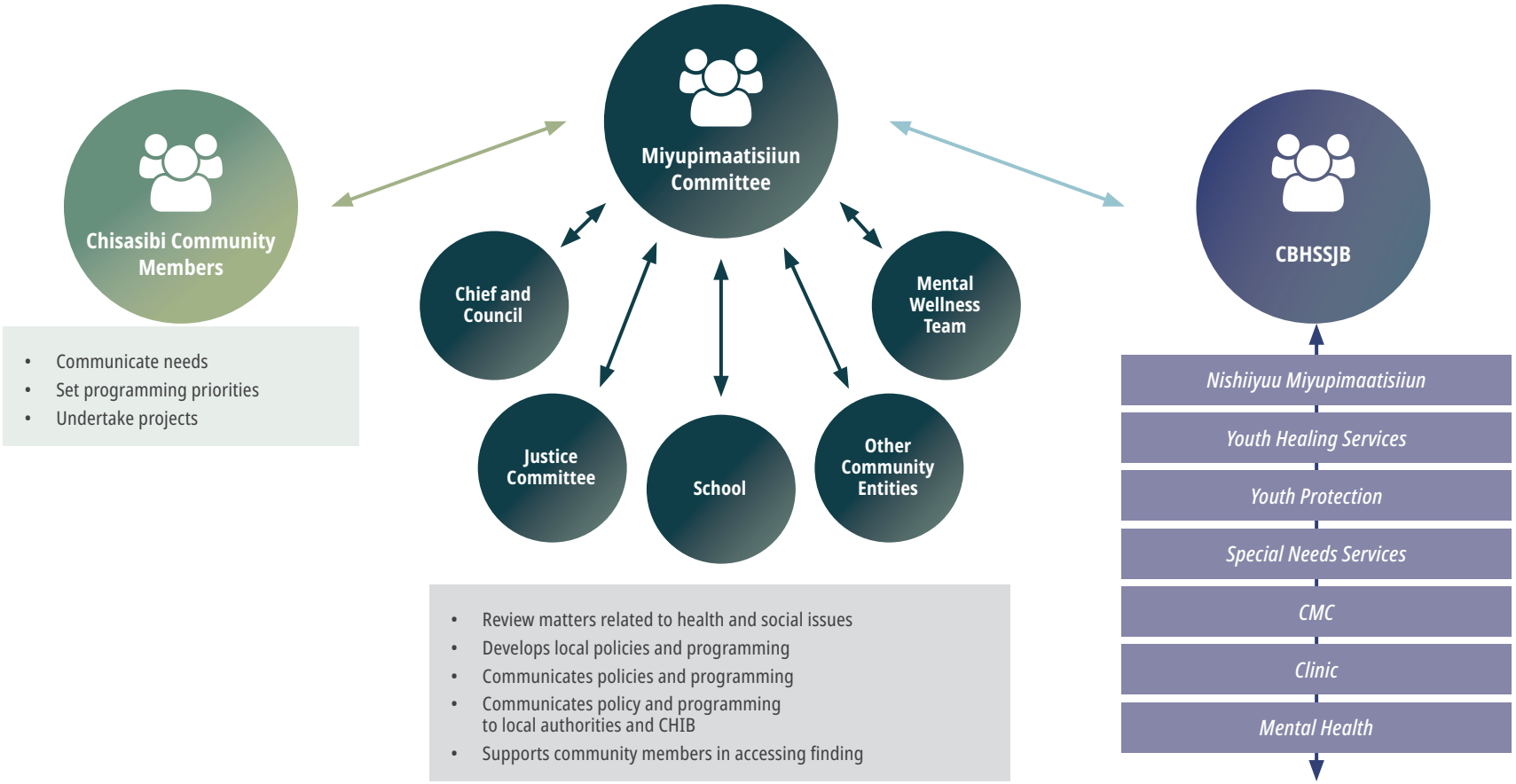
(Circle the number of your response for each area)

	Not at All	Barely	Fairly Well	Very Well
Community historians	1	2	3	4
Informal supports and natural helpers	1	2	3	4
Formal social service agencies	1	2	3	4
Formal community leaders	1	2	3	4
Informal community leaders	1	2	3	4
Business	1	2	3	4

Community-Based Example: The Chisasibi Land-Based Healing Program

The success of this land-based healing program is reliant on the strengths of the whole community. Each committee, organization, and community member has unique strengths that work together to form a solid support system for those involved in the healing program. The interconnected relationships of the support system are shown in the image below.

Miyupimaatisiiun Committee's Role and Community Relationship



Trauma Informed Care

Trauma informed care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma experienced early in life (e.g., a result of child abuse, neglect, witnessing violence, or disrupted attachment) or later in life (e.g., due to violence, accidents, sudden and unexpected loss, or other life events that are out of one's control) and understands trauma beyond individual impact to be long-lasting, transcending generations of whole families and communities. Traumatic experiences like these can interfere with a person's sense of safety, decision-making ability, sense of self and self-efficacy, and ability to regulate emotions and navigate relationships as well as interfering with entire families and communities. Given the number of adverse experiences and the history of trauma in First Nations communities, a trauma informed approach to care is highly recommended (FNMWC, 2015).

A trauma informed care approach to addressing trauma emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors (individuals, families, and communities) rebuild a sense of control and empowerment (Trauma Informed Care Project). With trauma-informed care, communities, service providers or frontline workers are equipped with a better understanding of the needs and vulnerabilities of First Nations clients affected by trauma. For example, understanding how trauma is an injury rather than a sickness is essential to the healing process and shifts the conversation from asking "What is wrong with you?" to "What has happened to you?" (Klinic, 2013).

Trauma-informed systems and organizations provide for everyone within that system or organization by having a basic understanding of the psychological, neurological, biological, social and spiritual impact that trauma and violence can have on individuals, and families seeking support and for communities in crisis. Trauma-informed services recognize that the core of any service is genuine, authentic and compassionate relationships (Klinic, 2013). Also essential to trauma informed care approaches is cultural competency that puts the burden for learning about individual, family and community trauma and intergenerational trauma on the care/service provider rather than on the client be they individual, family or a whole community. Facilitating community awareness of their history of trauma is recognized most significantly as community development.

Resources

1. Thunderbird Partnership Foundation & First Peoples Wellness Circle. (n.d). *Trauma informed practice training.* Thunderbird Partnership Foundation.
2. Thunderbird Partnership Foundation. (2012). *Guidebook on protocols for Indigenous Practitioners specific to substance abuse treatment, cultural interventions, and healing.* Retrieved from *http://thunderbirdpf.org/nnapf-document-library/*.
3. Canadian Centre on Substance Use and Addiction. (2014). *Trauma-informed Care Toolkit.* ISBN 978-1-77178-171-8

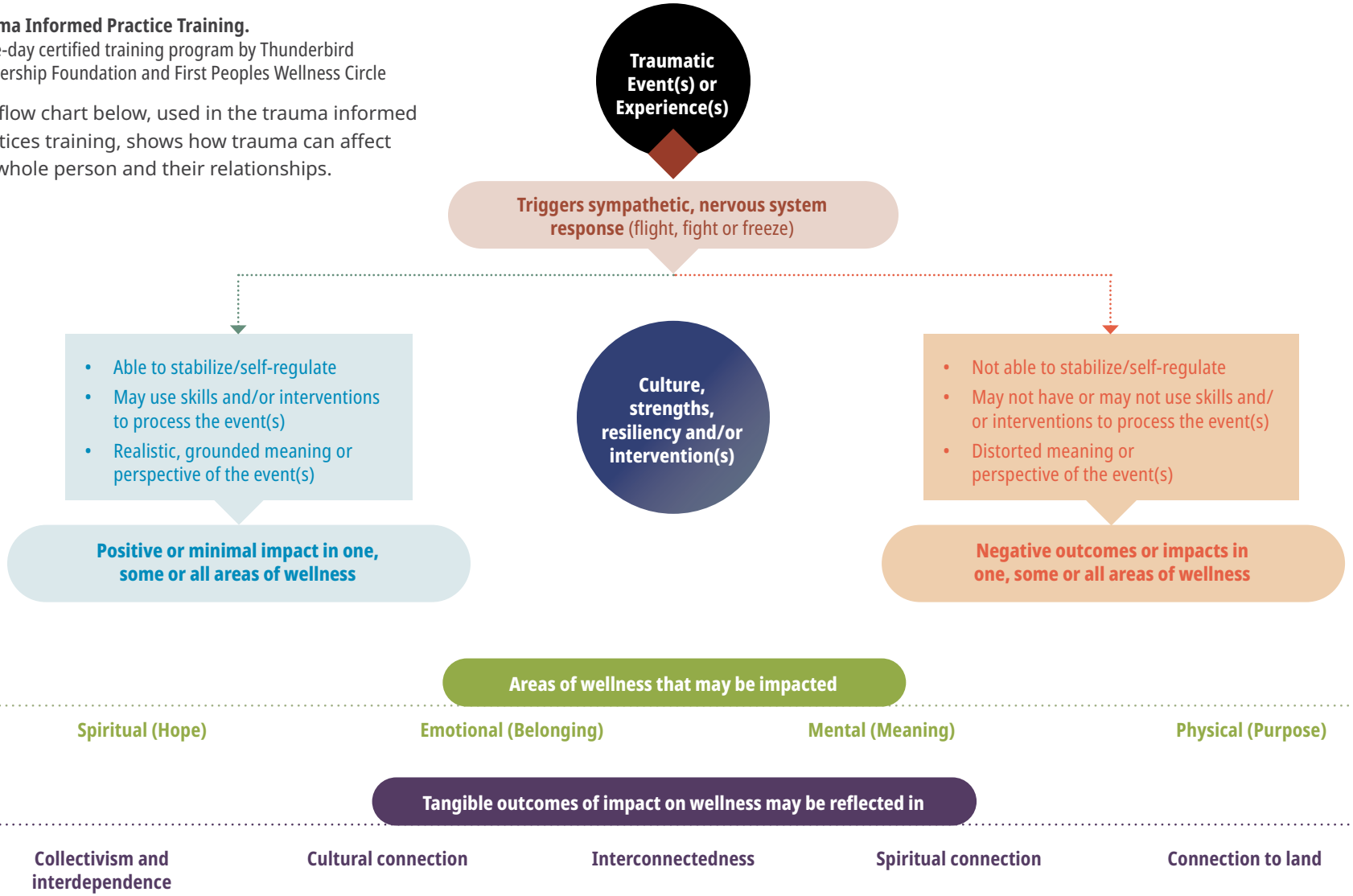
Toolkit: Adolescent Health Working Group. (2013). *Trauma and Resilience: an adolescent provider toolkit.* Retrieved from: *https://rodriguezgsarah.files.wordpress.com/2013/05/traumaresbooklet-web.pdf*

This toolkit was designed for a broad audience. However, for an example of what culturally sensitive approaches to trauma could look like, see page 45.

Resource

Trauma Informed Practice Training.
Three-day certified training program by Thunderbird Partnership Foundation and First Peoples Wellness Circle

The flow chart below, used in the trauma informed practices training, shows how trauma can affect the whole person and their relationships.



Social Determinants of Health

Environmental stewardship; social services; justice, education, and lifelong learning; language, heritage and culture; urban and rural; land and resources; economic development; employment; health care; and housing.

Public Health Agency of Canada (PHAC) recognizes twelve determinants of health: culture, gender, health services, income and social status, social support networks, education and literacy, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, and biology and genetic endowment. First Nations health is equally affected by a range of historical and culturally specific factors (NNADAP, 2011) which include loss of language, historical conditions, and cultural identity.

The AFN recognizes the following First Nations specific determinants of health: community readiness, economic development, employment, environmental stewardship, gender, historical conditions and colonialism, housing, land and resources, language, heritage and strong cultural identity, legal and political equity, lifelong learning, on and off reserve, racism and discrimination, self-determination and non-dominance, social services and supports, and urban and rural.

Case Study: NNAPF. (2012). *Guidebook for NNADAP services, with a focus on inclusion of community, community development as a cultural practice, and culture-specific prevention strategies*. NNAPF.

See Key Concept: Community Development

Chapter 6
FNMWC in Practice

Demonstration Projects

After the launch of FNMWC in January 2015, Thunderbird Partnership Foundation worked with five First Nation communities to learn from community adaptations and innovations and share promising practices; support mentorship between communities; increase the evidence base for the FNMWC; and facilitate a move away from siloed approaches towards more coordinated and effective approaches. The project supported practices already in place using culture as a foundation, access to the essential basket of mental wellness programs and services, and flexible funding. The communities, identified through a proposal process, are: Elsipogtog Health and Wellness Centre in New Brunswick, Kwanlin Dun First Nation in the Yukon, the Matawa Tribal Council in Ontario, Shibogama First Nation in Ontario, and Six Nations Health Services in Ontario. These five demonstration projects, briefly described below, revealed how the FNMWC framework is a useful tool for effectively demonstrating strategic community-based approaches to wellness.

A. Elsibogtog: demonstration of a community-based cultural safety measures and outcomes in mental wellness programming

The Mset Nogemag project will evaluate, document and strengthen the cultural dimensions integrated within the existing health and wellness services of an accredited organization. It will support the organization's continuous quality improvement congruent with the goals of the FNMWC by evaluating how the inclusion of culture in the design and delivery of care impacts clients' mental wellness service experiences and outcome. Context includes that the offering of culturally relevant approaches has resulted in an uptake of services by community members in Elsipogtog. Participatory methods are used to undertake the project, including involving management, staff, clients and stakeholders in design and in data collection.

B. Kwanlin Dun: demonstration of a community-based approach to building community safety and crisis response capacity

Kwanlin Dun First Nation (KDFN) produced a practical guide that sets out how KDFN can prepare for, mitigate, respond to, and help their community recover and heal from a crisis or emergency. The Crisis and Emergency Response Plan (CERP) clarifies the relationship between KDFN and the emergency response structures of the City of Whitehorse (Emergency Operations Centre) and the Yukon Government (Emergency Measures Organization or Emergency Social Services). The CERP also outlines the roles and responsibilities of each member, the chain of command, communication protocols, designated meeting spaces, business continuity plan, emergency preparedness for children, Elders, and those with disabilities, and so on.

C. Matawa Tribal Council: demonstration of a community-based approach to enhancing opportunities and monitoring practices for healing and wellness, using the Indigenous Wellness Framework and Outcomes Model (Hope, Belonging, Meaning and Purpose)

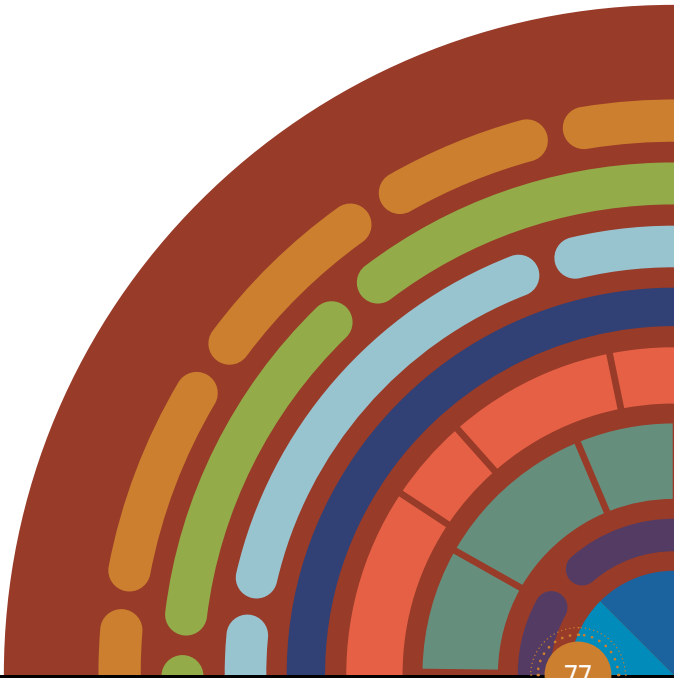
This report is the culmination of a unique project that brought together health directors, community health workers, Elders, and youth from each of the nine Matawa communities to describe how current programs and services are using culture as the foundation. This can be done through traditional healing, land-based programs, and cultural teachings in their approach to preventing prescription drug abuse/ misuse (PDAM) and in promoting mental wellness. This project demonstrated that using culture as a foundation in PDAM and mental wellness programming works. These culturally-based PDAM programs have shown high interest: 300 people participated in retreats on the land in Webequie, 75 people per year participate in Starting the Fire - an integrated healing and job-skills program in Long Lac #58., and the fully traditionally based detox program boasts a waiting list in Constance Lake.

D. Shibogama First Nation Council: demonstration of a community-based approach to land base healing (Video)

Shibogama First Nation Council consists of five isolated fly-in communities located in north western Ontario. The communities include Kasabonika, Kingfisher Lake, Wapekeka, Wunnumin Lake, and Wawakapewin. Shibogama's demonstration project encompasses a traditional land-based family healing program to illustrate how culture brings about wellness. The program has run three years in a row. In each year, the same group of five families, (two couples and three single parents with a total of 18 children and youth) a total 25 participants, attended the Land-Based Family Healing Program. The program targeted families who had been devastated by the impacts of prescription drug abuse and now have caregivers who are no longer abusing prescription drugs or under supervised treatment with suboxone. The principle outcome is depicted in the production of the vignette called *Reaching Wellness Through the Land*.

E. Six Nations: demonstration of a community-based clinical outcome measure that ensures cultural relevancy and sensitivity of the Haudenosaunee Wellness Model (HWM), drawing upon links between the HWM and FNMWC framework

The project focuses on an identified need to develop culturally-sensitive and community-specific outcome measurement tools and evaluation approaches that fit with the HWM of care. These tools and approaches must include the integrate Haudenosaunee knowledge with Western evidence-informed practice. The program has been adapted to be more culturally sensitive and now they want to ensure that the assessment process is culturally sensitive too. Context includes that the HWM was developed to meet the health needs of the community related to the links between prescription drug use, chronic pain, and traumatic experiences.

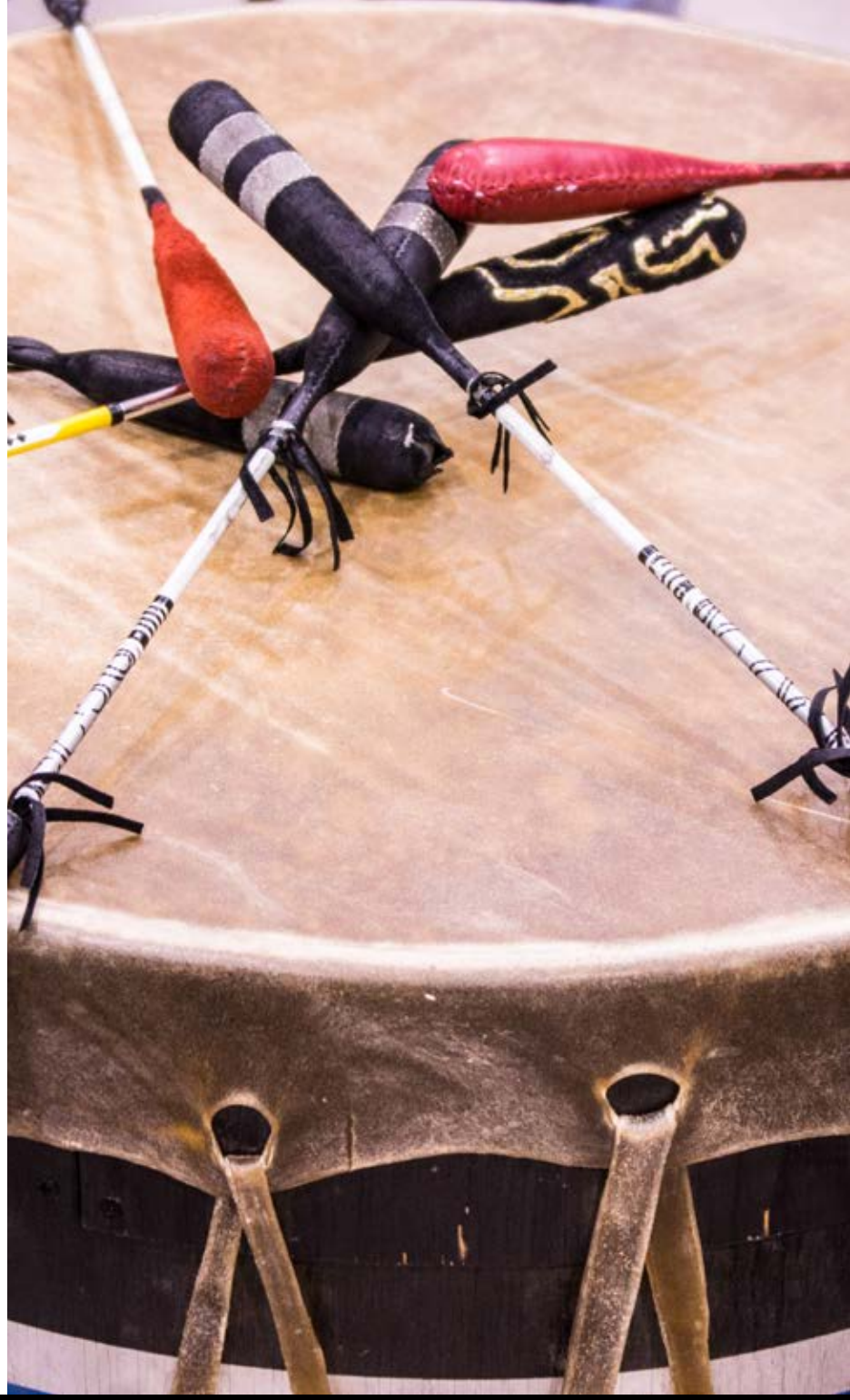


Essential Services

Two Current Service Delivery Models

From these demonstration projects and discussions with communities across Canada, it was clear that service delivery models grounded in culture are necessary to assist First Nations to improve their wellness. A Service Delivery Model (SDM) is typically structured with a set of principles, standards, policies, and constraints used to guide the design, development, deployment, operation, and evaluation of services delivered. The goal is to offer a consistent experience to a specific user population, community, or population within a community. Each SDM has its own working group, which could potentially include Elders, First Nations community members with experience in the priority area, Indigenous experts in mental health and addictions, and representatives from the FNMWC Implementation Team.

A First Nations specific SDM would convey principles and standards from an Indigenous lens while ensuring cultural protocols and integrity are valued with the same integrity as standards of practice. For example, a standard of practice might be: rights, responsibilities, and client safety. From a Western or mainstream lens on service delivery, rights may be defined by license or other credentials that verify knowledge, skill, and scope of practice. From an Indigenous lens, rights of practice may be sanctioned by Elders, or Indigenous Knowledge Holders, sacred societies, or by First Nation governments who also have formal systems of accountability and supervision on scope of practice. A First Nations SDM also incorporates the five themes as identified by the FNMWC: 1) Culture as Foundation, 2) Community Development, and Capacity Building, 3) Quality Health System and Competent Service Delivery, 4) Collaboration with Partners, and 5) Enhanced Flexible Funding Investments.

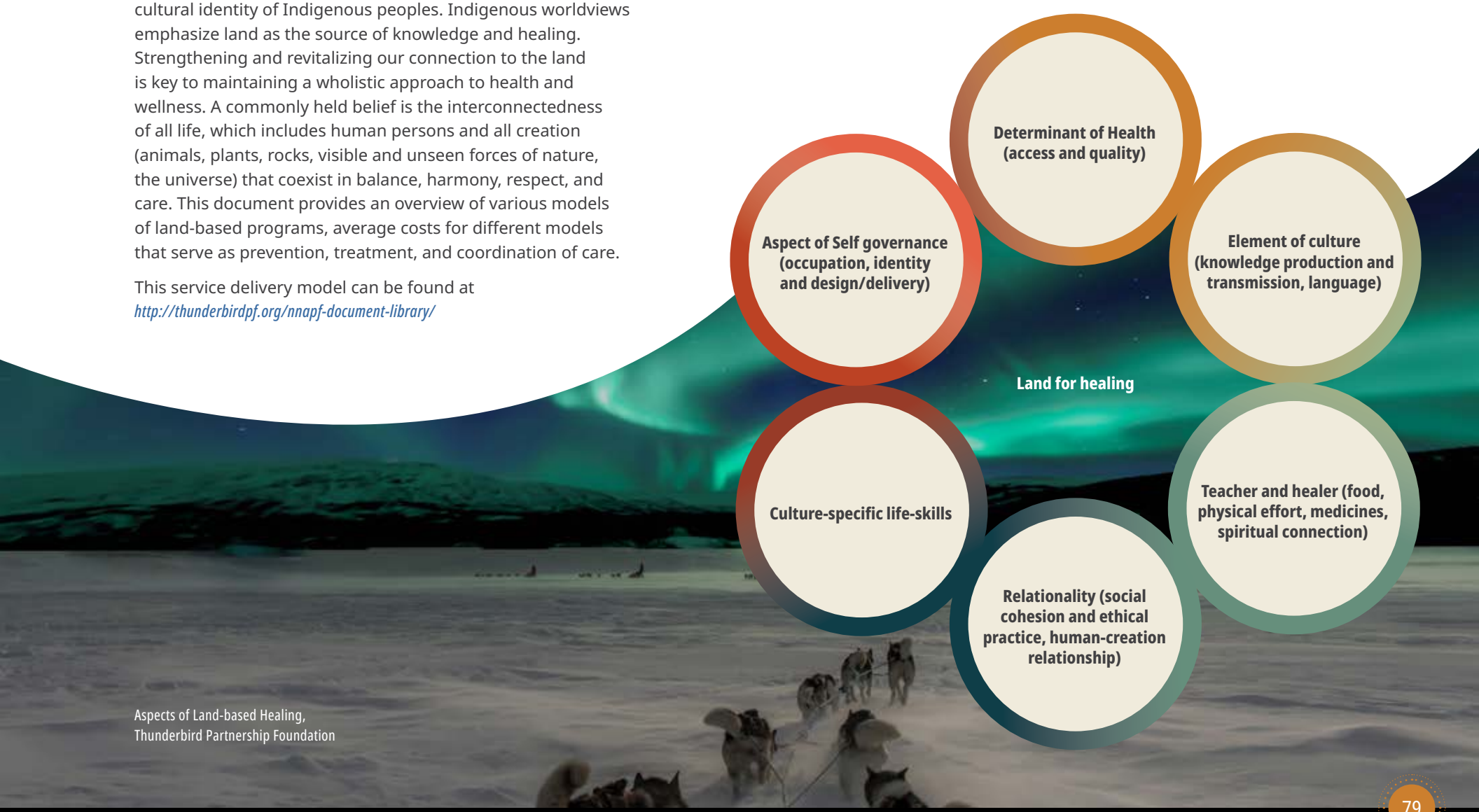


Land-Based Service Delivery Model (LBSDM)

The land has always been fundamental for the health and cultural identity of Indigenous peoples. Indigenous worldviews emphasize land as the source of knowledge and healing. Strengthening and revitalizing our connection to the land is key to maintaining a wholistic approach to health and wellness. A commonly held belief is the interconnectedness of all life, which includes human persons and all creation (animals, plants, rocks, visible and unseen forces of nature, the universe) that coexist in balance, harmony, respect, and care. This document provides an overview of various models of land-based programs, average costs for different models that serve as prevention, treatment, and coordination of care.

This service delivery model can be found at *http://thunderbirdpf.org/nnapf-document-library/*

Below is a diagram of the logic model that was used to conceptualize the interconnectedness of delivering a land-based healing program.



Aspects of Land-based Healing, Thunderbird Partnership Foundation

Community Crisis Planning, Prevention, Response and Recovery First Nation Service Delivery Model

A community is responsible for defining crisis in their own terms. However, one definition used by the First Nation Health Authority in British Columbia is:

"A crisis is defined as an extraordinary circumstance that significantly challenges community capacity to respond."
B.C. Crisis Response Panel October 22, 2014

The ability to respond effectively to crisis is dependent on effective crisis planning and timely access to necessary resources, supports, and services. At the community level, this may involve access to external supports to help communities respond to the immediate needs of individual clients and families beyond what the existing community workforce can provide. It may also mean defining a plan to address the underlying causes of the crisis and facilitate ongoing care and support. At the individual and family level, crisis response requires access to community-based and external supports to respond to urgent needs, assist with stabilization, and where needed, transition clients to other services or aftercare. A crucial component of crisis response is communication and coordination with timely follow up and debriefing at both an individual and community level. Communication is all important during the various phases of planning, response, and recovery. Communication not only to chief and council to update them on the plan or situation but communication with staff, partner agencies, individuals, families and community.

This SDM will focus more on the single circumstance or event that occurs as attempting to describe a SDM to respond to the multiple complex interwoven patterns of chronic crisis related to all determinants of health is beyond the scope of this document. The *tragic event* is identified as an acute situation and the ongoing interrelated problems in communities, sometimes identified as a *state of emergency*, are unfortunately identified as chronic in some communities with major comprehensive responses needed.

This service delivery model can be found at
http://thunderbirdpf.org/nnapf-document-library/

Two Service Delivery Models in the Works

Community Healing Model to Address Sexual Abuse

The next SDM identified for development is a community healing model to address sexual abuse. In December 2016, Assembly of First Nations Chief Perry Bellegarde challenged chiefs across Canada to confront the issue of sexual abuse in their communities. As such, Thunderbird Partnership Foundation and our partners are committed to utilizing existing capacity and resources to form a restorative justice approach to community-based healing. Sexual abuse must be understood as a direct result of colonization rather than a singular mental health issue of individuals, families, or communities. One of the communities championing this approach is Hollow Water First Nation in Manitoba. Hollow Water First Nation's model (Community Holistic Circle Healing) began in the early 1980s and facilitates a community focused intervention while creating safety for both the victim and victimizer, as they both have healing work to do. The Department of Public Safety has a number of documents that speak to community safety and how to manage disclosures of sexual abuse (see additional resources on Page 88).

Internationally, Australia has the Royal Commission into Institutional Responses to Child Sexual Abuse which handles cases of assault and abuse of any child in an institution such as a school, church, sports team, or government organization. Although this group has a national focus, it has also done work with Aboriginal and Torres Strait Islander children. They released a document called Aboriginal and Torres Strait Islander children and child sexual abuse in institutional contexts (2017), that stated that even in adverse childhood events, such as abuse, there are "protective factors associated with being strong in culture – including a strong identity, high self- esteem, and many strong attachments" p. 41.

These statements echo those of Indigenous Peoples in North America: culture is foundation. This national work, along with state specific and local interventions, can be useful to inform our community-based models.

Key components of the models mentioned above are culture as the foundation and collaboration. In each of the examples of community-based initiatives there were negotiation that had to take place with justice, policing, and child welfare. It would be beneficial to create a mechanism that makes this negotiation easier, clearer, and that facilitates safety for First Nation communities to initiate the partnerships among stakeholders to support a community healing model with the necessary conditions in place to ensure child and community safety.

However, in order for change to have lasting effects we have to address our fears that disempower people and block community healing.

- Fear that "We aren't equipped to handle trauma" or "We don't have resources to deal with reactions that surface if traumatic experiences are discussed in community programs"

Youth Treatment Centre Snapshot

A five year roll up of NYSAP data shows that for the youth in our care 25.96% have already lost a friend due to sniffing and huffing.

Some have lost more than one family member due to suicide. In addition, 49.59% have spoken or written – not just thought – about killing themselves, and more serious, 45% have actually tried, on average, 3.02 times.

Combine that with past abuses:

At intake, 67.28% talked about first-hand experiences with different forms of abuse. Some admit to sexual assault or sexual abuse and in some cases rape by dad, or another male extended family member, or strangers. This may have started as young as four years.

Throughout treatment more disclosures take place.

NYSAP: National Youth Solvent Abuse Program Data (2008).

For community programs, staff members, and clients, these statements present many difficulties, ignore the natural support networks in community and lead to unwanted outcomes. For a client, such comments may replicate his or her earlier encounters with others (including family, friends, and previous health professionals) who had difficulty acknowledging or talking about traumatic experiences with them. A hands-off approach to trauma can also reinforce the client's own desire to avoid such discussions.

Even when programs, services and staff are motivated in these sentiments by good intention—to contain clients' feelings of being overwhelmed—such a perspective can send strong messages to clients that their experiences are not important, that they are not capable of handling their trauma-associated feelings, and that dealing with traumatic experiences is simply too dangerous. Statements such as these imply that recovery is not possible and provide no structured outlet to address memories of trauma or traumatic stress reactions.

Additional Resources

- Anderson, P., Bamblett, M., Bessarab, D., Bromfield, L., Chan, S., Maddock, G., Menzies, K., O'Connell, M., Pearson, G., Walker, R., Wright, M. (2017). *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings. Report for the Royal Commission into Institutional Responses to child sexual abuse.* Commonwealth of Australia.
- Bopp, J., & Bopp, M. (1997). *At the time of disclosure: A manual for front-line community workers dealing with sexual abuse disclosures in Aboriginal communities.* Solicitor General Canada.
- Department of Justice. (2015). *Family violence initiative. Compendium of promising practices to reduce violence and increase safety of Aboriginal women in Canada – compendium annex: Detailed practice descriptions.* Government of Canada. Retrieved from: *http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/annex-annexe/toc-tdm.html*
- Native Counselling Services of Alberta. (2001). *A cost-benefit analysis of Hollow Water's Community Holistic Circle healing process.* Solicitor General Canada; Aboriginal Healing Foundation.
- Ombudsman New South Wales. (2013). *Responding to child sexual assault in Aboriginal communities report January 2013.* Ombudsman New South Wales. Retrieved from *https://www.ombo.nsw.gov.au/news-and-publications/publications/reports/child-protection/responding-to-child-sexual-assault-in-aboriginal-communities*
- Proeve, M., Malvaso, C., & DelFabbro, P. (2016). *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse. Report for the Royal Commission into Institutional Responses to child sexual abuse, Sydney.* Commonwealth of Australia.

Principles of Trauma Informed Practice

- *Intergenerational trauma is an expression of colonization*
- *Acknowledgement – recognizing that trauma is pervasive*
- *Safety must be ensured*
- *Trust is a focus of relationships*
- *Choice and control is in the hands of Indigenous people*
- *Compassion for both victim and perpetrator... violence is a learned behaviour*
- *Collaboration*
- *Strengths-based approaches honor the resilience of Indigenous people*

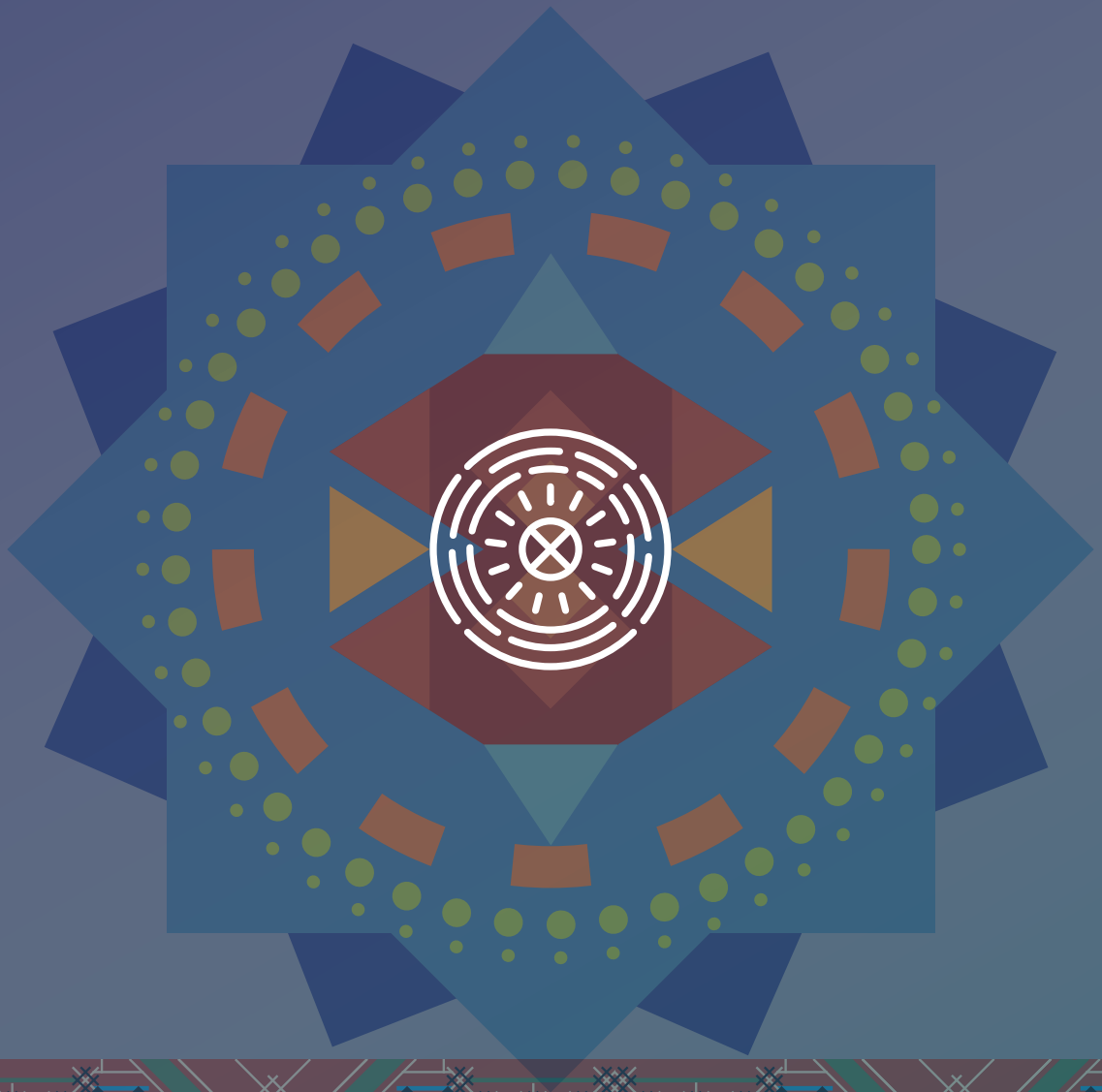
Community-Based Opioid Treatment

Thunderbird Partnership Foundation offers a 2.5-day training course called Pharmacology- Understanding Opioid Addiction. There are seven main subject areas: Prescription Drug Abuse and Opiates, Pharmacology, How Prescription Drug Abuse affects the Brain, Community Land-based Programs, Harm Reduction, Harm Reduction in Action, and Opiate Replacement Therapy (ORT) and Continued Drug Use. This training can help health care workers to support community initiated opioid reduction strategies such as buprenorphine or land-based healing.

Resource: Thunderbird Partnership Foundation. (2016). *Opioid Information Package*. Thunderbird Partnership Foundation.

Chapter 7

Breaking Down Silos



Developing Partnerships and Working Across Jurisdictions

The FNMWC and the HOS frameworks present a significant opportunity for partners at all levels to initiate discussion on the vision for change, as well as how to support and facilitate this change. These partnerships acknowledge the important roles not only of community, provincial, federal, and territorial governments but also of regional and national organizations as well (see the **Partnerships in Implementation** ring). They must also acknowledge the important role individuals, families and communities have in supporting each other and implementing a strengthened, systems-based approach to care. The realization of this vision will require ongoing commitment, collaboration, and sustained partnerships. Commitment and collaboration will, in turn, depend upon effective leadership throughout the system.

Specifically, the FMNWC framework is designed to strengthen mental wellness programming and support for First Nations while promoting partnerships to build capacity towards health equity which includes engaging with federal, provincial, and territorial partners as necessary. These partnerships are necessary because some communities cannot provide all the **Continuum of Essential Services** identified by the FNMWC on their own. However, through collaboration and comprehensive planning, all communities should be able to have access to the key services they need. In order to do so, it is essential to create strategic partnerships with various levels of government.

Stakeholders or jurisdictions not willing to work together have potentially deadly outcomes like the tragic death of Jordan River Anderson, a First Nations child from Norway House Cree Nation in Manitoba. Jordan was born with complex health needs that required prolonged hospital care. After spending the first two years of his life in the hospital, doctors agreed that Jordan was healthy enough to go home. However, Jordan passed away at the age of five never being able to spend a day at home, while waiting for the provincial and federal governments to decide who was responsible for the cost of care. At the time, it was common for First Nations children to be denied or delayed treatment that would normally be available to other children while governments deliberated the financial burden of the child's care. As a result, "on December 12, 2007, the House of Commons unanimously passed a motion that the government should immediately adopt a child-first principle, based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children" (INAC, 2017).

This principle states that the government or ministry/department of first contact must pay for the services without delay or disruption (INAC, 2017).

Working together with multiple levels of government, stakeholders, individuals, families and communities to improve mental health and wellbeing for First Nations peoples across Canada is crucial. The opportunities to strengthen the system of care are great. Listening to the voices of those most affected by our decisions (the **Populations** and **Specific Population Needs** rings) may ensure that all community members feel valued. Thus, creating a greater sense of Hope, Belonging, Meaning, and Purpose leading to improved mental health and wellness. Our shared vision for the future cannot be created with or bound by limitations such as the lack of collaboration that may be encountered in facilitating change. The collective vision of the change we seek must work to continually improve the work that is being done and to avoid repeating the mistakes of the past.

Listening is the foundation for effective partnerships:

Trust is a feeling of confidence, faith, and surety that engenders a willingness to risk and facilitates success in teamwork, motivation, achieving strategic results, and managing change.

Engagement is the act of commitment to the vision.

Working Across Jurisdictions to Address Social Determinants of Health

There are a number of tools that have been designed to help identify and address disparities in the social determinants of health. One tool that may be particularly useful is the Health Equity Impact Assessment (HEIA) tool designed by the Ontario Ministry of Health and Long-Term Care.

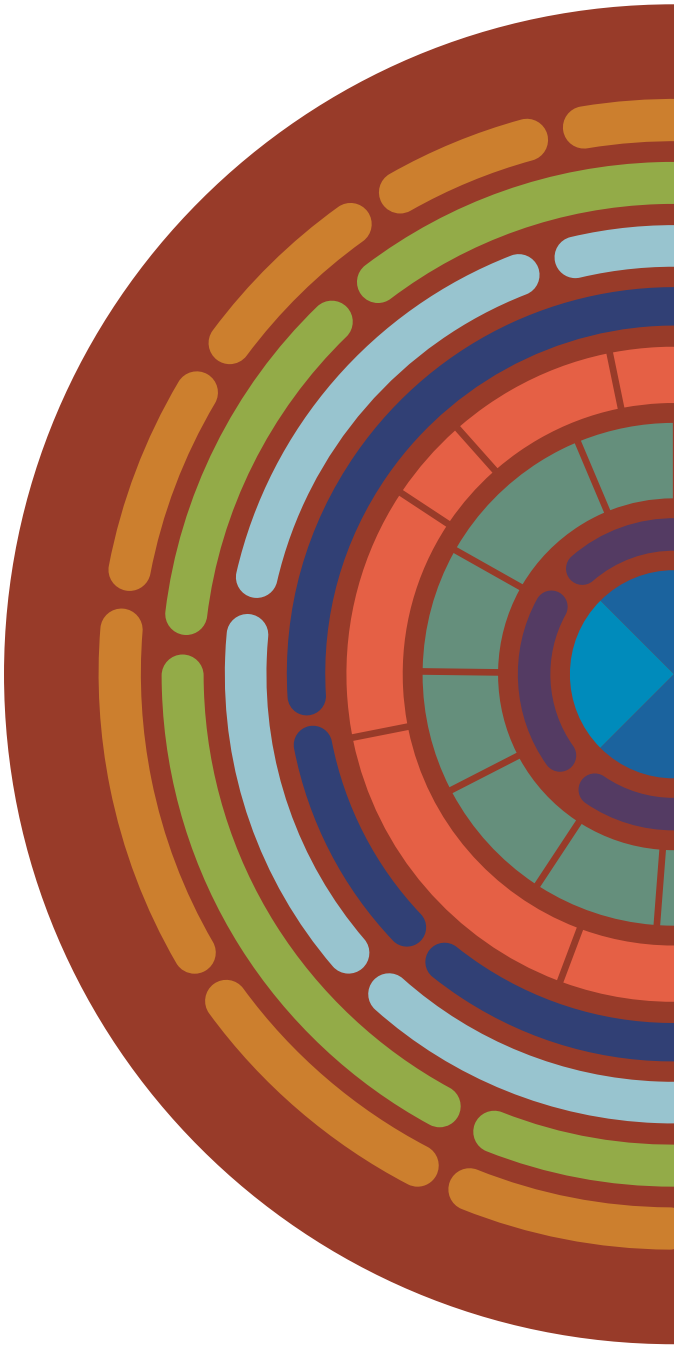
The HEIA has four key objectives:

1. Help identify unintended potential health equity impacts of decision-making (positive and negative) on specific population groups
2. Support equity-based improvements in policy, planning, program or service design
3. Embed equity in an organization's decision-making processes
4. Build capacity and raise awareness about health equity throughout the organization[1]

(MOHLTC, 2008)

These four objectives help decision makers at the program, service, or policy levels (**dark blue**, **dark green**, and **light green** rings) ask the important question of how can we include more populations across the life span (**sage green ring**), especially those with specific need (**orange ring**) who may be disproportionately affected by the social determinants of health (**light orange ring**)? These questions must also ask how these programs, services, or policies attend to the five key themes of the FNMWC (**dark red-ish orange ring**) which help facilitate Hope, Belonging, Meaning, and Purpose (**center blue ring**).

Although this tool is not First Nation specific, the HEIA can help individuals, families, communities, and partners speak a similar language. Each individual, family, and community will have their own understanding of the HEIA tool. Therefore, it is important to adjust the tool to fit the current needs.



1 Ontario Ministry of Health and Long-Term Care. (2008). *Health equity impact assessment.* Ontario government. Retrieved from http://www.health.gov.on.ca/en/pro/programs/heia/

FNMWC and Governance

The National Centre for First Nations Governance defines governance as:

> *"The traditions (norms, values, culture, language) and institutions (formal structures, organizations, practices) that a community or nation uses to make decisions and accomplish its goals. At the heart of the concept of government is the creation of effective, accountable and legitimate systems and processes where citizens can articulate their interests, exercise their rights and responsibilities and reconcile their differences."*

Strong governance will mean a clear vision for what changes will be achieved for the community or organization. Visionary leaders are clear about the outcomes they expect and want to achieve. Strong governance also enables coordination among and within partners and systems as it is understood these connections are vital to developing and maintaining a continuum of care for wellness in First Nation communities. Therefore, it is essential that a community's governance structure is clear about how their role is different than the operations of community programs and services if they are going to impact change. Using the definition above, think about

1. What traditions (norms, values, culture and language) guide the governance and leadership of your community or your organization?
2. What model or framework for governance does your community or organization follow?
3. Is there a clear distinction between the roles and responsibilities of the chief and council/board of directors AND the roles and responsibilities of your director of operations, manager/executive director?
4. How does your organization or community provide information to the community or clients about the results you achieve in mental wellness?
5. How do your clients, community, and other stakeholders have a say in what services are provided or what they do to support mental wellness?

The answers to these questions will provide some indication of strong governance. If you don't know the answer to these questions, have a conversation with someone who has a direct relationship with the governing body. You might also consider investing in training on governance to help define a clear model and process for governance and operations of programs and services.

Community decision makers and leaders have significant roles in ensuring overall wellness within a community. Without clearly defined governance structures, roles can be unclear between a First Nations governance body and the operations of community programs and services, particularly with respect to who is responsible for setting policies and standards.

Key components that support both the governance and coordination of systems with the intended outcome of increased Hope, Belonging, Meaning, and Purpose include

- Community-driven and defined mental wellness services
- Inter-jurisdictional relationships and collaboration
- System level partnerships and linkages

An example of Indigenous governance can be found within the Indigenous clan systems. It cannot be stressed enough that each First Nation culture has its own clan system. For example, in the Anishnaabe Clan System there are seven primary clan families: Crane, Loon, Fish and Turtle, Bear, Marten, Deer, and Bird. As an over simplification, each clan family has a set of principles, roles, and responsibilities they live by that are drawn directly from the identity and the way each of these beings live in and with Creation. Clan systems provide structure for family relationships, social order, and governance. The identity of clan beings within creation, as given by the Creator, can inform a person's life path as a doctor, counselor, teacher/philosopher, leader/chief, singer/artist, peacekeeper, strategist, person who works with the medicines, child welfare—adoption, building/construction and all other roles necessary for nationhood. In this way, clan systems provide social order to community living and provide structure for Indigenous governance. Clans facilitate an understanding that differences in perspective and the way we do things are critically important for wellness. Appreciating differences is an important aspect of facilitating change towards Hope, Belonging, Meaning, and Purpose in life.

FNMWC and Workforce Development

A qualified workforce plays a vital role in the quality of care clients receive. A comprehensive strategy for human resource management that supports hiring and recruitment and offers practical options for professional development is essential. It sets the stage for employee satisfaction and retention. A strategy will help ensure the right mix of staff with appropriate qualifications and training are on hand to provide supports and services on an ongoing basis. The key components of an effective approach to workforce development include: 1) cultural knowledge and skills, 2) recruitment, 3) education and training, 4) worker certification, 5) worker retention, 6) wages and benefits, and 7) personal wellness. A detailed description of each of these cultural competency indicators can be found in *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada* (2015) on pages 66 and 67.

Building a solid workforce should include culturally competent staff. Organizations that expect the entire organization to be trained and competent demonstrate higher levels of cultural competency than those that only expect a few staff to be trained. This is because the training of all staff shows that cultural competent services are a standard expectation across the organization. Organizational cultural competency means providing services that honour equality, are non-discriminatory and go above and beyond to meet the specific needs of the community and clientele.

There must be a paradigm shift in thinking in the attempt to apply a more inclusive understanding within psychiatry, conventional models of service and health promotion, so that they are consistent with Indigenous realities, values, and aspirations. Cultural safety goes beyond the relationship between the health care provider and the client to ensure the health care environment is also culturally responsive by actively and continuously assessing and working to facilitate change through building cultural competency in health care structures and processes such as: service design, policy, human resources, service delivery and in achieving health outcomes that are culturally relevant and meaningful. These indicators are examined in detail in the document *Indicators to Assess Cultural Competency Along Honouring Our Strengths Elements*.

Governance Roles and Responsibilities

Roles

1. Policy
2. Decision Making
3. Oversight

Responsibilities

1. Describing Results to be Achieved
2. Executive Director Performance
3. Ensuring Quality
4. Finances
5. Board Performance itself

Thunderbird Partnership Foundation currently offers seven face-to-face training programs: 1) Care Facilitation, 2) Pharmacology (Understanding Opioid Addiction and Treatment), 3) Emotional Intelligence, 4) Buffalo Riders Early Intervention, 5) Using Trauma Informed Approaches in Our Work: From Understanding to Practice, 6) Strengths-based Addiction Care, and 7) Culture as Foundation and Native Wellness Assessment. All Thunderbird Partnership Foundation training courses support Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada (HOS), the First Nations Mental Wellness Continuum (FNMWC) framework, and the Indigenous Wellness Framework. As such, each of these training workshops are designed to enhance workforce development.

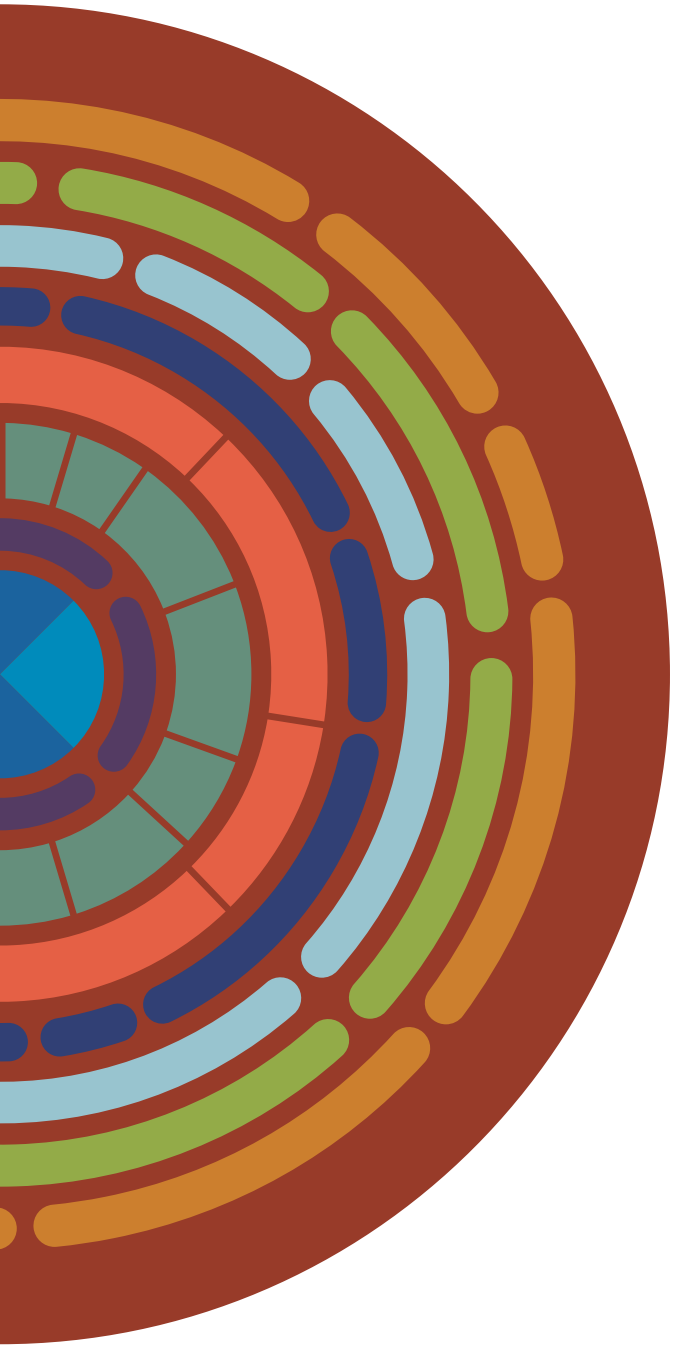
For example, *Using Trauma Informed Approaches in Our Work: From Understanding to Practice* is an opportunity for participants to gain professional development, education and training in culturally specific knowledge of trauma informed practices. One of the modules built into this training is specific to personal wellness in which participants are introduced to the fundamentals of meditation and mindfulness with the opportunity to practice these skills. Like all of the training workshops offered by Thunderbird Partnership Foundation, after the successful completion of the course each participant receives a certificate validating their new skills and competencies, certified by the Indigenous Certification Board of Canada (ICBOC) and/or the Canadian Council for Professional Certification (CCPC) for continuing education and certification or recertification of addiction counsellor competencies.

Projects that Thunderbird is currently working on to enhance workforce development include:

1. Engaging communities in discussions about cannabis,
2. Collaborating with communities to create models for harm reduction and secondary risk reduction,
3. Continuity of care in case management,
4. Data management (Addictions Management Information System),
5. Land-based service delivery model,
6. Crisis prevention and intervention service delivery model,
7. Community healing from sexual abuse service delivery model,
8. Addressing family violence from a trauma informed perspective,
9. Understanding multigenerational housing and intergenerational trauma, and
10. Life promotion for suicide prevention.

Chapter 8

Implementation Opportunities



The purpose of the table on the following pages is to share implementation opportunities that were identified in 2014 as actions that would contribute to the development of a mental wellness continuum. This document will also serve as a benchmark to monitor change over time.

This list is an evergreen list recognizing that new opportunities will emerge as the work continues to build a comprehensive continuum.

The table has six columns. A description of each column is included below.

- **Timeline S/M/L:** this column provides an indication as to whether the implementation opportunity described in the following column can be accomplished in the short, medium or long term.
  - **Short Term** = 1-3 years
  - **Medium Term** = 3-5 years
  - **Long Term** = 5+ years

- **Implementation Opportunities:** this is a description of the implementation opportunity

- The four columns at the far right of the table indicate which levels need to be involved in implementation. Each level may have more or less of a role in the actual implementation process and would need to be determined in coordination. Definitions of each of these columns is as follows:
  - **Community Level:** this includes organizations and individuals at a community level
  - **Regional Level:** this includes regional Indigenous organizations, non-government organizations, etc.
  - **P/T Level:** this is the provincial/territorial government
  - **Federal Level:** this would include the federal government and national Indigenous organizations.

Timeline S/M/L	Implementation Opportunities - Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level
Culture as Foundation					
S	Add cultural competency to human resources, accreditation and certification standards to strengthen access, quality and safety of health services across the continuum of care.	✓	✓	✓	✓
S	Create a database of cultural interventions, practitioners, and cultural champions within each social determinant of health sector that can be shared across communities, levels of government, and departments to inform and improve programs and policies.	✓	✓		✓
S	Amend terms and conditions to clearly outline that investments in cultural approaches or culturally appropriate services (e.g. cultural based healers, on the land programs) are on par with other interventions.		✓		✓
M	Support the availability of cultural supports / traditional medicine and space for traditional ceremony in all hospitals.	✓	✓	✓	
M	Communities to define what culture as the foundation means for each community then work at the regional level to develop appropriate training models for common areas.	✓	✓		✓
Building on Community Priorities					
S	Support quality through knowledge exchange and by building on existing and identified successful mental wellness models (e.g. Pang project, Health Services Integration Fund, etc.)	✓	✓	✓	✓
M	Develop proactive planning processes that integrate community members, including informal care networks, Elders, teachers, parents, Child and Family Services, etc.		✓		
M	Support each community, tribal council, or network of communities to develop a wellness plan that: identifies strengths within communities; identifies existing gaps in the continuum of essential services; critically assesses capacity; and develops solutions.	✓	✓		
Crisis Supports					
S	Develop service standards around crisis response times.	✓		✓	
S	Implement a strengths-based, (and multi-jurisdictional where necessary), 360 debriefing following a crisis situation in a community.	✓		✓	
S	Evaluate the Non-Insured Health Benefits (NIHB) short term crisis counselling benefit **to examine treatment outcomes and to better integrate it into the continuum of care**.	✓	✓		✓

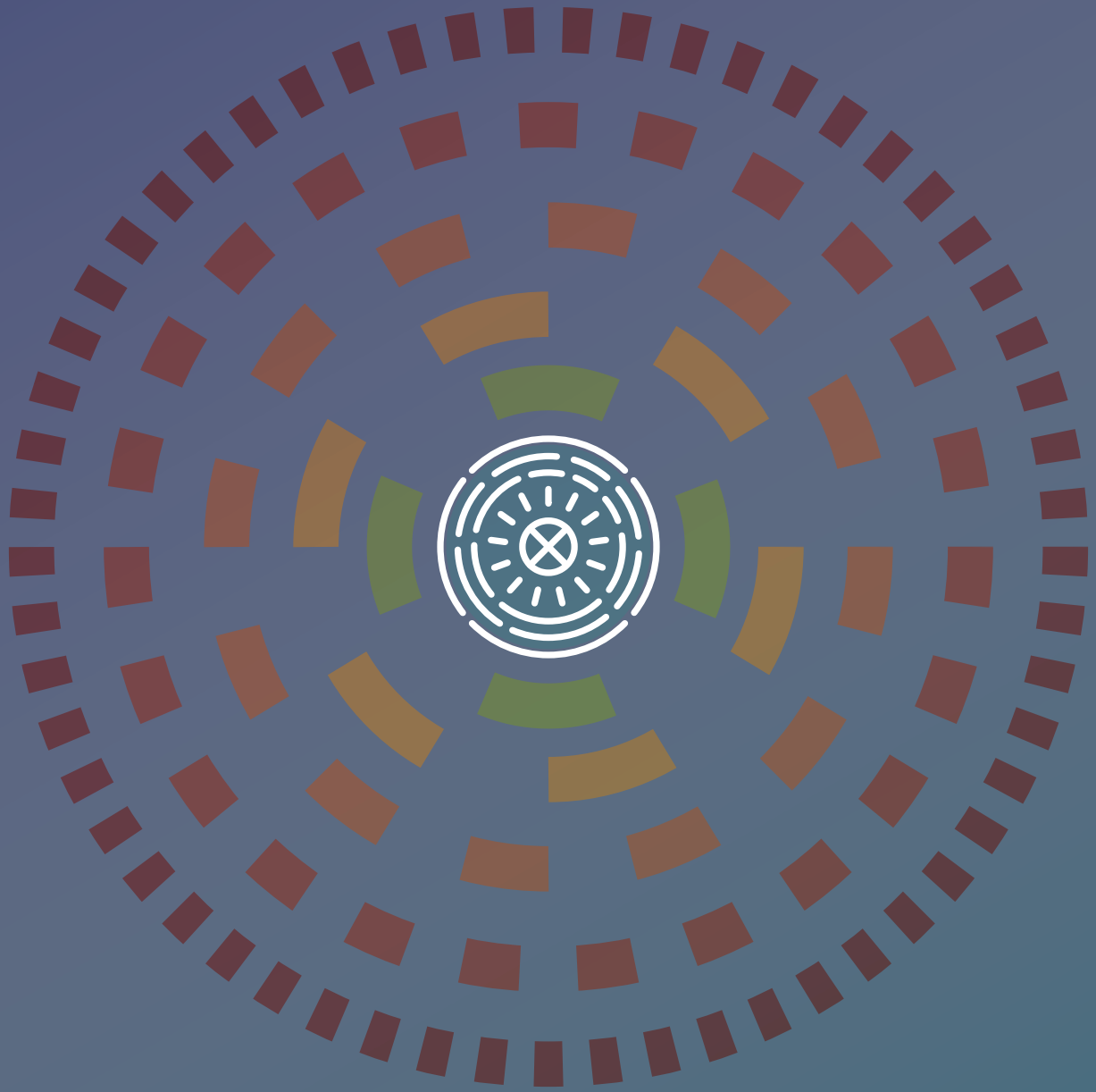
Timeline S/M/L	Implementation Opportunities - Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level
Trauma Informed Care					
S	Take steps to ensure (i.e. through tools and training) that the principles of trauma-informed care, as well as knowledge of the history of IRS and intergenerational trauma inform programs and services included in the continuum of essential services.	✓	✓	✓	✓
Promoting, Supporting and Recognizing a Competent Workforce					
S	Support community workers to retain and enhance skill development including cultural competency through ongoing clinical and cultural supervision and mentorship.	✓	✓	✓	✓
S	Regularly schedule debriefing, support sessions with Elders and clinical supervision as a way to promote and support employee wellness.	✓	✓	✓	
S	Complete an inventory of available training for community mental wellness workers, including a description of the type of training and information on how training is delivered (virtual, online, in-person, etc.).		✓	✓	✓
S	Compile and share tools that will assist community workers and practitioners in deciding what level of intervention would be most appropriate to address the mental health needs of addiction treatment clients	✓	✓	✓	
S	Explore mental wellness community based worker certification through the First Nations Wellness Addictions Counsellor Certification Board or a national mental wellness workers program that is accessible (e.g. on-line and with flexible training schedules), relevant and inclusive of both cultural and mainstream approaches and is fully accredited with multiple exit points (i.e. certificate, diploma and degree).	✓	✓	✓	✓
M	Identify incentives to retain the First Nations Mental Wellness work force (e.g. wage parity, flexible work schedules, and professional development opportunities).	✓			
M	Develop an integrated network for mental wellness workers (mental health and addictions) working in First Nations communities (broadening the network that exists for NNADAP workers).	✓	✓	✓	✓
Reduction of Stigma					
S	Address issues of privacy and confidentiality through the development of guidelines and training for community staff.	✓	✓	✓	✓
S	Share successful and promising practices that emphasize local solutions to address stigma, confidentiality and improve access to services.	✓	✓	✓	✓

Timeline S/M/L	Implementation Opportunities - Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level
Collaboration with Partners					
S	Develop a common reporting template to reduce the administrative reporting burden experienced by communities.	✓			✓
S	Develop common definitions and strength based indicators around wellbeing and mental wellness that are based on community vision that measure quality and performance and that departments can also use as a base for working together.	✓	✓	✓	✓
S	Facilitate sessions of FNIHB's community development and capacity building training for First Nation community employees, government employees, including FNIHB regions, employees of other federal departments (e.g., at Aboriginal Affairs and Northern Development Canada), and employees of provincial and territorial governments (e.g., at regional health authorities).				✓
M	Standardize frameworks for case management, referral protocols and protocols for information-sharing to improve clarity of roles and responsibilities.	✓	✓	✓	✓
M	Create and share protocols and agreements to support the continuum of care as a way to address barriers to collaboration identified by professional supports such as confidentiality concerns and ethical standards.	✓	✓	✓	✓
M	Encourage non-profit organizations, voluntary sector, private, social and education sectors to implement the continuum.	✓	✓	✓	✓
M	Develop a partnership Engagement Framework, for use by FNIHB and other Federal Departments, that identifies the lessons learned and promising practices with respect to collaboration and partnership development.	✓	✓	✓	✓
L	Work towards the development of Memoranda of Understanding between provinces, First Nations governments and communities and federal departments, to improve service delivery and clarify program policies and areas of responsibility	✓	✓	✓	✓

Timeline S/M/L	Implementation Opportunities - Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level
System navigation and supports					
S	Map care pathways that include community services and provincial services that are simple, accessible and easy to navigate. No wrong door policy – all doors lead to quality service and support access to other services if needed	✓	✓	✓	✓
S	Formalize referral networks and collaborative arrangements between First Nations, regions and other agencies to maximize the positive impact of existing services and support integration as early as possible.	✓	✓	✓	✓
S	Establish Regional Interdisciplinary Teams in each health region / health authority to provide the critical connections among the various components and levels of the mental wellness system.	✓	✓	✓	✓
S	Define mental wellness standards that are aligned with provincial and territorial standards and that emphasize cultural safety, and cultural competency.	✓	✓	✓	✓
S	As part of all program and policy development, consider the unique needs of rural, northern and remote communities who may have greater needs and more limited access to necessary services.	✓	✓	✓	✓
S	Provide continued support for First Nations community development to support communities in moving towards full control of their health programs.	✓	✓	✓	✓
M	Work with First Nations leadership to develop priority areas where resources across the continuum need to be invested through a common investment model implemented at the regional level.	✓	✓		✓
M	Complete the costing associated with the implementation of a comprehensive continuum of services in comparison to extensive use of emergency services.	✓	✓	✓	✓
M	Realign existing funding into an envelope of permanent funding that can be used with flexibility by communities to deliver the continuum of essential mental wellness services.	✓	✓	✓	✓
M	Expand physical space in existing infrastructure (health centres/nursing stations/treatment centres) to support telehealth use, confidentiality of services and places of safety for individuals in First Nation communities.	✓	✓	✓	✓
L	As a way to support long term change, shift approach from crisis response towards proactive prevention with a focus on strengths and collaboration before an emergency, issue, and / or deficit is identified.	✓		✓	

Chapter 9

Appendices



Appendix 1

Developing a Plan to Support Implementation

NOTE: When drafting a plan, it may be useful to create a table using two chosen levels from the Framework. For example, the "**Continuum of Essential Service**" (**dark blue ring**) and "**Partners in Implementation**" (**lighter green ring**). Placing each element from the first chosen level (Continuum of Essential Service) in its own column on the top row. Using the second chosen level (**Partners in Implementation**), fill in the first column of the table. Describe strengths and opportunities for improvement in each of the cells. See next page for example.

Example of planning charts

Essential Services and Key Partners

	Health promotion, prevention, community development and education	Early identification and intervention	Crisis response and prevention	Coordination of care and care planning	Detox	Land-based programs	Trauma-informed treatment	Support and aftercare
Communities	*Strengths: list* *Opportunities: list*							
First Nations			*Strengths: list* *Opportunities: list*					
Regional entities							*Strengths: list* *Opportunities: list*	

Essential Services and Key Partners (Continued)

	Health promotion, prevention, community development and education	Early identification and intervention	Crisis response and prevention	Coordination of care and care planning	Detox	Land-based programs	Trauma-informed treatment	Support and aftercare
Federal Government					*Strengths: list* *Opportunities: list*			
Provincial/ territorial government		*Strengths: list* *Opportunities: list*						
NGOs						*Strengths: list* *Opportunities: list*		
Private industry				*Strengths: list* *Opportunities: list*				

Populations within the Social Determinants of Health

	Health	Housing	Environment	Social Services	Justice	Education and Lifelong Learning	Language, Culture and Heritage	Urban and Rural Setting	Land and Resources	Economic Development	Employment
Infants and children	*Strengths: list* *Opportunities: list*										
Youth			*Strengths: list* *Opportunities: list*								
Adults							*Strengths: list* *Opportunities: list*				
Gender: male, father, grandfather					*Strengths: list* *Opportunities: list*						
Gender: Female; women, mothers, grandmothers		*Strengths: list* *Opportunities: list*									

Populations within the Social Determinants of Health (Continued)

	Health	Housing	Environment	Social Services	Justice	Education and Lifelong Learning	Language, Culture and Heritage	Urban and Rural Setting	Land and Resources	Economic Development	Employment
Health Care Providers							*Strengths: list* *Opportunities: list*				
Community workers				*Strengths: list* *Opportunities: list*							
Seniors	*Strengths: list* *Opportunities: list*										
Two spirit, LGBTQ						*Strengths: list* *Opportunities: list*					

Populations within the Social Determinants of Health (Continued)

	Health	Housing	Environment	Social Services	Justice	Education and Lifelong Learning	Language, Culture and Heritage	Urban and Rural Setting	Land and Resources	Economic Development	Employment
Families and Community								*Strengths: list* *Opportunities: list*			
Remote and Isolated Communities										*Strengths: list* *Opportunities: list*	
Northern Communities											
Individuals in transition and away from reserves						*Strengths: list* *Opportunities: list*					

Appendix 2

Key Terms

Addiction / Substance Dependence

Substance dependence is repeated misuse of a psychoactive substance or substances to cause periodic or chronic intoxication, with compulsion to take the preferred substance (substances). Substance dependence is characterized by having great difficulty in voluntarily stopping or modifying substance misuse and exhibits determination to obtain psychoactive substances by almost any means. Substance dependence can be progressive and debilitating.

Care Pathway

A care pathway identifies all the options for care that an individual, family or community may have in addressing substance misuse, intergenerational trauma, or in a journey towards wellness. Because the care pathway includes preparation for care and supports the continuity of relationships across relevant service providers it is longer and includes outpatient activities, discharge from a service, transition between services and aftercare. A care pathway may also include natural supports or informal supports in the community.

The aim of a care pathway is to enhance the quality of care across the continuum by monitoring progress to culturally relevant outcomes, promoting safety, increasing satisfaction, and optimizing the use of resources. The care pathway does not assume one type of service is the only option and it does identify the necessary services that meet the needs of the individual, family or community.

Cultural Practitioners

The term Cultural Practitioner was created to identify those who have community sanctioned rights to lead, conduct, facilitate, or teach certain cultural practices and are not yet identified as an Elder by the community who would give such sanction to the rights to practice. A Cultural Practitioner is not simply someone who lives a traditional lifestyle or someone who participates in cultural activities, customs or ceremonies. What gives credibility to a Cultural Practitioner is their knowledge and skills as identified, defined and sanctioned by the community. The process of sanction relies upon close observation, teaching, mentoring and accountability of the development of the cultural practitioners sacred Indigenous knowledge, observation of cultural protocols, and care towards the interpretation and application of such knowledge and practice. These individuals must have the sanctioning of community, and that community sanctioning influences the level of engagement of participants. Indigenous communities, sacred and cultural societies are the source of sanctioned rights, credibility, protocols for and scope of practice. Cultural Practitioners are often apprentices to Elders, work closely alongside Elders and ceremonialists, or may come into their roles through inheritance of sacred bundles held within their families.

Following are some examples of the roles of a Cultural Practitioner:

1. Counsellor
2. Leading land-based camps
3. Teaching Indigenous knowledge, language, skills
4. Conducting ceremony within a sanctioned scope of practice
5. Use of natural medicines (retrieving, preparing, mixing, storage, prescribing/administering)
6. Is being mentored in spiritual healing
7. Community development and advocacy
8. Leadership and governance
9. Other

Elder

In Indigenous terms, an Elder is also a specialist in ceremonies, traditional teachings, language, and heritage as it applies to mind, body, emotions, and spirit. As each individual is unique in their experience, learning, personality and knowledge of Indigenous culture, each potentially has something different to offer. Some individuals may be specialists in certain teachings, ceremonies or healing practices, while others have another expertise. While age is a part of this, it is not the only part, but to a certain extent it is when you have experienced enough of the stages of life that you can look back and reflect on them.

General competencies of an Elder:

1. Knowledgeable about tradition including ceremonies, teachings, and the process of life
2. Ideally, is a speaker of a First Nations language
3. Lives with cultural life ways through a healthy lifestyle
4. Old enough to have reached a stage of experience at which it is appropriate for them to communicate what they have learned from life and Indigenous culture and knowledge
5. Recognized and respected by the community for their wisdom and ability to help
6. Has varying knowledge and skills
7. Committed to their own continued learning as an Elder
8. Interpret Indigenous culture, language, and knowledge to the needs of the people, and
9. Often asked to represent First Nation views and symbols of the culture or through active involvement with specific issues related to their life work, for example, substance use issues, and mental health.

Indigenous Knowledge

Indigenous Knowledge is grounded in the original languages of Indigenous people, informed by spirit, and translated through cultural practices that transcend generations and time. Indigenous knowledge can therefore be traced to its original source and meaning as it is applied within contemporary contexts. Acting from Indigenous centeredness means that one affirms, asserts, and advances Indigenous seeing, relating, thinking, and doing as being inherent and central to the Indigenous ways of knowing.

Intergenerational Trauma

The intergenerational effects of historical traumatic events can occur through multiple routes and have multiple impacts—spiritual, emotionally, mentally, and physically on individuals, families, and collectively as Indigenous community. Indigenous people exposed to discrete or chronic collective trauma experiences; for example: disconnection from original language, homelands, and lineage through forced relocation, residential schools, child welfare and justice systems pass on the impact of these experiences in many ways to the next generation, including genetically, psychologically, and behaviourally.

Land-based Healing

The land has always been fundamental for the health and cultural identity of Indigenous peoples. A commonly-held belief is the interconnectedness of all life, which includes human persons and all Creation (animals, plants, rocks, visible and unseen forces of nature, the universe) that coexist in balance, harmony, respect, and care. Living on the land for generations has enabled Indigenous peoples to develop an understanding of wellness that is more expansive than the western concept of health (as absence of disease), including physical, emotional, intellectual, and spiritual dimensions. Good living, or wellness, is similarly understood by many Indigenous peoples. The land is thus viewed as a living, breathing, conscious being that heals and teaches, and is therefore the source of a positive cultural identity and balanced well-being.

Traditional Healing / Culture Interventions

Traditional healing and cultural practices used as interventions are common ways of talking about the use of Indigenous Knowledge and practices for supporting wellness. Cultural practices such as ceremonies attend to the whole person, while other interventions may have more specific focus. Cultural healing practices or interventions are facilitated by individuals who have sanctioning of their skills and knowledge in culture because they live the culture and have been recognized by both the cultural teachers/community and the spirit to lead or facilitate a certain cultural activity. However, some cultural interventions, those that are not ceremonial, do not require this level of expertise. An example is the use of sacred medicines for smudge, although this differs across cultures. All cultural interventions require a level of cultural competency that follows the culture of the people on that land. Critically important is to know that there is not one culture because culture is defined by the land, language and nation of people. There is a diverse range of traditional healing practices that have roots in Indigenous languages and cultures. There are various types of practices that are common across cultures, while others are uniquely rooted in local culture and traditions.

Appendix 3

Workshop Exercises

Commitment Continuum

Janssen, J. (ND). *Commitment Continuum.* Retrieved from: *http://www.janssensportsleadership.com/resources/commitment-continuum-posters/*

How committed to learning do you feel?

What do you hope to get from this training?

Step 1: This exercise is the first step in creating your vision for wellness.

Visioning

Activity 1

Develop one long term goal for community wellness

- By visioning without fear and
- Using the FNMWC framework
    - To facilitate: Hope, Belonging, Meaning, and Purpose

Activity 2

From your own understanding, what does your team do now in program activities or services that contributes to Hope, Belonging, Meaning, and Purpose?

Appendix 4

Using the Native Wellness Assessment™ in Creating Community Vision for Wellness

Activity 1

Use the Native Wellness Assessment™ - Self-Assessment to have a conversation with your community partners in health, education, social assistance, employment and training, child welfare, policing, treatment, lands and estates, environmental health, etc. Here's what you can do:

1. Divide your group up into smaller discussion tables - no more than 4 or 5 people.
2. Ask the people in the small groups to go through all 66 statements individually and choose one that stands out to as they think about the communities needs.
3. Get each person to present what they saw as important to the others in their small groups and as others are presenting their priority, instruct the others in the group to *listen to understand* instead of *listening to talk next.* You want the small group participants to make sure they understand others.
4. After each person in the small group presents their own thoughts about one of the 66 statements, then ask the small groups to now discuss what they can agree is common amongst them. Then ask the small groups to choose one statement to represent the whole group. That is, from among the statements chosen by the 4 or 5 individuals - ask them to choose only one that they can agree will be important for further conversation among the community programs, services, and partners.
5. List one priority for each group and suggest that this list can inform an agenda for ongoing discussion among the community programs and service partners and for further development. The ongoing discussion is one way to gradually enhance collaboration among them and build on their existing strengths in programs and as a community.

Step 2: This exercise is the second step in creating your vision for wellness.

Activity 2

Using the NWA™ statement agreed upon in Activity 1

1. At your table discuss how this one priority is linked to the long-term goal statement.
2. Focus on the action in the NWA™ statement.

Activity 3

Using the NWA™ statement agreed upon in Activity 1

1. What specific practices will be used to put action to the NWA™ statement?
2. Now start identifying who is involved, where do you do these things, and complete the answers to the questions below:

Cultural Practices Description

A. Is a cultural practitioner[1] required? ☐ Yes ☐ No

Who: _____

What will you do to ensure reciprocity/gifting:

_____

_____

_____

B. Is a ceremonial leader required? ☐ Yes ☐ No

Who: _____

What will you do to ensure reciprocity/gifting:

_____

_____

_____

C. Are other staff leads or partners required? ☐ Yes ☐ No

Who: _____

D. Describe staff cultural competency requirement:

1. Knowledge

_____

2. Skills

_____

3. Attitude

_____

E. Location of activity: ☐ Land-based activity ☐ Building

Notes for land based activity _____

_____

_____

F. Transportation requirements: _____

_____

_____

G. Supplies required: _____

_____

_____

1 Go to Chapter 9: Appendix, p 110 for a description of a cultural practitioner

H. Gender:

☐ Male ☐ Female ☐ Both

☐ LGBTQ ☐ Gender Fluid ☐ Two Spirit

I. How often:

☐ Daily ☐ Weekly ☐ Monthly

☐ Seasonal ☐ All Year Round

J. Required for:

☐ Infant ☐ Child ☐ Youth ☐ Young Adult

☐ Adult ☐ Elder ☐ Family ☐ Women

☐ Pregnant Women ☐ Men ☐ LGBTQ2S+

☐ Populations in institutional care ☐ All

K. Protocols for client: _____

L. Protocols for participation in activity: _____

M. Other considerations for cultural safety: _____

Appendix 5

Hollow Water – Community Wholistic Circle Healing

The video **Hollow Water** can be viewed via: *https://www.nfb.ca/film/hollow_water/*. As you watch the video, think about the following:

1. List the decolonization witnessed through the Hollow Water experience.
2. What culture specific values did you observe and how did these shape the intervention strategies.
3. Kirmayer (2009) said "much work on symbolic healing emphasizes the individual level of transformations, but in reality, all healing practices have fundamental social dimensions" ... what evidence did you see in HW video?

Appendix 6

Culturally Defined Developmental Stages of Life

Activity 1

Identify what you know about the wellness status of populations across the life span.

1. With access to cultural knowledge and practice. _____

2. Without access to cultural knowledge and practice. _____

Activity 2

1. Discuss the stages of life and link existing community programs to each stage. _____

Identify the critical cultural practices to support the culturally defined stages of life. Why would you focus on these cultural practices? _____

Appendix 7

Leadership

Activity 1

Think about someone who brought out your best.

Name: _____

Think about what that person did to bring out your best.

How did you feel?

These are the same actions that we want to use to enroll people to create a better future.
The same way you experienced the actions will be the very thing that creates the emotions to empower.

Activity 2

Engaging leadership towards Indigenous wellness

How do we engage partners and allies for community wellness?

What do we know about what works in engaging leadership?

Appendix 8

Applying Key Concepts

Activity

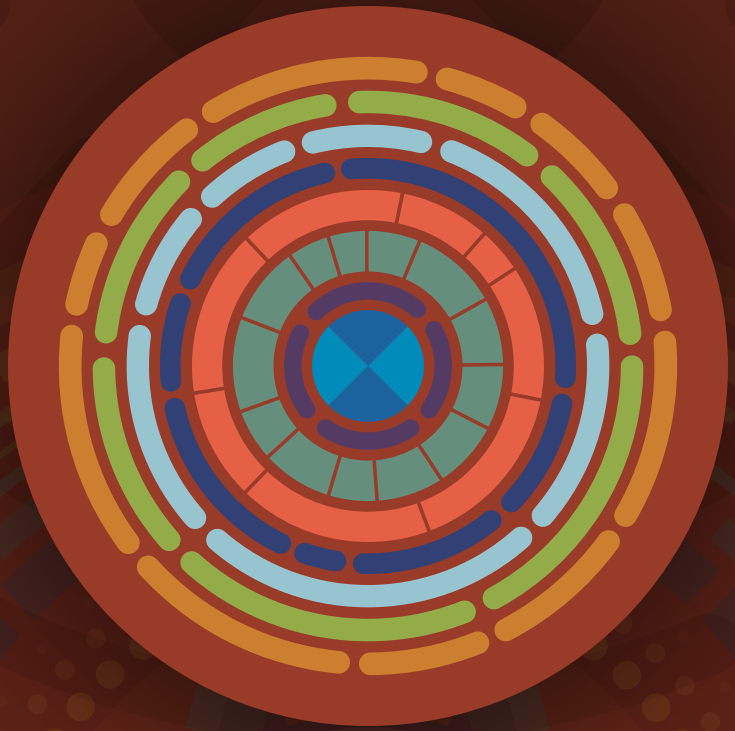
1. Review key concepts: aftercare, basket of services, community development, continuum of care, cultural competency, culture safety, culture, harm reduction, quality of care, strength based approaches, trauma informed care, and social determinants of health.
2. Choose one concept.
3. Align with **Hope**, **Belonging**, **Meaning** and **Purpose**.
4. Discuss how cultural activities align with these key concepts.
   - Who is involved?
   - How are they involved?
   - What are the gaps?
   - What are the strengths
5. Identify one priority for change to better align these concepts with culture in practice.

Appendix 9

Returning to Day One's Long Term Goal

Review the discussion on your long-term vision for change

1. What can your team realistically do? Discuss this in the context of developing a vision.
2. Using what we have learned over the past two days, name one or more specific actions that you will take to begin change.



THUNDERBIRD PARTNERSHIP FOUNDATION

thunderbirdpf.org