First Nations Mental Wellness Continuum Framework

Implementation Priorities

Health Canada Santé Canada

Overview

- Current Status of mental wellness (MW) programming
- Key drivers for change
- Collaborative Framework development
- Model, key themes, and supporting elements

- Engagement
- Implementation

Guiding Principles in Developing the Framework

- Use What We Know and Address the Gaps
- Always Validate what is collected by giving it back for review
- Allow the framework to emerge through a consensus building process
- Ensure we talk about implementation of the framework as the framework is developed
- Facilitate engagement & ownership… everyone is responsible for implementation

The process

The FNMWC framework builds upon best practices used to develop the HOS Renewal Framework.

Applied learning from the HOS process ensured an even more keen result in the FNMWC, some of the additional things we did included:

1. A more targeted and focused regional discussion, I.e., instead of regional literature reviews, followed by a number of regional meetings and key informant interviews, there were 2 day focus groups
2. Engaging other Federal Gov't Departments throughout the process to build collaboration
3. Link and leverage other parallel processes. For example, the Culture as Intervention Research that produced the Indigenous Wellness Framework , indigenous definition of wellness, and culture

Take Away

- Process of engagement is key
- Requires time and patience
- Shared Responsibility

Current Status of MW Programming

- FNIHB funding largely focusses on specific mental health and addictions issues.
- Focus on specific “issues” has not resulted in a comprehensive continuum.
- Gaps include:
  - clinical services;
  - culturally safe services;
  - coordination of care;
  - collaboration and knowledge exchange;
  - supports for those with serious mental health issues.
- **First Nations partners have consistently indicated that mental wellness is their top concern and priority.**

Key Drivers for Change

- **High level of need in First Nations communities for access to a full continuum of mental wellness services**
- Mental Health Commission of Canada
  - Mental Health Strategy
- Health Canada-Assembly of First Nations-Public Health Agency of Canada Task Group on First Nations Health
- National Native Alcohol and Drug Abuse Program Renewal Process
  - Honouring Our Strengths
- First Nations and Inuit Mental Wellness Advisory Committee (MWAC)
- Sunsetting of Indian Residential Schools Resolution Health Support Program

What is needed?

A way to:

- Strengthen Federal Mental Wellness Programming for First Nations
- Support integration between federal and provincial/territorial programs
- Facilitate a move away from siloed programs toward more coordinated and effective approaches
- Provide guidance to communities to adapt, optimize and realign their mental wellness programs and services based on their own priorities

Collaborative Framework Development

Guided by the First Nations Mental Wellness Continuum Advisory Committee, this work has involved:

- **Mapping of existing information** on First Nations mental wellness (including programs and services offered by FNIHB, and promising practices underway in regions and communities);
- **Regional engagement sessions** (with over 600 participants across regions);
- **Strategy session with First Nations leadership**, in which First Nations Chiefs confirmed their role as leaders in facilitating change in perspectives and reinforced the critical role of youth in leading this change;
- **National Gathering** that brought together over 100 participants that had been engaged in regional processes, to present findings of their regional engagement sessions and to map out key national themes for inclusion in the framework (some P/Ts participated in this gathering);
- **Synthesis** of all input received to date;

Collaborative Framework Development

- **Federal Discussion Session** which brought together members of the Advisory Committee, along with senior level representatives from across federal departments, to strategize about how these departments can help support implementation of the framework;
- **Validation and Implementation Meeting**, which was a check in with contributors to the process to make sure we were on the right track with the draft framework;
- **Implementation Opportunities** circulated to all regions and feedback received from First Nations networks
- Preliminary discussions with potential partners on **implementation** of the framework, with a specific intent to ensure ongoing **Provincial/Territorial engagement.**
- **40 Implementation Opportunities** validated through this process
- Development of **Draft Framework**;
- **Circulation of draft framework** and model through regional and national networks for feedback;

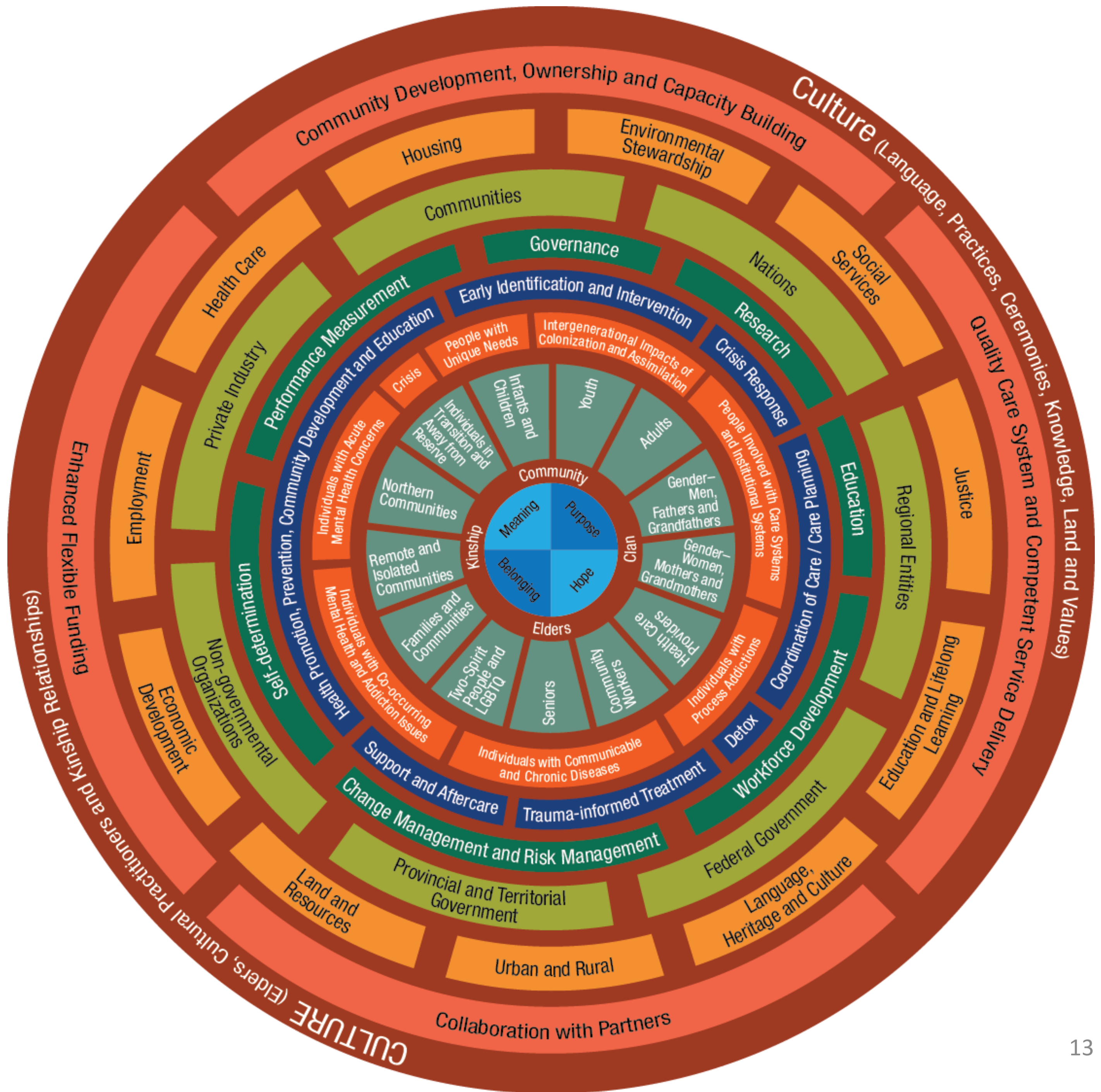
The Framework

- The First Nations Mental Wellness Continuum (FNMWC) Framework has emerged as a guide to assist us in adapting, optimizing and realigning programs and services.
- Endorsed unanimously by Chiefs at the July 2014 AFN General Assembly, the FNMWC promotes:
  - Development of a coordinated, comprehensive approach to MW programming, in partnership with First Nations, that takes into account the important role of their culture, traditions, and language
  - Flexibility for communities to build on their priorities and tailor programs to their unique circumstances, culture and history

The Framework

- Launched on January 28, 2015 by the AFN the First Nations Mental Wellness Continuum Framework is a shared vision for First Nations Mental Wellness.

First Nations Mental Wellness Continuum Model



	Four Directions (outcomes)—Hope, Belonging, Meaning, and Purpose.
	Community—Kinship, Clan, Elders, and Community.
	Populations—Infants and Children, Youth, Adults, Gender-Men, Fathers and Grandfathers, Gender-Women, Mothers and Grandmothers, Health Care Providers, Community Workers, Seniors, Two-Spirit People and LGBTQ, Families and Communities, Remote and Isolated Communities, Northern Communities, and Individuals in Transition and Away from Reserve.
	Specific Population Needs—Intergenerational Impacts of Colonization and Assimilation, People Involved with Care Systems and Institutional Systems, Individuals with Process Addictions, Individuals with Communicable and Chronic Diseases, Individuals with Co-occurring Mental Health and Addictions Issues, Individuals with Acute Mental Health Concerns, Crisis, and People with Unique Needs.
	Continuum of Essential Services—Health Promotion, Prevention, Community Development and Education; Early Identification and Intervention; Crisis Response; Coordination of Care and Care Planning; Detox; Trauma-informed Treatment; and Support and Aftercare.
	Supporting Elements—Performance Measurement, Governance, Research, Education, Workforce Development, Change Management and Risk Management, and Self-determination.
	Partners in Implementation—Non-governmental Organizations, Provincial and Territorial Governments, Federal Government, Regional Entities, Nations, Communities, and Private Industry.
	Indigenous Social Determinants of Health—Environmental Stewardship; Social Services; Justice, Education and Lifelong Learning; Language Heritage and Culture; Urban and Rural; Land and Resources; Economic Development; Employment; Health Care; and Housing.
	Key Themes for Mental Wellness—Community Development, Ownership and Capacity Building, Quality Care System and Competent Service Delivery, Collaboration with Partners, and Enhanced Flexible Funding.
	Culture as Foundation—Elders, Cultural Practitioners and Kinship Relationships, Language, Practices, Ceremonies, Knowledge, and Land and Values.

Key Themes & Supporting Elements

Key Themes:

1. Culture as foundation
2. Community Development and Ownership
3. Quality Health System and Competent Service Delivery
4. Collaboration with Partners
5. Enhanced flexible funding investments

Supporting Elements:

- Performance Measurement
- Research
- Workforce Development
- Change Management
- Governance
- Self-Determination

What have we heard?

From	To
An examination of deficits	*The discovery of strengths*
Use of evidence absent of Indigenous world view, values and culture	*Indigenous Knowledge sets foundation for evidence*
A focus on inputs for individuals	*A focus on outcomes for families and communities*
Uncoordinated and fragmented services	*Integrated models for funding and delivery of services*

What Does FNMWC Implementation Look Like in Practice?

- **Community wellness plans** are supported regardless of agreement type (set, flexible, block) and are used to reorient existing resources around a continuum of services to reduce/eliminate silos.
- **Quality** of community based services improved through case management and by supporting a stable, integrated mental wellness workforce;
- **Service level agreements** (between First Nations and P/T regional health authorities) supporting **access to the basket of mental wellness services** and service continuity (services might be available at the community, Tribal Council, Zone, or Regional level) – including integration with provincial services, through **models of aggregation** where applicable/possible;
- **Crisis response and aftercare** ensuring communities know where to access MW services in crisis situations, and that those communities with the greatest needs can have focused mental health services within the community; and
- Coordinated efforts to **lever the resources** necessary for communities to take action in these areas through **ongoing flexible funding** approaches.

National Implementation Team

- The mandate of the team is to support the meaningful and ongoing implementation of the *First Nations Mental Wellness Continuum Framework.*
- The Implementation Team is co-chaired by FNIHB and AFN with rotating co-chairs from the First Peoples Wellness Circle and the Thunderbird Partnership Foundation.
- Membership includes AFN Mental Wellness Committee members, FNIHB regions, Indigenous Affairs and Northern Development Canada, the Public Health Agency of Canada, Public Safety, a youth representative and Elders.

Where to Start?

1. Communities to define what culture as the foundation means for each community then work at the regional level to develop appropriate training models for common areas. **(Culture as Foundation)**
2. Support each community, Tribal Council, or network of communities to develop a wellness plan that: identifies strengths within communities; identifies existing gaps in the continuum of essential services; critically assesses capacity; and develops solutions. **(Building on Community Priorities)**
3. Take steps to ensure (i.e. through tools and training) that the principles of trauma-informed care, as well as knowledge of the history of IRS and intergenerational trauma inform programs and services included in the continuum of essential services. **(Trauma Informed Care)**
4. Add cultural competency to human resources, accreditation and certification standards in order to strengthen access, quality and safety of health services across the continuum of care. **(Culture as Foundation)**
5. Support community workers to retain and enhance skill development including cultural competency through ongoing clinical and cultural supervision and mentorship. **(Promoting, Supporting and Recognizing a Competent Workforce)**
6. Work towards the development of Memoranda of Understanding between provinces, First Nations governments and communities and federal departments, to improve service delivery and clarify program policies and areas of responsibility **(Collaboration with Partners)**
7. *Evaluate the Non-Insured Health Benefits (NIHB) short term crisis counselling benefit to examine treatment outcomes and to better integrate it into the continuum of care.* ***(Crisis Supports)*** ****NOTE: This work is already underway through the NIHB Joint Review***

Discussion

- The 7 priorities are meant to guide national work. Regional and community based initiatives are guided by their specific governance of health.
- Do these priorities reflect the work underway in our regions?
- What priority should be the focus for the MWC?
- How can the priority/priorities be operationalized?
- What might the results look like?