Embracing Good Mind

Final Report on Mental Health
Urban Aboriginal Communities Thrive (U-ACT)

Phase II of the Urban Aboriginal Task Force
March 2013

A Community-Driven Research Initiative by:
The Ontario Federation of Indian Friendship Centres

and

North Bay Indian Friendship Centre
Sault Ste. Marie Indian Friendship Centre
Timmins Native Friendship Centre
Urban Aboriginal Communities in Ottawa, Barrie and Midland
Copyright

All materials in this Report, except materials that are otherwise cited, are copyrighted by the Ontario Federation of Indian Friendship Centres (OFIFC). No part of this publication may be reproduced or transmitted in any form or by any means, electronic, mechanical, including photocopy, duplication, recording, or any information storage and retrieval systems, without permission in writing from the OFIFC. We monitor copyright violations and enforce compliance.
Acknowledgments

The Ontario Federation of Indian Friendship Centres would like to thank the Ministry of Health and Long Term Care for your contribution of resources to sustain this valuable research project.

We would like to express our sincere gratitude to the five communities that took part in this study and the many community members who gave their time and resources to help make this project successful in North Bay, Timmins, Sault Ste. Marie, Barrie, Midland, and Ottawa. We value your expertise and knowledge and could not have done this without your participation. To the community research teams, we thank you for your dedication and passion towards building capacity in your communities through research and learning.
EXECUTIVE SUMMARY

In 2007, the Ontario Federation of Indian Friendship Centres (OFIFC) completed a two-year research project, the Urban Aboriginal Task Force (UATF) in the five Friendship Centre communities of Barrie/Midland/Orillia, Kenora, Thunder Bay, Sudbury, and Ottawa. The study provided support for the development of a strategic approach to resource allocations to address the needs and strengths of urban Aboriginal people in Ontario. UATF Phase II: Urban Aboriginal Communities Thrive (U-ACT) is the second phase of the UATF and is currently underway in North Bay, Sault Ste. Marie, and Timmins, with support from the Ministry of Aboriginal Affairs (MAA), the Ontario Trillium Foundation, and the Aboriginal Affairs and Northern Development Canada (AANDC).

Funding from the Ministry of Health and Long Term Care (MOHLTC), provided in 2012, allowed for the inclusion of mental health-targeted research activities into the U-ACT research project to examine the level of service integration and coordination in the mental health sector locally, including opportunities, gaps, and barriers existing in those sites to accessing mental health and addictions services as well as facilitating integration of these services at the community level. The U-ACT project was solely guided by the USAI Research Framework, developed in 2012 by the OFIFC, which emphasizes a community-driven approach in order to build research capacity within Aboriginal communities.

Five (5) Ontario communities were involved in the Mental Health project. Three (3) as part of U-ACT research: North Bay, Timmins, and Sault Ste. Marie, and two (2) as a follow up to the 2007 UATF, including: Barrie/Midland and Ottawa. Each site was required to address urban Aboriginal mental health through a community-driven research process requiring literature review and community consultation, with an emphasis on youth involvement. This research was intended to identify specific gaps and barriers for urban Aboriginal mental health services, determine best practices already existing that could be improved or built upon in the local Friendship Centre communities to improve urban Aboriginal mental health and most importantly, provide recommendations on how to improve future service integration between local Aboriginal and mainstream mental health and addictions service providers.

Feedback from the communities was generally very similar and the most widespread recommendations included: increased cultural competency of service providers; enhancement of the current referral system for Aboriginal mental health services; a focus on developing culturally-appropriate and accessible services for youth; and finally, an increased focus on cultural safety in existing programs and services through the implementation of an Aboriginal-specific wholistic health framework. Cultural safety incorporates the active protection and upholding of the cultural identity of individuals through the continual analysis of power relations and monitoring of practices.
ABBREVIATIONS

In-Text Abbreviations:

AANDC: Aboriginal Affairs and Northern Development Canada
ACBC: Aboriginal Capacity Building Circle
AHF: Aboriginal Healing Foundation
BANAC: Barrie Area Native Advisory Circle
CAC: Community Advisory Committee
CMHA: Canadian Mental Health Association
EAC: Elder Action Circle
LHIN: Local Health Integration Network
MAA: Ministry of Aboriginal Affairs
MNO: The Metis Nation of Ontario
MOHLTC: Ministry of Health and Long Term Care
MOU: Memorandum of Understandings
NBIFC: North Bay Indian Friendship Centre
OAC: Ottawa Aboriginal Coalition
OFIFC: The Ontario Federation of Indian Friendship Centres
ONWA: The Ontario Women’s Association
SSMIFC: Sault Ste. Marie Indian Friendship Centre
TNFC: Timmins Native Friendship Centre
UACT: Urban Aboriginal Communities Thrive
UATF: Urban Aboriginal Task Force
USAI Research Framework: Utility, Self-Voicing, Access and Inter-Relationality Research Framework
YAC: Youth Action Circle

Note: For the purposes of this report, the term ‘Aboriginal’ refers to a collective of three distinct Aboriginal peoples of Canada: First Nations, Inuit, and Métis.
# CONTENTS

EXECUTIVE SUMMARY .................................................................................................................. 5  
CONTENTS ........................................................................................................................................ 6  
ABBREVIATIONS .............................................................................................................................. 6  
U–ACT INTRODUCTION .................................................................................................................... 9  
  UATF Phase I: Community-BASED Research .................................................................................. 9  
  UATF Phase II: Community-DRIVEN Research ............................................................................. 11  
U–ACT METHODOLOGY .................................................................................................................. 13  
COMMUNITIES DRIVING MENTAL HEALTH RESEARCH .............................................................. 15  
GENERAL RECOMMENDATIONS .................................................................................................... 19  
SITE REPORTS .................................................................................................................................. 23  
  REPORT SUMMARY #1 Barrie/Midland ......................................................................................... 25  
  REPORT SUMMARY #2 North Bay ................................................................................................. 29  
  REPORT SUMMARY #3 Ottawa .................................................................................................... 33  
  REPORT SUMMARY #4 Sault Ste. Marie ..................................................................................... 37  
  REPORT SUMMARY #5 Timmins .................................................................................................. 41
U–ACT INTRODUCTION

URBAN ABORIGINAL TASK FORCE

UATF Phase I: Community-BASED Research

The Urban Aboriginal Task Force (UATF) was completed in 2007 as a major research initiative, in which the OFIFC, along with other Aboriginal organizations and provincial and federal partnerships, conducted community-based research within five (5) Ontario urban settings: Kenora, Thunder Bay, Sudbury, Barrie/Midland/Orillia and Ottawa. Much of the data gathered from the UATF study came directly from the local community Friendship Centres. The goal of the first study was to identify the needs and gaps in existing services and supports for urban Aboriginal people in Ontario in order to develop a strategic process guiding appropriate and sufficient resource allocation.

There are two outcomes from the UATF study that are of particular importance to the following report, these include: the desire and need to build research capacity within Aboriginal communities; and the need to improve the state of urban Aboriginal mental health.

The USAI Research Framework

The outcomes of the UATF research contributed to the OFIFC’s development of the USAI Research Framework in 2012. The USAI Research Framework is named after four principles which will inform all of the OFIFCs research activities: Utility, Self-Voicing, Access and Inter-Relationality (USAI). This new approach to research is premised on four principles of Indigenous ethics, as defined by the OFIFC:

1. UTILITY: Research inquiry is practical, relevant, and directly benefiting communities;
2. SELF-VOICING: Research, knowledge, and practice are authored by communities, which are fully recognized as knowledge holders and knowledge creators;
3. ACCESS: Research fully recognizes all local knowledge, practice, and experience in all their cultural manifestations as accessible by all research authors and knowledge holders; and,
4. INTER-RELATIONALITY: Research is historically-situated, geo-politically positioned, relational, and explicit about the perspective from which knowledge is generated.

This research framework speaks directly to the need to transform Indigenous research and ensure that it is fully driven by Aboriginal communities; to further empower Indigenous peoples’ research capacity; and increase their social and economic efficacy via direct action that comes from community-driven research. Any study grounded in the USAI Research Framework needs to reflect strengths and assets of Aboriginal communities, while being practical, directly benefiting Aboriginal people and fully acknowledging authorship and validity of their knowledge and practice.
Aboriginal Mental Health

Results from Phase I of the UATF identified that mental health was a significant concern and priority in urban Aboriginal communities. Survey data from UATF determined that the perceived health problems affecting Aboriginal people in cities were: addictions (24%), under-employment (21%), family violence (18%), suicide (14%), sexual abuse (14%) and other (9%).

All of these problems (with the exception of some that may be included under the ‘other’ category) can be related to, result from or result in mental health issues. A publication by the OFIFC entitled, “Good Mind: the OFIFC’s Mental Health Strategy” confirms that the current state of urban Aboriginal mental health is inadequate. The report goes on to state:

Friendship Centre program staff report that there are increasing numbers of clients who suffer from concurrent mental health disorders and/or multiple mental health problems. Little research is available examining this emerging trend. The Alberta Alcohol and Drug Commission survey for the general population indicates that between 35-50% of people seeking substance abuse treatment have psychiatric disorders. Front line workers in Ontario suspect that similar findings would be made within the urban Aboriginal community and insist that more research is required to examine concurrent disorders in mental health and addiction.

Mental health in the Aboriginal culture is part of wholistic well-being; physical, mental, emotional and spiritual health all play a part in the overall health of an individual and a community. Mental health is regarded by Aboriginal culture differently than in the Westernized medical system and cannot be separated for purposes of treatment or study from all other aspects of health. As Favel-King (1193:125) notes, “throughout the history . . . the definition of health evolved around the whole being of each person – the physical, emotional, mental, and spiritual aspects of a person being in balance and harmony with each other as well with the environment and other beings. This has clashed with the western medical model which, until very recently, has perpetuated the concept of health as being ‘the absence of disease’”. Wholism is fundamental to the health of Aboriginal communities; in that when one individual has been affected by trauma or mental illness, the effects can be passed on to the greater community in a lateral sense as well as from one generation to the next. Intergenerational trauma has played a significant role in the current mental health of Aboriginal people across Canada, as for hundreds of years “entire Indigenous communities have been traumatized by multiple deaths from disease, expulsion from their homelands, loss of economic and self-sufficiency, removal of children from their homes, assimilation tactics and incarceration in residential schools” (Wesley-Esquimaux & Smolewski, 2004).

The Aboriginal Healing Foundation (AHF) Research Series has looked extensively at the effects of historical and current day trauma on the Aboriginal community and culturally-appropriate methods of healing. In particular, an AHF publication by Wesley-Esquimaux and Smolewski

---

(2004) established that, “In order for Aboriginal people to devise culturally appropriate healing modalities that will help them overcome social disorders resulting from the historic trauma they experienced, a people-centred and a people-directed approach has to be adopted.” This same approach has been considered in recent provincial and federal government publications, most notably in A Shared Responsibility: Ontario’s Policy Framework for Children and Youth Mental Health (November 2006) and Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada (November 2009). There is overwhelming recognition from Aboriginal organizations, and growing understanding on the part of provincial and federal government that the Aboriginal community must drive the identification of issues and development and implementation of mental health programming for meaningful results to be achieved.

**URBAN ABORIGINAL COMMUNITIES THRIVE**

**UATF Phase II: Community-DRIVEN Research**

In 2012, the OFIFC decided to continue the work of the UATF in three (3) new communities (North Bay, Sault Ste. Marie and Timmins). Additionally, the communities of Barrie/Midland and Ottawa were invited to participate once again but this time in a follow-up capacity. The OFIFC recognized the value that the UATF community-based research provided to communities and wanted to enhance the process by expanding the UATF research through the newly developed USAI Research Framework. This transitioned the UATF study from being community-based research to community-driven. To reflect the change in approach to the research process the project was given a new name, Urban Aboriginal Communities Thrive (U-ACT). In this community-driven model, as defined by the USAI Research Framework, communities would have full control over research priorities, research processes, resources, methodologies, decision making and any actions coming out of research. In essence, for the U-ACT project this meant that:

1. communities defined local needs;
2. researchers were locally based; and
3. there was autonomy between the OFIFC and the individual Friendship Centres

*Achieving a ‘Community-Driven’ Project*

An Aboriginal research team was trained at each site and research instruments were developed that fully reflected community needs and aspirations. Core researchers were hired locally at each site (Aboriginal Ph.D. candidates, Aboriginal MA students or graduates, all of whom were expected to have substantial research and data collection expertise). A Community Advisory Committee (CAC) was created at three (3) locations and was comprised of members of the local Aboriginal communities. The Friendship Centre Executive Directors and CACs were ultimately responsible for monitoring the research at the Friendship Centre level. An OFIFC Research

---

Coordinator worked closely with the Friendship Centre Executive Directors and CACs in each city in a coordination and advisory position. The core research team, along with the OFIFC Research Coordinator, was responsible for training the CAC in transferable research skills development.

**Research Goals**

The goal of this research was to be equal to the earlier UAFT studies, but include the added benefit of inspiring and uplifting the urban Aboriginal population, giving communities a practical tool to build their capacity, to identify and practice effective strategies for social inclusion, and to represent themselves confidently when interacting with governments, academia, and the private sector. This research had the potential at each study site to offer opportunities for building capacity in multiple areas:

- Learn how to identify community priorities and generate workable solutions to local challenges
- Create targeted strategies for mobilizing interest groups (women, youth, seniors, etc.)
- Become comfortable executing strategic plans
- Local work force development and accessibility, helping to build local sustainability
- Develop integrated service delivery models
- Develop confident community representatives to foster the exchange of ideas between agencies, organizations and communities
- Improve service delivery to marginalized urban citizens
U–ACT METHODOLOGY

Approach to Research

The preparatory research stage for UATF Phase II was completed at each site in March 2012. It was established that the methodology for the entire project, as well as for the mental health research component, was to be highly contextualized while building the capacity and knowledge base of each community. It was agreed that using both qualitative and quantitative methodologies would be of most benefit and provide richness to the data collected. Ultimately, each community was to choose methods of inquiry most appropriate to their socio-cultural context.

For purposes of data collection, the Friendship Centres and communities (in the case of Barrie/Midland and Ottawa) agreed to use a mixture of focus groups, kitchen conferencing, Elders Teas’ at the Centres, narrative and oral history, youth groups, video and photographic works, community feasts, one-on-one ‘conversations’ with community members, and face to face surveys. The research teams also collected historical photographs, stories and documents.

The Friendship Centres committed to the inclusion of local First Nations, The Ontario Native Women’s Association (ONWA), the Metis Nation of Ontario (MNO), community councils, other Aboriginal partners, local organizations, and the local non-Aboriginal population of each city, including non-Aboriginal allies in research discussions and activities. In addition, the project was presented to local academic and educational institutions (Shingwauk - Algoma University, Nipissing University, Northern College in Timmins and local high schools in each city) and all expressed interest in being involved in the project through the CACs, in research collection, or through Friendship Centre membership.

As the U–ACT project was guided first and foremost by the USAI Research Framework, the most important aspect of the project was that the communities have final control and input on the research conducted and the outcomes analysed. However, in order to accomplish some sort of consistency for the mental health component of research and provide additional guidance to the two (2) UATF follow-up communities, the following proposal for deliverables and analysis of research was presented to local research teams.

Deliverables

For all five communities involved in the mental health and addictions research project (Barrie/Midland, North Bay, Ottawa, Sault Ste. Marie, and Timmins) a final report was due to the OFIFC which presents methodologies utilized and research results. With the scope of funding that each community receives being limited, this final report needed to include, to the best of its abilities, the following aspects:

- A literature review;
- Evidence and results of consultations at the community and service provider level;
- Gaps in service provision from mainstream and/or urban Aboriginal service providers, including Friendship Centres;
- Barriers to urban Aboriginal peoples accessing mental health and/or addictions services in their communities;
• Barriers to urban Aboriginal peoples accessing culturally-appropriate mental health and/or addictions services in their communities;
• Service integration between Friendship Centres and external mainstream and/or urban Aboriginal mental health and addictions organizations;
  o Areas for improvement and/or benefits of existing integration;
  o Reasons why integration has or has not been successful and what gaps and/or barriers are preventing successful integration; and
  o In Barrie/Midland and Ottawa: identification of where these communities have come in terms of integration since UATF Phase I and the gaps and/or barriers that still exist or have arisen since then that have prevented further integration.
• Partnerships or Memoranda of Understanding (MOU) that exist between Friendship Centres and external mental health and addictions agencies and between the mental health and addictions agencies themselves;
  o Areas for improvement and/or benefits of existing partnerships or MOUs;
  o Why partnerships or MOUs do not exist or are not successful and what gaps and/or barriers are preventing successful ones; and
  o In Barrie/Midland and Ottawa: identification of what partnerships or MOUs still exist, whether or not they are still successful, and/or what ones do not exist anymore and why.
• Opportunities that exist for service integration due to the on-going implementation of the province’s *Open Minds, Healthy Minds* mental health and addictions strategy;
• Areas in which current local services are not meeting the mental health and addictions needs of urban Aboriginal peoples, and what Friendship Centres, the communities, and government can do to address the issue;
• Best practices that exist within Friendship Centres and within the community that can be explored or expanded upon to more appropriately and adequately address the mental health and addictions needs of urban Aboriginal peoples; and
• **Most importantly:** recommendations on how to move forward with future service integration and partnerships between Friendship Centres and local Aboriginal and mainstream mental health and addictions service providers. This will act as the basis for developing community-specific action plans moving forward and must specifically highlight opportunities for improved service coordination at the local level.

**Analysis**

While completing the mental health research to address the deliverables mentioned above, it is important to remember that the OFIFC’s USAI Research Framework requires that this research be community driven. Therefore, it will be up to each community to decide what the most important deliverables, strengths, and weaknesses are to focus on. The OFIFC’s approach is that knowledge gathered through community self-voiced research remains the property of that community, with its inherent truthfulness being recognized and protected as such. This knowledge represents the community as it is and does not need to be validated by comparative research or analytically deconstructed.
COMMUNITIES DRIVING MENTAL HEALTH RESEARCH


Barrie and Midland, Ontario

The community of Barrie is located 90km north of Toronto, ON and is also considered a commuter-town for individuals working in Toronto. Midland is located 55 km further northwest of Barrie on Georgian Bay of Lake Ontario.

Three First Nation communities that surround the communities of Barrie and Midland include: the Chippewas of Beausoleil (Christian Island), the Chippewas of Georgina Island and the Chippewas of Rama Mnjikaning, located just outside of Orillia. There are important connections between the urban and First Nation communities. Midland and the surrounding area also has a large Métis population who have historical connections with the trading routes provided by the waterways.

The Barrie Native Friendship Centre works to raise the consciousness of the whole community by attempting to bring people together through cultural activities and programs because it has been recognized that there is little Aboriginal cultural awareness amongst the non-Aboriginal community in Barrie. In addition to cultural awareness, the Georgian Bay Native Friendship Centre provides support to the transient Aboriginal population through the Homelessness Partnering program.

Both Barrie and Midland fall under the North Simcoe Muskoka Local Health Integration Network (LHIN). The LHIN has had some influence in the design and delivery of services and the allocation of mental health funding in the last five years.

North Bay, Ontario

North Bay is located 150 km north of Huntsville, ON on the shores of Lake Nipissing.

A significant portion of the Aboriginal people in North Bay come from the James Bay Cree communities. The Aboriginal population in the city of North Bay is a growing, vibrant and increasingly well-
educated demographic, but it continues to suffer from social and economic exclusion. There is a lack of engagement with citizens outside of the Aboriginal community, low levels of access to public education about Aboriginal history and life-ways, and the continuing marginalization of Aboriginal peoples.

The North Bay Indian Friendship Centre is working to address local Aboriginal exclusion from front-line work in retail and banking industries, business development and ownership, and housing.

North Bay falls within the boundaries of the North East LHIN.

Ottawa, Ontario

The city of Ottawa is located on the far east side of the province of Ontario and shares a border with Gatineau, QC.

Ottawa is home to a rapidly growing Aboriginal population, with First Nations growing by 30%, Metis by 71% and Inuit by 48% between the 2001 and 2006 Statistics Canada census.*

As Ottawa is a major urban centre in Canada, the Odawa Native Friendship Centre serves Aboriginal people representing a variety of nations from across Canada. Additionally, because of proximity to the government sector, the Odawa Friendship Centre is heavily involved in advocacy and representation of Aboriginal people at the provincial and federal level.

The Ottawa area falls under the Champlain LHIN.

Sault Ste. Marie, Ontario

Sault Ste. Marie is located in central Ontario between Lake Huron and Lake Superior.

The Aboriginal community in Sault Ste. Marie is primarily Anishinaabe but also of Cree, Oji-Cree, Haudenosaunee, Inuit and other heritages. The Aboriginal population in the city is largely treated as invisible, and experiences exclusion similar to North Bay from front-line employment in the retail sector, banking industry and hotel business. There is an estimated 8 -10 thousand Aboriginal people living in the city today.

The Sault Ste. Marie Indian Friendship Centre is working to address concerns including: drug use among youth, socio/economic barriers, divisions over status vs. non-status, and continuing racial divides mostly based on a lack of understanding between urban Aboriginal peoples and the non-Aboriginal population.

Sault Ste. Marie falls within the boundaries of the North East LHIN.
Timmins, Ontario

Timmins is located in north east Ontario, approximately 150 km west of the Quebec border, and the city is celebrating its 100th year anniversary in 2012.

City of Timmins has long been, and continues to be, a vibrant trade centre and place of sustenance and social activity for Aboriginal peoples. Although there is a growing Aboriginal ‘middle class’ and families who own their own homes, this social transition is still seen as ‘surprising’ by some locals. The Aboriginal population in Timmins is struggling with social exclusion and forms of racism at all ages.

The Timmins Native Friendship Centre has been active in Timmins for almost 40 years, opening in 1974 and incorporating in 1976.

Timmins lies within the North East LHIN.
Each of the five participating communities identified their best practices, strengths, gaps and partnerships in the area of Aboriginal mental health services. Below is a summary of these findings and proposed recommendations from the mental health research project.

**Collection of Aboriginal Specific Data**

Findings: There is a lack of mental health data available and it is not easy to access specific and comprehensive statistical information on clients. One of the reasons identified is that there are so few Aboriginal-specific service providers and since mainstream service providers are open to people from all backgrounds, there is no distinction between data collected for their Aboriginal and non-Aboriginal clientele. Additionally, data collection was found to be neglected at many service provider sites (Aboriginal-specific and mainstream) altogether. One of the sites indicated that their data showed Aboriginal people want the option to self-identify on service/program intake forms. This would fulfill the need to collect richer data on clients who are using the services as well as meet the expressed needs of Aboriginal people.

Recommendation: *Begin comprehensive data collection at the point of service that can then be stored and saved for later use within the organization or shared with select partner organizations.*

**Increasing Cultural Competency of Service Providers**

Findings: The majority of mainstream mental health service workers/organizations studied did not have adequate/if any cultural competency training. While there is an expressed appreciation that these mainstream services exist, it is important that workers understand the unique needs of their Aboriginal clientele in order to adequately support their needs. It was identified in some of the communities involved in the U-ACT study that mainstream workers were able to effectively refer clients to Aboriginal-specific services at a clients’ request. However, this is partly a systemic problem that needs to be addressed at the level of the Local Health Integration Networks (LHINs). Responses from one of the communities indicated that there is a lack of Aboriginal representation (in number and diversity, First Nations/Inuit/Metis) throughout the LHIN Board and subcommittees. This is due partly to the fact that health provider status, which Friendship Centres do not possess, is required to participate in LHIN committees. This lack of influence therefore trickles down to individual programming that is void of cultural competency to service Aboriginal peoples.

Recommendation: *Provide more comprehensive cultural competency training to mainstream workers. Ensure that mainstream service providers are aware of the Aboriginal-specific services available in the local community.*

**Enhancement of the Pre-Existing Referral System**

Findings: It was recognized in all participating communities that referrals are happening at some level. In some communities this seemed to occur only between Aboriginal-specific service providers but in others referrals took place between all service providers, mainstream and
Aboriginal-specific alike. Overall, however, the efforts seemed generally uncoordinated and inconsistent. In fact, it was identified that in some cases clients ‘fell through the cracks’ during the referral process and did not receive even basic care. It was encouraging to find that mental health service providers in the five (5) communities are interested in improving the referral system, making connections and sharing information with other providers. Additionally, results found that LHINs are being utilized by community members and providing increased access to Aboriginal peoples seeking mental health supports.

Recommendation: **Develop defined protocol for use between all health service providers (mainstream and Aboriginal-specific) to improve upon those currently in existence.**

**An Increased Focus on the Well-Being of Youth**

Findings: Youth in all participating communities would benefit from increased access to local, culturally-competent, youth-specific services to address mental health and addictions. Land and culture based programming were found to be best practices in two (2) communities, with other communities expressing interest in exploring youth-specific services. The development of local and accessible services is particularly important for youth so that they may remain connected with family and friends while utilizing services. The intergenerational effects of residential school trauma are strongly felt by youth, and youth-specific services will help to stop the cycle. The well-being of youth today will determine the well-being of communities in the future.

Recommendation: **Develop youth-specific services, stand-alone or as part of existing services, that are land- and culture-based while being local and accessible.**

**Continued Work to Heal Effects of Residential School**

Findings: Aboriginal people are still dealing with the effects of residential school trauma, and while there is recognition of the direct impacts of the trauma there needs to be greater resource commitment by way of training, funding and research into the effects of and treatment for intergenerational trauma.

Recommendation: **Continued research to identify and develop skills to address impacts of residential schools on Aboriginal people.**

**Defining a Wholistic Approach to Health**

Findings: It was found that sometimes the vocabulary used around mental health is understood differently by clients and providers. Providers often segregate mental health from overall well-being, whereas Aboriginal clients see that mental health is wholistic and part of overall health (physical, emotional, spiritual and mental) as described in the teachings of the Medicine Wheel. Additionally, men and women have different requirements for treatment around mental health. In the Aboriginal community this is attributed to the fact that men and women have different roles in society and are affected by trauma differently. The wholistic approach to mental health services was consequently identified as being a ‘best practice’ amongst Aboriginal-specific mental health organizations and supports. Promotion of cultural-safety in the service spaces (for example the involvement of Elders in counseling and programming, allowing for smudging during counseling sessions, and conducting other traditional activities in the centres) was identified as an important and sometimes unmet need.
Recommendation: *Develop wholistic Aboriginal concepts of health to frame mental health prevention and support efforts through mainstream service providers.*

**Increased Availability of Culturally-Specific Treatment and Supportive Housing Centres**  
Findings: Some of the participating communities do not have local rehabilitation and treatment centres. This was identified as a significant barrier for those seeking support. If clients were to make the choice to leave the community to enter a treatment centre, they could potentially be sacrificing culturally-appropriate services and the support of local family and friends which plays an important role in the wholistically-based Aboriginal culture.

Recommendation: *Provision of Aboriginal-specific treatment and rehabilitation services in all urban settings.*

**Support for Local Friendship Centres**  
Findings: In most communities, the Friendship Centres were the primary and most comprehensive site for Aboriginal-specific mental health services. For one of the communities, the Friendship Centre was found to be the only Aboriginal-specific service provider.

Recommendation: *Provide recognition in the form of resource support to the local Ontario Friendship Centres as they are a large organization with the capacity and pre-existing framework to provide support for mental illness prevention and recovery.*
SITE REPORTS

Barrie/Midland, ON
North Bay, ON
Ottawa, ON
Sault Ste. Marie, ON
Timmins, ON
Urban Aboriginal Communities in Barrie and Midland

“Our traditional ideas ... worked for ourselves and clients and maybe we can pass them on to non-Aboriginal organizations.”
Urban Aboriginal Communities in Barrie and Midland

Methodology Overview

Community Contact: Barrie Area Native Advisory Circle (BANAC)
Methods of Data Collection: Literature review; focus group meeting with BANAC; interviews
Sources for Data Collection: Community group (BANAC) representatives; Executive Directors and service providers for Aboriginal-specific organizations; case manager of mainstream service provider

Key Findings

Systemic Gaps: These were identified as consequences of inadequate funding
a) Lack of mental health programs and staff in both the mainstream and Aboriginal organizations.
b) Competition for funding between mainstream and Aboriginal organizations.
c) Aboriginal organizations have less profile and often have funding restrictions or limitations (e.g. no funding for promotion materials).

Organizational Gaps: These were identified as issues at the level of service provision
a) There is a heavy workload and high demand for the existing services.
b) Long wait times, especially in accessing specialized services.
c) There is a need for increased youth community involvement and input.
d) The lack of culturally based services. The traditional healers and Elders who are available are being overworked and pulled in many directions. Métis find it very challenging to find Métis culturally-based services.
    e) The lack of culturally competent mainstream services.
    f) Lack of transportation or barriers to transportation affects clients whether they are on-reserve, off-reserve, urban or rural.
    g) Lack of awareness of existing services for youth and adults.
h) Trust. Racism still exists, and Aboriginal people are not necessarily treated respectfully.
    i) Specific to Aboriginal organizations, a number of barriers were identified: in smaller communities there are close family ties and the risk of conflict of interest and concerns about confidentiality exist, and lateral violence is sometimes happening in Aboriginal organizations as a result of unresolved intergenerational trauma.

Focused Look at Service Integration: There were a variety of responses concerning the current climate around mental health service integration for Aboriginal peoples in the Barrie/Midland area. The most common response was that integration seems to be limited as there is not consistent focus on the process from key service providers. Additionally, there seems to be inconsistent financial investment in planning and coordination of service integration. A Model for Integration of Services was designed by the local Aboriginal Capacity Building Circle (ACBC) but adoption by government and mainstream organizations has been slow.

Focused Look at Memorandums of Understanding (MOU’s): It was discovered that although there are some informal relationships, formalized MOU’s need to be developed between various agencies. Additionally, those MOU’s that are currently in place need to be re-visited to ensure adequate execution.
Focused Look at “Open Mind, Healthy Minds” Policy: This report was published in June 2011 as Ontario’s mental health strategy. It was found that many service providers interviewed did not have any knowledge of this report. This lack of knowledge suggests that information and resources pertaining to youth are not being actively sought out and considered, and opportunities for beneficial service collaboration are being overlooked.

Priority Recommendations
1. Establish an off-reserve cultural based, culturally appropriate mental health and addictions rehabilitation centre that can offer detox, outreach, crisis support workers, treatment and counseling for the families as they also have gone through trauma.
2. Use a community planning approach that unifies the community, recognizes diversity and promotes interconnection and partnerships instead of silos.
3. Recognize Aboriginal organizations and services as having a broader application. It is not only the Aboriginal community that wants to benefit from the programs that are more wholistic in nature.
4. Provide ongoing funding to support coordination activities through ACBC and BANAC, and culturally based training by BANAC. These activities and initiatives help to improve service provision and facilitate youth and elder community involvement.
5. Collaborative frameworks and assessment tools need to be culturally appropriate.
6. An integrated approach that uses a holistic model, and collaboration tables need to reflect that approach. For example, involve school boards, childcare centres, women's groups, youth, Friendship Centres and mental health services at the one collaboration table.
7. Provide core funding for culturally based services and programs in Aboriginal organizations.
8. Provide funding for and support mobile services that go to homes and offer services in multiple community locations, and other strategies to address transportation barriers.
9. Invest in culturally based programming that has been identified by the community.
10. Assist funders and mainstream agencies to understand the effectiveness of culturally-based approaches and that these approaches may not easily fit into outcome and evidence-based evaluation concepts, at least in the way these are currently defined.
11. Continue to develop culturally appropriate tools that are respectful of Aboriginal and mainstream cultures.
12. Continue to educate on First Nation, Métis and Inuit ways.
North Bay Indian Friendship Centre

“It’s hard to connect with the Aboriginal community. Monthly gatherings...open feasts build a sense of community.”

“Our [Aboriginal] approach to mental health is much more fluid.”
North Bay Indian Friendship Centre

Methodology Overview

Community Contact: North Bay Indian Friendship Centre (NBIFC)
Methods of Data Collection: Literature review; online survey; focus groups; interviews; sharing circle; storytelling; and photo project.
Sources for Data Collection: Elder Action Circle (EAC); Youth Action Circle (YAC); Community Action Circle (CAC); mental health service providers; mental health service users

Key Findings
a. Culturally-appropriate space and atmosphere is important for Aboriginal people to feel comfortable accessing services and is particularly valuable in connecting youth with their roots. The YAC found that youth thrive in an environment that is safe and accepting.
b. Creating opportunities for culturally- and traditionally-based activities in resource centres is important in creating cultural-safety.
c. Aboriginal people may not self-identify if not asked directly through intakes and/or forms. This is important for appropriate services to be provided.
d. The establishment of trust was identified by Aboriginal clients as a key factor in utilizing services.
e. Cultural competency amongst service providers was identified by all interview, survey and focus groups to be a primary concern.
f. Successful and solid partnerships between agencies are needed for appropriate referrals and use of services. Some barriers identified included lack of resources and ineffective or lack of communication.

Priority Recommendations
1. The development of a stand-alone Aboriginal Health and Wellness Access Centre that would reflect a wholistic Aboriginal approach to health, addressing a range of needs for adults and youth and serve as an Aboriginal knowledge and best practice hub.
2. Movement from a culturally-sensitive approach to mental health services to its more outcome-and standards-counterpart: cultural safety. Implement standards and policies that account for best practices in supporting and treating Aboriginal mental health and addictions.
3. Build capacity between outlying communities and the North Bay Indian Friendship Centre’s mental health and addictions services.
Urban Aboriginal Community in Ottawa

“Relationships are at the core of all the business we do.”
Urban Aboriginal Community in Ottawa

Methodology Overview

Community Contact: Ottawa Aboriginal Coalition (OAC)
Methods of Data Collection: Literature review; focus groups; roundtable discussions
Sources for Data Collection: Ottawa Aboriginal Coalition (OAC); Ottawa Aboriginal community

Key Findings

There is a significant need to build relationships and opportunities for engagement and partnership between the various organizations serving Aboriginal people of Ottawa.

Upon the OAC developing mental health ‘service maps’, one for adults and one for children/youth in the Ottawa area, the following issues were identified:

a. The current approach to Aboriginal mental health in Ottawa seems to place heavy responsibility on Aboriginal services although mainstream services have more resources, such as trained staff and funding. Many mainstream organizations are treating Aboriginal clients without comprehensive knowledge of the effects of colonization and intergenerational trauma – thereby requiring that Aboriginal services conduct training for their own staff as well as mainstream service providers.

b. The school system is generally highly uninformed about how youth behaviour may be related to intergenerational trauma or other cultural factors. Behavioural issues get diagnosed as mental illness when this knowledge is not understood by teachers and school services.

c. There are extensive operational gaps in the mental health service system. Service delivery is not always aligned with traditional ways of knowing and Elders do not often have a meaningful role in mental health services. Additional and specific gaps include: no supportive housing for people with mental health issues, lack of respectful communication between families and service providers, and insufficient cultural awareness training amongst providers.

Priority Recommendations

1. A provincial policy that recognizes Aboriginal mental health as having unique qualities and has a commitment to a specific resource allocation.
   - The policy would recognize that culture is core to providing appropriate mental health services for Aboriginal people, including youth.
   - Aboriginal mental health requires strengthening resiliency in individuals, families and communities while also developing appropriate services for responding to mental distress.
   - A clear understanding by mental health policy makers and decision makers of the distinctions between First Nation, Inuit and Métis needs.

2. An increase in funds to Aboriginal mental health services. Aboriginal organizations require sustained financial resources to provide mental health services.

3. An increase in the number of Aboriginal organizations at the collaboration table.
• The establishment of protocols, referral processes and joint programming between non-Aboriginal and Aboriginal organizations to support Aboriginal people.
• Staff in non-Aboriginal organizations that provide mental health services for Aboriginal people are trained to provide culturally competent services.

4. Culturally appropriate assessments, methodologies and approaches to addressing Aboriginal mental health, including that of youth in schools, developed by Aboriginal organizations.
Sault Ste. Marie Native Friendship Centre

“I’ve been suffering from mental illness for over 32 years. I’ve been to mainstream mental health services for a long time, at no time was I aware of Aboriginal specific services, that would have helped on my journey a lot, but it was something that I had to find on my own.”
Methodology Overview

Community Contact: Sault Ste. Marie Native Friendship Centre (SSMNFC)
Methods of Data Collection: Literature review including web-based material; interviews; focus groups
Sources for Data Collection: Aboriginal service providers; mainstream service providers; mental health service clients; Aboriginal community members; Elders; Friendship Centre staff

Key Findings

a. Mental health service provision that is controlled by Aboriginal input and uses a holistic approach to prevention, treatment, and follow up services is most successful. This requires that cultural practices are used to complement a Westernized approach. Additionally, initiatives to treat women as well as men in a specialized way are necessary because they have different roles in the community and different mental health needs.
b. In certain circumstances, non-Aboriginal mental health providers need to be open to referring cases to Aboriginal providers when clients identify as Aboriginal. This needs to be addressed in the schools where student referrals can be made for students requiring specialized Aboriginal services. Mental health providers need to be aware of all the services available in order to function as an efficient referral and service network.
c. There is a lack of access to specific demographic information about clients (age, sex etc.). Some providers do not collect data specific to Aboriginal clients.
d. Sometimes the vocabulary used to define the issue as well as the treatment has a different meaning for clients and providers.
e. People have been affected by the residential school system in different ways and degrees, and there needs to be better understanding of direct trauma as well as indirect intergenerational trauma and its effects on youth.
f. Some Aboriginal people are not comfortable seeking mental health care service from an Aboriginal service provider so they more commonly seek out the mainstream, which may not be geared to their cultural or traditional values.
g. Long waitlists are common and lead to unmet needs or needs that are not addressed in a timely manner. Many Aboriginal clients are referred to utilize non-insured health care benefits if they are eligible. This allows for those eligible to access privately-owned mental health care services.

Priority Recommendations

1. That service providers collect data specific to Aboriginal clients, and make that data available for easy access (e.g., on their web page).
2. That mainstream mental health care service providers have access to professional development regarding cultural competency to provide better care for their Aboriginal clients.
3. Continue to identify, research and develop skills in addressing both the direct and indirect impacts of the residential schools on Aboriginal people, including the intergenerational effects that are felt by youth.
4. Formulate traditional Aboriginal concepts of health that are deeply embedded in a wholistic approach, while continuing to work with the new generation (children, youth) in recovery and prevention of mental health problems.

5. Provide more resources to the Sault Ste. Marie Indian Friendship Centre, as it is the only organization that provides culturally appropriate services specifically geared to the urban Aboriginal population.
Timmins Native Friendship Centre

“Our vision is to be able to refer Aboriginal clients to Aboriginal services specifically for Aboriginals as opposed to non-Aboriginal agencies”
Timmins Native Friendship Centre

Methodology Overview

Community Contact: Timmins Native Friendship Centre (TNFC)
Methods of Data Collection: Literature review; interviews; focus groups
Sources for Data Collection: Aboriginal service providers; mainstream service providers (counselors and psychologists); Aboriginal clients who access mental health services in Timmins

Key Findings

a. Organizations are collecting very little if any Aboriginal-specific statistical information on their clients.

b. Although the method combination is unique to each service provider, some service providers are using a combination of ‘traditional’ and ‘westernized’ treatment modalities and services for their clients seeking mental health supports. This supports the recent work of the North East Local Health Integration Network (NE LHIN).

c. Service providers are generally open to learning about culturally appropriate ways to promote and support mental health through their centres. Service offerings in the past have not always been sensitive to cultural needs and resulted in Aboriginal people feeling intimidated or uncomfortable with the services offered. Culturally-based activities are being offered by Aboriginal-specific organizations to overcome these issues and can act as an example to mainstream service providers.

d. Awareness of the importance of the significant student and youth population in Timmins is demonstrated by the discovery that one of the best known Aboriginal service providers is Kunuwanimano Child and Family Services. In addition, classes at Northern College were found to sometimes incorporate traditional teachings and visits from Elders into their lesson plans while promoting the importance of cultural connection and competency. Finally, the community expressed an interest in exploring alternative, culturally-based programs for youth like Camp George, a youth program to address suicide. The service provider community in Timmins is conscious of the need to protect and nurture its youth in a culturally-appropriate way and is willing and ready to act.

e. There is a growing referral network in the community of Timmins, where Aboriginal-specific and mainstream organizations are collaborating. However, there are still some notable communication barriers/difficulties between some key mental health service providers.

Priority Recommendations

1) That funding be obtained for the construction and administration of a detox centre in Timmins. This centre should be easily accessible and provide culturally-appropriate services.

2) Increase local capacity and access to culturally-appropriate services by nurturing partnerships between Aboriginal and non-Aboriginal service providers. Encourage services to offer both traditional and Western treatment methodologies to decrease the rate of out-of-community referrals.
3) That service providers collect statistical data specific to Aboriginal clients and make this information accessible to researchers and/or the public. Data collection will help to build an accurate picture of the mental health service landscape in Timmins and will illuminate strengths and weaknesses related to Aboriginal access to services.

4) That funding be obtained for community education initiatives, directed toward both adults and youth, regarding mental health, Aboriginal culture, and traditional healing methods. Education will serve to decrease the stigma associated with mental illness and diminish the atmosphere of racism and intolerance that persists in Timmins.

5) That Aboriginal service providers engage the community with campaigns and initiatives to promote awareness of Aboriginal mental health services that are available in Timmins.

6) That Aboriginal service providers collaborate to create standardized referral methods, intake forms, and contact lists. A standardized process and easily accessible contact lists will increase the efficiency and accuracy of the referral process.

7) That funding be obtained for the hiring of front line mental health workers with translation abilities. These workers will increase access to services for Aboriginal individuals that are more familiar with a different language, particularly individuals from coastal communities.