



ABORIGINAL MENTAL HEALTH: A FRAMEWORK FOR ALBERTA

Healthy Aboriginal People in Healthy Communities



AMHB

ALBERTA MENTAL HEALTH BOARD

... Advancing Mental Health

ACKNOWLEDGEMENTS

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ALBERTA MENTAL HEALTH BOARD WISDOM COMMITTEE DECLARATION 2004

The following is a declaration that reflects the worldview of the Alberta Mental Health Board Wisdom Committee as guiding principles in their work to guide and support the mental wellness of Aboriginal people in Alberta.

We, the Original Peoples of this land, know the Creator put us here.

The Creator gave us laws that govern all our relationships to live in harmony with nature and mankind.

The Laws of the Creator defined our rights and responsibilities.

The Creator gave us our spiritual beliefs, our languages, our culture, and a place on Mother Earth, which provided us with all our needs.

We have maintained our Freedom, our Languages, and our Traditions from time immemorial.

We continue to exercise the rights and fulfill the responsibilities and obligations given to us by the Creator for the land upon which we were placed.

The Creator has given us the right to govern ourselves, and the right to self -determination.

The rights and responsibilities given to us by the Creator cannot be altered or taken away by any other Nation.

“This declaration remains as long as the sun shines, river flows and the grass grows.”

Adapted from the Assembly of First Nations 2001

TABLE OF CONTENTS

AMHB WISDOM COMMITTEE DECLARATION	1
TABLE OF CONTENTS	2
INTRODUCTION	3
AMHB and the Purpose of the Aboriginal Mental Health Framework	6
Vision for Aboriginal Mental Health in Alberta	7
Beliefs and Principles	8
BACKGROUND	11
Aboriginal Perspectives on Mental Health	12
Historical Legacy of Aboriginal Peoples	13
Socio-demographic Characteristics and the Diversity of Aboriginal Peoples	14
Environmental Impact on Aboriginal Peoples	18
Socio-economic Influences	19
ABORIGINAL MENTAL HEALTH	21
Key Mental Health Issues of Aboriginal Peoples: A Review of the Literature	22
Considerations for Program Development	26
STRATEGIC DIRECTIONS FOR ACTION	29
Proposed Conceptual Model	30
Strategic Directions	32
What Next? A Framework for Action	33
GLOSSARY AND REFERENCES	35
Glossary	36
References	37
List of Reports Reviewed	38



INTRODUCTION

INTRODUCTION

The Provincial Mental Health Plan for Alberta (PMHP) released in 2004 was developed through the collaborative effort of the Alberta Mental Health Board (AMHB), Alberta's nine regional health authorities, the Alberta Alliance on Mental Illness and Mental Health, the Alberta Medical Association, the Alberta Psychiatric Association, and Alberta Health and Wellness. The PMHP is one of the key initiatives in moving forward significant changes to Alberta's health system based on the recommendations of the *A Framework for Reform Report of the Premier's Advisory Council on Health (2001)* which recommended that mental health services be fully integrated with other health services available in regions and be close to where people live (PMHP, 2004).

The AMHB has been given the mandate through the PMHP to lead and facilitate the development of an *Aboriginal Mental Health Framework* in collaboration with provincial ministries, regional health authorities, Health Canada, Aboriginal communities and other service providers. The *Aboriginal Mental Health Framework* will be a framework for action in the development and implementation of regional mental health supports and services for Aboriginal peoples in Alberta.

The development of the PMHP for Alberta engaged Aboriginal stakeholders in providing information on the needs and services of Aboriginal peoples in Alberta. **Aboriginal** in this document is defined according to the *Canadian Constitution Act (1982)* as "Indian (First Nations), Inuit and Métis peoples of Canada." The following are definitions specific to each Aboriginal group:

FIRST NATIONS: Descendants of the original inhabitants of North America. Although the term "First Nation" is now widely used, there is no legal definition for it. (INAC, 2005).

MÉTIS: Métis means a person who self-identifies as Métis, is of historic Métis Nation Ancestry, is distinct from other Aboriginal Peoples and is accepted by the Métis Nation (Métis National Council, 2002).

INUIT: Inuit are the Aboriginal people of Arctic Canada. They live primarily in Nunavut, the Northwest Territories, Labrador, and Northern Quebec. Inuit means "the people" in Inuktitut, the Inuit language. (INAC, 2005).

The AMHB Wisdom Committee, Health Canada, Aboriginal Affairs and Northern Development and other Aboriginal stakeholders participated in various focus groups across the province to discuss key areas of mental health for Aboriginal peoples (PMHP, 2004).

The primary concerns identified by Aboriginal stakeholders were:

- Improved mental health outcomes for Aboriginal people depend on the creation of culturally based options for the full range of mental health services.
- Concerns of Aboriginal people relate to the availability and delivery of mental health services.
- Our present mental health system struggles with how to meet the mental health needs of Aboriginal people. Research demonstrates that the present level of programming and services does not evidentially impact the continued overrepresentation of Aboriginal people within our health and social systems. Yet, considerable Aboriginal expertise and best practices in Aboriginal mental health are available as a potential foundation for appropriate mental health services strategies.
- Planning and management of effective Aboriginal mental health services requires both formal and informal inter-governmental and inter-Ministerial, Health Canada and Aboriginal collaboration. Health Canada and Aboriginal governments need to be engaged “without abrogating or derogating from Treaty and Aboriginal rights” in providing services to First Nations people (PMHP, Appendix 2, p.1).



AMHB AND THE PURPOSE OF THE ABORIGINAL MENTAL HEALTH FRAMEWORK

The Government of Alberta's Aboriginal Policy Framework (APF) requires that Alberta Ministries demonstrate their ability to 'strengthen relationships' and address issues relating to Aboriginal peoples in Alberta. The Alberta Mental Health Board (AMHB) strives to support the APF by identifying outcomes that speak to the mental wellness of Aboriginal peoples in Alberta. For example, the AMHB potential targets for 2005-06 address a number of objectives to support the well being of Aboriginal peoples, including the Aboriginal Mental Health Framework. The Alberta Aboriginal Policy Framework provides rationale to all involved ministries and it is important that Aboriginal communities determine what is required to achieve 'wellness'. Aboriginal participation in all aspects of planning will be essential for any programming to succeed. The Provincial Mental Health Plan states "the mental health needs of Aboriginal people will be better served by a province-wide framework" (PMHP, p.16).

The purpose of the *Aboriginal Mental Health Framework* is

1. To provide background information and described factors that influence the unique and complex needs for mental health services and supports that will serve the various Aboriginal groups in the province of Alberta.
2. To develop a document in Mental Health that reinforces and reflects the Aboriginal Policy Initiative.
3. To provide strategic direction for service providers that will be beneficial in the development of services to the Aboriginal communities of Alberta.
4. To coordinate and facilitate joint service planning, service delivery, capacity building, innovation, research and evaluation. (PMHP, p.16).

VISION FOR ABORIGINAL MENTAL HEALTH IN ALBERTA

The PMHP (2004) proposes a number of statements as part of its 'vision' including clients as a first priority having access to services through effective partnerships which support their mental health needs. From an Aboriginal perspective, this means that a holistic approach to service development and delivery will be embraced and respected. This principle has been endorsed by the AMHB Wisdom Committee whose goals include the following:

"To promote the improvement of the well being of the mind, body, spirit and emotions of Aboriginal children, adults, families and communities through Aboriginal culturally appropriate promotion, prevention and treatment services within the mental health system in Alberta"
(AMHB Wisdom Committee, 2004).

This statement supports the following proposed **Vision** for Aboriginal mental health in Alberta:

A responsive and accountable mental health system, that is recognized as a provincial and national leader, actively supports First Nations, Métis and Inuit individuals, families and communities in pursuit of their aspirations for health and well-being.



BELIEFS AND PRINCIPLES

The *Aboriginal Mental Health Framework* is based on the following beliefs and principles that support an effective and holistic approach to the delivery of mental health services to Aboriginal people.

AMHB Wisdom Committee Statement of Beliefs

- We Believe in the Laws of the Creator: The Creator is Almighty.
- We believe in the principle of holistic healing: Spiritual, Emotional, Mental and Physical. Traditional medicine – gives the spirit and power back to the individual by empowering them and gives them the responsibility to take care of their life.
- We believe that we need to have relationships and accept that we are all related and we all come from the same source.
- We believe that we need to go back to our traditional values and beliefs.
- We believe in a holistic approach: sharing, honesty, trust, respect, honour, love, caring and support.
- We believe that our declaration reflects what we do; the important role of our Elders and Traditional Healers are what we need to keep us on track and bring us comfort in the work we do.
- We believe that the declaration identifies who we are.
- We believe in the traditional ways of our people.
- We believe we began this work with the original ways of our people through prayer, involving the Elders, Healers, from the very beginning.

The beliefs of the AMHB Wisdom Committee are acknowledged and shared by the World Health Organization (2001), which promotes a balanced continuum of care based on continuing relationships. It is to be noted, however, that this worldview is not shared by all Aboriginal people. There are Aboriginal people who may have chosen other ways of expressing their beliefs and way of life. A number of reports and studies suggest that a holistic and inclusive approach is best when developing services for Aboriginal people.

The National Aboriginal Health Organization (NAHO, 2003) supports the importance of a holistic approach in the healing journey. The Government of Alberta, Health and Wellness (2004) also advocates for balanced care in Aboriginal health services; and Alberta Agriculture, Food and Rural Development has developed *Principles of Aboriginal Involvement* (2004) which supports the need for Aboriginal people to be involved in the design and delivery of Aboriginal services.

Principles

1. Based on common goals, all necessary partners will support the health and well-being for Aboriginal peoples in Alberta through a coordinated, holistic approach.
2. The respect for the diversity of the Aboriginal population in Alberta will be demonstrated in the development and implementation of mental health programs and services for Aboriginal peoples.
3. Services will reflect community needs and protocols.
4. Efforts will be made to engage Aboriginal peoples in defining priorities for Aboriginal well-being in Alberta.





BACKGROUND

BACKGROUND

ABORIGINAL PERSPECTIVES ON MENTAL HEALTH

The concept of mental health as narrowly defined by western medical science is not easily translated among Aboriginal cultures. Inherent in the philosophies of many Aboriginal peoples are the beliefs and teachings about creation, life, spiritual practices, the maintenance of one's well-being, and relationships with all aspects of creation. At the core of Aboriginal philosophies is the concept of Spirit, the eternal force from which all aspects of creation evolve. On a human level, Spirit is the foundation of being and subsequently well-being. Nourishing and honouring of Spirit fosters the balance and harmony of the body, mind, and emotions. Neglect of one affects all. Within an Aboriginal perspective health is viewed inclusive of the health and well-being of the individual and family and the community. To become imbalanced or ill in body can lead to an imbalance in emotions and mind.

The World Health Organization defines traditional medicine and healing as “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 treatment of physical and mental illness” (Martin Hill, 2003 p.3). Traditional healing has also been 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 spread of western ‘scientific’ bio-medicine” (Martin Hill, 2003 p.7). When Aboriginal people discuss the elements of 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, counseling and the accumulated wisdom of elders” (Martin Hill, 2003, p.7).

On comparison with western medicine that typically has the goal ‘to cure’, the goal of traditional medicine is ‘to improve the quality of life with an emphasis on the healing journey’ (NAHO, 2002, p.9). As NAHO (2002) states, a basic principle of the scientific method is “to separate parts from the whole and to concentrate on the parts that need the most attention. In the traditional model, the approach is to consider the whole of the person's being. Quality of life is the focus, with an emphasis on achieving balance in all aspects” (Ibid, p.9).

HISTORICAL LEGACY OF ABORIGINAL PEOPLES

Among the various groups of Aboriginal peoples in Canada and Alberta it is a common held belief that Aboriginal people have been here since time immemorial. Their unique histories predate contact with Europeans, which over the past few centuries has provided strengths and challenges to Aboriginal people. Strengths include the acquisition of new skills and tools for development through economic and educational processes. Challenges, however, include the erosion of Aboriginal cultures through colonialism and assimilation including policies that have attempted to erode Aboriginal forms of governance, language, and education. In addition, loss of traditional lands and the exploitation of the land's economic resources have resulted from these practices.

The impact of western European contact and colonization of Aboriginal peoples is also evident today in the diversity of spiritual practices. Many Aboriginal people follow and practice Aboriginal ways, others uphold Christian beliefs, and still others practice either a combination of both or neither. It has been stated that this historical context sets the stage to examine the contemporary health and well-being of Canada's Aboriginal people (CIHI, 2004, p. 75).

The aforementioned historical factors have had major impacts on all aspects of the lives of Aboriginal peoples including their individual, family, and communal health and well-being. These factors will be key issues to acknowledge in the planning and delivery of mental health services to Aboriginal consumers. As Kirmayer, Simpson, and Cargo (2003, p.15) state:

“There is clear and compelling evidence that the long history of cultural oppression and marginalization has contributed to the high levels of mental health problems found in many (Aboriginal) communities. There is evidence that strengthening ethnocultural identity, community integration and political empowerment can contribute to improving mental health in this population”.



SOCIO-DEMOGRAPHIC CHARACTERISTICS AND THE DIVERSITY OF ABORIGINAL PEOPLES

According to the 2001 Census, approximately 156,000, or 5% of Alberta's population are Aboriginal people defined in Alberta as First Nations, Métis, and Inuit. Of these, 84,995 are identified as North American Indian, 66,060 as Métis, and 1,090 as Inuit. Approximately 65,130 of Aboriginal people live in Edmonton, Calgary, or Lethbridge with about 62,840 living in the two largest centres. The remaining individuals reside either on reserves within the three treaty areas, on Métis settlements, or in other urban and rural areas within the province (Statistics Canada, 2001).

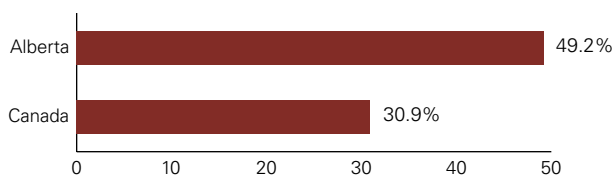
The Department of Indian and Northern Affairs, Canada, keep its own data on those First Nation members who are registered according to the Indian Act. As a result, the department's figures are slightly different from those of Statistics Canada. Based on the 2001 Indian and Northern Affairs Register, there are 87,703 registered First Nations people in Alberta with 29,657 living off-reserve (INAC, 2003).

According to the 2001 Census, approximately 976,305 people, or 3.3% of the total population of Canada, identify themselves as Aboriginal, that is, either North American Indian (including First Nations), Métis or Inuit. Of the 976,305 individuals who identify themselves as Aboriginal, 62% (608,850) report that they are North American Indian/First Nations, 30% (292,305) identify themselves as Métis, and 5% (45,075) identify themselves as Inuit. Nationally, 47% of those who identify themselves as North American Indian live on reserve, 68% of Métis population live in urban areas, and half of the Inuit population live in Nunavut.

There are eight Aboriginal languages spoken by the various First Nations in Alberta. Michif and Cree are the First Nation languages spoken among the Métis, and Inuktitut is spoken by the Inuit.

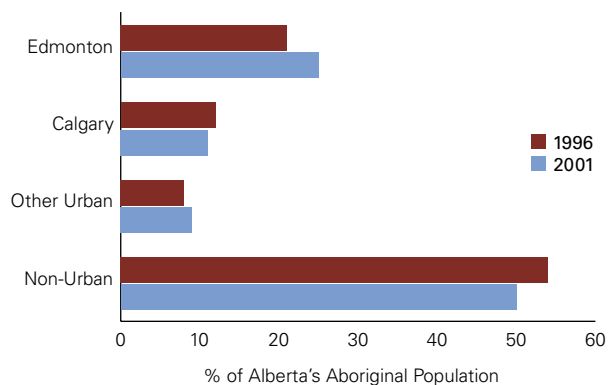
There is also some recent data which suggests the importance of examining the urban Aboriginal story. The following tables exemplify how this is an important area for consideration in service planning and delivery of mental health services with Aboriginal peoples in Alberta:

Aboriginal Population Resident in Major Urban Centres – Canada and Alberta (2001)



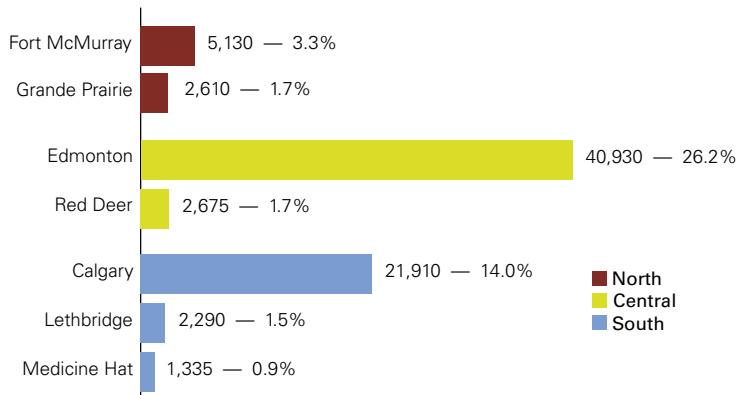
Source: Statistics Canada, 1996 & 2001 Census of Canada

Aboriginal Urbanization Trend – Alberta



Source: Statistics Canada, 1996 & 2001 Census of Canada

Aboriginal Population of Alberta's Major Urban Centres
Total = 76,880



First Nations

In Alberta, there are 44 First Nations within the three Treaty areas. They are situated on 124 reserves. Combined, these reserves cover 700,500 hectares of land, which is an area slightly larger than Banff National Park (approximately 664,000 hectares).

Métis

Most Métis live in western Canada in both rural and urban settings but primarily Métis and/or mixed communities. Presently, there are over 300 Métis communities, most of which are English speaking. However, some northern communities primarily speak Cree or Michif (Métis National Council, 2003).

Metropolitan areas with the largest Métis populations include Winnipeg (31,395), Edmonton (21,065), Vancouver (12,505), and Calgary (10,575) (Statistics Canada, 2001). Alberta has the largest Métis population (66,050), of which approximately 6% (4,200) live on the eight Métis Settlements of Buffalo Lake, East Prairie, Elizabeth, Fishing Lake, Gift Lake, Kikino, Paddle Prairie, and Peavine. Forty thousand Métis people live outside the settlements, of which 55% reside in Alberta cities. There are also non-recognized Métis settlements which include the Métis communities of Marlboro and Grande Cache. The largest Métis urban populations within Alberta reside in Edmonton and Calgary (Métis National Council, 2003).

Inuit

Most Canadians view Inuit people as the Aboriginal people of Arctic Canada. The word 'Inuit' means 'the people' in Inuktitut, the Inuit language, and is the term the Inuit use to refer to themselves. The Inuit population is largely situated north of the 60th parallel. However, according to the 2001 Census, there were 1,090 individuals who identified themselves as Inuit living in Alberta.

Statistics Canada (2004) reports that "although the Inuit birth rate has declined in recent years, it is still twice as high as the overall non-Aboriginal birth rate." Compared to other Aboriginal groups, the Inuit have the youngest population. This and other factors related to mobility and lifestyle changes create some unique needs in the area of mental health services for the Inuit people (Statistics Canada, 2004, p.16).

Aboriginal Children and Youth

It has been said that 'Children are Gifts from the Creator'; however, historically there have been a high number of Aboriginal children in the care of the Ministry of Children's Services in Alberta. In February 2005, there were over 5,000 Aboriginal children in the child welfare system with a large number having the status of permanent wards and being over the age of twelve (Alberta Children's Services, 2005). These children and their families require the assistance of a responsive mental health system.

Overall, the Aboriginal population is young, both at a national and provincial level. The national statistics indicate 50% of those identified as North American Indian are less than 23 years of age. Fifty per cent of the Métis population are under 27 years of age, and the youngest Aboriginal population are the Inuit with 50 per cent younger than 20 years of age.

Learning about Aboriginal children and youth living in Alberta might lead to a better understanding of their situation. One of the growing concerns for Aboriginal youth in Alberta, for instance, is the influence of drugs such as crystal meth, known to be extremely addictive and easy to obtain (AADAC, 2005). Other activities such as gang involvement and warfare, violence in schools or exposure to racism and stereotypes can impact the self-development of Aboriginal youth. Although there is a lack of empirical studies which address these concerns, a recent report from the Aboriginal Health Program in Calgary Health Region (2005, p.12) states that the initial data on mental health suggests that Aboriginal youth are more likely to visit a doctor with mental health concerns than their non-Aboriginal peers.

The Centre for Suicide Prevention in Calgary (2004) states that although the daily realities of many Aboriginal youth may be grim, Aboriginal people have shown an incredible resiliency and ability to survive. The organization claims that this is the starting point in making change and for other organizations devoted to enhancing the well-being of Aboriginal youth, these can be viewed as words of encouragement.

ENVIRONMENTAL IMPACT ON ABORIGINAL PEOPLES

There have been a number of environmental impacts in various geographic locations that have altered the lifestyle and well-being of Aboriginal populations in those regions. Chadakrant (2004, p.270) describes risk factors for Aboriginal health including poor housing conditions and environmental contaminants. This is heightened in traditional diets where the animals have been exposed to contaminants and later ingested by Aboriginal peoples. He describes this factor as complex because game meat and fish are a healthier diet than processed foods and contributes to the cultural and spiritual bonds for Aboriginal peoples. Alberta Health and Wellness and the University of Alberta (2004, p.48) predict an increase in chronic respiratory disease in the future. Risk factors for conditions such as asthma and other respiratory tract infections include environmental factors such as air pollution e.g., gaseous pollutants. There are a number of Aboriginal communities located within close range of major industrial development sites in Alberta. Communities near development projects in Fort McMurray or Swan Hills for example may be at risk for health problems associated with these living environments. Health services need to consider these factors in developing local services.



SOCIO-ECONOMIC INFLUENCES

A number of socio-economic factors have influenced the characteristics of the diverse Aboriginal communities in Alberta. Although there are other variables that are unique to each Aboriginal community, some of the general factors include the following:

Political Context

There are political diversities in Alberta's Aboriginal communities that are influenced by jurisdictional issues, mandates, resource allocations, and cultural and historical factors. These political diversities have implications for the formation of partnerships and for collaboration with Aboriginal peoples in the development of mental health services (Aboriginal Affairs and Northern Development, 2001).

Demographic Influences

The Department of Indian Affairs and Northern Development (1997) reported that First Nations populations will increase at a rate of 1.7% compared with 1.1% for the general population (White, Maxim, & Beavon, 2003, p.10). The Royal Commission on Aboriginal Peoples (RCAP, 1996) projected growth rates for Aboriginal people 58% higher than the 1991 Census, at an estimated rate of 52% from 1991 to 2016 (White, Maxim, & Beavon, 2003, p.3).

However, demographic studies have used various methods to identify Aboriginal peoples in Canada. These studies are often based on projection models that do not address influences on demographic changes affecting Aboriginal populations. For example, marriage and fertility estimates are based on models that may not consider how ethnicity may change from birth to death. In other words, Aboriginal peoples may have their identity altered through factors such as status inheritance rules, self-reporting mechanisms, and reinstatements of status (White, Maxim & Beavon, 2003, p.55).





**ABORIGINAL
MENTAL HEALTH**

ABORIGINAL MENTAL HEALTH

KEY MENTAL HEALTH ISSUES FACED BY ABORIGINAL PEOPLES: A REVIEW OF THE LITERATURE

A cursory review of the literature on the health of First Nations, Métis, and Inuit peoples resulted in the identification of seven themes linked to Aboriginal mental health and well-being:

1. **Health must be viewed from a holistic perspective.**
2. **Health determinants are key in addressing and analysing the health of Aboriginal peoples.**
3. **Information needs of Aboriginal peoples are not being met.**
4. **Knowledge and service gaps exist.**
5. **Aboriginal people have unique mental health challenges and needs.**
6. **Jurisdictional issues impact service.**
7. **There are policy gaps and programs and services access concerns.**



1. Health must be Viewed from a Holistic Perspective

National Aboriginal Health Organization (NAHO) identified five key factors that are considered contributors to positive change in Aboriginal health systems (CIHI, 2004, p.95).

- Aboriginal ownership and control
- Focus on primary care
- Links with the provincial health system
- Integrated service delivery
- A holistic focus and integration of traditional approaches with mainstream care

2. Health Determinants are Key in Addressing and Analysing the Health of Aboriginal Peoples

Five key health determinants identified by the Canadian Population Health Initiative (CIHI, 2004, p.75) as affecting the health of Aboriginal Peoples are:

- Ongoing impacts of colonialism
- Relationship between housing and health
- Legacy of the residential school system
- Climate change and environmental contaminants that impact Inuit health
- Community control and self-determination

3. Information Needs of Aboriginal Peoples are Not Being Met

The National Aboriginal Health Organization (NAHO) identified five priority information needs that are currently not being met (CIHI, 2004, p.98).

- Development of health information systems for Métis
- Estimates of current and projected demographic changes of all Aboriginal peoples
- Information about the ongoing incidence and prevalence of the full range of identified diseases and conditions (there is currently an emphasis on communicable and some chronic diseases)
- Investigation of new trends and emerging issues
- Monitoring of environmental quality (water, air, land and food sources)

The data for Aboriginal peoples in the area of health is predominantly on First Nations and Inuit people. However, this health data, contains little, if any information on mental health. Recent data released by

Alberta Health and Wellness and the University of Alberta Public Health Sciences (2004) indicate that First Nations people were seeking help at higher rates than the general population for mental health problems primarily through physicians, emergency rooms, and hospital admissions rather than mental health outpatient clinics. This data also disclosed that one of the greatest challenges for Aboriginal mental health in Alberta is to “balance the needs of diverse populations of Aboriginal clients accessing mental health” (Alberta Health and Wellness, 2004, p.25).

There is very little health or mental health data that is specific to Métis. Research conducted by the Canadian Institute of Health Research made an attempt to include Métis health issues but found minimal health indicators due to the void of an identifier. As well, there is limited mental health information for First Nations, Métis and Inuit peoples in the *Aboriginal People’s Survey* (Statistics Canada, 1994, 1996, 2001) and lack of information specific to regional diversity within the *First Nations and Inuit Regional Health Survey* (1997). It is also important to note that there is a small population of Inuit people in Alberta whose needs must be identified and addressed.

4. Knowledge and Service Gaps Exist

Knowledge in Aboriginal mental health, appropriate funding models, and the availability of mental health services and an Aboriginal mental health workforce pose ongoing challenges to the mental health system. Research and data on all aspects of Aboriginal mental health, including best practice models, are limited and in some instances non-existent. Mental health services specific to Aboriginal populations, and the availability of Aboriginal people trained in mental health and working in the mental health system are also very limited.

5. Aboriginal People have Unique Mental Health Challenges and Needs

Family violence, suicide, and substance abuse problems are common among Aboriginal peoples in Alberta. Many of the mental health issues facing Aboriginal peoples today are rooted in historical and socio-economic factors. Family violence, including physical and sexual abuse, is often the reason for referrals to mental health centres and hospitals and can be directly related to the historical legacy of Aboriginal people, such as the residential school system. Suicide among Aboriginal peoples, but more specifically among Aboriginal youth, is of major concern provincially and nationally. Various studies estimate the average rate of youth suicide in some Aboriginal communities is eight times higher than the national average.

The Canadian Population Health Initiative (2004) states “the social, economic and environmental conditions of Aboriginal people are worse than those of non-Aboriginal people. These include education, work status, income, housing, water and sewage systems and nutritional options that are readily available and affordable”

(CIHI, p.90). These conditions impact the ability of Aboriginal communities to meet many of the social determinants of health, which in turn impacts the health of the people. Cultural safety needs to be assured and cultural awareness and positive imaging needs to be promoted. For example, First Nations may have concerns around giving others access to their mental health service information for fear the information will be used to steer program dollars away from the community.

6. Jurisdictional Issues Impact Service

Mental health programming for First Nations and Inuit is divided between federal and provincial governments. However, there is limited funding and continuity of services that cause barriers to the health and mental health of Aboriginal people. Mental health programs and services are the responsibility of each First Nation and the First Nation and Inuit Health Branch (FNIHB); therefore, the issue of jurisdiction is a significant policy initiative where discussions with all these stakeholders must be processed in order to determine how provincial mental health services can create a relationship that enhances change and improves existing services. FNIHB funds mental health activities and services in the form of short-term crisis intervention, counselling, treatment and prevention programming through the following four initiatives and programs:

- Brighter Futures Initiative
- Building Healthy Communities Initiative
- Non-Insured Health Benefits Program
- National Native Alcohol and Drug Abuse Program

7. There are Policy Gaps and Program and Services Access Concerns

There is no national mental health policy for First Nations, Métis, and Inuit peoples. The influence of the national gap is that provincial mental health programs have no Aboriginal mental health policy. Although Aboriginal peoples in Alberta are eligible to access mental health services that are outside First Nation reserves and Métis settlements such as in community mental health clinics, hospitals, and psychiatric institutions provided through the regional health authorities, there are significant concerns regarding access to these services. These concerns include whether services are geographically easy to access, welcoming, and culturally appropriate; and if the professionals providing these services are aware of the unique needs of Aboriginal people. Services to Aboriginal children and youth are also an important area for program and policy development.

CONSIDERATIONS FOR PROGRAM DEVELOPMENT

Culturally appropriate mental health programming for Aboriginal people means acknowledging and understanding the historical, political, economic, social, cultural, linguistic, and community factors that influence and continue to impact the well-being of Aboriginal peoples in Alberta. It is crucial for the success of any Aboriginal mental health program to incorporate traditional Aboriginal approaches to healing as an option. Furthermore, programming must be holistic in focus and use the expertise and knowledge of Aboriginal peoples and their communities (PMHP, p. 30).

Currently, the diagnosis of mental illness and mental disorders of individuals are completed by physicians, psychiatrists, and other mental health professionals using the Diagnostic Statistical Manual – 4th Edition (DSM-IV-TR) developed by the American Psychiatric Association. The manual is grounded in western science and is based on a disease-oriented model that focuses on the individual. Mental illness cannot be viewed only from this western medical model if a holistic approach is a viable option in the mental health of Alberta's Aboriginal peoples. It is recognized, however, that although mental health services in Alberta have a history of following a medical model, new advances in treatment modalities and innovative service delivery practices such as solution-focused and narrative therapies and single-session brief therapy models are leading the way for strength-based and holistic models of mental health practice in western models of health care.

It is also important to note that what is culturally appropriate mental health programming for one group of Aboriginal peoples is not necessarily appropriate for another group. As previously described, there is much diversity of Aboriginal peoples in this province, which can be addressed through a decentralization of service planning.

Beliefs are complex systems with any group of people and encompass many areas including spiritual practices and beliefs about human life. Although diversity in cultural practices, languages, values, and belief systems is considerable among the Aboriginal peoples in Canada and in Alberta, there are many commonalities including a belief system based on the concept of holism. Simply stated, holism is the belief that all forms of life and all elements of creation are inter-connected, with each aspect affecting the others. Holism is evident in Aboriginal peoples' belief systems relating to life, health, and well-being.

Even though there is diversity among Aboriginal groups, the most common feedback received from the Aboriginal focus groups in the development of the PMHP (2004) was that Aboriginal people want the option to use and have available culturally appropriate mental health services that acknowledge the historical, colonial, and assimilative factors that impact them. More importantly, it is critical to validate Aboriginal practices on healing by making traditional healers and medicine available as a viable option in seeking help for mental health problems.



Traditional Concepts

The four traditional concepts of holism, history, spirituality, and relations must guide program development for Aboriginal mental health.

Holism Working within the context of the Aboriginal worldview, nature is qualitative and subjective rather than quantitative and objective. Holism is the guide to determining preparedness for task, timing, and balance of other factors. Holism is the medium for communication.

History Where it becomes more than longitudinal chronology, history is a major process of understanding. The analysis of history provides the perspective from which one examines Aboriginal and non-Aboriginal relationships formed, solutions sought, methods tried, and opportunities made for new developments.

Spirituality Spirituality is honoured in all life, and begins, exists within, without, and throughout all relationships.

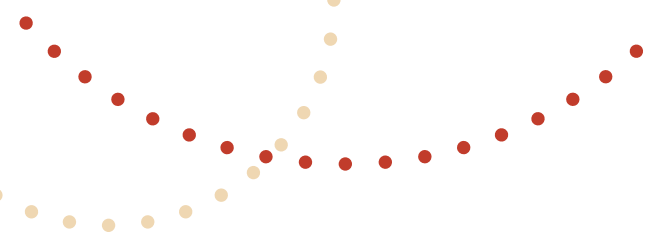
Relations The Aboriginal concept of relatedness demands that every entity in the universe seeks and sustains personal relationships, and that the spiritual aspect of knowledge teaches that relationships are not left incomplete. This gives life to the traditional protocols that support the honouring of relations (adapted from Indian Association, Native Child Welfare, 1988).

Other Considerations

Other considerations include some of the following program components that have an integral place in service development and delivery related to Aboriginal people:

Accountability In the Aboriginal community, accountability is defined differently than the process within government and non-Aboriginal organizations. Communication with community members is based on protocols and procedures to ensure all partners are involved and consulted as initiatives are developed and implemented internal and external to the organization (For example, see Appendix A: *AMHB Aboriginal Research Protocols*).

Research, Evaluation and Service Delivery Projects Integral to any research, evaluation or service implementation project is the principle that Aboriginal people assume a leading role. In addition, a research guide needs to be developed or identified for the design, implementation, and dissemination of information. This guide should acknowledge Aboriginal cultural approaches and protocols that are identified and maintained within specific Aboriginal communities. Outcomes, indicators, and measures that relate to Aboriginal programs and services need to be developed in collaboration with affected Aboriginal communities.



Human Resource Capacity The development of a culturally competent workforce ensures that a comprehensive workforce plan reflects strategic priorities that encompass the unique needs of Aboriginal staff and consumers/clients. It recognizes the opportunities and benefits to the mental health system in training, hiring, retaining, and supporting a workforce that reflects the cultural diversity of local communities. Aboriginal staffing at every service level, including traditional healers and elders, is part of integrated service provision. Cultural awareness training and orientation is vital for mental health staff as well as other service providers (education, police, social services, children’s services, etc.) in both facilitating access to mental health services and in providing services that support mental health/wellness.

Financial Resource Capacity Funding development requires strategies based on level of need for services equitable to non-Aboriginal peoples and communities. Issues of access, delivery, and capacity will inform the necessary level of resources required. Collaboration with existing partners such as health regions, Alberta Health and Wellness, Health Canada or local wellness centres can produce some creative strategies reflective of local needs and customs.

Integrated Community-based Service Delivery

Integrated community-based service delivery strategies to address the determinants of health and ensure that services are available and accessible in the communities where Aboriginal people reside are integral to successful mental health service provision. It also requires that an integrated, community-based service delivery strategies and systems are developed with culturally based mental health/wellness service providers who are educated to become culturally competent to serve Aboriginal people. Mental health providers can only create an environment of “cultural safety” for Aboriginal people if they have been trained to understand and accept the cultural, linguistic, tribal, geographical, economic, political, and community context of the various Aboriginal communities. Failure to grasp the significance of these contextual factors often leads to stigmatization, misdiagnosis, and inappropriate treatment. Capacity building approaches must identify the strengths and recognize the expertise within each Aboriginal family and community.

Unique Approaches Required

The above factors demonstrate the need for innovative and unique approaches to service development and delivery in addressing the mental wellness of Aboriginal peoples in Alberta. Jurisdictional complexity influenced by mobility and migration creates challenges in reducing and serving the Aboriginal community. A historical legacy which includes linguistic and cultural diversity creates unique regional dynamics for service provision. The importance of relationships with service providers and Aboriginal stakeholders is therefore critical. Strategic Directions focused on relevant action are required.



STRATEGIC DIRECTIONS FOR ACTION

STRATEGIC DIRECTIONS FOR ACTION

PROPOSED CONCEPTUAL MODEL

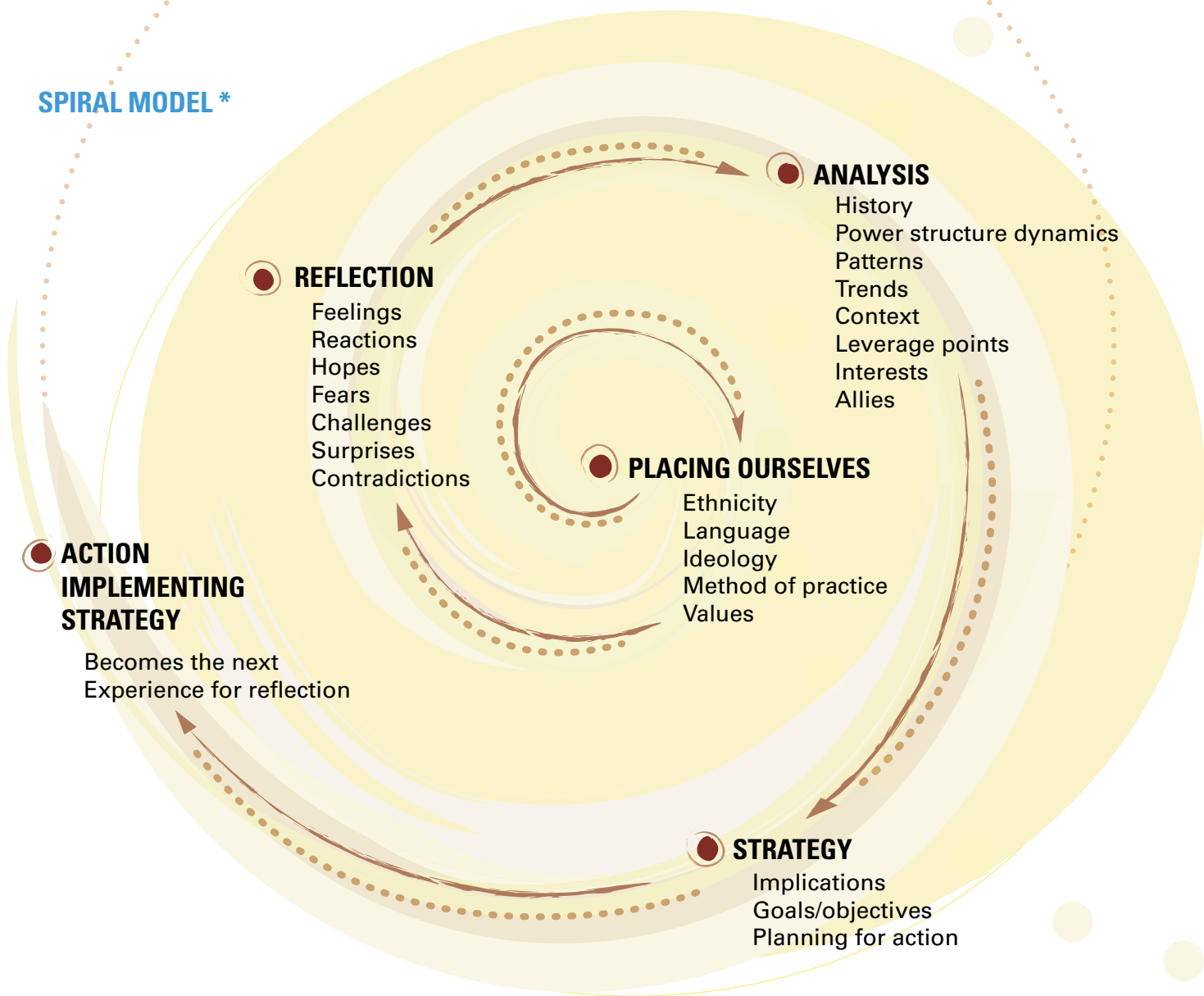
Mental health, as defined by Aboriginal people, is not separate from physical, emotional or spiritual health. The conceptual model presented is an integrated model of two conceptual models.

The medicine wheel or the life cycle is borrowed from the teachings of the medicine wheel or the circle of life in which balance and harmony must prevail. The model represents the unity which prevails on the AMHB Wisdom Committee by including representatives from First Nations, Inuit, and Métis peoples on the committee. This concept also facilitates the understanding of the purpose of the *Aboriginal Mental Health Framework*, in which the circle can be used as a conceptual guide for the development of mental health programs and services.

The Circle of Life can be conceptualized in various ways. The important elements are the components of *spiritual, emotional, physical and mental* aspects of planning and service delivery, which are reflected in each domain of the Spiral Model.



SPIRAL MODEL *



* The Spiral Model is adapted from *Becoming an Ally Breaking the Cycle of Oppression* by Anne Bishop, 2002, Fernwood Publishing, Halifax. Also called the Action-Reflection Model or the Conscientization Model Adapted from: The "Core Model" of Learning, Centre for Christian Studies, Toronto, Ontario CUSO Education Department, *Basics and Tools: A Collection of Popular Education Resources and Activities* (Ottawa: CUSO, 1988) Arnold, Burke, James, Martin, Thomas, *Educating for a Change* (Toronto: Between the Lines, 1991)

STRATEGIC DIRECTIONS

Strategic Directions were identified during focus group discussion for the development of the Provincial Mental Health Plan in 2003. They are captured as key points in the PMHP Appendix A (pp 34-35). The following strategic directions serve as a foundation for joint action planning to advance Aboriginal mental health.

1. Service Development

- Integrated, community based service delivery
- Culturally based wellness workers
- Capacity building approaches

2. Human Resources

- Comprehensive workforce to meet the cultural diversity of Aboriginal peoples and their unique needs
- Cultural Awareness training for mental health professionals serving Aboriginal peoples

3. Research and Evaluation

- Aboriginal people take a lead role in research, evaluation and planning
- Develop a research guide (plan) that acknowledges Aboriginal cultural approaches and protocols

4. Funding

- Equitable funding

5. Data Collection and Information

- Need for more accurate data specific to the Aboriginal peoples (First Nations, Métis & Inuit) in health/mental health
- Need to establish a system to monitor mechanisms to identify, monitor and reduce barriers to the mental health system used by Aboriginal Peoples

WHAT NEXT? A FRAMEWORK FOR ACTION

The next step for the AMHB Aboriginal Mental Health team is to bring this Framework to the Aboriginal communities and agencies, federal and provincial stakeholders, and the Regional Health Authorities. Dialogue will be facilitated with each stakeholder regarding the action steps needed to implement the strategic directions mentioned in the Framework. Each stakeholder needs to evaluate what their needs are for their region or community in terms of this Framework and its implementation process.







GLOSSARY AND REFERENCES

GLOSSARY

National Aboriginal Health Organization (NAHO)

- Created in 2000
- “Designed and controlled by Aboriginal people. Its mandate is to influence and advance the health and well-being of Aboriginal peoples through knowledge based strategies” (CIHI p.92).
- In 2001, Three Centres of Excellence specializing in the health of First Nations, Métis and Inuit were established.

Institute of Aboriginal Peoples Health (IAPH)

- One of 13 institutes of the Canadian Institutes of Health Research
- Established in 2000
- Its mandate “supports research to address the special health needs of Canada’s Aboriginal Peoples” (CIHI, p.92).

Aboriginal Healing Foundation (AHF)

- Established in 1998 in response to the Royal Commission on Aboriginal Peoples (RCAP) report regarding the impact of the residential schools system. The federal government provided 350 million dollars to Aboriginal peoples towards the healing of the intergenerational impact of the physical and sexual abuse that occurred in these schools. All monies were to be dispersed by March 2003 and funded projects to be monitored and evaluated until 2008. No new dollars have been set up to continue with the healing (CIHI, p.92).

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