

A photograph of a woman with short dark hair, wearing a grey patterned sweater, holding a young child with dark curly hair. The child is wearing a red cardigan and blue jeans, and is laughing joyfully. They are standing in a forest with large tree trunks in the background.

# > A PATH FORWARD

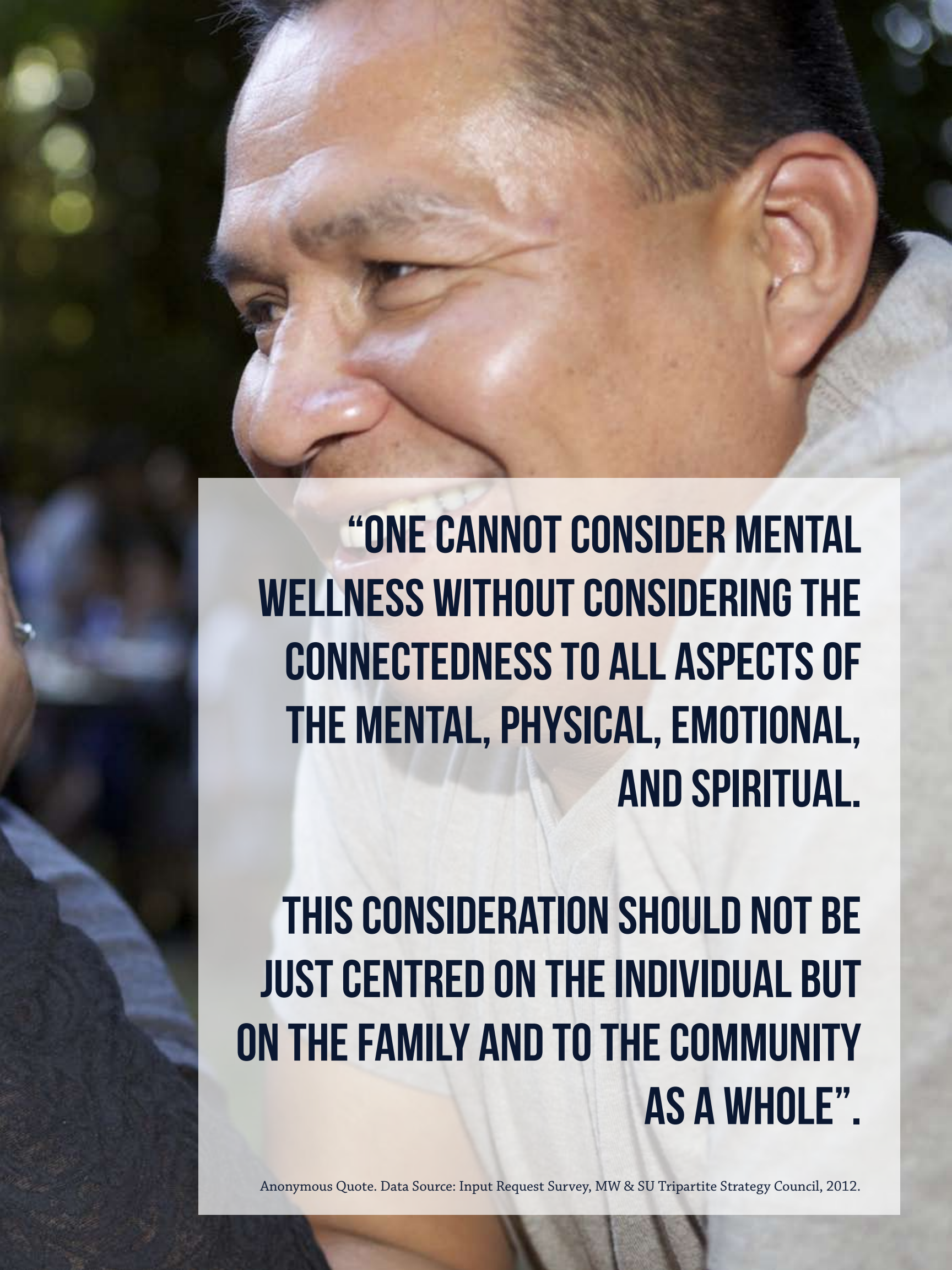
*BC First Nations and Aboriginal People's  
Mental Wellness and Substance Use – 10 Year Plan*

**A Provincial  
Approach to Facilitate  
Regional and Local  
Planning and Action**









**“ONE CANNOT CONSIDER MENTAL  
WELLNESS WITHOUT CONSIDERING THE  
CONNECTEDNESS TO ALL ASPECTS OF  
THE MENTAL, PHYSICAL, EMOTIONAL,  
AND SPIRITUAL.**

**THIS CONSIDERATION SHOULD NOT BE  
JUST CENTRED ON THE INDIVIDUAL BUT  
ON THE FAMILY AND TO THE COMMUNITY  
AS A WHOLE”.**

Anonymous Quote. Data Source: Input Request Survey, MW & SU Tripartite Strategy Council, 2012.

## Shared Vision

*The Partners have a shared vision; this vision represents the place to which we are travelling on this shared journey. The vision is a future where BC First Nations people and communities are among the healthiest in the world. We envision healthy and vibrant BC First Nations children, families, and communities playing an active role in decision-making regarding their personal and collective wellness. We see healthy First Nations people living in healthy communities, drawing upon the richness of their traditions of health and well-being. In this vision, First Nations people and communities have access to high quality health services that are responsive to their needs, and address their realities. These services are part of a broader wellness system – a system that does not treat illness in isolation. These services are delivered in a manner that respects the diversity, cultures, languages, and contributions of BC First Nations.*

– HEALTH PARTNERSHIP ACCORD, DECEMBER 2012



Tripartite First Nations Health Plan



Canada



For more information, please visit:

First Nations Health Authority | [www.fnha.ca](http://www.fnha.ca)

Province of British Columbia | [www.gov.bc.ca/hls](http://www.gov.bc.ca/hls)

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# > A PATH FORWARD

*BC First Nations and Aboriginal People's  
Mental Wellness and Substance Use – 10 Year Plan*

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**NOTE:** First Nation and Aboriginal is used throughout this document, indicating that the topic is inclusive to all First Nations, Métis and Inuit people (urban, rural and remote) in British Columbia regardless of their age or where they live.





# A SALMON LEGEND

*Generously shared by Elder Leonard George of the Tsleil-Waututh Nation in honour of his Great Grandfather.*

*My Grandfather watched over the river that my people used and still use to gather fish for the winter food. He would do this for his family and the salmon people. Every year when the salmon began their return to the river, he would walk among them in the river giving thanks to the salmon for their return and the food they provided last winter. The salmon appreciated this and they showed it by rubbing against him and dancing to and fro in and around him. When enough salmon had gone up the river to spawn, they would let Grandfather know it was time to fish for food and he would let his people know and fishing would begin.*

*One day some young boys were playing and abusing the salmon by chasing them, clubbing them and throwing them out of the river and watching them flip and flop laughing all the while. Grandfather saw this and ran down to the river and scolded the boys for their actions and warned them not to do it again. But the boys did not learn. A few days later they did the same things, hurting salmon needlessly. Grandfather was infuriated with them and started hollering from afar, "Again you harm and hurt, now you must pay. You insult us and the salmon and hurt us all. You are not good and I will show you what you have done." He walked into the river and told the salmon, "If my boys do not respect you, maybe you should leave as they don't love you, my salmon." Just like that the river was empty. No salmon could be found. Women began crying and the men were all angry, "Because of you boys the salmon are gone. No food, what will we do!" The boys were crying and shaking, running to Grandfather, "We are sorry, we did not mean it, we're sorry." "Not to me," Grandfather said, "to the salmon. Go to the river and tell them." The boys awkwardly ran to the river. Walking in it and crying, "We are sorry salmon, we are*

*sorry!" "You hear them and see them, my salmon people. They know they were wrong. We ask you to return," Grandfather said. Magically the river was full, the salmon came back. The boys learned, the people rejoiced, sang songs and gave thanks. The boys became good fisherman and helped Elders and always gave thanks to the salmon.*

*When Grandfather died under the cedar where he sat by the river, all the people gathered and they wrapped him in loving blankets and put him in a canoe to take him to his burial island. As they all paddled down the inlet, two killer whales escorted his canoe and salmon followed in love and respect. They stayed with him until he was on shore then they backed away lovingly to honour Grandfather.*

*Most people would believe you cannot talk to salmon because they would not understand. My Grandfather showed us that with love and respect you can talk to any living being or creature by talking to their soul. In medicine and health care sometimes that is forgotten. Yet when the spirit hears you, everything hears you. It is the first step to wellness.*





## WHAT SOME DESCRIBE AS CONTEXT, MANY OF US DESCRIBE AS OUR LIVES

*The Salmon Legend teaches us the value of respect for our relatives, including Mother Earth who feeds us in the circle of life. This shows that all beings are interconnected. In Canada, however, we know that First Nations and Aboriginal people have not always been treated with dignity and respect by governments, churches, corporations, schools, neighbours and guests.*

We have been subjected to tragedies and actions that appal most Canadians when they view the same actions towards others around the globe. The effects of colonization, residential schools, First Nations and Métis land appropriation, Indian hospitals and child welfare intrusion continue to resonate. These effects include learned violence, loss of language, loss of emotional security and family connections, and a loss of respect for First Nations and Aboriginal culture. Many children of parents who attended residential school did not experience healthy role modeling and as a result, parenting capacity was often diminished over generations. Beyond the colonial experience, there are other more general risk factors for mental wellness and substance use problems among First Nations and Aboriginal people, such as family problems, unstable housing, school stress, or workplace pressures.





We continue to witness poverty, racism, and health disparities in First Nations and Aboriginal communities; and the health of our children is often representative of the community as a whole. Furthermore, in 2008 there were “no improvements in the percentage of youth living on reserve who seriously thought about suicide in the past year (24%) compared to 2003, but youth living off reserve were less likely to consider suicide in 2008 than in 2003 (17% versus 23%).” Our children and youth are not the only ones who are suffering. According to the Provincial Health Officer’s 2007 Annual report, Status Indians in BC were much more likely to be hospitalized for mental and behavioural disorders due to substance use than other British Columbians. Hospitalization due to schizophrenia, delusional disorders, as well as mood and stress related disorders were also higher.

How do we restore mental wellness in First Nations and Aboriginal communities? How do we ensure that problematic substance use and related harms are reduced or eliminated in our lives? This responsibility does not rest solely in the hands of First Nations and Aboriginal communities in BC, rather it is a shared responsibility. The strategies and actions in this Tripartite Plan seek to improve the mental wellness of First Nations and Aboriginal people and reduce problematic substance use and its negative effects. We expect that the implementation of these strategies and actions will be conducted with respect for the human dignity and human rights of those impacted by the Plan as they engage in their sacred acts of living.





# > 01

# A PATH FORWARD

*Mental, Physical, Emotional, and Spiritual balance is at the core of First Nations and Aboriginal worldviews and ways of life. In most First Nations and Aboriginal cultures there are teachings that give expression to these concepts, such as following the 'Red Road' as a means to achieving balance. It is the movement towards balance in all four quadrants of a person's holistic<sup>1</sup> health that is the underpinning of this path forward towards the achievement of mental wellness and reduced problematic substance use.*

This is the first time that a First Nations and Aboriginal People's Mental Wellness and Substance Use Ten Year Plan (herein after referred to as 'The Plan') has been developed in the province of BC. A Plan was needed to transform systems and improve capacity to better meet the needs of First Nations and Aboriginal infants, children, youth, adults and Elders. This Plan is a beginning; it involves a growing family of collaborative partners committed to improving the mental wellness outcomes and reducing substance use challenges faced by First Nations and Aboriginal people. It involves everyone inasmuch as mental wellness and substance use matters touch everyone's lives.

The success of the Plan will depend upon partnerships and relationships that have reciprocal accountability. It means that each Partner is accountable to the other for its actions, and for the effective implementation and

operation of their responsibilities and systems, recognizing that our work as Partners is interdependent and interconnected. This means that we will need to work together at all levels in a collaborative manner to achieve our shared goals related to mental wellness and substance use challenges.<sup>2</sup>

The Plan has been developed at a time of great need and brings with it a sense of hopefulness in its Call to Action.

Many factors have contributed to the current mental wellness and substance use realities and concerns for First Nations and Aboriginal people; some of these factors include: colonization, residential schooling, assimilation, physical, emotional, mental and sexual abuse, systemic discrimination, child apprehension, over-representation of First Nations and Aboriginal people in the criminal justice system, and a loss of

tradition, territories, language, and culture. These factors have created an environment that has negatively impacted the social and economic structures, personal psychology, and coping strategies of many First Nations and Aboriginal individuals, families, and communities. Adverse, multi-generational health effects are at the root of inequities in the health and well-being of First Nations and Aboriginal individuals, families and communities. Despite these challenges our communities remain resilient and continue to move forward, seeking solutions for restored balance as we share our lands and the earth itself.

We are reminded that, “The Aboriginal worldview highlights concepts of wholeness, balance, the importance of relationships with family, community, ancestors, and the natural environment. An individual’s identity, status, and place in the world are tied to the family, and to one’s ancestors’ traditional territory and the community. Each of these elements has implications for the design and delivery of healing programs ... from a First Nations and Aboriginal perspective, mental wellness is holistic.”<sup>3</sup> Our leadership speaks about the importance of changing the status quo “medical model” to a “wellness model,” which is necessary in our journey towards healthy, self-determining and prosperous communities. There is a clear connection between health, food, work, play, culture, family, community and achieving a level of personal and collective wellness.

First Nations and Aboriginal people often have a more difficult time accessing health services and related support services. Reasons for this include geographic location, jurisdiction, and the availability of services that consider First Nations and Aboriginal customs, values and beliefs, and histories of trauma. These service inequities are often compounded by other factors, such as gender, sexual orientation, and highly stigmatized diseases such as HIV or disorders like Fetal Alcohol Spectrum Disorder (FASD). The over-representation of First Nations and Aboriginal people in the criminal justice system means that the mental wellness of incarcerated First Nations and Aboriginal people is particularly at risk.

First Nations and Aboriginal people need a range of culturally safe services and supports that respect their customs, values, and beliefs. Cultural safety in health care is about empowering individuals, families, and communities to take charge of their own health and well-being. It is important to note that achieving cultural safety requires that health institutions and service providers respect the diversity between and amongst First Nations and Aboriginal people and their worldviews. Currently there is an abundance of evidence to show that First Nations and Aboriginal people do not receive the same quality of health services or report health outcomes on par with other Canadians.<sup>4</sup> Multiple factors contribute to these social and structural inequities.

This Plan was developed to address the need for a concentrated and coordinated effort in mobilizing resources, policy development, and the use of best practices to ensure that First Nations and Aboriginal people in BC are served by effective, efficient, and empathic systems that honour the diversity of their customs, values, and beliefs.

This Plan aims to enable and complement (not supersede) existing and new actions within mental wellness and substance use initiatives that are already functioning as ‘promising practices’ within each respective region, First Nation, Aboriginal community or health authority. It is envisioned that partnerships within regions—collaboratively designed by First Nations and Aboriginal people with local, regional, provincial, federal partners, individuals, families, and communities—will emerge in mobilizing and implementing actions, and beyond what was framed within the Plan.

This document provides a vision, guiding values, goals, and principles that underpin strategic directions and sample actions to guide planners over the next ten years.





Although the Plan has universal application, the specific planning and management approaches will vary at different levels across BC including:

- deciding on priorities;
- determining responses to a specific problem;
- balancing investment among different areas; and
- taking actions at a local level.

This Plan is not intended to be prescriptive, but as a guide that reflects what the communities have told us about where our focus should lay. An analogy that helps reflect the process of Tripartite systems transformation is “we are building the road while driving on it”; and it must be acknowledged that sometimes the road might not be smooth but we need to allow ourselves to make mistakes, to acknowledge and learn from them, and to better ourselves and move on. This Plan also does not replace the need to engage specific populations as partners in the development and delivery of programs and services.

The Plan has been informed by Traditional Knowledge Keepers, community members, service providers, as well as Indigenous and mainstream research. The Plan highlights the importance of maintaining and enhancing community strengths to promote mental wellness and reduce problematic substance use and related harms. The story of this development is described in more detail in the Background Section.

## BACKGROUND

**“To live in wellness means striving to be in balance, within self (Body, Mind, Spirit and Emotion), with others (Family & Community), with the Spirit World and with the land (nature). If there is an imbalance in any of these areas there is stress on our overall system. In time this stress causes illness and it can be physical illness, mental/emotional illness (such as depression), or spiritual illness.”<sup>6</sup>**

The Transformative Change Accord: First Nations Health Plan (TCA: FNHP)<sup>5</sup> was released, in 2006, followed by the the Tripartite First Nations Health Plan (TFNHP) in 2007. Together, these plans have three actions related to mental wellness, problematic substance use, and suicide prevention. One of these actions (Action #8 in the TCA: FNHP) states: “Adult mental wellness, substance abuse as well as young adult suicide will be addressed through a First Nations and Aboriginal Mental Wellness and Substance Use Reduction Plan.” This Action is the basis for developing this First Nation and Aboriginal Mental Wellness and Substance Use Plan.

A legally-binding British Columbia Tripartite Framework Agreement on First Nation Health Governance was signed by Tripartite partners representing the Government of Canada, First Nations (represented by the First Nations Health Council and the First Nations Health Society), and the Government of BC on October 13, 2011. The agreement commits the Parties to working together enabled by a new health partnership to build a new health governance structure and a better more integrated health system in BC that includes the transfer of FNIHB-BC Region operations to a First Nations Health Authority.

In 2011, a BC First Nations and Aboriginal Mental Wellness and Substance Use Strategy Council was established to oversee the development of a plan to address mental wellness and substance use as population health issues. The Strategy Council includes representatives from the Tripartite signatories to the First Nations Health Plan, as well as health authority and Aboriginal partner organizations.

The Tripartite partners are represented by the First Nations Health Authority, the Province of BC (including the Ministry of Health and the Ministry of Children and Family Development), and the Government of Canada (including the First Nations and Inuit Health Branch, Health Canada). Representatives from the Provincial Health Services Authority and the Northern Health Authority are also members of the Strategy Council, as well as representatives from the BC Association of Aboriginal Friendship Centres (BCAAFC) and the Métis Nation British Columbia (MNBC).<sup>7</sup> These organizations have done significant work with their communities and thus their visions and contributions for future planning complements the work and vision by BC First Nations and Aboriginal communities. We all have a commitment to working together and look forward to the journey ahead.

Tripartite work is focused on transforming and improving systems while creating space that allows for increased decision-making by First Nations and Aboriginal people. In order to create that space, a road-map needed to be developed, which became the impetus for this Plan. The success of the Plan is



dependent upon the commitment of First Nations and Aboriginal people, and Federal and Provincial Departments, Agencies and Ministries, and future partners. The Province respects the need for and is committed to the development of a plan for First Nations and Aboriginal mental wellness and substance use, as referenced in *Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Use in BC*<sup>8</sup>. In addition, the federal partners are committed to assisting First Nations and Aboriginal communities in achieving better health through a number of programs and services related to mental wellness and substance use.<sup>9</sup>

For some time the FNHA has been collecting essential knowledge, advice and guidance from First Nations communities, which has been shared at previous Gathering Wisdom forums, meetings and regional caucus sessions between 2007-2012; some examples include:

- Provincial Forum on First Nations Youth Suicide (2007)
- First Nation Youth Wellness Gathering (2008)
- Health Director's Forum (2008)
- BC First Nations Health Regional Caucuses (2008-2012)
- Gathering Wisdom For a Shared Journey (2008-2012)

A perspectives paper entitled: *Mental Wellness and Substance Use: BC First Nations Perspectives to Support the Development of a Planning Framework and Strategic Plan*, Volume 1, Number 1 – October 2011 was developed by the FNHA to provide some preliminary thinking and research towards a draft Plan.

In early 2012, community members, service providers, and the public at large were asked to provide their feedback through an online questionnaire that helped us to

identify collective solutions and has given shape to the development of this Plan. An Input Request (in the form of a Survey) sought feedback from communities and the public at large. A summary of the input gathered was developed<sup>10</sup>. There were 360 respondents who provided answers to the 14 questions posed. The Plan highlights some of the feedback by using participants' quotations that inspire our work.

From the collected wisdom of the community, draft strategies and actions were developed to form the basis of a First Nations and Aboriginal Mental Wellness and Substance Use Plan. Over the summer months of 2012, all of the Strategy Council partners used an online engagement tool called the "Priority Setting Tool"<sup>11</sup> to collect feedback from their diverse members, stakeholders and systems. The FNHA engaged with First Nations communities<sup>12</sup>, and the BCAAFC and MNBC held community engagement sessions. The provincial and federal governments engaged with partners, departments, agencies, and ministries. In total, 814 individuals took part in completing or partially completing the survey (including 540 individuals who completed the survey).

All the information gathered from 2007 to late 2012 including the Input Request feedback and summary, as well as the affirmation and feedback from the Priority-Setting Tool has helped to shape the final version of this Plan.

The Plan is founded upon a vision and guiding principles that create a context for a holistic, community-based population health approach to promote mental wellness and reduce problematic substance use and related harms for First Nations and Aboriginal people and communities.

## ENDNOTES

1. Holism includes “consideration of physical, mental, emotional, and spiritual health with particular attention to congruence between the mind and body encompassed by the spirit. Individual wellbeing is strongly connected to family and community wellness,”(Smye and Mussel, 2001, p.24)
2. For further information, see “ Partnership Accords” [www.fnhc.ca](http://www.fnhc.ca)
3. Smye and Mussel (2001)
4. BC PHO, 2009
5. [http://www.fns.bc.ca/pdf/FirstNationsHealthImplementationPlan\\_Combo\\_LowResolution.pdf](http://www.fns.bc.ca/pdf/FirstNationsHealthImplementationPlan_Combo_LowResolution.pdf)
6. Anonymous Quote. Data Source: Input Request Survey, MW & SU Tripartite Strategy Council, 2012.
7. In May 2006, MNBC signed the historic Métis Nation Accord with the province of BC which committed both MNBC and BC to close the gap between Métis citizens in this province and other British Columbians in 6 key areas including health.
8. [http://www.health.gov.bc.ca/library/publications/year/2010/healthy\\_minds\\_healthy\\_people.pdf](http://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf)
9. <http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php>
10. [http://www.fnhc.ca/index.php/health\\_actions/mental\\_health\\_wellness/](http://www.fnhc.ca/index.php/health_actions/mental_health_wellness/)
11. [http://www.fnhc.ca/pdf/MWSU\\_Report\\_-\\_final\\_for\\_web.pdf](http://www.fnhc.ca/pdf/MWSU_Report_-_final_for_web.pdf)
12. Engagement occurred primarily at the 2012 Gathering Wisdom Health Actions Mental Wellness Strategy Area session that focused on an orientation and completion of the Priority Setting Tool, there were 147 participants in total for all three sessions. Of the 147 participants, over 120 Priority Setting Tool booklets were completed manually (then entered into the FLUID survey). 5 video-conferences were provided to each region to offer orientation, to encourage First Nation people to complete the on-line survey or to mail/fax in their manually completed survey.











## > 02

# VISION, VALUES, GOALS

*“To be mentally well means to me that my traditional teachings are restored. This includes the use of traditional teachings from dreams and vision quests to visualize new and more hopeful outcomes.”<sup>1</sup>*

## VISION

All First Nations and Aboriginal people in BC are supported in a manner that respects their customs, values, and beliefs to achieve and maintain mental wellness and positive, healthy living regardless of where they live.

## GUIDING VALUES

First Nations and Aboriginal people have shared a similar worldview in sacred teachings since time immemorial. Whether you are in Coast Salish, Cree or Saulteau territories, a visitor will find these teachings applied to everyday life and work for First Nations and Aboriginal peoples. Some call them the Seven Sacred Teachings, others call it working ‘in a good way’ or with ‘a good mind and good spirit’. The traditional concepts of respect and sharing that form the foundation of First Nations and Aboriginal ways of life are built around the seven sacred teachings. Each teaching honours one of the basic virtues intrinsic to a full and healthy life. Later in this document you will find our *Circle of Wellness* that also stems from values of walking in balance through these teachings. They are:

**LOVE:** Though we know that love is an essential human need, extending ourselves to others and humanity is one of the most challenging principles to live by. In a world that is often marked by ill health, personal trauma or betrayal, love does not always appear present or important. It is a powerful medicine, however, and depends upon a world that acknowledges the importance of spirituality, which is an essential consideration in our mental wellness and substance use plan.

**RESPECT:** The traditional concepts of respect and sharing are the foundation for helping others. By aspiring to virtues of compassion and acknowledging the dignity of others we walk in balance with them. We expect respectful practices by all whose work or activities affect mental wellness and substance use or related harms among First Nations and Aboriginal people as one of the outcomes of this Plan.

**COURAGE:** To have the mental and moral strength to overcome fears that prevent us from living our true spirit as human beings is a great challenge that must be met with the same vigour and intensity as a mother bear protecting her cub. Living of the heart and living of the spirit is difficult, but the bear's example shows us how to face any danger to achieve these goals. We invite everyone to have the courage to stand with people facing challenges with mental wellness and substance use.

**HONESTY:** Traditionally, the highest honour that could be bestowed upon an individual was the saying 'There walks an honest man. He can be trusted'. To be truly honest was to keep the promises one made to the Creator, to others and to oneself. As one Elder has said, "Never try to be someone else; live true to your spirit, be honest to yourself and accept who you are the way the Creator made you." Our work with the fragile human spirit must be honest.

**WISDOM:** Everyone has a gift to share with the world around them. One's spirit will grow weak if it is not fulfilling its use. When used properly however, these gifts contribute to the development of a peaceful and healthy community.

**HUMILITY:** Recognizing and acknowledging that there is a higher power than ourselves is to be truly humble. To express deference or submission to the Creator through the acceptance that all beings are equal is to capture the spirit of humility. The expression of this humility is manifested through the consideration of others before ourselves

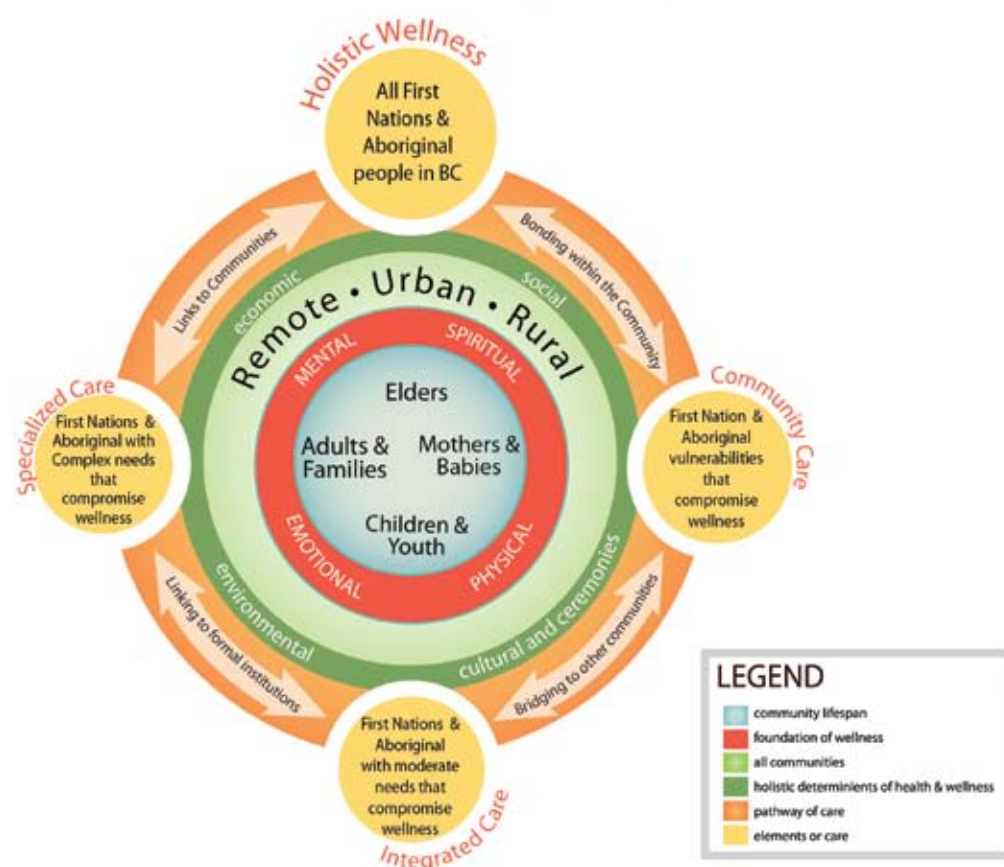
**TRUTH:** To know truth is to know and understand all of the original laws as given by the Creator—and to remain faithful to them. Being truthful in our work with mental wellness and substance use can only generate a systematic approach to preserving human dignity and work in alliance to support the wellness of First Nations and Aboriginal people encountering challenges in these areas.

These teachings have inspired core values for the Plan that include the importance of interdependence, connectedness, self-determination, and autonomy for First Nations and Aboriginal people in BC. These guiding values inspire our Goals, which are:

## GOALS

1. To improve services, supports, and health outcomes for all First Nations and Aboriginal people in BC.
2. To keep First Nations and Aboriginal people's well-being at the center of our initiatives, while maintaining a high operational standard, and cross-sectoral integration.
3. To ensure that mental wellness and substance use strategies and actions for First Nations and Aboriginal people reflect individual and family needs and are Community-driven and Nation-based.
4. To engage First Nations and Aboriginal people in the journey towards improving health outcomes.





**Figure 1 . Circle of Wellness for BC First Nations and Aboriginal People**

These goals are also in keeping with the Seven Directives that originate from *The Consensus Paper*<sup>2</sup> developed in 2011, which describes a historic level of agreement amongst First Nations people in BC about moving forward on the elevation of their health and well-being. The paper establishes the collective wisdom and direction of First Nations in BC with respect to the new health governance arrangement. The Consensus Paper sets out Seven Directives which also give shape to and influence this Plan.

## THE SIGNIFICANCE OF CIRCLE WORK

Circles have been used by many Indigenous peoples around the world as an egalitarian method of sharing power and sharing decisions inclusively. In politics and justice, circles provide a space for truth, reflection, and decision or reconciliation. In the medicine realm, healing circles have been a traditional alternative to western psychotherapy and drug treatments. The circle empowers

people to share their personal stories of anger, grief, or trauma in a safe community of peers. Whoever leads the circle is no more important than others who sit with them. The power of connectedness is a principle passed through our ancestors which has sustained us since time immemorial. We are reminded that “all things and all people, though we have our own individual gifts and special place, are dependent on and share in the growth and work of everything and everyone.”<sup>3</sup>

The inspiration for our Plan stems from our *Circle of Wellness*, a conceptual model that provides the framework for our work. The design incorporates our principles, goals and values in a manner that is First Nations and Aboriginal people based and holistic. As an organizational tool, the *Circle of Wellness* inspires the foundational components of this Plan by guiding the strategies and actions found later in this document. This circle reminds us of our accountability to each other in this work and how respectful interactions are key in addressing mental wellness and substance use among First Nations and Aboriginal people in BC.

**"I have found the talking circle to be very effective. It allows individuals to express and discuss their concerns and triumphs." <sup>1</sup>**

**"I feel happiest on the water in a canoe or boat fishing and then sharing a feast with my family. When I need traditional medicines then I am so comforted to know I can get them. Talking and telling stories that are accepted and respected helps my spirit soar. Hearing stories from other Aboriginal people is essential for me to feel happy and validated." <sup>1</sup>**

## **WHAT THE CIRCLE MEANS**

The Circle of Wellness model encompasses four quadrants: Holistic Wellness, Community Care, Integrated Care, and Specialized Care. The Plan has been developed around this model and the Strategic Directions and Actions have been categorized in each quadrant based on the needs and vulnerabilities of First Nations and Aboriginal infants, children, youth, adults, Elders, families and communities.

The first component influences the next three and is built on the principle of **HOLISTIC WELLNESS** as the goal for all First Nations and Aboriginal people in BC. Culture, language, values, traditions, spirituality, world views, and the environment are essential elements for the promotion of health and well-being. Elders play a critical role by serving as carriers of knowledge, teachers, and role models. Some of the practices and ceremonies include the use of Traditional Healers, storytelling, prayers, smudging, river cleansing, healing circles, sweat lodges, pipe ceremonies, sun dances, fasting, feasting, winter ceremonies, and burning ceremonies. A holistic approach encompasses more than just the individual. It must also consider relationships with and impacts of the family and community.





**COMMUNITY CARE** is where the community and family are placed at the core of the lives of First Nations and Aboriginal people. Ideally, the community has the skills and capacity to support all community members through their teachings of culture and their traditions, supported by the western knowledge of health promotion through early intervention, illness prevention, and reduced health, social, or other harms. This stage of support for First Nations and Aboriginal people with some form of vulnerability to a mental wellness and/or substance use problem also requires linkages to services and service providers.

The next component in the circle of wellness is **INTEGRATED CARE**. This component refers to the co-ordination of personal support networks, including family and community, with components of the health care system, like case management. Integrated care may include multi-disciplinary teams of supporters and care providers that can facilitate collaboration among local, provincial and federal services in a manner that provides cultural safety.

The final component of **SPECIALIZED CARE** provides care for individuals, families and communities experiencing severe and complex mental wellness and/or substance use issues. After-care efforts and support networks to ensure access to a range of care options that build on the treatment experience and address key social determinant of health areas (e.g. housing, employment, education, living conditions, and social support) are required.

## WHAT WE HAVE LEARNED THROUGH RESEARCH

For too many Aboriginal peoples, the wellness continuum has been seriously disrupted. Individuals and communities wage a daily battle with adverse conditions in their physical, social and emotional environments. For many, the outcomes can mean chronic unemployment, violence, addictions and suicide.

The Provincial Health Officer's (PHO) report *Pathways to Health and Healing* (2009) reported that Status Indian mortality rates due to suicide have been falling since 1993, and the gap between these rates and the suicide rate of other residents of BC is narrowing. Some other health indicators showed improvements since an earlier 2001 report; this included a decline in overall mortality and increasing life expectancy. This is largely due to declining motor vehicle accident fatalities, accidental poisoning and drug-induced and alcohol related deaths. It also reported high levels of substance use and poor mental health patient follow-ups amongst First Nations people. The PHO report reminds us about the many factors responsible for the lower socio-economic status and the consequent lower health status of the Aboriginal population and the action needed in these areas to attain wellness for First Nations and

**“The community needs to come together to work towards some common goals of helping our youth as well as other community members to maintain good mental wellness.”<sup>1</sup>**

**“To be mentally well means we will have a strong sense of identity and sense of purpose in helping our sons and daughters to be involved in traditional gathering of medicines, foods, being prepared for feasts and rites of passage whether it be birth, death, puberty, marriage, etc.”<sup>1</sup>**

**“Our cultural ways have to be shown respect and not shunned by mainstream society.”<sup>1</sup>**

**"I feel encouraged and hopeful when I see youth and children participate at talking circles or Aboriginal events that have talking/listening circles where the youth and children can participate and be included at the circle. So many of our Aboriginal youth are disconnected from their home territory/Nation and disconnected from their families (being in foster care, single parents, living with non relative) and disconnected from their cultures. As a result I find these youth starving for cultural and protocols and even to just be at a circle with some protocols."**<sup>1</sup>

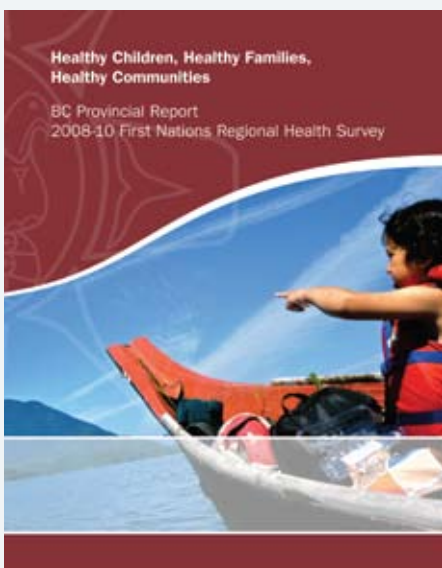
Aboriginal people.<sup>4</sup> Other indicators reflect unacceptable health and social outcomes: poverty, higher rates of children in care, low infant birth weights, and low rates of high school completion. The health disparities faced by First Nations people also becomes apparent when looking at rates of suicide, depression, substance use, and family violence.<sup>5</sup>

**MENTAL WELLNESS:** Rates of hospitalization for mental wellness issues and behavioural disorders—such as rates of hospitalization for delusional disorders, stress related disorders, schizophrenia, and somatoform disorders—remain significantly higher than the rest of the population.<sup>6</sup>

**SUICIDE:** Suicide among First Nations people is deeply concerning. First Nations youth between the ages of 10-19 are four to five times more likely to take their own lives compared to non-First Nations.<sup>7</sup> Suicide remains the fourth highest overall cause of death among the First Nations population. First Nations young men are more likely to commit suicide, and more First Nations females make suicide attempts, than their non-Aboriginal peers.<sup>8</sup>

**SEXUAL ABUSE:** The physical, emotional, and sexual abuse in residential schools caused many Aboriginal children to lose their sense of identity and self-esteem and be especially vulnerable to addiction and violence.<sup>9</sup> The 2012 McCreary Society report *Raven's Children III* informs us that in 2008, 27% of Aboriginal female youth in BC reported having been sexually abused. The percentage of males reporting sexual abuse rose from 8% in 2003 to 11% in

## REAL LIFE FINDINGS...



According to the 2008-2010 Regional Health Survey, the majority of BC First Nations children age 0-11 (52.3% (95% CI: 46.3-58.2%)) got along well with other family members in the past six months. A smaller percentage of children have had a few difficulties (41.8% (95% CI: 36.1-47.8%)) and a low percentage of children have had a lot of difficulties or constant difficulties with getting along with the rest of the family over the past six months (5.9% (95% CI: 4.4-7.8%)).

The majority of adults reported being in balance all or most of the time in the four areas of their lives. Overall, 15.6% (95% CI: 13.1-18.5%) of adults age 18+ felt balanced all of the time in all four aspects of their lives (physical, emotional, mental and spiritual) at once. In contrast to youth, adults age 18+ had significantly lower percentages of individuals reporting almost never being balanced emotionally, mentally and balance.



*“We need more education about addiction itself--many people believe addiction involves some sort of a choice, which many of us know is not true; nobody chooses to become addicted to drugs. There is a definite need for people to understand causes of addiction, the cycle of addiction. And not just addiction in First Nations communities, but in other communities as well, so people don’t get caught up in thinking this an issue specific to our First Nations communities. Learning more about the different theories of addiction may help, or having lectures and discussions.”<sup>1</sup>*

2008. Likewise, the percentage reporting physical abuse rose from 20% to 25% between 2003 and 2008. While it is commonly understood that the generational impacts of colonization and cultural disruption have led to high rates of sexual violence against First Nations and Aboriginal children and women, few relevant resources are currently available. A key aspect of this plan is to provide leadership in addressing this sensitive topic and in collaboratively developing supports and resources to address sexual violence against First Nations and Aboriginal children and women. Given that historically abuse has been under-reported, the statistics presented here may not fully reflect the entirety and true scope of this issue in First Nations and Aboriginal communities.

**SUBSTANCE USE INCLUDING ALCOHOL:** The First Nations population is five times more likely to be hospitalized due to psychoactive substance use. In 2006, the rate of alcohol related deaths was 15.1 per 10,000 compared to 3.4 per 10,000 for other residents.<sup>10</sup> 41% of deaths resulting from motor vehicle accidents were alcohol related, which is more than twice the percentage of other BC residents.<sup>11</sup> However, on a positive note, since 1996 this rate has continued to decline. There is also greater awareness and action relating to the non-medical use of pharmaceutical drugs.<sup>12</sup> One study found that there was “alcohol abuse in 40% of the First Nations child investigations (versus 8% of non-Aboriginal investigations)” and “drug/solvent abuse in 25% of First Nations child investigations versus 10% of the non-Aboriginal child investigations.”<sup>13</sup> The report also states that First Nations are more likely to be reported for neglect which is driven by poverty, poor housing, and problematic substance use among caregivers.

**INCARCERATION RATES:** Although Aboriginal adults represent only 3% of the Canadian population, they account for 18.5% of admissions to sentenced custody. Between 1996 and 2004, the number of First Nations people in federal institutions increased by 21.7%. The number of incarcerated First Nations women also increased by 74.2% over the same period. The higher rate of incarceration has been linked to systemic discrimination and attitudes based on racial or cultural prejudice, as well as economic and social deprivation, problematic substance use and a cycle of violence across generations.<sup>14</sup>

**“We need to move from a medical model of ‘treatment’ to a wellness model that is reflective of our many Nations in BC, for example, we are making steps towards a traditional <name of Nation> wellness model that is reflective of our people and this model would be one of wellness and prevention and not of treatment which currently exists.”<sup>1</sup>**

**“You have to look deeper at the core issues . . . the core issues are usually ‘trauma’, and if we don’t address trauma, we will never be able to properly address the substance abuse.”<sup>1</sup>**

## SPECTRUM OF SUBSTANCE USE

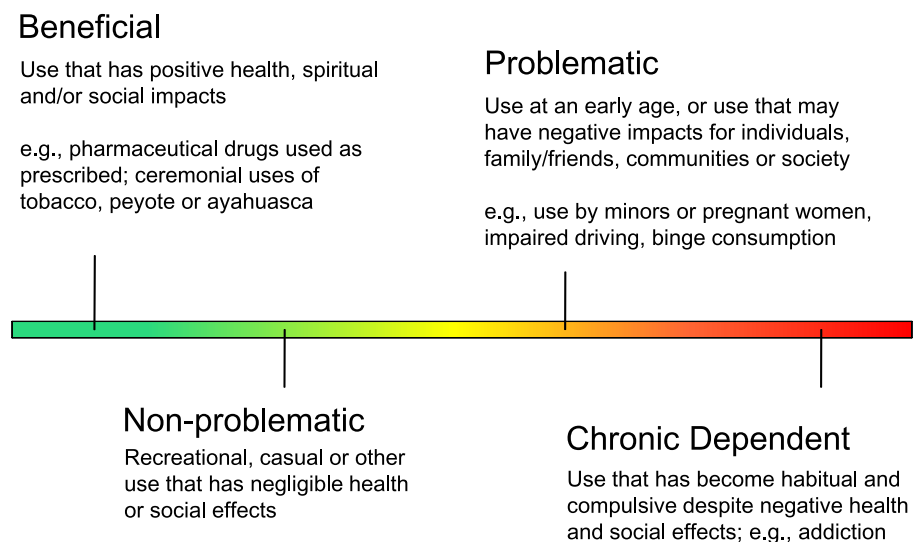
**“The reality is that most British Columbians don’t know about their local Aboriginal peoples. It wasn’t (isn’t?) taught in the public school system, so non-Aboriginal people are ignorant about it. We should educate the public about colonization, oppression, residential schools, Indian hospitals, the 60’s scoop and racism. In my experience, when people are educated about all of this, it changes their perspective. There are many reasons why we suffer disproportionate rates of addictions, but unfortunately most people don’t know the reasons.”<sup>1</sup>**

From time immemorial, cultures around the world have used certain plants or preparations that affect consciousness. In North America, European colonization introduced distilled alcohol and other new substances to First Nations and Aboriginal peoples. Consequently, when our children were forcefully removed from our homes generation after generation, there was a dramatic increase in drinking and other drug use as a response to the pain felt by people and communities. Today, problematic substance use and the harms it causes are a major concern for First Nations and Aboriginal people.

***“[We need to be] educating the adults on the newer drug trends; it’s not just alcohol anymore!”<sup>1</sup>***

The spectrum of psychoactive substance use shows how people can have a variety of relationships with alcohol or other drugs that alter consciousness or affect our minds. Some people choose abstinence and use no substances at all, a decision which should be honoured, respected, and supported. Some people who use substances do so in beneficial or non-problematic ways, such as drinking coffee to stay alert, or ceremonial uses of tobacco, peyote, or ayahuasca; others drink alcohol moderately in social situations and do not experience problems. Some people engage in problematic substance use—for example, using at an early age, using while pregnant or driving while impaired—which increases the risk of harms that can and should be prevented. Some people develop chronic dependent substance use, or addiction, which may require treatment or other drug-related health and community supports. In addition, the increasing recognition of the connection between alcohol and chronic disease increases the need for attention to the whole spectrum of alcohol use, especially binge drinking. Recognizing that substance use occurs along a spectrum can help to focus policies, programs, and services that promote health, prevent illness, and reduce related risks and harms.

**Figure 2:  
Spectrum of Substance Use**



## ENDNOTES

1. Anonymous Quote. Data Source: Input Request Survey, MW & SU Tripartite Strategy Council, 2012.
2. [http://www.fnhc.ca/pdf/Consensus\\_Paper-\\_BC\\_First\\_Nations\\_perspectives\\_on\\_a\\_new\\_Health\\_Governance\\_Arrangement-\\_FIN.pdf](http://www.fnhc.ca/pdf/Consensus_Paper-_BC_First_Nations_perspectives_on_a_new_Health_Governance_Arrangement-_FIN.pdf)
3. Pg., 55, Graveline, 1999
4. BC PHO, 2009
5. BC PHO, 2009
6. BC PHO, 2009
7. BC PHO, 2009
8. Kirmayer,L., Holton,T.,Paul,K.,Simpson, C., Tait, C. 2007
9. BC PHO, 2009
10. BC PHO, 2009
11. BC PHO, 2009
12. BC PHO, 2009
13. Public Health Agency of Canada report: *Canadian Incident Study on Reported Child Abuse and Neglect* (2008)
14. All information in this paragraph from the Office of the Correctional Investigator, 2010





## > 03

# PRINCIPLES, DIRECTION, ACTIONS

*The Principles, Strategic Directions, and Actions for the Plan flow from the Tripartite process, reports, accumulated data, visioning, and the Input Survey with First Nations and Aboriginal people and other stakeholders. The four quadrants of the Circle of Wellness (Figure 1 p. 15) is the conceptual model that guides these Principles, Strategic Directions, and Actions to achieve the goals (p. 14) of this Plan.*

**GUIDING PRINCIPLES:** The Guiding Principles are intended to be incorporated throughout the following Strategic Directions and Actions and throughout ongoing efforts to implement the Plan.

**STRATEGIC DIRECTIONS:** The Strategic Directions are vision statements that outline suggested parameters for action based on feedback, information, and priorities gathered.

**ACTION:** The Actions are suggested steps to achieve strategies. More Actions can and likely will be added through the community and regional planning process.

The following Overarching Principles are meant to be guiding statements that are considered universal and applicable to every Strategic Direction and Priority Action.



## **OVERARCHING PRINCIPLES**

- Recognise that culture, traditions, and language are the foundation to healthy individuals, families, and communities.
- Support approaches that ensure First Nations and Aboriginal people receive safe and effective care from health providers.
- Find ways to address travel and funding blocks that make it hard for First Nations and Aboriginal people to access and reach mental wellness and substance use programs and services.
- Build and strengthen capacity among First Nations and Aboriginal communities.
- Make sure that services and programs are kept local, where possible.
- Support broad, collaborative multi-system approaches that consider social and economic determinants of health.
- Build and strengthen partnerships among First Nations and Aboriginal communities, the regional, provincial, and federal systems and non-governmental organizations, including improved coordination and leveraging of innovations and resources.
- Make sure that health and human service providers work in a manner that is culturally safe and respects individual customs, values, and beliefs.
- Recognise that the social determinants of health have a key role in mental wellness and empower communities and leadership to address these determinants through intersectoral collaboration and action.
- Encourage approaches that are based in and build on individual, family, community, and cultural strengths.
- Reduce stigma against First Nations and Aboriginal people who have mental wellness and/or substance use issues.
- Recognise that responses to mental wellness can be gender specific. This includes both men and women, trans-gendered, lesbian, gay, bisexual and two-spirited, queer and questioning individuals. Programs and supports may need to be modified to support this population.
- Support healthy infant and child development and intervene early in the lifecourse when challenges arise.

## MENTAL WELLNESS AND SUBSTANCE USE STRATEGIC DIRECTIONS AND ACTIONS

### **HOLISTIC WELLNESS:** *All First Nations and Aboriginal people in BC*

*The first component also influences the next three, and is built on the principle of Holistic Wellness as the goal for all First Nations and Aboriginal people in BC.*

#### **A. STRATEGIC DIRECTION**

*First Nations and Aboriginal people experience improved health outcomes through equitable access to and effective reach of programs and services that respect their customs, values, and beliefs.*

##### **ACTION A1**

Develop policies and standards to support equitable access to and reach of health and human services for First Nations and Aboriginal people.

##### **ACTION A2**

Look for new ways to promote health, prevent illness, prevent, and reduce harms associated with substance use, and intervene earlier with effective policies, programs, and services for First Nations and Aboriginal people.

#### **B. STRATEGIC DIRECTION**

*Systemic barriers that affect mental wellness and/or problematic substance use and related harms for First Nations and Aboriginal people are identified and reduced or eliminated.*

##### **ACTION B1**

Reduce discrimination against First Nations and Aboriginal people who have mental wellness and/or substance use issues, including those living with Fetal Alcohol Spectrum Disorder (FASD).

##### **ACTION B2**

Build capacity to provide services that respect an individual's customs, values, and beliefs in communities of all sizes, including those where few or no services exist.

#### **C. STRATEGIC DIRECTION**

*All British Columbians understand and collaboratively address the inter-generational impacts of colonization and residential schools and the persistent effects of racism on mental wellness and/or substance use for First Nations and Aboriginal people.*

##### **ACTION C1**

Promote public education and awareness, including training within schools, post-secondary institutions, and work places, about the history of First Nations and Aboriginal peoples including the effects of colonization and residential schools on mental wellness and/or substance use.

##### **ACTION C2**

Help health and human service providers understand and respect the history of First Nations and Aboriginal peoples (including inter-generational trauma) and work in ways that respect Indigenous customs, values and beliefs (e.g. Provincial Health Services Authority's Indigenous Cultural Competency training).

## D. STRATEGIC DIRECTION

*First Nations and Aboriginal models of wellness are available to promote mental wellness and prevent problematic substance use and related harms.*

### ACTION D<sub>1</sub>

Build on successful and promising practices to instill pride, self-esteem, and strengthen identity.

### ACTION D<sub>2</sub>

Support the use of traditional medicines, practices, and initiatives that are based on First Nations and Aboriginal peoples' customs, values, and beliefs.

### ACTION D<sub>3</sub>

Support efforts to bring youth, adults, and Elders together to share knowledge and participate in community activities.

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## E. STRATEGIC DIRECTION

*First Nations and Aboriginal people have educational and life-long learning opportunities that include Indigenous knowledge.*

### ACTION E<sub>1</sub>

Expand and promote First Nations and Aboriginal Early Childhood Education and parenting initiatives that support healthy social and emotional development.

### ACTION E<sub>2</sub>

Develop policies, programs, and learning resources that empower First Nations and Aboriginal children and youth to feel a sense of identity, belonging, and engagement while at school.

### ACTION E<sub>3</sub>

Increase collaboration among schools, school districts, health authorities, First Nations and Aboriginal communities, and other partners to develop mental wellness promotion and problematic substance use prevention initiatives.

### ACTION E<sub>4</sub>

Increase education and awareness in First Nations and Aboriginal communities related to mental wellness and well-being (including resilience and community connection, community and family strengths, cultural practices, depression, suicide, lateral violence, sexual abuse, and addictions).

### ACTION E<sub>5</sub>

Support learning and mentorship opportunities for First Nations and Aboriginal people within the context of traditional ceremonies and spiritual protocols.

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## F. STRATEGIC DIRECTION

*A broad range of initiatives and supports are offered to prevent problematic substance use, process addictions, and related harms in First Nations and Aboriginal communities.*

### ACTION F<sub>1</sub>

Encourage partnerships to prevent problematic substance use and related harms, including the development of healthy public policies relating to alcohol.



- ACTION F<sub>2</sub>** Develop and implement initiatives, services, and supports that reflect current evidence on the complexity of addiction, and address both risk and protective factors across the life course.
- ACTION F<sub>3</sub>** Develop and support approaches, including public education campaigns, for health service providers and First Nations and Aboriginal people to reduce the non-medical use of prescription drugs and increase awareness about the importance of taking medications and over-the-counter drugs as directed by reliable health professionals.
- ACTION F<sub>4</sub>** Work with communities to deliver tobacco use prevention, reduction, and cessation policies, programs, and resources that respect the cultural importance of tobacco.
- ACTION F<sub>5</sub>** Identify, develop, and promote approaches that reduce harms associated with substance use that respect the individual's customs, values, and beliefs.

#### **COMMUNITY CARE:**

*First Nations and Aboriginal people with vulnerabilities that compromise wellness*

*Community Care is where the community and family are placed at the core of the lives of First Nations and Aboriginal people.*

#### **G. STRATEGIC DIRECTION**

*First Nations and Aboriginal communities have improved capacity to design and deliver prevention and early intervention initiatives, around mental wellness and substance use, to people of all ages.*

- ACTION G<sub>1</sub>** Increase available services and supports for First Nations and Aboriginal pre-natal, peri-natal, and post-natal women and their families, including FASD prevention.
- ACTION G<sub>2</sub>** Develop and deliver policies and programs to reduce family violence among First Nations and Aboriginal people.
- ACTION G<sub>3</sub>** Develop and expand policies and programs that prevent and address Elder abuse, neglect, and isolation in First Nations and Aboriginal communities.
- ACTION G<sub>4</sub>** Develop a range of services and supports to prevent homelessness for First Nations and Aboriginal people.
- ACTION G<sub>5</sub>** Develop and strengthen services and supports to promote mental wellness and prevent problematic substance use among two-spirited youth and adults.

## H. STRATEGIC DIRECTION

*First Nations and Aboriginal communities have the capacity to support and deliver mental health promotion, suicide prevention, intervention, and postvention initiatives that build resiliency and promote wellness.*

### ACTION H1

Foster belonging and engagement with youth, family, and community, including in schools and places of learning, to strengthen identity and help prevent self-harm and suicide.

### ACTION H2

Develop and enhance prevention and intervention strategies, including social media, that reflect the needs of those experiencing mental wellness and/or substance use issues who are at increased risk of suicide across the lifespan.

### ACTION H3

Increase access to postvention initiatives, such as supports for grief and loss, counselors trained in Indigenous methods, and preventing copy-cat suicides.

### ACTION H4

Improve collaboration and partnership between agencies, organizations, authorities, and governments with First Nations and Aboriginal people to prevent and respond in a timely manner to suicide risk through a range of supports and services, according to community needs.

**INTEGRATED CARE:** *First Nations and Aboriginal people with moderate needs that compromise wellness*

*The Integrated Care component refers to the co-ordination of personal support networks, including family and community, with components of the health care system, like case management.*

## I. STRATEGIC DIRECTION

*The resilience of First Nations and Aboriginal people is strengthened by reducing or eliminating inter-generational and other forms of trauma and its effects.*

### ACTION I1

Expand and promote policies, programs, and supports to promote wellness and reduce the impacts of inter-generational and other forms of trauma.

### ACTION I2

Ensure that all health and human service providers are trained and supported to provide culturally safe treatment and care for First Nations and Aboriginal people living with the effects of inter-generational and other forms of trauma.

### ACTION I3

Ensure traditional healers and healing approaches are available for First Nations and Aboriginal people who have experienced inter-generational and other forms of trauma.

## **J. STRATEGIC DIRECTION**

*The health care system is accessible in providing culturally safe and effective care for First Nations and Aboriginal people with mental wellness and/or substance use issues.*

### **ACTION J<sub>1</sub>**

Promote and strengthen a continuum of treatment and healing for First Nations and Aboriginal people experiencing mental wellness and/or substance use issues that respects the individual's customs, values, and beliefs.

### **ACTION J<sub>2</sub>**

Provide mental wellness and substance use training and support for health care providers in applying new skills, practices, and tools for diagnosis, treatment, and after-care of First Nations and Aboriginal people.

### **ACTION J<sub>3</sub>**

Support and work with primary care providers in developing holistic care plans (e.g. spiritual, mental, physical, and emotional) with individuals and families experiencing mental wellness and/or substance use issues.

### **ACTION J<sub>4</sub>**

Ensure health care providers apply an integrated approach to assessments, referrals, diagnosis, treatment, and after-care for First Nations and Aboriginal people experiencing mental wellness and/or substance use issues, including those with chronic diseases.

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## **K. STRATEGIC DIRECTION**

*First Nations and Aboriginal people with mental wellness and/or substance use issues who are involved in or transitioning from justice systems have access to programs, services, and supports that respect the individual's customs, values, and beliefs.*

### **ACTION K<sub>1</sub>**

Develop and support strategies that respond to the specific needs of First Nations and Aboriginal women, men, and youth with mental wellness and/or substance use issues and related health conditions who are involved in justice systems.

### **ACTION K<sub>2</sub>**

Develop and support diversion and alternative justice approaches for First Nations and Aboriginal people experiencing mental wellness and/or substance use issues, as well as those living with FASD.

### **ACTION K<sub>3</sub>**

Increase access to Elders and traditional healing or spiritual practices for First Nations and Aboriginal people involved in justice systems.

### **ACTION K<sub>4</sub>**

Ensure that First Nations and Aboriginal youth and adults involved in justice systems are reached by initiatives to prevent or reduce drug-related health harms, such as policies and programs to prevent HIV/AIDS and Hepatitis C.



## L. STRATEGIC DIRECTION

*Mental illness and substance dependence treatment services for First Nations and Aboriginal people are enhanced.*

### ACTION L1

Improve access to and reach of mental wellness and substance use services for First Nations and Aboriginal people, including community-based out-reach and tele-health.

### ACTION L2

Further develop and provide culturally safe screening and interventions for people with mental wellness and/or substance use issues.

### ACTION L3

Support the development of community-driven programs and services that address process addictions among First Nations and Aboriginal people, while respecting the individual's customs, values, and beliefs.

### ACTION L4

Prevent relapse and promote healthy transitions from treatment by strengthening holistic after-care supports that involve family and community.

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**SPECIALIZED CARE:** *First Nations and Aboriginal People with Complex Needs that compromise wellness:*

*The final component of Specialized Care provides care for Individuals, families and communities experiencing severe and complex mental wellness and/or substance use issues.*

## **M. STRATEGIC DIRECTION**

*A range of services and supports are available for First Nations and Aboriginal people experiencing severe and complex mental illness and/or substance use issues.*

### **ACTION M1**

Enhance the integration of culturally-based primary and community care for First Nations and Aboriginal people.

### **ACTION M2**

Ensure First Nations and Aboriginal people with mental illness and/or substance dependence have access to specialized medical treatment, as well as traditional medicines and healing practices.

### **ACTION M3**

Promote and expand community case management and therapies that respect the customs, values, and beliefs of First Nations and Aboriginal people with severe and complex mental illness and/or substance dependence.

### **ACTION M4**

Strengthen community capacity and rehabilitation services to support healthy transitions for First Nations and Aboriginal people, including life skills, employment, education, training, and recreation.

### **ACTION M5**

Improve and/or increase integrated community-based services and supports for First Nations and Aboriginal people with mental illness and/or substance dependence who also have multiple health concerns and/or chronic diseases (e.g. disabilities, diabetes, HIV/AIDS, or Hepatitis C).

### **ACTION M6**

Enhance a range of housing, outreach, cultural, and support services (such as low threshold housing) for First Nations and Aboriginal people who are homeless and/or for whom abstinence is not feasible.

## **N. STRATEGIC DIRECTION**

*First Nations and Aboriginal people living with diagnosed or undiagnosed Fetal Alcohol Spectrum Disorder and their families are helped through holistic community-based services and supports.*

### **ACTION N1**

Develop and strengthen policies, programs, and services to effectively reach and engage First Nations and Aboriginal people living with FASD, along with their families and communities.

### **ACTION N2**

Strengthen and increase parent, family, and community capacity (e.g. respite care) to support First Nations and Aboriginal people living with FASD.

**ACTION N3:**

Provide timely assessments and diagnosis, comprehensive supports, residential placements, alternatives to incarceration, and family follow-up services for First Nations and Aboriginal people living with FASD.

**ACTION N4**

Develop and strengthen comprehensive services and supports (e.g. street-based outreach services) for hard-to-reach and homeless First Nations and Aboriginal people living with FASD.

**ACTION N5**

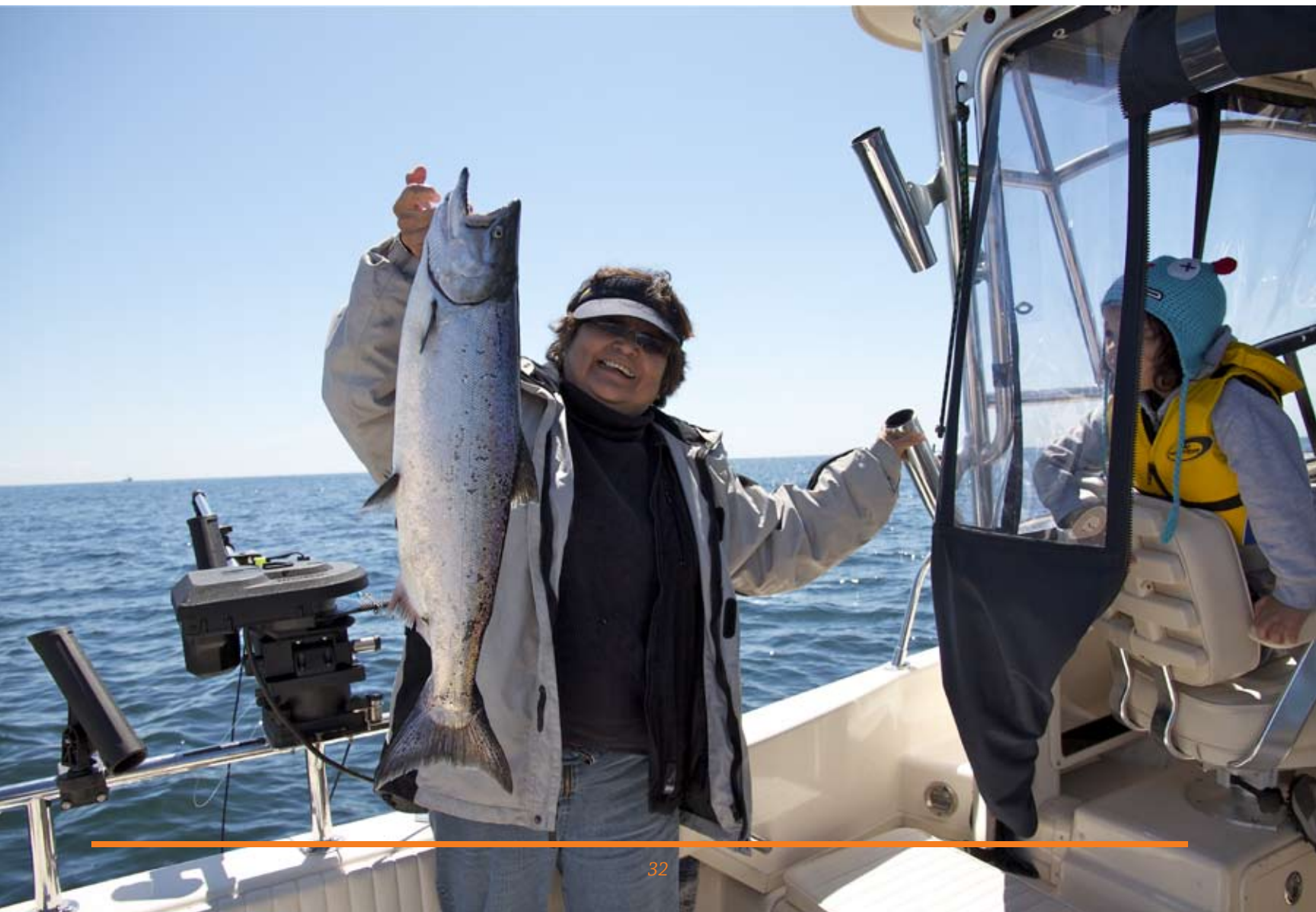
Strengthen and increase capacity in schools to improve the educational experience and outcomes of First Nations and Aboriginal people living with FASD.

**ACTION N6**

Strengthen and increase education and awareness about FASD among all British Columbians.

**ACTION N7**

Develop and strengthen culturally sensitive services and supports for First Nations and Aboriginal families, parents, or children who are engaged with the child welfare system or at risk of losing their children.





## PERFORMANCE MEASURES AND INDICATORS

*The challenge is in how to reframe (focus on community stimulated research matters), rename (incorporate Indigenous world views and realities), and reclaim the research environment (take control of our lives and land). Furthermore, it is imperative that an Indigenous world view is utilized as the research framework, that community cultural protocols are understood and adhered to, that the researcher positions him/herself by developing a relationship of trust and respect, that important issues are identified and redressed, and that the community's political, social and cultural values are appreciated and incorporated into the methodology. (According to Smith, 1999 and Steinhauer, 2002 from Aboriginal Act Now, 2007)*

There are many approaches to evaluating the effectiveness of this Plan. There are already many successful approaches that have been developed by First Nations and Aboriginal individuals, communities, and scholars. There have also been a number of situations where mainstream evaluation methods have been successfully adapted for use with First Nations and Aboriginal programs.

One of the primary goals of an evaluation is *utility*, ensuring that information gathered helps to determine that the Plan and its initiatives are having a positive impact on the health outcomes of First Nations and Aboriginal people. Therefore, it is vital to have community involvement in the development of localised plans, evaluation and activities to ensure that the measures are accurate and meaningful.

Chouinard and Bradley (2007) note that there are differences in Western and Aboriginal ways of knowing, and that research and evaluation require culturally and contextually appropriate approaches to assess outcomes. These authors encourage using a participatory process based on cultural safety and social justice to determine how the actions in this Plan will be evaluated.

The Atlantic Center for Cooperation (2005) promotes the Medicine Wheel as a model for evaluation, stating that “as a tool of understanding, it falls directly within the evaluation mandate – by better understanding our practices and projects, we can better adapt to challenges and improve in weaker areas” (p.6). This evaluation will be developed further in the future of this transformative process for mental wellness and substance use policy, program and service reforms.

## COLLECTIVE ACCOUNTABILITY

This ten-year plan helps to create a high-level pathway to ensure that First Nations and Aboriginal people who experience challenges/illnesses with respect to mental wellness and/or substance use have equity in health services and, ultimately, better health outcomes regardless of where they live in BC.

This Plan calls for ‘collective accountability’ and ‘shared responsibility’ where everyone can have a role: locally, regionally and provincially. A plan of this magnitude, where a provincial plan did not exist previously, needs the energy, spirit, and hands of many in order for it to be fully realized.

## NEXT STEPS

There are a number of partners and stakeholders who have forged relationships to help improve and transform systems to increase capacity that promote mental wellness and reduce problematic substance use in First Nations and Aboriginal communities. The next steps and phase of the Plan will focus on the development of one or more Accountability Frameworks, which will be collaboratively designed by First Nations and Aboriginal people with local, regional, provincial, federal partners, individuals, families, and communities, especially those with lived experience, who wish to have a role in the implementation of the Plan. This Plan aims to enable and complement (not supersede) existing and new actions within mental wellness and substance use initiatives that are already functioning as 'promising practices' with each respective region, First Nation, Aboriginal community or health authority. It will take our collective and collaborative efforts to achieve improvements, changes, and an improved state of mental wellness.

In order to attain the goals and deliver the actions set out in this Plan, it is critical that First Nations and Aboriginal people working with their regions decide how to best collaborate on Actions (or create their own) and develop their own bench-marks for success as performance indicators. Province-wide indicators have not been developed by the Tripartite strategy table as it is up to the regions to undertake, define and develop their own bench-marks for success, and also to decide how the collaborative work efforts will be carried out. If requested, indicator development work carried out by the province and other Tripartite partners may be shared with the regions to help support the work that each of the regions will undertake in developing indicators. It is the collective efforts of the local, regional, provincial, federal and all collaborators that will help mobilize action and bring real change.

The partnership and collaborative nature of accountability is nested within the cycles of the Circle of Wellness and the teachings that the circle provides are ones of collective and shared accountability, where everyone has a place and a role to play in rising to the challenge.





YOU  
MAKE IT!

STRENGTH  
IN NUMBERS





## > 04

# CLOSING THE CIRCLE

- We imagine a future of healthy thriving First Nations and Aboriginal people who have an improved quality of life and health outcomes for mental wellness and substance use.
- We imagine a future of universal, equitable access to culturally safe mental wellness and substance use services (regardless of geographic location) for First Nations and Aboriginal people.
- We imagine a future where there is respect for First Nations and Aboriginal traditional medicines, ceremonies, and healing practices.
- We imagine a future where there is a reconciled relationship between Aboriginal and non-Aboriginal people.
- We imagine a future where our people have respect, have hope, and where suicide and self-harm are not considered options.
- We imagine a future without problematic substance use and related harms and where the effects of intergenerational and other forms of trauma for First Nations and Aboriginal people are not repeated.
- We imagine a future of increased capacity and community-led, designed and managed services, for First Nations and Aboriginal people in collaboration with our partners.

The Plan aims to transform systems and improve capacity for First Nations and Aboriginal people. With this future in mind, a plan has emerged that was influenced and shaped with affirmed-priorities by community voices, individuals, stakeholders, partners, and systems.







The Plan is simply one pathway of a number of collaborative efforts; we are reminded about our original four goals that we are striving to achieve within this Plan:

1. To improve services, supports and health outcomes for all First Nations and Aboriginal people in BC.
2. To keep First Nations and Aboriginal people's well-being at the center of our initiatives, while maintaining a high operational, cross-sectoral and integral standard.
3. To ensure that mental wellness and substance use strategies and actions for First Nations and Aboriginal people reflect individual and family needs and are Community-Driven and Nation-Based.
4. To engage First Nations and Aboriginal people in the journey towards improving health outcomes.

It is our hope that a balance of customs, values, and beliefs and mainstream approaches will sustain a new era for mental wellness and the reduction of problematic substance use for First Nations and Aboriginal people in BC across the lifespan.

Ongoing colonial processes resulting in health inequities remind us about the vulnerability of First Nations and Aboriginal people with mental wellness and substance use problems. We all have a shared responsibility with First Nations and Aboriginal people to improve and develop culturally safe access to and reach of existing and future services, and to empower communities to increase and develop local initiatives and improve services, as they see fit.

We need to address mental wellness and substance use problems in a trauma-informed, holistic way, using a lifespan approach that respects First Nations and Aboriginal individuals, families and communities with an aim to sustain their strong kinship and extended family ties through healing.

The resilience of First Nations and Aboriginal peoples has been demonstrated by the incredible ability of individuals, families and communities to withstand the detrimental effects of colonization and other inequities in our social determinants of health. Despite the obstacles, First Nations and Aboriginal people continue to rise to each challenge, and lead our communities and people towards systems transformation in aim of a better future and improved outcomes. It is also through partnerships and collaborations among all groups, authorities, agencies and levels of government that we can transform systems to improve the mental wellness and substance use outcomes for and with First Nations and Aboriginal people.

In closing this circle, it is an important custom, universal to many First Nations and Aboriginal people, to acknowledge the hard work of all those who came before us, respect the work of those in the present, and look towards a hopeful and brighter future for all those to come in future generations.

We imagine a future that improves mental wellness and reduces problematic substance use for First Nations and Aboriginal people in BC regardless of where they live.

All our relations.



## > 05

# RESOURCES + REFERENCES

## ACRONYMS

|           |  |
|-----------|--|
| BC        | British Columbia   |
| BCAAFC    | BC Association of Aboriginal Friendship Centres                      |
| FASD      | Fetal Alcohol Spectrum Disorder                                      |
| FNHC      | First Nations Health Council (est. Feb 2007)                         |
| FNIHB- HQ | First Nations and Inuit Health Branch Headquarters (National Office) |
| FNIHB- BC | First Nations and Inuit Health Branch BC Region                      |
| FNHS      | First Nations Health Society (est. April 2009)                       |
| HIV       | Human Immunodeficiency Virus   |
| FNHA      | First Nations Health Authority (formerly FNHS)                       |
| MNBC      | Métis Nation British Columbia  |
| MNRA      | Métis Nation Relationship Accord (May 2006)                          |
| MOH       | Ministry of Health   |
| MOU       | Memorandum of Understanding on First Nations Health (November 2006)  |
| PHO       | Office of the Provincial Health Officer (BC)                         |
| RCMP      | Royal Canadian Mounted Police  |
| TCA       | Transformative Change Accord (2005)                                  |
| TCA-FNHP  | TCA – First Nations Health Plan (November 2006)                      |
| TFNHP     | Tripartite First Nations Health Plan (June 2007)                     |



## GLOSSARY

### Aboriginal

Aboriginal is a collective term used to describe the three constitutionally recognized Indigenous populations in Canada – “Indians” (First Nations), Métis and Inuit. While the term Aboriginal is commonly accepted, identifying each of these populations specifically by name is preferable where appropriate. The Plan is inclusive of all First Nations regardless of status or place of residency and all Aboriginal people regardless of their Nation affiliation. See also “Indigenous.”

### Addiction

Addiction is defined as a harmful behavioural preoccupation, generally accompanied by a loss of control, and a continuation of or craving for the behaviour despite negative consequences. Addictions may develop around a range of behaviours, including chronic dependent substance use. Addiction is a complex bio-psychosocial-spiritual phenomenon, which has multiple contributing causal factors that can start early in life and be compounded over the life course. See also “Substance use,” “Problematic substance use,” and “Process addiction.”

### Health Care Providers

Health Care Providers is a term that refers to a large group of health professionals who provide direct service or as members of multi-disciplinary teams in hospitals and communities who are involved in the delivery of health care for the identification, evaluation and prevention and treatment of diseases and disorders; dietary and nutrition services; rehabilitation and health systems management, among others. Typically Health Care Providers operate within a professional scope of practice where credentials are established through diploma programs, certificate programs and continuing education.

### Community

Community refers to a collectivity with shared identity or interests that has the capacity to act or express itself as a collective. A community may include members from multiple cultural groups. A community may be territorial, organizational or a community of interest. “Territorial communities” have governing bodies exercising local or regional jurisdiction (e.g. members of a First Nations resident on reserve lands). “Organizational communities” have explicit mandates and formal leadership (e.g. a regional Inuit association or a friendship centre serving an urban Aboriginal community). In both territorial and organizational communities, membership is defined and the community has designated leaders. “Communities of interest” may be formed by individuals or organizations who come together for a common purpose or undertaking, such as a commitment to conserving a First Nations language. Communities of interest are informal communities whose boundaries and leadership may be fluid and less well-defined. They may exist temporarily or over the long term, within or outside of territorial or organizational communities. An individual may belong to multiple communities, both Aboriginal and non-Aboriginal (e.g. as a member of a local Métis community, a graduate students’ society and a coalition in support of Aboriginal rights). An individual may acknowledge being of First Nations, Inuit or Métis descent, but not identify with any particular community.

## **Cultural competence**

Cultural competence refers to a specific set of values, attitudes, knowledge and skills that sensitize and improve sharing of information and assistance between people of different cultural orientations. Cultural competence enables health and human service providers to be respectful and effective in their interactions with people from different cultural backgrounds, including First Nations and Aboriginal people. In an Indigenous context, cultural competence is informed by the history of colonization, Indian residential schools, Indian Hospitals, the Indian Act, and the ongoing legacy of colonial interference and racism. Becoming culturally competent is a journey, not a destination. It requires improving knowledge about Indigenous issues, engaging in a process of critical reflection, enhancing one's self awareness, and de-colonizing the skills and actions that will lead to positive change. See also "Aboriginal" and "Cultural safety."

## **Cultural safety**

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

## **Family violence and/or Domestic Violence**

Family violence refers to a broad range of controlling behaviours, commonly of a physical, sexual, and/or psychological nature, which typically involve fear, intimidation and emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and children, siblings, and in other relationships where significant others are not part of the physical household, but are part of the family and/or are fulfilling the function of family. The related term "domestic violence" refers to a pattern of intentionally coercive and violent behavior toward an individual with whom there is or has been an intimate relationship. These behaviours can be used to establish control of an individual and can include physical and sexual abuse; psychological abuse with verbal intimidation, progressive social isolation, or deprivation; and economic control.

## **Harm Reduction**

Harm reduction refers to policies, programs and practices that aim to reduce the adverse health, social, and economic consequences of psychoactive substance use for people unable or unwilling to stop using immediately. Harm reduction is a pragmatic response that focuses on keeping people immediately safe and minimizing death, disease, and injury from high-risk behaviour. It involves a range of strategies and services to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier. See also "Low-threshold."

**Health and Human Services**

Health and human services refers to programs or services in the sectors of health care, child and family services, teaching, policing and justice/corrections. These services are provided by a range of professional occupations, including (but not limited to): doctors, nurses, pharmacists, paramedics, occupational therapists, social workers, home support workers, day care worker, counselors, police officer, parole officers, corrections officers, teachers, and early childhood educators.

**Health Promotion**

Health promotion is defined by the World Health Organization as “the process of enabling people to increase control over their health and its determinants, and thereby to improve their health.” Health promotion activities encourage individuals, families, and communities to make healthy lifestyle choices and to take a more active role in their health. According to the Ottawa Charter for Health Promotion, health promotion requires: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services. Health promotion strategies encompass social marketing, self-help, advocacy, public policy, legislation, community development and health education.

**Holistic**

Holistic refers to the concept that promoting, protecting or restoring health requires understanding the individual as an integrated system—including physical, mental, emotional and spiritual aspects—which cannot be reduced to one or more separate parts.

**Indigenous**

Indigenous refers to peoples or ethnic groups with historical ties to groups that existed in a territory prior to colonization or formation of a nation state. Typically, Indigenous peoples have preserved a degree of cultural and political separation from the mainstream culture and political system of the nation state within the border of which the Indigenous group is located. The political sense of the term defines these groups as particularly vulnerable to exploitation and oppression by nation states. As a result, a special set of political rights in accordance with international law have been set forth by international organizations such as the United Nations, the International Labour Organization and the World Bank. The United Nations have issued a Declaration on the Rights of Indigenous Peoples to protect the collective rights of Indigenous peoples to their culture, identity, language, employment, health, education and natural resources. See also “Aboriginal.”

**Inequity**

Inequity in the health field refers to differences in rates of illness, disease, health outcomes, or access to health care across racial, ethnic, sexual orientation and socioeconomic groups.

**Integrated Care**

Integrated care refers to the co-ordination of personal support networks, including family and community, with components of the health care system, such as case management. Integrated care may include multi-disciplinary teams of supporters and care providers that can facilitate collaboration among various types or levels of services in a way that provides cultural safety and improves health outcomes.



**Justice Systems**

Justice systems refers to all activities and agencies that intervene to prevent, divert, prosecute or defend, and mete out penalties for offences against the criminal law. The justice system includes police, crown, prosecutors, defense counsel, courts, correction systems, victim services and other agencies providing services for people in violation (or accused of a violation) of the criminal law.

**Low-threshold**

Low-threshold refers to health or human services that have few or no barriers to access and make minimal demands on patients or clients, particularly when their life or health circumstances present challenges to engaging standard services. Effective services to prevent or reduce health harms from problematic substance use are often low-threshold, as they do not insist on abstinence from substance use as a condition of access.

**Multi-system**

Multi-system in the context of health policy refers to the variety of organizational and policy structures that impact the health outcomes of individuals and populations beyond the formal health care service delivery system. For example, public education, child protection, social assistance, justice, and corrections systems all contribute to factors that influence population health, including individual and community vulnerability. A multi-systems approach to mental wellness and substance use will mobilize resources and activities across not only the health system, but also the other systems that influence people's lives.

**Policies**

Policies refers to principles or rules designed to guide the decisions and actions of individuals or institutions to achieve a desired outcome. Policies may be formal or informal, may be created by government, private sector organizations, communities and other groups, and may have intended and unintended effects.

**Post-vention**

Post-vention refers to a strategy or approach that is implemented after a death by suicide has occurred, aimed at supporting families, friends, colleagues and others bereaved by suicide.

**Prevention**

Prevention refers to measures taken to prevent the onset of illness or disease before it occurs, or to slowing its transmission, progression or effects through early detection and appropriate treatment. Prevention in its broadest sense requires addressing social determinants of health, which create conditions of vulnerability for individuals or populations. Prevention efforts can also be targeted to specific populations who may be at greater risk of illness or consequent harms.

**Primary Care**

Primary care involves the widest scope of health care, including all ages of patients, patients of all socioeconomic and geographic origins, patients seeking to maintain optimal health, and patients with all manner of acute and chronic physical, mental and social health issues, including multiple chronic diseases. Continuity is a key characteristic of primary care, as patients usually prefer to consult the same practitioner for routine check-ups and preventive care, health education, and every time they require an initial consultation about a new health problem. Collaboration among providers is a desirable characteristic of primary care.

|                                      |   |
|--------------------------------------|---|
| <b>Problematic substance use</b>     | Problematic substance use refers to psychoactive substance use that results in or increases risks for physical, psychological, economic, social or other problems for individuals, families/friends, communities or society. The most commonly recognized type of problematic substance use is chronic dependent use, or addiction, but other instances or patterns of use can also be problematic. For example, youth substance use at an early age, substance-impaired driving, substance use during pregnancy, and using a psychoactive medication other than as prescribed by a physician are all types of problematic use. Problematic substance use is not necessarily dependent on the legal status of the substance used, but rather on the amount used, the pattern of use, the context in which it is used and, ultimately, the potential for harm. See also "Addiction" and "Substance Use." |
| <b>Process Addiction</b>             | Process addiction refers to the compulsive and persistent engagement in an action that causes serious negative consequences to one's physical, mental, social, and/or economic well-being. Examples of activities that for some people may become process addictions are gambling, video gaming, work, sex, shopping and internet use. See also "Addiction."  |
| <b>Red Road</b>                      | The "Red Road" is a term for a universal or pan-Aboriginal concept for a balance in mind, body, spirit and emotion. To say that someone follows the "Red Road" means they have a world-view and/or way of knowing that is based on First Nations/Aboriginal spiritual teachings and beliefs.  |
| <b>Rehabilitation</b>                | Rehabilitation, or psychosocial rehabilitation, is the process of restoring (and maintaining) community functioning and wellbeing of an individual who has had a mental health and/or substance use problem. Rehabilitation seeks to effect changes in a person's environment and in their ability to deal with their environment, so as to promote wellness or reduce symptoms of illness, and empower them to achieve full recovery or maximum quality of life. It may combine pharmacological treatment, independent living and social skills training, psychological support to clients and their families, housing, vocational rehabilitation, social support and network enhancement, and access to leisure activities.   |
| <b>Social Determinants of Health</b> | Social determinants of health refers to the range of personal, social, economic and environmental factors that contribute the health status of individuals or populations. These factors include income and social status, education, employment and working conditions, access to appropriate health services, housing and physical environments. They interact in complex ways, and their modification can influence health and vulnerability to illness.   |
| <b>Standards</b>                     | Standards refers to measureable and achievable statements describing the minimum acceptable level of performance against which actual performance can be measured. Standards are mandatory and are intended to reduce unwarranted variability, and attaining and maintain quality service delivery.   |

## **Stigma**

Stigma in the domain of mental wellness and substance use refers to the beliefs and attitudes about people living with mental illness and/or addictions that lead to the negative stereotyping of, and prejudice against them and their families. These beliefs are often based on ignorance, misunderstanding and misinformation. A related concept, discrimination, refers to the various ways in which people, organizations, and institutions unfairly treat people living with a mental wellness or substance use problems, often based on stigmatizing beliefs and attitudes. For First Nations and Aboriginal people with a mental wellness and/or substance use problem, stigma and discrimination is compounded by the experience of racism, poverty, cultural assimilation and related systemic discrimination.

## **Substance Use**

Substance use refers to the intentional consumption of a psychoactive substance (legal or illegal) in order to modify or alter consciousness. Psychoactive substances include alcohol, caffeinated beverages, tobacco, certain medications, solvents and glues, and a range of controlled (i.e. illegal) substances, such as cannabis, cocaine and heroin. The use of psychoactive substances is an almost universal human cultural behaviour and has been engaged in since the beginning of human history. Substance use can occur for a variety of reasons—including medical, scientific, spiritual or religious, social, pleasurable or habitual—and its effects can range to beneficial to severely problematic, depending on the quantity, frequency, method or context of use. See also “Problematic substance use” and “Addiction”.

## **Traditional knowledge**

Traditional knowledge refers knowledge, information and wisdom that is created, preserved and dispersed in a community. Traditional knowledge is ‘traditional’ not in a sense that it belongs to the past but in the way it is acquired. This information may be rooted in storytelling, ceremonies, traditions, ideologies, medicines, dances, arts and crafts, or a combination of all these. A Traditional Knowledge Keeper is one who passes information from generation-to-generation. In some respects, everyone in a community or culture holds traditional knowledge because it is collective. Traditional knowledge is determined by a First Nation’s land, environment, region, culture and language. People such as Elders and healers usually share this knowledge with others in the community.

## **Trauma**

Trauma is defined as experience that overwhelms an individual’s capacity to cope. Trauma can include events experienced early in life—for example, as a result of child abuse, neglect, disrupted attachment or witnessing violence—or later in life, such as violence, accidents, natural disasters, war, sudden unexpected loss and other life events that are out of one’s control. Trauma can be devastating can interfere with a person’s sense of safety, self and self-efficacy, as well as the ability to regulate emotions and navigate relationships. Traumatized people may feel terror, shame, helplessness and powerlessness, and may engage in problematic substance use or other unhealthy behaviours as a way to cope. Understanding the roots and effects of trauma is important for health and human service providers to help establish a sense of safety and connection with patients or clients.



**Treatment**

Treatment refers to a medical or therapeutic intervention by a professional to address an illness. In the context of mental wellness and substance use, treatment refers to a variety of therapeutic approaches to mental illness and/or addiction.

**Two-spirit**

Two-spirit is an English translation of terms in various languages of First Nations and Aboriginal cultures across North America, referring to individuals who embody both the male and female spirit. Two spirit can include both sexual orientation and/or gender identity or expression. Lesbians, gay men, bisexuals, queer, and heterosexual transgendered people may all refer to themselves as two-spirit.

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Tripartite First Nations Health Plan



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