



SPEAKING NOTES FOR

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**Kirby Committee on Mental Health, Mental
Illness and Addictions**

Fairmont Queen Elizabeth, Montreal

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- **Thank you for the opportunity to appear at today's hearing in order to provide feedback -- from a First Nations' perspective --- on the interim report entitled *Mental Health, Mental Illness and Addiction: Issues and Opportunities for Canada*.**
- **Coincidentally, today is National Aboriginal Day. Back in Ottawa, a group of Youth Suicide Prevention Walkers recently arrived from British Columbia. This is their third annual, courageous journey to bring national attention to the alarming suicide rate among First Nations and Aboriginals peoples that is up to six times higher than the national average.**
- **The walkers were pleased to hear this year that new funding of \$65M over five years was announced by the Prime Minister in the February 2005 Federal Budget for a National Aboriginal Youth Suicide Prevention Strategy. Regretfully, this funding will not be sufficient to address the needs of First Nations of all ages, in the areas of mental health, suicide and addictions.**
- **This past March, an 8-year-old boy from the God's Lake First Nation in Manitoba committed suicide by hanging himself. His 11-year-old brother had**

committed suicide three years earlier. Children that young should not know what suicide is, let alone contemplate it.

- **Some mental health experts have diagnosed First Nations individuals as suffering from “low grade levels of Post Traumatic Stress Disorder” as a result of living in poverty and despair. Without a doubt, the people among whom would benefit most a National Action Plan for Mental Health, are First Nations.**
- **Your interim report references many times the fact that “*a national action plan for mental health, mental illness and addiction can only be developed out of the collaboration among federal government, provincial and territorial jurisdictions, NGOs and other stakeholders, together with individuals with mental illness/addiction.*”**
- **On this note, the Assembly of First Nations (AFN) wishes to highlight that First Nations constitute another level of jurisdiction that must be recognized in light of the historical, unique relationship with the Crown, as recently recognized in the Political Accord between the Government of Canada and the AFN signed at the May 31 Cabinet Policy Retreat.**

- **The AFN is concerned with the suggestion in your report that harmonization of federal mental health-related funds with provinces and territories would be most effective. I wish to quote from your report:**
“Finally, some provinces have integrated Aboriginal issues with their province-wide mental health strategies. In those circumstances, federal programs for Aboriginal mental health on or off reserve should be harmonized with the provincial mental health plans and implementation strategies.”
- **It is our opinion that this could be misconstrued as an off-loading of federal responsibility. This is especially alarming in the absence of a comprehensive, federal program for First Nations mental wellness. We certainly concur with your findings that limitations in Non-Insured Health Benefits (NIHB) and fragmented programming does little to systematically address the needs of First Nations individuals and communities. In this light, we have recently completed both a NIHB and a Continuing Care Action Plan which we wish to share with you to further inform your analysis.**
- **We have found that NIHB’s annual growth from 2000-2004 averaged 7.3% in the area of mental health, and**

that a recently identified best practice consisted of the trend towards contracting or hiring salaried versus fee-for-service providers.

- **While integration/harmonization is important, it cannot be done in the absence of a comprehensive mental wellness program for both First Nations living on-reserve and off-reserve. Provincial and territorial governments are already responsible for providing mental health services off-reserve to First Nations. However, if we take as an example the largest jurisdiction of Ontario, we must underline that the Centre for Mental Health and Addictions who receives most of Ontario's resources in this area, does very little to adapt and extend its services to First Nations.**
- **The Royal Commission on Aboriginal Peoples and the Romanow Commission pointed to the need for more targeted and consolidated funding to First Nations health. More specifically, RCAP proposed a system of healing centres and lodges under First Nations control to bridge jurisdictions and individual ministries and to pool health and social resources from all sources (federal, provincial, territorial, municipal and First Nations), i.e. "block funding". The**

AFN maintains that such efforts will only be acceptable and effective under First Nations control.

- **The majority of First Nations governments currently deliver health services to their members living both on and off reserve, as underlined in the September 2004 joint Communiqué signed by all First Ministers and National Aboriginal Leaders. The Communiqué also highlighted the importance of clarifying roles and responsibilities across all levels of government.**
- **Hence, increased transfer of dollars to First Nations communities to develop and maintain their own mental health services with strategic linkages to provincial/territorial jurisdictions, would be more aligned with recognition of the Nation-to-Nation relationship and First Nations jurisdiction in health.**
- **Furthermore, health research has demonstrated a clear link between self-determination and cultural continuity and self-government of First Nations, and improved health outcomes. Hence, without First Nations having a sense of ownership/control of a comprehensive, mental wellness program, any new investment or initiative would be working against itself.**

- **We recommend that your report take note of the collaborative mental health framework developed by AFN, the Inuit Tapiriit Kanatami and Health Canada's First Nations and Inuit Health Branch (FNIHB) in 2002, where mental wellness is defined as:**

"A lifelong journey to achieve wellness and balance of body, mind and spirit. Mental wellness includes self-esteem, personal dignity, cultural identity and connectedness in the presence of a harmonious physical, emotional, mental and spiritual wellness. Mental wellness must be defined in terms of the values and beliefs of Inuit and First Nations people. "

- **It is our position that any development of a Canada-wide Mental Health/Wellness Strategy must reflect the integrity of the work we have undertaken to develop a First Nations Mental Wellness Framework, as passed by resolution of the Chiefs-in-Assembly in 2001.**
- **Additional concerns that come to the forefront in our analysis are:**
 - **Relevant findings of the First Nations and Inuit Regional Health Survey were not discussed.**

- **No reference was made to the valuable work undertaken by the National Indian and Inuit Community Health Representatives Organization, the National Native Addictions Partnership Foundation and the Aboriginal Healing Foundation in the areas of training, capacity building and identifying/fostering best practices.**
- **Currently, there is no specific process for First Nations within workers' compensation boards and limited opportunities to change policies that unduly prevent First Nations from accessing federal income security programs such as the Canada Pension Plan Disability Program and Employment Insurance benefits.**
- **There is a notable increase in the number of clients in First Nations communities that have been diagnosed with FAS/FAE and mental illness. Most communities have no existing facilities and limited funding, yet, are expected to respond to the specialized need of these clients.**
- **Continuing care is a key area for action to address gaps in adult care. We estimate that an additional investment of \$264M per year will be**

needed as an additional investment to meet the needs of First Nations communities.

- A related concern is the evidence showing the effects of fetal alcohol spectrum disorders that lead to increased involvement in criminal activity and increased incarceration where little or no mental health services are made available.**
- First Nations are excluded from Pan-Canadian investments in catastrophic drug coverage.**
- In terms of the report's discussion on the effects of stigma and discrimination by those who are experiencing mental health and addictions, it fails to outline the exacerbated impact of colonization, such as Indian Residential Schools and racism, on First Nations peoples.**
- In terms of the pieces on research and ethical considerations, the report does not capture the long-standing work of the AFN, the First Nations Information Governance Committee and the National Aboriginal Health Organization's First Nations Centre with respect to the principles of Ownership, Control, Access and Possession (OCAP) of First Nations data and information.**

AFN is sharing with the Committee its First Nations Health Research and Information Action Plan that discusses First Nations interests in research, new technologies and performance measurement and accountability.

- It is critical to note that most First Nations have been excluded to date from Pan-Canadian and provincial investments in telehealth and electronic health records, including all funding from Canada Health Infoway Inc.**
- The report further does not acknowledge the lower levels of research funding (especially to support community-based research) and, thus, knowledge translation on First Nations mental health, leaving both the medical community and program administrators in the dark with respect to cultural relevance/competence of research and resulting programs;**
- In terms of accountability and fragmented, federal funding and programming, the AFN wishes to point to the newly formed First Nations and Inuit Mental Wellness Advisory Committee which presents an opportunity to develop a**

comprehensive First Nations and Inuit Wellness Strategy as a collaborative effort between the AFN, the Inuit Tapiriit Kanatami and Health Canada's FNIHB.

- **On March 3rd of this year, I presented the results of a First Nations Preliminary Strategy on Healthy Living to the Public Health Agency of Canada during its Aboriginal Advisory Session. First Nations strongly recommended prioritizing mental health within the Strategy. First Nations recognized the fact that the Pan-Canadian, Integrated Healthy Living Strategy's focus on healthy weights, diet and exercise did not adequately address First Nations needs – particularly that a mental health and addictions component needed to be central.**
- **This exercise once again raised the immediate need for a First Nations Wellness Strategy. This Strategy would recognize the role and authority of First Nations governments, and provide adequate, flexible resources that could tie into health determinants.**

- **However, despite AFN appeals – and those of the other four National Aboriginal Organizations who were part of the March 3rd Aboriginal Advisory Session, the Public Health Agency submitted to Cabinet the Pan-Canadian Healthy Living Strategy this past week deliberately excluding an Aboriginal component.**
- **As noted in your report, while school mental health programs are clearly needed to address higher risks among children and youth, First Nations have also been excluded from the Healthy Schools Initiative.**
- **In closing, we are seeking your support in recognizing the need for a joint action plan and Wellness Strategy between federal and First Nations leadership that will immediately address this crisis in a manner that is collaborative, comprehensive, and culturally relevant. We see as critical to the success of such a Strategy, the renewal of the Aboriginal Healing Foundation whose momentous work over the past several years will be leveraged to expand and sustain community healing projects.**

- **Thank you. Meegwetch.**