A Mental Health and Addiction Plan for First Nations in the Atlantic Region

On behalf of the thirty-three communities of Mi'kmaw, Maliseet and Innu nations in Atlantic Canada
For the Mental Wellness Committee of the Atlantic First Nations Health Partnership

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Acknowledgements

With acknowledgement and deepest respect for those striving for wellness and those who support their journeys.

Your resilience and hopes for a brighter future are unwavering. Thank you for sharing your wisdom and for your continued kindness and patience.

Excerpt from the *United Nations Declaration on the Rights of Indigenous Peoples*

Article 21
1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.

2. States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.

Article 22
1. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.

2. States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.

Article 23
Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24
1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

Source: www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Introduction

This *Mental Health and Addiction Plan for First Nations in the Atlantic Region* presents a shared vision and guiding principles, high-level goals, outcomes, objectives and action opportunities towards enhancing mental health and reducing substance use challenges that remain a priority for many First Nations communities in the Atlantic region.

We have not done justice to…effectively address these areas. Mental health and addictions: communities are in crisis mode continually. We are not always able to address the issues—grief, loss, unresolved trauma—that are affecting First Nations communities and people. What are we doing for the next seven generations?

- Participant, Health Priority Planning Session, Moncton 2011

Mental health, addiction, Elder care and provincial/district health relationships were identified as health priorities by way of an Atlantic All Chiefs resolution in 2007. These priorities were renewed in 2010 and mental health and addiction was again confirmed as priority areas for action.

This plan was developed with and for First Nations communities by the **Mental Wellness Committee** on behalf of the **Atlantic First Nations Health Partnership**.

> The **Atlantic First Nations Health Partnership** exists to improve the health and wellbeing of Atlantic First Nations through participation of First Nations in the planning, management and delivery of programs and services funded or delivered by FNIHB Atlantic. The Partnership is a group of 7 Chiefs who are appointed by the various Atlantic Tribal Councils and who meet at least three times a year to share in decision-making regarding First Nations and Inuit Health Branch (FNIHB) Atlantic resources. The Partnership is convened by the Atlantic Policy Congress (APC) of First Nations Chiefs Secretariat is a Policy Research and Advocacy Secretariat for 37 Chiefs (of Mi'kmaq, Maliseet, Innu, and Passamaquoddy), Nations, and Communities in Atlantic Canada, Quebec, and Maine.
>
> The **Mental Wellness Committee** of the Partnership is one of three committees responsible for recommendations on certain FNIHB programs. Each of the individuals on the Committee, or the Health Partnership itself, represents a group of communities but comes to the table with the greater good of Atlantic First Nations in mind. These individuals are the conduit to and from the communities. They keep the communities informed of the work of the Partnership, and whenever appropriate, they solicit the input of the communities. With input from communities, each Committee has developed thoughtful and feasible work plans which they implement.

How was this plan developed?

Added this section

Step 1: A draft plan was developed

Over the past five years, First Nations Chiefs, Health Directors, Addiction workers, Treatment Centre leads, Health Technicians and others have taken part in local and regional engagement processes to discuss mental health and addiction strengths, needs and suggestions for action. Although not specifically designed with the current plan in mind, these sessions and resulting reports provide valuable insights used as a starting point for plan development. These include, but are not limited to:

- *Health Director and Health Advisory Committee Input on Identification of Atlantic Chiefs Health Priorities*, 2011
- *Atlantic Chiefs Health Priorities: Guiding Principles, March 2011 Health Priority Planning Session.*
- *Addictions in Atlantic First Nations Communities: Strengths, Gaps and Opportunities for Action,* 2012
- *Building the Circle Strong: Sharing Wisdom and Moving Forward Against Prescription Drug Abuse and Misuse*, 2013
- *Select Atlantic First Nations Responding to Prescription Drug Abuse and Misuse: What's Been Done? What's Working? What's Next?,* 2013
- *Mental Health and Addiction Strategy Visioning Session*, 2014

The draft was further informed by the findings from the engagement process with 100 individuals from First Nations communities and tribal organizations for the regional submission and resulting 2015 First Nations Mental Wellness Continuum Framework.

Other key documents and tools reviewed to support the development of a draft plan included:

- *Review of First Nations Mental Health and Addiction Programs in the Atlantic Region*, 2014
- Review of First Nations mental wellness and addiction plans in British Columbia and Alberta
- *Honouring our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada* (2011)
- National Native Addictions Partnership Foundation documents including *Supporting Collaboration of Western and Indigenous Cultural Practices Training Module, Guidebook supporting the Use of Natural Medicines in Culturally-Based Healing Practices for NNADAP/NYSAP Counsellors and Guidebook A Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People*

A complete list of all documents reviewed is provided as Appendix 1.

Step 2: Review and revision based on First Nations community-level input

A draft plan was shared electronically with more than fifty First Nations community based mental health and addiction informants in the Atlantic region, including Health Directors, Treatment Centre leads, health technicians and others. All potential informants

were given an opportunity to share insights on the draft, keeping in mind time and budget limitations. An early draft of the plan was shared at a meeting with regional Health Directors, and additional face-to-face and telephone meetings were held with tribal councils and local community health staff to further refine the draft plan. Ongoing drafts were continuously posted to an online file sharing site that all informants could access.

Step 3: Close-to-final draft shared with Mental Wellness Committee and FNIHB
Mental Wellness Committee members and FNIHB staff had access to all early drafts. A close-to-final draft plan was reviewed at a Mental Wellness Committee meeting and suggested changes identified in a telephone meeting.

Step 4: Final version developed
Final changes from the engagement process were integrated to create the final version.

What is the scope of the plan?

At the request of the Atlantic First Nations Health Partnership, this is a high-level plan to support an ongoing journey to improving mental health and reducing substance use challenges facing First Nations people and communities in the Atlantic region.

Many root causes are critically important to understanding and addressing mental health and addiction issues experienced by First Nations people and communities. These include, but are not limited to:

- The influences often identified as the Social Determinant's of Aboriginal Peoples Health
- The need to consider mental health as an aspect of the broader and more profound concept of mental wellness as grounded in First Nations knowledge and shared by First Nations peoples.
- Very real jurisdictional, funding and service delivery gaps and barriers between First Nations, federal, provincial and region health and social service systems.
- The continuing challenges and trauma experienced when First Nations cultural foundations are required to fit within dominant-culture, western mental health and addiction models and planning frameworks.

Although we acknowledge the Social Determinants of Aboriginal Peoples Health and mental wellness as root causes, First Nations communities have requested the scope of this plan be focused on First Nations community-based mental health and addiction services and supports.

As a result, this plan has five aspirational goals:

1. To value culture as the foundation
2. To create a high quality First Nations community-based continuum of mental health and addiction services and supports
3. To enable active and planned community-based care facilitation for every First Nations client

4. To support and grow a competent First Nations community-based mental health and addiction workforce
5. To demonstrate a First Nations-led, strengths-based change process that keeps First Nations people at the centre of all initiatives

Two other areas that bring us beyond a First Nations community level are integrated in the scope of the plan as they are part of healing journeys and care facilitation. These include:

- Cultural competence and safety, and seamless care facilitation within the most-used or needed First Nations and/or regional/provincial services accessed by First Nations community members in areas of mental health and addiction;
- Transportation that enables access to these services.

Appreciating and building on strengths

The immensity of wisdom, resilience and strength within Atlantic First Nations communities to address mental health and addiction challenges was valued in planning and must be considered in planning and decision-making moving forward.

Our strengths include:

- First Nations cultures and languages as a foundation and as healing interventions.
- First Nations people living with mental health and addiction challenges and daily walking their own healing journey.
- The families and communities that support and embrace people on these journeys.
- The wisdom embedded within the unique services and supports First Nations communities continue to create, building on cultural foundations, adding Western interventions and continuously adapting to meet unique individual and community strengths and needs.
- The wisdom within the workforce that supports these unique services and teams of people that sustain them.
- The organizations and structures that continuously strive for collaboration within this complex, multi-level funding, planning and implementation system. This includes, but it not limited to, First Nations community health staff, Health Directors, Tribal Councils, the First Nations Regional Treatment centres, governing boards and linked staff and services, APC and the Atlantic First Nations Health Partnership. First Nations and Inuit Health Branch (FNIHB) are also critical to co-management and funding, and are key partners with provincial and regional health partners in the funding, policy, practice and program changes that help enable high quality, culturally competent and safe services for First Nations people and communities.

You can't fit a circle into a square. Why not just let communities do what works?
- Informant, First Nations Mental Wellness Continuum, 2013

Local and regional First Nations action to address mental health and addiction must also be connected in an ongoing way with the strength and wisdom resulting from ongoing work in *Honouring our Strengths: A Renewed Framework to Address Substance Use*

Issues Among First Nations People in Canada (2011) and the *First Nations Mental Wellness Continuum Framework* (2015).

Progress in the Atlantic region will be achieved by grounding the work in Atlantic First Nations community wisdom, and also implementing insights identified from national projects and partners to inform and influence change at multiple levels and in priority areas.

How will this plan be used?

The changes this plan supports are urgently needed and important. If implemented, they have the potential to transform life journeys for First Nations people and communities now and into the future.

The plan will be used to:

- Build common agreement on a vision, goals and outcomes amongst multiple stakeholders working at different levels within a complex system.
- Support shared understanding and accountability amongst federal and provincial collaborators.
- Guide collaborative decision-making to maximize efforts by wisely using resources to support plan goals.
- Guide stakeholders in identifying and implementing actions.
- Serve as a starting point for ongoing facilitation, management, tracking and collaborative communication to implement plan goals.

We are all in this together.

We are at our best when we all work together, putting turf and territory aside.

Everyone needs to be on the same page to work as a team in mental health and addiction.
Participants
Mental Health and Addiction Strategy Visioning Session, 2014

Self-determination is central to the success of all work moving forward. All actions in this plan aim to place First Nations people, communities and cultures at the centre of planning, decision-making, and implementation processes.

Concepts and Definitions

Bias and difference is inherent in any list of definitions and concepts. Whenever possible, First Nations sources were used. It must be clearly stated that these may not represent the knowledge or understanding of First Nations people, communities or tribes in the Atlantic region. Reclaiming and building shared understanding of concepts is an ongoing process that should be supported moving forward.

Culture

Definition of Culture

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

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

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

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

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

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

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

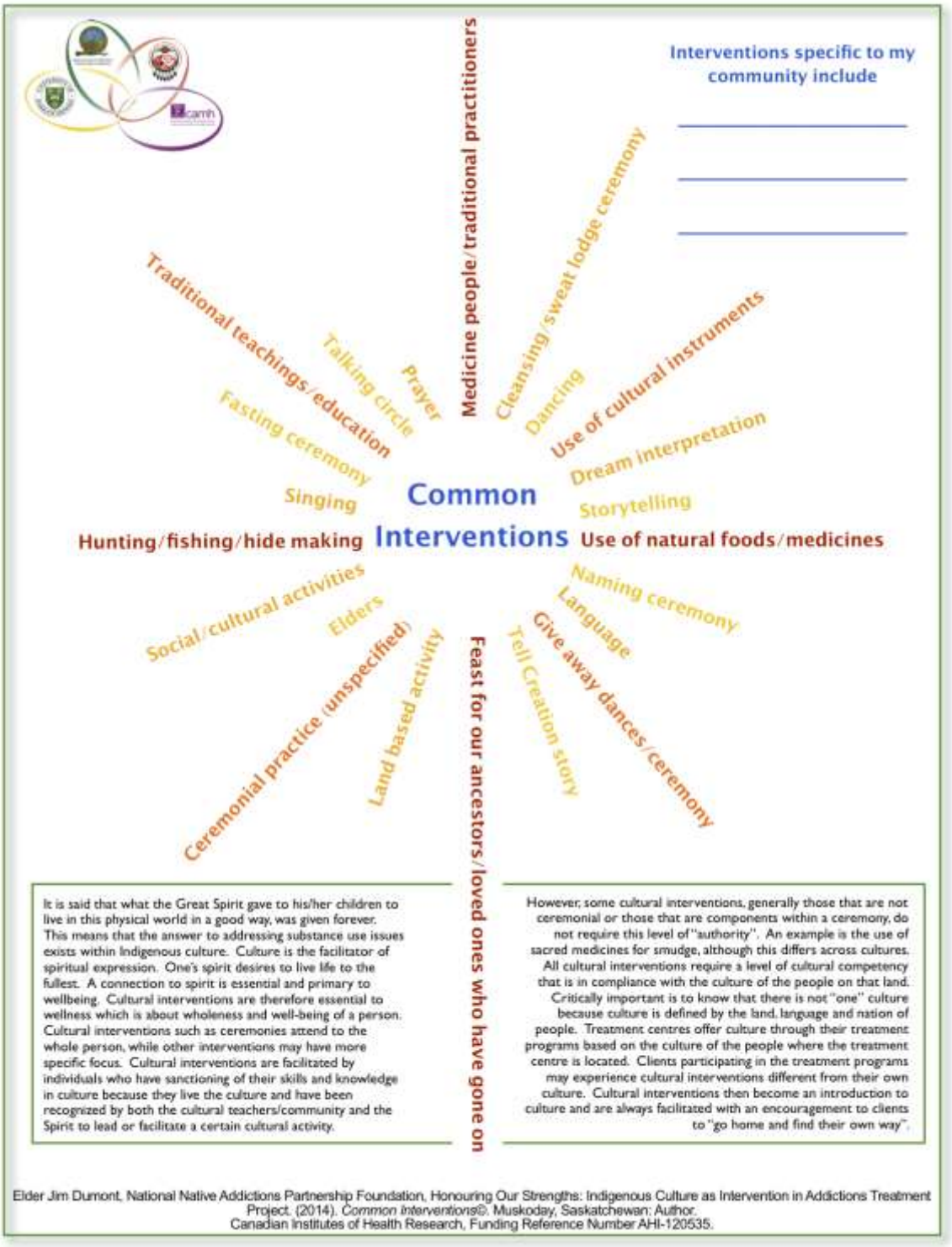
Path of Life Continuum: The experience of living in this world is understood as a journey of the spirit moving progressively through stages that are interconnected and continuous. In the same way, lives are connected inter-generationally as "strings of lives" connecting us to our ancestors and to those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

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

Culture is the expression, the life-ways, and the spiritual, psychological, social, material practice of this Indigenous worldview.

Elder Jim Dumont, National Native Addictions Partnership Foundation, Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment Project. (2014). *Definition of Culture*©. Muskoday, Saskatchewan: Author.
Canadian Institutes of Health Research, Funding Reference Number AHI-120535.

Culture as intervention



Aftercare: To be effective, aftercare should be designed as a key component of continuing care, involving all care providers and facilitating empowerment of client self-responsibility. In response to the potential need for multiple interventions, monitoring, and ongoing support, the concept of continuing care involves facilitating the level of care needed by the client following treatment. Support and aftercare services seek to build on the strong foundation set out by a program-specific service or treatment process. Aftercare provides an active support structure within communities and across services to facilitate the longer term journey of individuals and families toward healing and integration back into a positive community life once the need for intensive treatment has passed. Aftercare can and should include ongoing involvement with community-based workers, professional counsellors, self-help groups, and cultural practitioners who address mental wellness. Supports related to housing, education or training, employment, child care, and parenting are also important to effective aftercare. Stages or phases of aftercare with decreasing levels of intensity and with the capacity to re-engage higher levels of intensity if needed could also be helpful. The involvement of extended family and a range of community resources (e.g., relating to culture, heritage, employment, and recreation) could also be part of aftercare.[1]

Care facilitation: Involves active and planned support for clients and families to find services in the right element, transition from one element to another, and connect with a broad range of services and supports to meet their health and social needs (e.g., cultural supports, housing, job training, jobs, education, and parenting skills). Whether through formal case management or other forms of community-based or professional support, care facilitation involves efforts to stay connected with clients, especially when various service components are not well integrated.[2]

Cultural competence: Cultural competence focuses on the attitudes, knowledge, and skills necessary for providing quality care to diverse populations. Cultural competence requires that service providers, both on and off reserve, have ongoing awareness of their own worldviews and attitudes towards cultural differences. It includes both knowledge of, and openness to, the cultural realities and environments of the clients they serve. To deliver practices that are experienced as culturally safe, cultural competence is vital. There is a need for the development of ongoing training and systems-based approaches to build and ensure cultural competence amongst staff and within services. Culturally competent First Nations-specific education and training programs require awareness and understanding of the diversity of the local historical, social, political, and economic conditions in which First Nations peoples live. Training could also include sensitivity and competence training around gender identity, sexual orientation, disability, trauma-informed practice, impacts of intergenerational trauma, etc. It is essential to enable and ensure accountability for cultural competence training for provincial, territorial, and federal staff working with First Nations communities in health and social services. The ongoing participation of staff in various cultural activities, training sessions, and

[1] Health Canada (2015). First Nations Mental Wellness Continuum Framework, page 19.
[2] Health Canada (2011). *Honouring our Strengths,* page 3.

ceremonies can help health care providers develop increased respect and appreciation for the expressions and meanings of culture.[3]

Cultural safety: Cultural safety was developed as an educational framework for the analysis of power relationships among health professionals and those they serve. It originated in New Zealand during the 1980s from the Maori people's dissatisfaction with nursing services. The concept of cultural safety is inspiring new approaches to service delivery internationally.

> Cultural safety refers to what is felt or experienced by a patient when a health care provider communicates with the patient in a respectful, inclusive way, empowers the patient in decision-making and builds a health care relationship where the patient and provider work together as a team to ensure maximum effectiveness of care. Culturally safe encounters require that health care providers treat patients with the understanding that not all individuals in a group act the same way or have the same beliefs.

Cultural safety can be considered an extension to cultural competence on the cultural continuum. As such, cultural safety takes us beyond the following: cultural awareness, the acknowledgement of difference; cultural sensitivity, the recognition of the importance of respecting difference; and cultural competence, the focus on skills, knowledge, and attitudes of difference.

Cultural safety can also be seen to involve a paradigm shift. It includes reflecting upon cultural, historical, and structural differences and power relationships within the care that is provided. It involves a process of ongoing self-reflection and organizational growth for service providers and the system as a whole to respond effectively to First Nations people. Rather than being a lens to look through, cultural safety could be seen as a mirror to hold up to oneself and one's organization, with an awareness of power relationships and all their broad impacts. Cultural safety involves being mindful, personally and as an organization, that one will always have "blind spots." Therefore, it is essential that First Nations clients and communities define what culturally safe services and policies entail.[4]

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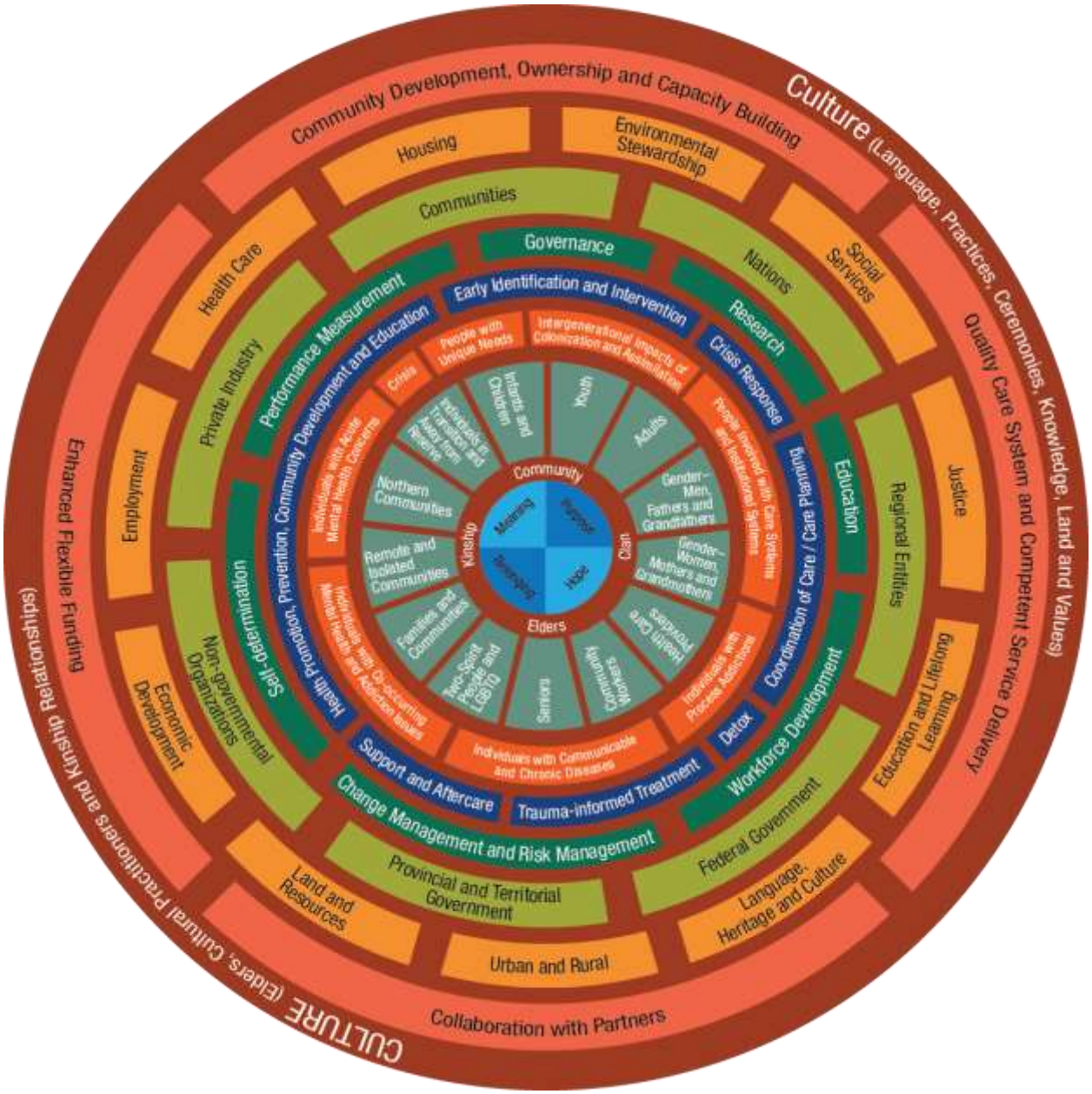
[3] Health Canada (2015). First Nations Mental Wellness Continuum Framework, page 34.
[4] Health Canada (2015. First Nations Mental Wellness Continuum Framework, page 35. (includes reference to multiple sources)

First Nations Mental Wellness Continuum Framework and Model

Developed in partnership with First Nations, the First Nations Mental Wellness Continuum Framework presents a shared vision for the future of First Nations mental wellness programs and services and practical steps towards achieving that vision. At the heart of the framework is the First Nations Mental Wellness Continuum Model, which outlines a comprehensive continuum of mental wellness services rooted in Indigenous social determinants of health and anchored in culture. For a description of model elements, refer to Framework, page 12: the http://health.afn.ca/uploads/files/24-14-1273-fn-mental-wellness-framework-en05_low.pdf



Harm reduction

Harm reduction refers to policies, programs and practices that aim to reduce drug-related harm without requiring the person to stop using the substance. Harm reduction strategies aim to reduce drug-related harms not just for the user, but also for families, friends and communities. The approach is based on the belief that it is in both the user's and society's best interest to minimize the adverse consequences of drug use when the person is unable or unwilling to discontinue using.

Harm reduction orientations can suggest different choices for different people. Here are some examples:

- Methadone maintenance treatment programs are based on research evidence indicating that when the goals of treatment retention and abstinence appear to be in conflict, it is usually more beneficial to give priority to treatment retention and withdrawal management.
- Psychoeducational approaches focus on providing practical information to help people manage the risks associated with substance use. Topics include safer injection procedures and alternative routes of administration; needle distribution; and infections caused by HIV, hepatitis B and C, tuberculosis and sexually transmitted diseases.

People often misunderstand the concept of harm reduction and do not realize that this approach to care balances the person's right to self-determination within the broader public health model of care. Even in abstinence-oriented programs, there are three compelling reasons to introduce harm reduction strategies in the stabilization phase:

- Clients seldom achieve abstinence overnight.
- Relapse is a common event in treatment.
- Some harm reduction strategies have little to do with whether or not the client continues to use the substance.

For clients who are dependent on opioids or substances such as heroin, morphine and codeine, overdose is the immediate danger. Research suggests that educating clients about overdose is an appropriate intervention for harm reduction because it drives empowerment and self-determination. Harm reduction is not synonymous with legalizing drugs; it is about balancing control and compassion within a framework of respect for individual rights.[5]

Promising practices in harm reduction specific to First Nations communities have been identified. These include, but are not limited to:

- Creating harm reduction services that are built around traditional / cultural knowledge and practices
- Ensuring comprehensive harm reduction programs available in First Nations communities or clusters of communities
- Reducing stigma and addressing confidentiality

[5] Centre for Addiction and Mental Health (CAMH) (2015). *Harm reduction.*

- Providing additional services in partnership with harm reduction programs. For example, providing methadone or needle exchange programs with additional education, counseling and other health services.
- Building awareness of harm reduction services and capacity for harm reduction approaches in the health and social service workforce working with First Nations clients.

Healing: Healing, in Aboriginal terms, refers to personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations. Many Aboriginal people are suffering not simply from specific diseases and social problems but also from an oppression of spirit resulting from 300 or more years of damage to their cultures, languages, identities and self-respect.[6]

Mental wellness: Mental wellness is achieved through mental, physical, spiritual, and emotional balance. This balance is enriched as individuals have:

- purpose in their daily lives whether it is through education, employment, care-giving activities, or cultural ways of being and doing;
- hope for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit;
- a sense of belonging and connectedness within their families, to community, and to culture; and finally
- a sense of meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history.[7]

Natural caregivers: These are family and community members who rise to the occasion when someone needs care. In the same light, support communities can be described as communities of care.[8]

Strengths-based approaches: Strength-based or asset-based approaches recognize and build on existing strengths and assets in an individual, group or community. This respects individual, group and community resilience. A strength-based approach sees potential, rather than need, and encourages a positive relationship based on hope for the future.[9]

Western: In this plan, the term western refers to the knowledge and beliefs, evidence, interventions and practitioners that comprise most aspects of the mental health and addiction system that dominates care in the Western world (Europe and countries colonized by Europe.) Practitioners would typically include counsellors and therapists, psychologists, psychiatrists, physicians and nurses working with Western models of diagnosis, treatment and care for mental health and addiction.

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[6] *Report on the Royal Commission of Aboriginal Peoples*, 1996. Volume 3, Chapter 3: Health and Healing

[7] Health Canada (2015). First Nations Mental Wellness Continuum Framework, inside cover.

[8] First Nations and Inuit Mental Wellness Advisory Committee (2001). *Strategic Action Plan for First Nations and Inuit Mental Wellness,* p. 30.

[9] Adapted from Health Canada (2015). First Nations Mental Wellness Continuum Framework, page 43.

In *Honouring Our Strengths*, balance is a guiding principle: Inclusion of both Indigenous and Western forms of evidence and approaches to all aspects of care (e.g., service delivery, administration, planning and evaluation) demonstrates respect and balance. It is also important to maintain awareness that each is informed by unique assumptions about health and well-being and unique worldviews.

The *First Nations National Mental Wellness Continuum Framework* clearly states First Nations knowledge and evidence must be recognized with equal merit to western scientific evidence. The process of acknowledging First Nations knowledge is a crucial aspect to the process of creating a successful framework. In so doing, First Nations cultural knowledge and evidence will be evident throughout all mental wellness programs, services, and supporting policies. This will also act as a catalyst for healing for First Nations individuals, families and communities…. culture as a foundation means starting from the point of Indigenous knowledge and culture and then integrating current policies, strategies, and frameworks.[10]

Wisdom: The ability, developed through experience, insight and reflection, to discern truth and exercise good judgement. It is often considered to be the trait that can be developed by experience, but not taught. Wisdom highlights the value of experience and knowledge together with the power of applying them critically and practically.[11]

[10] http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_mental/2014-sum-rpt-continuum/index-eng.php

[11] As above, Strategic Action Plan for First Nations and Inuit Mental Wellness, p. 31.

Plan Elements, Resources and Timelines

Overview of Plan Elements

Future vision: The collective dream for a better future.

Guiding principles: Values and ways of working that need to be integrated into all plan actions moving forward.

Purpose statement: A sentence to define what this plan is trying to achieve.

Goals: There are five aspirational goals towards which we are collectively striving. A brief context summary of strengths and needs is provided for each goal area.

Change statements: Broad statements that define the changes we wish to see for First Nations people and communities as a result of our collaborative work.

Objectives: Fifteen objectives to address long-standing priorities in the region.

Action opportunities: Specific action opportunities suggested to advance plan objectives.

Actions should be added and adapted based on First Nations community wisdom, and to integrate ongoing context and priority considerations. Plan informants have requested that the action portion of the plan remain 'evergreen', so we can continuously add informed actions as funding and context allows.

Plan Resources and Timelines

Who moves the work forward?

There are many organizations and entities named to help implement plan actions. To achieve meaningful change, all actions must be informed and led by First Nations cultural and community wisdom. Each action in this plan identifies potential implementation partners (to the right of each action). However, the degree of engagement and lead roles needs to be confirmed and further defined in a collaborative and facilitated process to move the work forward.

Acronyms

FNC:	First Nations communities in the Atlantic region
TC:	Tribal Councils in the Atlantic region
Prov:	Provinces of Nova Scotia, New Brunswick, Newfound and Labrador and Prince Edward Island
Region:	First Nations regional governance and planning structures, such as the Atlantic Policy Congress of First Nations Chiefs Secretariat and the Atlantic First Nations Health Partnership
Fed:	First Nations and Inuit Health Branch and their federal counterparts

When do we do what?
Each action includes a suggested timeline:
I = Immediate
S = Short term (1-3 years)
M = Medium-term (3-5 years)
O = Ongoing
Long term (more than 5 years)

Most objectives require an ongoing process to implement.

How will this work happen?
More detailed implementation plans will be developed to guide the work at various levels.

The plan recommends a process of communication and facilitated collaboration to encourage awareness and engagement amongst stakeholders regarding ongoing plan implementation.

Vision: What's Our Dream for the Future?

We, as First Nations peoples, continue to define and expand our own understanding of mental health and addiction based on traditional and cultural knowledge.

We maintain and enhance our mental health through traditional knowledge practices such as the Medicine Wheel teachings, the Seven Sacred teachings and other cultural teachings that promote foundational First Nations concepts of balance, harmony, wholeness, resilience and connectedness.

We seek high quality opportunities for ongoing healing. To accomplish this, we have access to a choice of traditional and/or western healing interventions based within our First Nations communities.

We live a positive and healthy way of life, balanced in mind, body, spirit and emotion. We exist in harmony with ourselves and in our relationships.

Our communities are thriving, safe and supportive places where children are enriched by the people and cultural strengths that surround them. We are connected to our land, language, culture, heritage, community and tribes.

We have pride in our identity and have hope for a positive future for ourselves and our people.

Mental wellness is about hope, the hope you have for the future as an individual and as a community.

All First Nations need to feel, from birth to the end of life, that they are valued as individuals and know that they have the potential to be happy and content.

There is no state of mental wellness for the Mushuau if it doesn't include the barrens….There can be no wellness outside of the country.

Respondents
First Nations Mental Wellness Continuum Framework, Atlantic Regional Submission

Guiding Principles

These reflect our fundamental values and must guide our attitudes, actions and choices when moving this plan forward.

- ✓ Culture as foundation
- ✓ First-Nations directed and controlled
- ✓ First Nations people, family and community-based
- ✓ Journey-centred, respectful of individual choice and offering pathways for healing
- ✓ Acknowledge root causes
- ✓ Inclusive and transformative
- ✓ Culturally competent and safe
- ✓ Strength-based and systems focused

About each guiding principle

Culture as foundation
First Nations leadership, youth, community members, and Elders have made it clear that culture, within, developed and owned by the community, is the foundation of mental wellness.

> Culture must not only guide our work, it must be understood as an important social determinant of health. Culturally specific interventions are holistic; they attend to the spirit, mind, body, and emotions simultaneously. Culture as a foundation implies that all health services and programs related to First Nations go above and beyond creating culturally relevant programs and safe practices. As such, culture as a foundation means starting from the point of Indigenous knowledge and culture and then integrating current policies, strategies, and frameworks.[12]
>
> When culture is considered the foundation, all First Nations health services can be delivered in a culturally relevant and safe way. The result of this conceptual shift will be policies, strategies, and frameworks that:

[12] http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_mental/2014-sum-rpt-continuum/index-eng.php

- are relevant to local community contexts; recognize
- the importance of identity and community ownership; and,
- promote community development.[13]

First Nations people, family and community-based
Each First Nations person and community has unique strengths, cultures and needs. Our actions recognize that a one-size-fits-all approach will not work.

Our basket of supports for mental health and addiction values the wisdom of First Nations people in the context of the individual, local culture, family and community relationships and local and regional services.

First-Nations directed and controlled
Improving mental health and addiction outcomes cannot be done on behalf of First Nations communities. The wisdom is in the communities.

- We cultivate a First Nations-centred understanding of mental health and addiction.
- All actions in this plan and moving forward respect First Nations people and communities as the centre of decision-making processes at all levels.
- First Nations communities must be able to develop, adapt, optimize and realign mental health and addiction programs and services based on their own priorities.
- These programs and services must be based in First Nations communities or clusters of communities for them to work.

Journey-centred, respectful of individual choice and offering high quality pathways for healing
We honour a person's right to choose from a variety of cultural and/or western approaches for healing journeys along multiple pathways. We embrace harm reduction approaches along those journeys.

We aim for approaches of the highest quality that have been shown to work well in our First Nations communities and contexts. Our unique approaches are grounded in First Nations community knowledge and culture and integrate western practices to aim for the highest standard of care, as set by the World Health Organization. We have a wealth of promising practice examples within or communities that we continuously share, learn from and evolve.

Acknowledge root causes
We acknowledge that addressing root causes of mental health and addiction challenges requires ongoing and urgent action on the Social Determinants of Aboriginal People's Health.

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[13] *First Nations Mental Wellness Continuum Framework*, page 33.

Inclusive and transformative
We value the strengths and linked realities of First Nations children, youth, adults, seniors, gender (men, fathers and grandfathers, women, mothers and grandmothers), sexual orientation, two-spirited, religion and spirituality, social status, caregivers and providers.

We aim for transformation of First Nations community and regional systems as opposed to simply encouraging adapting to differences.

High quality, culturally competent and safe
We continuously develop and improve on our unique culturally-based wellness and healing approaches. We create, share and integrate approaches designed by First Nations communities to address our own unique strengths and challenges.

We build on the strengths of our current services and continuously seek ways to enhance the basket of supports for mental health and addiction available to community members. We strive for ongoing improvement to create high quality, proven practice interventions.

We seek to enhance cultural competence and safety for services in our own communities and in regional, provincial and federal systems.

Strengths-based and system-focused
Our shared vision and goals inspire and align all our actions to achieve a collective impact. We ground of work in truly valuing the many strengths and unique wisdom embedded in our First Nations communities and First Nations community mental health and addiction services and supports.

I guess it is just being cautious about Western labels, because, depression...is it depression, or is it the effects of intergenerational trauma and loss that might be a very appropriate response, right. And oppression, you know, racism, that people may look like they're depressed, but maybe they're just dealing with the effects of all that, and medication and cognitive behavioural therapy might not be the answer.
Vukic, Rudderham and Martin Misener 2009: 434

Purpose Statement

Improved mental health and reduced substance use challenges for First Nations people in First Nations communities in the Atlantic region.

Goals and Change Statements

There are five aspirational goals towards which we are collectively striving. Within each goal, we have defined the changes we wish to see as a result of our collective actions.

Goal 1 To value culture as the foundation

Intended changes as a result of our collective actions

- First Nations community mental health and addiction services and supports are centred in, and continuously driven by, cultural and community knowledge.

- First Nations clients experience more culturally competent and safe mental health and addiction care when using services within and outside of First Nations communities.

- First Nations cultural and traditional approaches are available to all First Nations community members to promote mental health and prevent substance use.

Goal 2 To create a high quality First Nations community-based continuum of mental health and addiction services and supports to support healing and wellness

Intended changes as a result of our collective actions

- First Nations clients have increased access to a high quality continuum of culturally competent and safe mental health and addiction services and supports based in First Nations communities.

- First Nations communities have strengthened capacity to support culturally-centred, community-based wellness

- First Nations communities have strengthened ability to effectively respond to mental health and addiction-related crisis situations.

Goal 3 To provide culturally appropriate and high quality care facilitation for every First Nations client

Intended changes as a result of our collective actions

- First Nations clients are supported in culturally appropriate ways along seamless mental health and addiction healing journeys.

Goal 4 To support and grow a competent First Nations community-based mental health and addiction workforce

Intended changes as a result of our collective actions

- An increased number of competent mental health and addiction staff are working in First Nations communities

- First Nations community-based mental health and addiction staff are supported in their work

Goal 5 To demonstrate a First Nations-led, strengths-based change process that keeps First Nations people at the centre of all initiatives

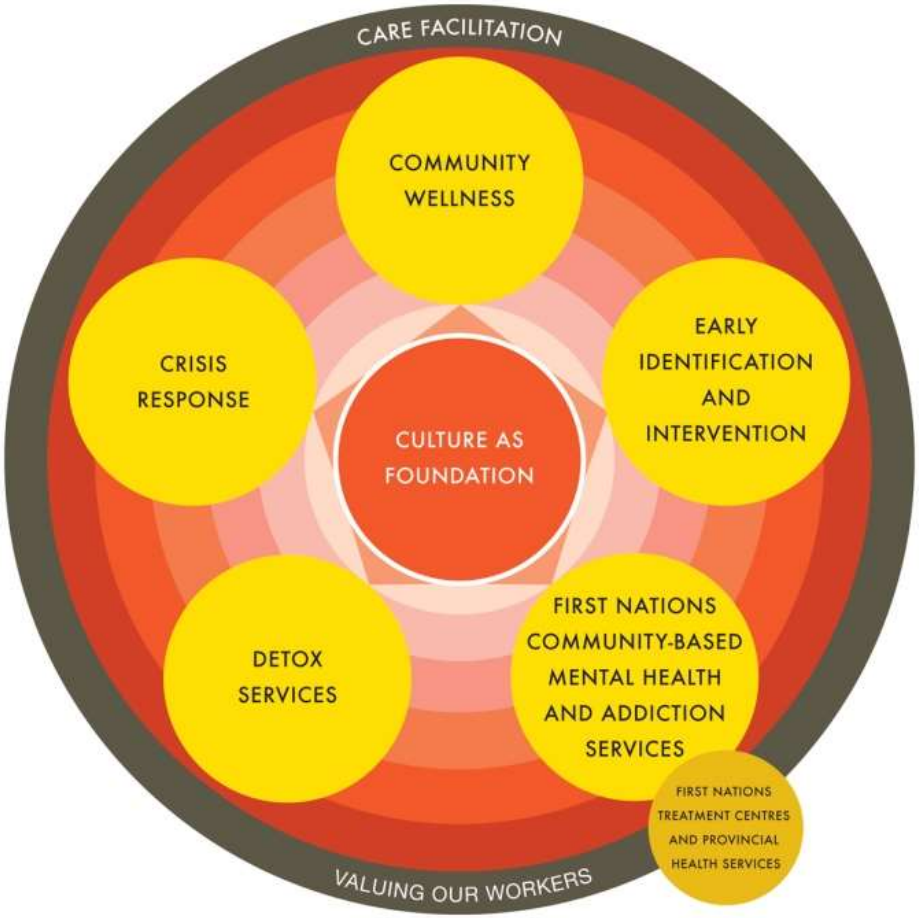
Intended changes as a result of our collective actions

- First Nations community mental health and addiction services and supports are centred in, and continuously driven by, strengths in First Nations cultural and community knowledge.

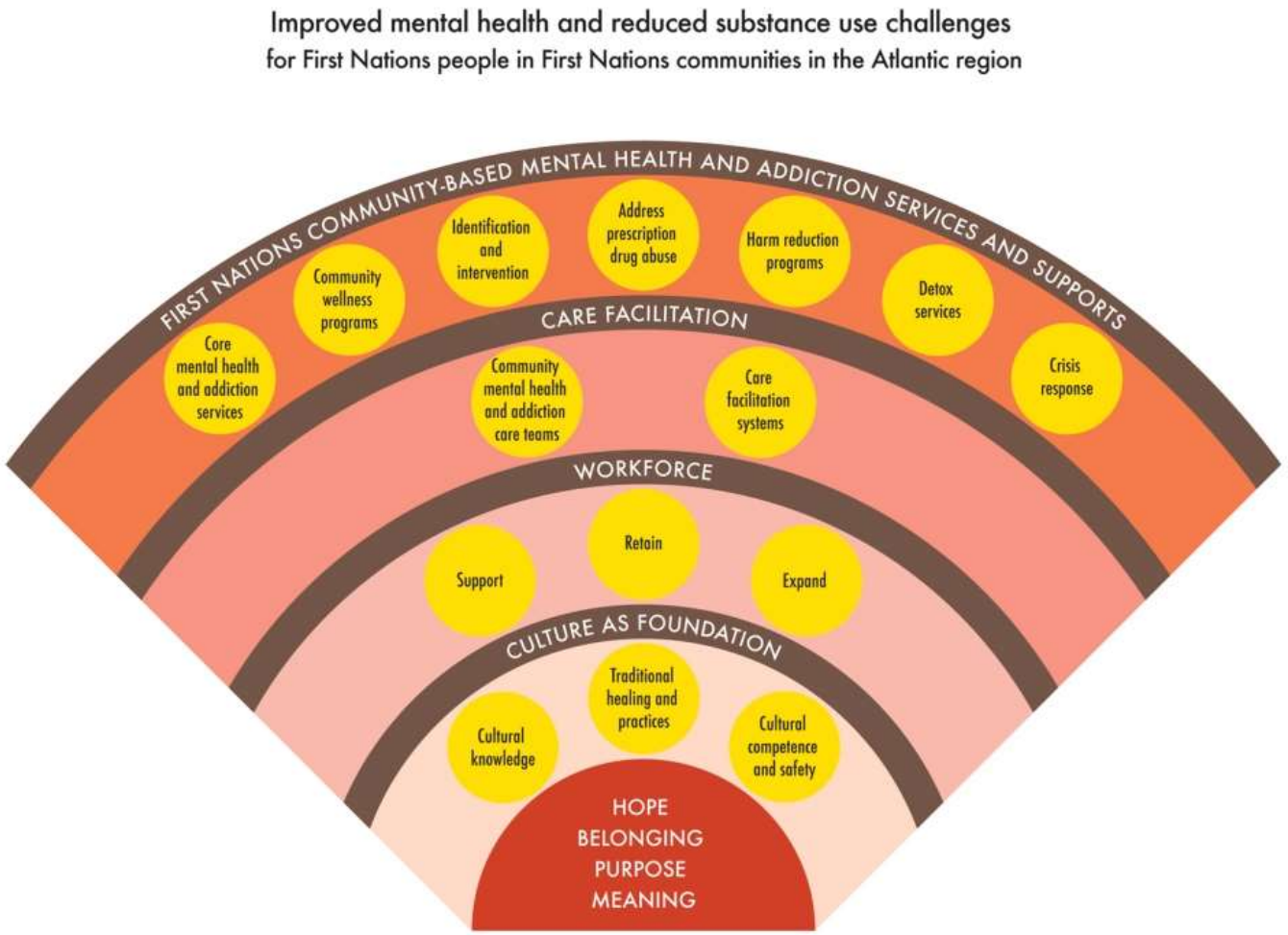
- First Nations clients have increased access to a high quality continuum of culturally competent and safe mental health and addiction services and supports based in First Nations communities.

Goal Map

The map shows how Goals 1 to 4 are related. Goal 5 outlines the aspiration and process for plan implementation so is not included here.



Purpose Statement, Goals and Objectives Map



Goal 1: To value culture as the foundation

Strengths	What we need more of
• Acknowledgement that First Nations knowledge and culture is foundational to all approaches used, needs to be understood as an important determinant of health and seen as a healing intervention. • Western approaches can then be integrated into this foundation. • This also ensures approaches: - are relevant to local community contexts - recognize the importance of identity and community ownership; and - promote community development. • A diversity of First Nations cultural knowledge, traditions and languages across four distinct provincial areas • Extensive First Nations community wisdom on who can be considered an Elder or provider of traditional knowledge. Individuals and Elders who know and share traditional knowledge and practices • A wealth of examples of First Nations community-based mental health and addiction services and supports framed in cultural knowledge and integrating western approaches • Significant expertise in the areas of cultural competence and safety. Extensive opportunities for placements and experiential activities for learning within First Nations communities given service delivery needs.	• First Nations community-based systems built with culture as the foundation, grounded in unique community contexts, and integrating western mental health and addiction approaches • Using empowering and participatory First Nations-specific community development approaches such as community-based planning and decision-making. • Ongoing community healing. Healing spaces in First Nations communities and other mental health and addiction service settings • Support for traditional healers / knowledge keepers; valuing and integrating healers / knowledge keepers and healing practices in community systems • Cultural (and linguistic) competence and safety for First Nations clients using federal and provincial health and care systems. Less individual and systemic racism and bias. • Provincial and regional mental health and addiction strategies that appropriately include and address First Nations needs • Meaningful and facilitated ways to integrate First Nations-centred wisdom and promising practices. • Locally flexibility in all planning and implementation processes. **Immediate priorities** 1. Identify, share and continue to implement promising practices in the area of First Nations community mental health and addiction in all decisions and at all levels 2. Support traditional healers and knowledge keepers and the use of cultural wellness and healing practices 3. Increase cultural competence and safety

Goal 1: Culture as the foundation

Objective 1.1: Integrate cultural knowledge and promising practice interventions as the foundation for First Nations community-based mental health and addiction programs and services.

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
I	First Nations communities to identify strengths, opportunities and aspirations within this objective.	✓				
I	First Nations communities to define what culture as the foundation means to them. Work with First Nations communities to align programs and facilitate actions to support this.	✓			✓	✓
O	Provide intentional opportunities for cultural learning and validation of cultural ways of being and doing at all levels of collaboration and decision-making in First Nations mental health and addiction programs and services in an ongoing manner.	✓	✓		✓	✓
O	Acknowledge and value the promising First Nations community mental health and addiction wisdom, models, programs and services that already exist in the region. Facilitate ongoing sharing, collaboration, planning and problem-solving to sustain and further develop unique models in all First Nations communities.	✓	✓		✓	✓
O	Integrate and value Elders and Elder councils within planning and meeting processes.	✓			✓	✓
O	Support the use of meaningful, community-based, collaborative mental health and addiction planning processes that build on community strengths, identify gaps in the mental health and addiction continuum and provide informed insight and support to develop solutions. For example, consider strengths-based, participatory approaches such as Community Health Impact Assessment (CHIA) or Asset-Based Community Development (ABCD). Include informal care networks, Elders, teachers, parents and so on in these processes.	✓	✓		✓	✓
M	Modify existing federal community health planning requirements so true community-based plans mental health and addiction can be developed and used instead.	✓				✓
O	Support First Nations community healing spaces and the use of First Nations languages	✓				✓

	within health centre spaces and processes.					
I	Actively collaborate in the ongoing process for understanding and implementing the *First Nations Mental Wellness Continuum Framework* and *Honouring Our Strengths*. First Nations communities to define and integrate what is most helpful to them in concepts and tools and be supported in this process. Inform the ongoing development and implementation at the national level with the wisdom of First Nations community mental health and addiction work in the region.	✓	✓	✓	✓	✓
O	Facilitate opportunities for staff (traditional/cultural and western) with hands-on experience implementing First Nations-specific mental health and addiction models and services to support other communities in advancing their own unique models of service.	✓	✓	✓	✓	✓

By having the community create a community action plan that will allow the community to thrive. The plan will reflect what the community believes the solution is, independent of the Band Council or government agendas.
Respondent, First Nations Mental Wellness Continuum Framework, Atlantic Regional Submission

Objective 1.2: Support the use of traditional healers and cultural wellness and healing practices for First Nations clients.

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
I	First Nations communities to identify strengths, opportunities and aspirations within this objective.	✓				
M	Provide resources to support the efforts of cultural and traditional knowledge keepers and healers working within First Nations communities in areas of mental health and addiction.	✓			✓	✓
I	Integrate cultural and traditional knowledge keepers into First Nations community-based care teams and local and regional collaboration and decision-making processes.	✓			✓	✓
M	Amend federal funding program terms and conditions to clearly state that investments in cultural approaches or culturally appropriate services (eg, cultural based healers / knowledge keepers, on the land programs) are considered on par with other interventions.				✓	✓
M	Include traditional healers and cultural support workers in mental health and addiction services, programs and supports. This includes, but is not limited to, ensuring they can be paid for their services through programs such as the NIHB Short Term Crisis Intervention Mental Health Counselling program.	✓				✓

Objective 1.3: Strengthen cultural competence and safety for individuals and organizations working in First Nations communities and/or with First Nations clients.

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
I	First Nations communities to identify strengths, opportunities and aspirations within this objective.	✓				
I	Require ongoing cultural competence capacity development for federal employees working with and for First Nations communities in the area of mental health and addiction.					✓
M	Develop national standards for First Nations-specific culturally and linguistically competent mental health and addiction services based provincial, national and global (World Health Organization) standards. Require provincial health systems, as providers of mental health	✓	✓	✓	✓	✓

	and addiction services, to follow these standards as part of funding agreements and show yearly actions as accountability in supporting their use. Strategies for implementation should be the best of promising practice in cultural competence, which includes ongoing training and policy and practice changes, signage, use of cultural health interpreters, among other approaches.					
I	Add cultural competence to human resource, accreditation and certification standards to health service positions across the continuum of care	✓			✓	✓
M	Develop and support a strategy to recruit and retain First Nations students in provincial mental health and addiction service fields.	✓		✓	✓	✓
O	Provide ongoing learning and reflection opportunities in areas such as Trauma-Informed Practice, knowledge and history of the IRS system, colonial relationships, and intergenerational trauma for staff working in mental health and addiction roles in First Nations communities, and those who facilitate community-based care.	✓	✓		✓	✓
L	Make cultural supports/traditional medicine and healing spaces in hospitals and health centres	✓		✓		✓
M	Increase the number of work placement, secondment, and internship opportunities available to provincial and regional mental health and addiction staff. Support similar options for First Nations community mental health and addiction staff, where these positions exist, for immersion in regional and provincial health systems (without jeopardizing any existing First nations community programs)	✓		✓		✓
M	Support placement and internship opportunities in First Nations communities for First Nations youth studying in mental health and addiction fields. Consider youth learning traditional knowledge and healing approaches through community-based learning pathways on par with those in western learning programs.	✓		✓		✓

Goal 2: To create a high quality First Nations community-based continuum of mental health and addiction services and supports

Strengths	**What we need more of** ***Core-funded mental health and addiction staff and services in First Nations communities***
• Strong desire in First Nations people and communities for wellness. • Tremendous wisdom in First Nations traditional knowledge and Elders, traditional practitioners and knowledge-keepers. • Mental health and addiction identified as priority areas by regional Chiefs • A wealth of examples of First Nations community-based mental health and addiction services and supports framed in cultural knowledge and integrating western approaches • First Nations traditional practitioners and health human	• Core funding and enhanced access to high quality and comprehensive culturally competent and safe First Nations community-based mental health and addiction services. • Federal regional funding maximized in support of culturally appropriate, high quality mental health and addiction service delivery that directly benefits First Nations people in communities. More flexibility in the way existing federal funding sources can be used. • Provincial jurisdictions to expand support for culturally competent and safe mental health and addiction services to First Nations clients in First Nations communities or clusters of communities. Removal of jurisdictional barriers and more agreements/MOUs for the provision of service delivery amongst federal and provincial partners. • A reduction in the reporting and proposal-writing burdens faced by First Nations community-based health staff to access funds which could be better used for front line service delivery • Using culture as the foundation and integrating promising practices from First Nations models to develop/expand mental health and addiction options in other First Nations communities. • Support for individual choice of traditional/cultural and/or western providers and approaches. Strengthening of the basket of culturally appropriate and high quality mental health and addiction services and supports First Nations people can choose from. • First Nations clients better-able to get to and from services. • Better understanding by First Nations people of mental health and addiction pathways for self-navigation. • Culturally appropriate and high quality standards and supervision to support quality and safety in mental health and addiction areas. • Ongoing healing of individuals, families and communities from Residential School, historical and ongoing trauma and lateral violence. • Culturally appropriate and high quality services for youth, women, sexual assault survivors, elders, among other groups.

resource staff (in community and at the tribal level) regarding how to structure, manage, fund and maintain unique First Nations mental health and addiction services. • Concrete working examples of provincially funded but First Nations directed mental health and addiction service delivery models. • Revised Atlantic First Nations Health Partnership and Mental Wellness Committee and subcommittee structure. • Wise practices from Atlantic Regional Healing Centres. • Labrador Innu Health System Capacity Assessment process and plan • Successful decision in Jordan's Principle	• Locally flexibility in order to build on strengths, address gaps, make best use of adjacent services and address priority needs. ***Community wellness approaches*** ('upstream' actions in health promotion, illness prevention, education, community development) • Strengthened resilience through connection to culture, language, land, and history. • Enhancing participation in family and community life. • Actions to reduce stigma and promote acceptance. • Use of empowering and participatory First Nations specific community development approaches, such as collaborative community planning and decision-making. • Ongoing First Nations community healing. • Support for high quality primary prevention: healthy public policy actions (food security, housing, safety etc), First Nations community-based health promotion/education/awareness strategies (Seven Sacred teachings, prescription drug abuse/misuse etc) • Activities that target physical health such as illness prevention, healthy living and physical activity that recognizes First Nations culture and community strengths. ***Early identification and intervention*** (Includes actions that some practitioners refer to as secondary prevention.) • Formal and informal First Nations community-based early identification and screening of people who may be at risk or who already have mental health or substance use issues. A comprehensive system of high quality community-based First Nations mental health and addiction services and supports where people can go for help once identified. • Culturally relevant and safe suicide risk assessment. • Confidentiality and less stigma surrounding mental health and addiction so that First Nations community members are willing to take part in prevention programs and access health services. This includes, but is not limited to, acknowledging the very real risk of child apprehensions. • General mental health education and awareness for First Nations community members or specific groups (parents, educators, workplaces).

lawsuit • Access to insights and wisdom across the country from the *Honouring our Strengths* and *First Nations Mental Wellness Continuum Framework* process and resources. Opportunities to continue to be involved with and help inform this work. • First Nations communities with experience in planning and implementing crisis response. Labrador land-based crisis intervention. • Crisis approaches and resources: Wampum SCISM, peer debriefing, adapted training models, Wabanaki 2-Spirit Alliance Suicide Education	• Focus on culturally appropriate and safe healthy child development and parenting supports for First Nations parents and families. ***Detox*** • Culturally appropriate and high quality detox options ***Crisis*** • Support for more First Nations community-based crisis services, including staff to provide appropriate diagnosis and effective treatment • Training and tools for community members to recognize and refer people who need help • Mobile crisis intervention services and after-hours crisis supports **Immediate priorities** • Resources to support the delivery of high quality, culture and western team-based mental health and addiction services in First Nations communities. These must be built using cultural foundations and integrating promising practices used within First Nations communities. Specific approaches will be needed for specific groups, such as youth or individuals with complex mental health and addiction issues. • Immediate and comprehensive action to address the supply and demand factors of prescription drug abuse and misuse in First Nations communities • Integration of harm reduction approaches

Start with building youth resilience and the creation of healthy environments for kids and families.

When people are physically ill they don't think twice about getting help. But depression, anxiety, panic…they don't want to talk about it.

Indigenized programming is needed to focus on healthy parenting, emotional regulation and positive self-direction to give tools to reclaim a health spirit and live in harmony, balance, wholeness and connectedness.

Finding my way out of depression was a very personal journey. I got some support from members of my family, but not from others, and this may have been because they are struggling with their own problems. I looked in many places to find my way. I took from the Seven Sacred Teachings. I used sweet grass and drumming. This is something we need to seek ourselves. It is our own journey.

There is no time limit on healing.

What is the point of coming forward if your claim is going to be denied?
Respondents, First Nations Mental Wellness Continuum Framework, Atlantic Regional Submission

There is a need to ensure a continuum with a broad spectrum of services.

The continuum includes treatment, but treatment is only one piece of the puzzle. There is a need to advocate for the complete continuum in order to appropriately address all of the issues. There is a need to review treatment as a journey—it does not start and end with a stint in treatment. Mental health and addiction issues are linked as mental health is key to addiction. Looking at treatment alone is compartmentalized and not integrated.
Participants
Mental Health and Addiction Strategy Visioning Session, 2014

Goal 2: To create a high quality First Nations community-based continuum of mental health and addiction services and supports to support healing and wellness

Objective 2.1: Support and expand culturally competent and safe core mental health and addiction services based in First Nations communities or clusters of communities that meet the highest standards of care.

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
I	First Nations communities to identify strengths, opportunities and aspirations within this objective.	✓				
O	Integrate the wisdom from promising practices used in First Nations communities and those identified in First Nations-specific resources such as *Honouring our Strengths*.	✓			✓	✓
O	Maximize FNIHB funding that goes directly to First Nations communities for mental health and addiction service delivery by re-profiling available funds from the FNIHB regional budget.	✓				✓
M	Create an envelope of permanent FNIHB funding that can be used by First Nations communities to more flexibly deliver a high quality continuum of mental health and addiction services. For example, recreate the NIHB Short Term Crisis Intervention Mental Health Counselling program by expanding the funds available through this envelope to support a core of high quality, culturally competent and safe mental health and addiction services based in First Nations communities. Make sure changes to this program still allow for students and others in transitional settings can access short term counselling.	✓			✓	✓
M	Create a clear national policy that requires federal and provincial provision for mental health and addiction services in and for First Nations communities and clusters of communities.	✓				✓
M	Negotiate written agreements with the federal government and provinces for the provision of culturally competent and safe mental health and addiction services in First Nations communities. First Nations community health staff to determine what is needed, who is hired and how these services meet gaps in existing models of care. Use promising practices examples to prove that this can be done.	✓		✓	✓	✓
S	Develop and share communication materials First Nations communities and tribal councils	✓	✓		✓	✓

	can use to advocate for enhanced First Nations community-based mental health services and supports. This could include, for example: • Materials that clearly show First Nations community, tribal, provincial, and federal services and service funding in mental health, addictions and related areas that are specific to each First Nations community. • Excerpts from agreements and frameworks specifying accountability. • How this work meets federal and provincial health priorities (such as those in population health and health equity, for example) • In information that profiles strengths and highlights the scope of mental health and addiction needs (for example, suicide rates, rates of hospitalization for mental health issues, substance use etc) • Suggestions for ways of working, concrete actions and contact information. • Complete a Return on Investment study for provinces comparing the cost/benefits of a high quality First Nations community-based mental health and addiction service versus the continued use of emergency and secondary and tertiary care resources.					
L	Develop national standards for First Nations-specific culturally and linguistically competent mental health and addiction services based provincial, national and global (World Health Organization) standards.	✓		✓	✓	✓
M	First Nations communities to map pathways and entry points for mental health and addiction services. Keep this information up-to-date. Share this with First Nations community members using culturally appropriate and community-based approaches to support health literacy and self-navigation.	✓	✓	✓		✓
O	Continue increasing access to/funding for First Nations community-based mental health and addiction services in communities or clusters of communities through transfer agreements, a national policy, MOUs with provinces and partners and by moving existing funding allocations from the FNIHB regional budget into culturally appropriate, First Nations community-based mental health and addiction service delivery.	✓	✓	✓	✓	✓

She's been through a lot...abusive marriage, a breakdown.... She struggled all her life and has been through a lot. She would tell you herself that she was a single mom and so drugged up [for treatment] that she couldn't function. We tried many different treatments. But what a difference now. She told me, "For the first time in my life, I have hope."
Respondent, First Nations Mental Wellness Continuum Framework, Atlantic Regional Submission

Objective 2.2 Increase opportunities for First Nations communities to offer culturally appropriate and high quality First Nations community wellness programs

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
I	First Nations communities to identify strengths, opportunities and aspirations within this objective.	✓				
I	Integrate the wisdom from promising practices used in First Nations communities and those identified in First Nations-specific resources such as *Honouring our Strengths*.	✓			✓	✓
O	Build on successful and promising practices to foster individual and community pride and self-esteem and strengthen cultural identity in First Nations communities.	✓			✓	✓
O	Support ways to bring youth, adults and elders together to share knowledge and take part in cultural sharing and community-building activities in First Nations communities.	✓				✓
M	Develop and implement communication strategies (that include social media) and provide tools to help raise awareness of culture-based wellness in First Nations communities. Integrate the stories of First Nations people and communities, profiling culture, teachings, language, hope and healing journeys.	✓			✓	✓
O	Develop and implement education and life-long learning opportunities that incorporate cultural knowledge and teachings to support wellness with First Nations communities	✓	✓		✓	✓
M	Design, support and implement a strategy for physical activity and recreation opportunities grounded in culture and language as well as traditional sport, recreation and cultural activities in First Nations communities.	✓	✓	✓	✓	✓
M	Share practical community development tools and approaches that work in First Nations communities and support their ongoing use.	✓	✓	✓		✓
O	Facilitate the collaboration of providers across social determinants of health sectors in First	✓	✓			

	Nations communities.					
M	Maximize opportunities to strengthen primary prevention through Brighter Futures(BF) and Building Healthy Communities (BHC) programs: • Streamline the application and reporting process • Amend the terms and conditions to support First Nations community-based cultural wellness approaches within the funding envelope • Maximize the amount of finding that goes to First Nations communities through these funding programs	✓			✓	✓
O	Identify and share promising upstream approaches First Nations communities have developed to reduce stigma surrounding mental health and addiction. This can include, for example, shared service settings, broad-based mental health and addiction promotion campaigns centred on Seven Sacred Teachings, community gatherings that address multiple issues and build relationships between community mental health and addiction staff and community members, among others.	✓			✓	✓
O	Identify and share promising practices used in First Nations communities that increase safety, reduce stigma and address trauma from harmful child protection practices.	✓			✓	✓

Objective 2.3: Increase First Nations community capacity for early identification and intervention

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
I	First Nations communities to identify strengths, opportunities and aspirations within this objective.	✓				
S	Develop and share culturally relevant and safe suicide risk assessment processes built on existing First Nations knowledge and global best practice.	✓			✓	✓
M	Strengthen culturally appropriate and safe healthy child development and parenting supports for First Nations parents and families.	✓			✓	✓
S	Standardize mental health and addiction assessment tools so they are comprehensive, culturally safe and can be adapted to meet the needs of different regions and populations.	✓		✓	✓	✓
M	Create formal and informal First Nations culturally appropriate and community-based early screening, assessment and referral protocols and pathways for people with or at risk of	✓		✓	✓	✓

	mental health or substance use issues. This includes, but is not limited to, early childhood and youth, vulnerable pregnant mothers, families experiencing violence or living with addiction issues, at-risk two-spirited individuals, people using prescription drugs, among others. Screen 'in' by providing care / appropriate interventions and follow up.					
M	Develop and implement a First Nations-specific mental health early identification and support program for First Nations community members or specific groups (parents, educators, and in workplaces). Include training and awareness campaign elements, among other strategies.	✓	✓		✓	✓
M	Develop and use guidelines and training strategies to enhance community mental health and addiction staff capacity in the areas of confidentiality and privacy.	✓			✓	✓
O	Identify and share promising practices used in First Nations communities that increase safety, reduce stigma and address trauma from harmful child protection practices.	✓	✓		✓	✓

Objective 2.4: Increase First Nations community capacity to address prescription drug abuse and misuse in ways that are culturally appropriate and effective

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
O	First Nations communities to identify strengths, opportunities and aspirations within this objective. Provide resources for First Nations communities to develop and implement concrete actions plans to address prescription drug abuse and misuse. Integrate promising practices already identified by First Nations communities (through DUPP and other work), Honouring our Strengths, the Canadian Centre on Substance Abuse, among others that address supply and demand factors in ways that are safe, culturally appropriate, effective and can be delivered in First Nations communities or clusters of communities. Use a comprehensive approach that includes prevention and outreach, healing, monitoring and enforcement, collaboration and communication.	✓	✓	✓	✓	✓

Objective 2.5: Support culturally appropriate and high quality harm reduction programs in First Nations communities.

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
O	Provide sufficient funding and resources for staffing and implementing harm reduction programs. Additional actions suggested by First Nations communities to contribute to this include: • Design, support and implement a First Nations-specific community-based program regarding methadone and Suboxone use. Include interventions but also an awareness component for harmful uses, when to seek help, success stories and demystifying use. Work with First Nations communities on the design of this program and support interested communities in implementation. • Develop and share culturally appropriate, responsive methadone use standards and guidelines for First Nations clients and share these with methadone prescribers and administrators based on promising practice in First Nations settings. - The need for collaboration with Firsts Nations community staff - The potentially negative effects of methadone use for clients - The need for counselling to accompany methadone use - The importance of alternatives to methadone use - The reality of potential transportation challenges with methadone use	✓	✓	✓	✓	✓

Objective 2.6: Improve access to high quality and culturally competent and safe detox services

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
S	Enhance collaboration with provincial/regional medically-based withdrawal management services to enhance coordination and understanding of needs of First Nations clients. Develop clear MOUs and protocols for the provision of culturally safe detox services.	✓		✓	✓	✓
M	Support opportunities for non-medical or minimally medical withdrawal management within First Nations communities ("daytox"). Include clear protocols that can be adapted based on First Nations community needs and resources. These should include the need for	✓		✓	✓	✓

	stabilization, pre-treatment supports and limited medical supports, where required.					
M	Provide standards, education and training for medical drivers who take clients to and from provincial/regional detox facilities.	✓				✓
M	Negotiate reciprocal agreements and MOUs with provincial detox services so First Nations clients do not have to return to their home province for a detox bed.	✓		✓	✓	✓
M	Provide placements for First Nations mental health and addiction staff in provincial/regional detox/daytox systems. Provide placements for provincial/regional detox staff in First Nations communities.	✓		✓	✓	✓

Objective 2.7: Strengthen the ability of First Nations communities to respond to mental health and addiction-related crisis situations.

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
O	Support the development of crisis plans and negotiate the provision of crisis services, including mobile crisis teams. Connect First Nations people and families who have experienced crisis to community circles of care and care teams.	✓		✓	✓	✓
O	Train and support First Nations community-based workers and/or traditional practitioners as crisis interveners. Promote their role in First Nations communities so people know who to turn to in a crisis. Pay for the providers of these services.	✓				✓
S	Develop service standards around crisis response times.	✓		✓	✓	✓
S	Create a fund that provides immediate healing supports for First Nations communities following crisis situations. Include in this the ability to implement a strengths-based 360 debriefing following a crisis in a First Nations community.	✓	✓		✓	✓
O	Include options for crisis intervention counselling that includes assessment and counselling for different ages (child, adult, family) and situations (relationship, violence and abuse, including sexual abuse) in First Nations community-based mental health services.	✓		✓	✓	✓
M	Investigate the re-establishment of a First Nations-specific crisis line service based on promising practice and learnings from those who developed and implemented previous crisis lines.	✓		✓	✓	✓

We get booked in. We see a nurse. Sometimes we wait in a different room away from others. It may not be evident, but the person I am escorting needs help. We are always there for at least a few hours. Most of the time, they let them go home and with no real plan. At least we are not taking them to jail; because someone is in emotional distress and suicidal they cannot be incarcerated. We do have a community crisis team but there is no funding for it.
Police officer describing what happens when escorting a person in crisis to the hospital

Our community has been put through hell and back. But we have to do it on our own. We need the resources to allow our community to heal.

I know of suicidal ideation in a 5-year old.
Respondents, First Nations Mental Wellness Continuum Framework, Atlantic Regional Submission

Goal 3: To enable active and planned community-based care facilitation for every First Nations client

Overview

Strengths	**What we need more of**
• Clear definition: Care facilitation involves active and planned support for clients and families to find services in the right element, transition from one element to another, and connect with a broad range of services and supports to meet their health and social needs (e.g., cultural supports, housing, job training, jobs, education, and parenting skills). Whether through formal case management or other forms of community-based or professional support, care facilitation involves efforts to stay connected with clients, especially when various service components are not well integrated • Access to insights and wisdom across the country from the *Honouring our Strengths* and *First Nations Mental Wellness Continuum Framework* process and resources. Opportunities to continue to be involved with and help inform this work. • Strong desire amongst First Nations community health staff to have better-connected care pathways and to be sure no one falls through the cracks. • First Nations community knowledge of how people are supported, formally and informally, in First Nations communities. • First Nations community knowledge, relationships and extensive networks for services and supports in First Nations communities and in adjacent regional health and social service systems. • Good examples of collaboration with provinces through HSIF projects.	• Collaboration between health, mental health and addiction services in First Nations communities • Collaboration between health, mental health and addiction services in First Nations communities and regional and provincial health and care systems • Acknowledgement of all those who 'informally' support care and recovery in First Nations communities. Opportunities to further strengthen and grow these informal systems of supports. • Formalized entry point, referral and case management / care coordination protocols and the ability to put these into place in First Nations communities or clusters of communities. • Effective processes to honour First Nations client confidentiality while ensuring care facilitation. • Staged approaches. • More supports and resources to support follow up access to cultural practitioners, counselling and self-help groups in First Nations communities. • Influence in determinants of health areas such as housing, employment, child care, parenting supports • Urgent and appropriate follow up with at-risk youth and individuals with complex mental health and addiction needs. • More supports to help First Nations clients access and navigate care. • Exit strategies for case managed clients. • Funding that supports longer-term projects. Developing

	complex care facilitation supports and services is a long-term process.

Systems are unbelievably fragmented.

We need collaborative case management. We can work on this and can figure out the confidentiality piece. But for organizations that are already underfunded and overworked, it is challenging event to find the time to meet.
Respondents, First Nations Mental Wellness Continuum Framework, Atlantic Regional Submission

Goal 3: To provide culturally appropriate and high quality care facilitation for every First Nations client

Objective 3.1 Support First Nations community health staff to strengthen effective First Nations community mental health and addiction care teams.

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
I	Build common understanding of First Nations community-based care facilitation. Include • Strengthened understanding of the personal recovery journey of First Nations individuals centred in First Nations community relationships with culture and language as healing foundations. • Promising practices in First Nations community-based addiction and mental health case management. • Promising practices in strengthening 'informal' family and community-based support networks and the roles played by natural caregivers.	✓	✓		✓	✓
I	First Nations communities to identify strengths, opportunities and aspirations within this objective.	✓				
I	Share examples of First Nations community-based mental health and addiction care teams and the roles and responsibilities of team members. Teams members could include (but are not limited to) Health Directors, community mental health and addiction staff, community-based workers, Elders, traditional healers / knowledge keepers, early home visitors and so on.	✓			✓	✓
S	Support First Nations health staff to facilitate transitions to mental health and addiction care team models. This can include: • Defining core competencies and clear roles and responsibilities for First Nations community-based mental health and addiction care teams. • Match these roles to the delivery of First Nations community-based mental health and addiction plans developed in collaboration with community members. • Providing resources and supports for competency assessments, meeting facilitation,	✓			✓	✓

	job descriptions, reporting structures, work plans and so on in order to fully implement transitions to care teams. • Support the skills and knowledge needed by teams through common training opportunities • Expand staffing as required to fill gaps					

Objective 3.2 Develop culturally appropriate and high quality care facilitation systems in First Nations communities

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
I	First Nations communities to identify strengths, opportunities and aspirations within this objective.	✓				
S	Set culturally competent and safe standards for First Nations community-based care facilitation. Base these on promising practices identified in First Nations communities that have developed these services. This includes provision for protocols and transition planning for First Nations clients. Make easy-to-use plans available for clients. Clarify who needs to be involved and contacted in the client's circle of care.	✓		✓	✓	✓
S	Develop clear and realistic job description, roles and responsibilities for community health staff working to lead care facilitation. Train and support individuals in this role in each First Nations community.	✓			✓	✓
M	Improve the medical transportation program so that First Nations clients can get to and from mental health and addiction services appointments and programs when accessed off-reserve. Suggested improvements include: • Restructure the program so people do not have to pay in advance and be reimbursed. Use the fund, for example, to hire part-time drivers and service vehicles. • Change regulations to allow for multiple visits and weekly/more regular appointments. • Extend the 4 month window of support to allow the full course of methadone treatment, whatever that may look like. • Allow for coverage of caregivers to visit babies in hospital if parents cannot go. • Include coverage of pharmacy delivery charges.	✓			✓	✓

	• Allow First Nations clients to send in their own forms. • Allow funds to pay for appointments with private service providers, not only provincial/regional health services.					
M	Identify and convene self-care and peer and group support opportunities in First Nations communities.	✓	✓			✓
M	Share helpline numbers, resources and pathways to enable First Nations people to better self- navigate systems.	✓	✓			✓
M	Formalize referral networks. Structure and support collaboration between First Nations community mental health staff, district/provincial mental health and addiction services, First Nations regional treatment centres and others to integrate services, and enhance care facilitation.	✓	✓	✓	✓	✓
M	Standardize frameworks for case management, and referral and information-sharing protocols amongst all collaborators to improve clarity of roles and responsibilities.	✓		✓	✓	✓
O	Enhance collaboration with the regional First Nations residential treatment centre system to improve care facilitation. • Integrate First Nations treatment centre leads as part of First Nations regional health planning committees and teams. • Support the ability of First Nations regional treatment centres to operate as a regional system in order to stagger program intakes in ways that better meet the needs of First Nations community clients. • Facilitate improved communication and collaboration between First Nations regional treatment centre staff (in centres and in communities) and local First Nations community mental health and addiction teams to support ongoing coordination and facilitation of care. • Identify and share success stories from First Nations regional treatment centres within First Nations communities to enhance the use of regional treatment.	✓			✓	✓
O	Provide ongoing communication and collaboration to include provincial emergency rooms, trauma centres and child and family services staff as part of First Nations community systems of care. Work with provincial emergency rooms and trauma centres to build relationships, overview obligations and enhance enhanced cultural competence and safety.	✓		✓	✓	✓

	This includes policy and practice changes within health centres that meet best practice in cultural competence and trauma informed practice.					

Goal 4: To support and grow a competent First Nations community-based mental health and addiction workforce

Overview

Strengths • Tremendous wisdom in First Nations traditional knowledge and Elders, traditional practitioners and knowledge-keepers. • First Nations traditional practitioners and health human resource staff (in community and at the tribal level) regarding how to structure, manage, fund and maintain unique First Nations mental health and addiction services. • Opportunities for individuals working within First Nations community-based mental health and addiction systems to come together at tribal or regional gatherings and meetings. • Access to culturally appropriate and promising practices for supporting individuals who have experienced or are dealing with trauma. • Access to extensive promising practice for healthy workplaces, such as the *National Standard of Canada for Psychological Health and Safety in the Workplace*. (Mental health Commission of Canada), among others.	**What we need more of** • More human resources working in the area of mental health and addiction in First Nations communities. Strengthening capacity and developing team-based systems will not work without staff and services in First Nations communities or clusters of communities. • Stable funding for the staffing and services that already exist. The nature of project funding means that staff are trained, develop an area of expertise and then must move on to more permanent or better-paying jobs. This creates ongoing challenges for First Nations communities to sustain and grow high quality mental health and addiction services. • Supports and resources for traditional healers and community caregivers who carry heavy mental health and addiction burdens of work for little or no pay. These individuals need to be central to First Nations community-based mental health and addiction systems of care. **Immediate priorities** 1. Resources to sustain and expand mental health and addiction staffing in First Nations communities 2. Supports for staff who experience trauma

Goal 4: To support and grow a competent First Nations community-based mental health and addiction workforce

Objective 4.1: Support, retain and expand a competent mental health and addiction workforce in First Nations communities

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
I	First Nations communities to identify strengths, opportunities and aspirations within this objective. Support First Nations health staff to facilitate transitions to mental health and addiction care team models. This can include: • Defining core competencies and clear roles and responsibilities for First Nations community-based mental health and addiction care teams. • Match these roles to the delivery of First Nations community-based mental health and addiction plans developed in collaboration with community members. • Providing resources and supports for competency assessments, meeting facilitation, job descriptions, reporting structures, work plans and so on in order to fully implement transitions to care teams. • Support the skills and knowledge needed by teams through common training opportunities • Expand staffing as required to fill gaps • If changes to staffing are required to support new service models, provide lead time so communities can wind down existing systems and develop new ones with minimal disruption to clients	✓			✓	✓
M	Develop a process to provide common salaries and benefits to the First Nations community mental health and addiction workforce on par with provincial systems	✓			✓	✓
M	Make culturally appropriate and promising practice workplace wellness services and supports available for First Nations community mental health and addiction staff. Include self-care and healthy workplace supports in contribution agreements for care providers in	✓	✓		✓	✓

	First Nations communities.					
S	Continue to develop the capacity of the First Nations community-based mental health and addiction workforce through ongoing professional development, mentorship and supervision supports.	✓	✓	✓	✓	✓
S	Celebrate the successes of staff and teams in supporting mental health and healing journeys	✓	✓	✓	✓	✓
M	Support staff who have experienced trauma. Develop and support a system of respite and healing/trauma debriefing in First Nations communities for care providers, Elders, traditional healers / knowledge keepers, community caregivers and others who support First Nations people in times of trauma. Develop a regional support network for mental health and addiction staff working in First Nations communities.	✓		✓	✓	✓

Goal 5: To demonstrate a First Nations-led, strengths-based change process that keeps First Nations people at the centre of all initiatives

Overview

Strengths	**What we need more of**
• Strong desire in First Nations people and communities for wellness. • Wisdom in First Nations traditional knowledge and Elders, traditional practitioners and knowledge-keepers. • Stories of First Nations community-based mental health and addiction services and supports framed in cultural knowledge and integrating western approaches • Insights from First Nations communities using community development approaches to influence change in mental health and addiction areas at the community level. . • Tribal Council system. Revised Atlantic First Nations Health Partnership and Mental Wellness Committee and subcommittee structure. • First Nations traditional practitioners and health human resource staff (in community and at the tribal level) with expertise on how to structure, manage, fund and maintain unique First Nations mental health and addiction services. • Concrete working examples of provincially funded but First Nations directed mental health and addiction service delivery models. • Access to insights and wisdom across the country from the *Honouring our Strengths* and *First Nations Mental Wellness Continuum Framework* process and resources. Opportunities to continue to be involved with and help inform this work.	• Support for solutions created by First Nations communities that integrate community strengths and are informed by promising practices used by other First Nations communities in the region. These practices are rich in wisdom and profile specific activities and processes for First Nations community engagement. • Shared vision for change/common agenda amongst all stakeholders. Role clarity: for example, funders, decision-makers, wisdom-holders, facilitators, implementation leaders and so on. • Continuous reflection, monitoring and ongoing collective decision-making to encourage plan actions that support a First Nations-led, community level change process. • Continuous, proactive communication, information-sharing and transparency. Regular tracking and updates on progress at the First Nations community level that shows regional change. • Adequate resources and a structure to implement and support plan actions in a proactive, collaborative and transparent way. More long-term actions and fewer short-term projects. • Strategic decisions that move the region towards the transition for First Nations governance/control of mental health and addiction program envelopes. • Other funders and partners to support work.

Goal 5: To demonstrate a respectful, strengths-based First Nations-led change process

Objective 5.1 Manage, track and facilitate a collaborative change process to implement the Mental Health and Addiction plan

Time	Action opportunities	FNC	Tribal	Prov	Region	Fed
I	Use the Mental Wellness committee structure as a collaborative process,with committee members as true conduits between the Committee and First Nations communities. Consider the need for other members or structures, such as an Elder, Elder Council, Treatment Centre voice and/or working group. Assign resources for the Committee to move this plan forward in a proactive manner.	✓	✓		✓	✓
I	Establish role clarity and facilitate collaborative, First Nations-led processes for implementing plan actions. Facilitate processes that enable decision-making, planning and implementation at multiple levels with role clarity (who designs, who leads, who funds and who implements actions) and collaboration (decision-making process) in mind. Strive to centre all work as culturally appropriate and responsive to First Nations community realities, strengths and aspirations.	✓	✓		✓	✓
I	Design a useful, easy-to-understand evaluation and tracking system. Monitor progress and regularly share progress updates with multiple stakeholders via scorecards. Do not track activities. Report ongoing progress to the Atlantic Health Partnership and all First Nations communities in the region.	✓			✓	✓
O	With First Nations leaders, seek funds and resources from additional sources, including non-profit and social sectors to further strengthen the implementation of the mental health and addiction plan.	✓		✓	✓	✓
I	Maintain an effective, proactive online presence so tools, resources, webinars, tracking scorecards and so on are stored online in an easy-to-use and maintain space.	✓			✓	✓
S	Share workplans with First Nations communities so actions and decisions are transparent and demonstrate support towards plan goals.	✓			✓	✓

Objective 5.2: Support and recognize First Nations communities as experts in their own strengths and aspirations						
Time	**Action opportunities**	**FNC**	**Tribal**	**Prov**	**Region**	**Fed**
I	Work with the regional representatives to support ongoing understanding and practical implementation of *Honouring our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada* (2011) and the *First Nations Mental Wellness Continuum Framework* (2015).	✓	✓	✓	✓	✓
O	Continue to learn from and share the wisdom embedded within the unique services and programs First Nations communities continue to create, building on cultural foundations, adding Western interventions and continuously adapting to meet unique community strengths and needs. Support these unique models, and others, to grow by: - Enhancing core funding - Supporting demonstration projects - Sustaining a community of practice approach - Hosting opportunities for ongoing learning and sharing, - Mentoring - Facilitating and supporting the application of promising practice approaches	✓	✓	✓	✓	✓
M	Support First Nations community-based, collaborative mental health and addiction planning practices that integrate community strengths, identify gaps and developed community-based solutions. Be cautious about planning if it duplicates existing plans, adds to the burden of work for First Nations health staff or is not meaningful (if the actions cannot be achieved for reasons such as the lack of resources).	✓			✓	✓
O	Continue to identify ways to realign existing funding into more permanent funding to be used flexibly by First Nations communities for mental health and addiction.	✓			✓	✓
L	Strengthen processes and structures that move the region towards the transition for First Nations governance/control of mental health and addiction program envelopes.	✓			✓	✓

Appendix 1: List of Documents Reviewed

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