



Ontario Centre of Excellence
for Child and Youth
Mental Health

Centre d'excellence de l'Ontario
en santé mentale des
enfants et des adolescents

Bringing People and Knowledge Together to Strengthen Care.
Rassembler les gens et les connaissances pour renforcer les soins.

Creating a common path

Hearing from practitioners who serve
First Nations, Inuit and Métis
children, youth and families

March 9, 2012
Native Canadian Centre, Toronto

Prepared by:

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The Ontario Centre of Excellence for Child and Youth Mental Health would like to acknowledge the following people for helping to bring this important meeting together. We appreciate their openness, respect and commitment to ongoing collaboration. We thank Elder Vern Harper for sharing his wisdom and insights with us as he opened the day with a prayer and stayed to add his powerful voice to the conversation. Many thanks to Andrea L.K. Johnston and her team at Johnston Research Inc., who have been valuable teachers and advisors throughout the process of planning and facilitating this meeting. We look forward to working with them to ensure the ideas and perspectives of participants live on through a collaborative action plan for the Centre and service providers who work with First Nations, Inuit and Métis children, youth, families and communities.

The Centre appreciates the commitment, creativity and honesty of the Steering Committee (members listed below), who provided ongoing feedback and support. They offered advice and volunteered their time to help ensure this meeting was meaningful and purposeful.

Thank-you to Tina Bennet for providing opening remarks for the day, and for her facilitation role during small group discussions. Thanks to Karen Baker-Anderson, for bringing to light the importance of having children and youth present in some way throughout the day. The artwork, poetry and messages provided by children from various agencies and communities created a great energy and visual reminder of why we do the work we do. Special thanks to Vince Pawis for his offering to bring us together in the morning through a powerful Sunrise Ceremony.

CREATING A COMMON PATH STEERING COMMITTEE

Ayn Cooney and Stacia Loft, Ontario Federation of Indian Friendship Centres

Bernadine Baskin, Native Child and Family Services

Darryl Philmore, Algoma Family Services

Frank McNulty, First Nations Inuit Health, Health Canada



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Karen Baker-Anderson, Ottawa Inuit Children's Centre

Kevin Bérubé, Sioux Lookout First Nations Health Authority

Lisa Pigeault and Lynne Picotte, Métis Nation of Ontario

Tina Bennett, Dilico Anishnabek Family Care

Vince Pawis, White Buffalo Healing Lodge

The Centre would also like to thank all participants for attending the meeting and sharing knowledge and stories from their organizations and communities, presenting messages from the children and youth they work with and actively contributing to this valuable dialog. The Centre is committed to continuing the conversation we began collectively in March. We hope you will join us on the journey.

EXECUTIVE SUMMARY

This report summarizes a dialogue among the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre), and representatives of First Nations, Inuit and Métis (FNIM) child and youth mental health service providers in Ontario. The main body of the report describes a meeting between them that took place on March 9th, 2012 at the Native Canadian Centre of Toronto. The appendices detail the strategy used to develop and plan the meeting, with the consultative support of Johnston Research Inc. The Centre looks forward to continuing this dialogue with the goal of it becoming a supportive and mutually educational relationship.

The Centre, a provincially funded non-government agency, is focused on learning, collaboration and leadership. It has supported front-line child and youth mental health agencies across the province in the role of coach, facilitator, educator, evaluator and knowledge broker. The Centre recognizes that First Nations, Inuit and Métis communities are often underserved compared to other communities in Ontario, and that supports to service providers in child and youth mental health need to be strengthened. In an effort to learn about gaps and needs and work to overcome barriers and improve resources, the Centre invited a representative group of service providers to a meeting where the conversation could begin.¹

The day was one of honest and open sharing and mutual respect – opened and closed by First Nations ceremonies and prayer. At the end of the day, we had documented some guiding principles for how a supportive relationship would work best, shared some key areas of child and youth mental health need and discussed creative ways agencies are using their strengths to address those needs.

The identified needs and challenges of child and youth mental health service provision fell into eight overall themes:

¹ See Appendix E for details of the process.

- Systemic issues
- Population health and social conditions
- Issues of culture, identity and self-determination
- Challenges of access
- Challenges in service delivery
- Challenges related to data and the nature of evidence
- Issues of funding and resources
- Issues of capacity: Human and technological

A strong message from this discussion of needs and challenges was that the system may not be “ready” for FNIM children and families because it takes a compartmentalized, not a holistic approach to the child. Service providers emphasized that the child is not “just a brain”, but a whole being, within a family, community and culture. A system that supports children and youth within this context must be adopted for First Nations, Inuit and Métis. But FNIM agencies also need to be supported by the system – with stable and long-term funding; recognition of identity and self-determination; more access to services; recognition of FNIM-validated evidence; and the building of human and technological capacity so that service providers can have all the tools they need to succeed.

Several themes emerged from the discussion of successes and strengths. Programs grounded in culture and providing cultural safety were prominent. It was also encouraging to hear agencies share creative and innovative strategies they had developed to address needs with limited resources. Other agencies took existing programs and used their creativity to adapt them for FNIM children and youth. Participants shared numerous accounts of program innovations they had implemented with success, despite funding and resource restrictions. The passion of those who work in this field and the time-consuming but necessary task of trying to address community needs while adhering to rigid funding standards, were themes of our conversation.

In a conversation about how a supportive relationship between the Centre and FNIM agencies would work, some of the key messages were:

- the relationship must be built on trust



- service providers are the experts and that their experience and evidence should be given the validation it deserves
- First Nations, Inuit and Métis need to be full partners in identifying needs, planning and governance.

It was clear that there is a lot of potential for the Centre to play an important role with government or other stakeholders. They could also bring FNIM agencies and service providers together to identify, document, evaluate and share promising and best practices. The Centre told the participants that one of the earliest steps it will take in this direction is to invite participation on a steering committee that will provide ongoing advice and encourage mutual learning.

At our closing circle, a service provider gave us this hopeful vision as we go forward:

“I see a vision of young people doing well, confident: a child knowing who they are and where they come from and being proud of them. I see a child coming in the back door “down”, and leaving through the front door in full regalia smiling and dancing.”



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INTRODUCTION

“When we come together like this in our mind, body and spirit, what we are doing is healing ourselves and each other. We need to heal ourselves, then our families can be healed, and only then can the healing go to the community”

(Vern Harper, Elder and Spiritual Guide for the meeting)

This report presents the proceedings of a meeting that took place between the Ontario Centre of Excellence for Child and Youth Mental Health and First Nations, Inuit and Métis child and youth mental health service providers from across Ontario on March 9th, 2012 at the Native Canadian Centre of Toronto. In the spirit of the “path listening” approach, this report is intended to be the vehicle that carries the words of all those who participated in the one-day meeting. While summaries are made, this report maintains the words of the participants as much as possible. All meeting participants were given the opportunity to provide comments and feedback.

The terminology used in this report varies: in places where a meeting participant used the word “Aboriginal”, the word is kept in the quote. However, the authors use First Nations, Inuit and Métis, shortened to FNIM in places. The “Centre” is used to refer to the Ontario Centre of Excellence for Child and Youth Mental Health.

Throughout the meeting, we were surrounded by art produced by children and youth – representing what they feel when they “are well”(See Appendix B for photos). Some agencies presented displays of their work, including pamphlets and brochures to share with other service providers. The Centre also had a display of their work and some of the booklets and brochures they have produced.

This was a day of open and honest communication, revelation and learning, and the strengths of FNIM child and youth mental health service providers. We heard how they are finding

creative ways of healing youth, families and communities, usually with scarce resources, and in a system that just doesn't "get it" much of the time.

The report starts with a description of the agenda, and then presents a summary of the discussion organized by topic.

PROCEEDINGS OF THE DAY

Sunrise Ceremony

Vince Pawis, a mental health and youth justice service provider from Shawanaga First Nation, and a member of the Creating a Common Path steering committee, prepared us for the day with a Sunrise Ceremony.

Welcoming remarks and opening presentations

Elder Vern Harper opened the day with words of guidance and a prayer for a meeting of true sharing.

The panelists for the opening session -- *Luc Lainé (JRI)*, *Andrea L.K. Johnston (JRI)*, *Erin Smith (the Centre)* and *Tina Bennett (Dilico)* – introduced themselves. Erin thanked the participants for coming and acknowledged the Creating A Common Path steering committee members who helped shape the day. Tina shared her perspective as a service provider and the importance of this meeting.

Luc Lainé, our lead facilitator for the day, invited each of the meeting delegates to introduce themselves by stating their name, title and affiliated organization/community. Ian Manion, executive director of the Centre, provided an overview of the Centre and what it hoped to learn through engaging with First Nations, Inuit and Métis child and youth mental health service providers. Ian said that one of the Centre's goals is to develop a common language (one that we can all accept) to speak about child and youth mental health. Ian



emphasized that the Centre's goals include learning, collaboration and leadership, and that respect is one of its core organizational values.

Ian outlined the Centre's newly defined role as coach, facilitator, educator, evaluator and knowledge broker. These are the strengths the Centre can offer to agencies.

Format for the day and closing

Luc introduced the discussion topics for the day, and explained the group discussion format. During the day, each group addressed the main topics found in this report. In the afternoon, we came back together as a large group to summarize what we had discussed in the smaller groups. The day concluded with a circle wrap-up led by Elder Vern Harper, where we shared our thoughts on the meeting and what it had meant to us. Vern led us in a final prayer to conclude the day.

SUMMARY OF THE DISCUSSION

"Why do we do what we do?"

Because we have great compassion, and we love our people.

That is the starting point for any discussion."

(Allen Deleary, Heath Director, Walpole Island)

In the sections that follow, discussion themes are identified in bold face under each topic and are supported by bulleted points reflecting the participants' comments (using either direct quotes or based on facilitator notes). The current challenges, successes and strengths and vision for the future – including the potential role of the Centre – are reported in detail below and reflect participants' experiences and perspectives, not necessarily those of the Centre.

Setting the context: Looking in

What are we doing now?



What are the challenges we face in doing it?

What are the successes and strengths we can share?

Challenges

The challenges discussed in the three groups are presented below, grouped according to the main themes that emerged in analyzing the notes of the meeting.

These eight main themes are:

1. Systemic issues
2. Population health and social conditions
3. Issues of culture, identity and self-determination
4. Challenges of access
5. Challenges in service delivery
6. Challenges related to data and the nature of evidence
7. Issues of funding and resources
8. Issues of capacity: Human and technological

Systemic issues

- First Nations, Inuit and Métis still don't have equality in terms of quality of programs and access.
- The experience of colonization has created culture loss, trauma and dependency.
- There are jurisdictional disputes between the federal and provincial governments, and we get caught in the middle, sometimes resulting in harm being done (e.g., Jordan's Principle). Some mainstream agencies nearby say they don't provide services on reserve. There needs to be more clarity on: who has the responsibility for FNIM child and youth mental health? Those in the provincial system don't understand our situation of being funded by the federal system. We have to educate them about this. They assume that we have a lot of resources.



- Mainstream mental health system is not holistic: they separate children's and adults' mental health and they separate mental health and addictions, when they should be addressed together. Kids are whole beings, not just “a brain”, and whole beings **within families**, not separate. This approach, looking at the child holistically within the context of family, community and culture – needs to be communicated and adopted.
- The mainstream system needs to really take a population health perspective to FNIM mental health, and address the role played by the social determinants of health (poverty, housing, water, etc.)
- “The labels that are given to youth are ridiculous. I was called ADHD, bipolar, etc. I didn't take any of those medications. I feel our kids are labeled and they take them in and use them themselves. They take that label and put it in their heart.”
- “The Ministry has its own priorities that don't match up with reality. Their priority is to have every child graduate school. If all our kids wanted to go to school, our schools would explode. Every day, we have 1,000 kids that want to go to school but they can't because we don't have the capacity.”
- Lack of system capacity for kids' mental health. Aboriginal kids are not a priority for the mainstream system. The system needs to adapt to the kids, and not the other way around.

Population health and social conditions

- Persistent poverty for many FNIM
- Indian residential school intergenerational trauma is widespread
- Kids with special needs
- Many children are in care outside of their communities. There are more children in the child-welfare system today than at the height of the residential school system.
- Getting parents engaged. Some of them are giving away their responsibility.



- Addictions and mental health are totally linked, and there are still serious addiction issues.
- Most kids in care have mental health issues. If we can intervene earlier, we can keep them out of care.

Issues of culture, identity and self-determination

“There is evidence that people’s own basis in their culture, the foundation of who you are, is the most important part of mental wellness and the core of success. There are far too many mainstream agencies that don’t recognize this. It’s not just a lack of education, but a lack of direction from the top down. It’s ongoing colonization. How do we de-colonize – but how do we do this, when we are constantly facing a system that doesn’t recognize that they are continuing to do this?” (Service provider).

- Challenge – it is difficult to get cultural resources for our kids, even though we want to do this.
- Cultural resources need to be invested in. i.e. – Elders need to be paid for their services. Kids need to know not only where they come from, but where they need to go.
- Youth need to feel that they are important to the community and they need to be engaged. Youth respond to activities that get them in touch with the land.
- Mainstream verbal achievement standards are applied that can make our kids look like they are underachieving, when in fact it might be a cultural difference. Our kids are babies until they are 3 or 4 year olds – they learn by absorbing. They are not pushed to learn language or anything else. So it might be normal for them not to be verbal at early age. Language acquisition differs by culture.
- In our agency, we see youth coming into the city from reserves and experiencing culture shock and culture clashes.

- Pan-Aboriginal approach doesn't work because of the cultural differences between and within First Nations, Inuit and Métis. These need to be known and respected.
- Mainstream system doesn't understand the traumas of First Nations, Inuit and Métis families, including the trauma of colonization and Indian residential schools through the generations. This requires "reciprocal education and empathetic learning", and needs to extend to mainstream school curriculum.
- Mainstream system doesn't incorporate the spiritual aspect that is so important, nor do they understand the visioning aspect of our spirituality. This has consequences for diagnosis.
- Need for more screening, but standardized assessment and diagnostic tools don't take culture into account. There's a mismatch.

Challenges of access

- Cultural differences can make people hesitate to access services.
- Lack of public transportation is often a barrier to access.
- Navigating the existing system – bed shortages, lack of integration/coherence/cultural issues. When kids are admitted to hospitals, the staff are not aware of mental health issues.
- The system for referrals is not consistent or stable.
- There is a need for residential places for kids with mental health, but not solvent abuse, issues. As it is now, to get a residential space for a kid, you have to send them to a solvent abuse facility, because that's all there is in the province.

Challenges in service delivery

- Off-reserve services are not linked back to the reserve. We need a circle of care.
- It is important to distinguish between on- and off-reserve services and build capacity and linkages for the aftercare services that are needed when youth



return home. These services must be designed, staffed and delivered by professionals.

- The Ministry deals directly with the leadership and not the service providers, meaning they don't become fully aware of the needs.

Challenges related to data and the nature of evidence

"There are many hidden gems – good things are happening but there are not ways to communicate what we are doing or to scientifically validate our methods of addressing mental health. We need to find ways to share this information for the benefit of service providers." (Service provider)

- There is a critical need for good data and evidence on the needs and what programming works.
- We are the experts when it comes to best practices for child and youth mental health.
- Ministries are dictating policies and directives, but aren't listening to what works, or respecting experiential learning and qualitative evidence.
- We need to find better ways to capture the needs and explore funding formulas that are more qualitative and not as numbers-based...It all comes back to data...we're afraid of it but we need it".
- *"All the RFPs require us to use evidence-based practices. I don't know what an Iroquoian best practice to deal with this is..."*
- It is challenging to provide the evidence necessary to convince funders that culturally based programs are in fact working to address mental health issues.
- Evidence comes from many places: research, the young people we serve and our years of experience. A challenge is that service providers feel that: *"Too often it doesn't come from the ground where the issues and the understanding of the ways that are appropriate for each area come from. Often it's outsiders who are putting forward evidence. Sometimes the evidence from the ground is ignored."*



Issues of funding and resources

- Funding tends to be short term, which means programs and services get going, and then they have to stop. “It’s hard to nurture the hopes and dreams of the youth when you’re waiting on funding.” Funding needs to be long-term and sustainable.
- Funders need to realize that child and youth mental health work in First Nations, Inuit and Métis communities costs more (e.g. travel costs for long distances, higher cost of living, costs of supplies and services).
- Funders need to be made aware of the enormous benefits of the work that is done.
- Shortage of funds for school-based counselors.
- High demand on our culturally based mental health services, including from people outside of our community who come to us because they want culturally based services that best meet their needs. This strains our local resources.
- There is the need for safe houses for children and youth – a place to go when their home is not a safe place.
- The full continuum of mental wellness programming needs to be funded in communities (or groups of communities).
- “We don’t know what the funding formulas are and how decisions are made. Everything is based on an RFP, but you don’t know what the criteria are.”
- Funding requirements are expecting that people will work in an integrated way—this leads to a lot of politics and a lot of challenges. This creates competition. We need to get the community to break down barriers.
- There’s funding set aside for Aboriginal programming by the MCYS. We need to be made aware of where this is and how to apply for it, and given enough time so we aren’t in a crisis to spend the money in 30 days.



The need to build capacity: Human and technological

- Sufficient staffing: recruitment and retention of workers is often difficult for small/remote communities.
- Need more staff with the right qualifications.
- Technical skills: There is a need for training. For example, operating videoconferencing equipment. Bring training to the community.
- Technical infrastructure: Some communities still don't have high-speed Internet access.
- The mainstream system needs to build its cultural competence and knowledge of First Nations, Inuit and Métis. This includes the cultures, the history, the current issues that come from historical trauma and colonization, complex and multigenerational trauma, grief and loss.
- Staff are overworked and need the opportunity for more self-care.
- "Telepsychiatry is a challenge. Most communities have access to this, but often they're located in a nursing station's janitor room—not the best place for a psychiatric assessment to happen. Perhaps look into Skype?"

Sharing of successes and strengths

...we were giving them the opportunity to make some good memories to counteract the negative memories" (Service provider)

The discussion of successes and strengths clustered around a few major themes. Programs grounded in culture, and providing cultural safety, were prominent, and it was encouraging to have a number of innovations shared by agencies that had developed creative ways to address needs with limited resources. Other agencies took existing programs and used their creativity to them for FNIM children and youth. In discussing the need to address mental health across programs and services in a holistic way, participants shared numerous accounts of how programming was delivered in spite of funding and resource restrictions. The passion of those who work in this field and the



time-consuming but necessary task of trying to address community needs while adhering to rigid funding standards, were themes of our conversation.

The sharing of successes and strengths is summarized below according to three major themes:

1. Culturally-based approaches to child and youth mental health
2. Innovations
3. Adaptations

Culturally-based approaches to child and youth mental health

- Participants discussed a number of “hidden gems” in their communities including land-based programming, cultural adaptations of mainstream programs and other strategies to ensure that tradition and culture are incorporated into their approach to mental health. These approaches not only make sense in the community, but are supported by anecdotal evidence.
- Having culture at the core: The work we do is culturally safe.
- We use our language as program names and counselling is in our language. We make every effort to meet with our communities twice per year and we do have a close relationship with all of our communities.
- We have an Elder’s Council in our language. They tell us what to do and provide guidance. We have started to invite the youth to participate in councils and committee as well so they are also driving our directions.
- “When I first got involved with the Centre, we put them through the sweat-lodge and initiated them that day. It changed their focus on the needs of the young people out there. We need to use healers and traditional practices to heal. We have been able to get them to look at what we actually do (using the animals, the land, the elements) and creating the safe space for youth. My mother was a chief and she said we needed a safe place for youth to come. Sometimes, it’s the very



first time they can come to be themselves, where they can sleep, where they can breathe, where they can be without sleeping with one eye open.”

- We have culturally-based programs. We are not funded for children’s mental health but we are doing it anyway, and developing culturally safe practices. We are very creative in how we provide service to kids in care and families, and we do it without a lot of resources.
- Language and cultural practices are still strong: So much passion and resilience!

Innovations

- In the Toronto Central LHIN, equity is number one priority. In the new fiscal year, funding will be dedicated to health providers receiving training to become culturally competent. This comes from a passionate CEO. Other LHINs might not have this.
- At Tikinagan we have developed our own service delivery model called “*We’re all in it together*”. We base it on our population in the 30 communities we serve. We have a good relationship with the leadership – our motto is that the answers lie in the community. We have Elders who sit on different units and they sit in on our case conferencing. We don’t have many child apprehension cases go to court anymore, we deal with it through our service delivery model. We are also successful because we put more weight on what the First Nations laws dictate and we listen carefully to what the Elders have to say and we have put it to practice.
- Tikinagan: One of our strengths is that we have had a youth suicide prevention task force since the late ‘90s. After looking at the acute care, we needed to put attention on prevention. The Centre helped with this. We went into schools and we pulled 22 agencies together – both mainstream and FNIM. We developed protocols, and had a formal opening ceremony. We focused on gatekeepers – parents, teachers, coaches, health care professionals. There is now an Aboriginal sub-committee of the task force. Website:



<http://www.heresthedeal.ca/> . After all this though, there are still huge issues.

We've learned that mainstream and Aboriginal agencies have to work together.

We are doing joint training and consulting with each other.

- “We started a program in Sudbury in the Catholic school board—“Elder in the Classroom” – where we go in and do cultural teachings for Grades 5/6 students. This started once a week, and then turned into working closely with kids that are troubled. This moved to two days, and now we're there three days. Once kids learn who they are, they start to identify and feel proud of themselves”.
- Six Nations of the Grand River: We are celebrating a 25th anniversary of both men's and women's shelters (one of a handful in the country). The community has a youth lodge – a residential youth home. An Elder's community has just been built right next to the youth lodge. We are working on increasing the number of child and youth workers. We have been able to get into the schools (including colleges and universities) – linking with potential child and youth workers, encouraging them to work with Aboriginal youth. Through our family assault services we provide a sexual assault program and a shelter, youth services shelter and transitional housing. We got picked as the gem of our community at one time. We look at things from a Haudenosaunee perspective and we base our whole foundation on Haudenosaunee principles. We are under a Board of Directors from our communities, but not under the band specifically – which gives continuity. I am most proud of our principles: we enter into every service with a good mind. We don't get funding for mental health services, but we provide them anyway for males and females. We are challenged because we have services for men and many of our funders do not want to fund shelter service for me. But we go back to our creation stories that tell us that men and women are the same and both are deserving. We don't hide away. Our shelter is right on the main street of our community because this is a part of our community.



- Wikwemikong Unceded Reserve has taken an integrated approach to mental health.

Adaptations

- In our early childhood education program, we try to give a voice to the kids, and give them a way to talk about their emotions. To talk about how they are hurting. We are doing a program called *Seeds of Empathy*, which is promoting an empathetic nature in the children. For example, we use a baby doll as a tool for promoting empathy in the kids and helping them recognize and talk about emotions.
- Triple P: we are using the Triple P parenting program and have adapted it to meet our community and cultural experience. We are creating the evidence and we need to put it on paper and show that it works so that we can get funding.
- Timmins: We are incorporating traditional practices into the A:kwego program. We have the advantage where we live, that we can access the land in a few minutes from town. This gives the kids skills – so they learn about what their ancestors did and why. We taught them rabbit snaring and all the teachings about how to skin, prepare and cook the rabbit, and we made a video on all of this so it can be seen in the future. This empowers the kids, rather than spoon-feeding them. These kids will graduate into the Wasa Nabin program, and we are hoping they will be able to teach.
- Nipissing: We are doing a land-based program to keep the kids connected to their cultural teachings. This program also has a research component. We are also in the fifth year of running a child witness group called “*I saw, I shall Speak*” that we adapted from a mainstream program that was very structured and didn’t suit our people very well. Now it works. We worked with a mainstream provider to fund a family retreat to deliver this program to our families. We do a lot of land-based activities, but how do we measure the success of this? The feedback from families has been so good. The community said that services are needed



for the dads, so we did another land-based program that involved the dads. After the program, the dads were asking for fishing rods so that they could take their kids. It is important for us to have our programs open to people of all ages and not to exclude anyone.

- Akwe:go: Children who Witness Violence Program. The OFIFC gave us guidelines but we have adapted it to our community. We are evaluating it and documenting feedback, changes in behaviors and attitudes and success stories.
- In Hamilton they use the Wrap Around process where they bring other agencies to the table to learn from one another.

Looking out: What are we trying to accomplish in our work and how can we get there together?

“We all know what the issues and challenges that First Nation, Inuit and Métis Children and Youth face every day. They are the best untapped and valuable resource that we have, it’s time that we direct some of the research money to developing these children and youth to become our future leaders whether it be through science, politics, or anything that they choose to do. There has been enough dialogue and studies; it’s time to take action.”

(Daniel Desrochers, Wasa-Nabin coordinator)

What do we need to help us get there?

What can the Centre do to support you in your work?

Building relationships

The issue of trust came to the forefront in the meeting. Some of the discussions showed that a number of participants were unsure of what the Centre really wanted and how the information was going to be used. They expressed doubt and fear that this might be another case of “consultation”, where you have one meeting and then “tick off a box” to say you have consulted on an issue.

Ian Manion from the Centre started the afternoon by addressing these concerns to be sure that everyone knew that the Centre is not a government organization. Although they are funded by the Ministry, they operate at arm's length. Ian reassured participants that this is a genuine effort on behalf of the Centre to meet what they see as a need, and to do it right by interacting directly and listening thoughtfully to what is said. He also indicated that a report of the meeting will be sent to all participants for their validation. He also emphasized that the Centre is hoping this will be the beginning of a process of engaging people and mutual learning, and that there will be processes for inviting more involvement and advice from practitioners to the Centre. The Centre will do its part to provide the supports it can, based on that guidance.

Points from the group discussions:

- The key is trust, but how do you build it?
 - Be open to learning from us and doing it on our territory; people need to know you in order to develop trust
 - Open and honest discussions
 - Transparency about funding
 - Cultural sensitivity and understanding of the history of the issues
- The best partnerships are those that take a strengths-based approach.
- Despite “mandates” and “agendas”, find a way for true collaboration.
- There’s a lack of understanding of the culture, on the part of agencies that have a mandate to work with us, but not according to our standards and knowledge.
- Knowledge translation between agencies and mainstream governments, funders and potential partners is a critical role.
- Communication from the Centre has to be accessible and targeted to the audience.
- The Centre needs “face-to-face” time in communities.



- Listen to the youth themselves.

Sustaining relationships

Ian, speaking for the Centre, said that:

“We understand that there are many more players than are around this table. This isn’t a ministry initiative. We are here to support the agencies and child and youth mental health, and if we can, we need to understand who they are and where they are coming from. This is the beginning of a process.”

How do we reach the goal of child and youth mental health and wellness?

“You need to create access, and develop a comprehensive approach, and linkages between children/youth and seniors/Elders. There is foundational work that needs to be done – including assessing the status of the population on these issues.” (Allen

Deleary, Walpole Island)

“I see a vision of young people doing well, confident: a child knowing who they are and where they come from and being proud of them. I see a child coming in the back door “down”, and leaving through the front door in full regalia smiling and dancing.” (Service

Provider, shared in the Closing Circle)

The ideal outcome is a population that receives equal access to services through funding measures that are flexible enough to meet the real needs of the community in a holistic way. This would ultimately lead to the building of confidence, and self-esteem in safe, healthy environments for young people and their families.

In the discussion on reaching the goal of child and youth mental health and wellness, participants identified a number of high-level actions that need to be supported:



Take a holistic perspective

- Build healthy communities, (economic, social, physical, spiritual) not just work on individuals.
- Recognize and respect the strength of culture as fundamental to mental wellness.

Address systemic barriers

- Get rid of fear, shame and stigma
- There has to be equity: the same level of services provided for Aboriginal and non-Aboriginal children and youth.

Training and understanding

- Support students in the mental health field, so they can learn cultural approaches.
- Develop a First Nations, Inuit and Métis mental health curriculum- but it needs to be led by FNIM people
- Develop cultural competency in the mainstream system (in New Zealand, for example, this is a system requirement).
- To engage people, give them something concrete, targeted and specific that will draw out their creativity for finding solutions.

Involve the youth

- Develop more youth-driven programs and engagement scenarios

What can the Centre do to support you in your work? Exploring the possibilities

The participants did not propose a specific plan of action for the ways in which they might work with the Centre. However, a number of ideas emerged based on some of the key challenges. While the Centre may play a role in some of these areas, many participants clearly indicated that the priorities need to be set by the FNIM community and be addressed with the community as equal partners to avoid some of the traps that have befallen similar relationships in the past.



Facilitation of information sharing between First Nations, Inuit, and Métis service providers in the province.

- Sharing of “what works”, to raise awareness of the innovations in practice, and the benefits of the work. Connecting front-line workers to agencies who can share their successes. The Centre could play a key role here (e.g. newsletter, website, other kinds of information networking); including linking to existing clearinghouses such as Zahgehdownin. First, find out from front-line workers what kind of communication would be best for them. Those agencies/communities that have developed innovative tools should also be able to benefit from that work, to keep their work sustainable.
- Establish an Aboriginal children’s mental health journal.
- Support for front-line workers who can feel isolated. This could take the form of supports for self-care, mentoring job exchange/shadowing or developing a community of practice.
- A newsletter has the potential for information-sharing.

Address the critical data shortage and data gaps in FNIM child and youth mental health.

- Support community-driven efforts to scientifically validate and evaluate program adaptation or programs developed within the community.
- The Centre could partner in developing FNIM-specific mental health literacy materials.
- Help with gathering the evidence and then supporting change based on what is learned. The Centre could support this by providing program evaluation supports, including training in evaluation.
- The Centre places a high value on this. Organizations could use supports from the Centre to do evaluations. Tom Walters said their agency had had a good experience of this with the Centre, and stressed that evaluations are what funders want to see. Agencies are already doing evaluation in the everyday practice, but perhaps not in a systematic way.

Advocate for First Nations, Inuit and Métis child and youth mental health issues.

- Mental health program models – for example, Triple P Parenting program – are good, but they need to be adapted to us and our needs. The Centre could play a role as a relationship broker and advocate in this kind of case.
- Advocate with the government – know what their hot topics are (e.g. youth transition to adult mental health care at 18 is currently one of these); do policy papers.
- The Centre could support and embrace the building of approaches that are holistic and consider the child/youth within the context of their family, community and culture. The mainstream also needs to be educated more about holistic First Nations/Inuit/Métis approaches. Perhaps the Centre could play a knowledge exchange or advocacy role here.

The Centre as a relationship facilitator between FNIM service providers and the mainstream

- Network to help the building of partnerships – the Centre could play a role in this, to support networking within FNIM agencies and between them and mainstream stakeholders and funders. The Centre could eventually model best practice in the building of FNIM-mainstream partnerships.
- Knowledge translation between agencies and mainstream governments, funders and potential partners is a critical role.

The Centre representatives also shared a number of suggestions for how the Centre might work with the community on a path toward mental wellness of First Nation, Inuit, and Métis children and youth.

- The Centre is already providing youth engagement training for agencies. There are two people on the Dare to Dream review committee who are First Nations. This committee provides limited funding for youth-driven mental health initiatives.
- eMentalHealth.ca is a resource built for service providers and families. It is not specific to FNIM, includes assessment tools.
- Creation of “hot topic” policy papers



- Training and development support for community-led evaluations
- Support for information sharing between practitioners

NEXT STEPS

This meeting was recognized as the first step on the path to building a relationship and creating a space for a dialogue among the Centre and First Nations, Inuit and Métis service providers. The next steps of this ongoing process will include:

- Sharing the report of the gathering with all participants for validation.
- The Centre will invite participation for a working group. The Centre will look to this group for advice on ways to engage effectively, on an ongoing basis, and will task the group with helping to adapt tools and services to meet the unique needs of service providers who work with First Nations, Inuit and Metis children, youth and families.
- The Centre will be introducing engagement consultants in five regions to help make interaction direct.

CIRCLE SHARING – SOME OF OUR PARTING WORDS

At the end of the day, the group gathered together in a circle to talk about the day and offer parting comments. As participants passed the antler, feelings of hope, validation, inspiration and appreciation filled the hall.

“I can see now that working with the Centre is spending time together – creating that glue that will hold us together. Learning that mainstream agencies can learn from us is another insight of today. The mainstream system needs to be fixed. This can be a great way to raise up indigenous knowledge and share it.”

“Keep the energy positive with the information that came out of today. I am hoping that the work we did today will end up in our communities - something tangible that we will be able to feel and see. Meegwetch for taking the time to listen to us.”



“I see a vision of young people doing well, confident: a child knowing who they are and where they come from and being proud of them. I see a child coming in the back door “down”, and leaving through the front door in full regalia smiling and dancing.”

“Being here today has provided me with confirmation, clarity and hope.”

“I leave here today hopeful, because we can’t do that difficult work alone. You have to come at this from a point of wanting to learn, not as an expert.”

“As a frontline worker, you can sometimes lose focus – I have a new sense of empowerment after today.”

“I saw fear about what was going to be done with the information that we provided today. We have been silent for a long time – we need to speak out.”

“When we come together like this in our mind, body and spirit, what we are doing is healing ourselves and each other. We need to heal ourselves, then our families can be healed, and only then can the healing go to the community” (Vern Harper, Elder)

APPENDIX A: LIST OF ATTENDEES

Name	Region	Organization	Position
Elder Vern Harper	Toronto	Centre for Addiction and Mental Health	Elder
Sherry Copenace	North	Anishinaabe Abinoojii Family Services	Executive director
Laurie Hermiston	Toronto	Anishnawbe Health Toronto	Mental health lead
Amanda Meawassige	Central East	Barrie Native Friendship Centre	Wasa-nabin coordinator
Amber Kennedy	Central East	Barrie Native Friendship Centre	Akwe:go coordinator
Tom Walters	North	Children's Centre Thunder Bay	Executive director
Phyllis Williams	Central East	Curve Lake First Nation – Child Care and Child Welfare	Social services manager
Tina Bennett	North	Dilico Anishnabek Family Care	Manager
Shannon Cotter	Hamilton Niagara	Fort Erie Native Friendship Centre	Akwe:go coordinator
Brody Thomas (for Sandra Montour, Director)	Hamilton Niagara	Ganohkwasra Family Assault Support Services	Social services worker
Julie Bomberry	Hamilton Niagara	Ganohkwasra Family Assault Support Services	Social services worker
Laurie Butson	Central East	Georgian Bay Native Friendship Centre	Wasa-nabin coordinator
Jolene Courchene	Hamilton Niagara	Hamilton Regional Friendship Centre	Akwe:go coordinator
Lorri-Ann Fox	Hamilton Niagara	Hamilton Regional Friendship Centre	Wasa-nabin coordinator

Name	Region	Organization	Position
Tricia Stuart	North East	Hands TheFamilyHelpNetwor k.ca	Manager
Joanne Schachow	North East	Inew Friendship Centre - Mee-Quam Youth Residence	Unknown
Lori Meckelborg	Consultant	Johnston Research Inc.	Account manager
Andrea L.K. Johnston	Consultant	Johnston Research Inc.	CEO
Marcia Barron	Consultant	Johnston Research Inc.	Senior manager
Luc Lainé	Consultant	Johnston Research Inc.	Senior bilingual associate
Blaine Wolfe	Eastern	Makonsag Aboriginal Head Start, Inc	Manager
Kelly Wakeford	Province	MCYS Regional Office, North East	Program supervisor
Heather Lacey	Province	MCYS Regional Office, North East	Program supervisor
Lynne Lucas	Province	MCYS Regional Office, Toronto	Mental health lead
Lucy Lu	Eastern	Minwaashin Lodge Aboriginal Women's Support Centre	Art therapist and child and family counsellor
Mike Cywink	South West	Mnaasged Child and Family Services	Prevention service worker
Alicia Charles	South West	Mnaasged Child and Family Services	Prevention service worker
Kanientahawi Sharrow	Eastern	Mohawk Council of Akwasasne	Social services program manager
Rebecca Smith	South West	M'Wikwedong Native Cultural Resource Centre	Executive director

Name	Region	Organization	Position
Bernadine Baskin	Toronto	Native Child and Family Services of Toronto	Manager
Charlene Avalos	Toronto	Native Child and Family Services of Toronto	Director
Nancy Stevens	Central East	Nijkiwendidaa AnishnaabeKwewag Services Circle	Social services manager
Cathy Bellefeuille	North East	Nipissing First Nation	Child welfare supervisor
Dr. Brenda Restoule	North East	Nipissing First Nation	Psychologist
Kevin Bérubé	Northern	Nodin Child and Family Intervention Services – Telepsychiatry – Sioux Lookout First Nations Health Authority	Executive director
Rosalind Johnston	Northern	Nog-Da-Win-Da-Min Family and Community Services (SSM)	Executive director
Cynthia Gray	Central East	Nogojwanong Friendship Centre	Akwe:go coordinator
Dan Desrochers	North East	North Bay Indian Friendship Centre	Wasa-nabin coordinator
Colleen Sauve	Eastern	Odawa Native Friendship Centre	Manager
Mylène Dault	Province	Ontario Centre of Excellence for Child and Youth Mental Health	
Purnima Sundar	Province	Ontario Centre of Excellence for Child and Youth Mental Health	Director, Knowledge exchange
Ian Manion	Province	Ontario Centre of Excellence for Child and Youth Mental Health	Executive director
Erin Smith	Province	Ontario Centre of Excellence for Child and Youth Mental Health	Manager, Partnerships and processes

Name	Region	Organization	Position
Ayn Cooney	Toronto	Ontario Federation of Indian Friendship Centres	Children's initiatives manager
Stacia Loft	Toronto	Ontario Federation of Indian Friendship Centres	Youth initiatives manager
Karen Baker-Anderson	Eastern	Ottawa Inuit Children's Centre	Executive director
Nikkutai Folger	Eastern	Ottawa Inuit Children's Centre	Akwe:go coordinator
Heidi Langille	Eastern	Ottawa Inuit Children's Centre	Coordinator
Larry Longboat	Hamilton Niagara	Six Nations of the Grand River, Child and Family Services	Manager
Thelma Morris	Northern	Tikinagan Child and Family Services	Unknown
Doug Davey	Northern	Timmins Native Friendship Centre	Akwe:go coordinator
Rochelle Bird	Northern	United Native Friendship Centre, Fort Frances	Wasa Nabin worker at UNFC
Christine Head	Eastern	Wabano Centre for Aboriginal Health	Manager
Clarissa Jacobs	East	Wabano Centre for Aboriginal Health	Manager
Allen Deleary	South West	Walpole Island First Nation, Enodmaagejig Social Services	Health department director
Lori Flinders	Northern	Weechi-it-te-win Family Services Inc.	Executive director
Vince Pawis	North East	White Buffalo Healing Lodge	Executive director

*The above is a list of those who attended the event. For a complete list of invitees, please contact the Centre.



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Mental Health
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en santé mentale des
enfants et des adolescents

Bringing People and Knowledge Together to Strengthen Care.
Rassembler les gens et les connaissances pour renforcer les soins.

March 9, 2012

Creating a common path

APPENDIX B: MEETING PHOTOS





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APPENDIX C: MEETING AGENDA

CREATING A COMMON PATH

Discussing Child and Youth Mental Health with

Ontario First Nations, Inuit and Métis Communities and

The Ontario Centre of Excellence for Child and Youth Mental Health

March 9, 2012

The Native Canadian Centre of Toronto, in the Gym

16 Spadina Road, Toronto, Ontario

AGENDA

M.C.: Luc Lainé
Elder: Vern Harper

Meeting Goals:

The goal of this meeting is to share, and discuss ideas and information that will support the creation of a Common Path that will serve to guide the direction and ways in which Ontario First Nations, Inuit and Métis communities and service providers walk together with The Ontario Centre of Excellence for Child and Youth Mental Health.

Through listening mindfully the mutual learning at this meeting hopes to:

- build new relationships and facilitate connections between frontline workers and the Centre
- help the Centre understand the needs of Ontario First Nations, Inuit and Métis communities and service providers

This meeting will result in a document of your input and recommendations for next steps that will be shared with participants and that will help the Centre in its efforts to support and enhance service provision for First Nations, Inuit and Métis children and youth with mental health needs.

TIME	ITEM	SPEAKER
8:30 – 9:00	Sunrise Ceremony	Vince Pawis, Cultural Teacher
8:30 – 9:15	Registration and Continental Breakfast (provided)	
9:15 – 9:30	Opening Prayer for our meeting	Vern Harper, Elder
9:30 – 10:15	Welcoming Remarks • <i>Who are we?</i> • <i>Participant introductions</i>	Luc Lainé, Andrea L.K. Johnston (JRI), Erin Smith (the Centre), Ian Manion (The Centre), Tina Benette (Dilico)
10:15 – 11:00	Smaller groups discuss: Looking In: Why do we do what we do? • What are the challenges, lessons learned, successes and strengths in our mental health service delivery to children and youth? Report what we heard to larger group	<ul style="list-style-type: none"> • Four groups: recorded by and assisted by JRI and The Centre • ALL
11:00-11:15 Break		
11:15 – 12:15	Smaller groups discuss: Looking Out: What are we trying to accomplish in our work? • What do we need to help us get there? • What can the Centre do to support you in your work? Report what we Heard to Larger Group	<ul style="list-style-type: none"> • Four groups: recorded by and assisted by JRI and The Centre • ALL
12:15 – 1:15	Lunch (provided) and Network	
1:15 – 14:00	Smaller groups discuss: Looking Forward: What does child and youth mental health look like for your community? How do we get there together?	<ul style="list-style-type: none"> • Four groups: recorded by and assisted by JRI and The Centre • ALL
14:00 – 15:00	Circle / Group Discussion Centre's commitment to next steps	<ul style="list-style-type: none"> • ALL (guided by Vern Harper)
15:00 (3:00pm)	Closing Prayer for our Children and Youth	Vern Harper, Elder

APPENDIX D: LETTER TO MEETING DELEGATES

February 2012

Creating a Common Path: Supporting child and youth mental health service provision to Ontario First Nation, Inuit and Métis children and youth.

One-day Workshop on March 9, 2012.

Time: 9:30am – 3:00pm

Location: Toronto

Dear child and youth mental health service provider,

The **Ontario Centre of Excellence for Child and Youth Mental Health (the Centre)** would like to invite you to discuss creating a common path for strengthening the quality and outcomes of services provided to First Nation, Inuit and Métis children and youth with mental health needs in Ontario.

The Centre is a provincial organization that works to bring people and knowledge together to strengthen the quality and effectiveness of mental health services for children, youth and their families and caregivers. We are committed to providing the same kinds of supports to Aboriginal organizations that are available to other child and youth mental health organizations, but we need your input to ensure we do it right.

Johnston Research Inc., (JRI) an Aboriginal-owned and directed firm in its 12th year of service, is recognized as an expert in the use of Aboriginal indigenous knowledge to strengthen health and social services program performance. JRI has been contracted by the Centre to collaborate on the process of Creating a Common Path. JRI has managed 22 projects that have included Inuit people specifically; 40 involving Métis people and communities; and 67 projects that were inclusive and/or exclusive to First Nations people and communities.

To start the conversation about how we can work together to **Create a Common Path** to child and youth mental health service improvements, the Centre is inviting a number of Aboriginal child and youth mental health service providers to meet for a one-day workshop. We consider your involvement and contribution vital to the success of Creating a Common Path, so we are writing to request your participation in the Workshop. Our major goal for the meeting is to listen to you, and tell you about the Centre and the services available. Travel expenses are provided within Ontario government guidelines.

We invite you (or your delegate) to attend in person, to share your experiences and perspectives as someone directly involved in providing child and youth mental health services. In advance of the meeting, you will have an opportunity to review the agenda. After the meeting, we will invite feedback on a draft report that will summarize the workshop discussions. Once it is completed, you will receive a final copy of the Creating a Common Path report. We hope that this meeting and report will serve as a starting point for describing and suggesting how to move forward in partnership.

A representative from JRI will contact you soon to:

- Discuss whether you plan to attend, and details of your travel, etc.
- Listen to your suggestions for the meeting agenda
- Answer any questions you may have about the process

We welcome and encourage your attendance. Your insights will help guide and develop a mutually respectful relationship between Ontario First Nations, Inuit and Métis child and youth mental health service providers and the Centre.

In the meantime, if you would like to have additional information about this meeting, please feel free to contact me at 613-737-2297 (ersmith@cheo.on.ca) or Andrea L.K. Johnston, CEO, Johnston Research Inc., at 1(866) 885-9940, (andrea@johnstonresearch.ca).

In Unity,

Erin Smith
Manager, Partnerships and Processes
The Ontario Centre of Excellence for Child and Youth Mental Health

