Mental Wellness Teams Comprehensive Needs Assessment

VALIDATION OF FINDINGS BASED ON KEY INFORMANT INTERVIEWS AND FOCUS GROUPS

FINAL REPORT

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TABLE OF CONTENTS

Contents

Executive Summary

Background: In 2018, the First Peoples Wellness Circle began to plan for a comprehensive needs assessment (CNA) of all new and existing Mental Wellness Teams (MWTs). The goal was to determine MWT needs related to capacity, governance, infrastructure, training, networking, evaluation and defining practice-based evidence. The needs assessment provides the basis for a national strategy outlining a suite of comprehensive supports required across infrastructure, governance, knowledge exchange and evaluation to be able to support the effectiveness of MWTs and their implementation of the First Nation Mental Wellness Continuum Framework.

The comprehensive needs assessment comprised the following elements: a (1) literature review; (2) document review; (3) electronic survey shared with all MWTs and partners; (4) telephone interviews with key informants, and (5) face to face focus groups.

An interim report provided the results of the in-depth electronic survey which was conducted during the month of December 2018. Forty-eight respondents provided detailed information about their MWTs and their needs. Recommendations based on the survey were included in that report.

This report provides the results of the key informant interviews and focus groups conducted during December 2018 to March 2019 which provide added impetus and rationale for a proposed suite of comprehensive supports.

Findings: Throughout this comprehensive needs assessment, MWTs thoughtfully expressed a range of realistic needs which reflect their unique service requirements based on:

- The current gaps in the mental health system and policy environment,
- the level of underserviced community circumstances coupled with high service needs due to the multigenerational impacts of colonialism on metal wellbeing,
- rural and isolated geography with vast catchment areas,
- governance models and their stage of development,
- strengths and cultural assets.

In summary, MWTs provide services in a complex and high needs environment, where there is generally little access to appropriate mental wellness services for First Nations people and where highly qualified mental wellness workers and professionals are urgently needed to support multigenerational healing. Compounding this situation, such workers and professionals are in short supply and are difficult to attract and retain.

The most foundational need therefore is a commitment to invest in Mental Wellness Teams to allow for the development of a stable workforce that will support mental wellness at the

community level. This will result in the achievement of longer term outcomes such as reduction in alcohol and opioid addictions, suicides, mental health issues, family breakdowns, children in care, human trafficking and crime rates.

Therefore, the most urgent recommendation is that investments in MWT must be

- **adequate,**
- **flexible,**
- **stable,**
- **long term, and**
- **sustainable.**

Once funding becomes stable, the MWTs should be able to access various supports to enhance mental wellness at the community level effectively. For example, it is recognized that establishment and integration of any service model for mental wellness requires that there be a continual and sustained effort to broker relationships and supports from partners across the broader health system, including various provincial partners and federal government departments. The First Nations Mental Wellness Continuum Framework highlights such collaboration with partners as pivotal to the development of a quality health system and competent service delivery. Teams need ample support to do this effectively.

Finally, it is recognized that MWTs represent a wide diversity of service models including crisis response, community development, clinical, cultural and land based approaches or combinations thereof. Although there are many commonalities in their needs, there are also regional variations. A range of offerings and suite of resources is therefore proposed to help MWTs enhance their current functioning and support their implementation of the First Nations Mental Wellness Continuum Framework.

This suite of resources and supports will include the following:

1. Training, capacity development, tools, templates and support for the development of data management and success indicators
2. Community engagement, collaboration and coordination with communities & partners
3. Collaboration with non-Indigenous sector partners and government departments
4. Interdisciplinary team needs for teams with varying staffing complements
5. Enhanced support for cultural approaches
6. Support for networking and sharing; support to grow and share best practices
7. Advocacy for stable, flexible and adequate funding
8. Addressing the unique needs of crisis response teams

Findings from the comprehensive needs assessment give added impetus and rationale for enhanced supports for mental wellness teams. The findings also further underscore the

findings of the First Nations Mental Wellness Continuum Framework: There is an urgent need for efforts aimed at systemic improvements to the social determinants of health, First Nations infrastructure and preparedness of Canadian service systems to collaborate with First Nations. These efforts must be supported by sustainable funding required for implementation of the Framework, MWTs and realization of mental wellness.

Introduction

The FPWC conducted a comprehensive needs assessment (CNA) of new and existing Mental Wellness Teams (MWTs) to determine their needs related to capacity, governance, infrastructure, training, networking/community of practice, defining practice-based evidence and evaluation. The CNA was focused (but not limited to) the following topics:

- Building capacity, effectiveness and inter-professionalism amongst teams, as well as strengthening integration, linkages, partnerships and coordination amongst teams.
- Implementing MWT approaches harmonized with the First Nations Mental Wellness Continuum Framework.
- Training, networking, professional development, knowledge exchange and translation.
- The sharing and dissemination of leading practices developed by MWTs, especially in peer-to-peer exchange.
- Thoughtful evaluation to assess inclusion of culture, team effectiveness, responsiveness, and increased capacity and knowledge.
- Crisis prevention, planning, response and recovery team planning and support needs as identified functions in this new service delivery model.

The findings from the CNA will be used to inform the development of a suite of comprehensive supports required across infrastructure, governance, knowledge exchange and evaluation in order to support the effectiveness of MWTs.

While the intent of the CNA was to gather specific information on needs identified by MWTs, it also provided an opportunity to learn about and engage with new and existing MWTs, to create and strengthen relationships between MWTs and FPWC to ultimately form a national network.

Indigenous principles of engagement supported the development of strong relationships with MWTs, community partners and other stakeholders as part of this work. The work is guided by a Working Group with members from the First Peoples Wellness Circle; Assembly of First Nations (ad hoc member); and regional representatives from MWTs across Canada. The Working Group was fortunate to be guided by Elder Danny Manitowabi, who has extensive experience in MWTs and First Nations mental health.

Comprehensive Needs Assessment Methodology

The comprehensive needs assessment has been structured to include the following components:

1. Literature review
2. Document review
3. Electronic survey accessible to all MWTs and partners
4. Face to face focus groups
5. Telephone interviews

In Phase 1 of the CNA, a literature review, document review and electronic survey (Items 1 -3) were conducted. The results have been previously reported in the ***MWT CNA Interim Report*** along with detailed background information describing the FPWC, MWT and the CNA .

Findings in the ***MWT CNA Interim Report*** included detailed documentation of emerging themes for the development of a comprehensive suite of culturally competent supports for MWTs. That report outlined MWTs current successes and provided detailed descriptions of the areas of identified need.

In brief, the Interim Report outlined the following needs:

1. Training, capacity development, tools, templates and support for the development of data management and success indicators;
2. Community engagement, collaboration and coordination with communities and partners;
3. Collaboration with non-Indigenous sector partners and government departments;
4. Interdisciplinary team needs for teams with varying staffing complements;
5. Enhanced support for cultural approaches;
6. Support for networking and sharing; support to grow and share best practices;
7. Advocacy for stable, flexible and adequate funding;
8. Addressing the unique needs of crisis response teams.

In this report, we build on the results of the ***MWT CNA Interim Report*** and report on the findings of our dialogue with MWT members and those who work closely with them. Our purpose of this second phase of the CNA was to conduct qualitative research to gain a deeper understanding of the needs established in the ***MWT CNA Interim Report***. These qualitative insights are used to further validate and expand the recommendations put forth in the Interim Report, and fine-tune or adjust recommendations as necessary. We used the following methods:

1. One-on-one interviews with key informants (face-to-face or by telephone)
2. On-site focus groups with MWTs
3. Regional focus group with MWTs

1. Overview of Methods

An interview and focus group guide to facilitate a fulsome discussion of the experiences of MWTs across Canada was developed based on topics identified in the literature review, survey, or by the Working Group (WG) and consulting team.

A draft interview and focus groups guide was circulated for feedback to the WG. In-depth feedback was received during teleconferences with the group was well as individual WG members. Consensus on the content was reached with the WG. The guide is included in Appendix A.

The interviews and focus groups were conducted from December 10th, 2018 to March 15th 2019. Invitations via email were sent to MWT in all regions with multiple follow up emails and phone calls to coordinate as many sessions as possible during the 3-month time period.

Table 1 shows the number of interviews and focus groups conducted.

Table 1: Overview of Interviews, Focus Groups and Site Visits

Modality	Number of Sessions	Number of Participants	In person or over phone
Interviews	1 in Alberta; 2 in Quebec; 2 in BC, 2 in Ontario; 1 in PEI; 1 in NB;	14 in total	Phone
Site visits with MWTs or regional Focus Groups with multiple teams	2 in Ontario 1 in Nova Scotia 2 in New Brunswick 1 in Manitoba with multiple teams 1 in Alberta with multiple teams 3 in Quebec	Each session had between 10 and 20 participants	In person
Focus Group Discussion (involving MWT representatives from across several regions)	Banff First Nations Health Managers Conference, November 2018 AFN Mental Wellness Conference in Winnipeg April 2019	Session had between 20 to 30 participants	In person

French language data collection was conducted via a separate process, conducted by members of the Quebec MWTs. The findings from these sessions were translated into English and incorporated into this analysis.

2. Limitations of the Needs Assessment

Rich discussions at each of the qualitative sessions took place. However, given the timeframes to conduct the CNA it was not possible to reach and solicit representative viewpoints from all regions in the country. We were unable to schedule sessions interviews or site visits with MWTs in Yukon and Saskatchewan. However, MWT members from these regions were present in focus group discussions at the AFN Mental Wellness Conference.

Ongoing engagement with the FPWC is recommended to ensure the CNA addresses the needs of all MWTs across regions equally and equitably.

3. Description of Qualitative Methods Used

Telephone Interviews
For the telephone interviews respondents were sent open ended questions in advance via email for review so that participants could reflect on the questions in advance. Interviews were scheduled for one hour and were recorded to ensure accurate note taking. All audio recordings were destroyed after the notes were reviewed.

Focus Groups
The focus groups were mostly conducted on site during the meetings of one or more MWTs. Two members of the consulting team facilitated. In some cases, one consultant facilitated supported by a staff member from the FPWC. Focus group discussions were between one and three hours depending on the time that was available. One focus group was conducted over the phone.

Participation at regional MWT meetings
We participated in several regional meetings of MWTs and were permitted to listen in to the dialogue between MWTs. This provided an opportunity for informal conversations with team members and observations of priorities. Meetings notes were included in the data analysis.

Detailed notes were taken and a thematic analysis of answers to open-ended questions was conducted. For the thematic analysis we used the categories of topics identified in the survey as a framework, however we also created space for new themes to emerge.

4. Validation of Results

We created an iterative and interactive approach to ensure continuous validation of findings. During the interviews and focus groups we invited participants to share their perspective of successes and challenges, but we also circled back to previous findings so participants could either validate, elaborate or offer alternatives to previous interpretations of the results.

In order to ensure that MWTs as a group were also able to provide feedback and validate the findings, we conducted the following feedback sessions (member checking sessions) with MWTs and the Working Group.

Member Checking with MWTs

1. The First Peoples Wellness Circle hosted a networking meeting and focus group discussion at the Banff First Nations Health Managers Conference in November 2018.

2. The First Peoples Wellness Circle hosted a Mental Wellness Team's Comprehensive Needs Assessment Validation & Networking Meeting on April 1, 2019, from 12:00 PM to 5:00. This was a pre-conference event hosted at the Assembly of First Nations National Mental Wellness Forum and Health Information Fair in April 2019.

3. The First Peoples Wellness Circle also hosted a session entitled *Creating Standards of Care for Effective Collaboration*. The comprehensive needs assessment for Mental Wellness and Crisis Support Teams, showed that teams require assistance in developing collaborative practices when working in multi-disciplinary teams, across the social determinants of health and jurisdictions. In this session, findings of the CNA were discussed and reflection invited in a workshop format

4. **Member Checking with the CNA Working Group**
   Throughout the process of developing and implementing the CNA, Working Group members received and were invited to refine information gathering tools, methods and approaches, and preliminary drafts of reports and analysis. They provided culturally grounded, community driven advice and feedback to the design, implementation, interpretation and analysis as the consulting team carried out the CNA.

Identified Needs and Recommendations

Overview of Findings

The areas of need that were identified in the survey were further validated in this part of the CNA. More nuanced information and additional fine-tuning of the following areas of need were accomplished on the following topics

1. Training, capacity development, recruitment and retention
2. Community engagement, collaboration and coordination with communities & partners
3. Collaboration with non-Indigenous sector partners and government departments
4. Interdisciplinary team needs for teams with varying staffing complements
5. Enhanced support for cultural approaches
6. Support for networking and sharing
7. Advocacy for stable, flexible and adequate funding
8. Addressing the unique needs of crisis response teams

Additional areas of need were also identified in this phase. These are comprised of strategic areas of opportunities for investment that could have a major impact on improving wellness by preventing further harm caused by intergenerational trauma:

9. Prevention and early identification and intervention for children affected by trauma
10. Gaps pertaining to the needs of First Nation people involved in or transitioning out of the judicial and correctional system

The objectives proposed for MWTs harmonize with the key themes of First Nations Mental Wellness Continuum Framework (FNMWCF) and generally align within the following areas of focus:

a. Community development & engagement in order to provide an integrated continuum of community responsive mental wellness supports. (Community Development, Ownership and Capacity Development)
b. Design and cultivate program service offerings, which appropriately balance traditional and western approaches. (Culture as Foundation, Quality Health System and Competent Service Delivery)
c. Provide programming responsive to community needs drawing upon additional resources as needed. (Culture as Foundation)
d. Provide access to quality, culturally safe mental wellness services, supports & programs and evaluate these programs using indicators that are appropriate to the community

context and incorporate Indigenous knowledge. (Quality Health System and Competent Service Delivery)

e. Collaborate and coordinate with system partners to ensure better continuity of quality, accessible care. (Collaboration with Partners)

Culture as foundation is an essential underpinning of the FNWCF. We learned in the CNA that MWTs are "doing the work", innovating through practice and demonstrating that embedding Indigenous knowledge and Indigenous approaches is essential to mental wellness. Their work needs to be bolstered so that they can advance efforts in furthering Indigenous, community driven, culturally appropriate standards and quality of care, delineate their own success measures and continue to create the conditions for long term community wellness. This CNA outlines the needed array of supports which strengthen these approaches and cultivate the kind of workforce necessary to bring this vision to life.

The findings of the CNA align with Supporting Elements presented in the FNMWCF including workforce development, performance management, effective governance and research and so on. These areas of convergence are interwoven into the discussion of each of the nine areas of need described in the respective sections.

Detailed Findings

1. Training, team capacity development and self care

Teams identified the need for a progression of training and continual capacity development focused on supporting a healing and wellness journey among workers; nurturing strengths in the community; topic specific, accredited training; and developing regional training models. Each of these topics are described in more detail in the ensuing sections.

1.1 Supporting Wellness of Workers

To address and support individual healing a key starting point is self-reflective practice and recognizing when an individual has underlying, and perhaps, unresolved trauma. Teams described a need to deal with both internalized and vicarious trauma. This is a critical starting point for training and supporting workers. They noted that some staff may need to identify their own triggers and address their own healing and self-care. Without this self-awareness, they may be impacted to the degree that it adversely affects their care for the client.

Supporting the wellness of workers was also highlighted in the FNMWCF which suggested:

> *"A mechanism to support worker wellness is particularly important for community-based workers in the field of mental wellness. This includes ensuring psychological safety, addressing vicarious trauma, and facilitating self-care."*[1]

Therefore, it is important that training and support are offered to all team members to allow them to self-assess and plan an approach for their own healing journey. This may include reaching out to community elders and knowledge keepers for support, but may also be supported by counselling and wellness programs. Further it is imperative that plans be instituted for regular and consistent self-care for workers.

> *"Staff wellness and self-care should be encouraged for the frontline workers such as retreats or mental wellness days to support the workers who may be facing vicarious trauma."*

One team in particular noted that a pathway to self-care can be as simple as being out on the land:

> *"Regenerative activities in the forest. We really feel the pride of being Innu and the openness of the community."*

One self care model that came up repeatedly was the Sal'i'shan Institute Society approach developed in the 1990s. The key to productive change was the principle that workers are both teachers and learners in a relationship in which the experiences of each is valued and the basis for self-awareness and personal development.

> Workers learned how to embraced their own responsibility for personal self-awareness, realizing that as helpers, they are able to assist others only to the

[1] https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf

extent that they themselves have grown. They must "walk the talk", applying the same strategies in their own self-care that they are teaching others.

This model is further described on the training section (1.4).

1.2 Enhancing the Strengths in the Community

A second aspect of wellness capacity development entails enhancing and working with the community's "natural helpers". Natural helpers are individuals in the community who are often the first to come forward or are sought out in times of crisis to voluntarily offer support and assistance. Many have gifts in traditional teachings or knowledge. Natural helpers were described as follows:

> *"Natural helpers, every community has people like that; the community knows who they are; why don't you tap into those; certain helpers have certain skills; should train them to become paid helpers"*

To build and augment this capacity it is necessary for teams to a) delineate a niche or acknowledge a role for these individuals and b) offer training to them alongside their own team members in order to facilitate collaborative care and c) develop a way to remunerate them for their time and support.

It was noted in the FNMWCF that:

> *"Promoting and recognizing a culturally competent workforce includes recognition of Elders and other cultural practitioners within communities. They have a critical role to play in individual, family, and community wellness. Their expertise and value as part of a comprehensive continuum of care must be recognized through the provision of proper resources and compensation."*[2]

Elders, community knowledge holders and natural helpers are the strengths upon which a community driven and culturally grounded approach within MWTs rests and should be recognized, supported and compensated.

[2] FNMWCF page 47 (https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf)

1.3 Need for Accredited Training on specific topics

> *"Education, training, and professional development are essential building blocks to a qualified and sustainable mental wellness workforce in First Nations communities.* [3]

Beyond team self-care and the building up of capacity through the support of natural helpers, teams also described a number of pertinent training needs. The training needs vary across the country. Each team or region will have different priorities, but generally speaking, capacity and training in the following areas is seen as a need:

- Healing from complex trauma training especially for issues related to Indian Residential Schools (IRS) and Missing and Murdered Indigenous Women and girls (MMIWG)

- Post-traumatic stress disorder (PTSD) and understanding stress from a neurobiological lens e.g. flight, fight or freeze

- Critical incidence stress management (CISM) from an Indigenous lens to look at an approach to not just the individual level but also the entire community

- Land based approaches to healing and wellness –teams described the unique challenge of successfully integrating clinical experience with land based healing therapies:

> *The difficulty of recruiting graduates (e.g. specialized educators), professionals who are skilled and available to go out on the land. We can't take people fresh out of school. This work requires a lot of intervention experience, this clientele is intensely demanding. It requires human resources who are both members of a professional order and sufficiently able to adapt to traditional therapies on the land.*

[3] FNMWCF page 48 (https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf)

- Traditional teachings, ceremonial practices, medicines and training to support teams to build this capacity further in communities

- Specialized services for Attention Deficit Hyperactivity Disorder (ADHD); screening and follow up

- Training at the community level for all sectors to understand how intergenerational trauma and adverse childhood experiences may manifest as behavioral disorders and how to address these in various sectors, including the school system

- Dealing with lateral violence

- Restorative justice

- Cultural safety which is customized within regions and pertinent to team needs in working with policing, hospitals and other service providers

- Wholistic, community and client centred approaches

- Harm reduction, the opioid crisis was understood as a backdrop of the work of the MWTs

- The First Nations Mental Wellness Continuum Framework

- Implementing the Native Wellness Assessment tool and using it as part of a long-term evaluation

- Ongoing research and evaluation from an Indigenous lens and two-eyed seeing perspective.

- Working within a Social Determinants of Health lens; integrative practice

- Crisis response planning

- Naloxone training

In short, teams expressed a wide range of needs to better equip their effective functioning:

> *"The whole list [of training needs], and cyber-addiction. Bill P-38 (Act respecting the protection of persons whose mental state presents a danger to*

themselves or others). Support for families and parents. Concurrent disorders. Interventions for clients in crisis."

Moreover, they suggested that training and resources be offered to assist them to "*develop the administrative and coordination aspect"* of MWTs to support the unique outreach model and collaboration aspects of their service models.

1.4 Regional Training Models to Explore

A starting point from which to offer such training could be team regional meetings at which they could network and learn from their peers. Additionally, teams advocated for training being offered on the land which is particularly pertinent for training about cultural approaches and learning protocols and ceremonies:

"Workshops in the bush, which should target other sectors of the community (NNADAP, culture, frontline, etc.)"

Train the trainer approaches were also favoured by one team who spoke to the need to build capacity in the community as an enriched avenue for effective community engagement:

"Train the trainer – build the trainers in your team who can deliver this training to community staff, community members and providers – helps build relationship amongst the community and providers – community members who accessed training are then able to help."

Teams also strongly advocated for access to training through provincial partners and shared the view that more training should be offered using a train the trainer approach. Further, they wished to see recognition of training taken by MWTs as applicable towards the requirements of the various provincial professional regulatory bodies. Therefore, accredited training was often seen as desirable when the training is focused on western-based or clinical modalities. One team had this to share:

Training needs to be recognized by the Quebec Ordre des travailleurs sociaux (30 hours of continuing education every two years)

Another example of a training initiative aimed at community mental health and addictions workers was shared by a key informant. The training required long-term commitment of mental health workers to get together regularly to gain new skills and work to resolve their own trauma:

In 1988 Sal'i'shan Institute Society created and delivered programming to promote Indigenous community health and addictions education. Several hundred Community Health Workers and Addictions Counsellors employed at a First Nation, Tribal Council, or Treatment Centre received this training. Programs were tailored to address contemporary challenges and therefore addressed matters identified with mental health and wellness at the individual, family and community levels.

A great deal was learned about what constitutes an appropriate and timely program and what works best to promote personal growth, family restoration and community development[4]*.*

Trainers or teachers often think that the students who are taking mental health classes are relatively healthy, but that is not necessarily true. This program underscored that workers need to know about who they are before they get into complex trauma training and that their own healing can deepen as they take on more work to support healing in their communities. This program showed that the curriculum should be very generic initially and use a blended approach of both Indigenous/traditional plus western based methodologies. A long-term commitment is very beneficial in order to spiral learning and healing over time.

While this model was very successful at offering new skills, increasing networking among participants in the region and offering a place for workers to learn and address their own trauma, the funding could not be sustained.

[4] Bill Mussell can be contacted for more information.

However, the BC Health Authority is currently working on the development of a 3 week training module with similar goals[5]. Similarly to the Sal'i'shan Institute Society's program, it is a training program, that requires that staff dedicate three week blocks to training. Several of these training blocks may be needed by staff depending on their background and experience. This approach, however, takes staff away from work. The value of these programs to the wellness of workers and their clients' needs to be clearly promoted.

Regional models such as these are often difficult to sustain, especially if communities have to pool their scarce resources to enable funding for this kind of training. Therefore, it is important to create regional training under a new initiative that should not be financed by tapping into existing MWT funding as part of the MWT operating budgets.

In conclusion, it is important that all training that is offered, be developed to take into consideration individual needs within the context of family and community and further, that the worker's own personal growth and healing journey be supported.

1.5 Increased capacity for data collection and analysis, information sharing and indicators development.

Teams need support for the development of health information management capacity and data processes as well as analytical support. In particular, it was noted by crisis team leaders that data concerning suicidal ideation not just completed suicides is needed to better inform MWT crisis response as well as prevention.

In addition, information sharing as individuals transfer between care settings is needed so that individuals, in particular youth, wouldn't be required to "recite their traumas" repeatedly. Team support to better enable the use of information technology and the use of provincial and national data bases is needed

Moreover, supporting MWTs to establish annual evaluation and measures of success based on MWT values and practice-based evidence has been identified as a priority. This is in line with the goals of the First Nations Mental Wellness Continuum Framework which recommends the development of strengths-based performance measurement indicators be developed in concert with First Nations communities or in this instance, MWTs. Many stated that help with evaluation is needed in a way that makes sense to the teams and gives them good information to improve their practice. Participants often stressed that they do not want system wide "performance measures", since their experience with these kinds of measures were generally negative, because they do not connect with Indigenous healing and wellness concepts.

[5]Katie Hughes, Executive Director, Mental Health and Wellness, First Nations Health Authority can be reached for more information

"disconnection by design".

"these systems are not designed for us, we need to find mechanisms to make it easier for us"

Support for data collection and analysis must balance the need to "measure what matters to the community while being conscious of the need to reduce the reporting burden".[6]

This sentiment is also supported in the FNMW framework. If Indigenous knowledge is the primary source of cultural approaches, it follows that evaluation approaches and indictors should be rooted in culture.

As outlined during the National Gathering, Elders are a primary source of cultural knowledge. The diversity of their skills, experience, and knowledge is essential to the development of locally relevant, culturally competent training approaches and programs to ensure the best possible quality of care. Other priorities would be the development of culture-based and landbased methods across the continuum, support the ongoing development of cultural practitioners, and the identification or design of appropriate indicators as well as monitoring and evaluation methods. This should be linked to Indigenous knowledge but separate from cultural safety and cultural competence. (FNWCF page 35)

2. Support for community engagement, collaboration and coordination with communities & partners

Community engagement is an ongoing cumulative process which cultivates and strengthens trusting relationships over time. The need for community engagement affects the work of the MWTs on a variety of levels.

2.1 Support for First Nations Community engagement

Teams spoke about the dual complexities of both building relationships with communities to be served and the need to establish linkages and integrate within the existing service and referral

[6] First Nations Mental Wellness Continuum Framework, p 19 (https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf)

networks in order to connect their clients with the right continuum of services. This relationship building takes up a lot of time for the MWTs, which is time away from services.

Teams are also operating under a wide range of governance structures from those that are already in place for the health planning entity which proposed their team to those which are newly created with the specific goal of guiding their respective MWT's development. At this point it is still difficult to identify which governance and service delivery models are most promising and it is likely that these are, to a large degree, context specific. A next step could be to identify promising models and to share these on websites and regional or national meetings.

Community awareness and receptivity to new MWTs is also wide ranging. For example, in some cases the MWTs do not fit within a current regional plan for mental health as they were not developed at the time of strategic planning. Additional work is required from all partners to engage in planning. However, since MWTs comprise a new service in these instances, the trust that these services will be ongoing has to be established to support integration of these MWT services. In some cases, the partners wonder if it might have been better to increase funding for their existing scarce services.

Individual communities or partners seem to engage across a range of levels – from being a recipient of services to providing input to MWT design or advice on an ongoing basis, to contributing to the delivery of services or program to participating in decision making at the governance table. These roles span a spectrum of involvement from being informed, to being asked for input to commenting on decisions to co-creating solutions to delivery and being accountable for programs or services. Navigating such relationships and levels of engagement requires skills across many dimensions including:

- communications
- social media campaigns and marketing
- consultative dialogue
- meeting facilitation techniques
- issues/barriers/strengths identification and prioritization
- information gathering and needs assessment
- community mapping
- collaborative planning
- consensus building, and
- evaluation

Skills development around these kind of topics that could support community engagement are needed by many of the MWTs.

As noted by one team, effective partnerships are built on relationship development over time and can be greatly aided by written agreements:

"Development of links with partners such as the hospital, the police department, the local community organization for families of people with mental disorders, family caregivers. The partners are increasingly getting to know each other. A partnership agreement between the community and the provincial health and social services is being developed."

2.2 Need for increased readiness of mainstream organizations to work with First Nations MWTs and communities

In a similar vein, the work of engaging with partners involves an equally broad range of skills with potentially, an added overlay of navigating cultural differences when working with non-Indigenous partners. The need to continually build awareness and educate partners about the work of MWTs was described as well. Partners need to learn ways of establishing collaborations with First Nations communities, and building relationships before there is any expectation of formalizing them using memorandums of agreements or understanding.

Moreover, there is a continual need by MWTs to learn about current policy and program developments underway within their regions and referral networks to ensure effective operational planning.

It is further recognized that MWTs carry out a multitude of roles and functions in their various service models including direct service delivery to developing & nurturing relationships to providing education and awareness to navigating systems both within and outside of First Nation communities. Each of these roles are vital and necessary but leave MWTs vulnerable to burnout and attrition as well as placing them at risk of not doing one or more of these many roles well.

"The quickest route to burn-out is the expectation (whether self-imposed or imposed by others) that the worker can solve all problems through their own expertise. "

In this regard, teams and communities are therefore at risk of not achieving their wellness objectives. This clearly speaks to a need for enhanced resources - financial, human as well as a comprehensive range of supports identified in this needs assessment. These will be described in further detail in later sections of this report.

3. Building coordination and collaboration with non-Indigenous sector partners and government departments

> *"Enhancing First Nations mental wellness requires strategic action that goes beyond FNIHB's mandate. It involves federal government departments, provincial and territorial governments, and First Nations communities and organizations. It includes supports and services that cross sectors (e.g., health, justice, employment, and social services), requiring organizations to work collaboratively and cooperatively to ensure that a comprehensive continuum of mental wellness services is available. "*[7]

MWTs expend considerable effort navigating relationships with non-Indigenous partners. They describe challenges in accessing and connecting with provincial organizations, resources, and mental health services and counselling.

Provincial entities are generally not well versed in working with First Nations and are often found to be unaware and even unsupportive of new MWTs. In many instance, provincial entities are not culturally safe or competent. MWTs must often spend time educating the provincial and other sectors about how colonial processes and historical trauma relate to mental health services and how to make services safe for clients.

The challenge of collaborating with provincial entities is exacerbated by jurisdictional issues such as services not being provided on reserve.

Institutions and other partners may also hold attitudes that are culturally unsafe and even systemically racist, for example, in assuming that western or mainstream approaches are the only appropriate solution to the challenges of mental wellness.

Finally, the lack of long-term funding exacerbates efforts at collaboration as partners remain skeptical and hesitant to rely on or consult the services of the MWTs, due to uncertainty about their continuance and availability into the future. This situation is further aggravated as the funding challenges create poor retention and staff turnover which creates further challenges effective relationship building.

[7] FNMWCF p 50 https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf

In summary, the foregoing describes three criteria or prerequisites elaborated by the FNMWCF as important in partnership development. Notably:

> 'Three guiding principles to direct the establishment of effective partnerships based on mutual respect were identified as:
>
> **I.** First Nations must be recognized as a key partner.
> **II.** Partnerships must be complementary where partners have a shared responsibility.
> **III.** Partners must know the culture and the reality in which First Nations live, collaborating in ways that reinforce First Nations cultures, traditions, and languages."[8]

MWTs carry out a host of roles and functions. The overlay of education, awareness building, establishing legitimacy and credibility and coordinating with partners should be recognized with appropriate accompanying supports to aid MWTs in these efforts.

3.1 Need for increased cultural safety of mainstream organizations to work with Indigenous people

Building awareness and understanding of Indigenous worldviews and conceptualizations of mental wellness as well as the cultural strengths-based approaches and pathways is an ongoing task to create cultural safety amongst non-Indigenous partners.

A role exists for FPWC to continually create this awareness, dialogue and advocacy and create a more culturally safe, receptive environment amongst non-Indigenous partners, funders, policy makers and institutions.

Simultaneously, MWTs must be supported to navigate these relationships and build awareness at the operational and service delivery levels. "A gentle but firm approach with mainstream to offer culturally safe services is needed".

[8] FNMWCF p 51 https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf

4. Addressing interdisciplinary team needs for teams with varying staffing complements

Mental wellness teams have embraced a model of inter-discipline staffing complements. This brings with it an unique set of challenges. As noted by one team, it is difficult to find the right balance of emphasizing clinical approaches as well as traditional and cultural approaches to wellness:

> *"Despite the very present clinical component, we are trying to offer regenerative experiences on the land. There is a sweat lodge available, but we lack of Elders right now."*

Supports to navigate this interface and assist teams to maximize the effectiveness of such a blend of approaches are needed.

MWTs operate in a unique, community responsive and cultural strengths-based approach often embracing hybrid service models that may include western trained clinicians and behavioral therapists alongside traditional healers, elders and knowledge holders.

Integrating across these two diverse dynamics requires a level of professionalism, self-reflection and awareness that is often not addressed in mainstream education programs and indeed, is not found in existing training offerings.

In MWT service environments, team members may alternatively contribute traditional gifts or teachings alongside team members who contribute discipline-specific knowledge, skills, and perspectives. Their mutual aim is to provide optimal care that encompasses the expertise and experience of each team member.

Teams should be provided with interdisciplinary learning opportunities that explore and bridge the differences between mainstream disciplines and modalities as well as cultural and traditional approaches. This will enhance interdisciplinary, inter-professional respect, understanding and appreciation for their respective team member's potential contributions to the care team, as well as the contributions of other disciplines and ways of knowing.

To do so, may require considering professional parameters include legal and ethical issues; Indigenous knowledge, creation stories and teachings; professional practices that derive from training; discipline-related knowledge and skills; and boundaries and relationships with both clients and colleagues. Moreover, this entails examining and understanding beliefs, attitudes, obligations and responsibilities and to the original teachings, the profession, to oneself, clients, team, and community.

In real terms, this means asking:

> *"what are the practices across the continuum of care - western and traditional -and identifying these needs and determining who is responsible"*

Interdisciplinary professionalism is ultimately a learning journey about world view, inter-relationships and connections.

Available research, the sharing of practice based examples, opportunities for training and dialogue, supportive policies and other resources span the spectrum of what is needed in this regard. Some MWTs are already exploring how to apply a two-eyed seeing approach.

A two-eyed seeing approach can be defined as

> *"learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing ... and learning to use both these eyes together, for the benefit of all9".*

In simple terms, one team expressed this approach as a consultation between practitioners:

> *"Psychologists and psychiatrists need to consult with Indigenous people to ensure culturally competent assessment."*

Training and support to apply a two-eyed seeing approach in this manner, should be considered as part of the range of supports to be offered by the FPWC.

[9]Integrative Science Website. Accessible at http://www.integrativescience.ca/Principles/TwoEyedSeeing/

5. Enhanced support for cultural approaches

Cultural safety and support for cultural approaches such as sweat lodges and ceremony is re-emerging in many areas served by MWTs. Such practices for many reasons, had gone underground but are being re-embraced and more widely accepted now. First Nations have been operating under systems of governance and funding relationships that were not designed to support these approaches. Many First Nations are reaffirming that they are self-governing nations and this notion extends to agreements with the Government of Canada for example where the funding models and policies can form a barrier. First Nations and MWTs wish to support their ceremonialists, healers and traditional practitioners and do not see it as a government responsibility to intervene in this. In this regard, they are working to establish traditional practices and approaches in their own way on their own time. For example, they regard having a sweat lodge on their own land as a culturally safe way to use land based healing in early identification and intervention. Bringing people out on the land is an important step to help them become grounded and bring about a sense of cultural safety in order to further engage them in services as needed. There is some resistance from government bodies at times about this approach however. MWTS need to be supported to face this challenge and facilitate difficult conversations like this. They wish to communicate that the First Nations people they serve have the right to "access safely that which will help them, it is part of their human rights to access culturally safe and culturally competent programs".

With this in mind, ways to enhance support for cultural approaches that were suggested involve a cascade approach comprising governance, providers and community of practice, funders and the community.

5.1 Governance/Organization level

MWTs governance and advisory bodies should include elders and traditional knowledge keepers in meaningful ways to inform mental wellness team design and provide ongoing direction in a cultural strengths based way. This would extend to annual planning and goal setting. As shared by one interview respondent this has made all the difference in the work their team undertakes:

> *We do our annual objectives each year – what are the gaps, what can we improve, what areas can we work on – based on Micmac values – it's the foundation of what we do – vision and mission is in Micmac and translated into English – how we are approaching our objectives – we are maintaining balance based on the medicine wheel – all programs and activities are framed with this in mind. Teams are working on this.*

5.2 Team member/Provider level

The second layer involves the providers both within teams and amongst external partners and provider agencies. It was noted that cultural competency training is needed that reflects the local communities' histories, traditions and identities and this should be viewed as the necessary prerequisite to embedding cultural approaches.

Teams build cultural competency and knowledge in a variety of ways including:

> *"Traditional regenerative activities. Participation in several training sessions focused on mental wellness from an Indigenous perspective."*

Some teams have an elder or other cultural knowledge holder within their team complement to support their ongoing learning in this regard. For example, a MWT in Nova Scotia identified the Cultural Support Advisor as an asset to their team who strengthens their work. In another area, as noted by one team leader, this approach has been instrumental in framing their work in culturally strengths based approach and further in emphasizing balance:

> *"Our approach is culturally based. For example, in working with families, we have non-native workers but we also we have elders and local community resource people and this has been the best approach. We also respect community choice. Having balance in the team is key. We are fortunate to have an elder that is working with us to achieve this balance. The Elder tries to embed cultural values in the work of our professionals".*

These efforts to build cultural competency amongst MWTs and their partners are key as described by the FNWMCF which states:[10]

> *"It is important that all service providers working in First Nations communities be supported in developing or refining their cultural competency through*

[10] FNMWCF page 47 https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf

formal and informal training as well as by sharing knowledge within and outside the community.

The partners with whom teams interface must also work towards becoming culturally safe and competent. As noted earlier, police services, hospitals and a host of other service providers must be culturally safe as a starting point for effective trauma informed approaches. The teams identified that there is a need for trauma informed training for other practitioners, particularly within a cultural context and understanding. Further, such cultural competency training should include efforts to:

"Learn more about our history, our traditions, reduce stigma, mobilize, recharge our batteries. Invite people and workers."

Continuity of care and in transitions between care is paramount. It can only be supported through ongoing cultural competency training, continual learning about Indigenous communities and their service landscape as well as relationship building as noted by the following key informant quote:

"There was some resistance from the hospital but they are starting to open up more and seem to be getting used to having our liaison person as a contact. I think they were afraid to share information or share control. There is also a misconception by outside resources in that they think we have it all."

This was echoed by another team, who described cultural safety in the hospital environment as an area of need:

"the partnership agreement being developed with the hospital will promote cultural safety in the hospital environment"

5.3 Funding level/partner environment

Decision makers in the policy and funding environment must also become more culturally aware and safe.

Educating funding and other partners concerning Indigenous world views, and ways of approaching wholistic health and wellbeing is an ongoing commitment and need. Teams feel that programs should be built on culture and the funding streams should recognize and accommodate these approaches not the other way around.

Understanding wellness from a wholistic Indigenous perspective should also translate into more flexible funding, reporting and evaluation, that reflects Indigenous ways of healing from trauma. In this regard, teams expressed a need for:

> *"Support for the provincial health and social services network to raise awareness among non-Indigenous interveners."*

Teams expressed that 'respect for First Nations culture" is vital.

5.4 Community level

It was noted that there is increasing demand by individuals within communities who need access to healers and elders and supports and services framed on traditional and cultural strengths. This is a key service offering of many MWTs and reflects their work with community populations affected by IRS, MMIW, child welfare, justice and other issues. More support is needed for teams including training, available research, teachings and land based learning to help teams continue to build this expertise and integrate it in practice.

Additionally, it was noted that future direction and a long term strategy should focus on capacity building in communities to reclaim their cultural strengths and begin to take a greater role in facilitating their community's learning and healing journeys.

> *"We are trying to think long term – using the funding to emphasize capacity building for the long term."*

5.5 Community of practice level

Lastly, at the level of the system or community of practice for MWTs, there is a need to define standards for culturally safe practice for all practitioners working in this field and a process or pathway to arrive at this standard. In particular, this work should be framed around a two eyed seeing approach to wellness, and support communities to define the scope of practice. This goes beyond training and support and in fact, would have implications for program policy for any practitioners working in First Nations. A well defined process involving MWTs and driven by community should be undertaken to work on creation of such standards.

6. Support for networking and sharing

We heard over and over that MWT enjoyed regional meetings because they connect with others in the province and exchange information that is directly relevant to their practice.

For some, like mental wellness team in Quebec, which service no more than 2 communities each, opportunities for networking are infrequent. Their Regional Meeting on Mental Health and Wellness, held in Wendake, Quebec in March 2019, was therefore, a welcomed opportunity to network with other mental health workers and participate in a variety of workshops on topics such as psychiatric disorders, impacts of the judicial system and training opportunities in their area. Elders conducted ceremony and teachings during the meeting which further enhanced their learning and wellness as providers in a high stress roles.

We observed similar exchanges in Manitoba and Alberta, where MWTs highly valued the sharing and dialogue with their peers. In Ontario region, these gatherings have been extremely effective as noted by the following illustrative quote:

> "PTOs have been supporting regional meetings- sharing of information, what's working and not working; sharing of protocols, policies etc. through table top exercises to build skills and confidence in responding to critical incidents; share documentation / forms etc."

The teams felt generally that exchanging knowledge across MWTs would be beneficial for their ongoing learning, team and professional development and practice.

As a starting point, a priority should be made to identify and describe all of the MWTs and crisis response teams including information about where they are located, their governance and structure, whom they are serving, when they were established, their service model and expertise. This information would be shared to further advance networking, enhance MWT participation at conferences and build a cohesive community of practice.

Newsletters and a web-based portal with information for MWTs was also seen as desirable methods for information sharing and knowledge exchange. A web based learning platform to curate and disseminate resources developed by teams or linked to Indigenous experts, and to share wise practices from MWTs on a variety of topics was suggested.

The potential for a biannual or annual national gathering while potentially a great opportunity to network, share and exchange best practices from teams would be prioritized only if permitted by a new budget and further if elders and knowledge holders were a key part of such a conference.

7. Advocacy for stable/sustainable, flexible and adequate funding

The most foundational need for the effective functioning of the MWTs is a long term commitment to invest in MWTs for the development of a stable workforce that will support mental wellness at the community level. A stable workforce is key to supporting longer term outcomes such as reduction in alcohol and opioid addictions, suicides, mental health issues, family breakdowns, children in care, human trafficking and crime rates.

Therefore, the most urgent recommendation is that investments in MWT must be

- **adequate,**
- **flexible,**
- **Stable,**
- **long term, and**
- **sustainable.**

There are many fundamental reasons why dedicated funding for MWTs is urgently needed, however currently there are many funding constraints as well as diverse reporting expectations, which are often not in line with community needs and priorities.

More importantly, the lack of sustained funding creates instability making it difficult to recruit and retain workers. This uncertainty contributes to stress and attrition of the few qualified human resources in place. For example, in March of 2019, many MWTs did not know until days before the end of the fiscal year whether or not their funding and therefore their employment would continue from one day to the next. This approach is irresponsible because it creates existential stress amongst current staff and their families as well as clients in the communities.

With the prospect of uncertain continued funding, MWT workers face job loss on a regular basis. MWT employment is therefore viewed as a risky and short term proposition at best as key MWT staff move on to more stable employment whenever possible. The impacts on recruitment and retention were highlighted:

> *"If funding was annualized it would help to keep staff. Competitive wages are also needed."*

The lack of dedicated funding also contributes to a disconnected and fragmented service landscape as collaborating service providers do not have faith that the MWT service providers will be there to provide services in the future. This is clearly a barrier for service integration at the community level, was well as with the many mainstream service providers. The underlying problem related to lack of dedicated, flexible funding and distrust concerning the use of funds was explained by one participant as follows:

> *The funders don't trust the people who get the funds, people are worried about misuse; if they would just let people do their work with the money we could provide better services.*

Many MWT workers see lack of sustained and disjointed funding as a systemic barrier and an example of institutional racism.

The most corrosive impact of the lack of dedicated funding is however the negative impact on the client and the community. Over time, MWT workers create trust-based relationships with clients and their families required for a successful therapeutic relationship. Frequent staff turnover or instability can lead to serious setbacks in the clients' healing journey. Therefore lack of stable funding is closely connected with greater health and social issues.

A collective voice to advocate for the ongoing funding of MWTs is clearly needed at federal and provincial policy making and decision making tables.

Indeed the FNMWCF outlines its own recommendation for enhanced flexible funding with the following priority actions identified:

- Providing Additional Funding
- Moving Away from Time-Limited and Siloed Funding
- Increasing Flexibility of Funding

These are described in detail in the Framework document.[11]

MTWs emphasized that the need for adequate funding is in response to acute needs such as high rates of suicide and complex, deeply rooted mental wellness concerns. Short term funding is not an appropriate response. A longer term, decolonized approach to support community driven wellness and culturally strengths-based healing framed in Indigenous practice is needed supported by continued, sustained and flexible funding.

8. Addressing the community needs with respect to crisis response teams and mental wellness teams

Mobile crisis response and crisis counselling and intervention as well as community support in this area is a critical aspect of some of the newly established MWTs. Areas mentioned as needing attention and enhancement so that such crisis response teams can function effectively included:

- trauma informed approaches which are built on cultural strengths; though cultural approaches are embraced as an important avenue to trauma informed care, it was fairly evident that to do both effectively, stretched team's already limited resources and capacities:

> *"We are moving forward even if resources are insufficient. However, the clinical component is much more developed, but it is being done to the detriment of the cultural component since there are insufficient resources to do everything as planned, and the clinical component takes up a lot of resources."*

[11] FNMWCF p 54 https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf

- capacity building and training for front line workers – training in cultural competency and cultural and traditional approaches are needed as well as such areas as CISM and trauma informed care
- integrating traditional and land based approaches within crisis response and planning
- coordination with system partners
- opportunities for teams to network, share learning, support one another and debrief
- developing community service protocols – teams spoke to the need for specific agreed upon crisis intervention and communications protocols
- addressing outreach & on call concerns, travel, etc. It was noted that after hours and weekends are when crisis response is needed, yet appropriate policies, remuneration structures and for example, liability insurance, are not in place to accommodate these needs.
- policies and procedures development; harmonizing policies within different service environments, in particular it was noted that:

> *"Working conditions should be reviewed, as they are unequal compared to other sectors of the community (e.g. pension funds, overtime)"*
>
> *Others spoke to the issue of disparate policies hampering team effectiveness:*
>
> *"and policies should be coordinated between the two communities, since the team reports to both communities on an alternating basis"*

Of particular importance, it was noted that funding needs to be enhanced in order for services to be expanded to a full 24/7 schedule. As one crisis worker explained: "if we don't start working irregular hours we can't provide services close to trauma, which is when the services are needed".

Further it was noted that in addition to employment stability, competitive wages are a must for effective recruitment and retention:

> *"it will be necessary to ensure future funding allows us to offer a salaries equivalent to those in the [region] health network."*

Clinical supervision and support was described as a need as was human resource capacity to undertake the level of services needed. In particular, recruitment challenges were highlighted by several teams. Lastly, it was noted that crisis response teams should be supported to undertake data collection in order to better understand the type of crises being encountered, appropriately respond and mobilize prevention efforts.

9. Gaps in continuum of essential services that affects the work of MWTs

9.1 Prevention and early identification and intervention for children affected by trauma

Gaps in the continuum of essential services that were identified by some MWTs included prevention, early identification and intervention for those affected by trauma. Many identified an urgent need to focus on the next generation, children.

MWT members observe that many children are still experiencing many Adverse Childhood Experiences which have the potential to contribute to even bigger crises in the future.

Besides initiatives like Jordan's Principle, it was felt that there is not ample targeted funding to address the true need of children experiencing, witnessing or being impacted by trauma. There is a strong feeling that more needs to be done to interrupt the multi-generational nature of trauma.

One aim should be to develop service models that support inter-professional collaboration to allow the needs of children to be addressed more quickly. For example, the work of crisis teams can be supported by operating in collaboration with consulting paediatricians who can connect children with the right services when they are exposed to crisis.

The schools are also a logical setting for education, awareness building and teaching strategies to support children impacted by trauma. Several workers suggested that intergenerational trauma needs to be discussed at the school level to teach kids about trauma and how this might affect their behaviour. Additionally, training should be provided for teachers about the behaviours of traumatized children, many of whom cannot learn because their fight/flight response is engaged. Strategies to create a safe environment within the schools, would aim to keep children engaged in learning despite coming from unsafe home or community environments.

MWTs have a role to play in prevention, early identification and intervention of children affected by trauma. Training, skills in coordination and collaboration and trauma informed approaches for pediatric populations are needed.

9.2. Addressing Gaps in Justice

To address gaps in justice, a Justice Advisor role in Quebec has been created.

The First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) service 55 communities across Quebec. Their goal is to network together and transfer knowledge between communities, fostering self-governance and self-determination. While focusing on balance in wellness through the medicine wheel and the determinants of mental health and wellness, the FNQLHSSC have extended their response to mental health and wellness within a broader context.

Through an assessment of their communities' needs, they have identified that issues such as poverty rates, need for youth shelters, need for increased funding for learning centers and daycares and concerns over the number of children being placed into care are all areas that require attention in order to improve balance and wellbeing.

One area of focus is the role of their Justice Advisor. The Justice Advisor role was identified by some community members in Quebec as a "crucial and essential" position to support their communities. The Justice Advisor is currently conducting research to better understand the overrepresentation of First Nation people in the judicial and correctional system, the historical and systemic factors that influence these rates and what recommendations can be offered to alleviate some of these challenges.

By identifying the context of how First Nation people in Quebec are impacted by the judicial system, the hope is for the Justice Advisor to work alongside communities to develop social and preventive measures, advocate for the individuals impacted, including the accused (restorative justice model) and promote First Nations governance in justice overall.

Similar needs were identified in other provinces. For example, MWTs identified more support is needed to complete Gladue reports which provide further context and tell the stories of First Nations people who are in court for bail or sentencing hearings. The Gladue report is intended to educate judges about the adversity that the defendant might have experienced in their life. Communicating the impact of Indian Residential Schools is particularly important. MWT members may need to support these clients as they are re- traumatized by the information they are requested to provide.

By the same token, teams are also having to provide crisis support when individuals who use the Gladue process are afforded leniency and return to a community in which they may have harmed or victimized others. This impacts on the individuals, families and the community who are involved.

Teams in Nova Scotia have made it a priority to reach out to individuals in the area's prison populations with mental wellness supports, traditional counselling and linkages to services.

The links between mental health, addictions and over-representation in the justice system are well described. MWTs should be provided with ample resources, access to expertise, training and coordination/collaboration supports in order to work with those who are involved in the justice system.

CNA Recommendations

1. **Create a CNA Prioritizing and Implementation Group**
   The CNA found many gaps and opportunities to enhance the work of MWTs, however there was also much regional variation. It would be prudent to create a group that is representative of the many regions to provide advice to support the prioritization of recommendations. The same group could then create a dialogue on the implementation plan. Many of the needs and gaps are in line with the FNMWCF. This document should be consulted in the activity of the group.

2. **Training, team capacity development and self care**

   2.1. **Create and Deliver Integrated Self-care and Capacity Building Mental Wellness Training**

   There is a need to create trauma informed or healing centred Indigenous community mental health and addictions education curriculum. The curriculum should be designed as continuing education for workers to access potentially while on a campus for short periods of time. The curriculum should include experientially based learning for workers that blends opportunities to foster their personal growth and healing while advancing their knowledge and skills to support community based healing and capacity development. Experiences shared in the CNA indicated the following aspects should be incorporated:

   - Must provide opportunities for workers to address their own healing and address their own trauma concurrently
   - Focus on contemporary challenges from an Indigenous perspective
   - Addresses personal growth, family restoration and community development
   - Teaching traditional cultural approaches as well as counselling from experienced teachers
   - Regional multi day or multi week in-person learning and healing in a residential setting. In this setting workers are able to focus on their own healing and wellness while understanding how to address contemporary, parallel issues in the community from an Indigenous perspective
   - Two key informants to consult and explore tried and true models are Dr. Bill Mussell based on his experience with the Sal'i'shan Institute Society; and Katie Hughes Executive Director, Mental Health and Wellness to explore the curriculum currently under development at First Nations Health Authority

   2.2. Address Accredited Training Needs using regional models and in collaboration with Indigenous teaching institutions

   The need for specific topics of training varied across the country, therefore regions should be consulted to identify priorities. Collaborating with Indigenous training institutes in the development of new curriculum (and, when needed, post-secondary

institutions) should begin with identifying existing certificate programs and moving forward with accreditation processes for topics not currently covered from an Indigenous perspective. Ensure that training is of high quality. Crisis response training needs should also be considered, in particular related to topics such as the effective integration of traditional and cultural strengths-based approaches in crisis response.

2.3. Provide regional training to support and enhance team application of the FNMWCF

Those MWTs who had access to FNMWCF training found the training was instrumental in developing and delivering their services. There is a need for introductory and coaching opportunities as well as advanced workshops for experienced teams.

2.4. Create awareness and/or a strategy to help MWTs to engage with natural helpers

Policy development support will be needed to recruit and delineate a role for natural helpers, offer training to them alongside MWT team members if needed and develop appropriate remuneration for their time and support.

2.5 **Increase capacity for data collection and analysis, information sharing and indicators development.**

Collaborative development of culturally-based evaluation frameworks, measures of success based on constructs of wellness and evaluation indicators is needed. It was also noted that crisis response teams wish to undertake data collection in order to better understand the type of crises being encountered, and thereby be better positioned to appropriately respond and mobilize prevention efforts.

2.6 Indigenous health research on structure and approaches undertaken by MWTs

The body of work undertaken by MWTs and new knowledge being created in terms of two-eyed seeing approaches to incorporating traditional, cultural and land based healing paradigms should be explored and documented in Indigenous lead research. Additionally, the MWTs traditional and cultural strengths based design features, team composition, structure and processes, and their approach to governance models that have been particularly effective should be described and shared as these models can inform and strengthen the wider mental wellness system.

3. Community engagement, collaboration and coordination with communities and partners

3.1. Community engagement competencies

The successful integration of MWTs rests on their integration and endorsement by communities they serve and partners with whom they interface. Navigating relationships across varying levels of engagement requires skills spanning many dimensions. Such skills development around the kind of topics that could support community and partner engagement are needed by many of the MWTs. These may include:

- communications
- social media campaigns and marketing
- consultative dialogue
- meeting facilitation techniques
- issues/barriers/strengths identification and prioritization
- information gathering and needs assessment
- community mapping
- collaborative planning
- consensus building, and
- evaluation

4. Coordination and collaboration with non-Indigenous sector and government

4.1. Advocate for principles of effective partnership development

Three guiding principles underpin the establishment of effective partnerships based on mutual respect. These are:

- First Nations entities, in this case MWTs must be recognized as a key partner.
- Partnerships must be complementary where partners have a shared responsibility.
- Partners must know the culture and the reality in which First Nations live, collaborating in ways that reinforce First Nations cultures, traditions, and languages.

It is recommended that FPWC take on the role of advocate and support the creation of a platform for such dialogue as well as build awareness of the roles and functions of MWTs at provincial and federal tables.

4.2. Cultural safety of mainstream organizations to work with Indigenous people

A role for FPWC could be to create this awareness, dialogue and advocacy through its channels in order to create a more culturally safe, receptive environment amongst non-Indigenous partners, funders, policy makers and institutions. FPWC could also lead the development of the cultural safety standards in collaboration with key regional and MWT partners.

5. Interdisciplinary team needs for teams with varying staffing complements

5.1. Training and support curriculum should be designed by FPWC within a two-eyed seeing approach as an overlay onto existing models of inter-professional practice training and education.

6. Enhanced support for cultural approaches

6.1. Improve MWTs capacity for culturally-based healing programs, including land-based programs particularly by supporting access to resources such as Elders and knowledge keepers. Many teams spoke about the need to ensure authentic teaching and meaningful involvement of as many elders as possible are required to ensure programs are indeed therapeutic. Ongoing needs include supporting the meaningful inclusion of knowledge keepers and elders, and in sufficient numbers so they can collaborate and consult with each other on assessment, research and knowledge sharing opportunities as necessary.

6.2. Furthermore, FPWC is in an excellent position to advocate for policy and reporting supportive of wholistic programs, where performance measures and key performance indicators are often inappropriate. In particular, culturally-based ways of tracking successes need to be developed. FPWC can also advocate for the use of the mental wellness assessment tool in tracking success.

7. Support for networking and sharing

7.1. Support for networking meetings

Regional meetings are seen as very important as teams can share information, network and share ideas with peers who operate in similar settings and context. In addition to regional meetings, FPWC should also support the creation of national annual or biannual meetings based on larger cross cutting themes and developments experienced across the national and international mental wellness services landscape.

7.2. Create a web-based platform for information exchange for MWT teams

A critical component to knowledge exchange and sharing is the development of an easily accessible, custom curated web-site where MWTs can share policies, resources, training opportunities, and information and research about wise practices.

7.3. Work to identify and engage MWTs

MWTs are often not aware that other mental wellness teams exist and indeed due to the complex funding structure it was difficult to identify MWTs in this needs assessment. FPWC is in an excellent position to work on identifying, engaging and collaborating with MWTs as a community of practice.

8. Advocacy for stable/sustainable, flexible and adequate funding

8.1. Despite the fact that a compelling need for the work of MWTs has been established, uncertain funding continues to jeopardize health, wellbeing and safety of Indigenous people. FPWC could provide a collective voice in collaboration with MWTs to advocate for the ongoing and long-term funding commitments for MWTs at federal and provincial policy making and decision making tables.

9. **Community needs with respect to crisis response teams**

9.1. Enhance funding and support processes to expand services to a full 24/7 schedule.

Most crisis teams are currently under-resourced to be able to provide 24/7 coverage and those that do are reliant on a dedicated workforce who are themselves overworked. This scenario, over time, will create burnout, loss of services and in the end negative health consequences for Indigenous people. Resources are needed to ensure that crisis response is amply and appropriately funded and structured. Clinical

supervision and support was also described as a need to augment and support the workforce. A process to align and harmonize work place policies and to recognize the unique nature of culturally informed trauma response was also described as a need. Above all, most urgently needed is ample human resource capacity to undertake the level of services needed.

10. Gaps in continuum of essential services

10.1. Trauma informed care for children and a system approach at a community level

Training, skills in coordination and collaboration and trauma informed approaches for pediatric populations are needed. Such training in trauma informed approaches should span the continuum of services for children. This would include early childhood educators, teaching professionals and providers in schools to enable them to provide early intervention for children exposed to trauma at the community level. Skills training is also needed to support inter-professional collaboration across disciplines, for example, between crisis team members and consulting paediatricians.

As awareness and skills are increased though this training, MWTs have the potential to contribute to the creation of a trauma informed system of care within communities. Such a system of care is needed to attend to the complex needs of people created by historical and ongoing exposure to trauma connected to colonialism.

Ultimately a paradigm shift is needed to move towards meeting people's needs where they are at. This entails being responsive, caring and understanding while including family and community in the development of a supportive response by service providers.

10.2. Wellness supports for individuals transitioning from the criminal justice system

A gap exists for MWTs to better enable them to provide customized mental wellness support to individuals and communities involved in or transitioning out of the criminal justice system. There is a need to create increased knowledge and capacity on how to bridge service needs for those transitioning between being criminally involved and being in the community. Part of this capacity development would be examining current practices in this area, defining research needs, establishing community initiatives, fostering collaboration and partnerships within the justice system, and having access to consultative experts and tools.

Conclusions

The work of MWTs has been instrumental to advancing a vision of community mental wellness premised on the pillars of community engaged and directed wellness and cultural and traditional strengths contextualized by social determinants of health. Guided by their teachings of love, respect and humility as well as their dedication, MWTs have begun the creation of a wholistic model of care involving individuals, family and community.

While teams have diligently forged ahead within the constraints of available resources it has become clear that the task set before them is monumental. An iceberg of unmet needs has been identified as teams begin to uncover and address the roots of intergenerational trauma linked to processes of colonization and the IRS experience. Their scope of practice encompasses a multitude of deep and complex mental wellness issues which manifests in continuing and ever emergent crisis. Meanwhile, their work is carried out against the backdrop of a sparse system infrastructure and services landscape, chronic underfunding and a revolving doorway of changes amongst government policy and funding partners.

Nonetheless, they are forging ahead on the understanding that this work must be undertaken and lead by those who understand best the challenges before their First Nations communities and amongst whom, many have lived the experience.

To support their efforts, a suite of supports and infrastructure has been outlined. However, none of this will serve a purpose if teams are not adequately sustained within a structure of committed and appropriate long term investment.

We learned a great deal through this comprehensive needs assessment about the valued and pivotal work being done by the MWTs and the concomitant supports needed. The MWT service model is growing and evolving and those within it owe a debt of gratitude to those that came before them who understood the and envisioned the concept of a two-eyed seeing, multi-disciplinary, community based team. The central tenets of MWTs are premised within and continue to draw on the seminal work of the First Nations Mental Wellness Continuum Framework.

Findings from the comprehensive needs assessment give added impetus and rationale for enhanced supports for mental wellness teams. The findings also further echo and underscore those of the First Nations Mental Wellness Continuum Framework. There is an urgent need for efforts aimed at systemic improvements to the social determinants of health, sound investments in First Nations mental wellness infrastructure and ensuring the cultural safety of mainstream service systems to collaborate with First Nations. These efforts must be supported by sustainable funding required for implementation of the Framework, MWTs and realization of an Indigenous lead vision of community mental wellness.

Appendix A: CNA– Focus Group/Interview Guide for MWTs

Introduction:

First Peoples Wellness Circle is embarking on a comprehensive needs assessment (CNA) of all new and existing Mental Wellness Teams (MWTs) to determine their needs related to capacity, governance, infrastructure, training, networking/community of practice, defining practice-based evidence and evaluation.

The CNA will focus on identifying needs, strengths, challenges and barriers in providing clinical and cultural mental wellness and crisis support services to a group of First Nation communities.

The needs assessment will be used to develop a national strategy outlining a suite of comprehensive supports required across infrastructure, governance, knowledge exchange and evaluation to be able to support the effectiveness of MWTs and the First Nation Mental Wellness Continuum Framework.

The CNA will employ Indigenous principles of engagement and will develop strong relationships with MWTs, community partners and other stakeholders as part of this work. The work is guided by a Working Group composed of members from the First Peoples Wellness Circle; Thunderbird Partnership Foundation (ad hoc member), FNIHB (ad hoc member), Assembly of First Nations (ad hoc member) and regional representatives from Mental Wellness Teams across Canada.

(Personal introduction of facilitators and participants)

About this focus group/ interview:

We are scheduling focus group discussions and interviews with mental wellness staff and administrators to gather their perspectives on service delivery and supports needed for MWTs in regions across the country. Along with electronic surveys, this is an important component in this needs assessment. We are asking you to share any details you are comfortable sharing based on your experience so we can better understand the needs of MWTs. We will use this information to identify and prioritize needs for the MWTs in the CNA report.

Participation in the discussion is completely voluntary and will not affect your relationship with funders or partners.

We will not attribute anything you say to you personally, but we will take notes and report back on the general themes that were discussed in this and other sessions in the CNA report.

We appreciate the time you are taking to share your experience! Thank you!

Key contacts for further information:

Mariette Sutherland, evaluation lead, email: mariettesutherland@hotmail.ca , or

Anne Duquette, Project Coordinator, First Peoples Wellness Circle, email: anne.duquette@fpwc.ca

The CNA report will be available by **XXXX DATE**

Questions

About your Mental Wellness Team (or mental health/addictions/crisis team):

1. *(Interview only)* Confirm & clarify information gained from survey or document review vis a vis: Year established; Staffing complement (list positions); Communities served (and population served). Key areas of focus? How much of your direct service time is focused on supporting/providing services to local staff versus directly working with clients and their families?

2. What would you say is the main focus of your team's work? Probes: Are there distinguishing characteristics of the population/people you serve? Eg. Particular age groups; main issues of concerns, trauma history, IRS history etc.

Probes: (interviewer please check off any mention of the following)

a. *primary prevention, education & awareness*
b. *community capacity building & development (collaborating with local community based service providers* and/or multi-disciplinary community wellness teams*)*
c. *early identification and intervention programs*
d. *secondary prevention campaigns for those identified as at risk*
e. *outreach services*
f. *family support services*
g. *day treatment programs*
h. *support groups*

i. *detox, withdrawal management*
j. *community based mental health counselling*
k. *intensive case management, care & treatment*
l. *crisis intervention and support*
m. *mobile crisis response*
n. *traditional counselling and wellness supports*
o. *land based healing and aftercare*
p. *aftercare services*
q. *respite care services*

3. How much of your time and resources are focused on community development (e.g.: supporting engagement & MWT governance) versus providing services to local staff or directly working with clients and their families?

Community Strengths: (warm up question)

Please tell us what your team is most proud of so far and what supports you would like to see so your accomplishments can flourish even more.

(Facilitator…."that's great to hear about your successes. Let's now discuss in more detail how these could be supported better")

Human and Financial Resources for Mental Wellness Teams

4. Recruitment and retention of key staff for specialized mental wellness teams has been described as a challenge in the past. What has been your experience with challenges and opportunities as your team developed?

Probes: (interviewer follow up and prompt to see if any of the following resonates)
What would you say is most needed to support teams in recruiting and retaining key staff?

a. *Incorporating culturally based approaches and recruiting staff who have these gifts (or ensuring an organizational plan to build this)*
b. *Human resources planning (e.g. succession planning, work force planning around staffing and competencies needed etc.)*
c. *Access to training and professional development*
d. *Creating policies such as health and safety, remuneration, professional development etc.*

e. *More competitive wages*
f. Increasing resources/capacity within the mental wellness/health system in general
g. *Reducing travel time for staff/ hours on the road*
h. *Reducing professional isolation*
i. *Cultivating team dynamics and inter-professional collaboration*
j. *Access to clinical and administrative supervision*
k. *Self-care for staff*
l. *Other?*

5. Is current funding adequate? *Please explain*

If no explore:

6. What is the impact related to the lack of adequate financial resources issues? *(Probes may include:*
   - *Pressure to choose between levels of clinical and traditional resources when both are needed*
   - *Threat to the MWT's ability to offer the appropriate spectrum of services needed in the community to address local priority issues*
   - *Threat to the MWT's ability to foster a sustainable healing approach*
   - *Threat to the MWT's ability to achieve timely positive outcomes*
   - *Other?*

7. What have been the implications of the current funding model which is the funding of clusters of communities for MWTs.

8. With additional funding, what would you explore in your region as a priority?

Community Engagement, Accountability and Integration

9. What ongoing mechanisms are in place to allow your team to receive and act on community needs?
   Probes if needed:
   a. *Council of elders or other knowledge keepers*
   b. Committee of community representatives (e.g.: local community wellness teams)
   c. Regional community networks or committees
   d. *Meetings with staff at other agencies*
   e. *A board which has community representation*
   f. *Annual community or client feedback survey*
   g. *Regular community visits by team leaders*
   h. *Presentations at chief and council meetings*

i. *Communications tools like social media and newsletters*
j. *Written, formal updates and /or reports*
k. *An annual general meeting*
l. *An annual evaluation*
m. *Other:_____*

10. What has been your main/ most trusted resource or approach in learning and responding to community needs?

11. Over the past 2 years, what opportunities has your team had to integrate and collaborate with existing services, partners and referral networks?

12. What more is needed in your view to support the sharing of MWT wise practices and key learnings, to cultivate a collaborative network of peers and to build the mental wellness system into what it could be?
Probes:
In your service region?

On a provincial or national level?

Cultural Safety and Culturally Grounded Approaches

13. How does your team build a culturally grounded approach to mental wellness presently?
Probes: What are some of the key steps you have taken to develop in this area? What has been your approach to building cultural safety?

14. What is needed to further improve cultural safety? *Probes: What is a priority focus for improving cultural safety? E.g.:*

a. *Cultural safety for clinical providers*
b. *Increasing culturally-based approaches*
c. *other*

15. Are you interested in sharing with others what has been learned in the area of cultural safety? *Probes of potential areas of interest:*
a. *Learning how to evaluate culturally based approaches*

b. *Improving culturally safe approaches*
c. *Structuring a research/evaluation project to ensure the protection of sacred knowledge*
d. *Developing materials to share and communicate key learnings with respect to integrating cultural and traditional knowledge*

Training Needs

16. Has your team been able to use and incorporate frameworks and guidelines like the Honouring our Strengths: A Renewed Framework and the First Nations Mental Wellness Continuum Framework? *Probes: Are you interested in learning more about this framework? How about other frameworks?*

17. What are some of other skills, knowledge or competencies your team wishes to build? Probes:

- *Culturally grounded approaches*
- *Inter-professional care and collaboration*
- *First Nations Mental Wellness Continuum Framework*
- *Clinical Guidelines*
- Traditional services guidelines or protocols
- Community-driven standards of practice for culturally safe services
- *Land based approaches to wellness*
- *Community development in mental wellness*
- *Motivational interviewing*
- *Cognitive behavior therapy*
- *Life promotion*
- *Understanding mood disorders*
- *Concurrent disorders*
- *Basic pharmacology in substance abuse*
- *Opioid Addictions*
- *Cannabis*
- *Critical incident stress management*
- *Crisis response*
- *Trauma informed care*
- *Social media/Cyber bullying*
- *PTSD*
- *Lateral violence*
- *Intergenerational trauma*
- *Understanding and addressing stigma*
- *Other?*

18. How should training be delivered or accessed? *Is it important that such training lead to certification or be accredited?*
    Probes for delivery methods:
    - *in person sessions in your community*
    - *in person sessions a central location*
    - *webinar*
    - *online modules…other?*

19. There are many ways to improve organizational efficiency and quality improvement. Would your team have an interest in learning more about/gaining skills in that area as well? *Potential probes:*

A. Effective governance
B. Accountability
C. Planning and budgeting
D. Coordination and collaboration
E. Community engagement
F. Research
G. Knowledge exchange strategies
H. Communications
I. policy development
J. quality improvement
K. Indicators development
L. data collection, management and analysis
M. reporting templates
N. culturally congruent assessment templates
O. evaluation
P. other?

20. Finally let's talk about cultural learning. What does your team need to learn more about to improve your organization and services from a traditional or cultural perspective?
    A. Cultural protocols
    B. Story telling
    C. Ceremonies
    D. Traditional counseling
    E. Traditional healing
    F. Medicine making
    G. Living on the land
    H. Other_____

21. Do you have any other comments?

Thank you and closing