

***Strategic Action Plan
for
First Nations and Inuit Mental Wellness
DRAFT
September 2007***

DEVELOPED BY

THE FIRST NATIONS & INUIT MENTAL WELLNESS ADVISORY COMMITTEE

Executive Summary

The First Nations and Inuit Mental Wellness Advisory Committee (MWAC) is comprised of representatives from the Assembly of First Nations, Inuit Tapiriit Kanatami, federal/provincial/territorial networks, non-governmental and Aboriginal¹ expert mental health and addictions organizations as well as other key national partners, and stakeholders. It was established in 2005 to provide strategic advice to the Community Programs Directorate (CPD) of the First Nations and Inuit Health Branch (FNIHB) of Health Canada on issues related to mental wellness, which includes mental health, mental illness, suicide prevention, and substance abuse/addictions.

MWAC was mandated to develop a strategic action plan to improve mental wellness outcomes of First Nations and Inuit. As part of the MWAC process, an Inuit-specific Mental Wellness Task Group (called 'Alianait', or 'expressions of joy') was created to examine mental wellness issues related to the unique circumstances and culture of Inuit. Alianait has drafted an Inuit-specific national strategy that takes a holistic, social determinants of health approach, based on Inuit mental wellness priorities and Inuit culture and circumstances, which is referenced in 'Part 2' of the overall MWAC Strategic Action Plan.

On November 22-24, 2005, MWAC invited over 40 community experts to provide input into the First Nations and Inuit Mental Wellness Strategic Action Plan. As a result, a vision, values, goals, objectives and activities were identified. Follow-up meetings with MWAC were held in February 2006 and in June 2006 to review and revise the Strategic Action Plan.

MWAC has identified five priority goals within the First Nations and Inuit Mental Wellness Strategic Action Plan:

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

¹ The term "Aboriginal" is used interchangeably with "Indigenous" throughout this document. The term Aboriginal is commonly used to refer to the Indigenous populations of Canada. Other countries, such as Australia, also use this word to refer to their Indigenous population. In Canada, "Aboriginal" includes First Nations, Inuit, and Metis. Indigenous is an internationally recognized term used to describe those populations that are the original inhabitants of a region or country.

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.

The following document provides a context to the issue of mental wellness for First Nations and Inuit and outlines the objectives and activities to achieve these five priority goals.

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When Aboriginal people speak about maintaining and revitalizing their cultures...they are talking about restoring order to daily living in conformity with ancient and enduring values that affirm life.
(Brant-Castellano, 2005)

1. INTRODUCTION

This Strategic Action Plan for First Nations and Inuit Mental Wellness was developed to address the mental health, mental illness and addiction needs of First Nations and Inuit in Canada. For over two decades, FNIHB funding has focused on First Nations addictions treatment and crisis counseling services. Engagement in this work has demonstrated the need for a coordinated continuum of mental wellness services to complement and supplement existing services. Canada's Inuit and First Nations leadership stress the importance of community² decision-making, culturally relevant programs and services, strengthening and building service networks, appropriate treatment resources, capacity-building opportunities, and harmonization of services.

Two frameworks were adopted by MWAC as the foundation for developing a Mental Wellness Strategic Action Plan. The Mental Wellness Framework (2002), and the NNADAP Renewal Framework (2000) resulted from collaborative processes with key stakeholders, received a high degree of support from First Nations and Inuit communities, and set mental health and addictions within the context of the broad determinants of health. Each of these Frameworks provided a vision statement, principles/values and a comprehensive continuum of care. They identified gaps in policy, service delivery and knowledge. They also emphasized the need for a community-based approach that addresses the physical, emotional, mental and spiritual dimensions of wellness by building on "good cultural ways". The content of these frameworks was affirmed and enriched by the Inuit-Specific Framework (2002) as an integral component of the Mental Wellness Framework (MWF).

In addition to the above Frameworks, MWAC reviewed a study entitled '*Current Federal/Provincial/Territorial/Aboriginal Collaborations in the Provision of Mental Health or Addictions Services to First Nations On-Reserve and Inuit*', which identified the common characteristics of promising inter-jurisdictional collaborations in the delivery of mental health and addictions services: human resources, training, infrastructure, service planning/implementation processes, and case management and liaison.

After reviewing the above-noted documents and to honour principles of wholism, connectedness, togetherness, cultural ways of knowing and core cultural institutions such as the family and community, the following definition of "mental wellness" was

²The use of the term 'community' throughout this document refers to the collectivities of First Nations and Inuit in Canada.

chosen by MWAC:

Mental wellness is a lifelong journey to achieve wellness and balance of body, mind and spirit. Mental wellness includes self-esteem, personal dignity, cultural identity and connectedness in the presence of a harmonious physical, emotional, mental and spiritual wellness. Mental wellness must be defined in terms of the values and beliefs of Inuit and First Nations people. (Mental Wellness Framework, 2002)

MWAC also explored core challenges and opportunities connected with the development and implementation of a Strategic Action Plan for First Nations and Inuit Mental Wellness, one that brings together addictions and mental health programs and services so that their harmonization is fostered at the community-level. The focus is on the importance of culture and the role of wholistic strategies; addictions as a health problem; healing and recovery; community-based practices and a coordinated continuum of services, from prevention to aftercare.

Healthier Communities

Colonization has had a significant impact on the Aboriginal population, resulting in displacement, loss of land, culture and identity, destabilized family and kinship networks. The consequences have been spiritual, physical and sexual abuse through mandatory residential school attendance, child apprehension and adoptions, as well as negative effects of racism and oppressive practices of assimilation. (Kirmayer et al., 1993;1999)

As taught by their ancestors, First Nations and Inuit know that it is only possible to understand something if we comprehend how it is connected to everything else. Mental, physical and social health are vital and interconnected strands of life. In an effort to improve any one of these strands, the others must also be acknowledged. To improve the mental wellness of individuals and communities, it is essential to understand the determinants of health (housing, education, employment, etc.) and how they influence mental wellness.

Chandler and Lalonde (1998) have demonstrated that cultural continuity plays a protective role against suicide and that individual mental distress is lessened when a person can envision themselves playing an active and meaningful role in the community and society, and in relation to other people (for example, through self-government, land claims, education services, health services, cultural facilities and police and fire services).

All too often, mental health and addictions services operate in separate spheres, as separate systems. For example, Health Canada's National Native Alcohol and Drug

Abuse Program (NNADAP) was among the first to identify the need for focused attention upon the multi-layered causal agents creating imbalance in the lives of many former Indian Residential School students and their children and families. Dealing with the addiction creates a stable place to begin the healing journey, which requires addressing the roots of problems, not merely their symptoms.

Healing and recovery for First Nations and Inuit will take many paths. Each path will strengthen the other. Each person who moves towards health and healing helps their families and their community to heal. Those who have become addicted to alcohol and have attempted to heal at treatment centres for addictions yet remain burdened by inner pain and un-grieved losses need access to other paths towards wellness.

To establish and/or restore healthy lifestyles, First Nations and Inuit will build on their strengths which highlight family, community and relationship to the land. A key feature of healthy family and community life is relationships, the vehicle through which balanced growth and development takes place. This approach and its implementation in community development, has been proven to result in desired change. Building blocks for such change include Indigenous knowledge, language, “good cultural ways” and self-determination.

First Nations and Inuit value wholeness, as symbolized by the circle of family and community. Their spirituality is characterized by strong beliefs in the goodness of people and their need for relationships. They know there are links between people, plants, animals, the earth, the sea and the sky.

First Nations and Inuit believe that wholeness includes health and wellness of body, mind, heart, and spirit--families share and care for each other, are mutually respectful, and see each other as important. Such families develop communities that are healthy, self-caring, renewing, and proud of their heritage and ability to adapt and thrive on land and sea--their home. For them, language, culture and teachings that are tied to past, present and future are the stepping stones to a brighter tomorrow. Their families, communities, and traditions teach them how to live in balance, to care for themselves and others, and to restore balance when it is lost.

Summary

The proposed national strategy, presented as a First Nations and Inuit Mental Wellness Strategic Action Plan addresses core issues in the lives of First Nations and Inuit in ways that build on their strengths, experience, and abilities to take and apply the best of their cultures, and to adapt other nations’ best practices, as appropriate, so as to attain individual, family and community wellness, and contribute fully to society as a whole. Effective community-based practices require on-going support to allow the paths to mental wellness to evolve in a culturally congruent way.

2. PURPOSE OF PLAN

Mental wellness issues have been identified as a key priority by First Nations and Inuit. The challenges in developing and implementing a coordinated and culturally-appropriate continuum of mental wellness services³ in First Nations and Inuit communities have been well documented for some time, certainly from the mid-1990s with the release of the Royal Commission on Aboriginal Peoples (RCAP) reports.

Several recent events have helped to create a promising environment for improving First Nations and Inuit mental wellness. The Standing Senate Committee on Social Affairs, Science and Technology ('the Senate Committee') – led by Senators Michael Kirby and Wilbert Keon – released its final report on mental health, mental illness and addictions in Canada on May 9, 2006. The final report contains a number of recommendations related to the federal role in mental health including improving the mental health programs and services provided for federal clients and Canadians, the need for a national focal point for addressing mental health issues: a Canadian Mental Health Commission, and a federal Mental Health Transition Fund.

With respect to Aboriginal Peoples, the Senate Committee report underscored the unique mental health challenges faced by First Nations and Inuit as an issue of primary concern for federal/provincial/territorial governments – in particular, the need to improve mental wellness outcomes for these groups, and to have the perspective of Aboriginal peoples more closely linked to the development of policies, programs and services.

Among the Committee's broad recommendations concerning Aboriginal peoples are that: an Aboriginal Advisory Committee for the Canadian Mental Health Commission be created; that a Canadian Mental Health Commission develop a strategy for mental wellness and healing among Aboriginal peoples; and that the government work closely with Provinces and Territories and Aboriginal communities to address gaps in programs and services.

FNIHB and MWAC are pleased that their pro-active efforts fit within the recent recommendations of many stakeholders, including the Senate Committee. They recognize that the current array of federal/provincial/territorial mental wellness services fall short of a coordinated continuum of care. Through the development of this Strategic Action Plan, a framework has been articulated which is intended to guide the development of mental wellness policy, programs and services through 2011 and beyond.

³In this context, the continuum of care is intended in its most general sense: mental health and addictions programs and services, ranging from promotion/prevention efforts to intervention and aftercare services.

3. 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.

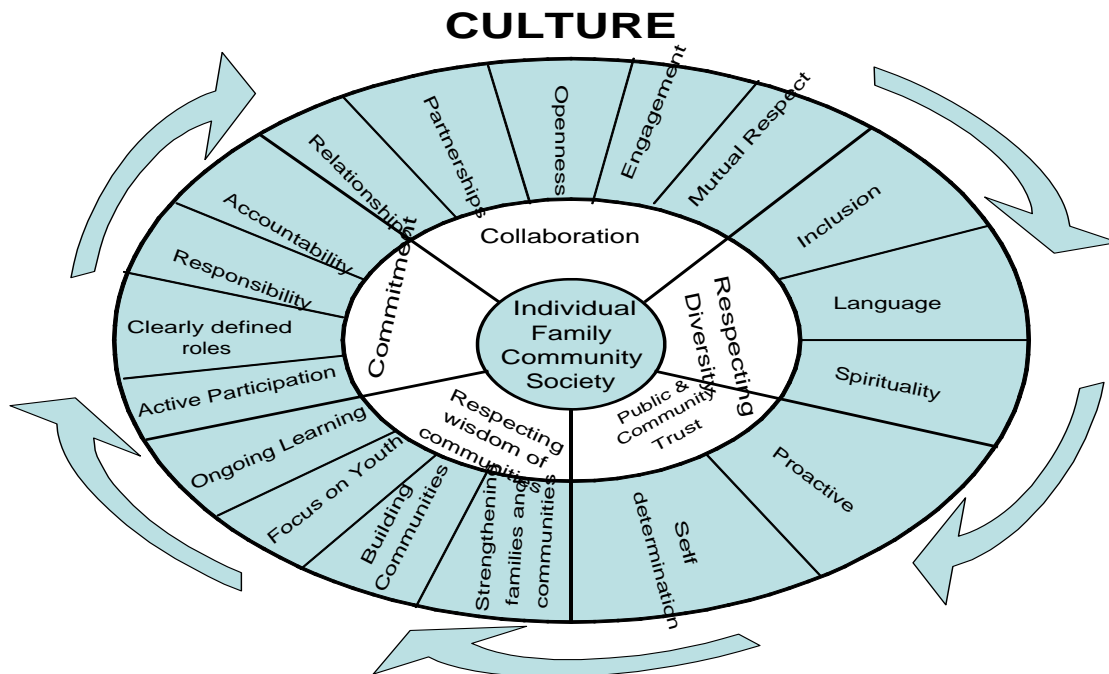
The Inuit-specific vision described in the Alianait plan is as follows:

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.

4. 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 vision⁴.

Fig.1: The Values and Principles Circle



⁴Please see Alianait for the Inuit-specific approach.

The values and principles underlying this Strategic Action Plan are depicted in *Fig. 1 (above)*, with values forming the middle circle and principles forming the outer circle. Individuals and communities are at the centre. These are all rooted in culture, the critical foundation for these values and principles.

The values and principles circle can be summarized by the following statements, which are touchstones used to guide the development of the First Nations and Inuit Mental Wellness Strategic Action Plan:

- § The most promising results are obtained through a collaborative decision-making process based on engagement, openness, and mutual respect among all parties.
- § Successful implementation is achieved through active participation and commitment from all parties with a shared, complementary responsibility and accountability and by clarifying the roles of the federal, provincial/territorial and First Nations and Inuit organizations.
- § Communities are the foundation of First Nations peoples and Inuit. It is important to build on their strengths and recognize their wisdom. There is a need to focus on youth and to build the capacity of communities by creating a positive learning environment.
- § In order to gain public and community trust, there will be appropriate evaluations and an effort to adjust the programs and services in response to the evaluations.
- § This framework recognizes the diversity found in Canada's Aboriginal population. It respects all First Nations and Inuit and their spirituality. It has adopted a distinctions-based approach⁵, inclusive of self-governing and Northern First Nations, the Inuit and transferred communities.

5. THE STRATEGIC ACTION PLAN

The emphasis in this Strategic Action Plan is on community leadership, traditional healing, improved communication and relationships and facilitating access to a coordinated continuum of services.

MWAC has identified five priority goals within the First Nations and Inuit Mental Wellness Strategic Action Plan:

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

⁵A distinctions-based approach recognizes that Inuit and First Nations have unique rights, needs and interests. The Alianait process is an example of this principle in action.

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.
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.
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.

The following table builds on these five goals by identifying objectives, activities, key stakeholders, a phased approach to implementation and cost ranges.

- \$ Objectives: Some objectives are high-level, while others are aimed at an operational level. This will allow for some objectives to be achieved in the short-term while it will take longer to achieve others.
- \$ Activities: MWAC has identified a series of specific actions that will help to achieve the objectives.
- \$ Phases: The time it takes to achieve the goals is indicated in phases, i.e. short (within one year), medium (1-3 years) and long (3-5 years). The overall time-frame for this plan is five years.
- \$ Cost: The estimated cost range is intended to identify whether activities can be carried out:
 - a) without additional resources, through existing funding (\$)
 - b) with a moderate amount of new funding (\$\$)
 - c) with significant additional resources (\$\$\$)
- \$ Key stakeholders: The list of key stakeholders includes a preliminary array of partners and potential partners that can either lead or help achieve the desired activities in conjunction with each other (please refer to Appendix C for a list of the roles & responsibilities of MWAC members).

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.

Objectives	Activities	Phase*	Cost#	Key Stakeholders
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
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

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

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

Objectives	Activities	Phase*	Cost#	Key Stakeholders
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: \$ 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

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

Goal #2 (continued): To disseminate and share knowledge about promising traditional, cultural and mainstream approaches to mental wellness.

Objectives	Activities	Phase*	Cost#	Key Stakeholders
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, Ajungniq Centre and NIICHO, NMHA, NNAPF, 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
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

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

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.

Objectives	Activities	Phase*	Cost#	Key Stakeholders
3.1 - To have multiple points of dissemination for the Strategic Action Plan to ensure broad community awareness and participation	Identify “champions” of the Strategic Action Plan to create multiple points of dissemination	Short	\$	ITK, AFN, their Regions and PTOs, FNIHB
	Disseminate Strategic Action Plan	Med.	\$\$	MWAC
3.2 - To support the delivery of training in community development knowledge and skills	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	Med.	\$\$	First Nations and Inuit Communities, Health, INAC and other related departments, First Nations and Inuit leaders (formal, informal, political, Elders)
	Identify individuals, institutions and/or organizations to assist in the development of community development training	Short	\$\$	First Nations and Inuit Communities, Health and other related departments, First Nations and Inuit leaders (formal, informal, political, Elders)
	Develop specific community development and other social change strategies in collaboration with First Nations and Inuit communities	Med.	\$\$\$	Educational institutions, INAC
	Conduct the training	Long	\$\$\$	First Nations and Inuit Communities, Health, INAC, Educational institutions
	Ongoing review and refinement of community development training program (evaluation)	Long	\$\$	Educational institutions

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

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.

Objectives	Activities	Phase*	Cost#	Key Stakeholders
3.3 - To provide ongoing support for comprehensive community development in First Nations and Inuit communities	Create a budget to support the development of community wellness plans ⁶ based on the Strategic Action Plan. This may involve enhancing existing plans and/or providing start-up costs to develop new ones, as appropriate	Short	\$	FNIHB, AFN and ITK
	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	Med	\$\$	MWAC, FNIHB, AFN, ITK
3.4 - To support First Nations and Inuit communities in developing community wellness action plans informed by Mental Wellness Strategic Action Plan and in collaboration with local, regional and F/P/T providers, as appropriate	Identify and assess existing technical and financial resources (i.e., asset mapping)	Med	\$	Communities, AFN, ITK, FNIHB, MWAC
	Fund communities to start implementing community development and community wellness action plans	Med	\$\$\$	FNIHB and INAC, AFN, Chiefs, Band Councils, ITK, other health and human service programs, F/P/T authorities, Health, Justice
	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.)	Long	\$\$\$	Communities
	Provide ongoing support for monitoring and evaluating community wellness action plans and operational supports for adjustments	Long	\$\$	FNIHB, provincial Treaty Orgs, CIHR, P/P/T, Health and Human Services existing education and professional development activities to share learning

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

⁶ Based on local needs and strengths, the National Aboriginal Youth Suicide Prevention Strategy funds and supports First Nation and Inuit communities to develop comprehensive and community-wide plans for preventing youth suicide. Community-based plans may include: 1) activities aimed at preventing suicide and 2) activities aimed at improving the determinants of health which broadly affect the causes and consequences of self-destructive behaviour.

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.

Objectives	Activities	Phase*	Cost#	Key Stakeholders
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	Identify links to other related initiatives/strategies	Short	\$	FNIHB, AFN, ITK, First Nations and Inuit communities
	Develop baseline information on existing number of mental wellness workers/healers and set targets for the future	Short	\$	Cultural Institutions, NAHO
	Increase the incentives and support for First Nations and Inuit youth to complete high school	Medium	\$\$	Community educators, First Nations Leaders, INAC, AHHRI
	Ensure that the high school experience provides quality math, science, language and traditional and cultural teachings	Long	\$\$	INAC, secondary and post secondary institutions, AHHRI
	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	\$\$	INAC, FNIHB, secondary and post secondary institutions, communities
	Undertake a scan of post secondary mental wellness training opportunities, including distance learning and ensure that all institutions /programs meet acceptable standards	Long	\$	Communities, service providers, cultural institutions, NAHO, FNIHB for funding, NNADAP treatment centres, communities, Regional Health Organizations
	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	\$\$	Communities, Service providers, FNIHB, NNADAP
	Advocate for funding to create new positions in communities	Short	\$	AFN, ITK
	Support the development of secondary mental wellness teams by creating opportunities for existing mental health and addictions workers to work together.	Short	\$	Communities, FNIHB, AFN, ITK
Create and staff new positions in communities, as required	Long	\$\$\$	FNIHB, AFN, ITK	

Goal #4 (continued): 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.

Objectives	Activities	Phase*	Cost#	Key Stakeholders
	Ensure training methodologies respect cultural learning approaches - e.g. oral tradition, healing and learning at the same time	Long	\$\$	Educational institutions, INAC, AFN, ITK
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, Ajunnginiq 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

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

Goal #4 (continued): 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.

Objectives	Activities	Phase*	Cost#	Key Stakeholders
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
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

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

Goal #4 (continued): 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.

Objectives	Activities	Phase*	Cost#	Key Stakeholders
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
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

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

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.

Objectives	Activities	Phase*	Cost#	Key Stakeholders
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)	Scan number and content of international, national and regional conferences that include or could include First Nation and Inuit mental wellness content	Short	\$	FNIHB, F/P/T and local/regional involvement
	Ensure a broad access to existing web-based clearinghouse. Consider the development of appropriate newsletters for active and ongoing information exchange	Long	\$	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
	Assess readiness, maturity and scope of technical options to support a knowledge transfer strategy (e.g. surveys, environmental scans)	Long	\$\$	Regional organizations, AFN, ITK
	Identify the optimal mix of traditional and technological means to transfer knowledge and implement accordingly	Long	\$\$	NAHO, Educational institutions
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	Develop and support “community of practice” approaches (training, team building, process of common vision and direction, interpersonal relationships, strengthening networks, time for collaboration)	Medium	\$	FNIHB - National and Regions, Cultural institutes, F/P/T to facilitate local, regional involvement; Aboriginal Health Transfer Fund
	Create and support access to peer support network through telephone and website (content of network to be further defined - access to traditional and cultural & clinical information and peers)	Medium	\$\$	FNIHB, RFP for partner, National Aboriginal organizations, CAMH, F/P/T and local /regional health organizations, existing front-line workers
	Acknowledge and promote natural caregiver networks	Medium	\$	Regional organizations, AFN, ITK, FNIHB

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

Goal #5 (continued): 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.

Objectives	Activities	Phase*	Cost#	Key Stakeholders
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	Obtain commitment and agreement between F/P/T/FN/I governments and other stakeholders to collaborate on a MOU regarding roles and responsibilities	Long	\$	FNIHB, AFN, ITK
	Clarify roles and responsibilities and tripartite regional planning processes	Long	\$	FNIHB with Council of DM's, AFN, ITK, FN Regions, Privy Council, INAC, Inuit Secretariat, F/P/T Advisory Committees, PHAC
	Develop framework or models for regional and local agreements (e.g. MOU, contracts)	Medium	\$	FNIHB, AFN, ITK

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

6. CONCLUSION

The national First Nations and Inuit Mental Wellness Strategic Action Plan addresses the mental health, mental illness and addiction needs of First Nations and Inuit in ways that build on their strengths in order to attain individual, family and community wellness.

Throughout the MWAC process, there has been a high degree of consensus about the most pressing challenges to be addressed as well as the large array of vehicles by which mental wellness outcomes in First Nations and Inuit communities can be advanced.

To ensure that the First Nations and Inuit Mental Wellness Strategic Action Plan maintains its momentum, signals seriousness and creates credibility, MWAC aims to develop performance measures, a communications strategy and identify priorities and actions that can be immediately undertaken without new resources to set the wheels in motion for the successful implementation of this plan.

**First Nations and Inuit Mental Wellness Advisory Committee
Terms of Reference
September 13, 2005
FINAL**

Purpose

The First Nations and Inuit Mental Wellness Advisory Committee (MWAC), comprised of key national partners, stakeholders and expert organizations, provides strategic advice to the Community Programs Directorate (CPD) of the First Nations and Inuit Health Branch (FNIHB) of Health Canada on issues related to mental wellness (including mental health and addictions). The MWAC's work is intended to benefit and provide insight to all participants toward making a collective contribution to advancing the mental wellness of First Nations and Inuit. Decision-making remains the responsibility of FNIHB, in partnership with the Assembly of First Nations (AFN) and Inuit Tapiriit Kanatami (ITK). This is in keeping with the spirit of the recently signed Political Accords between the Government of Canada and the AFN and ITK respectively.

Mandate

As mandated by FNIHB, the MWAC will provide strategic recommendations on how to improve the mental wellness outcomes of First Nations and Inuit. This mandate has two aspects:

1. To provide recommendations to inform a strategic/action plan that outlines a vision, strategic priorities, and actions to improve the mental wellness outcomes of First Nations and Inuit.
2. To provide strategic advice regarding on-going mental wellness program development.

Membership

Membership is comprised of key national partners, stakeholders and expert organizations, by invitation of the Director General (DG) of CPD. There are 16 members in total. Membership is on-going, and may be adjusted by the DG of CPD as needs evolve. Membership is as follows:

- (2) Assembly of First Nations: Health and Social Director; regional representative
- (2) Inuit Tapiriit Kanatami: Health Director; regional representative
- (2) Federal/Provincial/Territorial (FPT) networks: a representative of the FPT Committee on Substance Use and Abuse (CSUA); a representative of the FPT Advisory Network on Mental Health (ANMH).
- (3) National Aboriginal expert organizations: Chair of the Board, National Native Addictions Partnership Foundation (NNAPF); President, Native Mental Health Association of Canada (NMHAC); Executive Director, Aboriginal Healing Foundation (AHF).

- (3) National expert organizations: Chief Executive Officer, Canadian Mental Health Association (CMHA); Chief Executive Officer, Canadian Centre for Substance Abuse (CCSA); Associate Director, Health Systems Research and Consulting Unit, Centre for Addictions and Mental Health (CAMH).
- (2) FNIHB Director Generals: DG Community Programs Directorate (Chair); DG Strategic Policy, Planning and Analysis Directorate
- (1) FNIHB Regional Director (RD): RD FNIHB-Saskatchewan region.
- (2) Other federal departments: DG Centre for Healthy Human Development, Public Health Agency Canada; DG Social Policy and Programs Branch, Indian and Northern Affairs Canada.

Roles and Responsibilities

Chair: The DG of CPD will chair the MWAC, in partnership with the rotating Co-Chair. The Chair and Co-Chair will convene and preside over MWAC meetings, and set the final agenda for MWAC meetings. The Chair will brief FNIHB senior management on the results of the MWAC meetings as appropriate. Facilitators will be brought in to assist at the discretion of the Chair.

Rotating Co-Chair: The co-chair will be a representative from an Aboriginal organization. The co-chair will assist with convening and presiding over MWAC meetings, and will assist with creating the agenda. The co-chair for the next meeting will be selected at the end of each meeting of the MWAC.

Members: Members will provide strategic advice based on respective areas of expertise, on behalf of their respective organizations. Members will liaise with their organizations (e.g. FPT Networks, Boards) to ensure that others stay abreast of MWAC activities and have an opportunity to provide input. Members may be appointed to lead sub-committees and task groups and to report back to the MWAC. Members are expected to make every effort to ensure continuity of representation.

Secretariat: Secretariat support will be provided by the Mental Health and Addictions Division of CPD, led by the Director, including coordination of meetings, compilation of background materials, drafting of agendas, Records of Decision, processing of travel claims, etc.. Members of the secretariat will also provide support during MWAC meetings.

Substitutions

Members are asked to discuss possible substitutions with the Secretariat (Director of the Mental Health and Addictions Division) in advance. Substitutes must be able to fully represent the member's organization.

Observers

Each member will have one seat at the table. In the interest of ensuring efficient meetings, members who wish to bring colleagues from their organizations as observers are asked to discuss with the Secretariat (Director of Mental Health and Addictions) in advance, as the number of observers will be limited.

Meetings

Not less than 2 and no more than 4 face-to-face meetings will be held annually. One meeting per year will be held in a First Nations or Inuit community with Elder representation. To assist members in maintaining continuity of representation, meetings will be scheduled 12 months in advance. Short teleconferences or requests for comments via email may be held in between face-to-face meetings.

Teleconferences are not intended to replace face-to-face meetings. Draft agendas will be developed by CPD and circulated to members for comments/additions in advance of meetings. Draft Records of Decision will be circulated to members in a timely manner, and approved at the beginning of the next meeting.

Reporting Relationship

The MWAC provides strategic advice to the First Nations and Inuit Health Branch through the Community Programs Directorate.

Operations

The MWAC will arrive at strategic recommendations by reviewing and discussing information presented according to meeting agendas. Consensus will be preferred; where necessary, differences of opinion will be noted in the Records of Decision. The MWAC will be able to recommend that working groups with external members be struck to examine issues in more depth. All working groups will report back to the MWAC.

Inuit-Specific Mental Wellness Working Group

An Inuit-Specific Mental Wellness Working Group will be established, to examine mental wellness issues related to the unique circumstances and culture of Inuit. This working group will report to both ITK and FNIHB.

Legal Issues

The proceedings of the MWAC will be subject to federal, provincial and territorial Privacy Acts and Access to Information Acts. Requests under the federal Access to Information Act will be submitted to and managed by the Secretariat.

Reimbursement

Members will be reimbursed for any travel and accommodation costs that are incurred, as per federal travel reimbursement guidelines. Travel claim forms will be made available at the end of meetings. Observers' costs must be covered by their organizations unless otherwise agreed to by the Secretariat.

Budget

The Mental Health and Addictions Division of the CPD will support and manage the budget for the MWAC.

Assessment

The MWAC will be assessed against the following objectives:

- Progress toward recommendations to inform a strategic/action plan that outlines a vision, strategic priorities, and actions to improve the mental wellness outcomes of First Nations and Inuit.
- Improved access to strategic advice regarding on-going program/policy development.
- Strengthened partnerships in advancing the mental wellness of FN/I
- Benefits and insight to all members

Feedback questionnaires will be distributed to members at the end of each meeting, and an assessment of process and outcomes will be conducted after three years through interviews with members and key informants. The Terms of Reference may be amended based on the outcomes of these assessment activities.

Key Terms

Aboriginal knowledge

See 'Indigenous knowledge'

Addiction

Addiction describes the condition of being physically dependent on a particular substance. It has both physiological and psychological components; there are various forms of addiction, different methods of care and diverse explanations (moral, disease, opponent-process, habit, blended, and cultural models).

Allied

To be allied is to work together to achieve a common purpose. In the context of diversity politics, an ally has been defined as a 'person of one social identity group that stands up in support of members of another group'.

Appropriate competencies

With reference to human resources, competencies are standardized requirements for an individual to properly perform a specific job. Traditionally, competence has been described in terms of knowledge, skills, and attitudes. David McClelland attempted to shift the focus to qualities that can only be shown by people engaging in activities that they care very much about, such as initiative, ability to understand and intervene in organizational processes, thinking about what is to be achieved and how, turning ones' emotions into the task, and persisting over long periods of time. These components of competence cannot be assessed except in relation to activities people care about.

Community

Community is a value shared by Indigenous peoples. The spirit that holds a relatively healthy group of families together is embedded in community. For First Nations and Inuit, this strength is connected with living on the land that has been "home" for many generations. For its members, the healthier community offers physical, psychological, intellectual and spiritual resources. On the other hand, for members of communities burdened with health, social, emotional and other difficulties, these problems often reflect serious resource deficits in the community itself.

The oral tradition is imperative to holding communities together. A story unites its members with a common understanding of kinship, giving them shared experience, and creates a group spirit (Fixico, 2003).

Community development

Community development, informally called community building, is a social change process that seeks to empower individuals and groups by providing them with the skills they need to effect positive changes in their own community. In First Nations and Inuit communities, this means fostering cooperation, mutual aid, and working towards common goals based on a renewed emphasis on co-reliance, self-care, togetherness, volunteerism, and collective values to overcome effects of the highly individualistic, competitive, and alienating environment that characterize the Western world.

Cultural foundation

An Indigenous person's natural environment, and the way they are taught to relate to it, are reference points for living life. Understanding relationships develops from becoming familiar with one's natural environment or homeland by processing local knowledge about streams, rivers, valleys, deserts, meadows, woods, hills, mountains, and knowing all of the names of plants and animals that are also part of one's homeland (Fixico, 2003). Knowing how to relate to self, others, and ancestors, and to present self according to traditional customs and accepted practices reflect one's cultural foundation.

Cultural knowledge

See 'Indigenous knowledge'.

Evidence base (includes traditional and cultural healing practices)

In the western scientific tradition, evidence-based means an approach to a problem informed by the review of evidence gathered in systematic ways. Evidence-based practice uses current best evidence in making decisions. In the western tradition, areas of study have been organized into discrete compartments, called disciplines. With respect to health, the mind is often treated separately from the body.

In contrast, Indigenous knowledge (see definition) and evidence stem from more holistic and interconnected ways of knowing, based on relationships and balance. Problem-solving often utilizes a culture-based "healing" approach, which may not be empirically-validated in the western scientific tradition, but is widely accepted as evidence-based within the Indigenous tradition.

Elder

In most First Nations and Inuit communities, an Elder is a person of wisdom who has earned the respect of the community through his or her qualities as a citizen, cultural achievements, and 'good' deeds. Such a person possesses length and depth of life experience and does not impel towards action (Frattoli, 1001).

Indigenous knowledge

All Indigenous knowledge flows from the same source: relationships within the global flux, kinship with other living creatures and the life energies embodied in their environment and kinship with the spirit forces of the earth (M. Battiste).

What is traditional about traditional knowledge is the way it is acquired and used. The social process of learning and sharing knowledge, which is unique to each Indigenous knowledge and heritage, lies at the heart of its traditionality. It is a learned way of looking at the world that may have different forms of acquisition, transmission, and manifestation for different Indigenous peoples (Battiste & Henderson)

Mainstream knowledge

See first paragraph under 'evidence base'

Mental wellness

A lifelong journey to achieve wellness and balance of body, mind and spirit describes mental wellness. It includes self-esteem, personal dignity, cultural identity and connectedness in the presence of a harmonious physical, emotional, mental and spiritual wellness. Mental wellness must be defined in terms of the values and beliefs of Inuit and First Nations people (Mental Wellness Framework, 2002).

Natural caregivers

In Indigenous contexts, natural caregivers are family and community members who rise to the occasion when someone shows signs of need for care. Healthy communities are often perceived as 'communities of care'.

Personal wellness:

The state of being well or in good physical, emotional, cognitive and spiritual wellbeing. Maintaining this state describes personal wellness.

Recovery

The concept of recovery speaks to the act or instance of recovering; the process of overcoming an addiction. A recovery program assists a person to overcome an addiction to substances such as drugs or alcohol. Many recovery programs exist, each offering their own specific blend of techniques to support the recovering person in achieving their goal.

Healing processes stress values like respect, sharing, humility and so forth. No one ever “accomplishes” healing in their own lives. Instead, it is a path we must all work on, throughout our lives, constantly striving to create healthier balances and relationships.

Story telling

Story telling is the basis of the oral tradition of Indigenous peoples, and the vehicle for sharing traditional knowledge and passing it from generation to generation. Purposes include sharing information, providing lessons in morality, confirming identity, and telling experience of people. When told effectively each story transcends time, as traditional knowledge lives on with each new listener becoming a part of the story and a part of the next generation (Fixico, 2003).

Traditional knowledge:

See ‘Indigenous knowledge’

Wisdom:

Wisdom is the ability, developed through experience, insight and reflection, to discern truth and exercise good judgment. 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.

MWAC Membership Roles and Responsibilities

Please note: The following table is a draft version, intended for discussion purposes only.

Organization	Description	Roles and Responsibilities
Assembly of First Nations (AFN)	The Assembly of First Nations (AFN) is the national representative organization of the First Nations in Canada. There are over 630 First Nation's communities in Canada. The AFN Secretariat, is designed to present the views of the various First Nations through their leaders in areas such as: Aboriginal and Treaty Rights, Economic Development, Education, Languages and Literacy, Health, Housing, Social Development, Justice, Taxation, Land Claims, Environment, and a whole array of issues that are of common concern which arise from time to time.	
Inuit Tapiriit Kanatami (ITK)	Inuit Tapiriit Kanatami (ITK) is the national Inuit organization in Canada, representing Inuit in the four land claim regions – Nunatsiavut (Labrador), Nunavik (northern Quebec), Nunavut, and the Inuvialuit Settlement Region in the Northwest Territories. ITK works to protect the rights of the Inuit at the national level, to achieve economic and social equity with other Canadians. Working with governments, ITK takes a holistic approach, addressing all factors that impact on the well-being and living standards of Inuit in Canada.	
Native Mental Health Association of Canada (NMHAC)	To develop insight into the effective responses to mental health care needs in First Nation and other Aboriginal communities. Advocate for improved mental health programs, services and resources.	

Organization	Description	Roles and Responsibilities
<p>Aboriginal Healing Foundation (AHF)</p>	<p>The Aboriginal Healing Foundation is an Aboriginal-run, not-for-profit corporation that is independent of Governments and the representative Aboriginal organizations. The AHF was incorporated in 1998 to manage the distribution of a grant for community-based healing. This grant was a component of <i>Gathering Strength: Canada's Aboriginal Action Plan</i> and was part of a federal financial commitment to support healing from the legacy of abuse in residential schools</p>	
<p>National Native Addictions Partnership Foundation (NNAPF)</p>	<p>Reflecting the spirit of the General Review of NNADAP in 1998, and confirmed through the consultations at the Conferences hosted by the Partnership, the following Statement captures the essence of a guiding vision for the end results we are seeking “Assisted by an integrated national, regional, district and local network of both highly effective and culturally sensitive substance abuse and addictions prevention and intervention programs and highly trained, caring and effective service providers, First Nations and Inuit people will gradually liberate themselves, their families and communities from the burden of past and present substance abuse and addictive behaviours”.</p> <p>The mission of the National Native Addictions Partnership Foundation is captured in the following Statement: “Building on the national Review of NNADAP in 1998, and other Regional and individual studies, our challenge is to advocate, develop, facilitate, and monitor strategies designed to continuously upgrade and enhance the quality of ideas, information, program methodologies, financial allocations and skills of service providers comprising the program”.</p> <p>Or, in its short form: “The National Native Addictions Partnership Foundation is committed to promote a capacity building strategy to renew NNADAP”.</p>	

Organization	Description	Roles and Responsibilities
Canadian Centre for Substance Abuse (CCSA)	<p>The Canadian Centre on Substance Abuse (CCSA) is Canada's national addictions agency. Established by an Act of Parliament in 1988, the Centre provides objective, evidence-based information and advice aimed at reducing the health, social and economic harm associated with substance abuse and addictions.</p>	
Centre for Addictions and Mental Health (CAMH)	<p>The Centre for Addiction and Mental Health (CAMH) is Canada's leading Addiction and Mental Health teaching hospital. CAMH succeeds in transforming the lives of people affected by addiction and mental illness, by applying the latest in scientific advances, through integrated and compassionate clinical practice, health promotion, education and research.</p> <p>As a provincial organization, CAMH receives its operating funds from the Government of Ontario's Ministry of Health and Long-Term Care. Research grants and funds for special programs are received from the University of Toronto, Foundations and other granting and funding bodies.</p> <p>CAMH works with the government to help shape the public policy and resource development process to ensure it promotes health and works towards eliminating the stigma associated with mental illness and addiction.</p> <p>CAMH has been recognized internationally as a Pan American Health Organization and World Health Organization Collaborating Centre.</p>	

Organization	Description	Roles and Responsibilities
<p>Canadian Mental Health Association (CMHA)</p>	<p>The Canadian Mental Health Association focuses on combatting mental health problems and emotional disorders. Our tools include research and information services, sponsored research projects, workshops, seminars, pamphlets, newsletters and resource centres.</p> <p>The CMHA's programs assist with employment, housing, early intervention for youth, peer support, recreation services for people with mental illness, stress reduction workshops and public education campaigns for the community.</p> <p>In addition, the CMHA acts as a social advocate to encourage public action and commitment to strengthening community mental health services and legislation and policies affecting services. All our mental health projects are based on principles of empowerment, peer and family support, participation in decision-making, citizenship, and inclusion in community life.</p>	
<p>FPT Committees</p>	<p>The FPT committees represented at the MWAC table include:</p> <ul style="list-style-type: none"> § FPT Advisory Network on Mental Health § FPT Committee on Substance Use and Abuse 	
<p>Socio-Economic Policy and Regional Operations - Social Policy and Programs Branch (INAC)</p>	<p>To support Indians and Inuit in achieving their self-government, economic, educational, cultural, social, and community development needs and aspirations; to settle accepted native claims through negotiations; and to ensure fulfilment of Canada's constitutional and statutory obligations and responsibilities to Indian and Inuit people.</p>	

Organization	Description	Roles and Responsibilities
<p>Public Health Agency Canada (PHAC)</p>	<p>The Centre for Healthy Human Development (CHHD), uses a life stages approach and is responsible for implementing policies and programs that enhance the conditions within which healthy development takes place. Through action founded on the principles of population and public health, the Centre addresses the determinants of health and facilitates successful movement through the life stages. The Centre acts through programs addressing healthy child development, families, aging and lifestyles, public information and education (Canadian Health Network), as well as issues related to rural health and support of the voluntary sector.</p>	
<p>First Nations and Inuit Health Branch (Health Canada)</p>	<p>Health Canada's First Nations and Inuit Health Branch (FNIHB) has a mandate to: ensure the availability of, or access to health services for First Nations and Inuit communities; assist First Nations and Inuit communities to address health barriers, disease threats and to attain health levels comparable to other Canadians living in similar conditions; and build strong partnerships with First Nations and Inuit to improve the health system. In terms of mental wellness programs and services, FNIHB provides:</p> <ul style="list-style-type: none"> § Infrastructure and funding for addictions treatment to First Nations living on reserve and § Community-based mental wellness promotion and mental illness prevention programs to all First Nations and Inuit communities § Where no other services are available, short-term mental health crisis counseling is provided to First Nations and Inuit regardless of residency, through FNIHB's Non-Insured Health Benefits program 	

PART II

Inuit Mental Wellness Action Plan

Mental wellness is defined as “self-esteem and personal dignity flowing from the presence of harmonious physical, emotional, mental, spiritual wellness and cultural identity.”
(Inuit Specific Mental Wellness Framework, 2001)

**Final (to be approved), May 2007
Prepared by Alianait Inuit-specific Mental Wellness Task Group**

Inuit Mental Wellness Action Plan

Draft 6

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Executive Summary

Alianait was formed to develop an Inuit Mental Wellness Plan to support the First National and Inuit Mental Wellness Advisory Committee's (MWAC) "Strategic Action Plan for First Nations and Inuit Mental Wellness." The committee is comprised of representatives from Inuit Tapiriit Kanatami, First Nations and Inuit Health Branch (FHNIB) of Health Canada, the land claims organizations, national Inuit organizations and the provincial governments that have Inuit populations.

Alianait was mandated to create an Inuit-specific national strategy that reflects Inuit mental wellness priorities and circumstances. While Alianait has an immediate purpose in developing an Inuit specific action plan, the group sees a longer-term role in providing strategic advice and facilitating communication and collaboration amongst mental wellness partners.

Between November 28-29, 2005 and March 29-30, 2007, Alianait met five times to develop the Inuit Mental Wellness Plan. Alianait identified five priority goals:

1. To ensure a continuum of culturally relevant mental wellness programs and supports, including traditional/cultural and clinical approaches.
2. To recognize and strengthen community roles and connections.
3. To increase community resources for the mental wellness continuum.
4. To ensure Inuit-specific data, research, information, knowledge and training is available.
5. To enable implementation through strong partnerships.

Alianait has worked closely with MWAC to develop the overall plan. While the two plans build upon each other, there are some clear distinctions:

The Alianait plan includes (but MWAC does not):

- The role of food security
- Protection of intellectual property
- Urban Inuit
- Reference to the roles of the Inuit regional organizations in the strategies section

The MWAC plan includes (but Alianait does not)

- Objectives related to privacy and confidentiality issues
- Legislative changes

Both plans include evaluation, MWAC in their values, Alianait as an element of the plan. Both plans recognize the role of the community and of youth, only Alianait has specific roles for elders.

A. Introduction

Inuit, through their national organization, Inuit Tapiriit Kanatami, have identified mental wellness as the number one Inuit health priority.

“Mental wellness” is an all-inclusive term encompassing mental health, mental illness, suicide prevention, violence reduction, and reduction of substance abuse and addictions.

The Alianait Task Group (Appendix A) developed an Inuit-specific Mental Wellness Action Plan by:

1. Bringing together key organizations working on Inuit mental wellness to facilitate collaboration and information sharing.
2. Providing Inuit-specific recommendations for the development and implementation of a strategic/action plan. (including a vision, strategic priorities, and actions)
3. Providing strategic advice regarding on-going mental wellness program development and assessing evaluation results to identify what is working.

The work of Alianait went into the development of a First Nations and Inuit Mental Wellness Plan, led by the Mental Wellness Advisory Committee (MWAC). MWAC was created in early 2005 by the First Nations and Inuit Health Branch (FNIHB) in response to the stated priorities of Inuit and First Nations. With FNIHB, the Inuit Tapiriit Kanatami and the Assembly of First Nations worked as partners in the MWAC process. MWAC is also composed of key stakeholders and expert organizations that provide strategic advice to the Community Programs Division of the First Nations and Inuit Health Branch on issues related to mental wellness (including mental health and addictions).

There are a number of key organizations involved in mental wellness, including:

- Federal/Provincial/Territorial governments
- Non-Government Organizations (NGO's), such as the Aboriginal Healing Foundation (AHF); the National Aboriginal Health Organization (NAHO)
- Inuit Regional and National representative organizations (Note: the Nunatsiavut Inuit are represented by the Nunatsiavut government)
- Community organizations

Alianait has worked to include all stakeholders in the development of the action plan. (see Appendix B for Alianait membership).

B. Principles

The principles under which the Mental Wellness Action Plan was developed are:

- People come first, including family and community.
- The approach is Inuit specific, holistic and positive (Celebrate Life).
- Elders have an important role.
- The role of young people will be acknowledged and nurtured.
- Invest in “protective factors” (protective factors are abilities, skills and social supports that offer people the ability to spring back from and adapt to stress, crises and trauma).
- Support language and cultural capacity development.
- Communication, collaboration and coordination are key to creating a seamless continuum of programs and services
- Build on what exists.
- Work in partnerships.

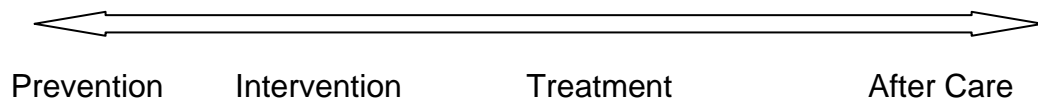
These principles are based on the Principles of the Inuit Mental Wellness Framework (2002). The full text is located in Appendix A as part of Aliant’s Terms of Reference.

C. Context for the Inuit Mental Wellness Plan

The current context for developing an Inuit Mental Wellness Plan has many specific elements that are all inter-connected.

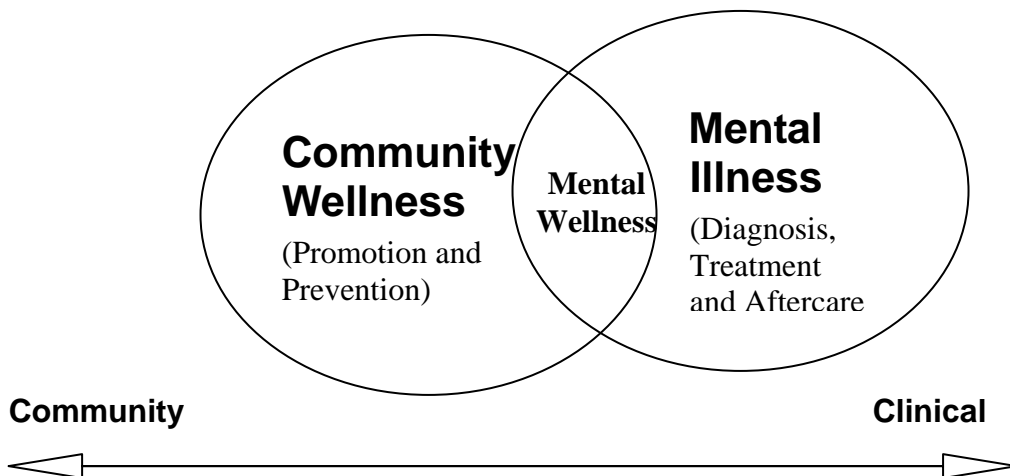
1. Mental Wellness programs for the Inuit will be Inuit-specific and start with the people first, including family and community.
 - Elders have an important role.
 - Acknowledge and nurture the role of young people.
2. The current delivery of programs to the Inuit is across four regions and in six to seven urban centers (e.g. Ottawa). Programs are delivered by a range of national, regional and community organizations and by different levels of government.
3. Each region has a number of key organizations involved in mental wellness, including:
 - Federal government departments (e.g FNHIB – Health Canada, Justice, Corrections)
 - NGO’s (e.g. Aboriginal Healing Foundation)
 - Provincial/Territorial governments
 - Inuit organizations (Regional and National level)
 - Community organizations

4. The four Inuit regions are at different stages of implementation of their Land Claims Agreements which directly affects their capacity for participation in program development, design and delivery around mental wellness.
5. Regardless of Land Claim Agreements, the Federal government has a continuing role to support mental wellness programs (funds, delivery, policy development).
6. Communication, co-ordination and collaboration are essential to facilitate delivery of mental wellness programs because of the complexity of the continuum of services and the different partners working in the area. The different languages and dialectics have to be factored into all communication.
7. There is a continuum of services in the area of mental wellness that is currently broken down into specific categories.



In every region there are a number of gaps in that service delivery system, including the absence of critical programs, facilities (e.g. treatment facilities) and the lack of a coherent approach.

8. Mental wellness, as a concept, is in a developing stage as a coherent framework that can ultimately integrate many current programs into one integrated framework. The current programs are often divided between community programs and clinical programs and between issues (etc. suicide prevention, addiction, mental illness)



9. The goal of an effective mental wellness health system is to “restore the mental wellness and general wellbeing of Inuit through coherent, integrated programs and services in Inuit communities throughout Canada. Inuit Specific Mental Wellness Framework, 2001) As such, it must have the ability to support any person in the community to enter any part of the system and be offered a mental wellness approach.
10. There are consistent funding issues in all regions:
- There are insufficient funds to support a comprehensive Mental Wellness continuum of programs.
 - The current federal funds are focused on prevention. There is a need for funding for intervention and treatment as well.
 - Time restricted programs are ineffective in improving Inuit mental wellness. The need often continues, after the funding has expired.
 - There is a need for investment in facilities and infrastructure.
 - There is a need for Inuit specific funding for Inuit living outside the regions.
11. Human Resource issues need to be addressed:
- Roles of the different workers on the continuum are not always clear.
 - Recruitment is difficult (insufficient housing is one barrier to hiring).
 - Retention is a problem (average turnover is 2 years in many communities)
 - More extensive training, including cultural training, is needed for workers.
12. The positive program approach needs to be enhanced. This would require investment in:
- Language and cultural capacity;
 - Programs that support people to live a cultural life, and
 - “Protective factors” that ensure that people have the internal and external strength to deal with issues as they arise in their lives.
- A Positive Program Approach focuses and builds on strengths, empowerment and preventative strategies and protective factors. Under PPA, constructive goals replace problem statements. The emphasis is on well-being.
13. The stigma of mental illness will be acknowledged and addressed in the strategy.
14. There are limited resources to develop policy around Mental Wellness and key organizations need to work together in a coordinated manner.
- There are key roles for FNHIB and ITK that have a national perspective.
 - Inuit need to be distinct from “Aboriginal” and First Nations in policy development.

15. Inuit have the right to mental wellness and to all rights under the International Agreements outlining human and Indigenous rights.
16. Co-ordination and liaison are an important part of implementing Mental Wellness strategies:
- ITK has a key and acknowledged role in ensuring the flow of communication between Inuit and the federal government and facilitating collaborations between Inuit Regional and National organizations.
 - NAHO has a crucial role in making mental wellness information available to Inuit in an accessible way.
 - The National Inuit Youth Council has a role in ensuring youth are included as active participants in national mental wellness strategies
 - Pauktuutit Inuit Women of Canada has a key role in developing and delivering resource materials, training and programs related to mental wellness, such as prevention of abuse and family violence, sexual health, early childhood development, FASD, justice and corrections for Inuit women.
 - Inuvialuit Regional Corporation advocates for Inuvialuit, engages Inuvialuit communities, promotes Inuit-specific policy development, and offers support and the resources of a Wellness Coordinator to communities in accessing federal funding. IRC has a role in working with other regional, territorial, and national organizations to identify, develop, and deliver programs that benefit Inuvialuit beneficiaries.
 - Nunavut Tunngavik Incorporated has a role in policy development, advocacy, and engagement of Nunavut communities. NTI works with its “3” Regional Inuit Associations to ensure Inuit specific involvement in the design, development and delivery of mental health and addiction services. The three Inuit associations (Qikiqtani; Kivalliq; and Kitikmeot) have various levels of responsibility for mental wellness promotion in their regions.
 - Makivik Corporation recognizes the mandate of Nunavik Regional Board of Health and Social Services (NRBHSS) to represent Inuit on health and social issues in Nunavik. The Board has a role in ensuring and overseeing the delivery of mental wellness programs and services offered by the province and also in delivering some federal programs and services.
 - The province of Québec’s role in mental wellness programming is carried out through both health centres in cooperation with NRBHSS.
 - The Nunatsiavut Department of Health and Social Development develops health policy for the region, advocates for Inuit needs and ensures Inuit communities are engaged and has a role in mental wellness promotion, prevention, intervention, some treatment and after-care services, suicide prevention and addictions.
 - The Governments of the North West Territories (GNWT) and Nunavut (GN) have a role in developing mental wellness policy and promotion/ prevention programs in consultation with residents of the Territory, and in service delivery including delivering Health Canada’s Mental Wellness programs,

- sometimes through contribution agreements with Inuit organizations and other non-governmental organizations.
- The province of Newfoundland and Labrador currently provides provincial mental wellness services for Nunatsiavut residents through the Labrador-Grenfell Regional Integrated Health Authority, which has a Mental Health and Addictions Services department to coordinate services at the regional and community levels.
 - The First Nations and Inuit Health Branch (FNIHB)
 - FNIHB Headquarters has a role in developing policies and programs and in communicating information to Inuit via National Inuit organizations and its Regional Offices
 - The Northern Secretariat has a role in administering mental wellness promotion programs through contribution agreements with the Governments of NWT and NU and Inuit organizations and communities, on behalf of Health Canada's FNIHB and Healthy Environments and Consumer Safety Branch, as well as the Public Health Agency of Canada.
 - Atlantic Region has a role in administering policies and contribution agreements with the provinces and Inuit governments and organizations, for the delivery of programs and services.
 - The Quebec Regions role is limited to Nunavik. Its role is to support prevention and promotion community-based activities through contribution agreements signed with the Nunavik Board of Health & Social Services or/and with Inuit organizations. It also follows-up on administrative national policies and concerns expressed by the clients.
 - Tungasuvvingat Inuit (TI), an urban Inuit community centre in Ottawa, through the Mamisarvik Healing Centre, develops and delivers mental wellness programs such as crisis intervention, advocacy, homelessness support, trauma and addiction treatment and family, children and youth programs. It provides these services primarily to urban Inuit, however, treatment services are also open to Inuit from the northern regions.

The plan builds on the work that has come before, including the Inuit Mental Wellness Framework, recommendations from the Inuit Health Policy Forum, the Inuit Specific Section of the Blueprint on Aboriginal Health, Alcohol-related Position Statements of the ITK Board and the National Inuit Youth Suicide Prevention Framework.

- Mental wellness is defined as “self-esteem and personal dignity flowing from the presence of a harmonious physical, emotional, mental and spiritual wellness and cultural identity.” (Inuit Specific Mental Wellness Framework, 2001)

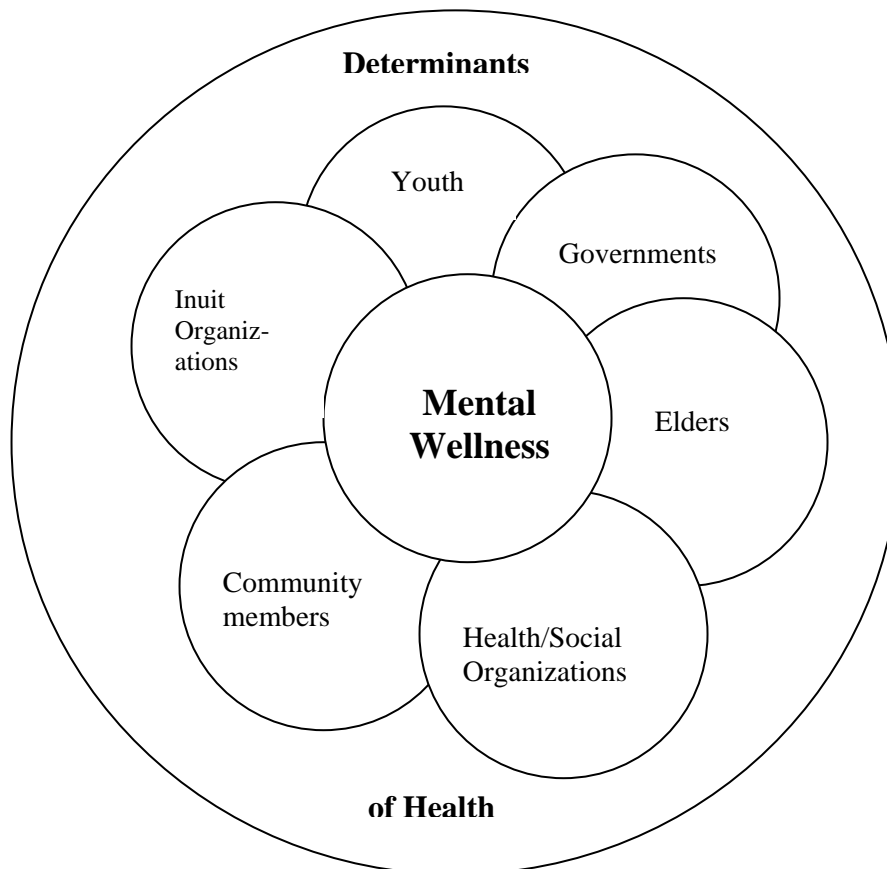
D. Inuit Mental Wellness Framework

“Mental wellness” is an all-inclusive term encompassing mental health, mental illness, suicide prevention, violence reduction, and reduction of substance abuse and addictions.

Mental wellness incorporates all the components that contribute to a balanced life. It involves a holistic approach that brings together:

- 1) Prevention and promotion
- 2) Treatment, intervention and aftercare and
- 3) Traditional knowledge and practices.

Inuit Mental Wellness Framework recognizes that the community and key organizations need to work together to address mental wellness.



A *mental health* approach recognizes many social and health factors (determinants) contribute to a person’s mental health and that issues like violence or addictions cannot be separated as distinct or be dealt with in isolation. In a *mental wellness* approach they are seen as symptoms. Determinants of health (e.g. housing, social supports, etc.) have impacts on mental wellness.

An effective mental wellness action plan will address many (but not all) of the factors that affect mental wellbeing, such as lack of access to coordinated services, loss of language and cultural ways, socio-economic conditions, housing, etc. Other factors must be considered as well, such as impacts of life experience, trauma, early childhood developing, parenting and physiology.

Determinants of Health:

Conditions and factors that interact and influence a person's health over the lifespan, which include but are not limited to: income; education; inter-personal relationships; housing; personal practices; inherited conditions; gender; race and culture; early childhood development; and health services.

A key to mental wellness is establishing one's identity. Inuit are choosing different paths: some are choosing a contemporary life, others a traditional life, and many are living a combination of different choices. Regardless of a person's choices and for each path, there need to be supports in place that facilitate people building productive and harmonious lives.

E. Vision

Inuit will have:

- ample opportunities for positive self-expression;
- the best of contemporary and traditional ways of life and the life skills to thrive in their environment; and
- socio-economic conditions that promote mental wellness.

Ultimately, Inuit will live in a society in which each person has a valued purpose and role and is a contributing and necessary member of the community.

F. Long Term Outcomes

- All policies and programs are developed within a mental wellness perspective.
- Inuit have access to a full range of services in their communities.
- All programs are designed from an Inuit specific perspective and are adequately resourced.

G. Mid-Term Outcomes

- Inuit have control over the design, development, delivery and funding in their communities.
- Issues of violence, addiction, suicide and mental illness are dealt with in communities in a way that is respectful of everyone involved.
- Programs, across regions, have culturally relevant traditional healing practices and core counseling methods, and use of different therapies and approaches in the continuum of mental wellness programs.
- Social and economic programs/systems promote mental wellness, recognize a broad range of meaningful employment and integrate the strength of Inuit language and culture and be directed at the community level within a mental wellness framework.
- Terms of land claim agreements are actively implemented, particularly with regard to engagement of Inuit in mental wellness planning for their communities.
- Supports are in place for workers involved in mental wellness work.
- Reduced stigma of mental health issues.
- A pool of trained Inuit in positions across the mental wellness continuum.
- Governments, communities and mental health workers reflect a mental wellness approach in their thinking and decision-making.

H. Short-Term Outcomes

- The range of approaches used in mental wellness programs facilitates positive self-expression.
- Issues are approached in an interconnected way, rather than separately.
- There is a range of approaches in mental wellness to address the different issues which are arising as traditional ways continue to be impacted by the new.
- The importance and role of families is recognized and supported through a continuum of mental wellness services.
- Intergenerational learning is valued and integrated into programs.
- Sensitize governments, communities and the mental health systems on a Inuit-specific mental wellness approach.
- Inuit specific training programs developed with a mental wellness perspective.
- Key decision-makers at all levels, especially national, understand and respect Inuit.

I. Strategic Goals

We will seek to achieve the outcomes through a series of strategies and actions that are grouped under five strategic goals.

1. To ensure a continuum of culturally relevant mental wellness programs and supports, including traditional/cultural and clinical approaches).

The Alianait plan will advocate for a range of activities and programs that provide specific supports to Inuit in their communities and works toward and supports the attainment of wellness in people and communities.

2. To recognize the community as the best resource in addressing mental wellness and invest in community capacity.

The Alianait plan will advocate for the development of regional and community programs that strengthen the capacities of communities to build mental wellness in their community by using the resources and expertise in their community.

3. To increase resources at the community level for the mental wellness continuum.

The Alianait plan will advocate for funds and resources to support a comprehensive mental wellness continuum. The plan will actively recognize that at the core of the plan are people who are helping people and strive for a positive mental wellness approach as the starting place for all workers and helpers.

4. To ensure Inuit-specific data, research, information, knowledge and training is available.

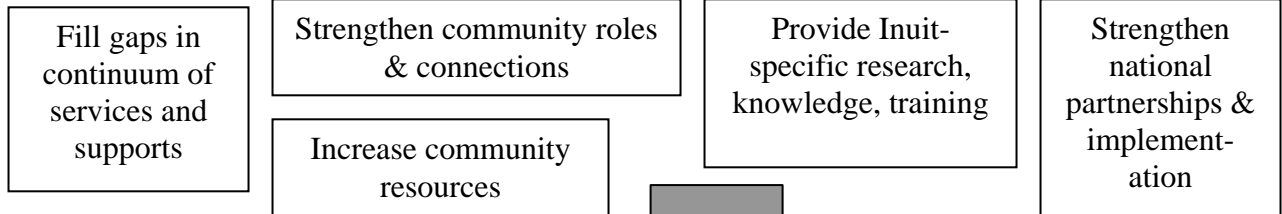
The Alianait plan will advocate for Information, tools, resources and supportive learning environments for Inuit to be able to fully develop and deliver a comprehensive mental wellness plan.

5. To enable implementation through strong partnerships.

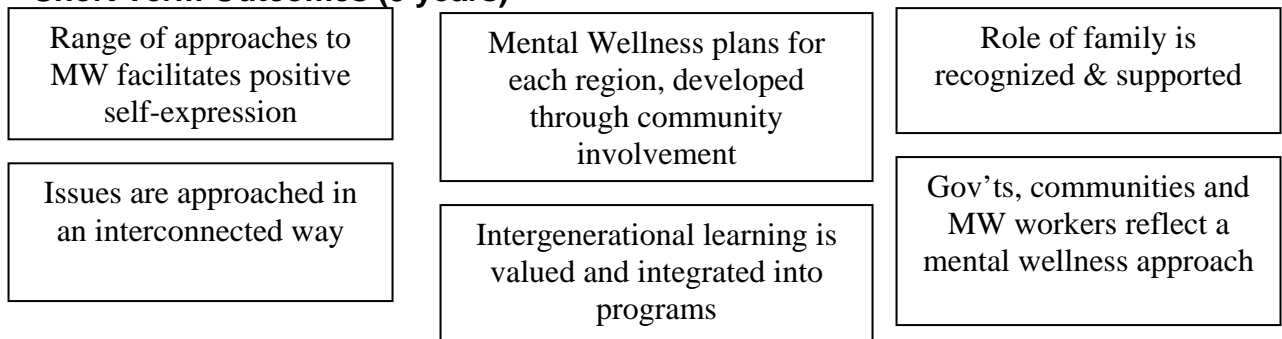
The Alianait plan will advocate for the mindful and strategic use of resources through partnerships and cooperation at every level and with all stakeholders.

J. Overview: The Road Map

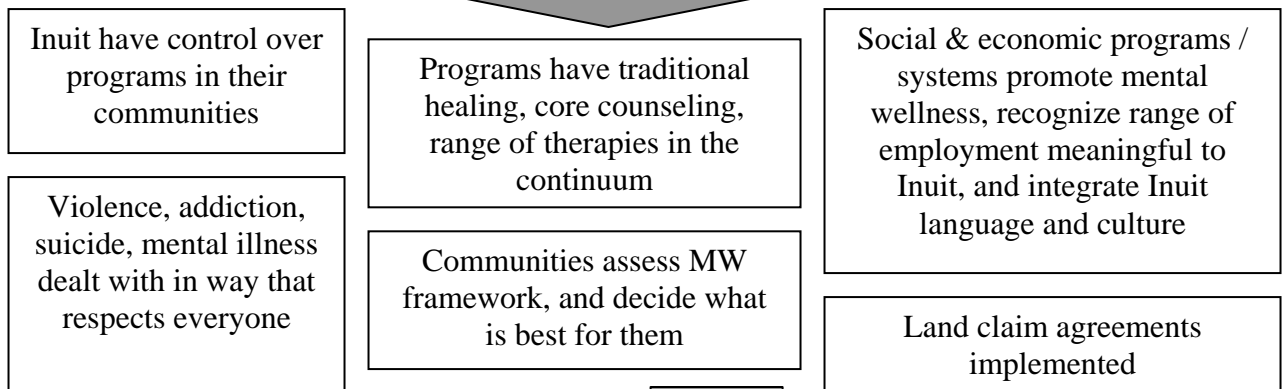
Goals, Strategies and Actions



Short Term Outcomes (3 years)



Mid-term Outcomes (3-5 years)



Long Term Outcomes (5-10 years)

Inuit have 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 a purpose and role within their community, is a contributing, necessary member of society. Inuit have socio-economic conditions that promote mental wellness.

K. Communication Strategy

Key Message:

The Inuit Mental Wellness Action Plan's implementation is essential to help Inuit address the root causes of social issues like suicide and addictions that are part of each community.

- There are four key messages that are core to the Action Plan:
 1. The Action Plan is taking a holistic and Positive Program Approach to mental wellness.
 2. We all have responsibility for our own mental wellness and that of our community. The plan is a tool to support communities to develop their own plans to address Mental Wellness.
 3. This cannot remain just another piece of paper but must be translated into actions that are useful to communities. As such we have a responsibility to make this plan accessible and doable (written in plain English and in practical small steps for communities).
 4. The Action Plan is a base document that will evolve into Regional Plans and as such must be considered as a living document.

Stage 1: Building support through the dissemination of the Plan

a) Communications with decision-makers

Provincial/Federal/Territorial politicians each have a different focus and we have to reach each of them differently.

Federal Government Departments and Agencies

1. The Action Plan goes to MWAC (includes INAC, Public Health Agency of Canada and Health Canada-FINHB)
2. Other Departments that need to receive the Mental Wellness Action Plan and get a presentation on the Plan:
 - INAC (Inuit Relations Secretariat)
 - Health Canada (Healthy Environments, Consumer Safety, Drug Safety)
 - Justice
 - Emergency Preparedness: National Crime Prevention Centre
 - HRSDC and Social Development (Homelessness initiative)
 - Sport Canada
 - Heritage Canada

- Canada Mortgage and Housing Corporation
- Interdepartmental working group – presentation on Mental Wellness Strategy + identity possibilities for interdepartmental collaboration
- Aboriginal Healing Foundation

Provincial/Territorial Governments

1. The Provincial/Territorial members of Alianait will bring it back to their colleagues to advocate and negotiate for its implementation.
2. The Provincial/Territorial Government representatives on Alianait will take parts of the plan that they can integrate into the work that they do.

Regions

1. The presidents of all Land Claim Organizations will be presented with this Action Plan at a meeting of the board of ITK (on which all presidents serve as directors). ITK will offer a presentation to the Board of each of the Land Claim Organizations once the ITK Board has reviewed and approved the draft plan.
2. Child, Youth and Family Services, Social Services, School Boards

Community

1. Community organizations – Status of Women Council, treatment centers, women centers
2. Interagency groups.
3. Various community committees (elders, youth, justice)
4. Informal networks

National Organizations

1. National Organizations will receive the plan, a request to integrate it into their core work.
2. Alianait members will offer to National Organization a presentation on the Plan
3. Members of Alianait will bring it back to their colleagues to advocate and negotiate for its implementation.

Key Non-Aboriginal National Government Organization

- National Organizations (e.g. Canadian Medical Association, etc) would receive the plan and an invitation to work with Alianait to facilitate implementation of the Plan.

L. Learning and Evaluation

The learning and evaluation plan will enable the monitoring of progress on the various strategies and actions, assess the degree to which the short-term outcomes are being met, and learn from the ongoing experience of implementing the strategies to adjust and improve them as needed.

The learning and evaluation plan would include:

- for each short-term outcome (over 3 years), what information needs to be collected in order to evaluate progress
- how this data will be collected
- how the information will be analyzed and by whom: as a minimum..

The outcomes that will be achieved will be:

- a) Inuit Mental Wellness Regional Plans for each of the Four Regions.
(The plan would be inclusive and consider community plans)
- b) An Urban Inuit Strategy that is developed in consultation with Regions.
- c) Community or local mental wellness plans that include “Embrace Life” or similar groups that promote a Positive Program Approach.
- d) The Regional plans provide a comprehensive inventory of what are the strengths and gaps in the region and communities and provide base line data on the situation of Inuit in each Region.
- e) The Positive Program Approach is the approach taken in the development of the plan and implementation of any pilots.
- f) A significant portion of community members are involved in development of the Plans.
- g) The community members have an increased sense of responsibility for Mental Wellness.
- h) An increased capacity in the community to deliver health and mental wellness services, including an increased capacity to identify and analyze their own needs.
- i) Identification and/or initial implementation of various pilot projects that build on the plans and community strengths. The Ideas would originate primarily from the community and less from the governments.
- j) Roles are clarified and mental wellness processes are streamlined.
- k) Traditional knowledge and the “Positive Program” approach is shared through various means including radio spots and posters.
- l) Relations are established and strengthened throughout the process of the development of the plans.
- m) Key partnerships (Federal/Provincial/Territorial/ National and Regional Organizations) are strengthened and roles are clarified.

M. Resources

Each region has been working in the area of Inuit Mental Wellness with a different level of resources and investment. As such each will be building on work that has been started in their Region. The first two years of implementation of the Alianait Plan will require funding as outlined below; budgets for following years will be developed as phases are completed.

Phase 1 Develop Regional Plans and an Inuit Urban Plan \$1,631,000

Nunatsiavut	\$331,000
• Coordinator/Travel	\$118,000
• Consultant/Travel	\$118,000
• Regional Coordination/ Conference	\$ 60,000
• Elders Gathering/Council	\$ 20,000
• Literature Review	\$ 15,000
Nunavut	(Phase 1 completed – see HII Report)
Inuvialuit	\$200,000
Nunavik	\$500,000
• Regional Coordinator/Travel	
• Regional meetings and Partnership Committee	
• Mayor’s conference in 2007	
Urban Strategy	\$300,000
• Coordinator	
• Research	
• Meetings and Gatherings	
National Role	\$300,000
• Research coordination	
• National conference	
• Alianait committee	

Phase 2: Implementation of the Short-term outcomes

Nunavut	\$600,000
• Pilot Community Wellness projects	

Nunatsiavut, Nunavik and Inuvialuit – To be determined

Total amount requested for initial implementation: \$2,231,000

N. Implementation

Each of the strategic goals is important and interconnected. The process to address mental wellness must involve the community and National Inuit groups.

The process for implementation ensures that priorities for addressing mental wellness emerge from the people in the communities and the key stakeholders. The plan must work to identify and address priorities but also achieve the principles in each stage of implementation. As such, the plan will be implemented through phases:

Phase 1: Development of Regional Plans and an Inuit Urban Plan

This phase specifically addresses: Goal 1, Strategies 1- 4 and Goal 2, Strategies 1 and 2

Phase 2: Implementation of the short-term outcomes from the Plans

Phase 3: Implementation of the mid-term outcomes from the Plans

Phase 4: Implementation of the long-term outcomes from the Plans

The Alianait committee role in implementation could include:

- Monitoring implementation of the Plan
- Providing strategic recommendations
- Supporting and facilitating transfer of knowledge between Regions.
- Taking a role in the implementation of national components of the Plan.

On the next pages is a Table that describes the strategic goals in more detail including actions that need to be taken to achieve those goals. Responsibilities are not fully identified as Alianait members recognize that responsibilities will be established by each of the member organizations. Appendix C contains a list of program ideas that were generated by the committee.

Goal 1. To ensure a continuum of culturally- relevant mental wellness programs and supports, including traditional/cultural and clinical approaches.

Short Term (1-3 years)

STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
<p>1. To develop comprehensive regional plans that include: prevention, treatment and aftercare programs and support the needs of the different members of the communities (youth, elders, women and men).</p>	<p>a) Each Inuit region develop a comprehensive plan that includes the range of programs that each region needs, the current programs and services in existence and what investments are needed.</p> <p>b) The plan would be developed in three steps. A fourth step would support the implementation:</p> <ul style="list-style-type: none"> - Coordinate and integrate all the existing information. - Focused consultation process for areas that further information is required. - Annual Regional Health and Mental Wellness Conferences. - Create and support mental wellness workers networks (see Goal 4) <p>Step 1</p> <p>c) Coordinate and integrate all existing information</p> <ul style="list-style-type: none"> - Document current situation in each community: what is available – facilities and programs? - Review recent needs assessments - Identify gaps and barriers (eg. exclusionary criteria re: children, mental health, addiction) - Develop recommendations for improvement, including cost estimates - Seek out funding sources to address needs; develop proposal(s) or advocate with appropriate level of government <p>Step 2</p> <p>d) Focused consultation process for areas where further information is required.</p> <p>Step 3</p> <p>e) Annual Regional Health and Mental Wellness Conferences.</p> <p>f) Identify key Mental Wellness programs that address the needs of the community: families, children, youth, women and men</p> <ul style="list-style-type: none"> - Examine existing programs for models for promising practices - Establish community priorities, ensure facilities are available - Develop materials, hire coordinator - Implement program and evaluate <p>g) Identify programming for all aspects of the continuum: prevention, treatment, aftercare programming:</p> <ul style="list-style-type: none"> - Develop and deliver culturally appropriate programs - Investigate existing models for effectiveness, cultural relevance - Obtain funding, develop materials - Implement and evaluate <p>h) Ensure that regional plans support the mental wellness approach and include programs that integrate:</p> <ul style="list-style-type: none"> - Land-based activities - Elders and youth perspective and involvement; - Cultural teachings - Identify/ support healthy outlets for expression, e.g. drum dancing groups; choirs; etc. - Recognize individual contributions appropriately (determined by the community) - Engage knowledgeable Elders to teach traditional ways and participate in planning and delivering mental wellness services. <p>i) National meeting to review the regional plans and identify possible national role or pan- Inuit region supports at the national level.</p>	<p>Each region would identify its own process. Could be integrated into existing processes.</p> <p>To facilitate the process, Alianait will prepare a chart for each region listing current mental wellness structures and programs.</p> <p>Regions</p> <p>Regions</p> <p>Regional Mental Wellness Gathering</p> <p>Regional Mental Wellness Gathering</p> <p>Regional Mental Wellness Gathering</p> <p>National Inuit orgs and NAHO AC</p>	<p>- Each Region has a comprehensive Regional Plan that uses the Alianait Mental Wellness Plan as a resource</p> <p>- An inventory of programs/policies by Region to be used as a resource as Regions develop new programs and policies.</p> <p>- Specific initiatives between regions and organizations on Mental Wellness.</p> <p>- An increased level of coordination within each region between the different mental health programs.</p> <p>- Specific pilot projects that apply a health determinants model at the community level.</p>

STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
<p>2. Develop an Urban Inuit Strategy in consultation with the Regions so as to ensure that Inuit in Urban settings are receiving culturally appropriate programming</p>	<p>a) Follow a an open process for the Strategy that would:</p> <ul style="list-style-type: none"> - Review documents, consult stakeholders to ensure a respectful and informed starting point for development of the urban plan. - Identify service providers in these urban settings who are directly providing services to the Inuit. - Needs analysis, including a research survey of individual Urban residents and service providers and literature review. - National gathering to review the results and develop priorities. <p>b) Ensure that Inuit needs are addressed in the Urban Aboriginal Strategy and other urban specific initiatives.</p>	<p>National Inuit Organizations</p> <p>TI, AMI, and other urban Inuit organizations</p>	<p>Present the Alianait framework to the Urban Aboriginal Strategy in the seven urban Inuit settings.</p>
<p>3. Support existing initiatives in the communities that are working within the mental wellness framework.</p>	<p>a) Evaluate implementation of the “Embrace Life” program in Nunavut and any similar programs in Inuit regions. Support their development and success.</p> <p>b) Review any evaluations of the Kamatsiaqtut Help line (1 800); assess if it should be further developed and supported. If no evaluation, do so.</p> <p>c) If evaluated as a strong program, support the Kamatsiaqtut Help line to further develop and:</p> <ul style="list-style-type: none"> - Address differences in Inuktituut dialects - Privacy issues - Follow-up Issues - National coverage - Ensure Inuktituut speakers - Address the balance between volunteer and paid work - Address the training needs for the crisis workers. - Publicity plan. 	<p>Regions</p>	<p>- Facilitate the evaluation of the Embrace Life Program and identify lessons for future development.</p> <p>-Review and monitor Helpline and identify lessons for future development.</p> <p>-Do a bi-annual environmental scan to ensure that material is being shared.</p>
<p>4. Establish programs for priority issues identified by the community, ensure that there is programming for each aspect of the continuum and coordination between the different parts.</p>	<p>EXAMPLE:</p> <p>a) Identified Priority is FASD</p> <ul style="list-style-type: none"> • <i>Prevention</i> <ul style="list-style-type: none"> - Establish programs to support young women and men to prevent FASD. - Establish programs for women and men who have drinking problems and are likely to have FASD babies. - Develop programs for servers of alcohol. - Treatment <ul style="list-style-type: none"> - Establish early intervention programs for FASD children - Establish early intervention programs for parents. - Examine effective early intervention programs in other jurisdictions for relevance to Inuit • <i>Aftercare</i> <ul style="list-style-type: none"> - Establish programs that work with children and educate them about FASD. - Establish aftercare programs for parents. • <i>Multiple Needs</i> <ul style="list-style-type: none"> - Establish programs for people who have multiple needs and may be viewed primarily as psychiatric patients. - Dangerous offenders who return to the community • <i>Coordinated response</i> <ul style="list-style-type: none"> - That will address infrastructure, after-care, housing, treatment needs all within the context of the community’s capacity. 		<p>- Have mechanisms to support communities that have identified a need to learn from other communities and organizations who have started a similar program.</p> <p>- Establish an addiction treatment centre for the North.</p>

Goal 2. To recognize the community as the best resource in addressing mental wellness and invest in community capacity.

Short Term (1-3 years)

STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
1. Identify if and how Elders want to be involved in the Mental Wellness Plan	a) Hold a meeting of Elders in every Region to determine how they want to be involved.	Can be connected to the Regional Mental Wellness Gatherings	
2. Create and strengthen Community Networks that can support mental wellness programs and the workers in those programs.	a) Identify community mental wellness partners working with victims and offenders; substance abuse and addiction; mental illness and suicide prevention, including Elders who act as traditional healers in these areas; establish collaboration, communication and support between agencies and individuals b) Network to communicate with each other on a regular basis about recent and upcoming activities and events/opportunities.		
3. Share information, resources and promising practices	a) Work with partners at the National, Regional and Local levels: Gather evidence of success, promising practices. b) Communicate evidence through plain language, Inuktitut and English print media, radio spots, etc. Make information clear and accessible, available in appropriate languages.	NAHO AC and National Inuit Organizations	- A listserv of stakeholders working on mental wellness in Inuit Nunaat. - All Inuit organizations (ITK, Pauktuutit, NIYC and NAHO AC) have a specific role and have integrated elements of the plan into their organizational workplans. - Communication about the plan and the roles that the different national organizations will be playing has been sent to all key Inuit organizations
4. To develop and support a community engagement strategy that will: - Focus on strengths - Promote dialogue - Share information - Be action-focused - Build relationships	a) Communications with the public in Inuit communities - Act as an information clearinghouse to help Inuit learn more about education and training opportunities related to wellness - Acknowledgement and promotion of positive community activities (success stories) - Provide specific examples of how to take action as an individual, a family and/or a community - Provide a way for the public to give feedback - Find out how and where Inuit are currently accessing information about mental wellness - Use pre-existing publications to provide info about mental wellness - Support the development and use of youth media teams and other volunteers Video contest: "What mental wellness means to me" - Establish media related resources in each community for public access to computers, cameras, printers, etc.		- A Public Awareness campaign delivering culturally relevant, positive messages over a variety of media outlets

Goal 3. To increase resources at the community level for the mental wellness continuum. (Human Resources, Funding and Infrastructure)

Short Term (1-3 years)

STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
<p>1. Ensure that infrastructure needed to support programs and services, as identified in the Regional Plans, is in place.</p>	<p>a) Review Regional Plans:</p> <ul style="list-style-type: none"> - Identify existing resources and needs - Determine specific infrastructure priorities - Identify potential partnerships <p>b) Determine what is required to meet priority needs and develop proposals in collaboration with partners</p> <ul style="list-style-type: none"> - Obtain commitments from partners and funders - Implement action plan - Evaluate 	<p>Regions</p>	<p>Treatment Centre</p>
<p>2. Ensure that there is adequate funding for programs and services in the mental wellness continuum.</p>	<p>a) Recognize the realistic costs of living and doing business in the Arctic context. The funding formulae should be built on a base which can be adjusted for population, remoteness and a rate of growth reasonable to the Arctic Region.</p> <p>b) Look at alternative funding for mental wellness programs.</p> <ul style="list-style-type: none"> - Research Foundations and private funders. 		<ul style="list-style-type: none"> - A standard business case model on the costs of delivery in the North, accessible to all organizations - Inuit organizations hire a full-time proposal writer to support organizations and communities to fundraise
<p>3. Apply focused northern government subsidies/programs to support a healthy lifestyle and reinforce mental wellness.</p>	<p>a) Apply subsidies to lower the price of fruit and vegetables and necessities of life (e.g. baby food).</p> <p>b) Broaden the housing subsidies available to workers and permanent residents.</p> <p>c) Facilitate the development of affordable and available housing and support existing initiatives to build housing.</p> <p>d) Support Healthy Eating programs that provide nutritional information, healthy cooking and better food options.</p>		
<p>4. Offer supports and services to employees who are working in the mental wellness continuum.</p>	<p>a) In all proposals at the organizational level and in the Regional Plans, include a "Pay to Retain" budget plan – compensation, including benefits, that is sufficient to keep people in their positions after training</p> <ul style="list-style-type: none"> - Research compensation packages in other remote regions; - review results of interviews with health care workers; develop recommendations for improvement. <p>b) Offer effective workplace programs (mentoring, training, peer support, clinical supervision, elders, Employee Assistance Programs) to mental wellness workers and are available to all workers in the language of their choice.</p> <ul style="list-style-type: none"> - Review current status in each region - Identify gaps and barriers - Address the issues of confidentiality around EAP when it is a small community. - Address the issues of cultural appropriateness when EAP is delivered through the South. - Develop recommendations <p>c) Compile information on retention and identify the issues that are related to retention of workers and develop low cost strategies to keep workers in the jobs.</p>	<p>Integrate into Regional Plans.</p>	

STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
<p>5. Increase the number of Inuit workers employed and retained in the mental wellness services and programs.</p>	<p>a) Using the existing information on eliminating barriers to Inuit in being in these jobs, including accessing training and education and develop specific strategies to address the barriers.</p> <ul style="list-style-type: none"> – Provide Inuit specific support to some of the barriers that arise (e.g. young parents who want to continue their education) <p>b) Create employment opportunities for trained workers</p> <ul style="list-style-type: none"> – Identify gaps, estimate costs <p>c) Work with relevant government to identify sustainable funding for access programs.</p> <p>d) Create bridging programs for transition to post-secondary education</p>	<p>Regions and relevant governments</p>	
<p>6. Support the use of technology for communication and coordination in delivering Regional Mental Wellness programs (Tele-Health, e-Health)</p>	<p>a) Conduct research on tele-health.</p> <ul style="list-style-type: none"> – Where does it exist? How is it being used? Are Inuit accessing it? – What needs to be improved? <p>b) Identify where tele-health/e-health investment is needed</p> <p>c) Ensure that there are sufficient human resources to service and support the implementation of any technology within the communities.</p>	<p>Regional Plans</p> <p>Inuit organizations, regional and national; NAHO</p>	
<p>7. Cultural and geographic orientation for all government employees</p>	<p>a) Review existing orientation packages to develop a template of the key elements in orientation plans for new staff.</p>		
<p>8. Establish training programs that facilitate mental health service workers working in a coordinated way</p>	<p>a) Cross-training for mental wellness workers</p> <ul style="list-style-type: none"> – Develop culturally relevant curriculum (research existing programs, relevance to Inuit regions as models) – Determine responsibility for implementation – Seek professionals to act as trainers – Identify funding source(s) and required resources, e.g. interpreters, facilities, etc. – Identify available and qualified trainers – Implement curriculum; evaluate; adjust as needed <p>b) Develop comprehensive, culturally appropriate Mental Wellness Training program to ensure a holistic approach and that people are working from a broad base of knowledge</p> <ul style="list-style-type: none"> – Develop proposal and obtain funding – Hire experts to develop curriculum – Test curriculum, evaluate <p>c) Ensure a pivotal coordinator role (e.g. Psychiatric Nurse Consultant) is available to support and follow specific community members through the continuum of care.</p> <ul style="list-style-type: none"> – Coordinated case management – Support to community workers 		
<p>9. Develop and update the F/P/T/I agreements so they support the implementation of the Mental Wellness continuum.</p>	<p>a) Work through existing and/or new bilateral, trilateral and multilateral processes, including those specified for implementation of the Partnership Accord and for meeting terms of Land Claims Agreements.</p> <p>b) Review and Improve the 1988 Transfer Agreement for NWT and Nunavut</p> <ul style="list-style-type: none"> – Partner with the two territorial governments on comprehensive analyses of issues in both territories and develop recommendations; consider impacts of direct Federal to community funding – Engage Inuit to ensure transparency. 		

Goal 4. To ensure Inuit-specific data, research, information, knowledge and training is available.

Short Term (1-3 years)

STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
1. Ensure the protection of Inuit Intellectual property	<p>a) Research current mechanisms for protecting the property.</p> <ul style="list-style-type: none"> - Who is monitoring the use of Inuit specific intellectual property? 	ITK, in collaboration with ICC	
2. Ensure that there is accessible, Inuit-specific Information readily available for communities	<p>a) Use an existing Information Clearinghouse (e.g. NAHO) for sharing: research, (e.g. on protective factors and risk factors, impact of observing physical/emotional/verbal violence on children; early trauma and its role in alcohol abuse, etc.); traditional knowledge; educational opportunities; environmental scans; success stories; discussion papers, etc.</p> <ul style="list-style-type: none"> - Identify criteria for information to be placed in Clearinghouse (e.g. validated by Inuit; plain language; translation; ethical methodology; format, etc.) - Choose website and create links to partner organizations (include governments, ngo's and private) <p>b) Advocate for increased government funding for translation and interpretation; seek out additional funding</p> <ul style="list-style-type: none"> - Identify gaps and prioritize needs - Research sources of funding (government, ngo and private) - Develop proposals and submit - Complete projects, post in Clearinghouse <p>c) Create a dictionary of Inuit words and terminology related to mental wellness.</p> <p>d) Establish 1-800 line and 'Embrace Life' groups to share information.</p>	<p>NAHO, other Inuit Organizations</p> <p>Regions establish ways to transfer information to NAHO</p>	
3. Recognize the importance of language by translating material into Inuit languages.	<p>a) Include in all proposals and plans the costs of the translation.</p>		
4. Do research that will support the ongoing development of wholistic cultural mental wellness programs.	<p>a) Identify and communicate priorities for research.</p> <p>b) Focus on synthesizing existing research (as opposed to continual collection)</p> <ul style="list-style-type: none"> - Develop project proposals and submit for funding - Identify sources and gather existing information - Analyse and report - Publish via Clearinghouse, etc. <p>c) Develop Inuit-specific methodologies</p> <ul style="list-style-type: none"> - Consult with Elders - Define ethics, reporting requirements, data ownership - Ensure ethical guidelines are followed for research; develop way to ensure reporting and monitoring of ethics of research methodology - Distribute via Clearinghouse and academic publications <p>d) Develop a body of knowledge about Inuit healing/mental wellness strategies</p> <ul style="list-style-type: none"> - Gather existing information and draft report - Validate report with Inuit organizations and individuals - Post on Clearinghouse, etc. 		
5. Address privacy issues that arise as part of the research process, training and HR issues	<p>a) Research mechanisms used to maintain confidentiality in other jurisdictions and countries:</p> <ul style="list-style-type: none"> - Can these be applied in Inuit communities? If so, - Design pilot project, seek funding - Implement project and evaluate - If effective, develop additional projects for implementation 	NAHO has a paper written by a lawyer about privacy considerations.	

Goal 5. To enable implementation through strong partnerships.

Short Term (1-3 years)

STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
1. Strengthen and build new partnerships and processes that will support the implementation of the Action Plan.	a) Identify partnerships needed to implement strategies; include government, non-government and private organizations b) Involve relevant FNIHB Regions (Northern Secretariat, Atlantic, Québec) in all Inuit-specific discussions.	Regional Gatherings	

Appendix A: Terms of Reference for “Alianait” (an expression of joy) The Inuit Mental Wellness Task Group (part of the First Nations and Inuit Mental Wellness Advisory Committee) approved: February 7, 2006

Introduction

Inuit Tapiriit Kanatami (ITK) and the First Nations and Inuit Health Branch (FNIHB) have agreed to the creation of an Inuit-specific Mental Wellness Task Group (Alianait) as part of the First Nations and Inuit Mental Wellness Advisory Committee (MWAC). Alianait is to create an Inuit-specific national strategy that reflects Inuit mental wellness priorities and circumstances.

While Alianait has an immediate purpose in developing an Inuit specific action plan, the group sees a longer-term role in providing strategic advice and facilitating communication and collaboration amongst mental wellness partners.

Alianait will report to ITK and FNIHB through MWAC. ITK will contribute the work of Alianait as part of their participation at MWAC. Individual members will share the work of Alianait with their respective organizations and governments.

Context

In early 2005, the First Nations and Inuit Health Branch (FNIHB) created the Mental Wellness Advisory Committee (MWAC) in response to the stated priorities of Inuit and First Nations. The National Organizations, Inuit Tapiriit Kanatami and the Assembly of First Nations, are partners in this process. MWAC is composed of key stakeholders and expert organizations, who provide strategic advice to the Community Programs Division of the First Nations and Inuit Health Branch on issues related to mental wellness (including mental health and addictions).

Vision⁷

Inuit will develop and participate in Mental Wellness programs that foster and promote the “self-esteem and personal dignity (that) flows from the presence of a harmonious physical, emotional, mental and spiritual wellness and cultural identity.” (p. 2, Inuit Specific Mental Wellness Framework)

Purpose

Alianait is mandated by, and accountable to ITK and FNIHB, to provide strategic recommendations aimed at improving the mental wellness of Inuit. The three purposes are to:

- Bring together key organizations working on Inuit mental wellness to facilitate collaboration and the sharing of information.
- Provide Inuit-specific recommendations towards the development and implementation of a

strategic/action plan. (includes a vision, approaches, strategic priorities, and actions)

- Provide strategic advice regarding on-going mental wellness program development and assess evaluation results to identify what is working.

Principles:

These principles will be kept in mind throughout our discussions and shall guide our decisions.

- Alianait shall be guided by the ten principles in the Inuit-specific Framework for Mental Wellness, in particular the first principle that “People Come First.” (see Appendix A)
- Alianait shall be guided by the Inuit-specific Framework for Mental Wellness; the National Inuit Youth Suicide Prevention Framework. Other relevant documents, including the Nine Inuit Position Statements on Alcohol-related Priorities and any other documents identified by Alianait will also form the background for the strategy.
- A positive program approach will be emphasized to support the development of language and culture, facilitate the ability to live a cultural life and invest in protective factors.
- Inuit will work across jurisdictional barriers in partnership with provincial, territorial and federal and non-government agencies partners in making recommendations to improve Inuit well-being.
- The Action Plan will consider all the determinants of mental wellness.

Roles and Responsibilities

- Members will provide strategic advice based on their areas of expertise and/or experience in mental wellness on behalf of their respective organizations.
- Members will maintain an informed exchange between Alianait and their respective organizations.
- Members may be appointed to lead sub-committees and task groups and to report back to Alianait.
- ITK will facilitate Alianait and report on activities and recommendations to NiCoH and MWAC.
- Members are expected to make every effort to ensure continuity of representation and are requested to advise ITK of substitutions in advance of meetings.

Secretariat:

ITK will provide Secretariat support to Alianait. A facilitator will be used to support the meetings of

⁷ This vision statement is based on the Inuit-Specific Mental Wellness Framework (2001) and the Inuit Youth Suicide Prevention Strategy.

Alianait. Preliminary reports of each meeting will be circulated within five working days of the completion of the meeting.

Membership

Membership is comprised of key partners, stakeholders and expert organizations by invitation of the National Inuit Committee on Health. Total membership is 16. Each member will have one seat at the table. Membership is as follows:

- 1 representative each, appointed by land claimant regions: Inuvialuit Regional Corporation, Nunavut Tunngavik Inc., Nunavik Regional Board of Health & Social Services; and Nunatsiavut
- 1 senior representative from each of the Government of Nunavut and GNWT Health and Social Services Departments; 1 from Labrador-Grenville Health for the Province of Newfoundland and Labrador; 1 from Quebec Department des Services Sociaux et Sante.
- 1 representative from each of the three National Inuit Organizations (ITK, Pauktutit and the National Inuit Youth Council)
- 1 representative from each of Northern Secretariat, FNIHB Atlantic and FNIHB Quebec
- 1 representative from FNIHB Headquarters
- 1 Inuk Elder (selection is based on five criteria: the definition of elder used by Alianait, can speak English and Inuktitut, embodies wellness and is viewed as a healthy person in the community, someone who does traditional ways of healing and is able to travel without assistance).

Non-Member Resource People

Non-member resource people will be approved by Alianait and may include:

- People with additional expertise on Inuit Mental Wellness.
- Representative from Ajunnginiq Centre of NAHO

As non-members of the group, they have the opportunity to participate in discussions.

Meetings

Meetings will be held as needed, up to a maximum of 4 face-to-face meetings held annually. Short teleconferences or requests for comments via email may be held in between face-to-face meetings. Draft

agendas will be developed and circulated to members for comments/additions in advance of meetings. Draft Records of Decision will be circulated to members in a timely manner, and approved at the beginning of the next meeting.

Operations

Any recommendations that conflict with the guiding Framework documents will be referred through ITK processes.

Consensus decisions are preferred; where necessary, differences of opinion will be noted in the Records of Decision and forwarded to through ITK processes.

A webservlist will be created to facilitate on-going communication and to ensure all key documents are available to member organizations of Alianait.

Alianait may recommend working groups with external members to examine issues in more depth. All working groups will report back to Alianait.

Appropriate financial, human resources and accountability capacity will be provided to facilitate the contributions of the Alianait.

Reimbursement

Funds will be provided to Inuit organizations and provincial and territorial governments for any travel and accommodation costs that are incurred, as per ITK travel reimbursement guidelines. Travel and accommodation cost may be reimbursed for invited guests, based on ITK guidelines.

Budget

The Mental Health and Addictions Division of the Community Programs Directorate (CPD) of FNIHB will provide a budget through a contribution agreement with ITK to support the development of the Inuit Action Plan. ITK will support and manage the budget for Alianait.

Subsequent funding will need to be found to support the other purposes of Alianait.

APPENDIX B – Principles⁸

1. People Come First:

Mental wellness services respond to the needs of people before the needs of government or the service system. Mental wellness services put the needs of people first and provide services in a way that respects individual rights, language, culture and personal dignity.

2. The Family is the Main Living Environment:

Mental wellness programs and services recognize that families are the main living environment of Inuit. Programs/services nurture families to enable them to support their members and share responsibility for their wellness. They give priority to identifying and supporting realistic solutions within the family living environment.

3. People Have Hope:

Mental wellness programs and services give hope to individuals, families and communities for a healthy, happy, safe and secure future. They build self-esteem and self-worth. They provide options, opportunities, challenges and experiences that empower individuals, families and communities to be all they can be and to look forward to the future.

4. People Have Access to Services in their Communities:

All Inuit have access in their communities to essential mental wellness services that meet their immediate needs. Community services build on family and community strengths and are linked to treatment and specialized services in a community-like setting, that are provided in or outside of Inuit communities. Mental wellness services meet community needs without compromising the standard and quality of services.

5. People Have Access to Culturally Based Services:

All Inuit have access to mental wellness services and programs that are culturally-based, respect Inuit cultural traditions, integrate traditional knowledge, and use Inuktitut as the language of service delivery. Inuit are involved in the design and delivery of programs/services and in the regular monitoring and evaluation of

mental wellness services. Inuit share responsibility for ensuring high quality of culturally-based services.

6. People are Treated Fairly and Equitably:

Inuit receive information in a form and manner that enables them to exercise their rights to benefit from the continuum of mental wellness programs and services that are available to all Canadians. Inuit are able to access and use mental wellness programs and services without fear of reprisal, discrimination or discomfort.

7. Mental Wellness Services Operate as a Cohesive, Coherent Continuum:

Mental wellness programs and services fit together at the community, regional and national level as seamlessly as possible and are integrated with other human services. All levels of government work together to support a cohesive, coherent mental wellness service continuum.

Cohesiveness and coherence is visible not only in policy and program design but in all aspects of mental wellness program and service delivery.

8. Individuals, Families and Communities Have the Capacity to Respond to Needs:

Skills, knowledge, attitudes and behaviours are built and strengthened within Inuit communities to create adequate capacity for local people to meet their mental wellness needs. Each region has support systems to assist local communities to respond to the full range of mental wellness needs.

9. Inuit Participate in Program and Service Decision-Making:

Inuit are involved at all levels - federal, territorial/provincial and community - in policy and program/service decisions. Inuit lead decision-making about essential mental wellness services in their communities and how services are delivered. Inuit are active participants in all facets of mental wellness programs/service delivery.

10. Programs and Services Have Stable and Adequate Funding:

Mental wellness services/programs have stable and adequate funding. Funding is available on a multi-year basis. Criteria guiding expenditures are flexible to enable communities to make decisions to allocate funds to address community identified mental wellness needs.

Appendix C – Program Suggestions

- a) Develop and support activities within communities that build bridges within the population.
- b) Create comfortable and safe outlets for discussions about spirituality, dreams etc.
- c) Develop and administer programs designed to facilitate effective communication in interpersonal relationships.
- d) Facilitate the development of an email listserv for interested youth to receive information and updates on opportunities, projects, activities, etc.
- e) Develop and implement an Inuit Youth Role Model campaign.
- f) Support a “Positive Self-Image” media campaign, directed by youth.
- g) Produce a series of radio clips about how elders and youth can work together in meaningful ways.
- h) Establish “Embrace Life” circles in communities that want it. a) Create a toolkit to aid communities to establish EL circles – including:
 - List of contact information for functioning circles
 - Identify potential partners for funding, information sharing and in-kind donations
- i) Inuktitut and English versions on ITK website; link to national and Regional Inuit organizations and NAHO
- j) Develop rationale for the creation of a 1-800 service and advocate to federal government.
- k) National Hotline for Inuit Youth
 - Research other National Hotlines and whether a separate Hotline for Youth is needed – what works and what does not? What resources are needed?
 - Seek out potential funding sources and partners
 - Develop proposal, including operation plan, budget and communication strategy; submit to funders
 - Implement hotline and communication strategy
 - Evaluate after one year and post in Clearinghouse
- l) Train youth in peer support and peer counselling
 - Research and draw on existing programs
 - Identify community needs
 - Identify sources of funding
 - Develop proposal in collaboration with youth and relevant partners. Include:
 - Learning plan, curriculum and learner evaluation
 - Draft budget
 - Implement
 - Post training reports on effectiveness (1 month, 3 months, 6 months, 1 year)
- m) Identify Elders willing and able to act as resource persons; connect with community network of mental wellness workers.
- n) In consultation with Elders and community mental wellness workers, develop clearly defined support roles for Elders in substance abuse programs
 - Research – are there existing programs in other jurisdictions that can serve as models?
 - Develop proposal for Elder role based on consultation and research; seek funding if needed
 - Implement and evaluate after one year; obtain viewpoints of clients, Elders and workers
- o) Gather Elders’ perspectives and suggestions on making positive changes
 - Work with Elders to identify how to gather information in an appropriate manner
 - Develop funding proposal (or contact interested researcher); once funded:
 - Train person(s) in each community
 - Gather information; compile and draft report for validation by Elders interviewed
 - Publish report via Clearinghouse, other media
 - With Elders, design pilot activities based on report; implement and evaluate after one year.
 - Develop commercials and ads that share traditional knowledge.
 - Support ongoing culture camps that offers youth and elders the opportunity to learn from one another
- p) Orientation Package for workers
 - Examples of information required:
 - Language – working with interpreters
 - Traditional Knowledge and roles of Elders
 - Highlights of the Regional Land Claim
 - Social Norms, e.g. expectations for behaviour in Inuit culture and in “southern” culture

- Impacts of location
 - Common sources of “culture clash”
 - Networks with other workers in the community
 - Information specific to the community
- q) Facilitate discussions of knowledge and values (including spirituality) amongst mental health workers and how it impacts on mental wellness.
- r) Profile Inuit healers who use traditional healing.
- s) Profile organizations that are doing cultural work and promising practices as part of the mental wellness continuum.
- t) Profile organizations that are doing cultural work and promising practices as part of the mental wellness continuum.