Royal Roads
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Indigenous Mental Health & Substance Use Leadership Research Planning Initiative

Final Report

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Centre for Health Leadership & Research

March 2019

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Dedication

This report is dedicated to the memory of

Dora Nadine Charles

December 26, 1957 – February 19, 2019

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Executive Summary

There is a need for effective, appropriate, culturally safe mental wellness and substance use services for Indigenous peoples in British Columbia, based on research evidence. These services are part of the mandate of the five regional health authorities, the Provincial Health Services Authority, and the First Nations Health Authority.

This project was undertaken to conduct initial planning and dissemination for the Centre for Health Leadership and Research to lay the necessary groundwork for developing culturally appropriate health leadership research focused on mental wellness and substance use with Indigenous partners at Royal Roads University. The objectives were engagement with Indigenous and First Nations leaders and communities in British Columbia to build collaborative relationships for the development of culturally appropriate health leadership research, empowerment of Indigenous peoples to fully participate in the research process, from inception through to dissemination, and engagement with multiple health system partners, e.g. First Nations Health Authority, the five regional Health Authorities in British Columbia, and the Provincial Health Services Authority and Ministry of Health, and community partners supporting people with mental health and substance use problems, to develop a plan for Indigenous health leadership research, including scope, priorities, and knowledge translation.

The engagement process was supported by the Indigenous consultants embedded at Royal Roads University, specifically, Asma-na-hi Antoine, the Manager of Indigenous Education and Student Services, and Elder Nadine Charles, who was delegated by the Heron People Elders Circle to consult on the project. It was also facilitated by Indigenous Royal Roads University graduate students, Lauren Brown, Lolly Andrew, and Eunice Joe, who took the lead on organizing meetings within reserve communities. Elders participated in meetings within every community visited. The Principal Investigator also engaged with Health Authority leads in mental health and substance use, and with the First Nations Health Authority. The process of engaging with health authorities was more challenging, with lack of clarity about roles and protocols, and systemic anxiety and apathy being identified as barriers to engagement.

The Northern region engagement focused on the Skidegate community in Haida Gwaii Nation and Northern Health Authority. Research priorities identified were leadership through reinstatement and expansion of an Elders' Council and to promote reconciliation and collaboration with Northern Health Authority; the development of informed consent; reduction of stigma about mental illness through integration of culture in educational materials; and the introduction of more treatments to the community, coupled with their evaluation. A research grant application is in development.

The Fraser region engagement focused on the Seabird Island Band in the Sto:lo Nation and Fraser Health Authority. Research priorities identified were to develop and evaluate a culturally appropriate, on-reserve withdrawal management (detox) facility. Secondly, for Fraser Health Authority develop a culturally appropriate evaluation framework for mental health and substance use services for Indigenous peoples. Finally, to conduct a survey of youth within the community, to identify recreational and cultural activities which could provide a prevention function.

The Interior region engagement focused on the Secwépemc (Shuswap) First Nation and Interior Health Authority. Research priorities focused on land-based approaches to prevention and healing. The first project idea builds on previous work by Secwépemc Elders, to provide male role modelling, by mature Secwepemc men, to Secwepemc male youth. This will provide youth with culturally appropriate rites of passage through learning traditional hunting methods and practices. The second project idea builds on previous work by Secwépemc Elders to provide experiential, land-based teachings of the identification, harvesting, and use of traditional medicines. Research grant applications are in development.

The Vancouver Island region engagement focused on the Tsawout First Nation and Vancouver Island Health Authority, with the Ministry of Health. Research planning focused on one central idea. This was to develop and conduct culturally sensitive research within the Tsawout and Cowichan communities with parent-child dyads at risk of child apprehension due to parental mental health and substance use issues, to explore and identify specific parent and child support needs. A two-year extension of the project is planned, during which families are supported in maintaining custody of their children. The long term outcomes for parents and children will be assessed. Follow up planning for funding is taking place with the Principal Investigator, the Ministry of Health, and Vancouver Island Health Authority.

The Vancouver Coastal region engagement focused on urban Indigenous people in the Vancouver Downtown East Side, and engagement with the contracted PHS Services Society. Several research ideas were proposed, including development of alternatives to the disease model of addiction, recognizing external impacts, such as poverty, abuse and trauma, racism and discrimination; development of a better understanding of lived experience as a form of expertise; and development of innovative harm reduction approaches, such as the fortification of beverages produced in the Managed Alcohol Program micro-brewery with essential nutrients. A research funding proposal is currently under development for submission to Health Canada, which focuses on developing mentoring capacity for Indigenous peers leaders, with the guidance of training and support through an Elder, an Indigenous therapist, and Culture Saves Lives. The peers have been involved in an educational performance called “Illicit,” which details the experiences of people in the Downtown East Side. There is a possibility this could be filmed and developed into a virtual educational tool, and could form part of our knowledge translation strategy.

The Provincial Health Services Authority engagement focused on Indigenous and non-Indigenous staff who are working in mental health and substance use specialized services, and related areas. Priorities for research included an analysis of the reported incidents of anti-Indigenous racism submitted to the San’yas training, with follow up action through the health authorities and/or regulating bodies. Internal quality assurance projects were suggested, which address issues related to Indigenous staff and clients, including an Indigenous complaints process, and appropriate decision-making specific to Indigenous issues by Indigenous people. These projects could potentially be supported by Indigenous students or allies in the MA Leadership (Health Specialization) program at Royal Roads University. An exploratory study was also recommended, looking at referral pathways and the experiences of Indigenous people with mental health problems who have been incarcerated, to better understand how to facilitate access to specialized mental health services. Finally, an in-depth study is needed to develop culturally appropriate approaches to treatment for severe mental illness in Indigenous clients, including those with significant cognitive deficits.

There were three overarching messages that came up in all discussions. Firstly, it is evident that Indigenous people in British Columbia do not have access to adequate treatment for mental health or substance use treatment services, either on or off reserve. This urgently needs to be reviewed and addressed, particularly in the context of the high mortality rate through overdose and suicide. Secondly, trauma is central to the experience of Indigenous peoples in British Columbia. While often described as historical, trauma is also a current issue, and it is impacting Indigenous peoples in BC in epidemic proportions. Trauma-specific services for Indigenous peoples, and for those who experience vicarious traumatization through their care, is urgently needed. Finally, the importance of culture in the process of healing from historical trauma, and from current mental health and substance use problems was continuously emphasized. This needs to be taken seriously by the health system, and Indigenous leaders need to be hired or contracted by health authorities to integrate culture into mental health and substance use and related services.

In conclusion, planning is challenging in an environment where mental health and substance use treatment services are so significantly under-resourced, and systemic apathy is evident. Given the urgency of the issue, advocacy for improved mental health and substance use services, research planning, and ongoing relationship building between First Nations and Indigenous communities, health authorities, and ministries are all essential, and will need to continue simultaneously.

Recommendations to the Ministry of Health & Ministry of Mental Health and Addictions are firstly, to ensure that every First Nations community has access to primary care, specialized psychiatric and psychological services, and the full continuum of substance use and addictions treatment services, both on and off reserve. These services should be funded directly to communities, and communities should be provided with supportive consultation from the health authorities. Secondly, financial support and oversight should be provided to the health authorities in implementing the recommendations contained in this report, and developing research plans to ensure services are effectively meeting the needs of Indigenous peoples. Finally, trauma-specific services (in addition to trauma-informed care), should be put in place, both for people who have experienced trauma, and to support those providing professional services, to prevent and treat vicarious traumatization and burnout.

Recommendations to the British Columbia Health Authorities are firstly, to consult with local First Nations and Indigenous peoples to ensure that First Nations communities and urban Indigenous people within their regions have access to the full continuum of mental health and substance use services, and that the process for accessing services is simplified and shorted, and communicated clearly and appropriately. Secondly, each health authority should have a named point of contact for Indigenous research, who should make protocols to ensure respectful engagement with both Indigenous communities and researchers available to researchers early in the engagement process, with accountability for follow through. Thirdly, the systemic racism and apathy that is clearly prevalent in the health system today should be addressed, perhaps through the Provincial Health Services Authority developing a coordinated provincial plan to eliminate racism towards Indigenous peoples in the BC mental health and substance use system, and to oversee its implementation.

Recommendations to funders are firstly, to advocate for increased research funding to support the development of culturally appropriate services for Indigenous peoples, both on and off reserve, particularly using participatory action research modalities. Secondly, to develop alternative, non-competitive models of funding for Indigenous communities. Thirdly, to recognize the importance of researchers and health authorities building relationships and trust with First Nations communities by visiting on a regular basis and to therefore include travel expenses in their funding models. Finally, to develop more flexible timelines for funding applications and for research to be conducted, in recognition of First Nations protocols, seasonal impacts, and crises such as the impact of deaths and grieving on the community.

We will continue to work collaboratively to seek out funding to support each of the communities who have engaged in this work, with the full involvement and leadership of Indigenous peoples at every stage of the research process. The Principal Investigator will visit each community which participated in the first phase of this project. This preliminary report will be presented and disseminated in each community, and further dialogue will take place in open sessions, which will be amalgamated into a final report in 2019.

Insert map here

Introduction

The development and implementation of effective Indigenous healthcare leadership in BC and across Canada, as well as in other jurisdictions with Indigenous people, is a recognized need, which is yet to be met, as reflected in the Report of the Truth and Reconciliation Commission of Canada (2015), and the mandate letters of the federal Ministers of Health (Trudeau, 2015, 2017). Areas of particular concern include providing effective, appropriate, culturally safe mental wellness and substance use services. In British Columbia, this remains part of the mandate of the mainstream health system, as well as that of the newly formed First Nations Health Authority (2013). Central to accomplishing this is the building of trust within respectful, collaborative relationships, which honour Indigenous people, traditions, and practices, and provide opportunities for leadership and full participation in the research process. This project was undertaken to conduct initial planning and dissemination for the Centre for Health Leadership and Research to lay the necessary groundwork for developing culturally appropriate health leadership research focused on mental wellness and substance use with Indigenous partners at Royal Roads University.

Elevated rates of mental health and substance use problems among Indigenous peoples have been well documented since the 1990s (Noe, Fleming, & Manson, 2004), and more recent research has confirmed these health disparities are still a major issue (Callaghan, Cull, Vettese, & Taylor, 2006; Ryan, Cooke, & Leatherdale, 2016), particularly among Indigenous women (de Leeuw, Greenwood, & Cameron, 2010). The phenomenon of historical trauma, defined as "the cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences" (Brave Heart, 2003, p. 7), has emerged from decades of clinical practice and observations, as well as preliminary research, and is closely connected to substance use problems among Indigenous peoples. Although many Indigenous groups did not traditionally use psychoactive substances, and those that did, typically limited their use to ceremonies or certain prescribed times, colonial discourses have portrayed Indigenous peoples as deviant, and framed mental health and substance use problems in relation to this (de Leeuw, Greenwood, & Cameron, 2010).

While the development and implementation of effective Indigenous healthcare leadership, particularly in the areas of mental wellness and substance use, in BC and across Canada, as well as in other jurisdictions, has long been a recognized need (Culhane, 2009; Gone, 2009), only recently has this recognition moved towards action.

This current shift is reflected in the formation of the First Nations Health Authority in British Columbia, through the release of their ten year mental wellness and substance use plan (First Nations Health Authority, 2013), the Report of the Truth and Reconciliation Commission of Canada (2015), and the Prime Minister's first mandate letter to the federal Minister of Health, which stated: "No relationship is more important to me and to Canada than the one with Indigenous Peoples. It is time for a renewed, nation-to-nation relationship with Indigenous Peoples, based on recognition of rights, respect, co-operation, and partnership" (Trudeau, 2015), a message which is echoed in the mandate letter to the current federal Minister of Health (Trudeau, 2017).

The need for stronger Indigenous health leadership is well recognized, and has been mandated through both federal and provincial direction. However, this initiative to engage with and empower Indigenous people to develop culturally appropriate healthcare requires time to build trusting relationships, and to ensure cultural appropriateness and cultural safety at all stages of the research process, as well as in dissemination and application in the health system. In addition, the planning and dissemination process will engage the Ministry of Health and the seven British Columbia Health Authorities to develop a shared, collaborative plan for Indigenous Health Leadership Research.

The initiative is intended to create conditions for the Centre for Health Leadership and Research at Royal Roads University to effectively engage Indigenous people in developing leadership to address the mental wellness and substance use needs of Indigenous people, both within the mainstream healthcare system, and within Indigenous communities. With an emphasis on cultural appropriateness and cultural safety, this is crucial in laying the groundwork for research with considerable magnitude and potential to change the healthcare system in ways that have evaded previous attempts to meet the mental wellness and substance use needs of Indigenous people.

The initial stages of the initiative involved building collaborative relationships with Indigenous leaders within the First Nations communities neighbouring Royal Roads University, and then more broadly across British Columbia. Concurrently, engagement activities will be initiated across the British Columbia healthcare system, including the First Nations Health Authority, Vancouver Island Health Authority, Vancouver Coastal Health Authority, Northern Health Authority, Interior Health Authority, and Fraser Health Authority, as well as the Provincial Health Services Authority and the Ministry of Health. In recognition of the significant role played by not-for-profit organizations in providing both direct treatment services and additional supports to people with mental health and substance use problems in British Columbia, extensive engagement will also include many of these organizations.

Objectives

The key objectives of the planning and dissemination process are:

- Engagement with Indigenous and First Nations leaders and communities in British Columbia to build collaborative relationships for the development of culturally appropriate health leadership research.
- Empowerment of Indigenous peoples to fully participate in the research process, from inception through to dissemination.
- Engagement with multiple health system partners, e.g. First Nations Health Authority, the five regional Health Authorities in British Columbia, and the Provincial Health Services Authority and Ministry of Health, as well as community partners supporting people with mental health and substance use problems, such as not-for-profit organizations, to develop a plan for Indigenous health leadership research, including scope, priorities, and knowledge translation.

Outcomes

The anticipated outcomes of the planning process are:

- Collaborative research plan(s) with full involvement and demonstrated leadership of Indigenous peoples, and involvement of health system partners, including the First Nations Health Authority, the five regional Health Authorities in British Columbia, and the Provincial Health Services Authority and Ministry of Health, as well as community partners supporting people with mental health and substance use problems, such as not-for-profit organizations.
- Consensus building regarding the respective roles of Indigenous communities, Health Authorities, including the First Nations Health Authority, and not-for-profit community-based services in providing mental wellness and substance use services for Indigenous peoples.
- Development of an ongoing program of research within the Centre for Health Leadership and Research, led by and with full participation of Indigenous students at Royal Roads University, including opportunities for Indigenous students to lead and participate in sub-projects for course credit e.g. Capstone projects within the MA Leadership (Health Specialization); doctoral and post-doctoral research.

The anticipated outcomes of the knowledge exchange and dissemination activities are:

- Knowledge Exchange events, as required, to convey the outcomes of the planning process to Indigenous peoples, Health Authorities, and not-for-profit community partners.
- Development of curricula to enhance cultural safety for Indigenous people requiring mental wellness and substance use services throughout the healthcare system.
- Cultural competency curricula to enhance the existing MA Leadership (Health Specialization) program at Royal Roads University.
- Input into healthcare policy, for example, development of standards and guidelines for the healthcare system on culturally appropriate language and non-verbal communication, operating practices, and behaviours of healthcare professionals in relation to Indigenous patients and their families requiring mental wellness and substance use services.

Engagement Process

The engagement process took place continuously throughout the project. We began by engaging with the Heron People of the Royal Roads Elders Circle, who delegated Nadine Charles to provide consultation on this project. The Principal Investigator then reached out to Mental Health and Substance Use leaders within each health authority, to the First Nations Health Authority, and to First Nations communities through graduate students living and working in health services in these communities.

Engagement with the health authorities was often challenging in this project. Some health authority staff considered a project involving Indigenous peoples to be out of scope for them, or deferred taking action due to expressed concerns that correct protocols should be followed or the right people be brought together, yet without such protocols being clearly communicated or followed, or steps being taken to bring the right people to the table. Delays were also caused by staff reorganizations, staff transfers, and lack of communication or transfer of responsibility for the project during or after the person responsible took periods of leave without coverage, or retired from or left the organization, requiring the process of engagement to start again from the beginning.

Conversely, health authority staff with responsibilities for Indigenous health were often overwhelmed with other demands. Although large numbers of staff within the health authorities were consulted, meetings were sometimes agreed to and scheduled, then cancelled without follow up. While some individuals working within the health authorities expressed a commitment to addressing Indigenous mental health and substance use research, the constraints of their role made it difficult to follow through. Overall, as well as anxiety leading to passivity or resistance to moving the work forward, there were many indications of the systemic apathy that underlies many of the indignities and disadvantages faced by Indigenous peoples, coupled with the low recognition of the importance of participating in the process of research to promote health system change.

However, the engagement process was greatly facilitated by graduate students within First Nations communities, or health authority staff working closely with Indigenous peoples. The staff of the BC Support Unit, part of the British Columbia Academic Health Sciences Network, and the First Nations Health Authority, were particularly helpful. These individuals took responsibility for organizing the consultation meetings on which this report is based, in their communities, inviting Elders and community members, and liaising with the Principal Investigator. When delays occurred in meeting with First Nations communities, it was the result of crises within the community, often caused by the loss of community members, requiring periods of mourning and grief for the community. Delays were also caused by environmental issues impacting communities, such as storms and wildfires requiring Elders and community members to be evacuated.

Most of the meetings were held on reserves, with the exception of the Vancouver Downtown East Side meeting, which was focused on urban Indigenous people, and the Provincial Health Services Authority, which has responsibility for the entire province. The meetings were conducted with the highest respect for all participants, with gratitude consistently being expressed by Indigenous Elders and community members for the opportunity to have input. When the Principal Investigator travelled to a First Nations community, it was openly acknowledged and appreciated by members of that community, and an invitation to return to the community was extended.

Initial consultation meetings were held in 2017-2018, and follow up presentations and open community presentations and dialogue sessions were held in 2018-2019. The meetings were held in Skidegate, Haida Gwaii in collaboration with Northern Health Authority; Seabird Island, Sto:lo Tribal Council in collaboration with Fraser Health Authority; Secwépemc (Shuswap) First Nation in collaboration with Interior Health Authority; Tsawout First Nation in collaboration with Vancouver Island Health Authority; the Downtown East Side of Vancouver with urban Indigenous community members, in collaboration with PHS Community Services Society, a non-profit organization providing many housing and health services in the area; and the Provincial Health Services Authority head office in downtown Vancouver, with Indigenous staff in collaboration with health authority staff responsible for mental health and substance use services and research, with the follow up presentation and open community dialogue held at the Burnaby Centre for Mental Health and Addictions. Initial draft reports were circulated back to participants for feedback and revisions prior to the presentations and completion of the final report.

Haida Gwaii Nation & Northern Health Authority

A community consultation and planning meeting was held at the Xaaynangaa Naay Skidegate Health Centre in Haida Gwaii on August 10th, 2017, which was opened with a prayer in the Haida language, led by Elder Diane Brown. It was particularly well attended by Elders, and community members were also present, including Susan Gladstone, a counsellor and wellness leader within the community. One First Nations Health Authority employee participated, and two Northern Health Authority employees attended, although neither was in a position of leadership within the health authority. The discussion was framed around the four Haida laws:

- Yahguudang: All acts must be done with respect
- Ad Kyaanang: All acts must be done with consent
- Tllyahda: If an act is not done with consent, or is witnessed, you must make it right
- Gina 'waadluuxan gud ad kwaagid: Everything depends on everything else

Research Priorities

The key priorities for the Skidegate community in developing mental health and substance use research focused on re-establishing leadership through Elders' Council and improving relationships with Northern Health Authority, addressing stigma around mental health, appropriate medical responses to mental illness and suicide, developing informed consent, increasing knowledge of approaches to mental health and substance use treatment, and reconciliation.

Leadership through Elders' Council and Collaboration with Northern Health Authority

"Meeting together as a people, writing about it and doing what the people want is very powerful. Sharing a meal and sharing knowledge."

The need for improved engagement with Northern Health Authority that was evident at the consultation meeting mirrored the perceptions of community members. Historically, communications were described as distant and minimal, leaving the community with the overall impression that the health authority is not motivated to connect with them; they have not responded to numerous invitations to visit, and the community felt shut out of decisions. The Haida Gwaii community continue to extend an open invitation to Northern Health Authority to engage and work together on mental wellness and substance use initiatives.

The Haida Gwaii community has already worked to develop a shared understanding of wellness, through the development of an Elders' Council, which met during a series of Elders' dinners, facilitated by Susan Gladstone. These monthly dinners served a variety of functions, in particular, culturally appropriate leadership, but were discontinued, due to lack of funding. The reinstatement of the Elders' Council was proposed, as an opportunity to bring together Elders from Skidegate and Queen Charlotte, and for leadership from Northern Health Authority to engage with the community through an open invitation. Questions would be asked and answered, and as relationships are built, an Elder could join the Northern Health rounds. It was also noted that there were success stories of Haida people using the mainstream health services, and that this would provide an opportunity to thank them, as well as to talk about services and issues they deal with. This idea demonstrated a move towards reconciliation.

Developing Informed Consent

Informed consent is a central principal of modern healthcare, yet there was a strong message that informed consent was not a consistent part of the experience of the Haida Gwaii community in mental health treatment. An example of this was an individual being put on strong psychiatric medication for 20 years, which impacted her quality of life and ability to engage with family members throughout that time. She later discovered that the medication should have only been taken for 3 months, but nothing can bring back those lost years. This was a reflection of how a whole family could be impacted by a health system approach that did not practice informed consent.

The issue of informed consent to participate in research was discussed. It was acknowledged that Indigenous peoples have a history of abusive research, without informed consent, through the Indian hospitals. This legacy makes it difficult to trust the health system in giving informed consent, particularly when knowledge is limited. There was only one research project that participants were aware of, which was focused on food. The researchers hired local people to conduct the research, but the community was never informed of what happened with the data, and they never heard from the researchers again.

The consensus among those involved in the consultation was that developing culturally appropriate ways of giving informed consent was a task to be led by the Elders of the community. Processes could be established by which people need not be burdened by Western models of giving informed consent, such as reading and signing repetitive consent forms. Through an "evolution of research," Elders could establish a process whereby information provided through the Elders' Council could be used for more than one purpose. What is most important is for discussion to take place, and to ask permission before talking about experiences and sharing them. The consent form should include a commitment that the research will not be used against the community, and when consent forms are used, they should include the Haida language.

Addressing Stigma around Mental Health

"We need to teach people what we are talking about and the direction we are going. How we present around mental health is really important."

Participants felt that the stigma and fear that exist around mental health undermines respect for people with mental health problems and their families. The identification of mental illness is a key concern that will need to be addressed in order for the mental health and substance use system to treat Haida Gwaii people with respect. Several personal stories were shared, which illustrated the fear that still exists within the community about mental health, which is still sometimes perceived as "craziness" or "insanity," which was thought to discourage people from talking openly about mental health.

One suggestion for how to address stigma was to change the language that is used, and get away from existing language of "mental health." Instead, it was proposed that education is provided, with a more holistic model of wellness. The concept of "strong minds" as a reflection of the survival of Indigenous peoples has already been explored through Susan Gladstone's work, and could be the basis of future work in this area.

Medical Responses to Mental Illness and Suicide

"If I walked into the hospital and said I had chest pains I would get service right away. If I said I was going to commit suicide, there is a long wait. We need to get working right away. You're just as sick as a person with chest pains."

Suicide is a reality for the Haida Gwaii community, yet it was felt that the response to suicide from the medical system was inadequate and inappropriate. There is a need for the medical community to recognize a person thinking of suicide is just as sick, and as much in need of urgent care, as a person with chest pains. Similarly, the comparison was made between a broken leg, which can be seen, and therefore believed, and depression, which is an internal process that is difficult to communicate to others, and is therefore more frightening to many people when talked about.

Increasing Knowledge of Approaches to Mental Health and Substance Use Treatment

"How do we know what the right kind of care is around mental health? Therapy is such a personal thing. As individuals we don't even know how to articulate what isn't working."

It was acknowledged that there is not yet enough awareness in the Haida Gwaii community of the different approaches that have been developed to treat mental health problems and restore wellness, for the community to be able to determine and advocate for appropriate care. Increased knowledge is needed, so that people in the community understand what is being discussed in terms of mental health and the direction being taken, and can make decisions about their own care and that of their family members, based on that knowledge.

Knowledge of psychotherapeutic approaches to mental health treatment were limited to Elizabeth Hartney, the Principal Investigator, and Susan Gladstone, the Mental Wellness and Addiction Specialist. Three approaches to therapy were discussed: narrative therapy, cognitive-behavioural therapy, and somatic regulation therapy.

Narrative therapy was considered somewhat helpful, but the risk of re-traumatization was considered a risk, given the very high levels of direct experiences of trauma among members of the Haida Gwaii community, and the intergenerational trauma which has resulted from cultural injuries, such as residential schools, the smallpox epidemic, and systemic racism in the health system. Cognitive-behavioural therapy was considered even more problematic, for several reasons. It burdens the patient with homework and documentation of their thoughts, feelings and behaviours, which does not fit with cultural concepts of wellness, and may be difficult for those with low levels of literacy, who may be shamed by finding the process challenging. Somatic regulation therapy was described as having considerable potential in that it addresses the nervous system responses to trauma, and helps the individual to self-regulate. The re-telling of stories is not required. However, it was noted that only one service provider is available to provide this service, and in addition, more education is needed for many people before deciding whether the therapy is right for them. Research is required to identify which therapies are most effective for treating mental health and substance use problems in Indigenous people. Such research has not been conducted on Haida Gwaii.

Concerns about over medication, and the prescribing of medications that interact with each other in negative ways, were expressed. There was also concern expressed around the prescribing of methadone and suboxone as treatments for substance use disorders, with the perception that it was simply replacing one addiction with another. There was little awareness of medical resources available, such as whether there was a methadone program on Haida Gwaii (one of the hospital staff who attended the meeting confirmed that one physician prescribes methadone and/or suboxone). It was also acknowledged that the lack of a proper withdrawal management facility on Haida Gwaii may increase risk for people who use substances; they may receive medical withdrawal services within the hospital, but if they are discharged without a plan or any follow up support, they are at increased risk of death by overdose.

"The first thing is to gain trust. We had a man come who showed up a film about the disease of smallpox, but we never really talked about it as a community. It is still in our DNA. We still have the residential schools in our history. It is hard for us to talk about our pain. Until we have trust from the institutions, then we will open up."

The trauma of colonization is ongoing for the people of Haida Gwaii. Historically, many still carry the wounds of residential schools, abuse, racism, and trauma. For some, re-living these experiences in order to support the research process is too much, and even talking about research was distressing for some. Support was provided by others within the meeting when this occurred, and the meeting did not proceed without all present expressing their willingness to engage in the process and ability to cope through the presence of supportive Elders.

It was recognized that it would be helpful during the research process for a healer, Elder, psychologist, or other support person to be present during an interview with a researcher. There was some discussion about whether family members would be appropriate supporters, but it was acknowledged that it might not always be ideal. Although it is consistent with Haida culture, it may increase stress on the family, or increase the risk of traumatizing the family as a whole.

The role of Haida Gwaii culture was also discussed in relation to healing, and the need for support during the research process. Cultural activities such as singing, listening to traditional music, and dancing helps to move the energy and ground people, bringing them back to their centre.

The role of family centred care was discussed. It was noted that a provincial initiative led by the Ministry of Children and Family Development and the Ministry of Health, Families at the Centre, has not included Northern Health Authority, although all the other regional health authorities were represented. This was reflected in a lack of awareness of this initiative in Skidgegate. This initiative has resulted in a completed document, which identifies the need for specific work to be done with Indigenous families.

Research Planning

Several research ideas were proposed:

- Reinstatement of the Elders' Council, with monthly dinners as an opportunity for reconciliation and relationship building with Northern Health Authority, and to address issues related to informed consent, ethics, and cultural safety (SSHRC proposal under development).
- A project focused on educating the community on reducing stigma and increasing knowledge about mental illness including treatments. Use of the Haida language, music, and dance are central to developing culturally appropriate approaches to mental wellness research with the Haida people.
- Introduction of more therapists and therapies to the Haida Gwaii community, and consultation with the community on their effectiveness. Any research with Indigenous peoples should include the presence of a healer, Elder, psychologist, or other support person, who is compensated by the researcher for their role in supporting the research participant.

Sto:lo Tribal Council & Fraser Health Authority

A community consultation and planning meeting was held at Seabird Island on August 14th, 2017, which was opened with a prayer and blessing, led by Elder Virginia Peters. The meeting was particularly well attended by community members, Fraser Health Authority, and First Nations Health Authority. The discussion reflected a positive relationship between the health authority and the Seabird Island Band.

Research Priorities

The key priorities for the Seabird Island community in developing mental health and substance use research focused on community-based mental health and substance use services, prevention of mental health and substance use problems, cultural issues, and challenges within the current system.

Community-Based Mental Health and Substance Use Services

"We can be creative and innovative, but the modern world is not making this possible."

Seabird Island has recently opened two new recovery homes, one for men, and one for women, which, to our knowledge, includes the only on-reserve Indigenous women's recovery home in BC. Participants in the meeting were taken on a tour of the men's recovery home (with clients' permission). The medicine wheel concept is embedded into how they are running the recovery homes, which is helpful in restoring balance in the emotional, spiritual, and physical domains. The model being used is based on the culturally centred training Lolly Andrew received at Round Lake Treatment Centre. The client feedback on the wraparound services in the Seabird Island community has been positive, but not yet formally evaluated.

However, it was recognized that many more resources are needed in the Seabird Island Community. Additional resources are needed to provide staff with expertise to address the concerns of clients. Many do not feel equipped to deal with severe mental illness, or sexual abuse and resulting trauma. There has been a shift from alcohol to drugs in recent years. The women being treated have predominantly suffered extreme sexual abuse, some as early as the age of 2. In addition, they are suffering from the problems of colonization, suppression, oppression, racism, discrimination, and violence. It was also noted that these women will need support when they are discharged, so that they do not relapse.

In addition, it was noted that there is a gap in services provided to youth. Previously, there was a treatment centre for Indigenous girls in Abbotsford, but funding was withdrawn. The only option available is in Williams Lake, and there is a long waitlist.

A proposal for services which blended Western and traditional models of care, called the "Circle of Care," was previously submitted to Fraser Health Authority, but received no response. It was noted that Dr Benning had worked with a cultural counsellor to integrate Western and traditional approaches, which was very effective, however, it is no longer funded.

Withdrawal management (detox) services are off reserve, and waitlisted. When people go to these services, they experience racism, and a lack of support afterwards. There was discussion about the need for detox within the community, so that there could be a quick response when people need help. It

should be tied in with the other mental health and substance use services being developed. It was noted that the "Wilderness detox" model is effective, and could be done in an area like Seabird Island.

Elder Virginia Charles works part time at a women's prison, and noted that the lack of services for mental health was very evident. It was stated that in October, the Provincial Health Services Authority will start paying for mental health and substance use services in corrections.

Systemic Challenges

"You can blame the federal government in the 1990s for making us into Nations. We aren't Nations, we are villages within tribes, and many of us are related. We need to look at which languages define our tribes… Each community had its own strengths and relied on each other. Indian Affairs separated us and made us fight."

It was noted that there was an unhealthy focus on competition for funding between Nations, and a parallel, while those who secured funding did well, but others were "left behind." There are 24 communities in Sto:lo, which is a result of colonization. Competition in the context of a profound lack of resources results in further negative cycles within Indigenous communities.

Prevention of mental health and substance use problems,

"The reality is that kids [in the Seabird Island community] are exposed to families that are not even close to healing."

It was acknowledged that in spite of individual differences, all the children and youth in the Seabird Island community are "at risk" due to the history of their people, and being exposed to ongoing situations of substance use, violence, and racism. While the community has done a great deal to provide opportunities for youth to thrive, they are still at greater risk of developing mental health and substance use problems, and of suicide.

Andy Phillips and Lolly Andrew have both volunteered as soccer coaches. The focus is on soccer as a sport in the community, but it also serves primary and secondary prevention functions. It provides youth with a healthy, socially appropriate activity to engage in, which is an alternative to unhealthy activities which take place in the community, such as substance use. It also gives them experience of discipline through learning the sport. In addition, the coaches can build supportive relationships with the youth, and provide them with additional guidance concerning healthy lifestyles, promoting education and high school completion, healthy parenting, and healthy drinking limits.

However, it was acknowledged that although many of the participants of the soccer program have completed high school and some have gone on to university, sports are not an area of interest or ability for all youth. One negative aspect of the soccer program that was identified was that it promoted competition between youth. While this was a positive experience for those who did well, it was not for those who were not skilled or interested in competition or sports.

Cultural Issues

"There is a lot of education that needs to happen with caregivers in hospitals and clinics. They need to have a better idea of who we are and what we have endured."

It was acknowledged that there is a long history of abuse of Indigenous peoples, going back through seven generations of residential schools, the 60s scoop, and the related sexual abuse and addictions, that need to be supported through mental health and substance use services. It is difficult for communities to advocate, and overcome the poor education and incarceration rates among Indigenous peoples, when they do not have capacity.

The role of family, ceremony, and traditional language were all acknowledged as important elements in promoting the spiritual health of the community. Along with connection to the land, language was seen as an important source of Indigenous identity, which helps to provide meaning and worth in the face of the negative labels that have been put on Indigenous peoples historically. It was also noted that fishing and hunting are an important part of the cultural heritage of Seabird Island, yet many younger people do not engage in these activities. Cultural activities such as canning berries, and drying fish are important pieces that connect people together.

A family-based wellness centre, which included opportunities for parents to get healthy, while youth engaged in cultural activities such as fishing, hunting, language, and sports, would be a positive addition to the community. This would create a sense of belonging among struggling families, nurture children who are not necessarily intellectually, socially, or sports inclined, and promote healthy relationships.

Research Planning

Several research ideas were proposed:

- The Riverstone team in Fraser Health Authority work with Seabird Island to develop and evaluate a culturally appropriate, on-reserve withdrawal management (detox) facility, which can be integrated into the continuum of care in the community.
- Fraser Health Authority develop a culturally appropriate evaluation framework for mental health and substance use services for Indigenous peoples, that includes lived experience of culture as an aspect of healing. The evaluation framework is developed and piloted in the new Recovery Homes on Seabird Island.
- Conduct a survey of youth within the community, to identify other activities which could provide a prevention function. Expand the soccer program as a prevention initiative, and enhance and explore the role of language revitalization, and traditional activities, such as hunting, fishing, drying fish, and gathering and canning berries, in promoting mental wellness and educational outcomes for youth.

Secwépemc (Shuswap) First Nation & Interior Health Authority

A community consultation and planning meeting was held at the Shuswap Nation Tribal Council on May 2, 2018, which was opened with a prayer and blessing, led by Elder David Archie. The meeting was particularly well attended by Elders and academic partners, including Dr Rod McCormick of Thompson Rivers University, and students from within the Secwépemc community. There was one Interior Health Authority employee present, and her role was specific to Indigenous research and knowledge translation. The discussion focused on land-based approaches to preventing and healing mental health and substance use problems.

Research Priorities

The key priorities for the Shuswap community in developing mental health and substance use research focused on role models for young men, traditional mentoring youth, and traditional plant medicines.

Role Models for Young Men

The problems experienced by young men in the community was identified as an issue, and particularly the absence of positive role models and father figures for many, particularly those being raised by single mothers. The question of how to bridge this gap was discussed, particularly in traditional ways which teach young men about emotional and spiritual wellness. Elders stated that when young men do not have positive male role models, something is missing that they will try and fill with drugs, which has led to opioid addiction among young men and young fathers.

Traditional Approaches to Mentoring Youth

Traditional approaches to mentoring have been maintained by Secwepemc Elders. This includes teaching youth traditional hunting methods and practices, which provide youth with opportunities to provide food for their families and communities. The long-term goal is that eventually, this kind of program could become financially self-sustaining.

Hunting is a traditional practice, that meets physical, mental, emotional, and spiritual needs in young men, and allows recognition of their manhood by themselves and their communities. It is recognized by Secwépemc Elders that the lack of such as rite of passage has been harmful to Secwépemc young men, leaving them devoid of positive male role models, instead seeking out negative role models, and behaviour through the substitute of substance use. The cultural identity of Secwépemc young men is also strengthened through the traditional practice of hunting.

Harvesting Traditional Medicines

The connection to the land involved in seeking, finding, harvesting, preparing, and using these medicines meets the physical, mental, emotional, and spiritual needs of both the traditional medicine people, and their learners, who receive the medicine.

Traditional medicine people are role models and mentors in culturally appropriate activities (i.e. harvesting traditional plant medicines), which develop a positive, cultural identity and positive role modelling and behavioural modelling of spiritually fulfilling activities for Secwépemc learners. This type of project will develop expertise in traditional medicine among Secwepemc community members By developing cultural awareness of traditional medicines among Secwépemc people, this may provide a

safe alternate drug supply through Indigenous medicines. The project would provide access to traditional medicines for the healing of conditions that predispose individuals to developing problematic substance use issues, including trauma and pain. The long-term goal is that eventually, knowledge keepers will be employed in this expert capacity, providing health services alongside mainstream medical service providers.

Methodological and Ethical Considerations

All research will be conducted in ways that ensure protection of sacred knowledge. Ceremonies will form part of the process, but will be only shared with non-Indigenous peoples by invitation, and as agreed by Secwépemc communities. Non-Indigenous team members are recognized as allies and supporters. All members of the team are committed to the leadership and cultural knowledge of the Secwépemc peoples. All research and evaluation materials will be owned and held by the Secwépemc Health Caucus; research partners will support and provide guidance but commit to protecting the ownership and sacred knowledge of the Secwépemc peoples. All decision-making will be made by the Secwépemc community. Projects should provide paid opportunities for Secwepemc Elders, Knowledge Keepers and community members

Research Planning

Two main research ideas were proposed:

- The first project builds on previous work by Secwépemc Elders, to provide male role modelling, by mature Secwepemc men, to Secwepemc male youth. This will provide youth with culturally appropriate rites of passage through learning traditional hunting methods and practices.
- The second project builds on previous work by Secwépemc Elders to provide experiential, land-based teachings of the identification, harvesting, and use of traditional medicines.

Development of a research funding application is underway.

Tsawout First Nation & Vancouver Island Health Authority

A community consultation and planning meeting was held in Tsawout First Nation on July 6, 2018, which was opened with a prayer and blessing, led by Elder Eydie Pelkey. The meeting was also attended by Elder Nadine Charles, Asma-na-hi Antoine, several members of the Tsawout community and members from surrounding First Nations communities, two employees of Vancouver Island Health Authority whose roles were specific to patient-oriented research, an employee of the First Nations Health Authority, a research director from the Ministry of Health, and several Royal Roads University students. The discussion focused on issues related to systemic challenges to Indigenous people and the intersection with mental health within families.

Research Priorities

The key priorities for the Tsawout community in developing mental health and substance use research focused on the impacts of mental health and substance use on families, and challenges within the current system which perpetuate mental illness and other harms, such as suicide.

The Impact of Poverty

"I have diabetes. The doctor said I should have five to seven vegetables a day. I can only afford one. I feed my children before myself because I have to. Mental and physical health is related to food and what we can afford."

Poverty was highlighted in the discussion as one of the biggest challenges facing many Indigenous peoples. Their income may not be adequate to properly feed and clothe themselves and their children, which can be interpreted as neglect, particularly by the child welfare system. Grandparents may be caring for numerous grandchildren, to avoid apprehension and loss of children, yet may not be eligible for foster care funding to support them, and may not receive the same level of housing as non-Indigenous people living off reserve. When basic needs such as food, clothing, and housing are not readily available, it is difficult to prioritize mental health. It is also difficult to advocate because of the fear of authority instilled in residential school survivors, and the racism that still exists in the system. Parents do not feel they can reach out for help or admit that they are struggling because of the deeply engrained and legitimate fear that they be judged, and would be at risk of losing their children.

Trauma and Suicide

"When you look at mental health there needs to be healing and treatment. I went to a treatment centre and it felt like residential school."

The issue of suicide was discussed several times; particularly in relation to traumas such as sexual abuse and other horrific events experienced in residential schools and Indian hospitals, and in relation to child apprehension. It was also noted that those left behind struggle with grief and loss on a continuous basis, with no time to recover – it is trauma on top of trauma. Children who are separated from their families suffer trauma as a result. The ways that children are separated from their families can add to the trauma, for example, one family was instructed to lead a four year old with autism into a play room at the ministry office and abandon her there; they were threatened with RCMP intervention if they did not comply. This was deeply distressing to the family. The system also perpetuates racism through

judgemental attitudes, and parents avoid seeking help for mental health problems, for fear of child apprehension. Processes such as the home study process for fostering relatives is very invasive, yet it was noted that cases of neglect and abuse of Indigenous children within non-Indigenous foster care are often not investigated. It was also acknowledged that there is now evidence to support the understanding that trauma is intergenerational both through experiences and through physiology.

The Role of Elders and Culture

It was acknowledged that Elders play a key role in wellness, and that culture is integral to healing for Indigenous peoples. This includes traditional food, and language revitalization programs.

It was recognized that it would take time for Indigenous peoples to heal from the trauma of residential schools and other historical abuse, as well as current issues. The long wait lists impede access to treatment services, and the care received may not be appropriate. However, much can be done from a preventative perspective, particularly to support families staying together and receiving adequate support to ensure child safety.

Research Planning

Research planning focused on one central idea. This was to develop and conduct culturally sensitive research within the Tsawout and Cowichan communities with parent-child dyads at risk of child apprehension due to parental mental health and substance use issues, to explore and identify specific parent and child support needs. Therapy will be available for participants, researchers, and Elders affected by the emotional nature of the project. A two-year extension of the project is planned, during which families are supported in maintaining custody of their children. The long term outcomes for parents and children will be assessed.

Follow up planning for funding is taking place with the Principal Investigator, the Ministry of Health, and Vancouver Island Health Authority.

Downtown East Side, PHS Community Services Society & Vancouver Coastal Health Authority

A community consultation and planning meeting was held at the Alexander Street Community in the Downtown East Side of Vancouver on July 20, 2018, which was opened with a prayer and blessing, led by Elder Ida Pranteau. The meeting was also attended by Indigenous community leaders, Tyler BigChild and Harley Prosper, two employees of the PHS Community Services Society (contracted by Vancouver Island Health Authority), Robert Williams from Culture Saves Lives, and an internship student from the University of York. The discussion focused on issues related to the mental health and substance use challenges faced by urban Indigenous people in the Downtown East Side community.

Research Priorities

The key priorities for the Downtown East Side community in developing mental health and substance use research focused on the poverty and powerlessness of urban Indigenous people, and challenges within the current system which perpetuate mental illness and substance use and other harms, such as suicide.

The Impact of Poverty

Poverty among urban Indigenous people in the Downtown East Side is extreme. Some individuals may not easily obtain the ID cards necessary to be eligible for welfare, and may have to resort to panhandling or bottle collecting for survival.

Trauma, Fatalities, Grief and Loss

"We [peers] are unofficial counsellors."

The population of the Downtown East Side is highly traumatized, and the rates of complex post-traumatic stress disorder and fatalities are extremely high in the community. As a result, survivors are constantly grieving multiple losses of friends, in the context of their own active trauma symptoms. A grief and loss group is held at the centre, but clients frequently ask for counselling, which is not currently funded. Illicit alcohol (non-beverage alcohol, such as listerine or rubbing alcohol) and other drugs are used to numb the pain that many are feeling on an ongoing basis.

The depth of emotional pain and dislocation experienced in this group is so extreme that it would be difficult to find a counsellor who could demonstrate adequate empathy. Therefore, peer support group opportunities whereby survivors and those experiencing greater stability, who are urban Indigenous themselves, may be the best approach to providing emotional support and a first step towards recovery and stability, especially the progression to that primary condition of feeling a sense of belonging.

Centre and Outreach Service Provision

"This is the first step off the street – we need the next step to support people who are [becoming sober], to get people involved in other things."

Centres such as the recently closed Drug Users Resource Centre, and the Alexander Street Community Centre where the meeting was held, are essential for a sense of safety among this highly marginalized population. Although the need for more centres, and improved services within centres, was discussed, it

was also recognized that outreach is essential to reach the many people who are even more isolated, living in single room occupancy (SRO) housing, using substances alone and therefore at high risk of death.

The managed alcohol program provides people with the opportunity to engage in a peer-run micro-brewery, and to exchange illicit alcohol for brewed alcohol at low or no cost. Although this may seem counter-intuitive, for people with extreme addiction to alcohol, continued consumption is necessary to avoid severe withdrawal symptoms, including seizures, psychosis, and death. In the absence of appropriate treatment and supportive housing options, this is a harm reduction approach that prevents higher rates of mortality. Yet the notion that these clients have rejected or failed evidence-based treatments is clearly a fallacy; many of them would welcome supportive treatment, but it is either unavailable or they find themselves excluded.

The centre, therefore, provides a first step towards a more sober lifestyle, where some people have been observed to experience spontaneous recovery and raised self esteem. They can connect with others in a safe social setting, and can get access to a few healthcare services. This needs to be expanded, so people have one place where they can get access to ID, housing, and the full continuum of healthcare and treatment services.

The Role of Culture and the Arts in Healing

"Creating [the play] Illicit keeps the spirit alive."

Culture Saves Lives is a non-profit organization, set up to support Indigenous people in the Downtown East Side of Vancouver, in recognition of the profound pain and isolation felt by many inhabitants. They perform traditional drumming, prayers, songs, and ceremonies, such as smudging, to facilitate normal human processes, such as celebration and mourning. While every culture is different, Culture Saves Lives has an apprenticeship approach, whereby drumming is taught by a master or brother. There are important spiritual and identity aspects to these cultural practices for Indigenous peoples. Unlike some other cultural groups, which exclude people who are under the influence of alcohol or drugs, Culture Saves Lives includes everyone, thereby providing important spiritual support to people most in need of it.

The recently closed Drug Users Resource Centre gave people access to a variety of arts, including art, music, and writing, and its closure was a great loss to the community. Part of the community's response to the closure was the creation of the play, Illicit. This play was written, produced, and is performed by people from the Downtown East Side community, and expresses the challenges that individuals within the community are going through. It is a great source of pride and motivation to those involved. The play has been performed in Vancouver, Victoria, and Kamloops. The play would provide an opportunity for knowledge translation, and would support the learning of healthcare professionals to better understand people who use substances. If filmed, it could improve healthcare if it was part of mandatory training for professionals.

Research Planning

Several research ideas were proposed:

- Development of alternatives to the disease model of addiction, for people whose condition is rooted in external impacts, such as poverty, abuse and trauma, racism and discrimination.
- Development of a better understanding of lived experience as a form of expertise, particularly in relation to health conditions.
- Development of innovative harm reduction approaches, such as the fortification of beverages produced in the Managed Alcohol Program micro-brewery with essential nutrients.

A research funding proposal is currently under development for submission to Health Canada, which focuses on developing capacity for peers, who are already providing leadership within the program, to provide mentoring and peer support, with the guidance of training and support through an Elder, an Indigenous therapist, and Culture Saves Lives. The peers have been involved in an educational performance called “Illicit,” which details the experiences of people in the Downtown East Side. There is a possibility this could be filmed and developed into a virtual educational tool, and could form part of our knowledge translation strategy.

Provincial Health Services Authority

A community consultation and planning meeting was held at the Provincial Health Services Authority Headquarters on July 23, 2018. The meeting was attended by Indigenous and non-Indigenous employees of the Provincial Health Service Authority from Indigenous Health, Mental Health and Substance Use Services, the BC Women's and Children's Hospital, the Burnaby Centre for Mental Health and Addictions, and Heartwood. Dr Jehannine Austin, Executive Director of the MHSU Research Institute and University of British Columbia Department of Psychiatry, participated in the meeting. Additional consultations were conducted individually with Dr Tonia Nicolls, at the Colony Farm Forensic Hospital in 2017, Dr Christian Schütz, Psychiatrist, and Dr Heather Fulton, Registered Psychologist, at the Burnaby Centre for Mental Health and Addictions in 2018, and Cheryl Ward on July 19th, 2018. The discussions focused on issues related to experiences of racism in the BC healthcare system, as reported in the San'yas Indigenous Cultural Safety Training, systemic challenges to Indigenous peoples working in the health system, the accessibility of specialized services to Indigenous peoples, and appropriate therapeutic approaches to treating Indigenous clients with severe mental health problems. As the discussions took place at different times with different contributors, some comments included were made during the review period; further discussion will take place during the follow up presentation of this report.

Research Priorities

The key priorities for the Provincial Health Services Authority in developing mental health and substance use research focused on utilizing the available data on racism in the healthcare system to promote system change, exploring reasons for the lack of access to Indigenous culturally safe care within specialized mental health and substance use services among Indigenous peoples, and quality assurance issues involving systemic challenges to Indigenous peoples working within the healthcare system. A recurring theme that emerged is that Indigenous people need to be involved right from the beginning in order to foster true reconciliation.

Racism in the BC Healthcare System

The San'yas Indigenous Cultural Safety Training has been a portal for participants to disclose experiences of anti-Indigenous racism in the BC healthcare system. Hundreds of accounts have been gathered over the years, and some of the harms arising have been analyzed in a Simon Fraser University student report. A more detailed analysis could potentially be conducted, to provide the BC health system with recommendations of how to address this systemic problem. The issue of resistance to the label of racism from employees in the health system was discussed, and it is anticipated that with this evidence, the denial that is evident in reactions of non-Indigenous employees could be countered. The idea of unconscious bias was also explored as a possibility for people to raise their awareness of their own implicit bias. However, explicit bias, as evidenced by accounts of racism, is clearly a priority that needs to be addressed. This could be linked to mandated training for physicians and other professionals requiring continuing Indigenous cultural safety training, and policies to ensure safe care for to Indigenous clients. An Indigenous-specific complaint process was proposed, which could be developed and piloted.

Indigenous Peoples Working within the Healthcare System

Several challenges were identified for Indigenous people working in the healthcare system, which is lived experience for several participants. Indigenous staff can feel isolated and/or feel that they are "token" if they are the only Indigenous person on a team and feel like they are being asked to represent the voice of all Indigenous people. Indigenous staff can find themselves as the only Indigenous person on a committee deciding on issues that are specific to Indigenous patients/clients. It is challenging for Indigenous employees to carry the burden of informing/educating non-Indigenous employees.

Access to Specialized Services among Indigenous Peoples

The issue of whether specialized services, such as those offered at the Burnaby Centre for Mental Health and Addictions, and Colony Farm Forensic Hospital, are being underutilized by Indigenous clients in the community. It was speculated that, given the proportion of the population that is Indigenous, and the over-representation of Indigenous peoples in the criminal justice system, that individuals who could be deemed not criminally responsible on account of a mental disorder might be disproportionately sent to jail, and should have a higher number/representation in these PHSA services.

Therapeutic Approaches to Treating Indigenous Clients with Severe Mental Health Problems

We are limited by Western data which has historically and currently informed practices in deciding what is most culturally appropriate and effective treatment for Indigenous people with severe mental health challenges. The Burnaby Centre for Mental Health and Addictions modifies the standard evidence-based treatment such as cognitive behavioural therapy, for example, by integrating the medicine wheel concept. Indigenous peoples' input is required to review the appropriateness of the medicine wheel concept and to ensure all programming is relevant, acceptable and effective for Indigenous clients/patients. It was noted that therapies such as cognitive behavioural therapy which requires a high level of cognitive functioning, may not be helpful to clients who have suffered from traumatic brain injury or been impacted by damaging substance use patterns including repeated overdose.

Research Planning

Several research ideas were proposed:

- An analysis of the reported incidents of anti-Indigenous racism submitted to the San'yas training, with follow up action through the health authorities and/or regulating bodies.
- An exploratory study looking at referral pathways and the experiences of Indigenous people with mental health problems who have been incarcerated, to better understand how access to specialized mental health services is done in an Indigenous culturally safe way.
- An in-depth study to develop culturally safe approaches to treatment for severe mental illness in Indigenous clients, including those with significant cognitive deficits.

Overarching Messages

Access to Mental Health & Substance Use Treatment Services

Stated simply, Indigenous people in BC do not have access to adequate treatment for mental health or substance use treatment services, either on or off reserve. While access to these services affects all British Columbians, the problem of access is compounded for Indigenous peoples by geography, often requiring them to travel long distances to access care. Past and current experiences of racism and disrespectful treatment within the mainstream healthcare system discouraged Indigenous people from seeking help. The advocacy and self-advocacy required to adequately address a mental health or substance use problem, during a time of emotional vulnerability, is extremely challenging and often impossible in this context.

More mental health and substance use services are needed within First Nations communities. While geography plays a part, the desire for on-reserve and Indigenous-specific services appears to be grounded, at least in part, in the avoidance of negative experiences in the mainstream healthcare system. This urgently needs to be addressed, particularly given the large numbers of Indigenous people living off reserve, who have no choice but to seek help within the mainstream healthcare system.

A review of the current mental health and substance use services available to Indigenous peoples in BC is urgently needed, before an evaluation of their effectiveness is conducted. This should include access to culturally appropriate, affordable, and supportive assessment and diagnosis, counselling and psychotherapy, psychiatric medications where appropriate, the full continuum of substance use and addictions treatment (withdrawal management, inpatient and live-in treatment programs, outpatient treatment, and long term recovery housing).

Trauma

Trauma is central to the experience of Indigenous peoples in BC, and was raised as an issue in every discussion. While often described as historical, trauma is a current as well as a historical issue, and it is impacting Indigenous peoples in BC in epidemic proportions. Whole families as well as many generations within families are being affected by trauma today, through impacts such as exposure to racism, poverty, child apprehension, the ongoing consequences of untreated mental health and substance use problems, and the repeated losses of community members through devastating causes such as suicide, drug overdose, injuries, and disease.

In visiting First Nations communities and urban Indigenous people, it is clear that trauma is a socially created and socially perpetuated issue for Indigenous peoples in BC. While Indigenous peoples are carrying the burden of these traumas, the causes are social, and are grounded in the perpetuation of a colonial system that puts Indigenous peoples at a disadvantage. The majority of these traumas are preventable, and could be reduced or eliminated by systemic change. Although culturally appropriate treatment is essential, and it is clearly important to conduct research to establish the most effective modes of trauma treatment for Indigenous people, the more urgent need is to address the current causes of trauma: poverty, which is perpetuated by lack of resources, and racism towards Indigenous

peoples, which manifests in every aspect of life, and most notably, in Indigenous people's treatment within the healthcare system.

Trauma extends to those providing care. Professionals and peers providing support are overwhelmed by the extent and depth of trauma that has and continues to be experienced by Indigenous peoples. It is essential that self-care and support for vicarious traumatization and burnout is provided to carers and professional supporting Indigenous peoples, throughout the health and social care systems.

The Importance of Culture in Healing

In every community, the importance of culture in the process of healing from historical trauma, and from current mental health and substance use problems was emphasized. This ranged from the role of language revitalization programs within communities and use of Indigenous languages in the healthcare system, to traditional medicine and food harvesting and hunting, to ceremonies and traditional practices, such as drumming, dance, art, and ceremonies such as smudging. Colonization and modern life has interfered with these expressions of culture, which play an important role in giving Indigenous peoples a positive identity and a sense of belonging, and bringing the community together in positive ways. As many cultural practices are sacred, it is important for health leaders to recognize their importance, to support and create space for culture to be explored and expressed by Indigenous peoples within the healthcare system, and to welcome and compensate traditional healers and Elders to lead this process, without interfering or dictating how cultural practices can take place.

This issue is of great importance to the support of the mental health, wellness, and recovery of Indigenous peoples with mental health and substance use problems, yet is currently often misunderstood and mismanaged by non-Indigenous health leaders.

Conclusion

It is challenging to plan research into mental health and substance use treatment when the services in question are so significantly under-resourced, and systemic apathy is evident. Given the urgency of the issue, advocacy for improved mental health and substance use services, research planning, and ongoing relationship building between First Nations and Indigenous communities, health authorities, and ministries are all essential, and will need to continue simultaneously. There is considerable motivation from all partners who engaged in this project to collaborate and move this vital work forward.

Recommendations

Ministry of Health & Ministry of Mental Health and Addictions

Increased access to mental health services for Indigenous peoples is urgently needed in BC. However, much of this need is the result of lack of basic resources and opportunities to support other aspects of life. It is recommended that:

- The Ministry of Health and the Ministry of Mental Health and Addictions ensure that every First Nations community has access to primary care, specialized psychiatric and psychological services, and the full continuum of substance use and addictions treatment services, both on and off reserve. These services should be funded directly to communities, and communities should be provided with designated supportive consultation from the health authorities.
- The Ministries should also provide financial support and oversight to the health authorities in implementing the recommendations contained in this report, and developing research plans to ensure services are effectively meeting the needs of Indigenous peoples.
- Expand access to trauma-specific services (in addition to trauma-informed care), both for people who have experienced trauma, and to support those providing professional services, to prevent and treat vicarious traumatization and burnout.

British Columbia Health Authorities

It is recommended that each regional health authority, in consultation with local First Nations and Indigenous peoples:

- Ensure that First Nations communities and urban Indigenous people within their regions have access to the full continuum of mental health and substance use services, and that the process for accessing services is simplified and shortened, and communicated clearly and appropriately.
- Ensure that there is a named point of contact for Indigenous research within each health authority, and that protocols to ensure respectful engagement with both Indigenous communities and researchers are made available to researchers early in the engagement process, and that health authorities are accountable for follow through.
- Provide staff with orientation and mandated training regarding the historical and current issues impacting Indigenous peoples, and include working collaboratively with Indigenous peoples within the scope of all employees' job descriptions.

- Develop and implement policies and processes for the prevention of racism within the mental health and substance use system to eliminate disrespectful and inequitable treatment of Indigenous peoples, with straightforward, transparent processes for receiving and addressing complaints from Indigenous people, with Indigenous people involved in the response to each complaint.
- The Provincial Health Services Authority may be best positioned to develop a coordinated provincial plan to eliminate racism towards Indigenous peoples in the BC mental health and substance use system, and to oversee its implementation. As this is a hidden problem, the outcome of this process should be made publically available through an annual report, demonstrating accountability and system improvements.

Funders

The level of need for mental health and substance use resources and services for Indigenous peoples, and culturally appropriate research, far outstrips the funding available in the current system. It is recommended that funders:

- Advocate for increased research funding to support the development of culturally appropriate services for Indigenous peoples, both on and off reserve, particularly using participatory action research modalities. This will allow services to be put in place without causing delays by the time taken to conduct and disseminate research.
- Develop alternative, non-competitive models of funding, to avoid harm to communities through reinforcing a message of inadequacy to Indigenous peoples who do not wish to compete or are not successful in competitions for funding.
- Include travel expenses in their funding models, in recognition of the importance of researchers and health authorities building relationships and trust with First Nations communities by visiting on a regular basis.
- Develop more flexible timelines for funding applications and for research to be conducted, in recognition of First Nations protocols, seasonal impacts, and crises such as the impact of deaths and grieving on the community.

Next Steps

Every community that participated in this project has identified priorities for mental wellness and substance use research. We will continue to work collaboratively to seek out funding to support each of these communities in moving this research forward, ideally, with the full involvement and leadership of Indigenous peoples at every stage of the research process.

The Principal Investigator will visit each community which participated in the first phase of this project. This preliminary report will be presented and disseminated in each community, and further dialogue will take place in open sessions, which will be amalgamated into a final report in 2019. Relationships will be maintained through key contacts in each community.

Improving mental health and substance use care for First Nations and Indigenous peoples is a shared responsibility, and we will continue to engage with the health authorities to support this important issue.

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