

DRAFT

The First Nations and Inuit Mental Wellness STRATEGIC ACTION PLAN

Goals and Objectives

Vision

First Nations and Inuit embrace the achievement of whole health (physical, mental, emotional, spiritual, social and economic well-being) through a comprehensive and coordinated approach that respects, values and utilizes traditional and cultural knowledge, methodologies, languages and ways of knowing.

The Inuit-specific vision described in the Alianait plan is as follows:

Inuit have expanded opportunities for positive self-expression; Inuit have the best of contemporary and traditional ways of life and the life skills to thrive in their environment; each person has value and the community recognizes their purpose and role and they are viewed as a contributing and needed member of society and Inuit have socio-economic conditions that promote mental wellness.

Values and Principles

Values reflect enduring beliefs that influence our attitudes, actions, and the choices we make. Principles reflect fundamental values and guide collaborative efforts in working toward a common vision.

Goal 1

To support the development of a coordinated continuum of mental wellness services for and by First Nations and Inuit that includes traditional, cultural and mainstream approaches.

- Objective 1.1 – To articulate a coordinated continuum of mental wellness services for First Nations and Inuit
- Objective 1.2 – To identify community strengths and develop strategies to improve the continuum of mental wellness services, access to it and the choices available

Goal 2

To disseminate and share knowledge about promising traditional, cultural and mainstream approaches to mental wellness.

- Objective 2.1 – To develop a distinctions-based inventory of mainstream, traditional and cultural practices that are viewed as being related to improved mental wellness
- Objective 2.2 – To promote the use of promising practices and support community-based research and service delivery
- Objective 2.3 – To identify how best to optimize traditional, cultural and mainstream approaches to mental wellness

Goal 3

To support and recognize the community as its own best resource by acknowledging diverse ways of knowing and by developing community capacity to improve mental wellness.

- Objective 3.1 – To have multiple points of dissemination for the Strategic Action Plan to ensure broad community awareness and participation
- Objective 3.2 – To support the delivery of training in community development knowledge and skills
- Objective 3.3 – To provide ongoing support for comprehensive community development in First Nations and Inuit communities
- Objective 3.4 – To support First Nations and Inuit communities in developing community wellness action plans informed by Mental Wellness Strategic Action Plan in collaboration with local, regional and F/P/T/ providers as appropriate

Goal 4

To enhance the knowledge, skills, recruitment and retention of a mental wellness and allied services workforce able to provide effective and culturally safe services and supports for First Nations and Inuit.

- Objective 4.1 – To increase the number of mental health and addictions workers/healers with a clear priority on the development of First Nations and Inuit providers
- Objective 4.2 – To increase the cultural competency of all providers of mental wellness services for First Nations and Inuit
- Objective 4.3 – To increase the proportion of mental health and addictions workers/healers who have achieved appropriate competencies in traditional, cultural and mainstream approaches to mental wellness
- Objective 4.4 – To increase the supports for mental wellness workers/healers in order to reduce burnout, increase retention, and improve services
- Objective 4.5 – To increase the incentives for First Nations and Inuit workers/healers to return to a First Nations or Inuit community upon completion of training and to provide training options in the community
- Objective 4.6 – To identify and strengthen the linkages and partnerships between First Nations and Inuit communities and training/educational institutions

Goal 5

To clarify and strengthen collaborative relationships between mental health, addictions and related human services and between federal, provincial, territorial and First Nations and Inuit delivered programs and services.

- Objective 5.1 – To develop, enhance and support mechanisms, technology and tools for information exchanges among all stakeholders involved in the development and delivery of First Nations and Inuit mental wellness services (e.g. chat rooms, community networks, conferences, newsletters, web-casting, pod-casting)
- Objective 5.2 – First Nations and Inuit mental wellness and related human service providers have strong working relationships with each other by sharing traditional and cultural knowledge, ways of knowing, policy, training, peer support, accountability and responsibility
- Objective 5.3 – To develop an agreement between the Inuit, the First Nations and F/P/T governance regarding roles and responsibilities related to funding and delivery of mental wellness programs and services

Objectives

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ACTIVITIES/COSTS/KEY STAKEHOLDERS

Goal 1 To support the development of a coordinated continuum of mental wellness services for and by First Nations and Inuit that includes traditional, cultural and mainstream approaches.

LEGEND		
Phase	SHORT =	< 1 year
	MEDIUM =	1-3 years
	LONG =	3-5 years
Cost	\$ =	can be done within existing resources
	\$\$ =	some new funding required
	\$\$\$ =	significant new funding required

objective	activities	phase	costs	key stakeholders
Objective 1.1 – To articulate a coordinated continuum of mental wellness services for First Nations and Inuit	• Provide background materials to stakeholders based on work to date, including the MWAC process	SHORT	\$	• FNIHB, AFN, ITK, regional health authorities, other government departments, P/Ts
	• Set up opportunities for feedback at regional and community levels regarding mental health and addictions and the components of a coordinated continuum of mental wellness services	SHORT	\$\$	• First Nations and Inuit organizations, health authorities, FNIHB HQ and regions; Elders, youth, P/T, Justice/ corrections systems, regional health directors
	• Document, disseminate and synthesize the results of the dialogues on a regional basis	SHORT	\$\$	• First Nations and Inuit organizations, health authorities, FNIHB HQ and regions
	• Using results from the activities listed above, articulate an ideal continuum of services and draft recommendations for improving the coordination of programs and services.	SHORT	\$	• FNIHB, AFN, ITK, MWAC
Objective 1.2 – To identify community strengths and develop strategies to improve the continuum of mental wellness services, access to it and the choices available	• Using the continuum articulated in Objective 1.1, analyze the strengths and gaps in the existing services and disseminate results	MEDIUM	\$\$	• Communities, AFN, ITK, FNIHB
	• Prioritize the recommendations and develop proposals for enhanced access to a range of services, leading to submissions to access resources/funding	MEDIUM	\$	• FNIHB

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ACTIVITIES/COSTS/KEY STAKEHOLDERS

Goal 2 To disseminate and share knowledge about promising traditional, cultural and mainstream approaches to mental wellness.

LEGEND	
Phase	SHORT = < 1 year MEDIUM = 1-3 years LONG = 3-5 years
Cost	\$ = can be done within existing resources \$\$ = some new funding required \$\$\$ = significant new funding required

objective	activities	phase	costs	key stakeholders
Objective 2.1 – To develop a distinctions-based inventory of mainstream, traditional and cultural practices that are viewed as being related to improved mental wellness	• Conduct literature review (national and international)	SHORT	\$	• FNIHB, Inuit MW Task Group, AFN
	• Pull data, including surveillance data from existing sources, including RHS and NAHO - Ajunnginiq Centre	SHORT	\$	• FNIHB, Inuit MW Task Group, AFN
	• Fill information gaps by requesting information from the following sources, on a volunteer basis: <ul style="list-style-type: none"> • Community Mental Health Organizations • Communities • Elders • Youth • Land Claims Organizations • Service providers • Health authorities • Organizational status • Education facilities • First Nations and Inuit centres • Correctional facilities • Police • Social services • Military (rangers) • Local housing authorities and associations 	MEDIUM	\$\$	• AFN, ITK, AHF, FNC, Ajunnginiq Centre
	• Analyze the above and develop a dissemination plan	MEDIUM	\$	• FNIHB, AFN, ITK
Objective 2.2 – To promote the use of promising practices and support community-based research and service delivery	• Engage with the research community regarding community-based ethical participatory research focused on First Nations and Inuit mental wellness issues, including traditional, cultural and mainstream approaches, and support further research initiatives	MEDIUM	\$\$	• First Nations and Inuit organizations, Pauktuutit, FNC, Ajunnginiq Centre and NIICHR0, NMHA, NNAPE, P/T, Research community
	• Provide fora for exchange of information on promising practices and strategies including traditional, cultural and mainstream: what is working, having a positive impact on mental wellness in communities - community, regional, national. What is being done in the area of emerging issues (e.g. suicide prevention, crystal meth, prescriptions drug abuse, gambling, concurrent disorders)?	MEDIUM	\$\$	• FNIHB, AFN, and ITK
	• To document and disseminate promising practices at the community level	LONG	\$\$	• First Nations and Inuit organizations, AFN, ITK
Objective 2.3 – To identify how best to optimize traditional, cultural and mainstream approaches to mental wellness	• Identify targets and goals of strategies; promote to service providers, planners and decision-makers (including local client awareness of what services are available)	MEDIUM	\$\$	• FNIHB, AFN, ITK and NAHO, Front-line mental health and addictions workers, P/T equivalent to FNIHB regions, communities, relevant NGOs, MWAC, PHAC, AHF
	• Develop, implement and evaluate culturally appropriate services and strategies in partnership with local and regional health care providers	LONG	\$\$	• FNIHB with broad collaboration, PHAC, P/T, NGOs

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ACTIVITIES/COSTS/KEY STAKEHOLDERS

Goal 3 To support and recognize the community as its own best resource by acknowledging diverse ways of knowing and by developing community capacity to improve mental wellness.

LEGEND		
Phase	SHORT =	< 1 year
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	\$\$\$ =	significant new funding required

objective	activities	phase	costs	key stakeholders
Objective 3.1 – To have multiple points of dissemination for the Strategic Action Plan to ensure broad community awareness and participation	<ul style="list-style-type: none"> Identify “champions” of the Strategic Action Plan to create multiple points of dissemination Disseminate Strategic Action Plan 	SHORT	\$	<ul style="list-style-type: none"> ITK, AFN, their Regions and PTOs, FNIHB
		MEDIUM	\$\$	<ul style="list-style-type: none"> MWAC
Objective 3.2 – To support the delivery of training in community development knowledge and skills	<ul style="list-style-type: none"> Assess existing and needed community development knowledge and skills; plan with community and its workers/healers to identify what is needed and what works in community development training Identify individuals, institutions and/or organizations to assist in the development of community development training Develop specific community development and other social change strategies in collaboration with First Nations and Inuit communities Conduct the training Ongoing review and refinement of community development training program (evaluation) 	MEDIUM	\$\$	<ul style="list-style-type: none"> First Nations and Inuit Communities, Health Canada, INAC and other related departments, First Nations and Inuit leaders (formal, informal, political, Elders)
		SHORT	\$\$	<ul style="list-style-type: none"> First Nations and Inuit Communities, Health Canada and other related departments, First Nations and Inuit leaders (formal, informal, political, Elders)
		MEDIUM	\$\$\$	<ul style="list-style-type: none"> Education institutions, INAC
		LONG	\$\$\$	<ul style="list-style-type: none"> First Nations and Inuit Communities, Health Canada, INAC, Educational institutions
		LONG	\$\$	<ul style="list-style-type: none"> Educational institutions
Objective 3.3 – To provide ongoing support for comprehensive community development in First Nations and Inuit communities	<ul style="list-style-type: none"> Create a budget to support the development of community wellness plans based on the Strategic Action Plan. This may involve enhancing existing plans and/or providing start-up costs to develop new ones, as appropriate Create a proposal to access funding, an implementation strategy and an evaluation and surveillance framework for the community wellness plans, based on the MWAC Strategic Action Plan 	SHORT	\$	<ul style="list-style-type: none"> FNIHB, AFN and ITK
		MEDIUM	\$\$	<ul style="list-style-type: none"> MWAC, FNIHB, AFN, ITK
Objective 3.4 – To support First Nations and Inuit communities in developing community wellness action plans informed by Mental Wellness Strategic Action Plan in collaboration with local, regional and F/P/T/ providers as appropriate	<ul style="list-style-type: none"> Identify and assess existing technical and financial resources (i.e., asset mapping) Fund communities to start implementing community development and community wellness action plans Identify and recruit community mobilization teams that will develop and implement the community wellness action plans (this could include secondary mental wellness teams, Elders, natural care givers, youth, traditional and cultural healers, staff, etc.) Provide ongoing support for monitoring and evaluating community wellness action plans and operational supports for adjustments 	MEDIUM	\$	<ul style="list-style-type: none"> Communities, AFN, ITK, FNIHB, MWAC
		MEDIUM	\$\$\$	<ul style="list-style-type: none"> FNIHB and INAC, AFN, Chiefs, Band Councils, ITK, other health and human service programs, F/P/T authorities, Health Canada, Justice
		LONG	\$\$\$	<ul style="list-style-type: none"> Communities
		LONG	\$\$	<ul style="list-style-type: none"> FNIHB, provincial Treaty Orgs, CIHR, F/P/T, Health Canada and Human Services existing education and professional development activities to share learning

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ACTIVITIES/COSTS/KEY STAKEHOLDERS

Goal 4 To enhance the knowledge, skills, recruitment and retention of a mental wellness and allied services workforce able to provide effective and culturally safe services and supports for First Nations and Inuit.

LEGEND		
Phase	SHORT =	< 1 year
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objective	activities	phase	costs	key stakeholders
Objective 4.1 – To increase the number of mental health and addictions workers/healers with a clear priority on the development of First Nations and Inuit providers	<ul style="list-style-type: none"> Identify links to other related initiatives/strategies 	SHORT	\$	<ul style="list-style-type: none"> FNIHB, AFN, ITK, First Nations and Inuit communities
	<ul style="list-style-type: none"> Develop baseline information on existing number of mental wellness workers/healers and set targets for the future 	SHORT	\$	<ul style="list-style-type: none"> Cultural Institutions, NAHO
	<ul style="list-style-type: none"> Increase the incentives and support for First Nations and Inuit youth to complete high school 	MEDIUM	\$\$	<ul style="list-style-type: none"> Community educators, First Nations Leaders, INAC, AHHRI
	<ul style="list-style-type: none"> Ensure that the high school experience provides quality math, science, language and traditional and cultural teachings 	LONG	\$\$	<ul style="list-style-type: none"> INAC, secondary and post secondary institutions, AHHRI
	<ul style="list-style-type: none"> Ensure that high schools provide access to career information, mentoring, exposure to existing mental wellness practitioners, including traditional, cultural and mainstream, for example by developing summer mental wellness career camps for early high-school students 	LONG	\$\$	<ul style="list-style-type: none"> INAC, FNIHB, secondary and post secondary institutions, communities
	<ul style="list-style-type: none"> Undertake a scan of post secondary mental wellness training opportunities, including distance learning and ensure that all institutions /programs meet acceptable standards 	LONG	\$	<ul style="list-style-type: none"> Communities, service providers, cultural institutions, NAHO, FNIHB for funding, NNADAP treatment centres, communities, Regional Health Organizations
	<ul style="list-style-type: none"> Ensure that continuing development opportunities are available to enhance competencies and currency of current mental wellness staff until the pool of qualified First Nations and Inuit is sufficient 	MEDIUM	\$\$	<ul style="list-style-type: none"> Communities, Service providers, FNIHB, NNADAP
	<ul style="list-style-type: none"> Advocate for funding to create new positions in communities 	SHORT	\$	<ul style="list-style-type: none"> AFN, ITK
	<ul style="list-style-type: none"> Support the development of secondary mental wellness teams by creating opportunities for existing mental health and addictions workers to work together. 	SHORT	\$	<ul style="list-style-type: none"> Communities, FNIHB, AFN, ITK
	<ul style="list-style-type: none"> Create and staff new positions in communities, as required 	LONG	\$\$\$	<ul style="list-style-type: none"> FNIHB, AFN, ITK
<ul style="list-style-type: none"> Ensure training methodologies respect cultural learning approaches - e.g. oral tradition, healing and learning at the same time 	LONG	\$\$	<ul style="list-style-type: none"> Educational institutions, INAC, AFN, ITK 	

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Goal 4

To enhance the knowledge, skills, recruitment and retention of a mental wellness and allied services workforce able to provide effective and culturally safe services and supports for First Nations and Inuit.

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objective	activities	phase	costs	key stakeholders
Objective 4.2 – To increase the cultural competency of all providers of mental wellness services for First Nations and Inuit	• Examine how certification standards can be barriers and address the removal of barriers	MEDIUM	\$\$	• FNIHB regions, communities, relevant NGOs, MWAC members
	• Develop FNIHB/ ITK/ AFN strategy on accreditation for community mental wellness services	MEDIUM	\$	• NNAPF & NMHA, Ajunqiniq Centre & educational facility
	• Create First Nations and Inuit based certification / re-certification processes for individuals providing mental wellness services to First Nations and Inuit	MEDIUM	\$\$\$	• FNIHB regions, Professional associations, Accreditation experts, NIHB, Front-line workers, P/T equivalents of FNIHB regions, communities, relevant NGOs, MWAC members
	• Establish a minimum standard for Health Canada funded mental wellness services	MEDIUM	\$\$\$	• FNIHB
	• Provide incentives/encouragement for P/Ts to ensure the cultural affirmation of their mental wellness service providers/workers	MEDIUM	\$\$	• FNIHB, AFN, ITK, P/Ts
	• Ensure exchange of critical information regarding accreditation and cultural competency of service providers with government departments	MEDIUM	\$	• FNIHB, INAC, PHAC, P/Ts
Objective 4.3 – To increase the proportion of mental health and addictions workers/healers who have achieved appropriate competencies in traditional, cultural and mainstream approaches to mental wellness	• Acknowledge the diversity of knowledge keepers and the contribution they can bring to all community members, especially children and youth	SHORT	\$	• FNIHB, Communities, Regional organizations
	• Develop and deliver curricula that reflect a balanced approach (traditional, cultural and mainstream) and that offers core training in skill sets that are common to mental wellness services (e.g. supportive counseling), with opportunities to specialize in mental wellness	LONG	\$\$	• Educational institutions
	• Ensure mental wellness training includes balanced elements of traditional, cultural and mainstream knowledge and skills	LONG	\$\$	• Educational institutions, FNIHB
	• Develop resources and facilitate, adapt and use new technologies as much as possible to provide access to training for existing front line workers/healers (e.g. distance education)	MEDIUM	\$\$\$	• Educational institutions, regional organizations, NNADAP
Objective 4.4 – To increase the supports for mental wellness workers/healers in order to reduce burnout, increase retention, and improve services	• Make available resources for “debrief” (peer consultation), mainstream, cultural and traditional (e.g., EAP supports and clinical supervision)	MEDIUM	\$\$\$	• Regional Aboriginal Organizations, NNADAP, Communities
	• Build and fund a support network for mental wellness workers/healers (tele-health, website, annual conferences, similar to Aboriginal Children’s Circle of Early Learning)	MEDIUM	\$\$	• NAHO, AFN, ITK, FNIHB
	• Ensure that a strong referral network is in place	MEDIUM	\$	• NAHO, AFN, ITK, FNIHB
Objective 4.5 – To increase the incentives for First Nations and Inuit workers/healers to return to a First Nations or Inuit community upon completion of training and to provide training options in the community	• Support communities to provide competitive compensation for mental wellness workers/healers, including coverage of costs for tuition, travel, sustenance, books, etc.	MEDIUM	\$\$\$	• FNIHB for funding, Communities for action, Provinces and territories
	• Create incentives for mental wellness workers/healers to return or stay in a community	MEDIUM	\$\$\$	• FNIHB, AFN, ITK, Communities, bands, tribal councils, hamlets
Objective 4.6 – To identify and strengthen the linkages and partnerships between First Nations and Inuit communities and training/educational institutions	• Empower community mental wellness workers/healers with information/data to inform their programming	MEDIUM	\$\$	• FNIHB for funding, Communities for action, Educational institutions, CIHR, NAHO
	• Create links between community mental wellness workers/healers and the research community in order to support an evidence-based approach, including indigenous knowledge, ways of knowing and life experience	MEDIUM	\$	• FNIHB for funding, Communities for action, Educational institutions, CIHR, NAHO
	• Increase First Nations & Inuit capacity to take a lead role in evidence-based research, surveillance and practices by increasing the number of First Nations & Inuit health researchers, health planners, health statisticians and epidemiologists	LONG	\$\$\$	• FNIHB for funding, Communities for action, Educational institutions, CIHR, NAHO

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ACTIVITIES/COSTS/KEY STAKEHOLDERS

Goal 5 To clarify and strengthen collaborative relationships between mental health, addictions and related human services and between federal, provincial, territorial and First Nations and Inuit delivered programs and services.

LEGEND		
Phase	SHORT =	< 1 year
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	LONG =	3-5 years
Cost	\$ =	can be done within existing resources
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objective	activities	phase	costs	key stakeholders
Objective 5.1 – To develop, enhance and support mechanisms, technology and tools for information exchanges among all stakeholders involved in the development and delivery of First Nations and Inuit mental wellness services (e.g. chat rooms, community networks, conferences, newsletters, web-casting, pod-casting)	<ul style="list-style-type: none"> Scan number and content of international, national and regional conferences that include or could include First Nation and Inuit mental wellness content Ensure a broad access to existing web-based clearinghouse. Consider the development of appropriate newsletters for active and ongoing information exchange Assess readiness, maturity and scope of technical options to support a knowledge transfer strategy (e.g. surveys, environmental scans) Identify the optimal mix of traditional and technological means to transfer knowledge and implement accordingly 	SHORT	\$	<ul style="list-style-type: none"> FNIHB, F/P/T and local/regional involvement
		LONG	\$	<ul style="list-style-type: none"> FNIHB to initiate, Out-source to a national Aboriginal organization or other third party (e.g. NAHO, ITK, CAMH, Centre for Suicide prevention, CMHA, National Addictions Partnership Foundation) and/or utilize existing NAHO clearinghouse Regional organizations, AFN, ITK
		LONG	\$\$	<ul style="list-style-type: none"> Regional organizations, AFN, ITK
		LONG	\$\$	<ul style="list-style-type: none"> NAHO, Educational institutions
Objective 5.2 – First Nations and Inuit mental wellness and related human service providers have strong working relationships with each other by sharing traditional and cultural knowledge, ways of knowing, policy, training, peer support, accountability and responsibility	<ul style="list-style-type: none"> Develop and support “community of practice” approaches (training, team building, process of common vision and direction, interpersonal relationships, strengthening networks, time for collaboration) Create and support access to peer support network through telephone and website (content of network to be further defined - access to traditional, cultural and clinical information and peers) Acknowledge and promote natural caregiver networks 	MEDIUM	\$	<ul style="list-style-type: none"> FNIHB - National and Regions, Cultural institutes, F/P/T to facilitate local, regional involvement; Aboriginal Health Transfer Fund
		MEDIUM	\$\$	<ul style="list-style-type: none"> FNIHB, RFP for partner, National Aboriginal organizations, CAMH, F/P/T and local /regional health organizations, existing front-line workers
		MEDIUM	\$	<ul style="list-style-type: none"> Regional organizations, AFN, ITK, FNIHB
Objective 5.3 – To develop an agreement between the Inuit, the First Nations and F/P/T governance regarding roles and responsibilities related to funding and delivery of mental wellness programs and services	<ul style="list-style-type: none"> Obtain commitment and agreement between F/P/T/FN/I governments and other stakeholders to collaborate on a MOU regarding roles and responsibilities Clarify roles and responsibilities and tripartite regional planning processes Develop framework or models for regional and local agreements (e.g. MOU, contracts) 	LONG	\$	<ul style="list-style-type: none"> FNIHB, AFN, ITK
		LONG	\$	<ul style="list-style-type: none"> FNIHB with Council of DM’s, AFN, ITK, FN Regions, Privy Council, INAC, Inuit Secretariat, F/P/T Advisory Committees, PHAC
		MEDIUM	\$	<ul style="list-style-type: none"> FNIHB, AFN, ITK