camh
Centre for Addiction and Mental Health

Guiding Directions

A Plan to Strengthen Our Practices and Partnerships with First Nations, Inuit and Métis Peoples

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Table of Contents

A Message from the President and CEO

"Reconciliation is about forging and maintaining respectful relationships. There are no shortcuts."

Justice Murray Sinclair,
Truth and Reconciliation Commission, 2015

In the spirit of reconciliation, the Centre for Addiction and Mental Health (CAMH) offers *Guiding Directions: A Plan to Strengthen Our Practices and Partnerships with First Nations, Inuit and Métis Peoples*. Vision 2020, CAMH's strategic plan, aims to build respectful partnerships to improve mental health care to those underserved in the system. As such we invited ideas, advice and guidance both internally and externally. The goal of these conversations was to understand how to create, evolve and integrate CAMH programs and supports that best serve Aboriginal peoples in Ontario.

The voices of First Nations, Inuit and Métis peoples have shaped this initiative through consultation and collaboration. Jason LeBlanc, Executive Director of Tungasuvvingat Inuit and member of the External Working Group for Guiding Directions, reminds us: "Anything about us, without us, is not for us."

CAMH understands that historical injustices and trauma continue to affect the lives of many Aboriginal people. We recognize that as a teaching hospital, we have a responsibility to address the health equity issues that exist, and to support First Nations, Inuit and Métis communities through our clinical, research, education and system-improvement mandate.

Today, we move forward on our commitment to implement Guiding Directions. We welcome your insights and partnerships as we work together to create meaningful change in the spirit of Vision 2020 –Transforming Lives.

Catherine Zahn
President and CEO
Centre for Addiction and Mental Health
April 2016

Background, Context and Approach

Background

In July 2014, CAMH contracted Stonecircle Consulting to assist in the development of an internal strategy to guide CAMH's relationships with First Nations, Inuit and Métis peoples, who are patients and clients, service providers, organizations and communities, and who live in both rural and urban areas. Stonecircle Consulting prepared an inventory analysis of Aboriginal initiatives currently underway at CAMH and found that work with First Nations, Inuit and Métis peoples fell within three broad categories: Clinical Services, Research and the Provincial System Support Program.

Context

Clinical Services

The Aboriginal Service provides clinical support to Aboriginal people at its Toronto-based hospital setting as part of the Ambulatory Care and Structured Treatments Program. This support includes:

- outpatient day programs for addictions, depression, anxiety and other mental health concerns
- individual appointments with a dedicated team of Aboriginal therapists and an Elder who offers traditional teachings and ceremonies
- a 21-day residential inpatient program, with separate cycles for women and men. This treatment cycle accepts referrals from around the province. In recent years, there has been an increase in patients and clients participating from First Nations communities throughout Ontario.
- hospital resources for Aboriginal patients and clients, including smoking cessation, medical detox, eating disorder clinics and the Rainbow Service (a counselling service for lesbian, gay, bisexual, transgender, transsexual, two-spirit and intersex people who are concerned about their use of alcohol and other drugs).

Additional clinical services are provided to First Nations and Inuit people by Outreach Services, including telepsychiatry, the Northern Psychiatric Outreach Program and psychiatric outreach to Nunavut.

While CAMH does not yet have statistics of Aboriginal patients and clients accessing its services, discussions with clinical programs affirm that Aboriginal people are accessing or have accessed most, if not all, of the clinical services across the hospital. To ensure efficient referrals to the Aboriginal Service, Access CAMH has recently begun to facilitate intake. Previously, the Aboriginal Service maintained an intake line to a voicemail that would be checked daily. Part of the new process is to ask patients and clients if they identify as an Aboriginal person. Early experience has seen a quicker response for scheduling first appointments and an increase in patients and clients accessing services through the Aboriginal Service.

Research

CAMH has a number of ongoing projects and initiatives related to First Nations, Inuit and Métis peoples. These include:

- research in various areas of clinical practice, such as, Suboxone maintenance and assessment procedures
- evaluation reports
- participatory action research projects
- CAMH mobile research lab projects
- other studies and reviews on a variety of topics.

With respect to research protocols of First Nations, Inuit and Métis peoples, concerted efforts have been made to include Aboriginal people as principal researchers and research assistants; to involve Elders in the process; to incorporate traditional approaches and cultural components; and to implement community advisory panels. CAMH recognizes that First Nations, Inuit and Métis peoples have their own research councils and ethics review boards that are responsible to their people for the conduct of research in their respective communities. (This insight is currently guiding the preparation of an internal resource paper, *Conducting Research with Indigenous Peoples in Canada: Considerations for CAMH*.)

Provincial System Support Program (PSSP)

The Aboriginal Engagement and Outreach unit plays a key role in connecting with First Nations, Inuit and Métis agencies, organizations and communities. The program focuses on several goals:

- building relationships and collaborative partnerships
- providing training to support workforce development
- bridging ways of knowing between cultures
- improving practice through research and knowledge exchange.

Current initiatives include the Provincial Aboriginal Training Program; Mobile Training Teams Initiative for Aboriginal workers in Northern Ontario; and the creation of new trauma-informed substance use screening and assessment tools for First Nations and Inuit peoples. Aboriginal Engagement and Outreach collaborates with programs across CAMH to develop and deliver training. It also co-ordinates knowledge exchange events and webinars, serves as a resource for research projects, and supports Aboriginal engagement for CAMH programs and initiatives.

Approach

Methods

Guiding Directions was developed in the spirit of collaboration. Guidance and consultation were provided by two groups: an Internal Steering Committee of CAMH leadership, and an External Working Group of First Nations, Inuit and Métis leaders and service providers. In addition, Stonecircle Consulting conducted interviews with 37 external representatives from Toronto's Aboriginal agencies and with First Nations, Inuit and Métis organizations and service providers across Ontario. Three focus groups were held with 32 CAMH staff members participating in the sessions.

Additionally, three key documents regarding Aboriginal mental health and addiction were reviewed: *First Nations Mental Wellness Continuum Framework* (2015), *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada* (2011) and the *Toronto Aboriginal Research Project Final Report* (2011).

Terminology

In recent years there has been much discussion regarding the use of the term "Aboriginal." While CAMH acknowledges that this is a government-imposed term that has been rejected by some organizations, we have not yet decided on official language to rename our services and programs. CAMH recognizes that First Nations, Inuit and Métis are distinct peoples with different cultures, languages, histories and experiences, and is committed to engaging in discussions that will bring about the use of acceptable terms.

Working Group

External Working Group Meeting

Front row (l-r): Kirk LeMessurier, Bonnie Dack, Dr. Renee Linklater.

Back row (l-r): Lori Spadorcia, Jason LeBlanc, Kenn Richard, Tanis Thompson, Lisa Meawasige, Dr. Ed Connors and Rob Moore.

Regrets: James Morris and Tracey George

CAMH External Working Group Members

Name	Title and Organization
Dr. Ed Connors	Elder, Onkwatenro'shon:'a Health Planners
Jason LeBlanc	Executive Director, Tungasuvvingat Inuit
James Morris	Executive Director, Sioux Lookout First Nation Health Authority
Tracey George	Mental Wellness Team Lead, Aamjiwnaang First Nation
Lisa Meawasige	Mental Health and Addictions Manager, Mamawesying, The North Shore Tribal Council
Kenn Richard	Executive Director, Native Child and Family Services of Toronto
Tanis Thompson	Mental Health Co-ordinator, Ontario Native Women's Association

CAMH Internal Steering Committee Members

Name	Title
Lori Spadorcia	Vice-President, Communications and Partnerships
Kirk LeMessurier	Director, Corporate Planning and Strategy
Janet Mawhinney	Director, Community Engagement
Rob Moore	Executive Director, Provincial System Support Program
Dr. Renee Linklater	Director, Aboriginal Engagement and Outreach, Provincial System Support Program
Neill Carson	Executive Director, Ambulatory Care and Structured Treatments
Stephanie Carter	Manager, Ambulatory Addictions Services / Aboriginal Service
Linda Mohri	Executive Director, Access and Transitions
Dr. Allison Crawford	Medical Director, Northern Psychiatric Outreach Program and Telepsychiatry
Eva Serhal	Manager, Telepsychiatry
Dr. Margaret Robinson	Researcher in Residence in Indigenous Health, Ontario HIV Treatment Network; and Affiliate Scientist, CAMH

Vision, Purpose and Principles

Guiding Directions will align with CAMH's Vision 2020: Tomorrow.today, an eight-year strategic plan, for the provision of services to First Nations, Inuit and Métis peoples:

Vision: Transforming Lives

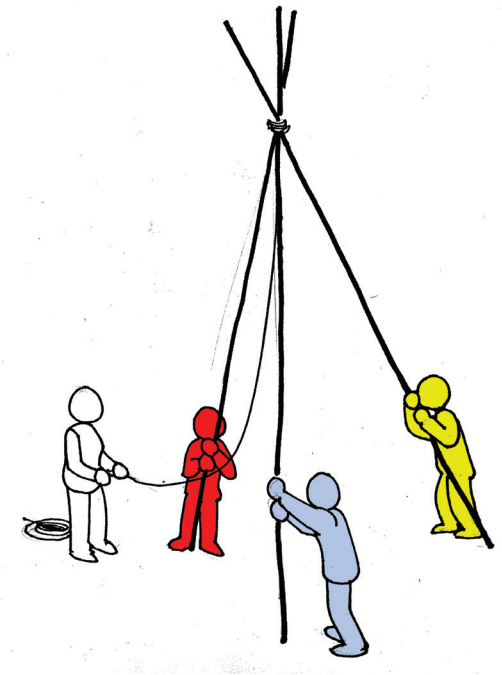
Purpose: At CAMH, we Care, Discover, Learn and Build – to Transform Lives

Values: Courage, Respect, Excellence

CAMH aims to provide mental health and addiction services and clinical support to First Nations, Inuit and Métis peoples across Ontario that are respectful and culturally competent, and that promote community-driven and community-directed approaches.

Guiding Directions honours these six principles:

- CAMH strives to provide culturally competent care to First Nations, Inuit and Métis patients and clients.
- Mental health and addiction services, systems support, research and education will be done in a manner that is respectful of cultural and traditional values.
- CAMH recognizes that a continuum of care is essential for service provision to First Nations, Inuit and Métis patients and clients.
- First Nations, Inuit and Métis peoples have approaches to health and healing that incorporate a wholistic view of well-being and recognize the social determinants of health.
- CAMH will respect and seek to understand mental health and addiction treatment knowledge from First Nations, Inuit and Métis leaders and practitioners.
- Collaborative partnerships that provide mutual benefits for all parties are defined as those that are driven by equality and reciprocity.



Guiding Directions

Four key directions provide a framework for action for CAMH to strengthen practices and partnerships with First Nations, Inuit and Métis peoples in Toronto, throughout Ontario and beyond. In the diagram below, the centre circle represents the CAMH values of Courage, Respect and Excellence.

The four directions are outlined in this report as follows:

DIRECTION 1	Build internal capacity and structures to better meet the needs of First Nations, Inuit and Métis peoples.
DIRECTION 2	Improve collaborative partnerships with service providers.
DIRECTION 3	Enhance culturally responsive clinical support to service providers.
DIRECTION 4	Support capacity development, research and knowledge exchange.

Aims and Actions

Direction 1: Build internal capacity and structures to better meet the needs of First Nations, Inuit and Métis peoples

Aims

1. Ensure that CAMH has the human resource capacity to address the mental health and addiction service needs of First Nations, Inuit and Métis peoples.
2. Foster strong internal collaborations across CAMH to ensure effective co-ordination of programs and services.
3. Incorporate and integrate more traditional healing approaches into the models of care at CAMH and ensure that all CAMH staff can provide culturally competent care to First Nations, Inuit and Métis people.
4. Increase First Nations, Inuit and Métis membership at the governance and advisory levels of CAMH.

Actions

1.1 Add Aboriginal Engagement Lead positions in all regions of Ontario

"CAMH needs to facilitate relationships between First Nations and provincial service providers. They need Aboriginal liaison people around the province, and they need to know what First Nations have said about how they want to address addictions."

Carol Hopkins, Executive Director, Thunderbird Partnership Foundation (formerly the National Native Addictions Partnership Foundation)

CAMH currently has Aboriginal Engagement Leads in the East, Greater Toronto Area, Northeast and Northwest Regions of the Provincial System Support Program. In order to engage with all First Nations, Inuit and Métis communities in Ontario, CAMH will need to staff an Aboriginal Engagement Lead position in the West Region.

1.2 Enhance the First Nations, Inuit and Métis workforce at CAMH

"We need more of our people serving our people, and we need to have more services that are culturally responsive."

Alita Sauvé, Grandmother, Native Child and Family Services of Toronto

The CAMH Workforce Analysis of 2007 identified Aboriginal staff as representing the largest equity gap among professional and semi-professional positions (including registered nurses, social workers, counsellors, practical nurses and community workers). In efforts to address this gap, CAMH implemented a one-year Aboriginal Recruitment and Retention Initiative in 2011–2012. The portfolio of Aboriginal recruitment is held by a Human Resources recruiter.

It is recommended that Human Resources develop a three-year strategy to recruit First Nations, Inuit and Métis staff for positions across the organization. There should be a specific focus on clinical programs that provide services to Aboriginal people. Engagement with clinical services will assist in identifying the staffing needs. It will be helpful to have a discussion with managers about the recruitment and retention of Aboriginal staff with specialized knowledge of culture,

language, community history and historical trauma. Part of this recruitment strategy should involve forming closer relationships with universities and Aboriginal post-secondary institutes.

Another important element is a training budget to allow Aboriginal staff to advance their skills in culturally relevant, evidenced-based interventions and counselling techniques. Coverage for travel, course fees and learning materials is necessary.

1.3 Develop a recruitment strategy for Aboriginal student placements, interns and medical residencies

The 2011–2012 Aboriginal Recruitment and Retention Initiative focused on student recruitment. This initiative increased student placements at CAMH by connecting with university field placement offices to offer specific opportunities for Aboriginal students. In recent years, students have been placed in CAMH areas such as the Aboriginal Service; the Women's Service; Child, Youth and Family Services; and Aboriginal Engagement and Outreach. It is recommended that specific efforts be made to recruit First Nations, Inuit and Métis students for placement across CAMH. It is recommended that the Education Department establish the position of Aboriginal Education Co-ordinator to facilitate student recruitment and act as a resource for Education.

1.4 Increase participation in the Aboriginal Caucus

The Aboriginal Caucus was created in 2011 as a way for CAMH Aboriginal staff, students and volunteers to connect, share information and identify issues for advocacy. Each year the Caucus co-ordinates activities and events at CAMH to celebrate National Aboriginal Day and National Aboriginal History Month. It is recommended that the Caucus meet regularly with a set calendar of meetings. Aboriginal Engagement and Outreach and the Aboriginal Service could alternate on a yearly basis to co-ordinate meetings, set the agenda and organize meeting space. Additional promotion of this Caucus is recommended to expand membership. It will be important for new members to receive an orientation to the Caucus, its membership and roles.

1.5 Establish an Aboriginal Client Care Committee

There is currently no mechanism to ensure that clinical units serving First Nations, Inuit and Métis clients and patients are addressing issues related to care. It is recommended that CAMH establish an Aboriginal Client Care Committee to improve the lines of communication between units regarding care, services and supports for First Nations, Inuit and Métis clients and patients. This Committee would be made of representatives/staff from CAMH units.

The Aboriginal Client Care Committee may choose to examine the self-identification process at CAMH to determine the issues around self-identification for First Nations, Inuit or Métis patients and clients, and to assess what is working well and what may need to be changed or supported.

It is recommended that the Aboriginal Client Care Committee engage Human Resources to consider adding information to new staff orientation sessions that includes the mental health and addiction needs of First Nations, Inuit and Métis clients and patients. This might also include program and contact information for CAMH's Aboriginal Service.

It is acknowledged that Aboriginal clinical leadership is needed to guide and support the care of Aboriginal clients and patients across the hospital. The location of such a leadership position is not yet determined, but it may be best placed within Professional Practice. This position could provide clinical support to Aboriginal Service staff and be a resource to units and programs that provide services to Aboriginal patients and clients. General responsibilities could include advising on care, supporting case management, overseeing services and assisting with family queries and concerns.

1.6 Support a First Nations, Inuit and Métis client/patient care continuum

When First Nations, Inuit or Métis people enter CAMH, there continues to be a lack of awareness and co-ordination of population-specific services and pathways of care. There is a sense that "clients often get lost in the CAMH system." Not all staff are clear on the process for referring Aboriginal people to the Aboriginal Service or accessing the Aboriginal Service for client/patient support, such as consultation with an Elder or including an Aboriginal therapist in assessment and care planning. It is important to strengthen the relationships among units to ensure that Aboriginal clients and patients have a seamless transition to and among clinical services.

It is recommended that the Aboriginal Service explore the use of Access CAMH as an option for client/patient intake because maintaining a direct line only to the Aboriginal Service requires individuals to leave a voicemail message, and staff have had difficulty reaching potential clients and patients.

1.7 Include Aboriginal components in CAMH program strategies

Most programs at CAMH have participated in strategic planning exercises. It is recommended that each program include Aboriginal-specific items as part of the strategic plans. These Aboriginal-specific components should be developed in collaboration with Aboriginal Engagement and Outreach and, where appropriate, align with strategies at the organizational or community level.

1.8 Ensure that all CAMH clinical staff are trained in trauma-informed approaches and can provide culturally competent care and services

"There is ongoing mistreatment of our people here in Toronto. CAMH has to make sure that every provider is practising in a safe way. All services at CAMH need to be welcoming and safe."

Dr. Lisa Richardson, Co-lead, Indigenous Medical Education, Undergraduate Medical Education, University of Toronto

CAMH has an organizational commitment to trauma-informed care and cultural competence. Workshops and professional development opportunities that increase cultural competence to provide services to Aboriginal people have been available to CAMH staff, albeit on a limited basis.

It is recommended that all CAMH staff have access to new in-person and online CAMPUS learning tools that increase cultural competence across a continuum of learning. Training specific to Aboriginal trauma-informed care, culturally appropriate clinical interventions, traditional healing practices, and effective

strategies for Aboriginal community engagement and partnerships are recommended for development. CAMH could make a mandatory training component on CAMPUS for all staff. The training must reflect the realities of First Nations people living on and off reserve; the differences in urban, rural and remote communities; as well as First Nations, Inuit and Métis histories and specific cultural requirements. This is an important way to ensure that all CAMH staff can provide culturally responsive services to First Nations, Inuit and Métis clients and patients.

Some ideas for staff cultural competence training are lunch and learn sessions, videos of speakers for online training, storytelling to create a cultural continuum of learning, active engagement in ceremonies or social events, and ongoing webinars.

There is a need to evaluate CAMH services to ensure that Aboriginal clients and patients receive quality and competent care. It is recommended that the Aboriginal Service conduct an evaluation of the service and develop tools to be administered to clients and patients at the time of discharge or program completion to assess opinions about the service. Aboriginal clients and patients should know the route for making complaints should the situation arise.

1.9 Use traditional approaches to healing and cultural practices

"CAMH needs to understand our traditional practices. The work of our Elders is of equal importance to that of professionals. We need support for that continuum of care."

Kathy MacLeod, Health Policy Analyst, Grand Council Treaty 3

CAMH clinical staff and services need to become better informed about the Aboriginal Service, and about traditional healing practices in general. Staff from the Aboriginal Service can provide workshops and training.

Elders and resource people provide cultural support to CAMH services and initiatives, including the care of its patients and clients and project participants. Continued efforts are needed to ensure that traditional knowledge and wisdom are consistently integrated into care and services for First Nations, Inuit and Métis clients and patients. Compensation for Elders and cultural resource staff should recognize the expertise they have gained through extensive training and practice.

It is recommended that CAMH support the Aboriginal Service with two part-time Cultural Resource personnel who can be on call to assist with preparations for the Sweat Lodge and the ceremonies that will occur once the ceremonial grounds open in spring 2016.

Other opportunities to further develop the Aboriginal Service might include increasing the range of traditional forms of healing offered and integrating cultural healing practices with psychiatry and other services. CAMH can develop policies, protocols and treatment plans that support the use of cultural healing practices.

1.10 Expand cultural healing practices

"It is important for CAMH to promote and support the reality of Inuit in Ontario, which is distinct from First Nations. The differences between Inuit and First Nations are significant."

Pam Stellick, Director, Mamisarvik Healing Centre

CAMH should ensure that its services meet the needs of the diverse Aboriginal population that accesses services at CAMH. Culturally appropriate care for Inuit and Métis people has been identified as a service gap. As the Aboriginal Service has developed over the years, it has tended to focus on First Nations teachings. It is recommended that the Service expand its cultural components, especially given the potential to act as a hub of services for Aboriginal clients and patients across the hospital.

1.11 Develop policies and protocols related to care

There is a need to develop internal policies and protocols related to the care of First Nations, Inuit and Métis clients and patients with respect to traditional healing practices such as smudging, traditional medicines and the use of the Sweat Lodge in treatment programs.

CAMH can also consider partnering with First Nations, Inuit and Métis service providers and organizations to develop public policies on critical mental health and addiction issues.

1.12 Increase First Nations, Inuit and Métis engagement and representation in CAMH governance structures

To reflect CAMH's commitment to strengthen the practices and partnerships with First Nations, Inuit and Métis peoples, there should be equitable representation on the CAMH Board and the Constituency Council. Recruitment strategies could reach out to Aboriginal communities to seek diverse representation in terms of peoples, cultures, languages and geographic location (urban, remote or regional).

It is recommended that a working group of First Nations, Inuit and Métis leadership be convened to network between CAMH and First Nations, Inuit and Métis agencies, organizations and communities, and to guide priorities for CAMH's services and initiatives. This group would continually provide feedback, comments and guidance. It would also monitor the implementation of Guiding Directions and ensure that they are being implemented in alignment with First Nations, Inuit and Métis needs and priorities.

Direction 2: Improve collaborative partnerships with service providers

Aims

1. Establish and maintain collaborative partnerships with First Nations, Inuit and Métis agencies, organizations and communities, particularly between CAMH clinical services and Toronto Aboriginal service providers that meet the mental health and addiction service needs of Aboriginal people.
2. Demonstrate respect for First Nations, Inuit and Métis community-driven approaches and agency mandates.

Actions

2.1 Develop formal relationships with First Nations, Inuit and Métis service providers

CAMH has varying levels of collaboration and partnerships with First Nations, Inuit and Métis agencies and organizations in Toronto and across Ontario. Some clinicians provide services at these locations, while some organizations refer clients to CAMH. Across the province, First Nations, Inuit and Métis peoples are participating in system improvement initiatives and research projects. Where there is increased participation in collaborative initiatives, these relationships should be formalized.

CAMH can collaboratively develop formal protocols, processes, memoranda of understandings or statements of relationship. In some cases, the languages of the First Nations, Inuit or Métis may be used in the documents.

CAMH should be clear about its responsibilities, ensure reciprocity with its partners and ensure that relationships are maintained over time.

2.2 Increase participation in service provider networks

"CAMH should find its place within the Aboriginal sector in Toronto. . . . They have to respect the mandates of all the Native agencies. Don't dominate them, but collaborate with them, each according to their ability and expertise."

Kenn Richard, Executive Director, Native Child and Family Services of Toronto

While CAMH is not an Aboriginal service organization, it is recommended that CAMH consider approaching existing networks in Toronto for potential knowledge-sharing and collaboration. It would be important to be aware of the strategic directions of these networks to ensure that the direction of CAMH is aligning with the needs of the urban Aboriginal community in Toronto. Information learned through these networks can be shared across CAMH to increase collaboration and knowledge exchange. CAMH's ongoing attendance at the Toronto Aboriginal Agency Network meetings is an example of effective participation in service organization networks.

2.3 Develop clear communication tools and vehicles and share with the Aboriginal community in Toronto and beyond

CAMH can raise awareness of its services and initiatives and articulate the First Nations, Inuit and Métis work being undertaken in partnership with CAMH programs. There should be a communication plan that highlights the pathways for those seeking mental health and addiction services in Toronto. This information can be developed into brochures, videos and information sheets, and distributed to

First Nations, Inuit and Métis agencies, organizations and communities. It was also suggested that a "wallet card" that provides contact phone numbers and e-mail addresses for CAMH services for Aboriginal people could be an effective communication tool.

The CAMH website should consolidate information about Aboriginal Service programming into one area of the site. This might contain phone numbers for Access CAMH, information about the Aboriginal Service, dates of residential treatment cycles and details of other relevant services. There should be other areas of the website that can highlight research and give information about the Aboriginal Engagement and Outreach unit and the Provincial System Support Program initiatives.

2.4 Support First Nations, Inuit and Métis community-driven initiatives

"CAMH could be a hub for bringing community members together, sharing best practices, finding out what's working—a central network that works collaboratively with other organizations."

Dr. Lisa Richardson, Co-lead, Indigenous Medical Education, University of Toronto

There are opportunities for CAMH to support community-driven initiatives that meet the mental health needs of Aboriginal people in Toronto; for example, an Aboriginal-operated residential family treatment centre, an Aboriginal detox centre or a walk-in psychiatric clinic for vulnerable Aboriginal individuals. CAMH can support initiatives driven and led by Aboriginal agencies in Toronto by offering expertise and advocacy in collaboration with Aboriginal organizations to various levels of government.

Since smaller Aboriginal agencies may not have the travel budget or the staff to attend meetings at CAMH, CAMH may need to make the effort to reach out and meet agency partners at their locations.

The Aboriginal Engagement Leads, along with other CAMH staff, could attend health conferences and related events hosted by First Nations, Inuit and Métis organizations. They could use the CAMH booth to network, and to promote CAMH's own programs.

Direction 3: Enhance culturally responsive clinical and addiction support for service providers

Aims

1. Build and maintain collaborative partnerships with First Nations, Inuit and Métis community service providers and organizations across Ontario.
2. Raise awareness of CAMH services and initiatives with First Nations, Inuit and Métis community service providers and organizations.
3. Increase telemental health support to First Nations, Inuit and Métis peoples in Ontario and beyond.

Actions

3.1 Build relationships with First Nations, Inuit and Métis political organizations

"We want agencies to work with us on what our priorities are. We don't want to react to somebody else's agenda. We want to take control of that."

Wenda Watteyne, Director of Healing and Wellness, Métis Nation of Ontario

It is important to stay connected and apprised of organizational priorities and community needs. To create and maintain respectful relationships and partnerships with First Nations, Inuit and Métis organizations that work in mental health and addiction, CAMH could establish formal relationships with Provincial Territorial Organizations, Provincial Aboriginal Organizations and relevant national organizations. Some of those organizations include Chiefs of Ontario, Métis Nation of Ontario, Ontario Native Women's Association, the Ontario Federation of Indigenous Friendship Centres. Also Nishnawbe Aski Nation, Grand Council Treaty 3, Union of Ontario Indians: Anishinabek Nation, Association of Iroquois and Allied Indians and the Independent First Nations. At the national level there is the Assembly of First Nations, Indigenous Peoples Assembly of Canada, Inuit Tapiriit Kanatami, Tungasuvvingat Inuit, Métis National Council and the Native Women's Association of Canada.

3.2 Focus on services to First Nations, Inuit and Métis children and youth

"We would like access to more specialists, such as psychologists, physiatrists, and speech therapists. These are difficult for us to access."

Kenn Richard, Executive Director, Native Child and Family Services of Toronto

There is a critical need for mental health and addiction services for all First Nations, Inuit and Métis communities and organizations. There is also an acute need for services for children and youth. CAMH could help to meet this need through clinical services and knowledge exchange. It could also link communities with existing programs, such as those offered through the Ministry of Children and Youth Services or other services, by providing access to pediatric clinicians and working in collaboration to develop and disseminate child- and youth-specific tools and resources.

3.3 Ensure that CAMH staff can provide culturally appropriate support and interventions.

"For Aboriginal people, the road to recovery means access to traditional and cultural programs and services."

Steve Teekens, Executive Director, Native Men's Residence (Na-Me-Res)

CAMH currently provides services and support to First Nations, Inuit and Métis clients and patients in Toronto, as well as service providers and communities across Ontario. Training will be available for staff to increase their cultural competence. This training will contextualize the current health status of Aboriginal people with the history of colonization, discuss the importance of trauma-informed approaches and explore the range of culturally appropriate services that are available at CAMH and at Aboriginal agencies.

All CAMH clinical and project staff should take part in online training and consultations with the Aboriginal Services clinical staff as part of their professional development.

3.4 Raise awareness of CAMH services to First Nations, Inuit and Métis peoples in Ontario

"We need to know who to call at CAMH to help us. And they have to be well-versed in what our issues are, what 'rez life' is like, our intergenerational trauma. We may get a worker who doesn't understand that."

Laureen Cote, Co-ordinator, Building Healthy Communities Program, and Family Violence Program, Saugeen First Nation #59

CAMH can increase its outreach to Aboriginal peoples in Ontario. First Nations, Inuit and Métis service providers and communities outside Toronto are not as familiar with CAMH. There is confusion about the work of CAMH and other health care organizations. CAMH must increase awareness of its services, resources and research across Ontario. It is recommended that CAMH build relationships with agencies and communities through personal visits and face-to-face interactions.

CAMH can develop websites that describe initiatives for Aboriginal individuals, communities, organizations and service providers. Building on its communication tools, CAMH can prepare materials such as resource lists, offer professional development opportunities, share training opportunities and webinars on weekly rounds, and use web portals to distribute research papers and other information to organizations and communities.

3.5 Provide accessible training for First Nations, Inuit and Métis mental health and addiction workers

Many mental health workers in First Nation communities and in Inuit and Métis organizations do not have the funding or capacity to undertake training or professional development due to restrictions of their funding envelope and the demands of their work. CAMH can offer training and develop supports that help these workers to deliver services at the community level.

CAMH delivers training to Aboriginal workers through its workforce development initiative. There is a focus on culturally adapted and informed evidence-based practice and wise-practices. Training is delivered in a combination of face-to-face learning and online modules. Implementation supports, such as weekly Virtual Learning Circles, are available for some sessions. CAMH could work with communities to develop a long-term workforce development strategy. Guidance from those involved with New Zealand's 20-year strategy to increase Maori health professionals could be explored.

3.6 Enhance telemental health and telepsychiatry services to First Nations Inuit and Métis agencies and organizations in Ontario and beyond

"We need help providing care to those with concurrent issues, like addictions and depression. First Nations have limited funds to do what they can, so CAMH could help us in this area."

Donna Roberts Potter, Clinical Services Co-ordinator, Keewaytinook Okimakanak (KO) Telemedicine

CAMH currently supports telepsychiatry through the North East and North West Local Health Integration Networks. Some First Nations in the Sioux Lookout Zone are able to access this service through the Sioux Lookout Meno Ya Win Heath Centre. Additionally, a new pilot will be offered through an Aboriginal Health Access Centre in Northwestern Ontario. Telepsychiatry services are also delivered through service providers in Nunavut.

Most First Nations in remote areas of northern Ontario are connected to telemedicine services through Keewaytinook Okimakanak (KO) Telemedicine. Other First Nations access Aboriginal Health Access Centres and telemedicine services through the Ontario Telemedicine Network. CAMH is working to expand the telepsychiatry program to First Nations and Aboriginal service providers across Ontario. CAMH could strengthen its telepsychiatry and telemental health supports to First Nations, Inuit and Métis communities, service providers and treatment centres, particularly those in rural and remote regions. Nearly half of inpatients to CAMH's Aboriginal Service residential treatment program in Toronto come from First Nations across Ontario. CAMH can better leverage technology to improve planning, assessment and aftercare.

3.7 Ensure better mental health and addiction aftercare in First Nations, Inuit and Métis communities

"Recognition of aftercare as a priority is an essential part of the continuum of services. Partnerships between communities, treatment centres, and a wide range of health, justice and social service workers are required to develop a strategy."

Honouring Our Strengths, 2011

There is a need for clinical support for people who participate in CAMH's residential treatment program or other treatment programs and then return to their home communities. CAMH can work with community workers, local First Nations treatment centres, health centres, mental health workers, addiction workers and families to provide critical aftercare support remotely, through case consultations, training or telemental health opportunities.

CAMH clients and patients should leave the treatment program with a clear care plan for return to their home First Nation or community. That plan will help to prevent relapse.

Direction 4: Support capacity development, research and knowledge exchange

Aims

1. Provide training, resources and tools to First Nation, Inuit and Métis communities and organizations to better meet the mental health and addiction service needs of clients, patients and community members.
2. Act as a co-ordinating body to share and exchange information and knowledge with First Nations, Inuit and Métis communities and organizations.
3. Develop CAMH research capacity and establish processes to engage in research initiatives with First Nations, Inuit and Métis communities.
4. Advocate to government ministries and departments and provincial structures to increase support for Aboriginal services, in partnership with First Nations, Inuit and Métis communities and organizations.

Actions

4.1 Create a First Nations, Inuit and Métis–specific section on the CAMH website and network

To support vast promotion and distribution of Aboriginal-specific mental health and addiction supports, resources and information, CAMH should use its main website (www.camh.ca), EENet and Portico. These sites should be designed to load quickly, and be easy to locate, search and navigate. Keeping in mind the infrastructure barriers that exist in Northern and remote communities will help to guide content design and planning. Aboriginal-specific social media outlets under the CAMH brand should be considered to promote and disseminate the work happening at CAMH and in the community.

In addition to promoting and distributing its own initiatives, CAMH could seek permission from its partners to use the website and networks to promote the work of First Nations, Inuit and Métis organizations, agencies and communities. Interactive and actively monitored discussion boards and blogs could be launched on network sites to promote community work, best practices, training, program developments and trends. Knowledge exchange webinars could also enhance information-sharing. It is recommended that CAMH expand its webinars on topics related to mental health and addiction among First Nations, Inuit and Métis peoples to support the online community and beyond.

4.2 Support and disseminate a database of mental health and addiction services and supports

Za-geh-do-win Information Clearinghouse researches, collects and distributes resources on First Nations health, healing and family violence. The Clearinghouse has created a database called The Key: Aboriginal Mental Health Services/Support Directory, which is currently available as a hard copy document. CAMH can partner with Za-ge-do-win to support this initiative and distribute the resource among First Nations, Inuit and Métis communities and organizations across Ontario.

It is recommended that CAMH develop a mechanism for staff to enter partnership information into a central database so that staff working with a specific agency or community can be identified. This would help staff to understand the existing relationship with CAMH and the nature of the partnership, and to identify the CAMH staff member who can be contacted to discuss these relationships.

4.3 Support existing First Nations, Inuit and Métis–developed tools and resources and co-ordinate widespread access

"CAMH can facilitate more knowledge exchange with the community. They can help to educate society about our cultural strengths, and our political and historical issues."

Lynn Lavallée, Professor of Social Work, Ryerson University

In recent years, there have been efforts to adapt existing screening and assessment tools and to develop new tools for Aboriginal people. There is currently no easy way to know who has developed these tools, how they are being used and if they can be shared. Many First Nations, Inuit and Métis mental health and addiction workers do not have the time or capacity to stay abreast of new research, tools or resources that could assist in their work. CAMH can seek out and assemble information on existing tools and resources developed by First Nations, Inuit and Métis practitioners, with the Ownership, Access, Control and Possession (OCAP) principles in mind.

4.4 Establish an Aboriginal Research Chair/ Manager to develop research capacity

It is recommended that resources be secured for an Aboriginal Research Chair/Manager to support research projects underway at CAMH that involve Aboriginal issues and communities. This position could help respond to the many requests within CAMH for help engaging First Nations, Inuit and Métis people and communities; provide advice on research ethics and protocols; collaborate on proposal submissions and research projects; partner with Aboriginal organizations and communities interested in conducting research; and facilitate data-sharing agreements.

4.5 Establish mechanisms to facilitate First Nations, Inuit and Métis–driven research

It is recommended that CAMH establish a process by which First Nations, Inuit and Métis communities can collaborate on research projects in partnership with CAMH researchers. This will foster respectful research relationships and support research agendas that are driven by First Nations, Inuit and Métis communities.

It is recommended that CAMH establish positions on the Research Ethics Board for Aboriginal participation to ensure that CAMH research with Aboriginal people or on Aboriginal issues adheres to Aboriginal research ethics and protocols, particularly at the community level.

It is recommended that CAMH develop an internal policy for guiding research with Aboriginal populations that acknowledges the principles of ownership, control, access and possession; reflects specific Aboriginal research ethics and protocols; and encourages community benefits such as data-sharing agreements and opportunities for capacity building.

4.6 In partnership with First Nations,Inuit and Métis peoples, advocate, when requested, to governments and provincial structures

"CAMH is huge, and has a lot of credibility and respect. It can influence funders and partners, to help the Aboriginal community develop its own structures and programs."

Steve Teekens, Executive Director, Native Men's Residence (Na-Me-Res)

In collaboration with First Nations, Inuit and Métis service providers, organizations and communities, CAMH can share knowledge, raise awareness and advocate, when requested, by giving support on specific issues. Through the Provincial System Support Program, CAMH can support the implementation of *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy* by facilitating the implementation of strategy initiatives, such as the Systems Improvement through Service Collaboratives initiative and the Mobile Training Teams Initiative.

Implementing Guiding Directions

Guiding Directions will be implemented through the collaborative efforts of a diverse set of internal programs and external partners. While CAMH can take a lead role in some areas, particularly in internal alignment or collaboration, there is a need to work with many partners to realize all of these recommendations.

Implementation Committee

As a final area of action, it is recommended that an Implementation Committee be established, comprising CAMH leadership across programs. This Committee will oversee and direct early implementation of Guiding Directions, co-ordinate partner efforts on specific implementation tasks and monitor and review the plan and its outcomes over time.

The Director of Aboriginal Engagement and Outreach will take the lead in forming this Committee, developing a terms of reference and co-ordinating meetings.

Monitoring and Review

A key part of Guiding Directions will be the ongoing monitoring and review of its implementation, as well as of the results and outcomes realized. The Committee should develop a monitoring and review framework that could encompass the following:

1. **Annual internal review** of the plan and progress made specifically toward achieving the overall vision of the plan and completing specific actions that are recommended.

2. Preparation of a short **annual update** on the implementation for key audiences, including CAMH staff, Toronto Aboriginal service providers, various ministries and departments, and First Nations, Inuit and Métis political and service organizations in Ontario.

3. **Engagement** with First Nations, Inuit and Métis communities and organizations after four years to receive feedback on implementation, and to determine what specific organizations have been working on, what is working well for them, and what additional needs they may have with respect to the plan.

4. Completion of a comprehensive **evaluation** of the plan, including experience with implementation, successes and challenges, and overall results and achievements with respect to supporting First Nations, Inuit and Métis peoples and addressing their mental health and addiction service needs.

The evaluation should be completed prior to the fifth anniversary of formally launching Guiding Directions. The evaluation should be led and directed by the Implementation Committee, but completed by an independent and qualified evaluator knowledgeable in Aboriginal evaluation practices.

The Committee should consider the results of the evaluation and recommendations made for adjustments and modifications that will improve the plan and ensure that it is relevant for the next five years.

Engagement Phase Interviews and Focus Groups

The following individuals and groups participated in interviews:

Name	Organization
Pam Williamson, Executive Director, Noojmowin Teg Health Centre **Melanie Stephens,** Mental Health Liaison, Noojmowin Teg H.C. **Leslie McGregor,** Health and Social Services Manager, Whitefish River First Nation	Aboriginal Health Access Centres
Laurie McLeod, Health Policy Analyst	Anishnabek Nation, Union of Ontario Indians
Joe Hester, Executive Director	Anishnawbe Health Toronto
Carolyn Doxtator, Health Promotions Co-ordinator	Association for Iroquois and Allied Indians
Chief Louise Hillier	Caldwell First Nation
Kathy MacLeod, Health Policy Analyst **Debbie Lipscombe,** Health Services Integration Fund Co-ordinator	Grand Council Treaty 3
Crystal Burning, Mental Health Co-ordinator **Heide Ebenhoeh,** Program Manager, First Nations and Inuit Health Branch, Ontario Region	Health Canada
Donna Roberts Potter, Clinical Services Co-ordinator **Peter Kakepetum Schultz,** Mental Health Therapist	Keewaytinook Okimakanak (KO) Telemedicine
Vanessa Ambtman-Smith, Aboriginal Health Lead & Co-chair, Provincial Aboriginal LHIN Network (PALN) South West LHIN; **Ellen Blais,** Toronto Central LHIN; **Jai Mills** (Co-chair of PALN), Central East LHIN; **Kate MacNeil** and **Ben Deignan,** HNHB LHIN; **Ed Castro,** Mississauga Halton LHIN; **Natalie Atkinson,** North East LHIN; **Larry Spence,** North West LHIN	Local Health Integration Networks Aboriginal Leads—some have multiple roles and not all LHINS were approached to participate
Wenda Watteyne, Director of Healing and Wellness	Métis Nation of Ontario
Pat Chilton, Executive Director	Misiway Milopemah-tesewin Community Health Centre, Timmins

Name	Organization
Steve Teekens, Executive Director	Native Men's Residence (Na-Me-Res)
Carol Hopkins, Executive Director	Thunderbird Partnership Foundation
Alita Sauvé, Grandmother (Kookum)	Native Child and Family Services of Toronto
Kenn Richard, Executive Director	Native Child and Family Services of Toronto
Victoria Pezzo, Executive Director	Native Women's Resource Centre Toronto
Pam Stellick, Director	Mamisarvik Healing Centre
Jason Beardy, Senior Health Advisor	Nishnawbi Aski Nation
Carol Eshkakogan, Prescription Drug Abuse Co-ordinator	N'Mninoeyaa Aboriginal Health Access Centre
Lynn Lavalée, Professor in Social Work	Ryerson University, Faculty of Social Work
Laureen Cote, Co-ordinator, Building Healthy Communities Program, and Family Violence Program **Marsha Reany**, NNADAP Youth Worker	Saugeen First Nation #59
Laureen Cote, Co-ordinator, Building Healthy Communities Program, and Family Violence Program **Marsha Reany**, NNADAP Youth Worker	Saugeen First Nation #59
Andrew Joseph, Manager	Six Nations Mental Health
Lisa Richardson, Co-lead, Indigenous Medical Education, Undergraduate Medical Education	University of Toronto
CAMH non-Aboriginal staff	Clinical staff
CAMH Aboriginal staff	Aboriginal Service and clinical staff
CAMH Aboriginal staff	Non-clinical (PSSP, Research, other)

Glossary of Terms

General Facts

- The term "Aboriginal" refers to First Nations, Inuit and Métis peoples.
- There are 1,400,000 Aboriginal people in Canada (National Household Survey, 2011).
- Aboriginal people represent 4.3% of the Canadian population.
- The Aboriginal population increased by 20% between 2006 and 2011 compared to 5.2% of the non-Aboriginal population.
- Youth aged 15 to 24 years represent 18% of the Aboriginal population.
- The median age of First Nations people is 26 years.
- The median age of Inuit people is 23 years.
- The median age of Métis people is 31 years.

First Nations

First Nations are some of the original Indigenous nations that occupied North America prior to contact with Europeans. Today there are 634 First Nations in territorial homelands throughout Canada, speaking over 60 languages and having distinct cultures, ceremonial practices and rights protected in the Constitution Act, 1982.

A Status Indian is a person entitled to be registered as an "Indian" under the provisions of membership according to the Indian Act, 1985, which is administered by the Department of Indigenous Affairs and Northern Development.

Non-status Indians are not registered on the Indian Register according to the membership provisions of the Indian Act, although they may have Indigenous ancestry.

Inuit

There are about 55,000 Inuit living in 53 Arctic communities covering 40% of Canada's land mass. The communities are located in the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Northern Quebec) and Nunatsiavut (Northern Labrador) land claims regions. Inuit call this vast region Inuit Nunangat.

Inuit affairs continued to be administered federally by the Department of Indigenous Affairs and Northern Development because historically, there has been no legislation corresponding to the Indian Act for Inuit.

Métis

The Métis emerged as a distinct Nation in the historic Northwest during the 18th and 19th centuries. The area known as the "historic Métis Nation Homeland," includes the three Prairie provinces and extends into Ontario, British Columbia, the Northwest Territories and the northern United States.

Métis people are acknowledged as Aboriginal people under Section 35 of the Constitution Act, 1982, and affirmed by the Supreme Court in 2003. The definition of Métis is as follows:

- self-identification as a member of the Métis community
- ancestral connection to the historic Métis community whose practices ground the right in question
- acceptance by the modern Métis community with continuity to the historic Métis community.

Common Terms Used in Guiding Directions

Cultural competence: a skill set of congruent concepts, including self-awareness, knowledge systems and demonstrable skills, supported by training and policies, forming a system enabling professionals to work respectfully and effectively with clients from other cultures. For health care professionals to become culturally competent in providing services to Aboriginal peoples, comprehensive training and ongoing skills development are required.

Indigenous knowledge systems: refers to how Aboriginal peoples see, relate to and experience the world. The systems of knowledge refer to the collective knowledge constructed in their homelands that inform culture, governance and laws, the celebration of spiritual life, family, kinship and social organizational structures, science, economy, medicine, mathematics, environment, language and ecology.

Traditional healing: defined as "practices designed to promote mental, physical, and spiritual well-being that are based on beliefs which go back to the time before the advent of scientific bio-medicine. When Aboriginal Peoples in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies to the promotion of psychological and spiritual well-being using ceremony, counselling and the accumulated wisdom of Elders" (Royal Commission on Aboriginal Peoples, 1996, Vol. 3).

Traditional medicine: the "sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of physical and mental illness" (World Health Organization).

Traditional cultural teachings and culturally based healing modalities such as the sweat lodge: constructed on local Indigenous knowledge systems, these practices offer a model of empowerment and recovery in service delivery that is responsive to the client's cultural background and that engages the client in the process.

For information about CAMH, please contact:
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For information on addiction and mental health issues or other resources, please visit our website:
www.camh.ca

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Centre for Addiction and Mental Health

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