

Charting the Future of Native Mental Health in Canada

Ten-Year Strategic Plan
2008-2018



Native Mental Health Association of Canada

Vision and Mission Statement of the Native Mental Health Association of Canada

Our Vision

A Canada where First Nations, Inuit, and Métis people and communities embrace physical, emotional, mental and spiritual health and wellness, while maintaining their diverse cultural and traditional values and beliefs, so we may share the same social justice and economic opportunities as all other Canadians.

Our Mission

The NMHAC builds on knowledge, history, legacy, aspirations and the spirit of First Nations, Inuit and Métis to foster and promote wellness and whole health of all peoples. It promotes and supports champions of mental wellness.



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P R E A M B L E

The strategic plan of the Native Mental Health Association of Canada (NMHAC) is a first in the history of Canada. It is a vision, mission and long-term plan to promote and enhance native mental health in Canada based on Indigenous worldview, a unique perspective that differs significantly from western conceptions of mental illness and mental health.

Western thinking tends to define mental health problems as individual pathologies, e.g., brain disorders. For the most part, therapies are applied at the individual level. Mental health disorders and mental health are not viewed as connected to broader issues such as spirituality, culture, and social conditions. Indigenous perspectives are more holistic in nature. The core and foundation of these perspectives is spirit, which is intrinsic to nature, human culture, community and family, as well as individual human beings. Wholeness is symbolized by the circle, the drum, the family and the community. Wholeness is characterized by good ways. Mental wellness is a sign of balance, harmony and connectedness, among the interior aspects of the human person (spirit, mind, emotions and body) and the world he or she lives in. Consequently, mental health problems are signs of overall imbalance, disconnection or lack of harmony, and call for spiritual healing practices, community connectedness and recovery of cultural traditions. The goal of traditional medicine is to heal the whole being, through a healing journey.

Prior to the colonization of Indigenous peoples, mental health issues that arose were treated in communities, using traditional practices. They were not seen as an illness. Our perspective is that Indigenous people in Canada are living with the effects of colonization that are manifested in the altered ways in which some communities have come to socialize their families and children. Wholeness has been broken. Cultural and self-continuity has been lost. Balance and harmony need to be restored. When Indigenous people are made to feel shamed about the effects of colonization, e.g., by the predominant use of western models and labels for mental health problems, the damage is compounded. Our strategic plan takes a strengths-based approach, recognizing that there is a lot of health in our communities and a strong spiritual tradition of healing upon which to build.

To restore wellness in our communities and families, social justice for Indigenous people is critical. Colonialism is embedded in the existing structures and processes of therapeutic models of treatment applied to Indigenous communities. Many therapists work in our communities using Western models. In the spirit of self-governance, we are taking back responsibility for our health. An essential element of this is the use of culturally appropriate and culturally safe treatment centered in Indigenous philosophy and practice.



NMHAC exists to promote wellness based on traditions and cultures that support healing and wellness. The board chair reports *“we are building on what we have learned from our forefathers and foremothers, while still evolving and learning from other traditions and practices around the world. Our work is based on the Indigenous value system of caring and sharing. We are committed to integrating the best of all worlds – using the optimal tools we can get to support the healing and wellness of our people.”* This includes promising Indigenous and promising mainstream approaches. In recent years, holistic models for health and wellness have begun to emerge in mainstream thinking, such as the population health and determinants of health model. These are more congruent with Indigenous conceptions and we welcome these changes. It is also our view that Indigenous traditions and practices have a lot to offer mainstream Canadian society.

KEY CONCEPTS

Indigenous

Indigenous is the term used by the United Nations to describe the first peoples of a land. There are Indigenous people in most countries around the world. While their traditional cultural practices vary, Indigenous people tend to share a common worldview. In Canada, Indigenous people are inclusive of First Nations, Inuit and Métis.

First Nations, Inuit and Métis

First Nations people are descendants of the original inhabitants of North America, not including the Aboriginal people of Arctic Canada. Although the term First Nation is now widely used, there is no legal definition of First Nations (INAC, 2005).

Inuit people 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).

Métis people include any person who self-identifies as Métis or any person who is of historic Métis Nation ancestry, is distinct from other Aboriginal peoples, and is accepted by the Métis Nation (Métis National Council, 2002).

Mental Health

Mental health is a sign of balance, harmony and connectedness among the interior aspects of the human person (spirit, mind and body) and the world he or

she lives in. It is a characteristic of families and communities, as well as individual human beings.

Good Ways/Good Cultural Ways

Good ways or good cultural ways is an Indigenous concept meaning that actions are congruent with core values. It means we walk the talk; we model ethical behaviour. We are respectful of others, including all things of the Creator, and of the earth.



BACKGROUND

The Native Mental Health Association of Canada (NMHAC) is a national not-for-profit association that is governed and managed by Aboriginal leaders and exists to improve the lives of Canada's First Nations, Métis and Inuit populations by addressing healing, wellness, and other mental health challenges. It is a voluntary mental health association with membership open to all Canadians who are committed to similar goals.

The NMHAC grew out of the Canadian Psychiatric Association Section on Native Mental Health, which was formed in 1975. Led by the late Dr. Clare Brant, Canada's first Indigenous psychiatrist, it was incorporated on March 12, 1990, with the following objectives:

- ❑ To discuss the mental health care needs of Canada's three Aboriginal groups;
- ❑ To conduct workshops, seminars, and provide a forum for exchange between mental health care providers and mental health care consumers;
- ❑ To encourage the exchange of experience between psychiatrists, other practitioners, and Aboriginal people;
- ❑ To assist in scholarly presentations, workshops, and discussion groups concerned with Aboriginal mental health;
- ❑ To publish materials connected with Aboriginal health needs;
- ❑ To provide teaching to caregivers of the Native populations both on and off-reserve;
- ❑ To provide information to Aboriginal mental health providers and to the public.

Over the past several years, the Native Mental Health Association of Canada has emerged as a strong national partner sharing the vision of a unified national voice for Canadian consumers.

In 2005, the NMHAC Board of Directors began work on the foundation and structure of the organization, developing a system of governance that best approximates the more traditional, consensus-based model, and identifying "good cultural ways" for creating and sustaining linkages with communities where quality programming and service delivery take place.



The board of directors and members are developing a systematic and organized plan of action to achieve the following longer-term goals:

- ❑ To educate the Government of Canada and its departments, mental health professionals, and caregivers about healing, wellness and related mental health issues in Indigenous families and communities;
- ❑ To educate Indigenous community leaders at all levels about mental health and addictions issues, the nature of treatment for such difficulties, best practices for desired health and wellness, and the need for significant, on-going and consistent support to promote desired outcomes;
- ❑ To promote cultural safety and competence in the delivery of mental health services;
- ❑ To provide leadership necessary to initiate practical activities and strategies designed to build capacity, especially that which is required for whole health and prevention;
- ❑ To collaborate with organizations dedicated to promote Indigenous health and wellness, family restoration, self-determination and self-management as communities of families.

The Planning Framework

The board of directors began this planning process by agreeing on the terms of reference for a capacity building initiative designed to enhance the association's structural and operational capacity. Particular attention has been paid to governance, administrative and operational infrastructure in order to meet the challenges and take advantage of the opportunities as NMHAC continues to emerge as a key partner on the national stage.

Participants agreed that the planning process should be realistic and cover the three-year period from 2006 to 2008 inclusive, and build upon that to include the period up to 2015. Participants were committed to reaching a consensus on the core values which would guide the organization, examining the governance and operations of the Association, formulating a renewed vision and mission, and developing an action plan. Board members were also committed to identifying and engaging partners and alliances with like-minded national organizations.

This plan shows how the NMHAC is organized and works with people. It is a timely and practical working tool.

The NMHAC board points out that this plan is a living document that will be modified over time, especially with new ideas and ways of thinking generated by young people. At the same time, the board acknowledges that the plan, in its written form, is limited because it is impossible to capture the richness of traditional oral communication in printed form.



GUIDING PRINCIPLES

“Holistic approaches and strategies foster exploration of lived life experiences and discovery of knowledge connected to our ancestors, their teachings, and ways of knowing.”

The following represents some of the principles that guide the Association in the formulation of this plan:

- ❑ Holistic systems are more than the sum of their parts. All people in interaction create dynamics that awaken (potentially) holistic aspects of human nature;
- ❑ At all times, the importance of ceremonial and seasonal activities are acknowledged;
- ❑ All people possess the ability to modify self - so that they can serve as effective advocates for change by finding their own voice;
- ❑ Fairness and justice are priority values; therefore, for example, urban bias needs to be balanced with rural reality and other contexts;
- ❑ Holistic approaches are relational – they honor relationships to the land and all other things of the Creator. Population health and health determinants are appropriate working tools.

PARTNER COMMUNITIES

NMHAC aims to build on the cultural foundation and life experience of its members, and others sharing life as Indigenous people, and recognizes the need for investment of heart, knowledge and know how for such developmental work.

CORE VALUES

Board members believe that the organization and its future will be best defined by core values that answer the question: *“How do we want to act as we move toward achieving our vision?”* Core values must be consistent with the mission of the NMHAC and help board members and other stakeholders make daily decisions about how to act.

A holistic worldview is the foundation of the Association’s values. All core values are of equal importance. The primary target population is the community membership because whole health is rooted in family and community health. A whole person enjoys balance and harmony and is often viewed as being healthy.



His/her basic physical, emotional, mental and spiritual needs are satisfied. Ill health is associated with the absence of balance and harmony between these four elements. In such a state, a person is often challenged. Unsatisfied needs call for attention to the inner and outer worlds, the “world” within and the external contexts of family and community which play vital roles in shaping their members lives.

Core values set out below represent a series of interconnected guiding principles in the form of statements that will result in a code of behavior among board members and other stakeholders. Together with vision and mission, statements of core values will serve as a check and balance system against which to measure the value of new projects and strategic initiatives. Values will clarify and resolve issues, help determine direction, and build community. Values are not listed in order of importance: all values are inter-connected and are of equal importance.

While our work is specific to First Nations, Inuit, and Metis people, our core values honour and include all people and cultural traditions. The organization will seek to identify and partner with other organizations.

1. Respect

Respect for the inherent worth of all persons is a core value. It is implicit to every other value of the NMHA and to all of the work that we do.

➤ Principle for action

- Acknowledge and support champions of mental wellness at the individual and community level.
- Respect the inherent worth of the person and his/her worldview.

2. Honoring and including

We honor the diversity of all peoples and recognize the value of diverse knowledge and skills. We honor inclusiveness, in recognition of the shared spirit of humanity. We are open to contributions from all people, communities, agencies and organizations that are dedicated to health and wellness.

3. Sharing and caring

We acknowledge the value, importance and equality of all persons; this caring is the basis for the sharing of knowledge.

➤ Principles for action

- Create, support, and promote interdisciplinary practice groups to examine their culture of practice and their understanding of health which could provide an opportunity for Indigenous professionals to apply an Indigenous lens to the discussion;



- Create an environment wherein caring and sharing occur, which provide the basis for supportive and relational aspects of practice;
- Support healthy choices;
- Identify behaviour that could result in harm to self or others and strategically confront the determinants of these behaviours, including supporting constructive action to deal with violence and abuse.

4. Connectedness

We believe in the essential connectedness of all people to each other and in our mutual connectedness with spirit, with the land and its resources. *“There are two things you need to know about being Aboriginal: all things are alive, and we are related to all things.”* Dr. Joe Couture.

5. The Circle of Life

The circle of life is sacred and we value individual persons of all ages – infants and children, youth, adults and elders. We value the ceremonies that celebrate people as they move from one stage to another, including those that honor our ancestors. We value the spirits of our ancestors.

People transition through different stages of the circle of life within a community of care. Our caregivers traditionally built a community of care through modeling effective care. Our communities of care are extended families, which have been eroded through colonization and bureaucratization. These communities of care can be restored and sustained, not only at the local level, but also among professionals and other caregivers.

6. Cultural Safety

“Without cultural safety as a feature of new Indigenous programs and services, the same mainstream solutions will continue under the guise of efforts to become more cultural.”

Dr. Vicki Smye

➤ Principles for action

Cultural awareness is the first step in understanding that there are differences (cultural and other) and many people respond to this awareness by taking courses designed to sensitize them to these differences, e.g., ritual and ceremonial practices. However, these sessions do not draw attention to the emotional, social, economic and political context in which people live. Cultural sensitivity alerts us to the legitimacy of difference and prompts the process of self-exploration with an understanding that we are all bearers of culture, which includes our life experiences and realities that impact on others (Nursing Council of New Zealand, 1996, p. 9). Cultural safety begins with the practitioner. It requires that the practitioner consciously recognize and believe that we are all



bearers of culture and always see others through our own cultural lens – that when we are in relationship with another person both the culture of the practitioner and the client (individual, family and/or community) are present. It goes beyond cultural awareness and sensitivity to understand others within the broadest context, including the historical, political and social factors that shape health care and health for people. In addition, structural inequities and power imbalances must be recognized and their role in shaping health care and health understood and challenged. Cultural safety is both a process and an outcome – it requires excellence in relational practice and enables safe services to be defined by those who receive the service.

Cultural safety includes openness to participating in cultures other than the one we are born into. It emphasizes the importance of understanding and owning our inherited cultural history and biases, and becoming aware of how these influence our beliefs, perceptions, and actions, thereby enhancing our capacity to relate to other people as whole human beings (see example in **Appendix A**).

- Develop self-knowledge or insight

Practitioners must understand their own culture and its inherent biases in order to identify with people from other cultures.

- Client-centered approach

Cultural safety is closely connected with appreciative inquiry, a theory and practice for approaching change from a holistic perspective, building on individual strengths / gifts. The ultimate test for whether cultural safety has been attained is the client's perspective; the client feels safe.

- Modify the status quo

We need to teach/learn relational practice in which the practitioner seeks to learn about the client as a person, not as a socialized stereotype. Further, we need to equip people in key roles with position and briefing papers as a way to put forward our apolitical voice.



7. Literacy

Effective speakers and educators have always been valued in our communities. Sensitivity to and understanding of non-verbal aspects of communication are essential capacities for such messengers. Literacy is about communication, interpretation and translation of the message(s), relationship building, transfer of knowledge and awareness. Inherent in this is mental health literacy. We need to communicate so as to support inclusiveness and knowledge sharing.

➤ *Principles for action*

- Effective communication

This involves using user friendly language and communicating from the heart. Communication using oral language, as in storytelling or pictures, is sometimes more effective than written narrative. To honour literacy and the principle of effective communication, we will make a user friendly language version of this document available to local communities.

8. Personal and community empowerment

Empowerment comes from a secure sense of personal and cultural identity – from knowing and valuing who you are. If this is not present, hopelessness and despair can result. Empowerment is central to healing. We support all processes, practices, and tools of knowledge that assist people and communities to build on their own knowledge and strengths to empower themselves.

➤ *Principles for action*

- Use of promising practices

In some ways, “promising practices” is a better concept for us than “best practices”. While we do not know best practices for our communities as affirmed by Western research, we do value promising practices and building on what works because we, the Indigenous practitioners, have tested these for many, many years. Our promising practices may be established as “best practices” after we have the resources to do our own research. We employ promising practices that build capacity for personal and social development.

9. Walking with grandmothers and grandfathers

We value the experience and wisdom of Elders and their vital role in transmission of culture. There are many diverse cultural teachings within the Indigenous populations. One example of the teachings of our Elders is the Seven Grandfathers teaching – respect, humility, wisdom, love, bravery, courage and honesty. Other good examples of teachings include, but are not limited to, the Pipe, the Medicine Wheel, the Smoke House and Feather teachings. We value



those of any age who carry and live by the teaching transmitted to them by their Elders.

10. Collaboration

Collaboration is as important as interconnectedness. People demonstrate collaboration when they agree on a mutually important project and work together cooperatively for its realization.

➤ ***Principles for action***

- Openness regarding roles and responsibilities

In every environment, we value being accountable and being clear about roles and responsibilities and their implications.

- Information sharing

We value disseminating information and education, and take seriously our responsibility to translate and interpret what we wonder about, experience, and know.

- Capacity building – networking and knowledge exchange

We value providing front-line workers or those planning to work in our communities, with opportunities to gain knowledge and skills and to network with each other for knowledge exchange. This is related to cultural safety. We also value building capacity within our own organization and others across Canada, with particular attention to encouraging youth participation.

11. Valuing the knowledge of First Nations, Inuit, and Métis foundations and cultures

We value the knowledge of Indigenous peoples, both within our own country – First Nations, Inuit and Métis – and the values and practices that are shared among Indigenous peoples around the world. As we put our values into practice, we model culturally good ways. That means we walk the talk; we model ethical behaviour. We are respectful of others, including all things of the Creator, and of the earth.

➤ ***Principles for action***

- Indigenous knowledge, ways of knowing, beliefs and core values guide the decision-making of the organization and all of its activities.
- We do what we can to help people connect and reconnect with the knowledge and strengths they possess. For example, we value the



knowledge of the local community, which is essential in the planning process.

12. Youth

NMHAC is committed to improving its understanding of child and youth realities and to creating a safe environment for youth to become active members of the Association. The Internet is a valuable tool for dialogue and support among youth, through stories about transformation and change, with appropriate safeguards.

➤ ***Principles for action***

- Build on life experiences of youth;
- Gather stories of resilience and of resistance that may balance stories of destitution and despair.
- Provide a forum for youth to share their stories without judgment and contribute to understanding and skill development of front-line community-based workers;
- Employ a strength-based approach;
- Find ways of involving youth in the Associations activities, provide safe interpersonal space and translation in ways that support them;
- Offer ways to engage youth in community life.

NAMING STRENGTHS AND WEAKNESSES - SWOT ANALYSIS

Strengths

» Knowledge of history, effects of colonization, and mental health

We have knowledge of history, awareness of context and credibility to bring mental health and wellness issues to the attention of policymakers.

» Grassroots - community-connected

We all work on the ground. We are rooted in community. That gives us real heart, feeling and humility.

» Forming alliances

The organization has members with a gift/ability to develop alliances with others concerned with quality wellness and mental health programs and services for all Canadians.

**» Depth of experience**

Board members are professionals with academic credentials as well as a foundation in community, and most have experience working in service organizations.

» Personal and collective humility

As individuals and as a group, we are humble and aware of our limitations and weaknesses.

Weaknesses**» Need a higher profile as an organization**

Up to this time, the board and membership have worked to build the foundation of the NMHA by doing quality work to strengthen its organization and by establishing a presence in the Canadian community: (a) through membership with CAMIMH and the Mood Disorders Society of Canada; (b) by active engagement in work of the Mental Wellness Advisory Group to develop a national strategy for First Nations and Inuit mental health and wellness, and in NIICHR's Core Competencies Project that is addressing the need for standards for credentialed health practitioners; (c) by making keynote addresses and presentations to the Collaborative Care Initiative, the Senate Committee on Social Affairs, Science and Technology, and a variety of other groups attending to mental health/mental illness policy and related matters; and (d) through planning, organizing and managing a first class annual conference that addresses priority mental health and wellness (including addictions) teaching/learning challenges.

» Organization lacks resources

Not having access to financial resources to support the development and on-going productivity of our non-profit organization has limited the scope and depth of work being done. What has been accomplished has been achieved through the talents, skills, and expertise of our volunteer board, the part-time personnel we have relied on to keep the organization fluid, and the many professional, technical, and front-line practitioners who have generously shared their experiences, knowledge, and guidance. These Canadians of First Nations, Inuit, Métis and other cultures provide the substance of the teaching/learning activities of our conferences, and do the work that bridges our annual gathering year to year. Financial and associated support from the First Nations and Inuit Health Branch, Mental Health and Addictions Unit for our annual conference since the inception of the association has helped significantly to sustain our efforts. As of 2006, the same resource provides on-going operational support for the association's valued work.

**» Difficulty recruiting volunteers from across the country**

Competent people are very busy and it can be difficult for them to travel and dedicate time to meetings. Many health/mental health professionals and practitioners work within difficult and demanding community contexts. There is a need to identify ways to support their participation and engagement in regional and national work.

» Limited communications capacity

We need to launch our Website and publish an e-newsletter to become more accessible.

» Focus is upon First Nations People and Cultures

While this focus is important, the fact that less attention is given to realities and needs of the Inuit and Métis communities represents a weakness that can and will be remedied.

» Limited connectedness

While continuing to build effective working relationships nationally and internationally, more work needs to be done to develop connections with regional and sub-regional Indigenous organizations, agencies, and practitioners. Development, approval, and implementation of a strategic plan will do a great deal to expand and broaden relationship building that results in connectedness and increasing togetherness both with the First Nations, Inuit, Métis, and other communities of our country.

Strengths and Opportunities**» Knowledge transfer**

Today there are richer opportunities for knowledge transfer, and the Board has the expertise for knowledge transfer through: (a) authoring papers/reports and disseminating these; and (b) active engagement as presenters and participants in gatherings dedicated to issues of mental health and wellness that includes addictions as a priority.

» Mentorship / leadership across organizations

Some of the Board members have significant mentorship and leadership skills that could be used to mentor and support other organizations in doing this critical work and in ensuring that the professionals who work with our communities provide culturally safe curricula and interventions.

» Serving as a model for assisting other national Aboriginal organizations

Other national Aboriginal organizations do not share their strategic plans and it is not even clear if they have plans, although the organizations seem to be well-resourced. The Native Mental Health Association could serve as a model in encouraging / assisting other organizations to develop plans.

Weaknesses and Strengths

**» Location of Association's Headquarters**

The NMHAC has developed a place in the home of its chairman/ president who has strong support from nuclear and extended family. Such support is essential when so much of the work is done voluntarily, both by the board members and the staff, who usually do far more than what is represented by part-time pay. This is the way that leaders, from traditional times up to the present, have managed to guide, and carry out, as needed, an organization's work, contributing today for tomorrow. Although it calls upon the chairman's generosity and that of his family, locating the association's headquarters within his living space does help to stretch inadequate resources available for accommodation, wages, up-to-date technology and professional fees.

» No National Strategy for Mental Health addressing Inuit, Métis and First Nations communities

While there has been little to build from as we did our action planning, other than the resources the association has developed since its conception first as a committee of the Canadian Psychiatric Association and then as a not-for-profit association, our chairman has: (a) played a major role in the developmental work being carried out by the Mental Wellness Advisory Group; (b) done some research and writing with support from the Aboriginal Healing Foundation; and like his vice-chair, (c) participated actively in focus groups and other gatherings called by the Senate Committee on Social Affairs, Science and Technology which made a strong case for the establishment of a Mental Health Commission.

Opportunities**» Recent changes have opened a window of opportunity**

There is a focus on Aboriginal health/mental health issues at the Federal government level and a window of opportunity is open now. There are opportunities for funding from various Ministries (Health Canada/FNIH, SDC). On these same issues in the past few years, there also has been a refocusing by some provincial governments. Provinces such as Alberta, Ontario and British Columbia are demonstrating increased awareness of Aboriginal issues and are willing to take a more active role in addressing them.

» Interest in collaboration on the part of NGO professionals

Leaders of some NGOs are expressing increasing interest in partnering and collaborating with our association to undertake research involving Indigenous people, and in developing more user-friendly programs and services tailored to meet needs of Indigenous clients, especially in urban areas. We also receive requests from the general public--people working as volunteers and/or as self-employed practitioners who want to understand Indigenous health/mental health issues better. It is important that we respond to these opportunities, and that we find the resources necessary to do so.



» **Opportunities to use our strategic plan and expertise to enhance capacity on the ground**

More and more people in our own communities who are learning about mental illness, mental wellness and addictions do not have access to the resources/knowledge and translation they need. We have grassroots and national connections that can articulate these needs and advocate for them. There are also opportunities for funding through the voluntary sector and private sector for community capacity building, such as Big Brothers/Big Sisters, foundations, banks, etc.

» **Opportunity to respond to the need for models/standards of practice**

The credibility and competency of traditional healers are often challenged. There is a need for models of promising practice and standards of practice specific to Indigenous communities and culture.

» **Opportunity to contribute to knowledge translation and networking**

Increasing numbers of Indigenous people are learning more about mental illness, mental wellness and addictions, and lack access to the resources /knowledge translation, and opportunities for networking.

» **Consultations/Collaboration with and learning from other organizations**

NMHAC can share its plan with other organizations, consult with them, and identify opportunities for collaboration / provision of guidance/leadership, and learning.

Many of the national Aboriginal organizations are ready to collaborate; NMHAC could consult with them by sharing its strategic plan and identify opportunities for collaborating on shared initiatives. NMHAC can also share the plan with Health Canada and FNIH. Sharing like this will help NMHAC to provide guidance to and share information with other organizations such as CAMIMH, CMHA, etc. Many of these organizations have Aboriginal initiatives, are sometimes working alone and do not have a full grasp of the issues and needs, especially the specific and diverse needs of First Nations communities. NMHAC can also share it with prospective partners like NNMH, MDSC and Native Nurses Association of Canada. The latter is a reputable organization from which it can learn methods for sharing information with our membership.



» **Supporting the development of models for networking for front-line workers**

This is needed, but would require resources. NMHAC could learn from other organizations such as the First Nations Quebec Association of Suicide and the Alberta Youth Suicide Prevention Strategy about how to bring workers together provincially.

» **Opportunities to establish professional exchange programs**

While in New Zealand in 2005, Dr. Brenda Restoule and Bill Mussell of NMHAC were hosted by Maori mental health leaders who familiarized them with Maori health/mental health community-based programs and services before attending an international conference of leaders in mental health from 7 nations. The Maori leaders recommended strongly that we collaborate in the development and implementation of an exchange program through which Canadian Indigenous practitioners would have access to first class professional development, mentoring and supervision in New Zealand, and vice versa.

KEY STAKEHOLDERS AND PROSPECTIVE PARTNERS

Key stakeholders

- ❑ NMHAC membership includes individual workers, the agencies they work for, the First Nation communities they serve, and the people who use the services (consumers). In actuality, all members of First Nation communities are members of an extended family and are consumers to varying degrees, due to the impact of historical trauma and the inter-generational transmission of trauma. This includes professionals and front-line workers in our communities.
- ❑ Canadian society at large.
- ❑ Our funders, Health Canada/FNIH.

Key partners or prospective partners

- ❑ Assembly of First Nations (AFN)
- ❑ Inuit Tapirisat Katami
- ❑ National Aboriginal Health Organization (NAHO)
- ❑ National Native Addictions Partnership Foundation (NNAPF)
- ❑ National Indian and Inuit Community Health Representatives Organization (NIICHO)
- ❑ Health Canada – First Nation and Inuit Health Branch
- ❑ Canadian Alliance on Mental Illness and Mental Health (CAMIMH) – 19 national organizations
- ❑ Mood Disorders Society of Canada



- National Network on Mental Health
- Educators and Trainers, primarily at the College and University level.
- Provincial organizations
- Ministries
- Corporate organizations
- Regional/Community organizations
- Canadian Mental Health Association (CMHA)

GOALS AND KEY STRATEGIC INITIATIVES

CORE CONCEPTS FOR GOALS

Sharing Information/Knowledge Transmission

- Knowledge Exchange/Effective Transmission of Culture
- Language and Literacy
- Information Dissemination
- Consultation
- Storytelling / Narrative and other ways of knowing
- Indigenous Ethics
- Research

Culture and Capacity Building

- Culture
- Cultural Safety
- Holism
- Re-affirmation of Our History
- Community
- Community Development
- Community of Care
- Children, Youth and Elders
- Promising Practices
- Family Restoration
- Alternative Dispute Resolution
- Lateral Violence
- Reconciliation within Our Communities
- Mental Wellness
- Spirituality

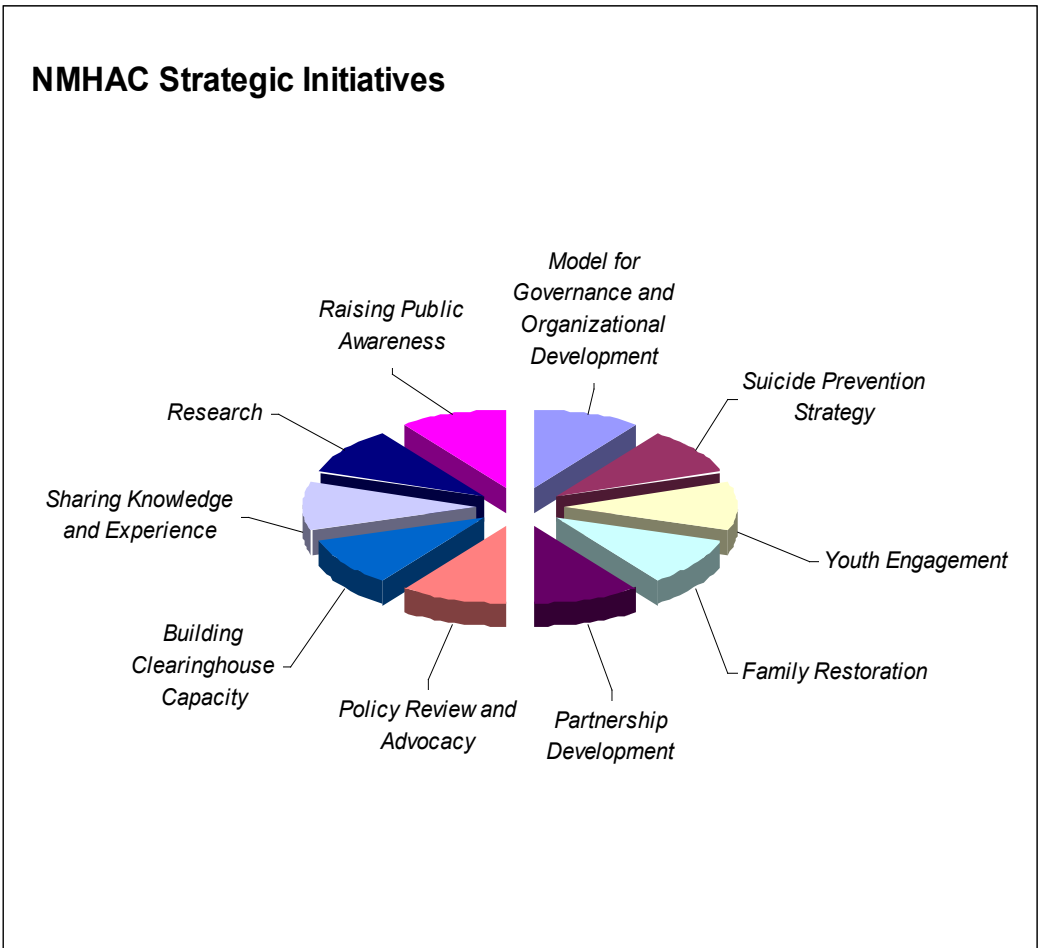
Changing the System (within and outside of Indigenous Contexts)

- Identify partners to develop readiness for policy changes and implementation

- Restorative Justice
- Racism (Personal and Institutional)
- Harm Reduction re: ADR, Residential Schools, re-victimization of people by the legal system/social systems.
- Breaking cycles of marginalization and re-victimization, and reparation.
- Self-governance/Self-determination (in the good way)
- Equity

STRATEGIC INITIATIVES

NMHAC has committed to ten strategic initiatives for building capacity to support and enhance the mental health of Indigenous people in Canada. Each of the initiatives is interconnected; while they are presented in the form of a linear list, all represent equal priorities for NMHAC. The graphic below shows how we envision the initiatives as balanced and connected.



- 1. Establish a model for effective governance and organizational development.**



To establish a model for effective governance and organizational development, we will document the principles and processes that are relevant for governance and build on these to develop a model that will continue to work for us as we grow. Key principles for establishing the model include:

- ❑ Building on strengths and successes;
- ❑ Valuing community/front-line presence/Board as spokespersons/voice of community;
- ❑ Openness/welcoming input;
- ❑ No set terms of office – we value the experience and involvement of those who are committed to the work;
- ❑ Careful and considered process for selection of new Board members who support our vision and represent the community;
- ❑ Consensus decision-making process; for example, in the culture of the Kwakwaka'wakw people, coming to agreement or consensus is expressed as NUNWAKALA;
- ❑ Partners must share our values;
- ❑ Everyone is accountable for decisions made by the association. It is important to activate from the bottom-up, not top-down.

Thought Leaders

The model for governance includes ongoing access to the best thinking and advice of Thought Leaders. The role of Thought Leaders is to contribute ideas, thoughts, messages and questions through a dialogical process that enriches what we transmit to ourselves, to others and to future generations. It also enriches the substance of what we discuss as a Board regarding policy making and selecting priorities – transmission of culture being a key concept in this process. Another role of Thought Leaders is to help us define our values and put them into action through the work that we do, not only as a Board, but also as an organization.

Next Steps:

Organizational Governance

From its inception as a legal entity, the NMHAC has been managed as an up-standing family. Its members have been guided by the chairman, a kind, considerate, and motivated leader familiar with the field of mental health and wellness who knows the importance of dedicated and skillful team members who have familiarity with family and community and concern for family and community health and wellbeing. The chairman has strong support from his partner, siblings, and other family members who are willing and able to apply a range of skills and a pertinent base of knowledge to the challenges that would otherwise consume his time and energy. With their support and assistance, he is able to represent the association in a variety of ways in other places of our large country.



Core values that represent and guide “what and how” of the association’s governance are presented below, described loosely as principles and processes for governance.

PRINCIPLES	PROCESSES
<p>Personal and group effectiveness is sustained by inner balance and harmony, anchored in being grounded, having a relatively secure personal and cultural identity, and practices including prayer, ritual, and ceremony.</p> <p>The circle symbolizes wholeness and represents the format for our gatherings.</p>	<p>Each gathering begins with an opening prayer, with drumming and singing on occasion, which puts us in touch with our ancestors, their teachings, our responsibilities, and need for support and guidance as we begin our work.</p> <p>We work most effectively when we are connected, focused, mutually supportive, and engaged in dialogue. Words, feelings, body language and other actions are integrated.</p>
<p>Working as a team affirms our relational nature and wholeness.</p> <p>The answers are within us.</p>	<p>Productivity draws mostly on the head, heart, and spirit, and only occasionally on the body</p> <p>We are the center of our personal learning as a family, a team or a board of directors.</p>
<p>The family and community are the focus of our concern.</p> <p>Cultural diversity promises quality teaching/ learning.</p>	<p>Any work we do with a person, a small group or family is done believing that community is the client. Rippling effects are key aspects of the picture.</p> <p>First or Indigenous Peoples of Canada have many different cultures and for this reason, a national gathering consisting of people from many different territories is a rich opportunity for learning.</p>
<p>Storytelling helps us to discover and rediscover knowledge embedded in life experience.</p> <p>Acknowledging each other’s territory is valued.</p>	<p>This traditional ‘way of knowing’ also fosters learning and strengthening of personal and cultural identity, and increasing appreciation of our land and its resources, including the need to take care of it.</p> <p>To do this affirms our ancestral roots and identity as people of the land.</p>
<p>Every place has a name and will be remembered through connecting with our ancestors.</p>	<p>From time to time we each need to be reminded of our relatedness to the land and its resources. Ritual, prayer, ceremony serve us well for this purpose.</p>



PRINCIPLES	PROCESSES
Family, clan and community symbolize connectedness and togetherness.	Viewing each other as family members fosters solidarity and unity.
A spiritual continuum supports and guides our work.	When one group member is speaking, that member receives the full and undivided attention of all others.
Our relationships are grounded in respect.	Such attention provides that person with support and respect. People interacting in this way are together—connected spiritually.
Spirituality mediates wholeness and promotes learning, renewal and/or healing.	Some of the best healing takes place in group (healing circle for example), while participants are interacting, often with only few words.
Healing, like quality learning, is a culturally dynamic process.	Stories are cherished conversations that help one to understand the continuity of time—where we have been, are, and need to go--and the dynamic nature of culture.
Storytelling and other narratives are valued ways of knowing.	

See Role of the Chief Executive Officer in **Appendix B**

NMHAC – Governance

The Board of Directors and senior advisors examined the governance structure which has guided the Association over the past decade. There emerged a consensus that the organization has been well served by the existing governance structure. At the same time it was recognized that minor modifications may be in order due to the emerging opportunities and challenges facing the organization in 2007 and beyond. Within the context of existing governance and practices-building on what works, the Board of Directors has chosen to adopt and adapt the Carver principles of board governance. The following principles will guide the Association in the months and years to come:

- The board governs on behalf of and is accountable to the ownership - the persons who are not seated at the board table.
- The Board speaks with one voice or not at all.
- Board decisions should predominantly be policy decisions.
- Board will formulate policy by determining the broadest values before progressing to more narrow ones.



- Board will define and delegate, rather than react and ratify.
- Ends determination is the pivotal duty of governance.
- The Board's best control over staff means is to limit, not prescribe.
- The Board will design its own products and process.
- The Board will forge a linkage with management that is both empowering and safe.
- Performance of the Chief Executive Officer will be monitored rigorously, but only against criteria.

The Board of Directors has subsequently approved a policy on Executive Limitations which is contained as **Appendix "C"** to this plan.

2. Develop a framework for action planning for a National Suicide Prevention Initiative

In many parts of the world, Indigenous people have extremely high rates of suicide compared to the general population. This is the case in Canada as well, where the suicide rate for First Nations and Inuit is at least two to three times greater than for other Canadians. Overall, the First Nations and Inuit youth suicide rate is significantly greater than that of other Canadian youth, by as much as five to six times.

Understanding the problem of suicide requires an appreciation of the history of Indigenous people in Canada. The loss of cultural continuity and experiences of colonization, oppression, and abuse left a legacy of historical trauma, and it is our view that these factors represent the primary cause of high rates of Aboriginal suicide. It is not individuals or specific groups of individuals, i.e. youth, who are at risk, but entire communities. The focus of suicide prevention activities must be on communities and families. This includes the need for the restoration/development of healthy families and birthing and rearing of healthy children. There are examples of healthy Indigenous communities with low rates and absence of suicide, and all of our communities have strengths. The suicide prevention initiative will build on cultural traditions and existing strengths to develop the capacity of communities and families to enhance health and well-being.

NMHAC will take action on a National Suicide Prevention Initiative in three areas.

- Establishing a national network of regional "networks".

In a national context, this work will be done regionally, building on existing strengths that can and will be shared to increase successes in stemming suicide



and incidence of attempted suicide. The focus will be on suicide within the context of mental health, with an emphasis on collaborative models of community care. NMHAC is well positioned to serve as an advocate for regional and community-based initiatives, given its history as a meaningful resource and past relationship building by members of its board and staff. Groundwork for networking necessary to launch work on suicide is already in place in many locations of the country. Networking may also be developed in partnership with partner NGOs, such as NNMH, which has a vehicle in place for reaching out through technology.

➤ Networking and capacity building of community workers

NMHAC will play a role in networking and capacity building with workers at the community level, through training and technology, with the regional organizations taking responsibility for the hands-on work. Mentorship as part of the education/training component is an important component of suicide prevention.

This initiative may be done in partnership with other NGOs as well as with support of Indigenous political organizations that make mental health matters a priority concern. NMHAC may also plan collectively with other organizations that have funding for this work. Through technology and partnerships, we could multiply the impact of the available funding

➤ Working with federal stakeholders on a collaborative strategy.

There is a need to negotiate with funders about policy: there are insufficient funds to effect meaningful change and there may never be enough. Currently, the funding is separated into and disbursed through “silos”, e.g. suicide, drug and alcohol prevention, and family abuse. On the ground, people work in silos also even though there is evidence that integration of services bring better outcomes over time. Shifting from a multi-silo scenario to an integrated service one will take considerable work, time, dedication and patience.

Federal stakeholders need to work together on a collaborative strategy that could make a real difference in dealing with core issues in communities. This includes the Ministries of Health, Indian Affairs, and Social Development Canada working together to deal with core issues in communities. NMHAC is prepared take the lead on initiating the development of a collaborative federal strategy.

Next Steps:

- Develop and submit a proposal to Health Canada/FNIH for a National Youth Suicide Prevention Strategy, including the development of a resource centre, a regional networking strategy, and a framework for national education and training.



- Share the Strategic Plan with ITK and AFN and perhaps NAHO and invite them to a meeting to provide input.
- Approach partner organizations (e.g. CAMIMH) to help lobby for additional funding to further develop the strategy, i.e. beyond a youth emphasis.
- Develop a framework for a collaborative federal strategy and engage with federal stakeholders to initiate implementation.

3. Develop a strategy for youth engagement

The strategy for youth engagement includes the promotion of youth participation in NMHAC conferences with an emphasis on family involvement, the establishment of strong linkages with youth, youth mentorship, and prenatal prevention work with young parents. The intent is not to heal youth, although healing may be a by-product of the experiences for some youth and others.

Youth will include young people up to 30 years of age. NMHAC feels it is important to honor and encourage young people who are modeling good ways, while being careful not to ask too much of them or overwhelm them with too much responsibility. Engagement strategies will at all times be ethical and respectful of youth rights and needs. There is a need for multiple engagement strategies: many of our youth become parents at a very young age, so youth engagement must include engaging young people with children, especially young mothers; some young people may be grandparents by the ages of 30-35. Many male youth are at the highest risk and yet they are very difficult to engage. We need strategies that vary by age, gender and parental status.

YOUTH ENGAGEMENT IN NMHAC ANNUAL CONFERENCE

Youth engagement in NMHAC conferences will provide youth with opportunities to connect with peers who are making healthy choices and with adults/elders for mentoring and support through conference activities. NMHAC aims to offer a family rate for its conferences, so parents can bring youth along for a small extra fee. NMHAC also aims to request scholarships from FNHIB and its provincial counterparts so more youth could participate. Another strategy will involve identifying active youth groups and approaching them to encourage participation. NMHAC will also use the conference as an opportunity to recruit young people familiar with life's realities who are willing and able to serve as advisors.

Involving families in conferences is important in supporting family restoration. Conferences will include family events, such as family talking circles and family learning opportunities. This is a challenge for young parents because they often lack the time to attend workshops/conferences: they are busy raising their children, making a living and sometimes, struggling to meet basic needs. NMHAC hopes to provide support required to ensure young parents can



participate. This includes providing childcare and offering financial support for participation.

Youth may need to be empowered to decide what they need from the conference in terms of workshops, and NMHAC will review a variety of options that may be of interest to youth. Some possibilities include:

- Inviting youth who do plays/performances to perform at the conference.
- Offering a group of youth an opportunity to make a movie at the conference, e.g. a skit or commercial or something promotional that NMHAC could use on the website.
- Having youth develop a play/presentation on their life stories with someone coaching them, with an emphasis on building on strengths. The presentations could be done before the conference or on-site and could be filmed. These activities could involve youth and other family members. Topics may include: What is a healthy family? What is a healthy community?
- Offering youth an opportunity to develop a piece of art based on a workshop or on the conference theme; this could involve a bursary as a prize.
- Providing workshops with topics of interest specific to certain groups of youth, e.g. young males, young mothers, young grandparents.

NMHAC Board of Directors aims to establish linkage with youth much as it has with its Thought Leaders. Youth in this role will serve as a resource to the Board, providing advice and direction on effective engagement strategies and other matter concerning youth. The board of directors recognizes that funding for work of this kind can be difficult to obtain, and commits itself, nevertheless, to fulfill this objective.

TARGETED STRATEGIES

Youth Mentorship

NMHAC will consider developing some type of mentorship program to link with young people who are modeling good ways and to provide them with guidance and support.



Prenatal Prevention Work

Young parents are the group experiencing intergenerational transmission of the best aspects of culture as well as trauma, which continues to take place. NMHAC needs to do some very specific prenatal prevention work to assist them during this time, and to work with other groups, especially at the regional and local levels, that are dedicated to carry out such work.

There is a strong connection between early childhood development and difficulties of youth including depression, suicide, violence, abuse, and addictions. Priority attention to suicide prevention logically encompasses prenatal and associated prevention work.

Outreach to Male Youth

There is a need to support stronger connections for young men as they often lack meaningful connections within family and community. Bill Mussell, the chairman of NMHAC, who works professionally as an educator, consultant, researcher and author, produced a handbook entitled “Warrior-Caregivers: The Challenge Healing of First Nations Men” that is currently being used in some communities and in post-secondary social work and related social science courses. This work was contracted and published by the Aboriginal Healing Foundation (September 2005). NMHAC proposes to review this handbook and similar work such as that done by Madeleine Dion Stout on Resiliency and Suicide and engage with youth to identify effective strategies to connect with and support young men in establishing healthy relationships, creating a healthy male identity, and developing self-confidence with assigned roles and responsibilities.

Next steps:

- Identify and engage youth groups to promote NMHAC conference and implementation of its other goals.
- Approach funders regarding scholarships for youth attending conferences and to establish family rate.
- Engage youth in pre-conference discussion sessions for input on what their needs are.
- Define workshop topics/conference activities.
- Review logistics regarding costs and balancing of activities to accommodate families.
- Find resources to support active engagement of youth in work with the Board of Directors and its Thought Leaders.
- Establish linkages with youth.



- Review and develop targeted strategies for youth mentorship, prenatal prevention work, and connecting with young males to support healthy development.

4. Centres for Family Restoration and Community Development.

Recognizing, honoring and supporting the development of healthy families are integral to the philosophy and strategic direction of NMHAC. Family restoration and community restoration are the foundation of all health promotion and development activities, including child welfare, economic development, and local governance. Such work will be built upon the essential cultural foundations of the community which include its indigenous knowledge, ways of knowing, beliefs, values, prayer, ritual, ceremony and celebrations that affirm personal and cultural identity and the continuity of life. Family and community, which represent core values and are principal cultural institutions, are the best resources for nurturing holistic health. Family restorative work is the key to effective cultural transmission and better community health. Currently, there are no national organizations that focus on family restoration as a key component of Indigenous health, mental health and wellness. There is a need to support families and communities to re-establish structures of healthy relationships.

With the fragmentation of services and funding silos, we have to develop a way to pool resources to serve family needs. NMHAC will parent the creation of a Centre for Family Restoration, advocating for the backing and financial support to create it. It will provide research, information and resources relative to building and maintaining healthy Indigenous families. It will be a centre of excellence for holistic development, building on family and community, helping families to raise healthy children and to support youth. NMHAC will explore partnership opportunities with other organizations doing good work in this area.

Specific initiatives of the Centre for Family Restoration will include:

- Provision of resources on activities that promote family restoration.

The emphasis will be on activities that create connections and reduce isolation between family members, build family pride, family health and family identity, and promote skills for contributing actively to community and family life. Included will be information on how to develop healthy relationships, set boundaries, and make meaningful choices, as well as models of health and of locus of control. Specific teachings and strategies to support healthy engagement of parent/extended family members in the activities of their children will be offered.

- Development and sharing of strategies to address family violence and support positive male identity.

Effective ways of addressing family violence must acknowledge that underlying the need for dominance by males is their sense of loss of the role of provider,



which results in felt inferiority to their female partners who are life givers and (often) income earners. The “Warrior-Caregiver” concept, developed by Bill Mussell, is a powerful model for a positive cultural male identity with defined roles and responsibilities that could be used as the basis for the development of effective strategies.

- Support for community workers for healthy community engagement

NMHAC supports the empowerment of community workers to be change agents regarding healthy family behaviour. Because leaders and workers in some communities choose not to acknowledge family problems that seriously affect the lives of children and youth, community leaders and workers need to be empowered to address these issues openly in order to create real and meaningful change. If such work is not done by the people living and being affected by violence, abuse, and related family problems, nothing will be done to improve the quality of life of many young community people. NMHAC is prepared to work with community-based workers and/or groups to support ethical and healthy community engagement.

Next Steps:

- Conduct research on who is doing what in this area and how well it is working (promising practices).
- Develop ethical guidelines for Family Restoration/Community Development work.
- Support development of a model for a Family Restoration Centre, including identification of resources for information sharing and specific strategies for building family and community capacity.
- Identify funding and partnership opportunities for development of this unique resource.



5. Develop and nurture partnerships and alliances that honor the spirit of mutual respect, recognition, responsibility and sharing.

NMHAC has national partnerships with other organizations, and these are identified on the NMHAC website. There is a need to continue to nurture existing partnerships, and to develop and nurture potential partnerships. Potential partners include other international and national organizations working in the areas of mental health and Indigenous mental health, corporate organizations, and community/regional-level organizations. Partnering will include exchanges with mental health practitioners of other Indigenous Nations such as the Maori and Aborigines of Australia.

NMHAC is closely involved in lobbying with other groups with regard to Canada's engagement with International Initiative Mental Health Leadership (IIMHL). Canada has announced its involvement and participation in this initiative. Canada will be hosting the annual conference in August 2007 in Ottawa, Canada. NMHAC is now involved in identifying host sites for indigenous cross-fertilization of knowledge and site visits.

NMHAC has also been invited to participate in a conference in New Zealand on research on the themes of knowledge, guidance and community. Bill Mussell is now involved in the Canadian planning group so Canadian participants may attend the conference in October 2007.

Next steps:

- Identify other international and national partners, e.g. NNMH, NAHO, AFN, ITK, National Aboriginal Achievement Foundation, Aboriginal Healing Foundation, and Healing Our Spirit Worldwide.
- Identify prospective corporate partners.
- Identify regional/community-level partners.
- Engage with prospective partners to define the terms of the partnership and determine the partnership activities, e.g. identify partnerships for specific initiatives in the strategic plan.

6. Engage in development, implementation and evaluation of policies at all levels of government that support and enhance the well-being of Indigenous families and communities.

NMHAC will establish clear policy positions as an association and develop a policy framework. NMHAC will build capacity (professional and technical people on staff) to do this effectively. The policy framework will identify our policy positions, targeted areas for advocacy/knowledge transfer, and key partners. NMHAC will assist in the translation of existing policies as well as identifying



where there is a need for new policies that are more culturally safe. Policy work will be used to provide information and guidance to funders, service agencies and educational institutions to build cultural competency and cultural safety, and to support and enhance the well-being of Indigenous families and communities. Identified areas for policy development and advocacy include:

- Advocating for integrated, rational policies at the national level for Indigenous people

NMHAC will advocate that FNIHB require that all mental health practitioners have demonstrated cultural competency and the capacity to ensure cultural safety in order to work with Aboriginal communities. We will also advocate for child and youth mental health services for First Nations, Inuit, and Metis Communities.

Through our partnership with CAMIMH, NMHAC made presentations on Indigenous mental health issues to the Standing Senate Committee on Social Affairs, Science and Technology. NMHAC will continue to engage with national partners to advocate for Indigenous people with regard to all health determinants, including child welfare, poverty and literacy with a strong emphasis upon building upon the cultural foundation's richness. NMHAC will identify key issues for advocacy and collaborate with partners to develop a stronger voice to influence change.

- Working with regional Health Authorities to advance knowledge and practice.

This will include providing education to health care policy makers and health care providers on issues of colonization, history, inequities and effects of inequities, including racism and other matters, especially the significance of Indigenous worldview, cultural foundation, and connections with the land and other teachings of ancestors. NMHAC has ready access to some resources that address these matters which were authored by Bill Mussell alone or as a member of a small team; namely,

- (a) a handbook for governors of health authorities concerning Indigenous health in B.C.;
- (b) a handbook for health care providers that outlines what providers need to understand about Indigenous history and working with Indigenous people that needs up-dating and more substantive content;
- (c) a Mental Health Guide for First Nations People called Pathways to Healing, funded by the Canadian Collaborative Mental Health Initiative. NMHAC would be prepared to make resources like these available online.

NMHAC will also support the work of those who are trying to implement policy changes to make western-based health care systems more culturally competent and safe. NMHAC will identify and support champions in this area. Examples of such policy changes include consideration for space for extended family members to visit at the hospital or being respectful in offering health care using culturally safe practices.



- Working with Educational Institutions to enhance knowledge transfer

This will involve NMHAC taking a leadership role to advocate for and support the development of culturally safe curricula for post-secondary health professional courses related to working with Indigenous people.

Next steps:

- Define policy positions.
- Identify resources required, i.e. funding and human resources to develop and implement policy framework.
- Establish policy framework.
- Identify key partners to work collaboratively on advocacy for policy changes/policy development.

7. Develop/partner on a virtual clearinghouse capacity that brings together international, national, regional and local mental health/wellness knowledge and information.

Developing a Clearinghouse capacity is a component of the proposal that NMHAC has submitted for a national youth suicide prevention strategy. NMHAC will initiate the strategy as outlined in the proposal, building on it over time to expand capacity.

The strategy will include the development of a Resource Centre to provide:

- information/resources about healthy communities, families, parenting skills, etc.;
- information about conferences and upcoming events, and links to other websites about these; and
- information about funding opportunities, including a guide to proposal development.

NMHAC will contract services of a Research Coordinator to develop the Resource Centre (an electronic library with a reference base/annotated bibliography), which will be linked to our website. The information will be continually updated. Sources will be credible and practical, specifically addressing people's needs. The Centre will share reporting of best and promising practices at the community level -- the information that front-line workers need. Both "gray literature" and academic literature will be made known.

Resources may include an NMHAC anthology of best/promising practices/best thinking from conference proceedings, an on-line newsletter, and inspiring stories and links to cultural safety. NMHAC will develop some of the resource material.



There are projects that could be revitalized such as the curriculum materials entitled “leadership in mental health” tested and developed by Bill Mussell.

NMHAC will connect with existing clearinghouses, review their format for cultural accessibility, and promote development/accessibility of material related to the mental health of Indigenous people. Links to other clearinghouses will be accessible on the NMHAC website. NMHAC will also provide information to other organizations about what we are doing, so that they send relevant information to us.

Next steps:

- Develop a budget, job description and recruit a Research Coordinator.
- Develop Resource Centre (electronic library) – review existing resource materials on best practices and post to website, with an annotated bibliography.
- Develop/identify other relevant resource materials.
- Develop a plan for connecting with other organizations, reviewing format of existing clearinghouses for cultural accessibility and linking to their resources.

8. Through validation and sharing of Indigenous knowledge, language and practices, enhance capacity of communities.

As Indigenous organizations, researchers and communities begin to integrate knowledge from a variety of domains, a new paradigm for healing is emerging from our Indigenous practice integrated with other approaches. It is important to promote culturally appropriate capacity building, guided by cultural safety standards, to prepare and equip Indigenous health and mental health practitioners.

NIICHR0 is doing work in this area, with funding from FNIH, to develop common standards for Indigenous health practitioners/workers across the country. FNIH has human resource money to increase the numbers of Indigenous professionals and to enhance skills of existing workers; in particular, a youth initiative, skills enhancement for existing front-line workers, and increasing the number applying to graduate schools.

NMHAC will play a role in providing opportunities to share Indigenous knowledge and experiences, nationally and internationally, and to identify the tools to tackle current health, social and other issues in the lives of Indigenous peoples.

- Network Building and Training Initiatives



As part of the proposal for a youth suicide prevention strategy, NMHAC will build capacity of communities through a national network building initiative, with three Regional Coordinators linked to Community Liaison Consultants at the community level. NMHAC will bring these people together to work collaboratively and support each other in promoting community and family capacity for health and wellness.

Another component of the proposal is to organize and facilitate specific training events. NMHAC will liaise with knowledgeable partners to develop the trainings. Trainings will be specific to identified needs. For example, many communities already have front-line workers with suicide prevention knowledge/training. We will need to identify with them the barriers to implementation, the kind of transformative leadership skills they need for social action/mobilization in their communities, how to use the skills, where to begin by building on the gifts already in the communities, such as positive parenting, and so on. In the first year of the initiative, NMHAC will develop a framework for training. It may involve ASSIST training as part of the annual NMHAC conference, followed by a second training experience for personal and cultural development, learning of models for effective interventions, and experiencing social transformation leadership work.

- Conferences/exchange programs for teaching and learning

NMHAC will explore the possibility of providing a range of opportunities for teaching/training and information exchange through our annual conference. In addition to the training described above, NMHAC may expand the conference to educate non-Aboriginal service providers, e.g. pre-conference professional development training with accreditation, building on the knowledge and wisdom of Elders for mental health practitioners working in Aboriginal communities. NMHAC is prepared to work with professional bodies on this initiative, e.g. the Canadian Psychological Association.

NMHAC will also explore opportunities for hosting and/or partnering on international and national conferences that promote and support networking among Aboriginal professionals, and provide opportunities for gathering/information exchange, including inter-tribal exchanges within the mental health field in Canada. NMHAC is considering the development of an exchange program with other Indigenous mental health practitioners, e.g. Māori mental health practitioners.

**Next steps:**

- Implement the networking and education/training initiatives as part of the youth suicide prevention strategy.
- Determine other priority actions for this strategic initiative, e.g. conferencing/exchange programs.
- Develop an implementation plan.

9. Develop and nurture ethical protocols related to engagement and health of Indigenous people.

NMHAC will support and facilitate the development of ethical protocols and guidelines. These include ethical protocols and guidelines for research activities and conduct. The development of these protocols is a high priority for the Board, as they represent the highest goals and standards that we will use to guide decision making about research priorities and practices and as principles for engaging individuals, families and communities. NMHAC will engage others for their best thinking in developing the protocols and guidelines, including Thought Leaders in our communities.

- Undertake and/or support research in keeping with Community Ethical Guidelines for research.

The Board will establish an ad hoc committee to define ethical guidelines for research, guided by OCAP (Ownership, Control, Access and Possession) (Schnarch, 2004), RCAP (1993), Healing Guidelines and Tri-Council guidelines. For example, in keeping with these guidelines research would be conducted in partnership; the process of research and the dissemination of findings process would be guided by an Indigenous advisory body; and there would be an outlined process for consulting with representatives from the Indigenous community, and key leaders in Indigenous health in the application of the research results. The ad hoc committee will be responsible for making recommendations to the board on priority areas for research, based on the initiatives described in the Strategic Plan. The committee will have a defined mandate and term, which will be outlined in the Terms of Reference.

Research priority setting and practices, including design, method, analysis and knowledge dissemination activities will begin with Indigenous Science/ Ways of Knowing. While positions vary on what theoretical lens needs to guide research with Indigenous peoples, Indigenous scholars who address issues of relevance to Indigenous peoples share concern over the pervasive structural and psychological relationship created by colonization, ultimately reproduced in the institutions, policies, histories, and literatures of dominant culture. For example, LaRocque, a Plains Cree Métis writer and professor, calls for “postcolonial” scholarship that seeks to uncover colonial processes and practices both in academia and society at large. Because of the ongoing violation of Indigenous



peoples, including through research, she believes that to conduct research in this area means “*ipso facto*” to be engaged in ethical matters. In a similar vein, Battiste, a Mi’kmaq professor, calls for an “Indigenous” scholarship that exposes neo-colonial practices within educational and other institutional settings. From her perspective, the “foundation” for transformation is an Indigenous scholarship and research that requires moral dialogue *with* and the *participation of* Indigenous communities. Battiste asserts the position that postcolonial indigenous thought is crucial to pushing beyond Eurocentric theory to transformative action.

In a somewhat different voice, Smith, a Maori researcher and educator in New Zealand, calls for the “decolonization” of research methods. Smith addresses how research is linked with European colonialism and introduces the notion of an Indigenous research agenda and the inclusion of key elements reflected in words such as “healing,” “decolonization,” “spiritual” and “recovery.” Research is led *by* and *with* Indigenous peoples. Although there are many other Indigenous voices within the area of Indigenous science (e.g., Bastien; Duran & Duran; Youngblood Henderson, among others) common to these particular scholars is the commitment to a new scholarship that challenges Eurocentric assumptions and value structures in both academia and society at large. Importantly, research is directed by Indigenous voice and engages with a moral dialogue. Therefore, a cultural safety lens will guide our research activities. We will ask questions such as:

- Who set the research needs and priorities?
- For whom is this study worthy and relevant? Who says so?
- What knowledge will the community gain from this study?
- What knowledge will the researcher gain from this study?
- What are likely positive outcomes from this study?
- What are possible negative outcomes?
- How can the negative outcomes be eliminated?
- To whom is the researcher accountable?
- What processes are in place to support the research, the researched and the researcher?

Research and evaluation activities will be based on *appreciative inquiry*, a process of interacting with people which focuses on the strengths of their lives. Most research has been based on a deficit model. Appreciative inquiry does not ignore challenges, but engages people in a participatory process, identifying strengths and tools that can be applied, used and changed as needed.

- Consult and develop protocols of conduct that are based on fundamental principles of engagement.

NMHAC will identify fundamental principles to define ethical protocols for our organization. These will include how we do our work, how we engage with others (individuals, families, communities and organizations), and what policy changes we support. We will consult with our Thought Leaders on this, as well as reviewing and building on the work that others have done in this area, e.g. the



work of Clare Brant. A fundamental principle will be cultural safety. This work will be ongoing and the ethical principles will be a living and changing aspect of the organization.

Next Steps:

- Develop Terms of Reference for the ad hoc committee and recruit participation.
- Review principles of ethical conduct, as an organization and in our own territories.
- Engage others in helping us define fundamental principles, e.g., through a workshop at our next conference.
- Identify fundamental principles and develop ethical protocols and guidelines, for research and conduct.
- Conduct ongoing review of protocols and guidelines.

10. Develop a plan to raise public awareness about NMHAC.

This work has already begun with the implementation of the NMHAC website and development of the Strategic Plan. The plan will become an important vehicle for raising public awareness about NMHAC and its strategic initiatives. NMHAC will also develop publications and a newsletter based on the annual conferences, and will develop brochures related to ethics, health care education, family restoration, etc. To ensure accessibility, NMHAC will have plain language version of the Strategic Plan and resource materials available in print and on the website, and will explore funding sources for translation.

NMHAC will also develop a proposal for a broad public awareness campaign that includes internet, media technology, print, etc, accessible to all communities. The campaign could include a slogan, e.g. "Mika Nika – Today for Tomorrow" which means you and me, a theme song and voices of the people that are complementary to the vision of the organization. The campaign will include images of Indigenous wellness (people, situations, beliefs, ideas).

**Next Steps:**

- Develop a plain language version of the Strategic Plan.
- Develop information/promotion materials in plain language.
- Secure funding for translation.
- Disseminate materials on website and in print.
- Develop a plan and proposal for a broad public education strategy and secure funding for implementation.



APPENDIX “A”

CULTURAL SAFETY – A CLINICAL SCENARIO

Louise*

- Louise is a 45 year old Tsimshian woman living in her husband’s community in Alert Bay, B.C. She is the mother of two children – 25 year old Jessica who is married and 22 year old William who is attending University in Victoria
- Louise has just been admitted to hospital in renal failure due to the complications of long-term diabetes and you (the nurse) have been asked to ready her for transport to Vancouver.

Engage relationally...

Begin with self-reflection – who are you, the nurse? What are your beliefs, attitudes, assumptions etc.?

What will you do first?

- Get to know Louise and her family to see how they understand what is happening, i.e.,
- What does leaving mean to Louise and her family? Consider here that most people would be anxious about leaving, however, many First Nations people would find leaving and heading to a large urban institution particularly difficult because of historical trauma (residential schooling) and the way in which some First Nations people have been and continue to be treated in institutions such as hospitals. In addition, some people may worry about dying away from “the land” – they may need to remain connected there to feel “safe.”
- Find out if there are any special considerations, e.g., who needs to know? i.e., are there particular community members who need to be here at this time? Are there important wellness and healing practices that need to be considered for the journey?

What information do you need or want?

- Do Louise and her family want her to be transported?
- Are there any special needs or desires that need to be met?
- If the transfer occurs, who is accompanying Louise?
- What are the kinds of things Louise and her family are thinking right now?
- What do they know? What don’t they know? What would they like to know?
- Do Louise and her family feel that they have a choice and the power to exercise that choice?

*This scenario is taken from a real example – all names and identifying information have been changed.



APPENDIX “B”

CHIEF EXECUTIVE OFFICER POSITION DESCRIPTION

General Responsibilities:

- Responsible to the Board of Directors of the NMHAC
- Responsible and accountable for the overall management of the Association, with priority attention to planning and management of national programs, services and research initiatives within a virtual organization framework

Specific Responsibilities:

- Provide leadership in decision-making, planning, development and evaluation of programs and services of the Association on a regular and on-going basis;
- Serve as primary resource to the board of directors concerning their need for briefing papers, research, arranging of meetings both within the association and outside, and guidance respecting current developments, issues, and matters of concern;
- Take a lead role in the implementation of the Association’s 10-Year Action Plan and future planning initiatives of the Association through effective collaboration with national and provincial partners;
- Provide staff-support to standing and/or ad hoc committees of the Board of Directors;
- Give priority attention to identification of innovative approaches to address mental health issues, promising strategies to address these issues, and making this information accessible to the Association’s membership, the 3 Indigenous communities, policy makers and/or service providers;
- Reach out and establish effective working relationships with other national and provincial associations within the mental health/illness sectors in Canada by promoting collaborative initiatives and systemic coalition building;
- Responsible for recruitment, selection, supervision and evaluation of all staff and contractors within the functional responsibilities of the Association;
- Responsible for advocating for development of adequate and accessible, stigma-free programs and services to address mental health and wellness concerns of First Nations, Inuit, and Metis;
- Responsible for raising awareness, understanding and support for programs and services that build upon the cultural foundation of its members, especially the Indigenous knowledge, ways of knowing, beliefs, values and practices that foster healing and renewal that lead to on-going mental health and wellness;
- Ensure that the NMHAC models its values and associated principles, and actively supports mutual aid, self-help and associated community-building aimed to develop secure communities-of-care;
- Take the lead to ensure that fund raising to support programs and priorities of the NMHAC is an on-going activity;
- Ensure that program, project and operating budgets for final approval of the Board of Directors are prepared;



- Ensure that auditing, filing and other documentation requirements are met with respect to the organization's corporate and charitable status;
- Ensure effective financial controls are in place and budgets are spent in accordance with the annual budget as approved by the Board of Directors;
- Provide quarterly reports including financial statements to the Board of Directors;
- Develop on-going and effective mechanisms to ensure that NMHAC activities are reported and communicated clearly to funding bodies and other stakeholders.
- Other roles and responsibilities that are assigned by the Board of Directors.

Qualifications, Skills and Abilities:

A Master's degree or its equivalent, practical work experience and demonstrated effectiveness over several years in addressing Indigenous health and related life issues, preferably in their context(s), and:

- strong oral and written communication skills;
- strong group facilitation know-how;
- ability to work collaboratively with diverse groups;
- knowledge of the Canadian mental health/illness 'system';
- familiarity with the location, history and circumstances of Indigenous people relative to that system.

Understanding of and belief in mental health recovery, the importance of community for healing and health, and spiritual dimensions of indigenous life are strong assets. Other skills and attributes include:

- computer and internet skills;
- extensive experience in making formal presentations to government officials and other parties;
- experience in dealing with the media, including television, print, and radio;
- experience writing successful proposals, negotiation, and report writing;
- familiarity with the field of academic and other research, the importance of Indigenous ethics, and the conduct of research;
- working knowledge of financial, legal and ethical aspects of the non-profit sector in Canada;
- ability to work independently and as a team member;
- proven time-management skills;
- practical experience in managing multi-disciplinary teams.
- experience doing conflict resolution in Indigenous and other contexts;
- familiarity with cultural practices of the different cultural territories, and honouring them in timely and valued ways.
- the review of models of governance to select the right fit for NMHAC, within the context of existing governance principles and practices – building on what works.

APPENDIX "C"



EXECUTIVE LIMITATION POLICY

General Executive Constraint

The Chief Executive Officer (CEO) of the Native Mental Health Association of Canada shall not cause or allow any practice, activity, decision, or organizational circumstance, which is either illegal, imprudent, or in violation of commonly accepted business and professional ethics, or organizational values, principles or policies. Nor shall the CEO enter into any contract or agreement that does not support the provisions of this policy.

Staff Treatment

With respect to the treatment of staff, the CEO shall not cause, or allow, conditions, which contravene the Occupational Health and Safety Act, Charter of Rights or the Employment Standards Act.

Asset Protection

The CEO shall not allow assets to be unprotected, inadequately maintained, nor unnecessarily risked. Accordingly the CEO shall not

- Fail to adequately insure against theft and casualty losses, and against liability losses to the Board of Directors, staff or the organization;
- Expose NMHAC, without good reason, its Board, or staff to claims of liability;
- Subject capital assets to improper wear and tear, or insufficient maintenance;
- Make any purchase: wherein normally prudent protection has not been given against conflict of interest;
- Fail to protect the intellectual property, information, and files from loss, theft or damage;
- Receive, process, or disburse funds under controls that are insufficient;
- To meet the Board-appointed auditor's standards or written Board policies;
- Acquire, encumber, or dispose of real property, without Board approval;
- Endanger NMHAC's public image or credibility, in ways that would hinder the accomplishment of its mission.

Budget

In preparing the budget for any fiscal year, or the remaining part of any fiscal year, the CEO shall not, without Board approval deviate materially

from Board approved policies or strategic plan. Accordingly, the CEO shall not present a budget that contains too little information to enable credible projection of revenues and expenses.

APPENDIX “D”

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