Sioux Lookout
First Nations
Health Authority

Building upon the Review of Mental Health and Addictions
A Model for Mental Wellbeing in Communities
June 2023

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Executive Summary

The Sioux Lookout First Nations Health Authority (SLFNHA) was directed by the SLFNHA Chiefs-in-Assembly to develop regional plans on mental health and addictions. The most recent resolutions include the development of a Youth Mental Health Strategy (Resolution #19-22) and a Comprehensive Addictions Strategy (Resolution #19-21).

Under the guidance of an internal SLFNHA working group, a comprehensive review was completed from September 2021 through June 2022 to better understand the current state of mental health and addictions services in communities served by SLFNHA. Review findings were intended to be used to inform regional planning of a more comprehensive and coordinated mental health and addictions system that better serves communities and its members.

In August, 2022, working group members and tribal council representatives gathered to reflect on review findings, provide further feedback, discuss proposed recommendations and outline next steps. They also explored a vision for mental wellness and began to structure a framework for how to approach the many gaps and areas for action. Outcomes of this session included a proposed vision, key elements, and core principles of a comprehensive and coordinated regional mental health and addictions strategy.

The full *Mental Health and Addictions Review* report, proposed vision, and core principles were shared with community health directors and key partners at a two-day engagement session in November 2022. The intention of this session was to seek community and partner feedback, determine priorities together, clarify roles, and outline key next steps. From this work, a set of high-level priorities and cross-cutting recommendations were developed which affirmed and strengthened many of the suggested areas for action highlighted in the *Mental Health and Addictions Review report*.

The most recent step was a strategic brainstorming session held on March 28, 2023 involving senior department heads within SLFNHA including Nodin, Development Services, Approaches to Community Wellbeing, and the Primary Care Team alongside several invited community and Tribal Council representatives. The purpose of this session was to map out a model which incorporates the many insights and perspectives gathered from the review and community engagement work.

This report outlines key outcomes from this March strategic brainstorming session and presents a draft Model for Mental Wellbeing in Communities. Actions and recommendation to achieve goals associated with the key elements of the model have been drawn from previous engagement reports, including the *Mental Health and Addictions Review* report, and *SLFNHA Mental Health and Addictions Review Working Group Brainstorming Session Key Discussion Points*.

Participants in the March 28th session composed the following vision:

> *Anishinaabe of this land have a strong cultural identity and follow traditional wisdom to acknowledge and address issues impacting mental wellbeing. Communities are a safe space without judgement. Our people are vibrant. All of this supports wellness for our land and its' people.*

Within the vision communities are strong in their approach to mental wellbeing and have health equity in communities including access to services, clean water, housing, employment etc. Communities are actively promoting, preventing, and supporting individuals with approaches that utilize traditional land activities and education interwoven with western practices to ensure good physical, spiritual, emotional, and mental health - creating a wholistic healthy state of being. Services are accessible, acceptable, and collaborative.

This vision is the result of, and rests at the heart of a proposed model for wellbeing in communities described by participants.

A model helps to visually illustrate how community and partner organizations can influence mental health and wellbeing. It includes an understanding of the individual nested in the context of their family, community, and the social factors that impact on their wellbeing. The vision includes and recognizes social determinants and health equity as essential aspects of the path moving forward.

The model helps to shift the narrative from one that is focussed on individuals with illness to one that emphasizes wholistic well-being and flourishing communities. A range of strategies are suggested that begin with community empowerment, land-based healing, promotion, and prevention that is linked to cultural strengths, strong leadership, and community capacity. Working together in partnership and collaboration helps to maximize the available services and programs and build cohesion and coordination across the system.

This model is built on key elements including collaboration, leadership and advocacy, a strong and supported workforce, prevention and promotion, physical spaces, models of care and treatment, a focus on youth, and appropriate tools.

Key facilitators and drivers necessary to support effective implementation of the model include land-based approaches, traditional knowledge and cultural teaching, partnerships, health equity, leadership and partners working together, and sustainable funding.

Goals associated with each model element were identified:

- Collaboration: Bridging partnerships and networks that support strong service delivery.
- Leadership: Building youth self-esteem through community heroes and role models while providing program development and education in leadership to build community capacity and awareness.

- Strong supported workforce: There is a variety of workers with clear roles who are trained and connected with knowledge, skills, and resources to provide services that support community needs. Their mental and emotional needs are supported.
- Tools: The necessary tools are in place to provide programs and care.
- Physical space: Welcoming, safe, private, equipped, and adequately funded physical space is available in all communities.
- Prevention and promotion: Land-based and healthy activities to engage youth and families are in place.
- Models of care and treatment: A multi-disciplinary approach which is trauma informed and includes emergency care access, community first responders, additional specialized services, and are interwoven with traditional and western approaches.
- Youth: Youth have a sense of purpose, feel valued, and connected.

Some recommended actions to support the models include, but are not limited to:

1. Improve interagency collaboration and service integration across the continuum of care to optimize provision of services.
2. Cultivate leadership for mental health through mentorships and cross disciplinary community learning.
3. Develop an orientation and onboarding process for new staff which builds awareness and understanding of the role of departments and programs at SLFNHA.
4. Develop a centralized intake system for triage of referrals/requests for internal services and across agencies.
5. Work with communities, tribal councils, and key service partners to establish a community case management/services navigation system with key community roles identified.
6. Develop appropriate physical space in communities to provide services.
7. Take a proactive prevention approach, offering supports in addition to crisis stabilization, to enable progression through healing and less dependency on acute services.
8. Develop a model of care that integrates Anishinaabe wellness approaches and clinical approaches from prevention to aftercare.
9. Create, maintain, and strengthen safe and supportive social spaces for youth on the land, in buildings, and in programs in the community.

Moving forward, it will be important to share the proposed model with those who have participated in the mental health and addictions review and the subsequent development steps to strengthen, refine, and affirm the model. Once validated, the model can be shared with the community and leadership for their advice and endorsement. Resources should then be secured for community engagement to develop a model implementation plan reflecting actions and activities to be taken to flesh out each of the model elements and goals. Finally, a leadership and governance table should be established for regional oversight and leadership for mental wellness, advocating for the necessary resources, and to oversee implementation of the final model.

Introduction

SLFNHA serves 33 First Nation communities across Kiiwetinoong (a geography sharing boundaries with what is also called the Sioux Lookout region in Northwestern Ontario). SLFNHA delivers and plans much needed health services for its' member communities and is guided in this work by the Anishinaabe Health Plan.

Figure 1. Map of communities served by SLFNHA

As part of SLFNHA's regional health planning mandate, SLFNHA has been directed by the SLFNHA Chiefs-in-Assembly through various resolutions to develop regional plans on mental health and addictions. The most recent resolutions include the development of a Youth Mental Health Strategy (Resolution #19-22) and a Comprehensive Addictions Strategy (Resolution #19-21).

Towards this end, SLFNHA enlisted an external review team in the summer of 2021 in order to gather information and insights in a comprehensive process of engagement and exploration of mental health and addictions in the region.

Specific goals of the review were to:

- Learn more about the mental health and addictions services currently available both on and off-reserve.
- Obtain information and suggestions about what is working well, what challenges exist, and identify service gaps.
- Identify the types of funding received for the provision of mental health and addictions services.
- Seek recommendations for a comprehensive regional mental health and addictions strategy.

The review, conducted between September 2021 and May 2022, provided a more fulsome snapshot of the current state of mental health and addictions services in communities served by SLFNHA. The intention was that the review would be used to strengthen regional planning and overall coordination of services (see *SLFNHA Mental Health and Addictions Review* report).

In this regard, the review has set the stage for dialogue and planning of a more comprehensive, coordinated mental health and addictions system which better meets the needs of community members and communities.

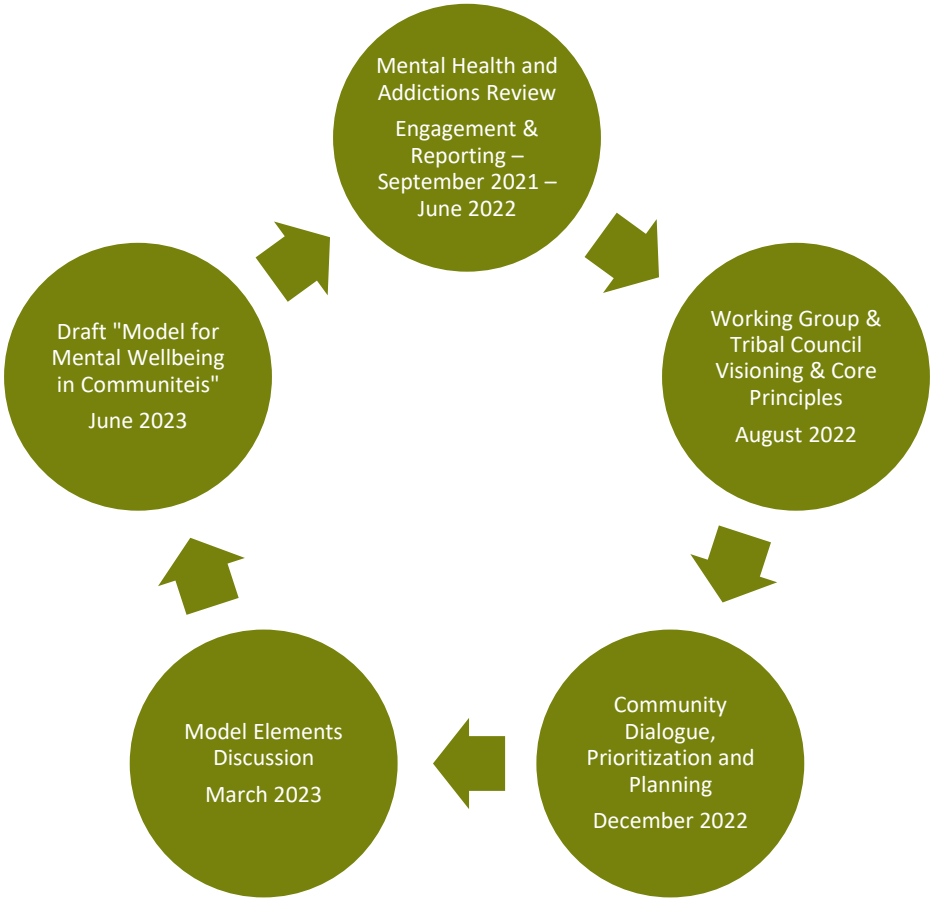
Three important planning steps were undertaken since then involving over 100 participants including internal working group members, senior program staff, key partners, tribal councils, and community health directors. These planning steps included:

1. A preliminary report review and brainstorming session with 15 participants including working group members and tribal council representatives – August 25, 2022 (see *SLFNHA Mental Health and Addictions Review - Working Group Brainstorming Session - Key Discussion Points*).

2. A community engagement and dialogue session to prioritize areas for action with 80 participants including community and tribal council health directors, SLFNHA staff and key regional partners – November 30 and December 1, 2022 (see *Action Plan to Address Community Needs in Mental Health and Addictions*).

3. A planning and discussion session to develop a "Model for Mental Wellbeing in Communities" (Figure 2), involving 10 senior leaders in SLFNHA such as Nodin, Developmental Services, Approaches to Community Wellbeing , the Primary Care Team, and Tribal Council Health Directors - March 28, 2023

Figure 2. Steps in the development of a Model for Mental Wellbeing in Communities



How the Mental Health and Addictions Review was conducted

The initial review was guided by an internal working group of senior leaders within SLFNHA who met monthly with the review team to oversee the work plan and provide advice, direction, and key contacts.

Comprehensive engagement with communities, tribal councils, mental health and addictions service providers, and individuals in the region was undertaken to understand the services landscape, service gaps, and needs.

In addition, an in-depth site visit at one community helped to situate findings within the context of the unique realities of service delivery and service needs at the community-level.

Other aspects of the review entailed:

- Literature review (see Appendix B for a summary of this review)
- Document review (see Appendix C for a summary of this review)
- Health director focus groups
- Youth survey
- Interviews with key informants
- Partner and provider focus groups

These activities and steps are depicted in Figure 3.

Figure 3 SLFNHA Mental health and addictions review - Key Activities

The resultant review report (*SLFNHA Mental Health and Addictions Review*) identified strengths and gaps in a range of areas and provided a number of suggested actions to address:

- Youth needs
- Coordination
- Prevention
- Land-based healing
- Regional and community-based treatment
- Structural supports

In order to unpack and explore the review findings further the working group convened a visioning and discussion session in Winnipeg on August 25, 2022.

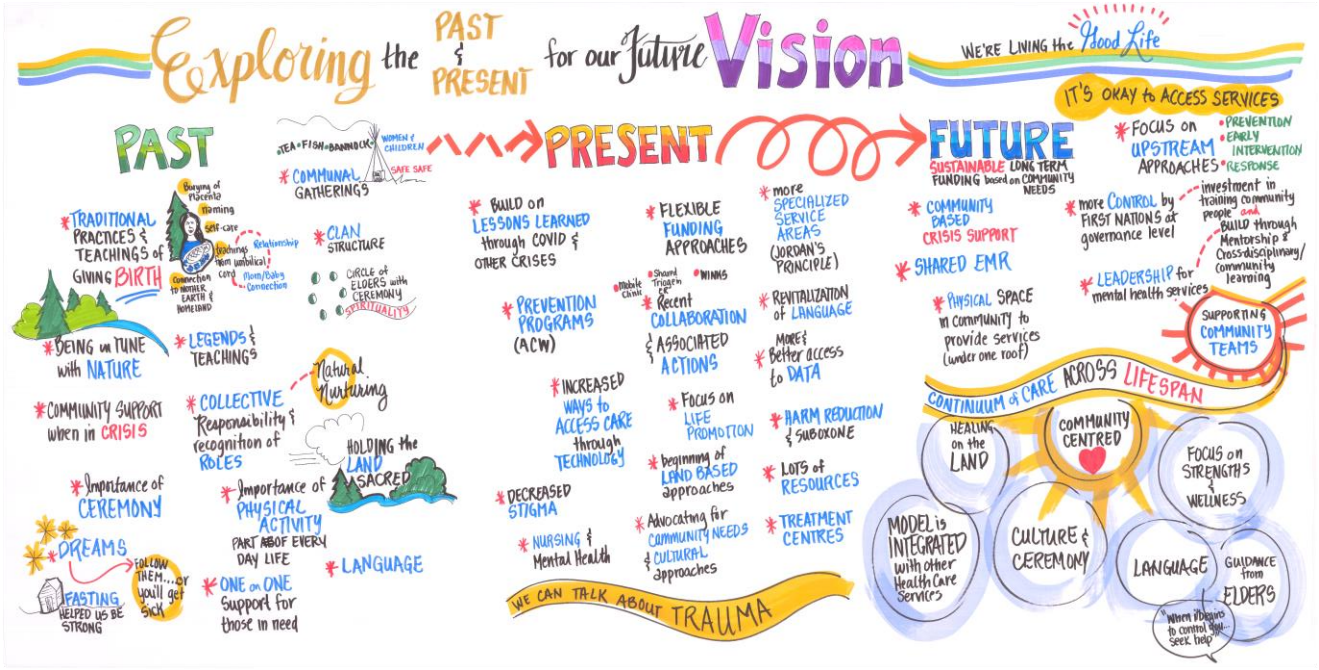
The goal of the meeting was to explore a vision for mental wellness and to begin to structure a framework for how to approach the many gaps and areas for action.

Working Group & Tribal Council Visioning and Brainstorming Session – August 25, 2022

The full *Mental Health and Addictions Review* report provided a comprehensive suite of recommended areas for action based on findings emerging from the review and engagement processes. To provide further feedback concerning this report and discuss recommendations and next steps, a planning session was held on August 25, 2022, with working group members and tribal council representatives.

The meeting resulted in a Vision (Figure 4) for comprehensive, coordinated mental health, and addictions in the region and a set of Core Principles (Figure 5) that could guide this work.

Figure 4. Exploring the past and present for our future vision



Strengths of the past and present inform a renewed vision for mental health and addictions care in the region.

<u>Vision</u>

Several elements constitute a future vision of communities "living a good life":

- Stigma is reduced - "It is ok to access services".
- There is focus on upstream intervention including prevention, early identification, and nurturing resilience.

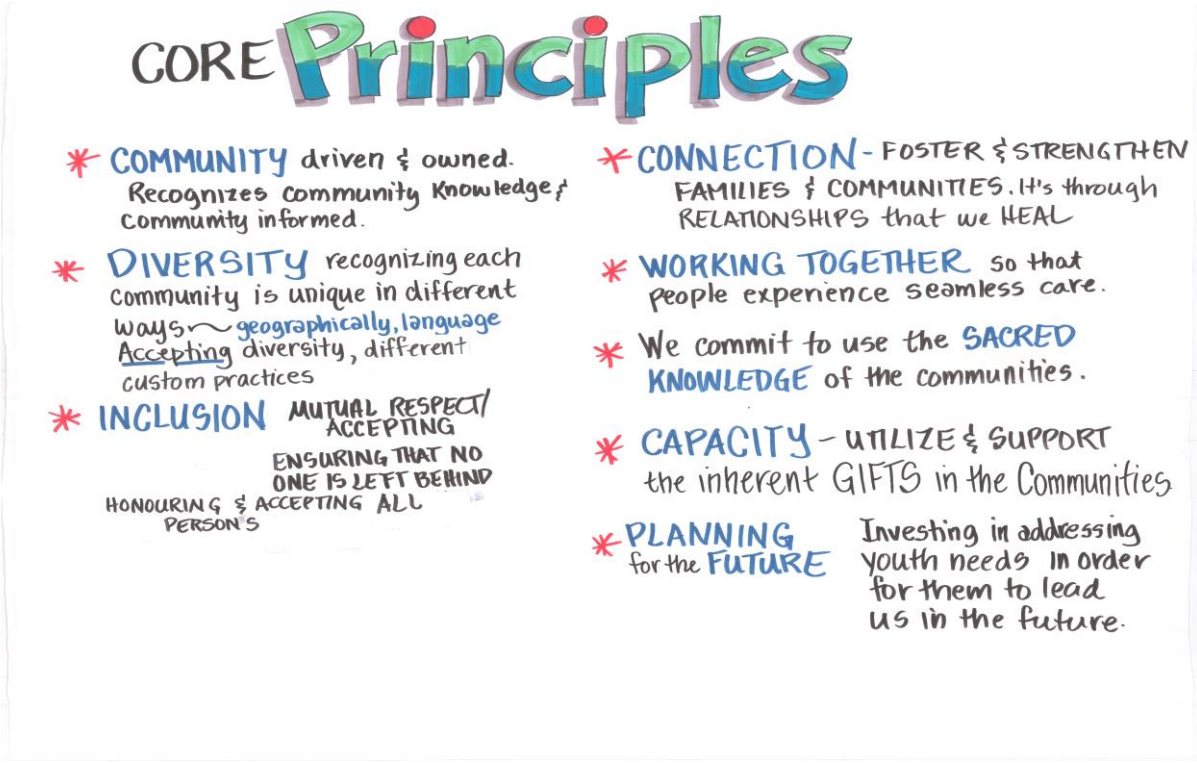
- Community based crisis management is the norm.
- More control at the First Nations governance level is enabled through investment in training community people.
- Leadership for mental health services is cultivated through mentorship and cross disciplinary community learning.
- There is an emphasis on supporting community teams.
- There is appropriate physical space in communities to provide services which is all under one roof.
- A shared Emergency Medical Records (EMR) system is in use.

There is a continuum of care across the lifespan which is community centered and built on the following:

- A model that is integrated with other health services.
- A focus on strengths and wellness.
- Healing on the land.
- Culture, ceremony, language – drawing on guidance from Elders.

These elements of the vision are echoed in the Core Principles which emerged from the brainstorming and discussion.

Figure 5. Core Principles for strengthened and responsive mental health and addictions care



Meeting participants also recommended that as a next step, a 2-day community engagement and planning session involving tribal councils, partners, and SLFNHA departments be convened in order to focus discussion on the elements of community driven, community led, and community responsive services.

This compelling vision and core principles were shared along with the full *Mental Health and Addictions Review* report at a gathering in Winnipeg held on November 30 and December 1, 2022, for community health directors and key partners. The intention of this session was to seek feedback, determine priorities, clarify roles, and outline next steps in order to build upon the review findings.

Community and Partner Engagement – November 30, December 1, 2022

This session, recommended by the working group, was hosted in Winnipeg on November 30 and December 1, 2022, and involved 80 participants including community health directors, mental health staff, as well as key service and advocacy partners.

This session was designed to:

- Provide an overview of the draft Report and Recommendations and seek feedback from the group.
- Discuss the vision and core principles developed by the working group and tribal council representatives in August 2022.
- Identify the key strengths, needs, capacities, and priorities of communities in relation to mental health and addictions.
- Prioritize areas for action in mental health and addictions to respond to community needs.

Through the use of graphic facilitation, interactive presentations, 5 mental health and addictions case studies, and a capacity and health human resources discussion, community feedback and partner insights were sought. Group work also focused discussion in the following agreed upon areas:

- Prevention
- Crisis management
- Community treatment
- Counselling
- Land-based healing
- Inclusion of cultural strengths
- Addressing youth needs
- Stabilization and aftercare

From this work, a set of high-level actions priorities were determined:

Prevention

Community designed programs including awareness campaigns, school programs, healthy parenting, life skills promotion, grief support circles, and life promotion with a focus on hope are the focus in this area.

Communities wish to lead in the design of such programs and incorporate cultural and land-based elements such as cultural teachings, traditional medicines, and language.

Early Intervention

The training and certification of community members in both Western and Traditional approaches as well Natural Helpers, Elders, and Knowledge Keepers to work in mental health is a key priority in this element.

Early intervention offered routinely is needed at all stages of life, preconception, early childhood, youth, adults, Elders.

Treatment for substance abuse

Rapid access to physicians specializing in addictions treatment and services, as well as rapid access to wholistic treatment centres is the most pressing need. These centres should be in First Nations communities and integrate Western and Traditional approaches to treatment.

Counselling

Mental health counselling which emphasizes a return to the land and identity to facilitate empowerment and purpose through the use of ceremony, teachings, programs, a way of life, and language is needed.

Permanent, flexible funding for counselling at the community level is needed.

Crisis Response

To facilitate crisis response in the community adequate training and funding for community staff and crisis responders is needed. In addition, mental health supports and debriefing is needed for first responders.

Stabilization

To support mental health and addictions stabilization, increasing the number of mental health nurses and medical doctors is needed. In addition, there is a need for more safe beds, stabilization beds, and pre/post treatment beds both regionally and in the community.

Land-based healing

Healing Centres are required in each First Nation. These centres would offer a combination of medical care for addictions treatment as well as traditional and spiritual care within the context of mental health counselling. Family healing camps offered each summer in every community would be a central feature of these centres. Permanent, flexible funding to support these facilities is necessary.

Aftercare

Aftercare programs such as support groups, follow-up counselling, relapse prevention, peer support, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups, and family support must be offered in the communities and framed within a culturally appropriate approach. Using land-based approaches to healing and involving Elders and natural helpers is needed. Additionally, detox and withdrawal management are needed in community as part of pre-treatment.

Youth

Youth centres and safe spaces as well as access to recreational facilities, sports, music, and arts is needed along with consistent permanent funding for these.

Cross-Cutting Recommendations

The session resulted in a number of recommendations in six cross-cutting areas as follows:

1. Long-term flexible funding

Long-term, stable commitments for flexible funding to support local community empowerment are a prerequisite for the development of effective approaches to community needs.

Wholistic recovery from the intergenerational trauma that has contributed to the current high rates of mental health challenges and addictions will require empowering communities to devise their own approaches and solutions and is a longer-term system strengthening endeavor. Such program funding must give communities the latitude they need to develop and plan for programming and services according to their needs and priorities.

Funding is also required for capital projects and infrastructure so that communities may effectively provide services.

2. Support the development of local community-based work force

Support knowledge development among community-based workers in the area of mental health and addictions services. This will include a spectrum of training tailored to community needs, such as early identification of children's mental health needs in schools and trauma informed curriculum, detox and withdrawal management, peer counselling, aftercare, and so on. It also includes developing ways to recognize and include natural helpers, knowledge keepers, Elders, and other traditional support systems. Pathways to support community members who would like to learn more about cultural and land-based approaches to healing are also needed.

Training is also needed for community staff to respond to crisis in collaboration with outside support teams.

3. Support the development of community-designed wellness programs

Programs should be identified by the community and may include school programs, Choose Life, grief support circles, life promotion efforts with a focus on hope, awareness workshops, healthy parenting, and life skills promotion. Communities should be supported to develop locally led culture and land-based programs that promote traditional cultural teachings, traditional medicines, family wellbeing, and cooking workshops.

Youth Centers and safe spaces for youth to build healthy relationships, as well has increasing their access to gyms, sports, music, arts, and land-based activities are another important part of wellness and prevention programming to be prioritized.

4. Support the strengthening of community-based treatment

Community treatment for addictions requires a circle of care with community workers and clients being able to access specialized providers for clinical treatment and shared care. Clients require access to community support services including recreation, traditional and peer counselling, and locally led traditional, cultural, and land-based experiences. Clients need to find purpose and belonging in their communities which can be restored through ceremony, teachings, traditional activities, and language.

Reinforcing community-based treatment capacity by increasing hours of visiting nurses and physicians, with the ultimate goal of local nurses and/or physicians providing care is also needed.

5. Strengthen communities' ability to support clients through land-based healing

Healing Centres are needed that combine medical care, addictions treatment care, and traditional/ spiritual care. These centres would also offer healing camps on the land. Land-

based knowledge needs to be strengthened in schools and include an emphasis on language, medicine picking, and spiritual practices such as smudging, gratitude, and prayer.

6. Outside Support Services

Outside services require improved integration with local staff and shared care approaches that empower each community to their unique level of readiness. The safety of clients should be considered as well as their long-term recovery within their community.

Development of a Model for Mental Wellbeing in Communities – March 28, 2023

The prioritized elements of a service continuum as well as key cross-cutting recommendations emerging from this December session both affirm and strengthen many of the suggested areas for action highlighted in the *Mental Health and Addictions Review* report.

Missing, however, was the necessary structure to support the overarching vision needed to galvanize movement towards a comprehensive and community responsive system for mental wellbeing.

Towards this end, a strategic brainstorming session was held on March 28 involving senior department heads with SLFNHA including Nodin, Development Services, Approaches to Community Wellbeing, and the Primary Care Team alongside several invited community and tribal council representatives.

The agenda included a succinct recap of the themes emerging from the November 30 and December 1 session. Dialogue animated by graphic facilitator, Pam Hubbard, focussed on building a mental health and addictions model for the region starting with:

- Affirming principles
- Clarifying a vision
- Identifying strategic directions or pillars to achieve the vision

In the afternoon, the group was encouraged to delve further in exploring a functional model by:

- Expressing strategic goals within each pillar.
- Outlining key capacities and actions needed to accomplish these goals.

Building upon the Vision Expressed by Communities

In the December session, SLFNHA, community and partner representatives shared the following key elements of their vision for mental wellness in communities:

- Their vision of a regional integrated mental health and addictions care framework or model comprises community mental health and addictions programs, treatment, crisis

response, counselling, and aftercare services with trained community workers working together with system partners and providers in a collaborative, cohesive manner.

- Communities are self-determining and empowered to address their mental health and addictions needs over the longer term, with individuals taking ownership of their health and agencies and partners supporting the community to achieve their aspirations. The ability to share information to support better care planning is part of this vision.
- In this future vision, social determinants of health are being addressed, and communities are reclaiming their cultural strengths, language, and strong Anishinaabe identity to maintain wellness in families and communities.

Building on these discussion points, participants in the March 28th session distilled the vision further suggesting the following:

> *Anishinaabe of this land have a strong cultural identity and follow traditional wisdom to acknowledge and address issues impacting mental wellbeing. Communities are a safe space without judgement. Our people are vibrant. All of this supports wellness for our land and its people.*

Within this vision:

- Communities are strong in their approach to mental wellbeing.
- We have health equity in communities including access to services, clean water, housing, employment etc.
- We are actively promoting, preventing, and supporting with approaches that utilize traditional land activities and education interwoven with western practices to ensure good physical, spiritual, emotional, and mental health - creating a wholistic healthy state of being.
- Services are accessible, acceptable, and collaborative.

This vision rests at the heart of the proposed model expressed by participants.

Model for Mental Wellbeing in Communities

A model helps to visually illustrate how community and partner organizations can influence mental health and wellbeing. It includes an understanding of the individual nested in the context of their family, community, and the social factors that impact on their wellbeing. Thus the vision includes and recognizes for example, social determinants and health equity as essential aspects of the path moving forward.

The model helps to shift the narrative from one that is focussed on individuals with illness (i.e. a medical model) to one that emphasizes wholistic well-being and flourishing communities. A range of strategies are suggested that begin with community empowerment, land-based healing, promotion, and prevention that is linked to cultural strengths, strong leadership, and community capacity. Working together in partnership and collaboration helps to maximize the available services and programs and build cohesion and coordination across the system.

Figure 6. Model for Mental Wellbeing in Communities

A number of key elements have been described which comprise a proposed model for mental wellbeing in communities. They include:

- Collaboration
- Leadership and advocacy
- Strong and supported workforce
- Prevention and promotion

- Physical spaces
- Models of care and treatment
- Youth
- Tools

Each of these model elements are described briefly below:

Collaboration - Enhancing mental wellness in communities requires pragmatic and tactical action to surmount the numerous barriers, programming mandates, and constraints that deter effective collaboration across initiatives and programs. Communities also require support to coordinate with local partners across the health, education, justice, employment, and social service sectors. External partner service agencies must work collaboratively with communities to ensure wrap around services which are coordinated and responsive to the needs of community members. Role clarity is needed as there are many shared clients and common areas of need.

Leadership and advocacy - A key to long term, lasting change in mental wellness is to ensure First Nations control of their own services starting with expressing their vision, establishing their own priorities, and building their own community mental wellness plans. Leadership advocacy is needed to ensure that communities have the resources and are supported in developing their own programs, as well as building the capacity needed for community driven mental wellness programs that are effective, relevant, and culturally responsive.

Strong and Supported Workforce - One of the most important areas of focus in improving mental wellness is community development and capacity building. Communities must be supported in planning processes and community development to define their own priorities and programs which fit their local culture and context. This must also include building individual, organizational leadership capacity and providing training which leverages the strengths in the community to address mental wellness and addictions.

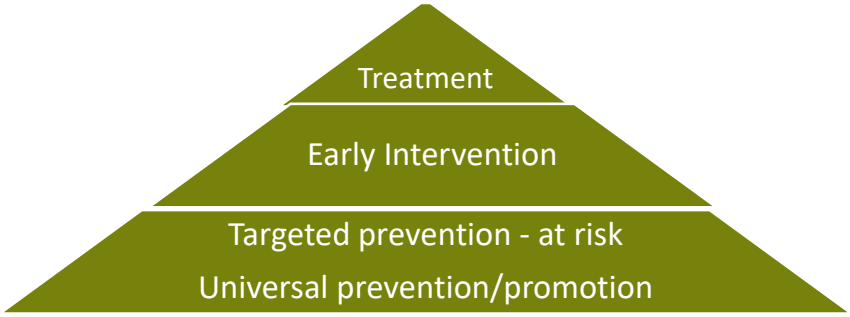
Tools to support community workers - Training and capacity building for community workers, supervision and support for clinical work, proactive self-care support plans, common intake, data collection, scheduling, and referral systems as well as planning and evaluation for programs and initiatives are needed.

Dedicated physical spaces - confidential, comfortable spaces for counselling, appropriate office spaces for administration, training, and meeting, as well as on the land spaces for programming and for ceremony are needed. Youth Centres, safe spaces, and recreation facilities for youth are also needed.

Prevention and promotion - Prevention and promotion campaigns targeted at the whole community are needed which build upon cultural and community strengths. It is important to recognize specific groups who may be at risk, such as youth exposed to domestic violence or addictions in the home or amongst peer groups or seniors who experience isolation or elder abuse. Mental health promotion which seeks to increase protective factors and encourage healthy lifestyles is needed, especially amongst child and youth populations. Community wide

anti-stigma campaigns and harm reduction approaches are critical for individuals who are using drugs to reduce the harm and premature death associated with using drugs.

Figure 7. Identified priorities for action. These include targeted prevention, early intervention, and treatment. Successful prevention and early intervention could help to reduce the number of community members requiring treatment in the long-term.



Treatment - Specialty services and support as well as a range of inter-connected treatment programs and settings are needed for addictions treatment including community, on the land, and urban/regional treatment centres. Post treatment supports and community aftercare capacity are needed. This will entail training and support for community program staff, the integration of treatment within community mental health and addictions strategies, inclusion of family and land-based healing, as well as sustained funding and suitable infrastructure for such treatment programs.

Youth - Youth wish to have trusted knowledge keepers, Elders, and counsellors available to speak with them when they are in need of guidance or when they are in need of assistance with difficulties in their lives. They also need land and culturally based programs and activities involving family and peers and community involvement/support. Facilities for working out, recreation programs, and organized sports are needed. Places for youth to gather as well as safe spaces for youth are also needed.

Model for Mental Wellbeing in Communities - facilitators and drivers

As described earlier, the model's structure is reinforced by a number of key contextual factors or supports which must be in place. Within the outer circle of the model visual (Figure 6) are key facilitators and drivers which are necessary to support effective implementation of the model. They include:

- Land based approaches
- Traditional knowledge and cultural teaching
- Partnerships

- Health equity
- Leadership working together
- Sustainable funding

Land-based approaches – Land is foundational to First Nations identity. However, due to processes of colonization, Indian Residential Schools and assimilation, many individuals have been disconnected and communities dispossessed from their traditional territories. Land-based healing occurs when people return to or reconnect to the land and begin to remember, revitalize, and reclaim their historical and traditional wellness practices.

Land-based healing programs contribute to mental wellness amongst individuals and community and increase resilience, support cultural understanding, nurture positive social relationships, improve mood, reduce stress, increase physical health, increase self-esteem and confidence, and cultivates team building. Land-based healing is especially helpful for those healing from addictions or trauma.

Land based healing programs are central to an effective mental wellness strategy.

Traditional knowledge and cultural teachings – Local First Nations concepts of wellbeing, such as the Anishinaabe *mino-bimaadziwin*, that are rooted in a First Nations worldview and anchored in the ancestral language must be honoured in the framework of all services. They are foundational to an understanding of wholistic healing and wellness, connecting people to each other in healthy relationships with each other, and reconnecting them with spirit. Connection to community, land, culture, and identity are key pillars upon which to build wellbeing and promote healing.

Local knowledge of the land, language, stories, beliefs, values, medicines, historical practices, and community customs, as well as associated cultural teachings, is integral to individual and community wellbeing. Such knowledge must be protected, promoted, and infuse all aspects of mental health service delivery from promotion, prevention, treatment and aftercare, and in particular, form the foundation of land-based healing programs.

Partnerships – Within the region, there are numerous community health centres, tribal councils, political-territorial organizations (PTOs), health service organizations, providers, initiatives and agencies, as well as hospital and primary care partners working to address the mental health and addictions needs of individuals and communities.

Building and cultivating trusting working relationships to support ongoing communications, networking, coordination, the sharing of information, and development of referral pathways is needed to maximize resources.

Strengthened partnerships through ongoing opportunities for networking and collaboration, integrated service planning or case management, shared training opportunities, and collaborative program planning are needed.

Health Equity – Health equity means that all individuals have a fair and just opportunity to achieve optimum health and wellbeing. It involves addressing social determinants of health which can influence mental health outcomes such as access to mental health services, access to adequate and safe housing, addressing income disparities, and Indigenous determinants of health such as the ongoing effects of racism, discrimination, and historical processes of assimilation and colonization such as Indian Residential Schools.

In northern First Nations housing, infrastructure, income, economic instability, education, and employment have a significant impact on health and mental health. Further, there are limited supports and services including mental health promotion, mental illness prevention, early identification, treatment, aftercare, and case management.

Coordinated strategies to address these systemic and long-standing infrastructure inequities and social determinants of health issues at the community-level are needed as these form barriers in the pathway to recovery, and hamper access to the delivery of care and services.

Leadership working together – Strong leadership exists at all levels from the communities, tribal councils, PTOs, health authority, and hospital. A mechanism to bring these leaders together to support a cohesive and coordinated strategy or approach is critical as advocacy, collaborative planning, and a collective voice for the region is needed.

A robust decision-making table is needed to support the implementation of this model, provide advocacy for needed program and funding supports, oversee service coordination, ongoing communications, and networking inclusive of all partners.

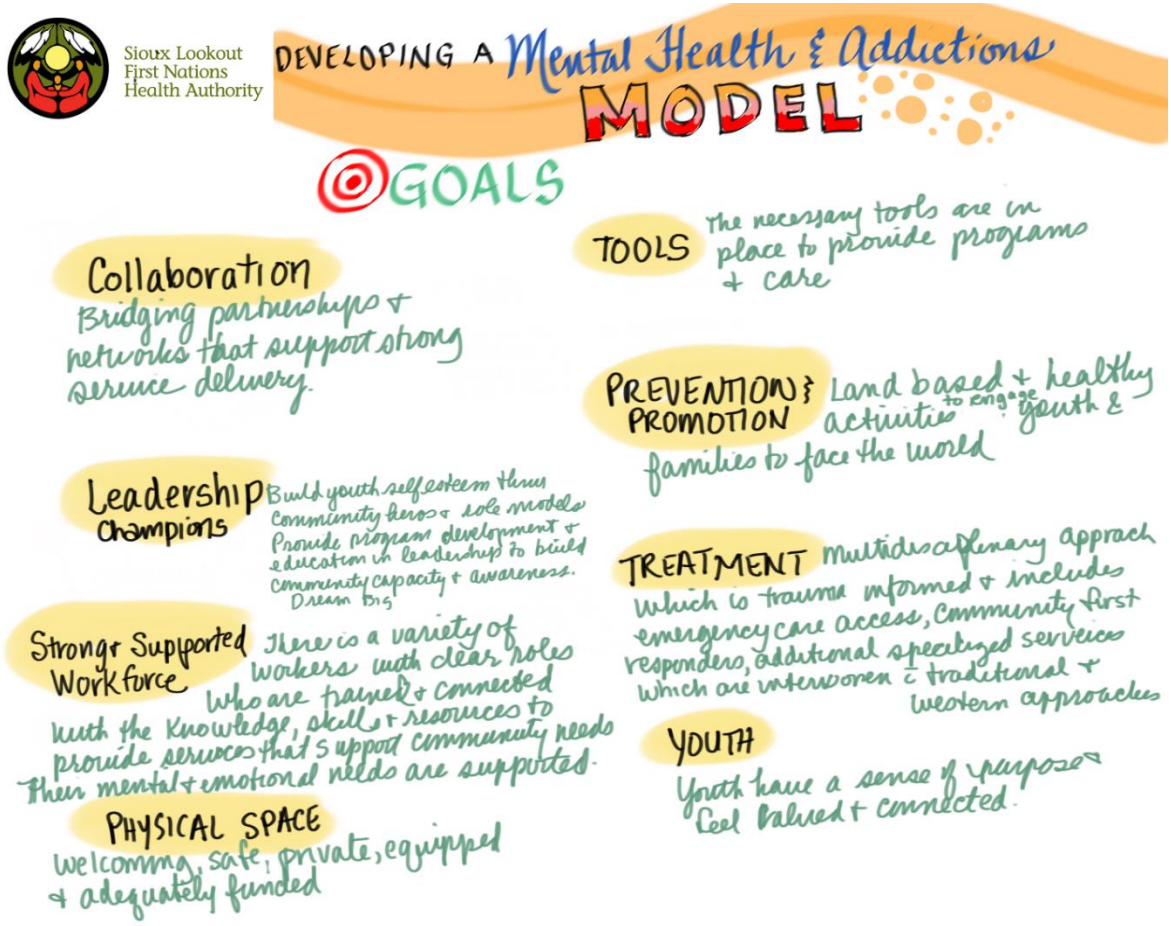
A secondary role of this table would be to enable the formation of pathways, clarify roles and relationships between organizations, as well as the protocols to be followed to access services offered by different organizations. Each partner would participate in this collaborative table with the goal of formulating processes for information sharing, coordinated outreach, and case management.

Sustainable funding – Sustainable funding is needed not only to address persistent and longstanding human resources and infrastructure challenges within the mental health and addictions care system, but to support a two-pronged approach involving investment at the community level and at the regional level to support development of this model. Community development is a pre-requisite for this model's effectiveness and is a longer-term system-strengthening pillar. Long-term, stable commitments for flexible funding to support local community empowerment are needed for the development of effective approaches to community needs. Such program funding must give communities the latitude they need to develop and plan for programming and services according to their needs and priorities. Funding is also required for capital projects and infrastructure so that communities may effectively provide services.

At the regional level, sustainable funding for a leadership table, community engagement and planning, and implementation of this model will be needed.

Goals of the Model for Mental Wellbeing in Communities

Figure 8. Goals of the Model for Mental Wellbeing in Communities



Actions to support model elements and associated goals

A goal statement was associated with each key element of the model (Figure 8). As work progresses to further develop and implement the Mental Health and Addictions Model, these goals can be referred back to and used as a measure of progress and success. Recommended actions for implementation planning of each model element and its associated goal(s) are summarized below:

Collaboration

Goal: Bridge partnerships and networks that support strong service delivery.

Collaboration was a major recurring theme throughout each of the engagement sessions. Stronger collaboration and partnerships are required within existing services and programs to maximize efficiency, minimize duplication of efforts, improve sharing of information/resources, and increased accessibility of services.

Actions:

1. Improve interagency collaboration and service integration across the continuum of care to optimize synergy of services and explore task shifting where appropriate.
2. Develop a Memoranda of Understanding (MOU) between agencies and partners which clearly outline roles and responsibilities to increase understanding among those accountable for service delivery. Similarly, the creation of formalized referral networks with other agencies can maximize the positive impact of existing services.
3. Ensure regular opportunities for engagement, updates, and information-sharing both internally and with the First Nation communities and other partners.
4. Continue to participate in collaborative tables with the goal of formulating processes for information sharing, coordinated outreach, and case management.
5. Structure regular opportunities for knowledge sharing, collaborative training and co-learning between community workers and other providers.

Leadership

Goal: Build youth self-esteem through community heroes and role models while providing program development and education in leadership to build community capacity and awareness.

Leadership and advocacy within communities and the region is required to address the needs of children, families, and all people across all life stages. Strong leadership is required in supporting and building the local workforce and its capacity, and to encourage more inter-professional collaboration and break down service silos. More specifically, community leadership is needed to champion awareness and anti-stigma campaigns as a necessary underpinning to community wellbeing and prevention efforts. Strong self-determining, local leadership and governance with strategic collaborations with service partners is critical.

Actions:

1. Cultivate leadership for mental health through training, mentorships, and cross disciplinary community learning.
2. Enhance community driven leadership of mental health and addiction services through community health planning and community development[1] efforts.
3. Empower youth and provide opportunities for youth lead initiatives, youth councils, youth employment within the communities.

Strong supported workforce

Goal:
Support the mental and emotional needs of all the various workers with clearly defined roles, who have training, skills, and access to resources to provide services that support community needs

Creating a strong supported workforce is not without its challenges. New hires that relocate have limited access to housing. The necessity of travel for outreach and relative professional isolation combined with high caseloads can lead to burnout, compassion fatigue and vicarious trauma for workers.

Training and professional development, clinical supervision, peer mentoring and networking are vital to support the long-term retention of workers and to help offset burnout.

Building capacity encompasses the empowerment and inclusion of community workers within the circle of care, ensuring access to specialized training and supports as well as opportunities for a localized pathway to achieving qualifications and competencies needed.

Actions:

1. Develop an orientation and onboarding process for new staff which builds awareness and understanding of the role and of the many departments and programs at SLNFHA.
2. Assist communities to develop worker job descriptions within structured team support, clinical supervision, and policies such as employer supported training, and a clear path towards career progression to eventual professional registration. This might entail a training program and leave policies supporting the community worker to attend further education.
3. For some workers, whose gifts or interests are in the area of local traditional or cultural wellness approaches, a plan for learning from knowledge holders, apprenticing or mentoring with healers, and those with knowledge of traditional medicine or land-based healing should be developed.

[1] *Community development in mental health refers to the process of building and strengthening communities to improve the mental health of individuals and communities.*

Tools to support community workers

Goal: The necessary tools are in place to provide programs and care.

Community workers need local leadership support, integration within care teams so that information is shared, supportive policy, guidance and service manuals, training and professional development of specific competencies, and inter-professional collaboration support from specialized providers to build capacity locally.

More generally, tools can also include culturally appropriate assessment tools, triage and intake processes, case management and systems navigation support, information sharing agreements and processes, and shared EMRs and access to data and research.

Actions:

1. Support communities to develop their own community health plans inclusive of mental wellness and community treatment approaches.
2. Develop a regional panel of cultural knowledge holders who can assist with traditional Anishinaabe approaches to community wellness.
3. Provide access and training to a range of culturally appropriate assessment tools and training to build capacity at the community level for integrated approaches to care combining western/clinical and traditional approaches.
4. Develop a centralized intake system for triage of referrals or requests for internal services or across agencies. Expand upon the SLFNHA and Sioux Lookout Meno Ya Win Health Centre (SLMHC) Mental Health and Addictions Program (MHAP) Memorandum of Understanding which clarifies roles, outlines a process for shared intake and streamlined referrals, and expands ER crisis stabilization with additional supports.
5. Work with communities, tribal councils, and key service partners to establish a community case management and services navigation system with key roles at the community-level identified. Secure funding for community case managers (clinical) and/or community navigators to support implementation of the case management system.
6. Develop a mechanism for sharing information across common electronic medical record systems for partners, medical staff, and communities so people do not need to continuously repeat their story. This will require a communications and community education campaigns about privacy and confidentiality.
7. Ensure that any MOUs, care coordination plans or services agreements, which define roles and responsibilities, are supported with adequate resources and staff capacity for implementation.
8. Ensure appropriate and sustainable funding for equipment and supplies to ensure program effectiveness.
9. Collaborate on research projects which gather regional data and information to ensure evidence informed mental wellness planning.

Dedicated physical spaces

Goal: Welcoming, safe, private, equipped, and adequately funded physical space is available in all communities.

A serious challenge in program delivery is the lack of available facilities, programming space, private consultation, and office space within First Nations communities to offer services. This impacts community workers, visiting care providers, and clients. Infrastructure challenges also include the lack of accommodations for visiting care providers. Capital funding to support the development of new programs and office space are needed not just for mental health but all health programs.

Actions:

1. Develop appropriate physical space in communities to provide services which are all under one roof. Leverage federal and provincial capital infrastructure funds for health and social programs.
2. Within the region, seek funding for medically supervised detoxification or withdrawal management facilities, as well as operational program dollars for the associated care and after care components.
3. Invest in a regional training center to build locally relevant community capacity in mental health and addictions care.
4. Create, maintain, and strengthen safe and supportive social spaces for youth, on the land, but also in buildings and programs in the community.
5. Build accommodations for individuals and their families involved in family healing programs.

Prevention and promotion

Goal: Land-based and healthy activities to engage youth and families are in place.

A comprehensive continuum of care comprises prevention, promotion, early identification and intervention, trauma-informed treatment and counselling, and aftercare. However, there are limited supports and services for mental health promotion and mental illness prevention. The development of upstream prevention and community development approaches is often hindered because communities are regularly in a continuous cycle of crisis.

Treatment and aftercare supports, as well as upstream prevention and promotion centred around Anishinaabe bimaadiziwin – wholistic wellbeing – are required which is founded on local community cultural strengths and incorporates land-based activities is needed.

Actions:

1. Coordinate a circle of knowledge holders/elders and healers who can provide ongoing guidance to the development of land based and cultural approaches to mental wellness.

2. Commit as an organization and system of partners to incorporating land-based and cultural strengths-based approaches into the full continuum of community-based and regional services starting with health promotion and prevention to aftercare.
3. Take a proactive prevention approach, offering cultural supports in health promotion and build community resilience prior to and in response to crisis, to enable progression through stabilization to healing and less dependency on acute services.
4. Integrate land-based activities and cultural approaches to healing into promotion, prevention, treatment, and aftercare. Provide inter-professional education for health care providers amongst partner organizations and communities to build understanding and mutual respect across the two disciplines (traditional and western approaches).
5. Cross-disciplinary training between western and traditional approaches is limited and there is a need for a comprehensive wrap-around approach to community mental wellness with a focus on approaches tailored for Indigenous youth.
6. Intervene early to teach youth about their cultural identity, self-awareness, mindfulness, and wholistic wellness. Empowering messages about mental health need to be integrated in classes from an early age. Earlier intervention, mental health promotion, and maintenance are critical to reduce matters from escalating. Support teachers, guidance counsellors, and increase mental health counsellors and social workers in grade school through to secondary school with traditional supports, Elders and knowledge keepers who can provide in-service training, onsite counselling for youth, and debriefing.

Treatment

Goal statement: A multi-disciplinary approach which is trauma informed and includes emergency care access, community first responders, additional specialized services, which is interwoven with traditional and western approaches.

There is a strong wish for a regional residential treatment facility coupled with extended land-based healing programs. Communities have lived out on the land and derived meaning and wellbeing from the land since time immemorial. A land-based healing and treatment center for the region would interweave land-based healing activities, culturally based programming, and clinically-based treatment components. Although there are innovative examples where communities have begun to establish their own land-based healing programs, few are equipped to provide individuals the full suite of services needed to address addictions and longer-term healing. More importantly, the programs in place are limited in terms of funding and are therefore only able to offer short term (2 to 4 weeks) programs. Funding shortfalls for equipment and supplies also limit the programs' effectiveness.

A fully integrated model would include culturally appropriate care with seamless transitions throughout the continuum of care from detox/withdrawal management, stabilization with intensive counselling and supports, opioid agonist therapy (OAT), land-based healing, follow-up, and aftercare as the client returns to the community. Pre-treatment and recovery post-treatment homes, as well as safe homes for youth are needed as part of this continuum. Such a

program would require close collaboration between SLFNHA, SLMHC, program partners, and community resource people with expertise in land-based and cultural healing approaches.

Communities in the region are uniquely positioned to develop cultural, strengths-based, land-based, after-care programs as a companion service supporting the regional family treatment centre. Some of the key strengths in communities include their beautiful territory, enduring connection to land, and strong Anishinaabe language. A land-based treatment and healing program would help individuals to reconnect to land and support them to reclaim Anishinaabe wellness practices. A trauma-informed approach, which supports individuals to regain choice and control over their healing journey, is needed. Respect for an individual's spiritual framework would be critical as they seek recovery on a path combining land-based healing with western clinical approaches.

Actions:

1. Develop a model of care that integrates Traditional Indigenous and clinical approaches from prevention to aftercare.
2. Combine community-based Suboxone treatment programs with other culturally based wellness approaches such as land-based activities, traditional counselling, and mental health and addictions clinical services to help clients to recover from the underlying trauma that may be linked to their addiction.
3. Create substance use treatment services that extend from detox, treatment, aftercare, and supportive reintegration to the community. A longer-term strategic focus which builds in community and cultural strengths and leverages land-based healing is needed. Cultural approaches to healing and treatment are an important pillar of aftercare and programming should be run by local community members.
4. Create longer-term, trauma-informed, land-based programs with families involving effective and age-appropriate interventions with kids and parents. This healing program would be an integral part of the overall approach to community healing and allow people to regain normalcy and regain child custody, reconnecting as families, and community members. Additional support for parents who are struggling with addictions, including parenting skills, therapeutic support, housing, and conversations about contraception for those who would prefer no more children is recommended.
5. Provide communities with support to develop their own education and awareness campaigns to reduce stigma associated with addictions and harm reduction in hopes of encouraging people to access various treatment options.

Youth

Goal: Youth have a sense of purpose and feel valued and connected.

Intergenerational impacts of Indian Residential Schools and colonial harms on youth have echoed continuously in communities. This has disrupted and disconnected youth from the protective factors associated with their own community identity, teachings, historical land based practices, culture, language, and the land. Indigenous youth need safe healing spaces to

support their development into healthy adults, capable of withstanding the many pressures of life in addition to the ongoing stressors of racism and discrimination.

Leadership prioritization and championing for youth needs and initiatives is key.

Supporting youth involvement in governance and planning development should be fostered by communities. Including youth in such training and capacity building is critical to empower them and build their skills.

Actions:

1. Create, maintain, and strengthen safe and supportive social spaces for youth on the land, but also in buildings and programs in the community.
2. Advocate for permanent funding and access to recreational facilities, sports, music, and arts.
3. Develop a collaborative care model that connects Indigenous community and regional services to ensure youth are comfortable with mental health workers by choosing between regional and local workers.
4. Focus on community healing, in order to ensure youth are nested in a community that has good internal relationships in order to experience wellness.
5. Empower the community to begin the hard work of talking with youth. Engaging youth within the community to ask for their advice, feedback, and direction is needed in order to identify an approach to youth mental wellness that will work.
6. Create a network of trusted knowledge keepers, Elders, and counsellors available to speak with youth when they are in need of guidance or when they are in need of assistance with difficulties in their lives.
7. Create youth programming that responds to their preferred method of access. Developing digital platforms for learning and engagement should also be part of facilitating access.

Conclusion, Suggested Next Steps and Priorities for Action

A comprehensive review and engagement process has resulted in the proposed Model for Mental Wellbeing in Communities (Figure 6), with the most recent engagement session (March 2023) affirming the key messages and recommendations highlighted in the *Mental Health and Addictions Review* report, *SLFNHA Mental Health and Addictions Review - Working Group Brainstorming Session - Key Discussion Points* report, and *Action Plan to Address Community Needs in Mental Health and Addictions* report. The outcome is an organized framework to guide mental health and addictions care using a strengths-based approach within a model for mental wellbeing in the communities.

The proposed Model for Mental Wellbeing in the Community presents a collaboratively derived vision, and outlines the key elements, facilitators, and drivers for success that are inclusive of

community expressed needs. The vision of a regional integrated Model for Mental Wellbeing in the Community comprises community mental health and addictions programs, treatment, crisis response, counselling, and aftercare services with trained community workers working together with system partners and providers in a collaborative, cohesive manner. Communities are self-determining and empowered to address their mental health and addictions needs over the longer term with agencies and partners supporting the community to achieve their aspirations. The ability to share information across agencies and partners to support better care planning and cohesiveness is a critical component of this model.

Within this model, social determinants of health (e.g., access to services, clean water, housing, employment) are being addressed, and communities are reclaiming their cultural strengths, language, and strong Anishinaabe identity to maintain wellness in families and communities. Communities are actively promoting, preventing, and supporting with approaches that incorporate traditional land-based activities and education interwoven with western practices. This will ensure good physical, spiritual, emotional, and mental health - creating a wholistic healthy state of being. Within this model, services are accessible, acceptable, and collaborative.

The proposed model encompasses the full continuum of care and ideally also blankets the individual and their family in culturally appropriate care and support. A regional residential treatment facility coupled with extended land-based healing programming would offer the needed services at scale.

It is imperative that work continues to finalize and take actions towards implementation of the proposed model. As a first step, it is important to share this proposed model, the vision, and its goals with all who have participated in the steps of its development. These discussions would be framed to seek further input in order to strengthen, refine, and affirm the model.

Once this initial step has been completed, the model should be shared with community and regional leadership for their advice and endorsement.

Based on this endorsement, resources should be sought for a community engagement plan to support development of the model's implementation with concrete actions and activities built out for each of the model elements, goals, and relevant recommendations.

Finally, a leadership and governance table should be established to provide regional oversight and leadership for mental wellness, advocate for the necessary resources, and oversee implementation of the final model.

Appendix A

Mental Health and Addictions Meeting
March 28, 2023
Forest Inn, Sioux Lookout

Minutes

Present:

Mariette Sutherland, Facilitator
Pam Hubbard, Graphic Designer
Janet Gordon, SLFNHA
Teri Fiddler, SLFNHA
Ursula Larsson, SLFNHA
Katie Wantoro, SLFNHA
Terri Farrell, Medical Director
Emily Paterson, SLFNHA
Howard Meshake, SLFNHA Board
Trish Hancharuk, SLFNHA
Joan Rae, Sandy Lake
Patricia Keesickquayash, Mishkeegogamang

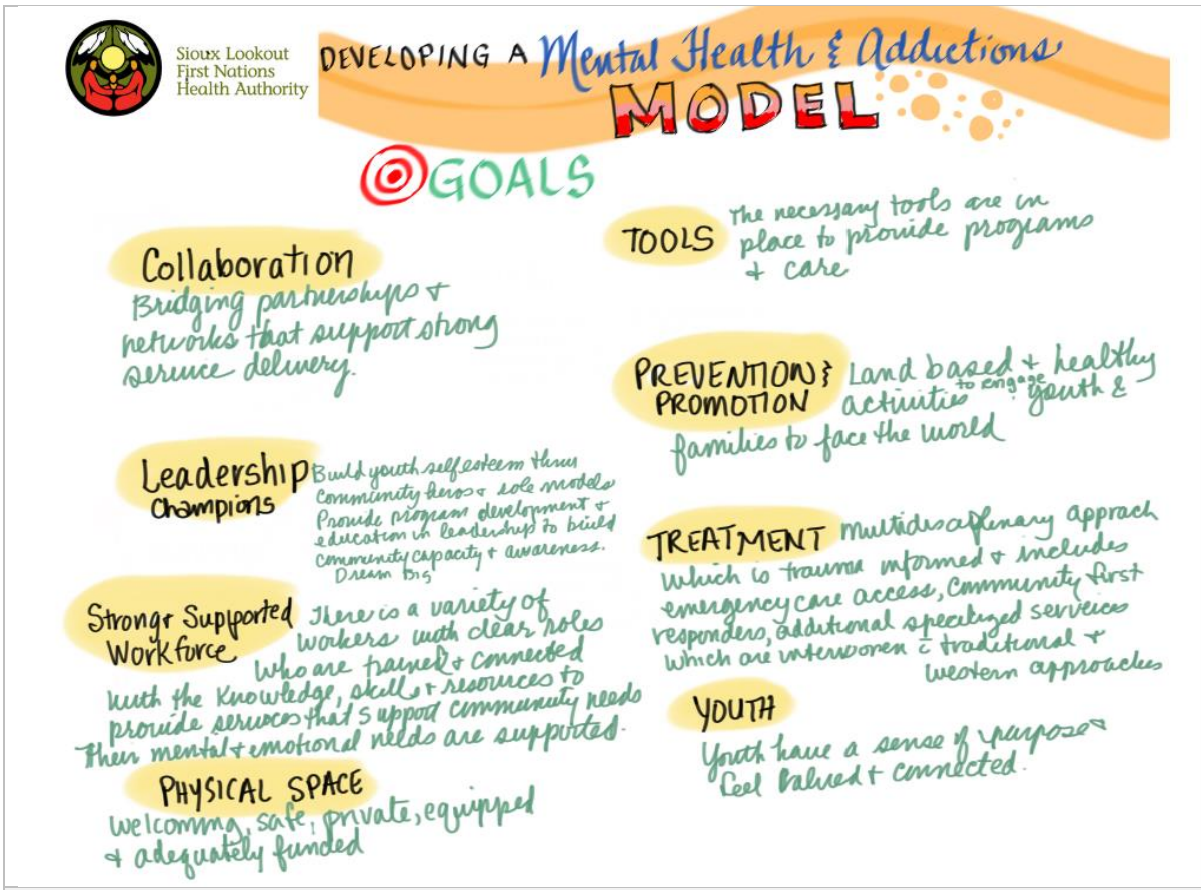
Minutes by: Charlene Dyment, SLFNHA

1.0 Welcome, Land acknowledgement	**Action**
Janet welcomed the group and land acknowledgement. **The purpose of this meeting is to finalize the mental health and addictions report. This work will move us forward and continue to address those areas of care that need to happen in communities. Need a good model and strategic direction to move forward.**	
2.0 Opening Prayer	
Teri Fiddler gave the opening prayer. Teri is now a full-time employee of SLFNHA. Her work will hopefully continue in the same capacity as before as well as being the new Traditional Healer Program Manager. **Teri is looking forward to seeing a new model for mental health services. Communities have been seeing many tragic incidents which are leaving children behind without mothers. Communities need services for more than 1-2 days at a time.**	
3.0 Recap from the November 30- December 1, 2022, Meeting	

Power point reviewed the activities and final outcomes of the November 30 – December 1, 2023, Meeting.	
4.0 Building a mental health and addiction model for the region	
Group Discussion • Mishkeegogamang community has Choose Life program. This work is trial and error. Have male and female intakes. There are some success stories. There is some stigma with being in the program. What if they fail? Then people say the program does not work. Community supports graduates. Also have AA meetings. • Mishkeegogamang had Nechi (https://nechi.com) training. The 12-week program was done in community. There was 7 out of 10 graduated. Those individuals were given management positions. • ISC nursing will still not support addictions care. • Nodin was involved with Suboxone start up programs. Communities were set up for failure. There was some success with land-based treatment programs. Communities need resources for training. • Nodin is hiring new grads. • Work is hard, lonely and isolating for community-based workers. They end up leaving their work. • Difficult to have responsibility put on community members who are related to many in their community. There are worries that information is not kept confidential. • NWT - provided in community training for some teachers and lawyers. • Emily described the ACW model. Health Director meetings discussed past, present and a future public health system and the vision, values and programming needed. Also visited 5 northern and 3 Dryden area communities. A report was finalized. Working group included representation from federal/provincial governments. Pam facilitated the graphic design portion of the vision/goals. • An off-reserve person should have the same access to care, where you live should not matter. Some are forced to move off reserve to access health care. How do we hold the provincial government accountable for providing services. Why is the province not providing support for Suboxone programs in communities. Why are people still on it 10 years later. There are some success stories for those that have used it appropriately. Why does the government force a program to dispense drugs and not provide any training/support for workers.	
5.0 Vison Statement	
Anishnabe of this land have a strong cultural identity and follow traditional wisdom to acknowledge and address issues impacting mental wellbeing. Communities are a safe space without judgement. Our people are vibrant. All of this supports wellness for our land and its people.	
6.0 Pillars	


Sioux Lookout First Nations Health Authority
DEVELOPING A Mental Health & Addictions MODEL
LAND BASED APPROACHES
TRADITIONAL KNOWLEDGE & CULTURAL TEACHING
SUSTAINABLE FUNDING
COLLABORATION
* how we work together
* Wrap around Service
* Advocacy
Leadership Working Together
Champions/Personal LEADERSHIP
* Advocacy
our Vision
WELLNESS
PREVENTION & PROMOTION
* use technology to communicate
* Harm Reduction
PHYSICAL SPACES dedicated
MODELS of CARE and TREATMENT
* Regional
* Community
* urban
* SPECIALTY SERVICES & SUPPORT
* POST TREATMENT SUPPORT
STRONG & SUPPORTED WORKFORCE
TOOLS to support Community Workers
TRAINING
TRADITIONAL KNOWLEDGE & SKILLS
• DATA Review for each case
• planning, Evaluation
• Universal system & Scheduling
Supervision & Support for clinical work
HEALTH EQUITY
YOUTH
Partnerships

7.0 Goals



8.0 Next Steps

- The final report should include recommendations that show a potential workplan and workforce.
- Present to Health Directors.
- Present to Chiefs at SLFNHA AGM in September 2023.

9.0 Closing Prayer

Patricia gave closing prayer.

Appendix B – Summary of the Literature Review

Summary of the SLFNHA Mental Health and Addictions *Literature* Review

The literature reviewed included the most relevant professional literature of the past ten years as well as important older studies related to Indigenous approaches to youth wellness and addictions, mental health, and wellness.

The literature clearly connects colonial harms with assaults on the wholistic wellbeing of Indigenous peoples including their physical, mental, emotional, social, and environmental health. Profound cultural and relational disruptions are direct outcomes of governmental policies which forced children into residential schools, day schools, and the child welfare system; removed Indigenous peoples from traditional territories. These persistent policies have allowed a disproportionate burden of environmental degradation; provided inadequate infrastructure, unsafe drinking water, and poor housing for healthy living.

The impact on youth has been dramatic because they are often separated from Indigenous worldviews, culture, practices, language, and the land. Indigenous youth need safe healing spaces to support their development into healthy adults, capable of withstanding life pressures in addition to the legacy of colonial harms. youth were deeply affected by social distancing measures of the COVID-19 pandemic**,** which were depressing, isolating, and anxiety provoking. The effects on their mental wellness are compounded as more people in their community use substances to cope with stressors. Indigenous programs such as the Feather Carriers: Leadership for Life Promotion program provides culturally grounded and life-oriented support that strives to attract youth towards life rather than suicide and premature death.

Indigenous concepts of wellbeing such as the Anishinaabe *mino-bimaadziwin*, that are rooted in an Indigenous worldview and anchored in Indigenous ancestral languages, must be honoured in the framework of all services. They are foundational to an understanding of Indigenous healing and wellness, connecting people in healthy relationships with each other, and with spirit [6]. Connection to community, land, culture, and identity are key pillars upon which to build wellbeing and healing.

Health system readiness and transformation, including inter-professional education for health care providers to enable seamless integration into a continuum of community-based and regional services, starting with health promotion and extending into prevention, treatment, and aftercare services is required. Provider education beyond the Indigenous health system is also important as Indigenous people are simultaneously navigating colonial institutions, such as school or healthcare that often fails to make space for Indigenous lives and worldviews.

Governance bodies and funders must support Indigenous land-based healing. Being on the land connects Indigenous people with their identity and supports their physiological and psychological health. Culture camps and other land-based education strengthen and harmonize relationships between children, youth, their families, community knowledge holders, and Elders.

Indigenous people need timely access to clinical mental and addictions health services with a priority for early identification services, rapid access to assessment, and treatment for those with mental health problems seeking care. Other needs are related to the social determinants of health and include basic safety necessities such as adequate housing. Indigenous youth are particularly vulnerable to homelessness since colonial systems have created significant levels of poverty for First Nations.

Two Spirit individuals (2SLGBTQIA+) experience higher rates of homelessness, victimization to violence (sexual and otherwise), and mental health challenges; particularly if they are forced to hide their identity due to stigma or prejudice directed towards them. To cope, some may use addictive substances and attempt suicide at a higher rate than other youth.

The literature supports the need for a comprehensive wrap-around approach to community mental wellness with a focus on approaches tailored for Indigenous youth. The approach needs to integrate cultural and clinical services to support individual and community resilience with the long-term goal to move from ongoing crisis to community healing. Developing services for Indigenous youth and communities requires an intentional focus on culturally safe service options and a culturally based continuum of care. There is an urgent need to focus on sources of cultural strengths and resilience that support mental health and recovery from mental health issues and addictions. Cross-sectoral collaborative practices are needed for an effective response and supportive technological innovation can also play a role.

Most important for mental wellness is system-level support for the development of an innovative continuum of mental health/ addictions services through service transformation.

Appendix C – Summary of the Document Review

The SLFNHA Mental Health and Addictions document review revealed numerous recommendations which had been identified repeatedly by different groups.

Common recommendations and comments included:

1. Increased resources (both human and fiscal) to match the need for services and infrastructure.
2. Need for consistent training and understanding of all providers in mental health, addictions, cultural safety, and/or trauma-informed care to ensure efficient client healing.
3. Many service providers are near burnout due to the overwhelming caseloads and ongoing crises.
4. Lack of ability to match client needs with appropriate services is overwhelming and contributes to staff burnout and attrition.
5. Lack of a full continuum of care and family-focus creates gaps - negatively impacts healing and recovery.
6. Siloed services and lack of coordination of care results in much of the hard work not translating into therapeutic outcomes or healing.
7. The most urgent need appears to be for clients who require comprehensive services for serious mental illness, have concurrent disorders and/or are at risk of self-harm or suicide.
8. Social determinants, such as lack of housing and employment, negatively affect mental health and addictions, as well as recovery of individuals and their families.
9. System level social determinants, such as lack of appropriate buildings, spaces, and other infrastructures, as well as lack of appropriate health human resources often reduce access to services, even when service funding is available.

The following actions were suggested to most likely contribute to significantly improved services:

1. Improved interagency collaboration and service integration across the continuum of care.
2. Expand inter-professional collaboration and shared care among traditional Indigenous, clinical, professional, and para-professional providers to optimize service synergy and task shift if appropriate.
3. Focus on education and training of clinical and traditional/cultural providers on the role and benefits of various healing traditions and explore shared or collaborative care models for service optimization.

Suggested emerging practices, organized according to a comprehensive continuum of care are included in the *Document Review and Gap Analysis - SLFNHA and Region Mental Health and Addictions Services* in Appendix B.

“Wise practices” are highlighted in each of the following areas:

• Health Promotion, Prevention, Community Development, and Education	• Early Identification and Intervention • Support and Aftercare
• Crisis Response	• Coordination of Care and Care Planning
• Detox	• Trauma-informed Treatment

The document review supports the notion that Indigenous mental health and addictions services require an intentional focus on trauma-informed treatment options and a culturally based continuum of care for Indigenous peoples. Inter-professional collaboration needs to include healing practices based on culturally grounded care and the integration of western/clinical and Indigenous modalities requires sound governance, planning, education, and respectful collaboration across these different knowledge systems.

Coordination of care, collaborative approaches, and integration of services is a complex undertaking with many different drivers and decision-makers in the Sioux Lookout area, yet it needs to be urgently addressed as a priority. This is made more challenging by the complexity in supporting community approaches when communities are, themselves, in a cycle of overload and ongoing crisis compounded by lack of access to needed services. This continuous cycle of crisis hinders the development of upstream prevention and community development approaches.

The issues and needs identified in the document review are not new but are difficult to resolve, mostly due to the funding, infrastructure, care coordination, and health human resources challenges in this complex system.