

First Nations Mental Wellness Continuum (FNMWC) Implementation Team
Defining Concepts

Purpose: The First Nations Mental Wellness Continuum Framework (FNMWC), launched on January 28 2015, is comprehensive of mental wellness services across a continuum and outlines opportunities to build on community strengths and control of resources in order to strengthen existing mental wellness programming for First Nation communities. The establishment of the FNMWC Implementation Team (IT) has been a key component to implementation of the framework from a social determinant of health approach. The team which is co-chaired by FNIHB, the AFN and an Indigenous mental health leader, is comprised of First Nation regional representatives and Indigenous organizations with a focus on mental health and addictions, alongside other key federal departments. The team supports the ongoing implementation of the framework, and ensures transition in the system to support the provision of culturally-based, culturally-relevant and effective mental wellness services to First Nations in the coming years.

The purpose of this paper is to identify and define important concepts and terms related to, and outlined in the FNMWC. All members of the FNMWC IT should have the same understanding of the important concepts outlined below so that they are interpreted and understood in the same way by all members. Doing this will ensure precise and consistent communication to avoid misunderstandings. Additionally, defining what concepts mean and how to use them will help FNMWC IT members learn and apply new ways of thinking and understanding from an Indigenous perspective. This will help 'set up' the ongoing FNMWC discussions to reflect Indigenous worldviews.

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Aftercare: To be effective, aftercare should be designed as a key component of continuing care, involving all care providers and facilitating empowerment of client self-responsibility. In response to the potential need for multiple interventions, monitoring, and ongoing support, the concept of continuing care involves facilitating the level of care needed by the client following treatment. Support and aftercare services seek to build on the strong foundation set out by a program-specific service or treatment process. Aftercare provides an active support structure within communities and across services to facilitate the longer term journey of individuals and families toward healing and integration back into a positive community life once the need for intensive treatment has passed. Aftercare can and should include ongoing involvement with community-based workers, professional counsellors, self-help groups, and cultural practitioners who address mental wellness. Supports related to housing, education or training, employment, child care, and parenting are also important to effective aftercare. Stages or phases of aftercare with decreasing levels of intensity and with the capacity to re-engage higher levels of intensity if needed could also be helpful. The involvement of extended family and a range of community resources (e.g., relating to culture, heritage, employment, and recreation) could also be part of aftercare.

Basket of Services: Basket of services refers to the essential and diverse services required to effectively meet mental wellness needs. These services are:

- Health Promotion, Prevention, Community Development, and Education
- Early Identification and Intervention
- Crisis Response
- Coordination of Care and Care Planning
- Detox

- Trauma-informed Treatment
- Support and Aftercare

Community Development: Community development describes the intentional actions taken by a community to increase their overall health and wellness. Community development strategies work best when they are community-driven, long-term, planned, empowerment-based, holistic, build ownership and capacity at the community level, and take into account the broader social and economic context. This context may include the influence of education levels, living and working conditions, poverty, awareness of culture and traditional language, social environments, history of colonization, and access to health and well-being services. (HoS 2011)

Continuum of Care: A continuum of care refers to access to the full basket of mental wellness services that can be personalized with highly individual specific options. It ensures that individuals, families, and communities have access to appropriate, culturally competent and safe services and supports based on their needs at any point in their healing process. These services include:

- Health Promotion, Prevention, Community Development, and Education
- Early Identification and Intervention
- Crisis Response
- Coordination of Care and Care Planning
- Detox
- Trauma-informed Treatment
- Support and Aftercare

(HoS 2011)

Cultural Competency: Cultural competence requires that service providers, both on and off reserve, are aware of their own worldviews and attitudes towards cultural differences; and include both knowledge of, and openness to, the cultural realities and environments of the clients they serve to ensure the provision of quality care. Achieving cultural competence means learning about the culture of the other; being able to assess from the culture of the other; sharing in the culture of the other; the ability to communicate between and among cultures; and the ability to demonstrate skill outside one's culture of origin (McNaughton, 2002). To achieve this, it is also necessary for Indigenous knowledge to be translated into current realities to meaningfully inform and guide direction and delivery of health services and supports on an ongoing basis. (HoS 2011)

Cultural safety: Cultural safety extends beyond cultural awareness and sensitivity within services and includes reflecting upon cultural, historical, and structural differences and power relationships within the care that is provided. The client has an experience of being understood and or respected. It involves a process of ongoing self-reflection and organizational growth for service providers and the system as a whole to respond effectively to First Nations people (HoS 2011). Cultural safety enables providers to improve health care access, expose the political and historical contexts of health care, and challenges unequal power relations (Varcoe 2004).

Culture: Although there are many ways by which culture is expressed amongst the various First Nations, there are principal, foundational beliefs and concepts that are commonly held that support a unified definition of "Indigenous culture". In what follows are these primary concepts of the Indigenous worldview. The Spirit: The most fundamental feature of the Indigenous worldview is the Spirit. Within this reality the spirit is housed within an inclusive concept of body-mind-heart-spirit. In our life within this earth realm these work together in such a way as to be inseparably functioning as a whole. The

spirit is always central and always works in relationship to the other levels of being. Spirit is in all things and throughout all things. In the Indigenous worldview we live in a spiritual universe and within a spiritual relationship. The Circle: The circle, more than any other symbol, is most expressive of the Indigenous view of the world. The circle is primary to all of life and life process, and, is also of primary significance in relating to and understanding life itself in all its dimensions and diversity. Human beings, amongst other beings, are in harmony with the life flow and grow to their greatest fulfillment when they too operate in a circular fashion. The Circle, then, being primary, influences, in every way, how we see the world. The Circle is synonymous with Wholeness. Wholeness is the perception of the undivided entirety of things. To see in a circular manner is to envision the interconnectedness and the interdependence within life. The Wholeness of life is the Circle of life. Harmony and Balance: Desire for harmony is the pre-disposition of all of the created world. Harmony is a central value of the Indigenous worldview, which pre-supposes that all of life consciously cares for one another, and while respecting the individual's autonomy, strives to achieve and maintain an interrelationship that assures quality of life for the collective whole. Balance is a fundamental principle within the way that harmony in interrelationship works. A worldview that presumes a disposition toward balance causes people to see the dynamic character of their "real world" as always striving to maintain an equilibrium and symmetry in all aspects of the total economy of its ecology. Simply put: the Indigenous person sees the world as always and naturally striving to maintain an equilibrium and symmetry – everything will ultimately try to achieve a balanced solution. The value of harmony works well within such a worldview because it assumes that people lean toward this same balance, and therefore, desire to be in harmony with one another. "All My Relations": All that is created consciously cares about the harmony and well-being of life; all things are regarded as "persons" and as "relatives". Personhood not only applies to human persons, but plants, trees, animals, rocks, and visible and unseen forces of nature are also considered as "persons". Because they are persons, they have the range and qualities of personhood that are commonly attributed in western ideology exclusively to human persons. Once this is accepted, it elevates the prevailing view of other-than-human beings to a higher quality of being and moves the nature of relationship to an all-inclusive ethical level. We are all related to one another as persons, and are responsible for maintaining good and harmonious relationships within the "extended family" of persons. Kindness/Caring/Respect: Another key to understanding the Indigenous worldview is the recognition of the fundamental precept: the universe cares. The Creator cares for his creation. The Earth cares about her off-spring and all of earth-life. The beings within creation care about each other and about how they relate to one another within the interconnectedness and interdependence of the web of life. In that the creation originated in this way, it sustains itself and thrives by means of an underlying orientation toward kindness. The key to harmony in a life that is conceived as "all my relations" is respect. Respect is understood as the honouring of the harmonious interconnectedness of all of life, which is a relationship that is reciprocal and interpersonal. The Indigenous person is predisposed to have in his or her interest both the greatest good for the Individual as well as the collective good. Earth Connection: We are all relatives because we have the same Mother. In the Indigenous mind, the human person is of the earth and from the earth. Like all of the created world, the human being is part of the balance of nature and must find a special yet interconnected place within the created whole. The human person is a relative to all other "persons" of the Earth, and, along with all creatures calls the Earth, Mother. The Earth herself is a living, breathing, conscious being, complete with heart/ feeling, soul/spirit, and physical/organic life, as it is with all the relatives of creation. Indigenous identity and relationship is defined by the land and the connection the natural world. Path of Life Continuum: The experience of living in this world is understood as a journey of the spirit moving progressively through stages that are interconnected and continuous. In the same way, lives are connected inter-generationally as "strings of lives" connecting us to our ancestors and to those yet unborn.

Language: The original language is the most expressive communication of the spirit, emotions, thinking, behaviour and actions of the people. Language is the “voice” of the culture and therefore the true and most expressive means for the transmission of the original way of life and way of being in the world. Culture is the expression, the life-ways, and the spiritual, psychological, social, material practice of this Indigenous worldview. (J. Dumont, NNAPF 2014)

Harm reduction: Harm reduction refers to policies, programs and practices that aim to reduce drug-related harm with a component of helping the individual to choose to abstain from using without requiring the person to stop using the substance. Harm reduction strategies aim to reduce drug-related harms not just for the user, but also for families, friends and communities. The approach is based on the belief that it is in both the user's and society's best interest to minimize the adverse consequences of drug use when the person is unable, unwilling or not ready to discontinue using.

Quality of care: Components of quality care is centered on the conceptual components of quality rather than the measured indicators: quality care is safe, effective, patient centered, timely, efficient, and equitable. It is delivered by a properly qualified care provider. Thus safety is the foundation upon which all other aspects of quality care are built. (Committee on the Quality of Health Care in America. Crossing the quality chasm: A new health system for the 21st century. Washington, DC: National Academy Press; 2001.)

Strengths-based approaches: Strength-based or asset-based approaches recognize and build on existing strengths and assets in an individual, group or community. This respects individual, group and community resilience. A strength-based approach sees potential, rather than need, and encourages a positive relationship based on hope for the future.

Trauma Informed Care: Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma experienced early in life (e.g., a result of child abuse, neglect, witnessing violence, or disrupted attachment) or later in life (e.g., due to violence, accidents, sudden and unexpected loss, or other life events that are out of one's control). Traumatic experiences like these can interfere with a person's sense of safety, decision-making ability, sense of self and self-efficacy, and ability to regulate emotions and navigate relationships. Trauma informed also recognizes that care givers need to identify where the client is in their readiness to act and change. Given the number of adverse experiences and the history of trauma in First Nations communities, a trauma informed approach to care is highly recommended (FNMWC 2015).

A trauma informed care approach to addressing trauma emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment (Trauma Informed Care Project). With trauma-informed care, the service provider or frontline worker is equipped with a better understanding of the needs and vulnerabilities of First Nations clients affected by trauma. For example, understanding how trauma is an 'injury' rather than a 'sickness' is essential to the healing process and shifts the conversation from asking “What is wrong with you?” to “What has happened to you?” (Klinic 2013).

Trauma-informed systems and organizations provide for everyone within that system or organization by having a basic understanding of the psychological, neurological, biological, social and spiritual impact that trauma and violence can have on individuals seeking support. Trauma-informed services recognize that the core of any service is genuine, authentic and compassionate relationships (Klinic 2013).