Land for Healing:
Developing a First Nations Land-based Service Delivery Model

First Nations Mental Wellness Continuum Framework

Thunderbird Partnership Foundation

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Acknowledgements:

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Land for Healing: Developing a First Nations Land-based Service Delivery Model

Principal Statement of Inclusiveness

Throughout this document, we make use of various terms to refer to First Nations people in Canada. Although the land-based service delivery model (LBSDM) flows from the First Nations Mental Wellness Continuum (FNMWC) Framework, healing with the land is a practice and knowledge system that is common to Indigenous Peoples everywhere. As such, we often make use of the terms Indigenous and Indigenous Peoples when we refer to First Nations people of Canada.

Although traditionally the term Indigenous Peoples refers to original peoples and their descendants around the world, the term Aboriginal in Canada refers specifically to Indian, Inuit and Metis People, as defined in Section 35 of the Constitution Act of 1982. However, when referring to Indians, First Nations and/or First Nations people are the preferred terms. When preferring to the collective, Indigenous is preferred over Aboriginal. This preference signals a general agreement with international law which identifies "Indigenous groups as autonomous and self-sustaining societies" and "evokes shared historical memory, cultural meanings, and particular political interests", including the implementation of the United Nations Declaration of the Rights of Indigenous Peoples.[1] As such, the use of Indigenous and Indigenous Peoples in this text signals similarities in knowledge systems and practices among original people and their descendants around the world and those of Canada – it is always understood to include the diversity of First Nations. Most important for our discussion, the use of the term Indigenous Peoples underlines pre-existing and recognized individual and collective rights to land and autonomy.

Introduction

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. This cosmology is sometimes articulated through expressions such as "All my relations", which underlines the connection to earth and centrality of *Spirit*. As beings of the earth and from the earth, Indigenous Peoples have developed specific concepts, practices and standards of care that are derived from and deployed on the land, which commonly aim to maintain spiritual, emotional, mental and physical wellness. Wellness is understood as maintaining balance between these four elements in a way that nurtures an individual's sense of hope and belonging and

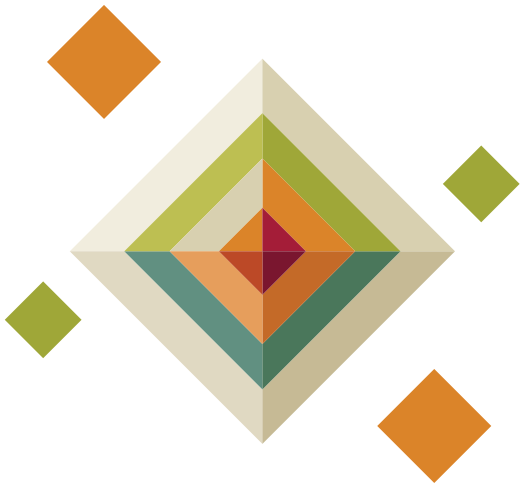
[1] Indigenous Foundations, 2009; Decolonization

gives meaning and purpose in life. Land, language, Creation, and ancestry are how wellness is maintained and renewed including a caring environment and family.[2] 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 wellbeing.

Since European contact, the colonial systems imposed on Turtle Island were based on interconnected aspects of control over the (Indigenous) people's economy, knowledge systems and subjectivity, gender and sexuality, and systems of authority[3]. The Indian Act of 1867 placed First Nations people and their lands under the control of the federal government. The creation of the reserves system and of the residential schools were two mechanisms that displaced Indigenous people from their ancestral territories and their cultures, giving access and control over vast natural resources to the federal and provincial governments. Territorial dispossession, together with alienation from knowledge systems and kinship, not only displaced Indigenous peoples' caregiving practices but also undermined their ability to pursue healthy and fulfilling lives. The long-lasting effects of the Indian Residential School experience, the Sixties Scoop, and ongoing high rates of children in care, continue to deprive First Nations people of positive relationships with each other, their cultures, and with their ancestral territories. Over time, the legacy of the historical trauma and ongoing effects of dispossession have been used to further control the ability of Indigenous people to address, in their own way, these impacts, first, by treating negative impacts of poor social determinants of health (such as poverty or low levels of education) as a disease; and second, by overmedicating the symptoms (including high rates of incarceration and hospitalization).

The poor mental health outcomes across Indigenous communities in Canada is a direct result of these harmful colonial practices, including and especially, breaking the intimate relationships with the land[4]. Environmental dispossession, understood as various processes that reduce or fundamentally alter Indigenous people's access to the land, is a neglected aspect in health and mental wellness research, programming and policy.[5] This reality is further compounded by a suboptimal and often discriminatory health and mental wellness system, focused on the biomedical model and addressing acute outcomes, which rarely account for broader determinants of health or consider Indigenous knowledges and ways of being.[6]

Guided by Indigenous knowledge and way of life, land-based activities and programs have nevertheless aimed to close this gap, often in obscurity, but always in the spirit of sustaining healthy communities of care at home.[7] In managing a transition from a colonial to a de-colonial world, from the land to the community, and from adversity to whole health, land-based practices, and knowledges central to Indigenous resilience aim to integrate cultural processes into the everyday, while ensuring seamless continuity for those in need. We therefore aim to make these practices visible, to provide some common elements of a service delivery model, and to support local communities in strengthening and transforming their systems of care that are strength based, culturally safe, and respond to local priorities.



2 Dell et al., 2015; Hopkins et al., 2007; Health Canada, 2011; de Leeuw, 2015; Richmond, 2015

3 Mignolo, 2014

4 de Leeuw, 2015; Richmond, 2015

5 Richmond, 2015, p.47

6 Allan & Smylie, 2015; Reading, 2015

7 Mussel, 2005

Elements of a First Nations Service Delivery Model

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 with a view to offering a consistent experience to a specific user population, community, or population within a community.

A First Nations-specific SDM conveys 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 Keepers, sacred societies, or by a First Nation government which also has formal systems of accountability and supervision on scope of practice.

Another aspect of distinguishing a First Nations service delivery model is to apply the following five themes as identified by the First Nations Mental Wellness Continuum Framework:

1. Culture As Foundation

Culture is an important social determinant of health, and a holistic concept of health is an integral part of a strong cultural identity. Many First Nations communities believe that the way to achieve individual, family, and community wellness (a balance of mental, physical, emotional, and spiritual aspects of life) is through culturally specific, holistic interventions. When culture is considered the foundation, all First Nations health services can be delivered in a culturally relevant and safe way. The result of this conceptual shift will be policies, strategies, and frameworks that: are relevant to local community contexts; recognize the importance of identity and community ownership; and promote community development.

2. Community Development, Ownership, and Capacity Building

Community development, ownership, and capacity building are significant factors that must be present at all service levels: design, delivery, implementation, and evaluation when enhancing mental wellness in First Nations communities. Sustainable and effective community development initiatives involve community capacity building and a strong focus on inherent strengths within First Nations communities.

3. Quality Health System and Competent Service Delivery

A quality health system ensures a continuum of essential mental wellness services to which all First Nations communities should have access. It is essential that this continuum of services be located within a quality care system. These services and supports must be of high quality and culturally competent. Other aspects of quality care and competent services include being responsive to the needs of individuals across the life span and to the needs of family and community while being flexible in their delivery methods, and reliable in access and availability.

4. Collaboration with Partners

It involves federal government departments, provincial and territorial governments, First Nations Governments, communities and organizations. It includes supports and services that cross sectors (e.g., health, justice, employment, and social services), requiring First Nations communities and organizations to work collaboratively and cooperatively to ensure that a First Nations SDM addresses a gap in a comprehensive continuum of mental wellness services is available.

5. Enhanced Flexible Funding Investments

Funding and decision-making that affect First Nations are siloed within several federal departments (as well as provincial and territorial departments), making it challenging to address the determinants of health and develop comprehensive approaches to mental wellness. Additional funding and the flexibility and permanency of current funding are critical.

Objectives of the present study

The intent of the First Nations Service Delivery Model is to provide a reference guide that would support contextual tailoring for planning, decision making, delivery, and monitoring performance related to a specific service. The model for land-based programming provided here is based on an assessment of eight existing programs which include the following elements: 1) principles and cultural protocols, 2) governance, 3) operational structure, 4) capital, 5) referral and assessments, 6) aftercare plans, 7) specific cultural components, and 8) outcome measures.

The eight (8) land-based programs we assessed include:

1. Nutshimit Program, Charles J. Andrew Youth Treatment Centre (NL)
2. Wikwemikong Outdoor Adventure Leadership Experience, Nahndahweh Tchigehgamig Wikwemikong Health Centre (ON)
3. Kwanlin Dün Jackson Lake Camp (YT)
4. Chisasibi Land-Based Healing Program (QC)
5. Shibogama Traditional Land-Based Family Healing Program (ON)
6. Makimautiksat Youth Camps (NU)
7. Dene Wellness Centre, Katlodeeche First Nations, (NT)
8. Walgwan Treatment Centre, (QC)

Figure 1: Locations of the eight land-based programs in Canada

These programs were chosen based on the availability of supporting documentation and local response to initial inquiries regarding program design and delivery. In December 2016, the First Nations and Inuit Health Branch concluded an environmental scan of nationally funded land-based initiatives, which was used to support the findings of this report.[8]

Methodologically, the study is based on a review of the available literature on land-based healing, Indigenous healing approaches and conceptualizations of wellness, as well as other connected literature on Indigenous mental wellness in the Canadian context. In assessing the eight programs listed above, we have accessed grey literature and program-specific reports produced by the Indigenous organizations and institutions concerned. Electronic communications and brief telephone conversations with program leads or staff were used to clarify specific elements of the programs.

[8] FNIHB, 2016

1. Aspects of land-based healing

> *De* means flow, *ne* means land; flowing from the land. The Dene have a relationship with the land, their very being flows from the land, and the land from its people. The concept of flowing from the land roots the Dene in their landscape and creates the culture, and as such the teachings about the land serve as the essence of their being. There is no separation from the land and when there is, dysfunction arises. Dene Wellness Centre, Katlodeeche First Nations, 2016.

In building a system of care for mental wellness with First Nations and to support linkages between federal, provincial, and territorial programs, the LBSDM employs the First Nations Mental Wellness Continuum (FNMWC)[9] framework as a guide to facilitate transition and engagement across governments, service sectors, partners, and natural support networks. In addition, program assessment and planning are most efficient when common indicators and outcomes can be employed to track long-term changes in health and wellness.

At the centre of the FNMWC framework are the outcomes of Hope, Belonging, Meaning and Purpose which were adopted from the *Indigenous Wellness Framework.*[10] As such, we have organized the LBSDM along the four outcomes of the FNMWC: Hope, Belonging, Meaning and Purpose.[11]

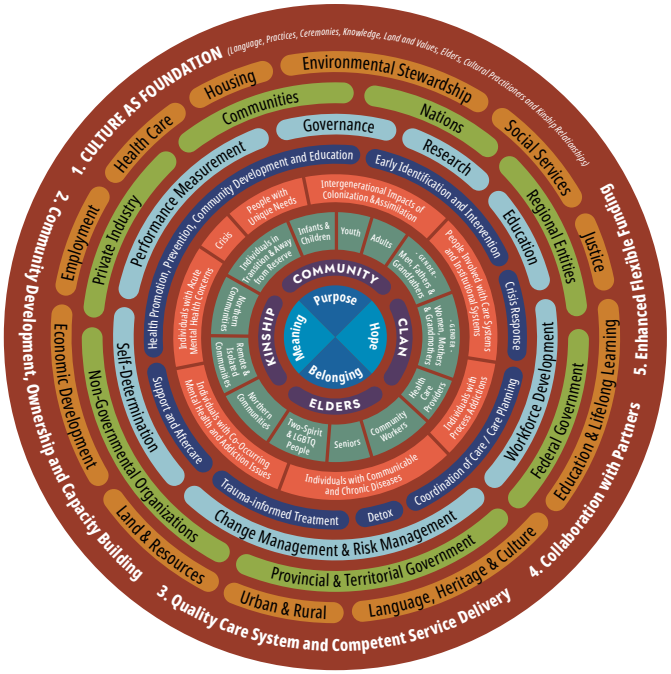


Figure 2: First Nations Mental Wellness Continuum (FNMWC) Framework

[9] First Nations Mental Wellness Continuum Framework – Copyright © 2015, Her Majesty the Queen in Right of Canada, as represented by the Minister of Health.

[10] The Indigenous Wellness Framework, Thunderbird Partnership Foundation (2015).

[11] Hope Belonging Meaning and Purpose are outcomes that have been validated to reliably measure Indigenous Wellness when Indigenous culture is used to facilitate a whole and healthy person

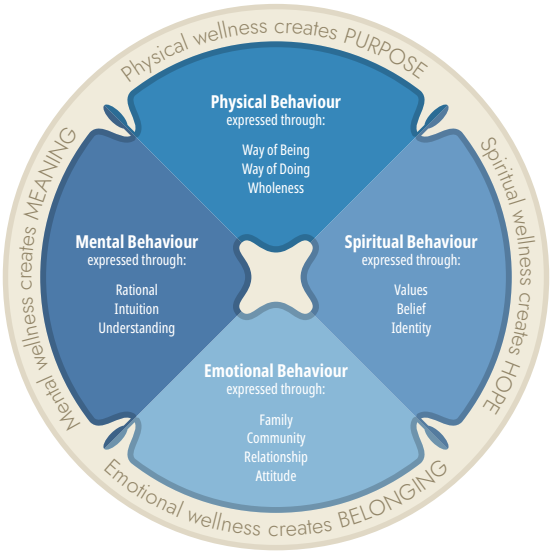


Figure 3: Indigenous Wellness Framework

The Indigenous Wellness Framework was developed through discussion with cultural practitioners and Elders from across the country and explored the meaning of mental wellness from within Indigenous knowledge and oral traditions of First Nations communities. The Indigenous wellness framework identifies a whole and healthy person as one with balance of spiritual, emotional, mental, and physical behaviour.

"This balance and interconnectedness is enriched as individuals have purpose in their daily lives, whether it is through education, employment, and caregiving activities or through cultural ways of being and doing: ***hope*** *for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in Spirit; a sense of* ***belonging*** *and connectedness within their families, and to community and culture; and finally, a sense of* ***meaning*** *and an understanding of how their lives and those of their families and communities are part of Creation and a rich history.[12]"*

The four outcomes have 13 indicators that are strength based and are defined from Indigenous knowledges from across the country. These indicators can be used as determinants of community health, to support local and regional strategic planning, program design and delivery, as well as monitoring and evaluation. Below we have explored ways in which the four outcomes relate to the land-based healing and their implications for land-based programming in general.

Hope: Identity, Belief, Values

Indigenous culture expressed through language and ways of being has developed through connection to land since time immemorial. The link between the health of the ecosystem and the health of the human and other-than-human beings is widely recognized, yet Indigenous knowledge is unique in honouring the land as life source, above and beyond as mere resource to be exploited.[13] Indigenous worldview underlines the need to see land as the source of human intelligence and thus a source of knowledge and healing. Strengthening and revitalizing the link to the land is key to maintaining a holistic approach to health and wellness. Land-based programs, whether they are intended as active treatment or as prevention and promotion strategies, aim to "re-establish a spiritual connection with the land using traditional teachings, values and practices."[14] For example, the Elders and cultural resources of the Chisasibi land-based healing program express this connection with *Spirit* by constantly bringing attention to the ways in which nature nurtures and cares for Creation. Reciprocally, human beings enact respectful and thanks-giving behaviours that both acknowledge human responsibilities towards Creation and honour the centrality of Spirit in all things. This approach enforces a positive cultural identity, personal enlightenment, and wellness that prepare individuals for living a balanced life that is in line with culturally specific understandings of wellbeing and thus activates a sense of hope. In addition, language is *the voice of culture* and

12 First Nations Mental Wellness Continuum Framework, p. 4.

13 Parkes, 2010

14 Aboriginal Healing Foundation, 2006, vol I, p. 120

thus the means to produce and transmit situated knowledges and Indigenous worldviews. As such, original languages are key to fostering positive cultural identity and ensure transmission of beliefs and values, including connections to land and Creation. Indeed, the land-based programs assessed employ local languages, an aspect deemed essential by the program staff to the overall effectiveness and delivery of the program.

Belonging: Relationship, Family, Community and Attitude Toward Living

Living on the land for generations has enabled Indigenous people 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 people. Anishinaabe Bimaadziwin, or the Good Life, is the cultural framework on which the Wikwemikong Outdoor Adventure Leadership Experience (OLAE) program was built. Anishinaabe Bimaadziwin expresses the ways in which individuals connect to self and to Creation (whatever is external to self), a connection that leads to agency in terms of setting goals for good conduct and balance in all aspects of life.[14] The Chisasibi Land-Based Healing program is similarly reflective of miyupimaatisiiun or *being alive well*, an eastern James Bay Cree term that includes living on the land (pursuing hunting and traditional activities, eating bush food, and being warm) and actively contributing to family and community life.[16] Across Nunavut, Inuit Qaujimajatuqangit (worldview) is grounded in four maligait (or big laws) that form the foundation of living a good life which in turn is the purpose of being. These are: working for the common good; respecting all living things; maintaining harmony and balance; and continually planning and preparing for the future.[17] The eight Ujarait (rocks) model developed by the Makimautiksat Youth Camp program (see Appendix 1), include the concept of Avatittinik Kamatsiarniq that emphasizes the key relationship between people and the natural world, including showing respect and care for the land, animals, and environment.[18] These various aspects of wellness encourage a balanced emotional state that is supported and reinforced by the family, friends, community and more broadly the nation. In turn, positive relationships, including those with the land, enforce a sense of belonging in the world and foster a desire for living well.

Meaning: Rational and Intuitive Knowledge Creates Understanding

The land, has a central role in meaning-making, identity formation, attachment, and belonging, through and from which social systems are developed, renewed, and strengthened. The meaning of place or land is culturally embedded and developed through the direct physical experience of place, but also through storytelling, ancestral connections, and social associations.[19] For example, the Tłı̨chǫ in the Northwest Territories link places, stories and memory into an integrated knowledge system that can be embodied while traveling through the landscape:

[15] Manitowabi & Shawande, 2011; Ritchie et al., 2015
[16] Adelson, 2001; CNC, 2014; Radu et al., 2014
[17] Healey et al., 2016; Tagalik, 2010, p. 1
[18] Healey et al., 2016; Tagalik, 2010
[19] Greenop, 2009; Cunsolo, 2012

> Place and narrative transform a physical geography into a social geography, where culture and landscape are transformed into a semiotic whole. In Tłı̨chǫ cosmology, these places represent the physical embodiment of cultural process, which is realized through the combination of travel and story-telling.[20]

As such, "emotional health and wellbeing, and therefore the capacity for emotional strength and resilience" are also place-based and context-specific.[21] Physical presence on the land stimulates physiological and psychological responses that give rise to emotions and feelings through human and nonhuman interactions. In other words, being on the land activates awareness and trust in intuition or *inner knowing* that guides understanding. For example, the Shibogama Traditional Land Based Family Healing Program is structured around *stimulating the senses* model in which participants are encouraged to consciously reflect on their five senses as they go about their day. This felt condition or moment that gives rise to emotions is also termed affect and it can be shared, transmitted, and passed on.[22] In keeping with an Aboriginal worldview, this also implies that not only trauma, but also strength and resilience can impact the seventh generation.[23] Land-based programs therefore have both short term and long-term impacts on individuals and families, including the future wellbeing of their descendants.

Thus, wellbeing is dependent on complex interactions between space, place, bodies, and environmental characteristics, and can be strengthened or weakened by changes in these interactions. In the field of medical geography, these dynamics between experience, place, and meaning is known as therapeutic landscapes, where places and interactions with nature promote positive physiological and psychological outcomes.[24] From an Indigenous perspective then, rational and intuitive understanding are essential in developing meaning, with the land as an ideal site for activating both aspects simultaneously.

Purpose: Way of Being, Way of Doing, Wholeness

Much has been written about the negative impacts of colonial oppression and dispossession experienced by Indigenous people, the impacts of historical trauma, resource development, pollution of lands and waters, and loss of culture, to name just a few.[25] Yet, Indigenous people, like the Dene, continue to maintain and renew their culturally-specific attachment and meaning-making to land. As such, land and access to healthy ecosystems, should be viewed as a foundational determinant of health, whether the land base is a northern territory or an urban neighbourhood.[26]

As meaning and belonging are culturally conceptualized, the land is understood (through embodied interactions over generations) as the site of knowledge production and transmission, including language acquisition and a host of culturally-specific ethics of relationality.[27] In other words, land is an autonomous and active force that shapes human life and systems.[28] When the Chisasibi Elders refer to the land as healer, they invoke these complex (and in many ways therapeutic) interactions that are enacted through embodied presence on the land – the physical effort required for daily living, harvesting and food preparation, medicine gathering, etc. In addition, they recognize the autonomy and agency of the land, its impact on human ways of knowing and being.

Inuit Qaujimajatuqangit and the four maligait are another example where purpose is developed through transmission of a culturally-specific ethics of relationality that includes values and practices of social cohesion, accepted behaviour, mutual and moral responsibility and human-nature dynamics.[29] These, in turn, inform culturally-specific life-skills that promote emotional strength and personal resilience.

20 Andrews et al., 2007, p. 29
21 Cunsolo, 2012, p. 198
22 Cunsolo, 2012, p. 199
23 Menzies, 2007
24 Dunkley, 2009, p. 89
25 Haskell & Randall, 2009; Braveheart et al., 2011
26 de Leeuw, 2015; Greenop, 2009
27 Radu et al., 2014; Robins & Dewar, 2011; Simpson, 2014
28 de Leeuw, 2015, p. 93
29 Health Canada, 2015

From a collective perspective, land-based programs promote self-governance in terms of continuous or renewed occupation of traditional territories, as well as by building capacity locally through the process of designing, developing, and delivering the program.[30] Indeed, the land-based programs assessed in this study have a community focus, are community-driven, and respond to specific community priorities for health and healing. As such, they promote and support culturally-specific and place-bound ways of doing and being that create purpose; purpose which is embodied through physical presence on the land.

Land is the Foundation of Culture

"A person's inner Spirit is intertwined with their family, community, and the land and cannot be understood apart from them"[31]. In detailing the four stages of community healing, the Aboriginal Healing Foundation (AHF) underscores that the transformation needed to build necessary collective support systems locally, happens when a shift in consciousness from fixing individuals and groups, to building nations, takes place.[32] Equally, when culture is considered the foundation for mental health, a similar shift occurs: with policies, strategies and frameworks that are relevant to local community contexts; recognition of the importance of identity and community ownership; and promotion of community development.[33]

As a central element in supporting an Indigenous understanding of wellness, the land is a site from which Indigenous culture is enacted and on which it continues to flourish. As a teacher and a healer, the land provides ways of being and doing that attend to the four aspects of wellness: spiritual, emotional, mental and physical. An integrated approach to wellness, attentive to these four aspects and culturally relevant, nurtures an individual's sense of hope and belonging and gives meaning and purpose in life. Ultimately, if culture is to be the foundation, then land must be a central element of the mental wellness continuum framework.

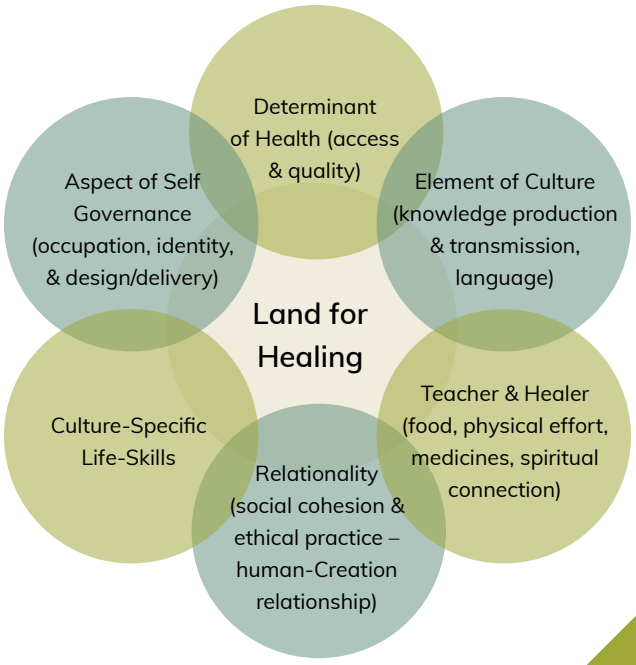


Figure 4: Aspects of land-based healing

30 Chandler & Lalonde, 2008; Lalonde, 2009; AHF, 2006 vol I

31 Dell et al. (2011) p. 76

32 AHF, 2006, vol I, p. 93

33 Health Canada, 2015, p. 33

2. Brief Overview of Land-Based Programs

Treatment and Prevention

Based on the projects assessed, the objectives of land-based programs can be classified within two broad categories: treatment and prevention. Although programs can incorporate a diversity of elements of care[34] situated along the continuum, they are typically focused either on treatment/intervention or empowerment/prevention. In some cases, such as the Walgwan Center, various land-based aspects are integrated within the treatment program within the Center itself. In others, such as the Charles J Andrew Youth Treatment Center, half of the treatment component is delivered on the land. Alternatively, some land-based programs are designed to promote wellbeing and empower participants, usually targeting youth. Programs such as Makimautiksat Youth Camp in Nunavut or Wikwemikong Outdoor Adventure Leadership Experience are examples of the latter. Finally, some land-based programs, such as the Chisasibi Land-based healing program, can function as alternative approach in justice or education that may combine active treatment and health promotion. Overall, land-based programs can, and often do function as a means of coordinating local care, as they are embedded within a diverse range culture-based activities and services in a given community.

Cultural Practices

Land-based programming includes a wide variety of formally organized activities that take place on the land. These activities may be taught and practiced within the context of trapping, fishing, and hunting, including connected activities such as maintaining the camp, or they can be selectively organized such as a medicine walk or arts and crafts workshops. They may include ceremonial activities such as sweats, blanket ceremony, pipe ceremony, or smudging, but this is not always the case. Generally, land-based programs have storytelling, legends, and teachings components, and thus can be viewed as a culturally-specific therapeutic and educational experience. Unless the participant group is culturally diverse, such as in the case of youth treatment centres, most land-based programs are delivered in the local Indigenous language. Similar to the findings related to the development of the HOS[35] framework, language is foundational to delivering cultural interventions on the land, especially knowledge related to place names, cultural practices, social organization and local history, to name a few.

[34] Elements of care as described in *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*, HOS, (2011)

[35] *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada, HOS*, (2011)

Group and Family Oriented

Land-based programs are always delivered in a group format that is either peer-based (generally a specific generational age-cohort) or family-centred (i.e. a group of families). This is consistent with common cultural values of family and community across the diversity of Indigenous people and stands in contrast to the individual-centred intervention strategy, common in western-based service delivery. Nonetheless, they all have an element of attending to individual needs through one-on-one counseling sessions, journaling, or personal reflective time. Some are designed and delivered fully on the land, often at considerable distance from the home community, while others may involve periodic outings as an element of a residential treatment program.

Multidisciplinary Team

Land-based programs typically involve a multi-disciplinary team composed of cultural resources and/or Elders, traditional and/or clinically trained counselors, as well as various helpers. Depending on the available resources in each community, the institutional program delivery context, and the overall objective of the program, clinical staff is not always part of the on-site team, although they do often have connected roles such as assessment and/or in continuing care.

Community Driven

Invariably, land-based programs are community-driven, responding to the healing priorities and needs of the host community, employ local cultural resources and Elders, and are founded on culturally-specific worldview, values, and healing practices. No matter the community or nation, the land is always considered a teacher and a healer that promotes self- and collective-wellness, in view of strengthening autonomy and decolonization at home.

Risk Management

– Jess Dunkin, NWT Recreation and Parks Association

There is no word in the language to translate risk management and there is also no way to translate safety. Understanding risk management and safety when on the land from an Indigenous world view begins from being in relationship with the land as home and Creation as family.

Grandparents were the ones who transmitted knowledge and helped children and youth to develop their critical thinking skills through the experiences of being in relationship with the land and Creation. Learning from grandparents through observation was critical for knowing how to be in relationship and for the development of faith and belief. Faith and belief in your grandparents are the foundation for you to feel love for your home, the land, and your relatives in Creation. This relationship builds confidence and trust. When you don't feel comfortable or you are not aware of your relationship with Land and Creation, then there is no safety.

Because of colonization, we must teach in a different way – still using observation but also doing more explanation of what is being observed, answering questions of why.

In the past when our people lived on the land, there was no need to ask why because you observed the traditional ways repeatedly and you had opportunity to wonder and critically think within the safety of your faith and belief in your grandparents. Now, youth don't spend much time on the land and so they don't have the same opportunity to observe repeatedly and so they need to supplement their observation with discussion to build understanding and to check out assumptions about the meaning of what is being observed.

Example: When families went on the land more frequently, a developmental milestone was to learn the different skies by the time you were 13 years old, to ensure safety and determine what was needed for the camp or from the land. "My Grandfather used to check the ice before crossing every time, but then I noticed there were some days where he didn't check the ice. I wondered why he didn't do this on some days. Then I thought about what the sky looked like on the days he didn't check the ice and then I understood why it wasn't necessary. On the days he did check the ice, he would spit on the ice and depending on the shadow of the spit on the ice, my Grandfather would know whether or not it was safe or not to go across the ice".

Story from Walter Besha, Bear lake, NT

3. Elements of Traditional Healing Integration

"Recovery from trauma and progress toward a healthy, stable way of life does not proceed in a straight line. Survivors take detours and double back to address issues previously dealt with, to deepen and expand understanding of their experience and integrate that understanding in a fuller life. What is distinctive about the Aboriginal healing journey…is the vision of being able to live in the community and contribute to the well-being of others on the healing path. Healing is not a solitary journey; it is a product of multifaceted interaction between individuals and families and their social and physical environment.[36]"

Almost all land-based programs reviewed here use a combination of traditional healing (that may or may not include ceremonial aspects) and Western therapies, whether on the land or as part of assessment or aftercare. In addition, local service providers often administer programs such as a clinic, youth services, or justice departments when they are not integrated within an addictions treatment centre. As such, they function, at least partly, within a clinical setting and thus guidelines need to be compatible with the respective cultural traditions and teachings of the host community, or respectful and inclusive of the cultural makeup of the participant group; they cannot be imposed to practicing outside the clinical setting or to other nations, communities, or cultures[37]. Below we outline three important elements to be considered in the development of land-based operational guidelines: 1) Indigenous values and worldview, 2) personal and cultural safety, and 3) healers and healing teams.

1) Indigenous Values and Worldview

Shared among Indigenous people and cultures are two important aspects: a holistic approach and foundational values and ethics in the therapeutic practice. Most often encountered and aligning with the First Nations Mental Wellness Continuum (FNMWC) framework, is the holistic approach that "meets the physical, emotional, intellectual and spiritual needs of the individual and goes further to include restoring balance and harmony in families and communities[38]". They learn about Dene-style first aid, how to use the family and community and thus the collective, is a key element in an Indigenous understanding of wellbeing[39]. As such, integration of traditional healing approaches and worldview to a land-based delivery model must consider not only the individual but also his past, present, and future relationships with his family, peers and community.[40]

36 Aboriginal Healing Foundation, 2006, Vol I, p.92
37 Maar & Shawande, 2010; Manitowabi et al., 2009
38 Aboriginal Healing Foundation, 2006, p. 119
39 Dell et al., 2011; Restoule et al., 2015
40 Dell et al., 2011

As an integral part of a collective, acknowledging this link can also help the individual's transition from a therapeutic setting on the land, to life in the community as part of an aftercare plan and lifelong healing process. In other words, "the social structures outside the person that promote and sustain practices for maintaining, supporting, and restoring balance provide the context for the development of positive self-care practices[41]". Practically, this means the design of land-based programs should include elements of service integration and strengthening local support systems, whether they are formal; such as an aftercare plan overseen by the local mental wellness worker, or informal; such as a willing Elder, or Knowledge Keepers who participate in the individual's healing journey.

An additional consideration is managing transitions, where participants who partake in a land-based program outside their community must be equipped with transferable skills and accompanied in their transition back home with appropriate supports and effective aftercare. The Charles J. Andrew Treatment Centre has developed an effective transitional support system for clients outside the region, linking them with local supports in their own communities and conducting follow-ups after they have returned home.

Second, an Indigenous therapeutic practice incorporates core values and principles that competent staff members use in their daily interactions among each other and with the participants. These include ethics of noninterference, non-competitiveness, emotional restraint, and sharing. Although these can be understood and conceptualized in various forms, they have both positive and negative impacts on individual behaviour. Therefore, they need to be expressly communicated to everyone in the program, whether they are staff or participants. These values help establish wide-spread acceptance by welcoming everyone, acknowledging their strengths, honouring individual experiences, and meeting people at their current level of need.[42] Although here we use the term therapeutic practice to capture the multiple meanings of the participant/staff interaction, often these are encapsulated in various cultural protocols that may not necessarily be identified as therapy or treatment, but simply as healing principles. These may be explicitly stated and detailed, such as the Eight Ujarait Model developed for the Makimautiksat Youth Camps or can be fluid and specific to each cultural person or elder that delivers the program such as is the case with the Nutshimit Program, at the Charles J. Andrew Youth Treatment Centre. As a foundational element, language plays a determinant role in defining and transmitting values and principles embedded in therapeutic practices, in designing effective promotion and prevention strategies, in improving accessibility to services, and in cultivating a culturally safe environment.[43] As such, mechanisms to support the use of local Indigenous language as well as facilitate community workers and program staff comprehension of local language will ensure overall effectiveness and delivery of the program.

2) Personal and Cultural Safety

Personal safety attends to the spiritual, emotional, mental and physical components of wellness, where participants' needs are given highest priority and staff consistently advocate on their behalf. In other words, the program is person-centred, even if the overall model is group and family oriented. Since more than half of the programs assessed involve active treatment, intense emotions of shame, guilt, and anger are expected to be expressed and validated as a natural aspect of grieving and letting go of past hurts. Establishing trust, a nonjudgmental atmosphere, and an environment free of unwanted triggers is essential to addressing deep-rooted issues over the long-term. As such, personal safety is ensured "by having clear, public codes of ethics and rules for the conduct of healing activities[44]". Such codes of ethics can be encapsulated in cultural protocols specific to the host nation or host institution.

41 Mussel, 2005

42 Aboriginal Healing Foundation, 2006, p.78

43 Health Canada, 2015

44 AHF, 2006, p. 78

Lessons Learned from Eleven Years of Walking in the Mountains, Norman Yakeleya, Canol Trail Hike

Every good journey starts with one first step. Norman's Grandmother used to say, go walk in the mountains. She had many stories of her life in the mountains and where she and her family walked from community to community. She described the shape of the land and the mountains that lined the valley as being shaped by the wings of the eagle that flew through the valley and where the ground shakes, she would say, don't sleep there, the ground shakes because your ancestors are buried there… don't sleep there. She would talk about having purpose in life… Taking youth out on the trail in the mountains is all about life. It's about staying alive and keeping each other alive – this requires that we work together. Take what you need and nothing more, keep your senses open, don't whistle and call our four-legged relatives, just listen to the mountains, to the trees, to the winds and listen to yourself. Take what you need and nothing more with you when you go on the land…. When you face the obstacles of life, you learn to live beyond the challenge and see your true strength. You must get uncomfortable first… sleeping on the rocks, walking in the rain, going to bed soak and wet. Obstacles are part of life and they help you grow. Be careful about what you ask for because God is going to give it to you. Ask for help when needed. There is no shame in asking for help… a key lesson you learn on the land…

For example, Anishinabe traditional concepts of the provision of a gift to a healer, signals the participant's commitment to the program as well as the guarantee of the healer's ethical integrity and sacred trust. The Wikwemikong OLAE program uses the Seven Grandfather Teachings as a foundation for "personal well-being and living in harmony within a community and with nature[45]". In a more specific clinical setting, Noojmowin Teg, a provincially-funded Aboriginal Health Access Centre (AHAC) represented by the United Chiefs and Councils of Manitoulin (UCCM) which operates separately from Wikwemikong, has incorporated the following concepts within their in-house healing policies:

1. bgidniged (gifting, both from the participant/client/relative as a commitment to healing and as a form of payment for services from the health centre)
2. debweyendaa (sacred trust between people and the Creator)
3. michidoumowin (breach of debweyendaa and respective actions to address the breach)

Other programs, such as those delivered by the Kwanlin Dün Jackson Lake Camp and the Dene Wellness Centre use the principles set out in the FNMWC framework. For example, to emphasize and rekindle connections to the land, the Jackson Lake program includes medicine walks where participants learn to identify and prepare plant-based medicines. This activity was identified by the participants as an effective reminder of the sacred relationship with traditional territories.[46]

[45] Ritchie et al., 2010

[46] Kwanlin Dün First Nation, 2012, p. 11

As groups are physically located in the bush, land-based programs include an additional dimension of personal safety in terms of survival-skills training delivered either by community Elders and cultural resources or by certified outfitters. These usually depend on the season, available financial and human resources, and may include: using the axe, water navigation/ice conditions, weather patterns, emergency shelters, canoeing/snowmobiling, first aid, etc. For some, such as the Chisasibi land-based program or the Nutshimit Program, survival skills or bush skills, are the basis of treatment, where elements of life skills (such as patience, sharing, love, trust) are learned through conscious reflection of daily activities. In other words, bush skill training is not a one-time preparatory phase for the program, but a principle connected to Indigenous knowledge transmission through experiential and localized life-long learning. As such, land-based programs are inherently culturally safe.

The concept of cultural safety has evolved since it was first proposed in the 1990s by a Maori nurse in the context of training health professionals. Initially it focused on the patient-health professional relationship and aimed to foster a culturally respectful interaction, but recently it has been expanded to include a change in thinking in how the health system as a whole can be more pertinent to Indigenous people and more respectful of Indigenous care-giving knowledge and practices.

> Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.[47]

Cultural safety aligns with Indigenous understandings of wellness and encapsulates many elements discussed so far. A connected concept is that of cultural humility that promotes respect and trust by "humbly acknowledging oneself as a learner when it comes to understanding another's experience[48]". Cultural safety therefore means to be "mindful, personally and as an organization, that one will always have blind spots.[49] As Indigenous knowledge and culture is bound to each community and Nation, the responsibility to define and design culturally safe services and policies remains local. This may mean that cultural celebration is used to reach participants, engage them spiritually and linguistically, and reinforce positive cultural identity. It can also mean that physical spaces display cultural symbols important to participants and the host community. Or that appropriate measures are taken to acknowledge the expertise and knowledge of cultural resources and Elders. But it can also mean that communities and organizations acknowledge a certain degree of cultural loss and special screening process that would attest the competencies of Indigenous Knowledge Keepers are put in place to safeguard participants from harm. As such, continuous training and skills development should be part of an effective, respectful and safe program design, whether the staff members are Indigenous or non-Indigenous.

47 BC First Nations Health Authority, 2015, p. 5

48 BCFNHA, 2015

49 Health Canada, 2015, p. 36

3) Indigenous Knowledge Users and Practitioners

The Aboriginal Healing Foundation assessment of more than 300 funded healing projects between 1998 and 2004 found that 56% used a combination of western and Indigenous approaches.[50] Similarly, the projects assessed here use a variety of methods including healing circles and individual counseling, smudging and life-skills workshops, or bush food preparation and nutrition classes. As such, the program team is generally composed of Elders, other Indigenous knowledge practitioners, helpers, western-trained health professionals or paraprofessionals. For example, the Makimautiksat Youth Camps train peer facilitators and youth role models as team members. In instances when clinicians are not part of the local team, they share the service provision burden with traditional counselors as part of the assessment and/or aftercare.

Most importantly, program staff is generally drawn from the local community, sometimes supplemented by other Indigenous and non-Indigenous professionals from the wider community. Often, local resources are themselves former survivors and/or former participants in healing programs. This has clear advantages in terms of understanding and operating effectively in local contexts, providing positive role models and increasing confidence in the program effectiveness, as well as establishing authority and value of local knowledge and care-giving practices.[51] The multidisciplinary nature of the program teams, ensures cultural safety, promotes local capacity building and empowerment, improves service integration, and can take advantage of informal exchanges between the team members or between the team and participants and their family, which supports effective aftercare.[52] Nonetheless, the high demand on program teams can lead to overwork and high turnover. Educational opportunities and respite for the program team are essential in maintaining positive working environments.

Below we reproduce the Aboriginal Healing Foundation's profiles of the qualities and skills of a good healer or helper. It is important to note that these profiles reflect standards that individuals cannot meet on their own, but as a team the combination of the skills and experiences outlined ensures a quality care system as proposed by the FNMWC:

50 AHF, 2006, p. 144

51 AHF, 2006; Maar & Shawande, 2010; Radu et al, 2014

52 AHF, 2006 vol I; Maar & Shawande, 2010

A good healer/helper has	A good healer /helper can
a solid track record of ethical conduct supported by references	process intense emotion, defuse negativity
experience in and respect of the community	swiftly determine risk and intervene in a crisis
power, humility, honesty, and gentleness	distinguish between crisis and long-term need
knows and accepts the reality of historical trauma (residential schools, sixties scoop, etc.)	facilitate a group
worked through their anger	combine techniques and approaches or work well in a blended team
completed transition through stages of grief	address unresolved trauma (grief, physical and sexual abuse) and guide recovery
recognition by others as a healer	intervene in and prevent suicide
absolute self-acceptance	share their history and healing strategies
a history of triumphant recovery	understand and dissipate lateral violence
able to share their history and healing strategies	use traditional medicine or partner with traditional healers effectively
well-established personal boundaries that protect them from harm/burnout	plan and lead
an unmistakable inner peace characterized by fearless, unflappable (not easily surprised) leadership	counsel sexual abuse victims and/or perpetrators
knowledge of and comfort leading or participating in ceremonies	handle sexual abuse disclosures
an open mind	openly and confidently discuss healthy sexuality
freedom from the need to control	engage comfortably and knowledgeably in ceremonies
unmistakable positive energy	listen intently, hear clearly, communicate effectively
assumed responsibility for their actions	encourage and facilitate taking responsibility for actions
been alcohol and drug-free (more than two years)	maintain good client records/charts
a clear understanding of their limitations and makes appropriate referrals	take ownership of their actions and encourage ownership in others
a developed plan for continued wellness	recognize when to remove themselves
a commitment to breaking the cycle of abuse, initiates community action and encourages ownership	accept their limitations, learn from, and work with clinical supervision and make appropriate referrals
a spiritual grounding	recognize where trauma is stored in the body
a respectful relationship with the land	initiate community action and encourage ownership
freedom from depression, recognizes life goes on	understand and engage whole families in healing

Aboriginal Healing Foundation, 2006, Vol I, p. 91

In addition, it is important to remember that land-based programs are part of broader community culture-based activities and healing services that often include non-Indigenous and/or Indigenous people outside the region or community they serve. As such, programs must be designed to ensure cultural safety throughout the continuum of services. Below we have expanded on the eight steps of culturally-competent care that providers should assess in their work either as part of a land-based program team or as a connected service-provision institution:[53]

1. Examine your values, behaviours, beliefs and assumptions;
2. Recognize racism and the institutions or behaviours that breed racism;
3. Recognize and learn about the role of history and culture in shaping health and health care experiences;
4. Engage in activities that help you to reframe your thinking, allowing you to hear and understand other worldviews and perspectives;
5. Familiarize yourself with core cultural elements of the communities you serve;
6. Familiarize yourself with the local language or secure the services of a competent interpreter to assist clients who prefer to express themselves in their Indigenous language;
7. Engage clients and patients to share how their reality is like or different from what you have learned about their core cultural elements;
8. Learn and engage your clients to share how they define, name, and understand disease and treatment;
9. Develop a relationship of trust with clients and co-workers by interacting with openness, understanding, humility, and a willingness to hear different perceptions; and
10. Create a welcoming environment, free of triggers, that reflects the diverse communities you serve.

While this is a very basic guide to assessing cultural competency, we recommend health care professionals to consult cultural safety guidelines in their respective regions and communities.

Guiding questions

1. How does my community define health?
2. How does my community define wellness?
3. What elements ensure the personal and cultural safety of participants? Do they need to be formally presented?
4. What type of care giving/therapeutic approaches are used by my community?
5. Is the community willing to use other approaches that are not locally developed? If so, what are these?
6. What qualities are needed to be a good healer and helper? How can the community assess cultural/healing competencies?
7. What services and local resources are available to participate in the delivery of the land-based program? What services or institutions should not be part of the design, development, or delivery of the program?
8. How can the community support individuals and family's continuity of care and managing transitions in the everyday?
9. Who is available to support the continuation (aftercare) of the healing journey for participants? What are the elements of this type of support? What is it that people are doing to support someone in their healing journey?

[53] NSDH, 2005

4) Environmental Stewardship

The land is viewed as a living, breathing and conscious being and it is our responsibility, as human beings to take care of Mother Earth as she takes care of us. Thus, land-based healing programs have the opportunity to be leaders in environmental stewardship. This can be done by setting the example of responsible resource use through respect for the land, water, and animals. Selkirk First Nation(SFN) is about 300 km north of Whitehorse, Yukon, and is an example of where this reciprocal healing process is happening. SFN, in partnership with the Arctic Institute of Community-Based Research, had a project called Keeping Our Traditions for the Health and Wellbeing of Future Selkirk First Nation Generations: "What do we do at the fish camp when there is no fish?" where six themes emerged: 1) Keeping Our Traditions, 2) Connecting Youth to the Land, 3) Raising our Voice, 4) Thinking Outside the Box, 5) Decision-Making, and 6) Food Security.[54] All six of these themes focused on environmental responsibility, community inclusiveness, strengths of the community, the use of Indigenous knowledge, and adapting to climate change.

As the climate changes, so too does the migration patterns of the salmon. Recognizing that the declining numbers of salmon is related to unsustainable fishing practices combined with climate change, SFN suggests raising their voice locally, regionally and internationally to draw attention to these challenges publically and politically. It was also suggested that community members help the salmon get to their spawning grounds by taking down old beaver dams and moving rocks to create eddies where fish can rest from the river's current. Selkirk First Nation also spoke about using Indigenous knowledge to monitor the salmon runs. This knowledge helps inform the quality of the current salmon run, specifically, if the community should reduce the amount of fish that are caught. During these salmon runs, produce from the community gardens and small game make up the community's main diet, allowing the salmon population time to reproduce. These acts of environmental stewardship ensure the longevity of the salmon, water and land.

[54] Selkirk First Nation, 2016

4. First Nations Land-based Service Delivery Model

Despite the great diversity in the design and delivery of land-based programs, as well as their culturally-specific care-giving practices, all programs assessed in this study apply, often indirectly, the five themes of the FNMWC; namely: 1) Culture as Foundation; 2) Community Development, Ownership and Capacity Building; 3) Quality Health System and Competent Service Delivery; 4) Collaboration with Partners; and 5) Enhanced Flexible Funding Investments.

First, the delivery model is centred on culturally-circumscribed conceptions of the good life, which attends to the four aspects of wellbeing (physical, mental, spiritual and emotional) by (re)establishing connections (with Creation, with self and with the community) and fostering a sense of belonging and positive cultural identity. As such land-based programs consider culture as the foundation.

Second, each nation and community have developed distinct meanings of place that are context-specific and culturally significant. As such, knowledge of the land, land-based activities, as well as a repertoire of stories and social associations can only be effectively deployed in a SDM if the design, ownership, and capacity building are community based. Indeed, even in the case of land-based programs embedded into nationally developed treatment centres, the local community has the lead role in all aspects of the program.

Third, because land-based programs are community driven, they respond to local priorities and needs, utilize community-sanctioned and competent cultural resources, and are designed to close gaps in service provision, thus ensuring a continuum of services. In addition to locally sanctioned quality care indicators, and with the exception of one treatment centre, land-based programs are accessible to all community members, while being flexible enough to respond to emerging priorities or populations. Finally, land-based programs often function to coordinate care within the community, through partnerships and sharing financial and human resources, thus making them an essential element of a quality health system.

Forth, the multidisciplinary nature of the delivery and management teams, sometimes including universities and other research institutions, foster collaborations with local and regional partners. In other words, land-based programs tend to bridge gaps in service delivery making them inherently easy to integrate within existing service provision. Additionally, by renewing cultural practices and knowledge in the community at large through various partnerships, land-based programs aim to integrate cultural practices in the everyday and thus, facilitate transition.

In spite of the limited information on specific funding arrangements, staff demonstrate innovation in terms of making use of a variety of funding opportunities to maintain these programs. However, unless the land-based program has been formally embedded within existing core-funded initiatives, they are always at risk. The following are the average costs for land-based programming.

A. Operational Costs

   a. $9200 per client per client for 8-week program.

   a. Seasonal summer programs that can run at $400 per client.

   a. On average, a 4-to-6-week program will cost $60,000-$150,000 per intake in operational expenses, depending on location and whether or not the land-based program is stand alone or operates as part of another program.

B. Capital Costs

   a. Capital has been estimated at $150,000 per cabin. Generally, a minimally equipped camp includes one or two cabins for sleeping quarters with bunk beds, one cabin or permanent meeting space, and an equipment storage facility. Some camps have a separate kitchen and eating space, in others the kitchen and eating space is integrated into one of the sleeping quarters. Additionally, some camps have separate sleeping quarters for program staff and Elders.

   a. Startup minor capital for equipment is estimated at $ 500,000.

   a. Participant travel to the land-based camp varies and these costs are not generally included.

The main challenge for most programs is continuity, both in terms of available funding and in terms of local support and access to resources. An additional challenge is that of outcome measures, where those with a more formal governance structure maintained a locally-sanctioned satisfactory assessment process, often in collaboration with higher education or research-based institutions. Programs that are developed by grassroots groups and which lack either sufficient staff or structured delivery models encounter great difficulties in maintaining efficient and continuous reporting activities. Finally, for evaluation to be culturally relevant, program funding must explicitly provide the means (financial and human) to develop locally-relevant and accepted evaluation processes, indicators and outcomes.

Although by their nature land-based programs align with the FNMWC, only two (2) out of the eight (8) programs assessed, specifically and formally used the Continuum in their delivery model. In terms of strengthening evaluation, the Native Wellness AssessmentTM may provide opportunities for communities to better understand how culture improves wellness and therefore improving local services overall, as well as understand change in wellness outcomes at the community level. Finally, to make it acceptable and culturally pertinent, evaluation should be embedded in the process of designing and implementing programs from the outset and not used only after the program has been delivered.

Elements of Care in a Land-based Context

Culture, manifested through ways of living and being in the world, is the foundation of a life of balance and wellness. Each nation and community possess culture and thus a unique way of seeing, relating, being and thinking.[55] Language and culture have always defined the nature of nurturing and care-giving practices in Indigenous contexts where ancestry and family provide a sense of belonging and interpersonal responsibilities. Despite the colonial impact and ongoing neo-liberal land dispossessions, Indigenous people in Canada have maintained their knowledge systems and repertoire of cultural interventions. In the current context, formal and informal land-based programs deploy these knowledges and practices to ensure continuity of care for individuals and families and facilitate transitions along the wellness continuum. Moreover, recognizing the high mobility, especially for younger generations, between the community and urban areas and the familial disruption of the child welfare system, land-based programs are designed to regenerate young peoples' links to land, knowledge, family and culture at home with the aim of strengthening a positive cultural identity and facilitate their transitions between the home community and the city.

With culture as the foundation, land-based programs build structures for community development from existing strengths and recognize that culture and living well are a way of life and not just a host of practices. For these reasons, each land-based program is unique in its philosophy, design, and delivery, an aspect which ensures cultural safety and local self-determination. Nonetheless, these programs share commonly held concepts including the life-giving spirit present in all things, which manifests though a circular understanding that acknowledges the earth connection and continuum of life. Wellness is therefore understood and lived holistically and is expressed as a sense of balance of Spirit, emotion, mind, and body. Being on the land, close to Creation, renews and activates this body of knowledge and reinforces the understanding that healing is a lifelong process of everyday renewal.

Thus, land-based programs provide relevant structures for culture-based interventions that support continuity and coordination of care, that nonetheless require concerted action to build effective conditions locally for their design, development, implementation, and perpetuation. The service delivery model presented here is intended to stimulate local discussions and support communities in building and sustaining healthy communities of care. As shown in figure 3, we outline common principles (outer-ring), cultural protocols (inside-ring) and governance arrangements (centre) that characterize the eight programs assessed. For details on any of these programs assessed, refer to the compendium of programs in Appendix 1.

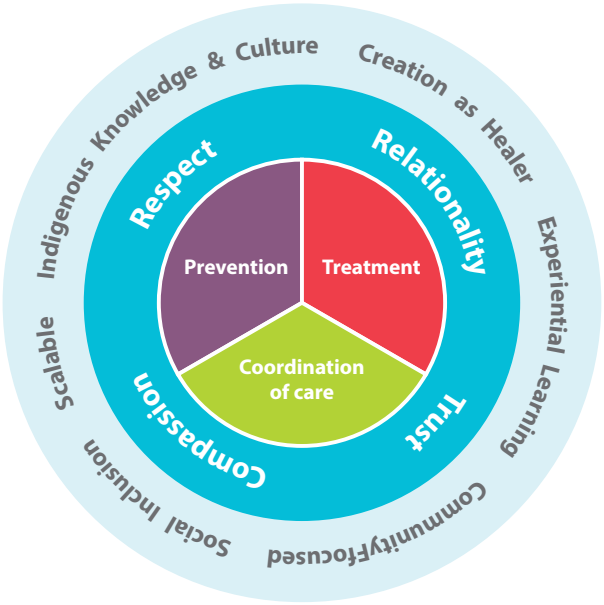


Figure 5: First Nations Land-based Program Delivery Logic Model

[55] FNMWC, 2015, p. 22

Principles

The central principle of land-based programs is the recognition that Creation[56] is a healer and a teacher. The physical presence on the land in the company of competent cultural resources activates community-based Indigenous knowledge through experiential learning approaches and directed reflection. Cultural diversity, territorial base and ecozones, availability of cultural resources, political support, and funding arrangements influence the scope, breadth and depth of land-based programs. As such scalability is an additional foundational principle of a responsive delivery model.

1. Indigenous knowledge and culture: cultural interventions are based on local culture and utilize the knowledge derived from the life lived on traditional territories that is proper to each cultural resource or Elder, community, and Nation. Language is an additional foundational aspect for transmission of knowldge and culture that ensures program effectiveness.

2. Creation as healer: through Spirit, nature and other-than-human beings, model values and behaviours that guide humans towards a balanced life and positive relationships with each other and with the land.

3. Experiential learning: the land is the classroom and the ways of learning and doing that emanate from the presence on the land are continously and incrementally appropritated into the everyday.

4. Community focused: the wellness and healing priorities of the community come first and opportunities to address family and individual needs are made available throughout the continuum of services available.

5. Social inclusion: respect and understanding that each person has its own role and place in society and within their family, that they have unique gifts, and contribute in the best way they can to collective life. In this case, this also recognizes that families have a diversity of configurations, from traditional nuclear arrangements to extended and other kinship relations. The Land-based Service Delivery Model (LBSDM) recognizes families in all their varied forms.

6. Scalable: each community, group and institution is free to decide the scope, breadth and depth of the programs and the cultural interventions it designs and delivers, which requires funding equity.

Cultural protocols

Similarly, cultural diversity influences the explicit establishment of cultural protocols. Often, these protocols are individually held and incorporated by the cultural resources involved in the delivery of the program. Conversely, some land-based programs host individuals and families from diverse cultural backgrounds, thus cultural protocols are designed to be inclusive while maintaining the cultural integrity of the program. For these reasons we have identified the following elements that may guide the development of program-specific cultural protocols:

- ***Respect:*** this element relates to community-based measures of assessing cultural competencies, ethics protocols, proper interpersonal behaviour, roles and expectations, and interdisciplinary integration, while fostering local capacity building and personal empowerment; this also includes self-care and professional development opportunities for staff.

[56] Creation is a term that conveys an understanding of an Indigenous world view that embraces land, animals, birds, physical elements, air, water, the universe and all that it is as "relatives". All of these "beings" are created by the Great Spirit just as human beings are created by the Great Spirit. They are relatives that are "other than human beings". They have a distinct purpose, they have a distinct identity, they have a distinct relationship with each other and humans, they have a place of belonging, and their existence has meaning unto themselves and in relation to each other and to humans.

- ***Relationality:*** following the principle of holistic health, relationality operates at the individual as well as collective level. From an individual perspective, participants (re)learn to relate in positive ways with self, Creation, and community; from a collective level, program staff take into consideration the participant's past, present, and future relationships with family, peers, and community, as well as identify community resources to support the individual in their healing journey.

- ***Trust:*** programs must support and foster physical, emotional, mental, and spiritual safety that is needed to build trust between staff and participants. Land-based skills complement cultural safety elements by instilling cultural values and self-esteem through intergenerational knowledge transfer.

- ***Compassion:*** participants in land-based programs have often underlined the compassionate approach that the program staff (such as Elders, Indigenous Knowledge Keepers, other cultural resources, and traditional counselors) maintains in all interactions. This approach was enacted through a strength-based philosophy that is free of judgement, is welcoming to everyone, meets people at their level, and acknowledges personal life experiences.

Governance and operational structure

Finally, land-based programs tend to situate themselves anywhere along the continuum of services from prevention to active treatment and rehabilitation. None of the programs in this review offer detox services at this time and generally have a harm reduction approach (as opposed to abstinence), thus they do not offer specialized services for individuals with complex needs. It should be noted that cultural knowledge and practices such as foot soaks, teas, traditional detox medications, nutrition and other forms of natural detox exist in other First Nations land-based programs.

Some programs, especially those specifically targeting young people, are designed to promote mental health, prevent risky behaviours, and intervene early to build resilience.

- ***Prevention:*** with the exception of the programs integrated in the treatment centres, youth-focused land-based programs aim to empower young people to lead a healthy life and develop a positive cultural identity. Often, even if programs are peer-based (specific age cohorts) they always have elements that are inclusive of the family, either through welcoming and celebration or as a family-centred delivery model.

- ***Treatment:*** in the case of programs that include an element of treatment, they are generally delivered either within an interdisciplinary intervention team or are integrated into a broader clinical program such as a treatment centre or PDA program. In some instances where clinical interventions were not specifically integrated into the land-based program, staff and participants indicated that these were either available as part of the assessment or aftercare, or that they were made available to participants on a case-by-case basis.

- ***Coordination of Care:*** all programs run in collaboration and partnership with local and regional institutions; these may be the health system but also justice, education, cultural and heritage, social services, etc. As such, land-based programs usually tend to support the coordination of care in the community, including the broader determinants of health, as well as referrals and transition supports that ensures continuity of care.

A connected aspect that is central to the model, but which was not identified as an explicit element of the internal program governance is Capital and Funding. Capital investments are variable with remote and territorial regions incurring higher travel and supply expenses (depending on group size), in addition to high initial infrastructure costs well above $350,000; although salaries and benefits are fairly evenly distributed. Pay equity for cultural resources, in relation to clinical professionals, as well as core stable funding, are important elements for program success and continuity.

Community Development, Ownership and Capacity Building

One of the five key themes of the FNMWC is community development, ownership and capacity building. Community development describes the intentional actions taken by a community to increase their overall health and wellness.[57] Sustainable and effective community development initiatives involve community capacity building and a strong focus on inherent strengths within First Nations communities. For example, a community will have many strengths including individuals, families, Indigenous knowledge, programs, services, and the environment. These strengths can be enhanced by improving community capacity through: practical, team-building skills; leadership skills; wilderness skills; and cultural resources and knowledge.

The FNMWC and this LBSDM aim to support communities in shaping their own programs and services, ensuring that they own and develop their programs and services. Research has demonstrated the positive impact of community ownership of local programs and health services on First Nations' wellness. Community ownership ensures that the continuum of wellness programs and services for First Nations are relevant, effective, flexible, and based on current community needs and priorities. For example, this could be a program for individuals and families challenged by substance use, such as the Shibogama Traditional Land Based Family Healing Program in Ontario, or the program can be for youth to reconnect with their culture and improve their wellness, as provided by the Wikwemikong Outdoor Adventure Leadership Experience in Ontario. How each land-based program or service is shaped, developed and implemented will depend on the community context, needs and priorities.

[57] HOS 2011

Healing with the Land and the Future of Indigenous Wellness in Canada

The land-based programs outlined in this document provide some examples of Indigenous innovation in mental health and wellness. Whether they are delivered close to communities or in the heart of traditional territories, land-based programs are first and foremost community-driven and culturally safe. They respond to immediate and important local health and wellness priorities by honouring and celebrating Indigenous culture, knowledge, language and strengths. They are designed and delivered by competent local resources and aim to close significant gaps in service delivery. They are inclusive and collaborative in nature and support both individual and collective empowerment.

Recognizing the essential role and value of the land for healing in Indigenous communities across Canada, including regional and national support measures, has transformational potential to improve the quality of life of individuals, develop a model of care that is culturally safe, and support self-determination locally; all essential to creating respectful and supportive relationships between Indigenous and non-Indigenous Canadians.

The elements contained in the various delivery models assessed, target multiple determinants of health such as self-determination, language acquisition, cultural values, life-skills, human-nature relations, ethics, and social cohesion, to name a few. They therefore align with the outcomes identified in the First Nations Mental Wellness Continuum framework, even if it is not formally acknowledged. While we recognize that each community and Nation will set the scope of their own land-based programs, we hope that the present delivery model will guide future programs in a way that is culturally safe, honours local resources, and builds expertise at home. While systemic change is a central long-term outcome, it can only be achieved by building leadership and empowerment locally.

As Elder Bill Mussel suggests, local conditions need to be created to foster sustaining and healthy communities of care, including and especially: balanced individuals spiritually, emotionally, mentally and physically. By addressing these elements of whole health, land-based programs facilitate hope, nurture belonging, and give meaning and purpose in life, and thus, create conditions to live life as a whole and healthy person.

Youth voice

Engaging and including youth voices, and voices from across the lifespan, is an essential part of learning, sharing, and storytelling. Although we were not able to form a focus group prior to the creation of this document, many land-based programs have an accompanying video or documentary to go along with their programs which share youth voices. Overall, the youth who provided feedback see land-based wellness in a positive light.

The Chisasibi Land-Based Healing Program, Quebec

Miyupimaatissiun in Eeyou Istchee. [Video file]. Retrieved from https://www.youtube.com/watch?time_continue=2&v=l5q9Erx9wcQ

Wesley-John Washipabano

"Being here has just taught me a lot like how to make a tent and how to put the branches and you don't have to count how many poles you have or you know it takes time to make that you know you need a team to make that. I like my team. I didn't know these people before. I didn't even know that they were family until they told me that we are family. I got closer to them you know. Usually I would probably never have spoken to them. But ever since I came here I just got closer to everybody. And I'm going to cherish that for the rest of my life." (time stamp 27:34 to 28:30)

"Yeah I would come back if there was another program like this again. I would surely come back again and I would ask my friends who have problems and I would tell them to come with me to discover a new place, a new place in life. Not being stuck in the Rez life" (time stamp 33:15 to 33:41)

Gabriel Bearskin

"I am very happy to be out here with the Elders and having them teach us and sharing our Eeyou culture. I have learned a lot and I get to know myself being here. It's like I found who I really am. The fact that I try to quit alcohol and drugs is very helpful to be out here on the land. We are always together in the bush. I am happier being with him when we are out on the land" (Time stamp 10:40 to 11:28)

Shibogama Traditional Land Based Family Healing Program, Ontario

Reaching Wellness Through the Land. [Video file]. Retrieved from https://vimeo.com/156188519

Issac Barkman – Wapekeka First Nation

Me and my mom we are just trying to get off of my dad, you know? He passed and uh, I don't know it's just been kind of hard. Now we like walking around and like I don't know in the bushes because it reminds me of my dad. My dad took me camping a lot" (Time stamp 5:40 – 6:05)

Wikwemikong Outdoor Adventure Leadership Experience, Ontario

The Journey Home: The Outdoor Adventure Leadership Experience. [Video file]. Retrieved from https://www.youtube.com/watch?v=Uld5b3cZ_eg

Ashlay Jacko (OALE Participant, 2009)

"Before I went on the trip I was like, always thought what people cared about me. Like I was really self-conscious. How my hair was or if my makeup was smeared or if I had a stain on my clothes or anything like that. If I wore the same shirt two days in a row or something. Then when I got on the trip and we didn't have choice to bring lots of clothes or the accessories I always wear. Then on the trip I didn't even care. Well at first, I cared. I didn't like it. I started feeling really dirty. I looked around and no one really cared. Then I was like why should I care? So that's what changed that about me, I just stopped caring what people thought because I felt comfortable and that's all that mattered to me… After that trip I became a really independent person. I don't really go out anymore. I like to stay home with my family and play with my little brother and sister. I don't really have much friends anymore. I feel better being with my family though cause a lot of my friends just do drugs and stuff. The only time they wanted to hang out with me was when they wanted to get high or drink. I don't know I just don't enjoy that any more. Just being sober with my family is what I love to do now. When I went back to school I started going downhill in the beginning. Then I realized that I'm not that same person anymore. My average went from 23.5% to 84.5% at the end of the year. I actually made it on the honour role. Like I was never ever on honour roll my whole life. Just like wow. I did that. My grades improved, my attendance was, got an award like $95 bucks for perfect attendance at school" (Time stamp 5:05 to 8:08).

Recommendations for the FNMWC Implementation Team

Reconciliation must support Aboriginal peoples as they heal from the destructive legacies of colonization that have wreaked such havoc in their lives. But it must do even more. Reconciliation must inspire Aboriginal and non-Aboriginal peoples to transform Canadian society so that our children and grandchildren can live together in dignity, peace, and prosperity on these lands we now share. The urgent need for reconciliation runs deep in Canada. TRC, 2015, p. 8

In 1996, the Report of the Royal Commission on Aboriginal Peoples set out the roles and responsibilities for reconciliation and the hopes for a renewed relationship between the federal government and Canada's Indigenous people. It was the first pan-Canadian process that unveiled the historical 'hostility' of the government and settler constituencies towards Indigenous social, cultural and spiritual practices, and the concurrent policy of cultural genocide that operated well into the 20th Century.[58] Although much of what the Royal Commission had to say has been ignored by government, the Aboriginal Healing Foundation, established as a direct result of the Royal Commission, has provided an unprecedented opportunity for the renewal and regeneration of culturally-driven healing and care giving practices across the country.[59] Chronologically speaking, the invaluable work involved in developing the First Nations Mental Wellness Continuum (FNMWC) framework is reflective of the commitment of Indigenous people in upholding their responsibilities towards the reconciliation work needed to heal families and Nations. Almost two decades after the Royal Commission, the Truth and Reconciliation Commission of Canada called upon the federal, provincial, and territorial governments to take action and uphold their responsibilities to undertake the 'hard work' of reconciliation, with clear, substantial and effective measures. Much like the FNMWC and the renewed relationship with Indigenous people declared by Prime Minister Justin Trudeau, the Truth and Reconciliation Commission of Canada and the survivors that provided the vision for this renewed relationship, outlined a holistic and comprehensive approach towards a system of transformation.

58 TRC, 2015

59 TRC, 2015, p. 7

In the context of the present work on the LBSDM, such transformation necessitates an engagement process that supports local leadership and governance structures; that provides necessary resources for maintaining and expanding the capacity of service providers and Indigenous Knowledge Keepers; that encourages collaboration and maintains dialogue among communities; and that commits long-term dedicated funding for land-based healing programs and services. The land-based programming working group is making the following recommendations to the Implementation Team:

- ***Take immediate measures for differential implementation:*** each community and Nation presently designs and delivers land-based programs and activities depending on available resources and contexts. The present LBSDM should be made available to interested communities as soon as possible independent of the development stage and scale of land-based programs and activities already available in communities.

- ***Dedicated long-term funding:*** program consistency and continuity is highly dependent on financial resources. In addition, program costs vary with each region and community, with northern and territorial regions incurring generally higher costs than other communities that may be located closer to urban areas. Seed funding and capital funding is essential in encouraging communities to design and develop land-based programs, while core funding is necessary to maintain and strengthen capacity building. A specific and dedicated funding program for land-based services should be made available as part of Health Canada's core funding envelope.

- ***Capacity building and networking:*** similar to the training and capacity building work provided by the Thunderbird Partnership Foundation, a network of support and training staff should be established in each region. The capacity development team would provide support for the implementation of the LBSDM in interested communities. Such teams would be embedded within a national network that will allow communities and regions to share experiences, best practices, as well as experienced Elders and Indigenous Knowledge Keepers. A yearly national gathering similar to the Mental Wellness Teams Gathering would ensure the viability of the network.

- ***Evaluation and Measurement:*** there is much interest in communities for a culturally relevant and effective program evaluation, but such initiatives have historically, resulted in punitive measures and discouraged local control of programs and services. The On-The-Land Summit held in March 2017 in Yellowknife has underlined the need to build an inclusive and culturally relevant evaluation process for land-based programs. Seen in many ways as a process of coming to know, an evaluation framework that is flexible and applicable in various contexts is needed to accompany the effective implementation of the LBSDM. Such evaluation would allow making cost efficiency assessments of the preventative aspect of land-based programs and linking actions in other aspects of the determinants of health, such as environmental sustainability or education.

- ***Establish a LBSDM Implementation Committee:*** given the great variability of land-based programs across the country and to expedite the implementation, a central, national committee can take on the role of support structure to maintain partnerships, facilitate interdepartmental communication, and provide a platform for collaboration. In other words, the Committee will oversee the evolution and implementation of the LBSDM and the recommendations made here.

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Appendix A – Compendium of land-based programs

We assessed eight land-based programs and focused on the following aspects to derive a First Nations LDSDM that can be used by communities that aim to either formalize existing programs or design brand new ones. These aspects are: principles and cultural protocols, governance, operational structure, capital, referral and assessments, aftercare plans, specific cultural components, and outcome measures. The assessment included literature review and phone/email interviews with program coordinators or managers. The programs presented in this section are organized in alphabetical order for convenience.

1. Charles J. Andrew Youth Treatment Centre, Labrador

In the country it was better. They showed us how to be spiritual. Sometimes we went fishing. At night we played games. We talked, bonded, laughed. Everyone really connected. The staff would take us for really good long walks, one-on-one. There's always friendliness in the country. Participant testimony

The Charles J. Andrew Youth Treatment Centre, which opened in 2000, is a ten-bed residential youth healing centre for female and male youth between the ages of 11-17. It primarily serves Innu, Inuit, and First Nations youth from Atlantic Canada, but also accepts youth from across Canada. Its objectives are to empower Indigenous youth and families by providing a holistic healing treatment program. In 2015, the Centre shifted focus to family treatment but continues to offer services to youth through outreach counseling on a regular basis. For the 2015-2016 fiscal year, the Centre provided services to 29 family units.
The Centre has two components to its treatment plan, a Clinical Trauma-informed Component and a Nutshimit Component which involves (re)learning a traditional way of life that is passed on to youth by Elders on the traditional territory of the Sheshatshiu Innu First Nation. Each component of the 16-week program runs on alternating weeks (50/50).

Program principles

The Nutshimit Program has been running since 2011 and is based on the principle of recovery through culture (see figure below). The model is family-centred (working with the whole family unit) and addresses impacts of intergenerational trauma, substance and other forms of abuse, as well as concurrent disorders.

Figure 6: Recovery through culture model

The Nutshimit Program includes life skills training, which is done on the land. It draws on Innu, Inuit, and First Nations natural connection with the land; develops self-esteem and a strong Indigenous identity; provides a safe, caring, and comfortable environment to heal; and teaches responsibility, traditional values and beliefs.

Cultural protocols and elements of culture used in programming

Because the programming varies according to the cultural background of the participants (servicing all First Nations and Inuit) and the season, there are no specific or formal cultural protocols established. The land-based team and the cultural advisors decide the cultural protocols that need to be respected.

Families receive training and support in terms of self-sufficiency and survival skills. These include: food preparation, survival skills, sweat ceremonies, healing circles, hunting, fishing, canoeing, snowmobiling, hiking, snowshoeing, berry picking, pitching a tent and breaking camp, and traditional crafts. Skills and teachings are transmitted through experiential learning (learning by doing) and storytelling. Spiritual practices are also varied and depend on the cultural background of the participants and may include sweats or Kudlik lighting.

Program governance and operational structure

The Charles J Andrew Youth Treatment Centre works in partnership with: Sheshatshiu Innu First Nation Social Health Department, Nunatsiavut Department of Health and Social Development, Mushuau Innu Health Commission, Provincial Child Youth and Family Services, Innu Nation, Sheshatshiu School, and the Community Youth Network. The Board of Directors includes representatives from: Sheshatshiu and Natuashish Innu, Nunatsiavut, and the Atlantic Policy Congress.

Internally, a Nutshimit Program Coordinator manages a team comprised of a cultural advisor, a youth and family worker, a family worker and a cook.

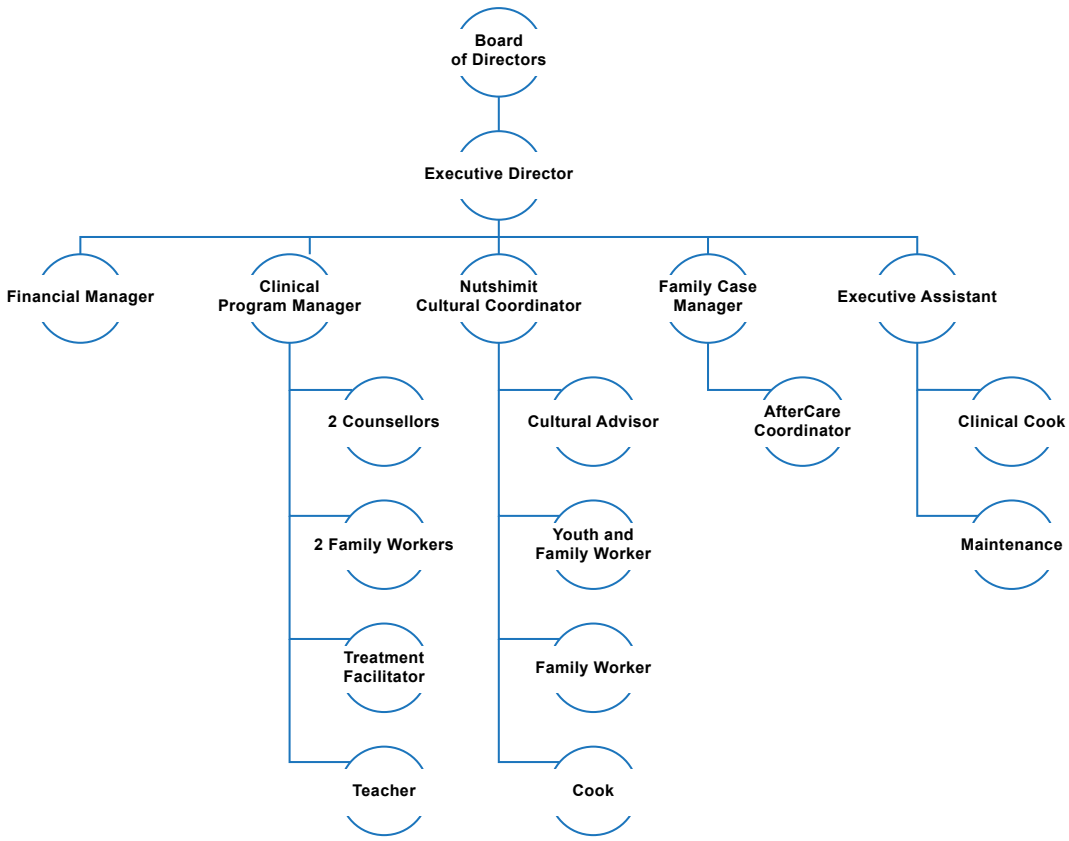

Figure 7: CJAY organigram

The program accepts two (2) to three (3) families at a time for a maximum of 10 participants per intake (generally 2 intakes/year). In 2015-2016, it serviced 57 participants: 23 spouses, 3 youth dependents, and 31 child dependents. While the Nutshimit Program is flexible in terms of operational procedures because it is part of a residential treatment program, the Centre uses formal referral and assessment procedures including an intake and medical assessment process, consent forms (participation, medical treatment, educational) and liability waivers.

Aftercare is an important part of the Centre's operations. The Youth and Family Case Manager will contact each family, one month post treatment. Continued contact may vary depending on the needs of the family. Clients are also provided a toll-free number and are encouraged to contact the Centre at any time. Efforts are made to establish supports in each family's home community.

Capital and minor capital

Direct costs in terms of salaries and benefits are estimated at $340,000 per year; these include all centre staff. Additional funding for the Nutshimit Program in the amount of $95,000 per year is covered from the Building Healthier Communities envelope. This amount covers honoraria for Elders, Knowledge Keepers/cultural resources, and supplies (food and other supplies needed in the bush).

An initial investment of $150,000 was used to set up the main camp that includes a cabin and a second building with bunk beds. Over the years, repairs and upkeep costs have been financed though loans, but no total amount could be estimated. As an indication, the most recent renovations totaled $35,000.

Figure 3 CJAY main camp

Acknowledgements and References

The information contained therein is based on the Charles J. Andrew Youth Treatment Centre internal documentation provided by Iris Allen, the CJAYTC executive director.

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2. The Chisasibi Land-based Healing Program, Quebec

Every time you meet people, doesn't matter who it is, you treat them the best way you can. To be a friend to everybody, it leads into the respect for the environment and people. Sometimes they say the white man is different, but in our society, when you say respect, you respect any human being. That is how I was taught, and don't say that you are more important than anybody else. We are all equal. Elder Eddie Pash

The Land-Based Healing Model for Nishiiyuu is a healing and wellness program implemented and delivered on the hunting territory of Elder Eddie Pashagumskum (Pash), who designed and delivers the program.

The program mission is to strengthen the ability of participants to lead a healthy, fulfilling, and resilient life. Elders stress that the land and cultural traditions have healing power that can enable individuals in distress deal with pain and self-hurt. Ultimately, the program aims to improve the mental health of individuals so that they can effectively participate in the life of their family and community and make positive contributions to the collective development of their Nation.

Eeyou (Cree) methods and teachings form the core principles of the program and promote personal, family, and community wellness from a perspective rooted in the Cree way of life.

Program principles

The Chisasibi Land-Based Healing Program (CLBHP) has several principles that support the implementation of Culture As Foundation and promotes service integration at the community and regional level. Briefly these are:

1. Connection to the land and culture: the 'return to the land' perspective acknowledges the power of the land to connect individuals with culture and language, promote intergenerational relationships, and offer a safe space for healing. Elders develop and deliver the program in collaboration with other traditional counselors with occasional support from Chisasibi clinical staff.
2. Harm reduction: model focuses on treatment that promotes personal responsibility and rational behaviour. Harm reduction is thus understood as helping clients move from self-harm to a level of functioning that promotes holistic wellness, which may or may not include total abstinence. Treatment goals and success is therefore established through individualized treatment plans that are client-centred.
3. Quality service provision: as a community-driven program, the CLBHP strives to be accessible, safe, and integrated by promoting collaboration with local service providers in terms of referral, assessment, and aftercare either though case conferencing or by advocating on behalf of program participants.

Cultural protocols and elements of culture used in programming

Cultural protocols are generally reflective of Eeyou Pimaatisiiwin (Cree way of life and living on the land) and Indoh-hoh (Cree cosmology that informs life in the bush) including bush skills and harvesting activities such as hunting, fishing, trapping, gathering plants and berries, cutting wood for personal use, and other related activities which are central to life in the bush. These are usually personalized by each Elder and may vary. The program does not prescribe any specific cultural protocol beyond a strong ethic of respect, relationality, and compassion.

Specifically, the program is delivered in the Cree language by the Elders or Knowledge Keepers and the activities vary with season, available support staff, make-up of participant groups and other evolving circumstances. The teaching style is based on storytelling or lectures delivered by the Elders, guided activities on the land, and daily camp upkeep. These are intended to teach participants to lead a life that is in line with Miyupimaatisiiun or the Cree concept of wellbeing discussed in section 2 of this document.

Program governance and operational structure

The CLBHP is managed by the Chisasibi Mental Wellness Team (CMWT), a community-based, interdisciplinary intervention team that is overseen by the Chisasibi Miyupimaatisiun Committee (a committee set up in 2009 that has been mandated by bylaw NO. 2009-001 to oversee matters relating to community health and social issues for the Cree Nation of Chisasibi). The CMWT collaborates with local and regional health and justice service providers to complement programming and staff for the land-based program as needed. Funds are managed by the Cree Nation of Chisasibi.

The program has an operational manual, assessment/intake and outake forms. The program is designed to serve all community members, but since 2012 has primarily included groups of youth between 18 and 35 years of age (and primarily males).

The program is delivered 500 km inland from the community of Chisasibi. A typical intake lasts between three to four weeks, although the length may vary depending on the participant needs.

The team is composed of: one or two Elders; two to three camp helpers; and a healer/counselor. The CMWT director devotes one quarter of their workload to manage and coordinate the land-based program.

Capital and minor capital

There has been no initial major capital invested as the program is delivered on the traditional territory of Elder Eddie Pash and thus utilizes the amenities (cabins) already onsite. The site includes one main cabin (pictured above) for daily use and a second cabin with bunk beds for the participants. The participants are expected to bring a pre-defined list of clothing and personal items as well as specific bush related items such as an axe, teapot, snowshoes, etc. This helps to keep the operational costs down as well as promotes personal responsibility and commitment to the program.

Each intake (a three week stay for five staff and seven participants) is evaluated at $20,000, and includes gas for travel, food, Elder honoraria, and helpers contract payments. The CMWT usually delivers four intakes per year for a total of $100,000. Any other costs are either covered from the CMWT budget or negotiated with the Cree Board of Health and Social Services (CBHSSJB) either as in-kind contributions or designated clinician time.

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3. Dene Wellness Centre, Northwest Territories

A holistic wellness approach that focuses on the spiritual, physical, mental and emotional aspects of our people. By working together with open communication and dialogue, we can build healthier lifestyles based on traditional values. Katlodeeche First Nation Wellness Plan

In 2013, the Nats'ejee K'eh Treatment Centre, located in Katlodeeche First Nation (KFN), lost its provincial funding and subsequently closed. As the only treatment centrw in the Northwest Territories, the Nats'ejee K'eh left a gap in service provision. In the same year following the Minister's Forum on Addictions and Community Wellness, the Government of the Northwestn Territories (GNWT) Department of Health and Social Services (DHSS) began a consultation period to define a new framework for mental wellness and addictions recovery. The Katlodeeche First Nation (KFN) completed its own wellness plan in 2013 and began negotiations with the GNWT to formally acquire the treatment centre facilities and establish an integrated "wellness programming for members that promotes mental wellness through learning about their culture and reconnecting with the land, so that people can come to a place where they can address addictions and wellness issues".

Although yet to be officially renamed, the proposed Dene Wellness Centre mission is offer programs and services related to community mental wellness, from a Dene-centred perspective, based upon Dene values, in a holistic environment, to others who have experienced trauma and are in need of healing, and also work with people in all communities of the north. In both the redesigned KFN wellness plan and the new GNWT Strategic Framework, the centrality of land-based healing has been acknowledged and new provincial funding for on-the-land projects has been set aside.

Program principles

The Centre will operate following the principles and guidance of the FNMWC, the healing recommendations from the Truth and Reconciliation Commission (TRC) final report, and Dene Indigenous knowledge systems and the cumulative knowledge which the Elders have passed down. The four outcomes are to revitalize and strengthen Dene Integrity, Culture, Language, and Capacity.

As an initiative based on culture, the land-based program is based on the Dene concept of flowing from the land: "De means flow, ne means land; flowing from the land. The Dene have a relationship with the land, their very being flows from the land, and the land from its people. The concept of flowing from the land roots the Dene in their landscape and creates the culture, and as such the teachings about the land serve as the essence of their being. There is no separation from the land and when there is, dysfunction arises"[60].

Cultural protocols and elements of culture used in programming

The program is founded on the principles and outcomes developed by the FNMWC; hope, belonging, meaning and purpose which are intended to build community mental wellness through culture. The Wellness Centre would link hope, belonging, meaning and purpose to the culture camps program to provide on-the-land experiences for people who attend healing workshops.

Programming will include a minimum of four workshops through the Centre during the first year, focusing on topics such as Grief and Loss, Anger Management, Healing from Residential School Trauma, Resiliency and Mental Wellness, Dene Spirituality in Health Care, and Dene Cultural Awareness. In addition, a mobile treatment model and an art therapy program are expected to be developed as long-term programming options at the Centre. Specific activities may include: drumming, harvesting, food preparation, beading, quillwork, moose hide tanning, drum making, dancing, hand games, etc.

Program governance and operational structure

The Dene Wellness Centre will operate under the Katlodeeche First Nation management once negotiations for formal transfer with the GNWT have been finalized. KFN proposes to work in close collaboration with provincial and community institutions in tailoring programming for specific needs of the Dene. It has received interest and is planning to develop research and traditional knowledge capacity through collaborations with Aurora College, Dechinta Centre for Research, and the Dene Culture Institute.

The goal of the mobile program will be to not only offer addictions treatment but will work with communities to develop approaches for prevention, detox, and aftercare. Working closely with different communities to respond to direct needs for healing will also aid in the formation of good mental wellness.

Capital and minor capital

The annual budget for the land-based program is set at $125,000 and includes: coordinator salary and benefits, honoraria for Elders and Knowledge Keepers/cultural resources, workshop facilitators, as well as rentals, food, gas and oil, and other operational costs. The proposal has identified various funding sources including the National Indian Brotherhood (NIB) Trust, GNWT and others. No indication of specific Health Canada funding has been made.

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[60] KFN, 2016, p. 6

4. Kwanlin Dün Jackson Lake Camp, Yukon

With the strong prayers and smudging, I felt lifted – left the bad stuff in there and got a better feeling for self and family. Jackson Lake male participant

The Jackson Lake Healing Program was developed by the Kwanlin Dün First Nation (KDFN) in 2010. The delivery model designed in collaboration between the Kwanlin Dün Justice and the Health Departments was applied as a pilot project between 2010 and 2012, for both women and men.

The program objectives are to provide a supportive, land-based, holistic, and compassionate environment based on the integration of traditional and modern knowledge in order to create balance and self-empowerment. The four-week program provides healing services and supports to individuals dealing with a history of trauma, grief, addictions, and mental health challenges. Addictions may include drugs, alcohol, gambling, and other areas. Mental health issues may typically include anxiety and depression but exclude psychotic illness. The program does not provide detox services.

Program principles

The program model, called ***Building a Path to Wellness***, has an open-door policy that acknowledges the cultural diversity of Yukon First Nations and values the individual choice in healing approaches. The principles align with the KDFN Justice Strategy and utilizes the ten (10) guiding principles as developed in the Honouring our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada.[61]

In addition, the following principles guide the delivery of the program:

- ***Community Sponsorship and Involvement*** – Hospitality is a strong cultural value and forms the foundation for the role played by KDFN in sponsoring the program and inviting others to attend.
- ***Environmental Sustainability*** – The land-based components are delivered in the most "green" way possible in order to ensure long-term sustainability of the natural and community environments. Connected programs such as gardening and composting will be integrated in the near future.
- ***Sharing of Program Model and Related Support*** – As the program develops, the sharing of the program model and related supports with other First Nations within, and possibly out of the territory, is a priority in order to assist as many people as possible in their healing and develop a network of aftercare resources.[62]

The program combines First Nations' therapy (eg. smudging, prayer, circle work), land-based and cultural healing, clinical therapy, and complementary and alternative healing (eg. yoga, meditation). These are used to strengthen relational problem solving, build peer and other supports in the home community by encouraging family/guest visits, encourage restorative justice principles in aftercare, and value the role of ceremony in the healing journey.

61 www.thunderbirdpf.org

62 KDFN, 2012

Cultural protocols and elements of culture used in programming

Overall, cultural protocols involve offerings, prayers, and ceremony. The Jackson Lake Wellness team recognizes the expertise and knowledge of Elders and traditional counselors who may not possess formal accreditation to be on par with clinical staff. Cultural protocols are varied and specific to the cultural activity and the facilitator involved.

The mental wellness land-based program includes ceremonial and Indigenous healing practices with complementary clinical services and alternative methods such as visualization, yoga and meditation. Some examples of Indigenous practices include: offerings, prayers and ceremony, traditional stories, legends and teachings, Elder talks and teachings, medicine wheel and related teaching, talking circles, Spirit pond, sacred fire keeping, smudging, sweat lodge, celebration, rites of passage, prayer, drumming, and singing, as well as traditional activities such as hunting, fishing, gathering and food preservation.

Program governance and operational structure

The Jackson Lake Wellness Team is managed and administered by the Kwanlin Dun First Nation Justice Department. Kwanlin Dün Health Department provides visiting nursing services for approximately a half day each week.

The program provides two or more four-week intakes per year of up to 16 participants (separate men and women groups). The first pilot projects delivered in 2010 included a three-week intake for men and a five-week intake for women; in 2011, there was a three-week intake for men; and in 2012, a four-week intake for women. A specific youth program manual has also been developed but it was not yet delivered.

The Jackson Lake Wellness Team includes:

- a mental wellness team coordinator;
- a clinical counselor;
- a cultural counselor; and
- two community outreach workers.

The Kwanlin Dün Director of Justice dedicates approximately one quarter of their time to program oversight and support staff is hired as-needed. More specifically, the First Nation Lead provides and coordinates the therapeutic activities related to First Nation approaches and oversees the work of support staff; the Clinical Lead provides and coordinates the therapeutic activities related to more mainstream approaches and support staff; the Land-Based and Cultural Program Coordinator organizes the delivery of the Elder, land-based, culture and language-related programming, camp attendants, cook and cook assistants. On-site staff have First Aid credentials, and all are focused on prevention related to health and safety matters.

The delivery model includes the following:

- a six-week pretreatment and assessment phase,
- a four-week on-site land-based treatment phase, and
- a minimum six-week aftercare period with activities organized two to three times a week.

When applicable, on-going support is available. All supportive materials such as referral and intake package, assessment form and program, outlines are available. In addition, three program evaluations are available for the pilot projects delivered in 2010, 2011, and 2013.

Capital and minor capital

The Jackson Lake Camp facilities are composed of eight wall tents with a woodstove in each and two beds. There are outhouses and a wash house for indoor bathroom facilities, showers, and laundry. The large wall tent is used for the meeting and working space for the women as a group. It could house 20-24 people comfortably in a circle or at work tables for arts, crafts and other activities. The main cabin has a kitchen, eating or meeting space for approximately 24 people and a small storage area heated by a woodstove.

A second storage area for food adjacent to the main cabin was added in 2012 along with a commercial quality stove in the kitchen. A septic system was installed, a large tent site was prepared and indi-

vidual camp sites were upgraded to accommodate larger groups. There are also four cabins that are used to house staff and store food and materials.

The Jackson Lake Healing Camp is jointly funded by the federal, provincial, and First Nations governments for a total of $900,000 per year. The Yukon government contributes $333,000 and Health Canada's contribution amounts to $540,000 ($500,000 for the mental wellness team and $42,000 for clinical staff support). The Kwanlin Dün First Nation contributes an additional $25,000.

References

Kwanlin Dün First Nation (KDFN). 2011. *Building connections: A path to wellness. Final report, Jackson Lake Land Based Healing Men's Program.*

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--- 2012a. *Building a path to wellness: Jackson Lake Land Based Healing Program,* Adult Program Model.

--- 2012b. *Building a path to wellness: Jackson Lake Land Based Healing Program,* Youth Program Model.

5. Makimautiksat Youth Camp, Nunavut

The experience of a lifetime…something that will remain with me for the rest of my life. Camp participant

The Makimautiksat Youth Camp is an evidence-based, culturally-relevant, community-driven youth intervention camp developed to promote mental health and wellness among children and youth in Nunavut. It was developed by "Nunavummiut for Nunavut Youth" under the leadership of the Qaujigiartiit Health Research Centre (Healy et al., 2016; Mearns & Healy, 2015).

The Eight Ujarait/Rocks Model was developed using the input from community members, service providers and informed by grey and academic literature between 2009 and 2010. The model was then piloted in five communities in Nunavut between 2011 and 2013. An evaluation report was conducted at the end of 2015 (Healy et al., 2016).

Program core components include the following:

- Culturally competent and relevant learning modules including Inuit-specific traditional activities and promotion of Inuit Qaujimajatuqangit (Inuit knowledge);
- Activities which foster physical, mental, emotional and spiritual wellness (holistic perspective of wellness);
- Activities and knowledge sharing, which promote team-building, a sense of unity and connection to the broader community; and
- Provision of country (bush) food whenever possible (Mearns & Healy, 2015, p. 9).

The program is delivered to youth aged 9 to 12 years over a two-week period with a short (two to three days) on the land component.

Program principles

The Eight Ujarait/Rocks Model was developed from the central understanding that adolescence is a life-cycle where the individual develops life skills through applied effort and practice. Also termed Pilimmaksarniq, this central Inuit principle was used in developing the eight modules that promote positive social interactions, provide opportunities for self-reflection and self-expression, build cultural skills, and explore links between healthy bodies and healthy minds.[63]

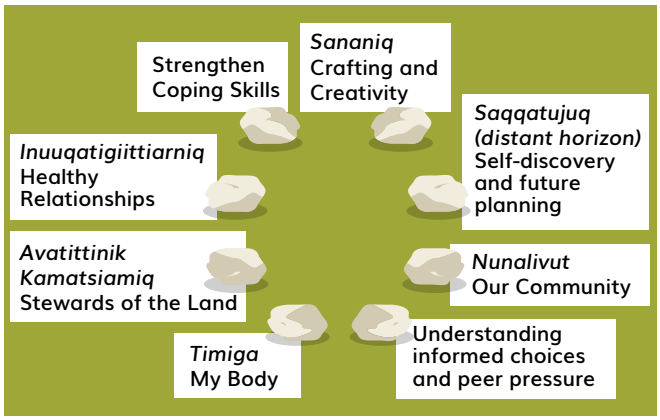
[63] Healy et al., 2016

The eight core constructs, which symbolize the formation of a solid stone foundation comprising skills and knowledge upon which young people build their lives. They are visualized in the form of a ring, which is a common formation on the land in the Arctic, where the stones have been used to hold down the base of a tent.[64] These are:

- Module/Ujaraq 1: Strengthening Coping Skills
- Module/Ujaraq 2: Inuuqatigiitiarniq (being respectful of others): Building Healthy and Harmonious Relationships
- Module/Ujaraq 3: Timiga (my body): Nurturing Awareness of the Body, Movement, and Nutrition
- Module/Ujaraq 4: Sananiq: Crafting and Exploring Creativity
- Module/Ujaraq 5: Nunalivut (our community): Fostering Personal and Community Wellness
- Module/Ujaraq 6: Saqqatujuq (distant horizon): Self-discovery and Future Planning
- Module/Ujaraq 7: Understanding Informed Choices and Peer Pressure
- Module/Ujaraq 8: Avatittinik Kamatsiarniq (stewards of the land): Connecting Knowledge and Skills on the Land

Each module incorporates hands-on activities in a fun and enriching learning environment. For example, the Nunalivut module directs youth toward collectively addressing a community by contributing time and energy to an activity, such as visiting Elders; helping clean their community by picking up garbage; volunteering at the animal shelter, thrift shop, or soup kitchen; or baking and giving food to someone in need (Healy et al., 2016, p. 102).

The Eight Ujarait/Rocks Model for Youth Mental Health and Wellness Interventions in Nunavut



Reproduced from Healy et al., 2016, p. 101

Cultural protocols and elements of culture used in programming

Cultural protocols are embedded in each module and are specific to each of the core constructs. Overall, the cultural protocols are founded on Inuit Qaujimajatuqangit (Inuit epistemology), a term discussed in section 2 of the present document, and the enactment of the four maligait or natural laws. Since the on-the-land component is delivered by local Elders and Knowledge Keepers/cultural resources, each one employs personalized cultural protocols connected to the respective activities delivered.

For the land component, campers participated in activities such as catching, cleaning, and preparing dry fish, setting up a camp, camp safety, learning about wildlife, the land, and relationship with the environment. Even though the on-the-land component occupied only half of the time spent in the program, the provision of country food was a core component throughout the program.

To supplement the learning concepts in each module, a guest speaker was invited to share expertise on the concept presented that day. Speakers included community experts, Elders, health professionals, law enforcement, and other inspirational youth. Facilitators deliver the modules in either English, Inuktitut, or Inuinnaqtun or a combination of these.

[64] Healy et al, p. 101

Program governance and operational structure

The camps are run by community members who are passionate about supporting youth and who are supported by an institution that can hold the funds for them. In every community, this may be different depending on the available agencies. The programs have been run through the Hamlet, the community wellness centre, community non-profit organizations, Inuit organizations, and the Government of Nunavut.

The partners involved in developing the curriculum and establishing pilot projects in five (5) Nunavut communities included: the Nunavut Dept. of Health, Nunavut Tunngavik Inc., Public Health Agency of Canada, Arviat Community Wellness Centre, the Cambridge Bay Community Wellness Centre, and other community organizations.

Partner Organizations for Makimautiksat Camp Pilots By Community

Community	Year of Operation	Partners	Onsite team composition		
			Facilitators	Youth Mentors	Participants
Cambridge Bay	2011	Kitikmeot Inuit Association	3	2	10
Arviat	2011	Hamlet of Arviat and the Arviat Wellness Centre	2	1	7
Iqaluit	2012	Nunavut Tunngavik Inc. and Nunavut Dept. of Health and Social Services	2	4	8
Pangnirtung	2012 & 2013	Making Connections/ Hamlet of Pangnirtung	5	2	14
Coral Harbour	2013	Kaajuuq Youth Centre	3	na	7

Reproduced from Mearns and Healy, 2015, p. 7

The facilitators for the program must participate in a 3-day training program that familiarizes them with the model and provides additional skills in youth mental health, such as an additional 2-day First Aid training certification. They are provided with the curriculum and a training planning guide. Licensed outfitters are usually employed for the on-the-land component and are often accompanied by local Elders and Knowledge Keepers/cultural resources.

Because of the close familial proximity of communities and the issue of youth suicide, all youth are welcome at the camps. Therefore, no mandated referral process is required to participate. That said, in some communities where an extraordinary need is identified, or high-risk youth are identified, community facilitators will make a special effort to engage these children. For example, in Iqaluit, the facilitators engaged the foster parents group to make sure that children in foster care had the opportunity to participate.

The pilot projects were evaluated, and a report is available online (Mearns and Healey, 2015). Data collection included: pre- and post- camp evaluation forms for campers; a 6-month post-evaluation focus group for campers; pre- and post-camp evaluation forms for parents; post-camp evaluations for facilitators; and daily debriefing meetings with the facilitators. The main recommendation was to integrate the Makimautiksat Youth Camp model in the Nunavut school curriculum.

Capital and minor capital

The initial model development funds were provided by the Public Health Agency of Canada in the context of a five-year funding program entitled Child and Youth Mental Health and Wellness Intervention, Research and Community Advocacy in Nunavut.

To keep costs down, the 3-day training for facilitators takes place in a central location where individuals from the region converge. The travel for facilitators can be anywhere between $500 and $5000. As an example, the average travel costs of a one-time facilitator training for 8 individuals can amount to $25,000.

For the delivery of the program, staff time is usually available as in-kind contribution. If no existing staff are available, the average rate of contract work is $2000/intake. In addition, operational costs associated with the land-based component are as follows: $2000 for outfitter services for 3 days, $4000 for food (15-20 people), and $1000 for other/incidentals. On average the operational costs per intake are a minimum of $6000. These costs are incurred by the partner organization.

Acknowledgements and References

We would like to thank Gwen Healy, Executive and Scientific Director Qaujigiartiit Health Research Centre, for her collaboration in accessing internal documentation.

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6. Shibogama Traditional Land-based Family Healing Program, Ontario

As we participate in traditional/cultural activities, our senses are stimulated and the experience becomes imprinted in our mind creating a memory and an experience. These events create the healing properties of the land-based activities. SLBTFHP Report

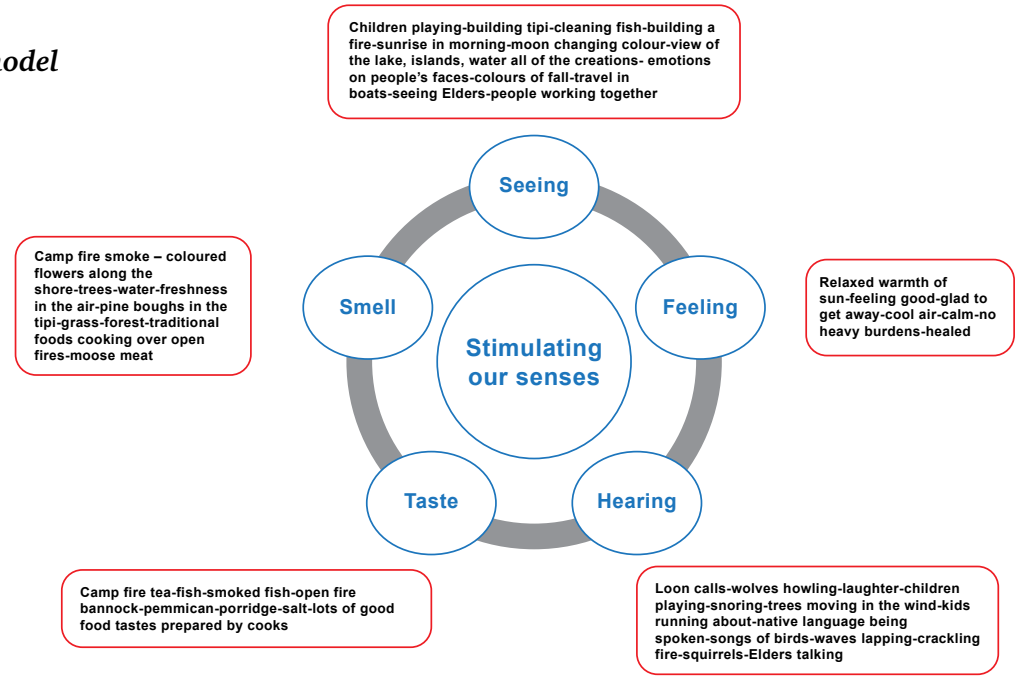
The Shibogama Land-based Traditional Family Healing program began in 2013, following a Shibogama First Nations Council (SFNC) resolution supporting land-based healing as a complementary service for prescription drug abuse (PDA). It incorporates the use of the land, language, Elders, traditional skills, family, and cultural values. The program is delivered at the Big Beaver Camp (Kingfisher Lake) and has serviced the same group of 5 families (2 coupes and three single parents with a total of 18 children and youth) that have participated over a period of three (3) years; with a new family joining in 2015.

An average intake lasts approximately three weeks but can also be as short as one week and welcomes participants from the following community members of the Shibogama First Nations Council (SFNC): Kasabonika, Kingfisher Lake, Wapekeka, Wunnumin Lake and Wawakapewin.

Program principles

Program principles are structured around the Stimulating our senses model in which presence on the land helps with sensory stimulation and memory by focusing attention on the five senses: Seeing, Feeling, Hearing, Tasting, and Smelling. Participants are encouraged to focus on how the senses are stimulated and identify how natural phenomena may have more or less impact on specific senses. In addition, the FNMWC 'Culture as Intervention' model has been applied and used to further structure the program.

Stimulating the senses model



Reproduced from SLBFHP Report, 2016, p. 15

In 2015, the program participated in the FNMWC demonstration project and refined its principles to include the following additional characteristics: the use of Oji-Cree language; expand opportunities for local resources to build expertise and limit the use of outside resource people; increase Elder participation in the delivery; document and increase cultural activities, including traditional foods; incorporate visits to historical sites; and expand storytelling opportunities.

Cultural protocols and elements of culture used in programming

There were no specific cultural protocols identified as standard practice for the program. Nonetheless, the program offers a wide range of cultural activities from fishing and hunting to beadwork and traditional scavenger hunts (identifying medicines and other bush resources). Most of the content and the activities are delivered by experienced Elders and local resources and are intended to build life skills in the participants. Some specific examples include: building a fire, identifying local plants, preparing and cooking game meat, building a teepee (a much-appreciated group activity), making fishnets, storytelling sessions and visits to historical sites.

Program governance and operational structure

The land-based healing program has been largely funded by the Shibogama First Nation Council with contributions from Health Canada (PDA programming), Tikinagan Child and Family Services and special funding from the First Nations Mental Wellness Continuum (FNMWC) Demonstration Project. The program was developed in collaboration with the Shibogama Health Authority (SHA).

Since 2013, the same 5 families (two couples and three single parents with a total of 18 children and youth) have participated in the program, which provides a strong continuity of the supports offered to the participating families. The program is included in the pre-pregnancy component of the Continuum of Care Pathway for Shibogama Maternal Addictions Clients.

The workforce is pooled from the Shibogama First Nation Council communities depending on the needs. In 2015, the following staff was hired: eight Elders, two community resources, two (outside) resources, and two cooks, for a total of 11 resource people. No policy templates or other operational documentation was found. The 2016 Report suggests that clinical staff were not part of the intervention team as participant survey recommendations included a strong desire for formal life-skills coaching, counseling, and recovery/aftercare support. Additionally, financial and capital information was not available, but the report suggests that the program is delivered at the Big Beaver Bible Camp, Kingfisher Lake, which is equipped with cabins and amenities.

References

Shibogama Health Authority. 2016. *Land Based Family Healing Program: Reaching Wellness Through the Land.* First Nations Mental Wellness Continuum Framework Implementation Project Report 2015-2016.

7. Wikwemikong Outdoor Adventure Leadership Experience, Ontario

Initiated in 2009, the Outdoor Adventure Leadership Experience (OALE) is a leadership training program delivered to Wikwemikong youth aged 12-18 years, while they are participating in a 10-day, 100km long wilderness canoe expedition. The outdoor experiential context of the learning ensures that youth participants are responsible for their own health through a challenging journey of self-discovery. The program usually runs two (2) trips with youth and two (2) trips for children and families. In total, the program runs 30 days of canoe tripping per year.

The use of culture is demonstrated by connecting examples of the experiences of the youth leaders to their own well-being or Mno-bimaadziwin, which the Ojibwe language means "the good life". In essence, nature is the teacher, and staff is simply facilitating the learning experience, which is connected to cultural values as being true to oneself (Wabano, 2015).

There are three program goals: 1) Prepare youth as leaders; 2) Promote culture and community; and 3) Protect youth through resilience and well-being. These goals are achieved through the delivery of the Wikwemikong Leadership Manual comprised of the following six modules: 1) The Essence of Leadership, 2) Connecting to Aboriginal Roots and Culture, 3) Creating a Personal Vision, 4) Cultivating Persistence and Success, 5) Working Effectively With Others, and 6) Leaving a Legacy. The program manual and the modules were developed in collaboration with Laurentian University researchers over three years (2006-08) through a series of talking circles and community meetings.

Program principles

The OLAE program is based on the outdoor adventure model and is delivered on the traditional territory of the community. It is based on 18 principles that are used to guide its delivery, although the application of principles is flexible rather than a fixed list of rules.[65] The following is a brief and condensed outline of these principles, for an exhaustive list see Ritchie, 2015 (pp. 247-249):

- Through a progressive series of collective and individual challenges and goal-setting activities the participating youth make a homeward journey (travel direction toward the community).
- Connections are created (with self and Creation) within an experiential learning model that includes cultural teachings, metaphoric learning (storytelling and intentional facilitation), traditional ceremonial practices (smudging or tobacco offering), and Elder teachings.
- Holistic healthy living that integrates the medicine wheel teachings and attends to whole health (physical, mental, emotional, and spiritual aspects) builds self-confidence and strengthens resilience, is delivered through a variety of approaches such as positive reinforcements, celebration and recognition of success, positive feedback, and solo reflections.

The relatively short duration of the program is complemented by preparing the youth for return to the community and maintenance of wellbeing beyond the actual journey by identifying positive role models at home and community-mindedness (developing a supportive local social network).

[65] Ritchie, 2015, p. 247

Cultural protocols and elements of culture used in programming

Cultural protocols centre on the Seven Grandfather Teachings in the Anishnabemowin tradition as well as a strong discipline and ceremonial offerings.

1. Nbwaakaawin - To cherish knowledge is to know wisdom
2. Zaagidwin - To know love is to know peace
3. Minaadendiwin - To honour all of the Creation is to have respect
4. Aakde'win - Bravery is to face foe with integrity
5. Gwekwaadziwin - Honesty in facing a situation is to be brave
6. Dbaadendiswin - Humility is to know yourself as a sacred part of the Creation
7. Debwewin - Truth is to know of these things

Staff is encouraged to introduce ceremonial practices such as offering tobacco at the start of each travel day and taking turns saying prayers to the Creator before meals. Establishing a disciplined routine such as eating together at meal time reinforces culture and highlights important traditions and practices that further help the youth cultivate their identity. Some examples of knowledge and skills taught are: navigation, history of the territory and Ojibwe people, setting of camp, cooking and harvesting, legends and stories, interpersonal cultural values, and talking circles (Wabano, 2015).

Program governance and operational structure

The program is operated by the Nahndahweh Tchigehgamig Wikwemikong Health Centre in collaboration with the Waasa Naabin Youth Services and is financed by the Brighter Futures Program, however, the Health Centre applies if additional funding becomes available.

OLAE is specifically designed for youth ages 13-18, and more recently, intakes for children and families have taken place. Groups vary in size with a maximum of 20 participants per trip. The facilitating team is composed of six trip leaders (usually youth leaders) and two facilitators. These are not necessarily trained clinicians but have received mental wellness training prior to participating in the program (eg. mental health first aid, wilderness survival, first aid, etc.)

In terms of referral and assessments, there are no specific protocols as the program is open to all youth, nonetheless participants complete a wellbeing questionnaire before the trip that can identify individuals at risk. If needed, counseling is done before the journey takes place, but there has been little need for formal intervention so far. As such, there is no formal referral process in place; intervention and counseling is done on a case-by-case basis. Instead of care plans, the program uses journaling and talking circles to help youth identify elements of care important to them and local resources they may call upon as needed.

In collaboration with Laurentian University researchers, a formal evaluation was conducted in 2009 with three 10-day expeditions consisting of two separate travel groups on each expedition, for a total of six groups (43 youth participants and 17 staff leaders including the researchers). The data collection consisted of self-reported Questionnaire (9 - scales / 4 dimensions / 78 items) and 14-Item Resilience Scale (RS-14) and statistical analysis (t-tests) as well as qualitative methods including participant interviews, daily focus groups, participant journals, and video recording.

Reporting is submitted with Health Canada as part of the five-year review of federal contribution agreements. More frequent reports are given to the Wellness Committee as well as the Chief and Council.

Capital and minor capital

As part of the Youth Service provision the program uses the materials and infrastructure already available at the Youth Centre and makes use of any staff already employed by either the Health Centre or Youth Services. Additional funds are strictly operational for the journey (food, guides, gas, etc.) and can range anywhere between $30,000 and $40,000 per year. An average cost per person is approximated at $400/trip.

Acknowledgements and References

We would like to thank Lawrence Enosse, Waasa Naabin Youth Services Manager, for his collaboration in accessing internal documentation.

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8. Walgwan Centre, Quebec

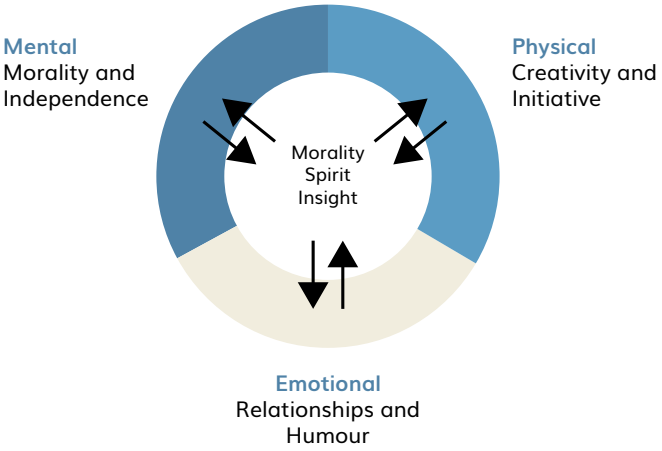
Without my treatment at Walgwan Centre and my experience at 15 and I would not know where I'd be. Support is the main thing we need. We need our own traditional ways still living strong. It's us, this generation has to step up and clear our minds from the poison. Participant testimony, 2014

Established in 1996, Walgwan is a 12-bed residential treatment centre for boys and girls aged between 12 to17 years old, located in Gesgapegiag, Québec, on the Gaspé Coast. Walgwan is an accredited treatment centre and part of the 9 National Youth Solvent Abuse Program (NYSAP) Treatment Centres. Although most of its clientele comes from Quebec and the Atlantic region, the centre provides services to all Inuit and First Nations youth. Similar to the majority of the NYSAP centres, Walgwan provides treatment services that: are culturally safe, respect the cultural diversity of participants, and provide a safe environment in which participants can strengthen resilience and renew their social relationships.

Program principles

The treatment program relies on a holistic approach that aims to create balance with the spiritual, emotional, mental, and physical elements of wellbeing, as well as employing both clinical and culture-based treatment practices. The program is organized in three well-defined phases: 1) pre-admission, 2) residential program, and 3) aftercare. The pre-admission phase includes an extensive assessment of the participant in collaboration with her/his family, and may involve a visit to the participant's home community for case-conferencing. The residential stay lasts 16 weeks and involves a combination of clinical, traditional and land-based activities. Aftercare is generally well structured and involves significant communication between Walgwan and the participant's home community, which builds on the residential family support approach and lasts for approximately one year.

The residential program is composed of four stages that gradually build resiliency and trust, borrowing in part the national holistic resiliency model developed in 2005.[66] Developed as a general model, the holistic resiliency approach "accounts for the balance between one's ability to cope and the availability of community support. It acknowledges the influence of risk and protective dynamics. Further, an individual's Spirit is seen as central to his/her ability to bounce back. The NYSAP treatment centres promote this holistic concept of resiliency through cultural teachings and programming as well as policy development. Cultural programming begins with a belief in a world view that promotes a holistic perspective of life, placing traditional healing practices and cultural values in the forefront".[67]



Holistic Resiliency Model

[66] Dell et al., 2005

[67] Dell et al, 2005, p.7 – figure reproduced ibid

Cultural protocols and elements of culture used in programming

Spirituality is a pillar of the residential program that is used to reinforce positive cultural identity and regain a sense of wellbeing. The Centre brings in Elders who share knowledge of the different First Nations' traditions. This enables each youth to benefit from appropriate cultural and traditional healing and teaching. Since the competencies and the cultural background of the Elders varies depending on the cultural makeup of the participants, no specific cultural protocols are in place. The Centre's rules underline the practice of spiritual traditions and gives participants choice in the type of activities they want to practice, including church attendance.

There are two Elders, a man and a woman, who are an integral part of the treatment team, who are keepers of the sweat lodge and conduct talking circles, which are optional. In addition, there are two daily ceremonies, Weliegsitpuug or the morning prayer and reflection, and Weliulawug, a ceremony requested by an Algonquin youth which closes the day with a prayer and a personal reflection on the day. Ceremonies are also used at the completion of each treatment phase to recognize the youths' efforts and give a sense of accomplishment. For example, a blanket ceremony is conducted at the end of the first treatment phase.

Specific cultural activities include on-site and on-the-land aspects. The on-the-land component is not intensive and involves short outings near the centre grounds. Activities include: cedar bough picking, berry picking, nut picking, fishing, canoeing, and hiking. On-site activities may include: smudging, beadwork and leatherwork, making baskets, traditional songs and teachings, drumming, language classes, and various ceremonies (sweet grass, sunrise, medicine wheel).

Program governance and operational structure

As a member of the First Nation Youth Residential Treatment Centres, Walgwan falls within the National Youth Solvent Abuse Program (NYSAP). As such, much of its functioning resembles that of other treatment centres in Canada and benefits from support in terms of professional development, funding, and strategic planning. The centre team comprises more than twenty individuals including administrative staff, program and service advisor, psychologists, educators, attendants, Elders, arts and crafts instructor, and cooks. In 2016, a new Outpatient Counselor was hired who provides services in Listuguj, Eel River Bar and Gesgapegiag.

Some operational changes have been discussed such as providing separate intakes for the English and French speaking participants. According to a recent newsletter from Listuguj, the duration of the residential program has been reduced to 12 weeks from 16 weeks, while the aftercare program has been maintained at 4 weeks. A service plan is concluded by the community referral agencies or other service providers that will provide a continuum of services for participants once they return to the community, including support for reintegration.

Annual reports are available online and usually submitted to Health Canada and the Youth Solvent Addiction Committee (YSAC), which oversees the National Youth Solvent Abuse Program.

Capital and minor capital

No financial information was found.

References

Walgwan Centre. 2014. Rules and regulations booklet. Online: http://www.walgwan.com/rules.pdf

--- 2015. Annual Report 2014-2015. Online: http://www.walgwan.com/Annual%20Report%202014_2015.pdf

--- 2013. Promotional booklet. http://www.walgwan.com/English%20Promo.pdf

Appendix B: Case Study

The client is a 34-year-old man named John who was adopted when he was 5-years old after being abandoned by his biological mother. He was extremely mistreated by his biological father, who beat him repeatedly. He drinks daily, typically 14-18 beers and uses cocaine and prescription drugs regularly.
John has difficulties at home, screams and swears at his adoptive mom and slams doors. He has problems with emotional regulation, as he slammed a cousin against the door and dislocated his shoulder. He has stated that he has difficulty asking others for help. He was suspended and expelled from school numerous times, typically for disrespect to his teachers combined with physical aggression toward his peers. He reported that he never graduated from high school, even though he received good grades when he tried. He stated that school made him angry. Also, he reported that he could not keep a job for more than a few weeks, and he lived at home because he could not afford to pay rent.
He stated that he has difficulty engaging others in a relationship without rage; he has a high level of conflict in his relationships with his single-parent adoptive mother and his girlfriend of eight months. He describes both relationships as "angry all the time'.'

John has reported significant losses in his life, from his biological parents with whom he had no contact, his adoptive grandparents who died when he was a child, and his mother's boyfriends who spent years living in the home.

He states that he became sad when the counselor left the group each week following their sessions, although he typically expressed his sadness through rage; such as arguing with staff and debating any direction they gave him rather than follow it.

Diagnosis:

John exhibits numerous symptoms of Post-Traumatic Stress Disorder and Anxiety Disorder, some depressive symptoms, as well as symptoms of Alcohol Dependence and Substance Abuse.

He displays many attachment strategies indicative of a disorganized attachment style. A style common to severe trauma survivors, lacks resolution concerning areas of loss and trauma in his life, dysregulation in the context of close relationships, extreme acting out behaviours, frequent lapses in the monitoring of reasoning, inability to emotionally regulate, contradictory coping behaviours, his inability to self-sooth in stressful situations, and his competing approach/avoidance of cognitive processes place him in the disorganized attachment category.

Treatment:

John's treatment should be processed in a safe environment with support provided to him so that he could make different choices.

Treatment advanced significantly when a traditional healer gave him an assignment to build a willow bench for the group. The client described how he avoided tasks at home that might frustrate him, and he similarly avoided finding materials for the bench or investigating how to build it. He knew that he would need assistance from staff in order to complete the task, yet he described resistance to asking for any help from anyone. He became angry when the traditional healer returned to the group 6 days later and he had made no progress on the bench. In individual therapy, he said, "this is too hard! You can't ask me to do this!" The traditional healer processed with the client what was difficult for him about completing this task and explored how his difficulty with the bench related to his difficulties at home, explored how his beliefs that others would not be able to help him often led to his rage and rejection of relationships, considered the emotion behind his rages and to think carefully about the emotional and relational needs he was expressing in his rages.

The traditional healer provided teachings about the trees, understanding the gifts trees give to people and how this understanding could help him have a relationship with the tree. Such a relationship could help him benefit from the Spirit of the tree and help him to focus and complete the task. The traditional healer explained that working with the tree to shape it into something that would have benefit for everyone was a way the tree could help him to understand himself; the fear of rejection and judgement was not something that he would experience while he worked with the tree.

The Traditional Healer encouraged him to explore how his early experiences with abandoning, rejecting, and traumatizing caregivers contributed to his current beliefs about relationships by completing a written therapeutic assignment – a letter to his mother in which he shared with her some of his beliefs and worries about his relationship with her. During a weekly phone call with his mother, John could ask her to respond carefully to the letter, affirming to him that she heard him and explaining concretely her hopes for their relationship in the future. The traditional healer helped John to connect further gifts from the tree, such as the paper that carried his message to his mother was explained in the same way Tobacco carries our prayers to the Creator. This reminded the client that he could offer his tobacco and pray for himself and his relationship with his mother.

Family Treatment

Family treatment was critically important in this case by addressing and modifying attachment dynamics between parent and child.

The mother was encouraged to consider anger as a bid for containment, acceptance, and holding, and a signal that John needed her help with affect regulation. The traditional healer assisted in exploring actions she could take which would communicate support and containment, rather than leaving which suggested rejection and abandonment.

Interventions included strengthening the security of the attachment relationship between the client and his mother by assisting them in voicing relational worries, having these heard, and then making clear commitments to strengthen their relationship. Further, work with family to recognize the relational needs behind acting out through behaviours. Assisting clients and families to recognize each other's attachment needs is a critical task of treatment. Helping adult clients and their attachment figures to see each other more clearly for their relational worries, hopes and fears, sets the groundwork for building secure attachment relationships.

Understanding clients' developmental histories and internal working models provides a clear view into their relational worlds and attachment patterns. Therapy that connects Indigenous people to the land and their larger family of Creation provides a unique holding environment for clients with troubled attachment. This treatment provides the time and distance for critical evaluation of attachment strategies and careful application of relational interventions in the holding environment of Creation.

Notes

For more land-based resources,
visit our website or contact us:

www.thunderbirdpf.org

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