

**Yukon
First Nation
Mental
Wellness
Workbook**

AHTF 2010

Funding for this project was provided by Health Canada through the Aboriginal Health Transition Fund.

The opinions expressed in this publication are those of the authors/researchers and do not necessarily reflect the official views of Health Canada or the Council of Yukon First Nations.

The information in this toolkit can be used for non-commercial purposes only.

Acknowledgments

The Yukon First Nation Mental Wellness Workbook is the work of many individuals who were involved in its research, review and compilation.

In 2008, the Yukon First Nations Health and Social Development Commission identified six initiatives to be funded under the Aboriginal Health Transition Fund (AHTF) – a fund established to assist the collaboration of federal, territorial and Aboriginal governments to help close gaps in Aboriginal health.

One of these initiatives was to address the mental wellness of Yukon First Nations and create a toolkit of resources for Yukon First Nation front line workers, Yukon First Nations Health and Social Directors and staff.

This workbook references the research document - *Mental Wellness Toolkit for Front Line Workers* - created by Duu Chuu Management (2010) for the AHTF. Gratitude goes to this group for providing a road map for this document. A copy of their final report, as presented to the Council of Yukon First Nations (CYFN) Health and Social Development Department, is available through CYFN.

This section acknowledges all those who created and contributed to this workbook including Duu Chuu Management, Marilyn Van Bibber, Tandi Brown and Heather Holland.

Further acknowledgment includes the AHTF 2009-2010 Mental Wellness Advisory Group which provided direction and feedback throughout the process. They are:

- Sandy Washburn - *Community Wellness Coordinator, First Nation of Na-cho Nyak Dun*
- Rachel Byers - *Director of Health and Social, Little Salmon/Carmacks First Nation*
- Lawrie Crawford - *Director of Health and Social, Carcross/Tagish First Nation*
- Margaret Smith/Reanna Sutton - *Director/ Acting Director of Health & Social, Vuntut Gwichin First Nation*
- Lori Duncan - *Health and Social Development Director, Council of Yukon First Nations*
- Marie Fast - *Clinical Manager, Mental Health Services, Yukon Government*
- Leslie Knight - *Community Member*
- Michelle Tochacek - *Manager for Non-Insured Health Benefits in Yukon, Indian Residential Schools Coordinator*

Lori Duncan and Helen Stappers provided fact checking and editing support; Amanda Leslie assisted with production and editing, Tanya Handley was the layout artist and Jen Jones created the workbook.

Funding for this publication was provided by Health Canada.

Overview

In 2008, the Yukon First Nations Health and Social Development Commission identified six initiatives to be funded under the Aboriginal Health Transition Fund (AHTF). This fund was established to assist the collaboration of federal, territorial and Aboriginal governments to identify and help close gaps in Aboriginal health. One of the initiatives was to address the issues of mental wellness in Yukon First Nation communities.

The focus of the mental wellness initiative was to create a toolkit of resources for Yukon First Nation front line workers, Yukon First Nation Health and Social directors and staff.

The key deliverables for this initiative included:

- A list of the mental health services in Yukon.
- A definition of mental wellness from a Yukon First Nation perspective.
- A list of promising practices.
- The development of a strategy and/or framework for a community action plan.

This workbook is a result of work completed by the consultants as well as those acknowledged in the previous pages.

GOAL

The aim of this workbook is to take the findings from the *Mental Wellness Toolkit for Front Line Workers* document, along with other additional resources, to create a “hands on” tool that Yukon First Nation Health and Social Departments can draw information from, use in planning and support strategic planning within their home First Nation and amongst all Yukon First Nations.

In addition to the report and this workbook, the AHTF office designed a mental wellness resource guide that outlines available services, their cultural safety components and questions that could be asked when contacting the services or individuals.

Another tool lists community wellness agencies, services and programs in the form of a day book and includes contact information and available resources.

These tools are available from the Council of Yukon First Nations Health and Social Development Department at 393.9200.

How to use this workbook

This workbook was developed to support Yukon First Nation Health and Social Departments in:

- program planning
- project evaluation
- proposal writing
- client support

The focus is mental wellness, however, the tools provided can be used for a variety of issues. Information found in each section is also on the disk provided at the back of this workbook.

The workbook is divided into eight sections. Each section has tools that you can print out and use for case management, client assessment, planning programs, and/or writing proposals. The work sheets are designed to be copied or modified to best suit the needs of individual First Nations and clients.

Section 1 describes the underlying causes of mental illness and their relationship to the determinants of health. Use this section as a teaching tool or in discussion about Yukon First Nation mental wellness issues. Cut and paste this information into a strategic action plan or proposal.

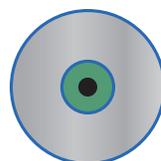
Section 2 presents five pillars for a Yukon First Nation Mental Wellness Strategy. This section draws on information gathered through several Aboriginal Health Transition Fund and Aboriginal Health Human Resources Initiative (AHHRI) projects. Cut and paste key findings into reports, presentations or proposals.

Section 3 provides tools to help planning, proposal writing and working with clients and groups. Print out the wellness indicators and share them with community members or cut and paste them into a proposal.

Section 4 provides step-by-step instructions on how to develop a mental wellness strategy. A template is also provided.

Section 5 provides information on vicarious trauma that may be experienced in the workplace. It also provides a strategy on how to address this issue.

Section 6 is a resource directory identifying “good ideas”, toolkits and materials developed by other jurisdictions. Internet addresses are provided for most of the resources.



The CD attached at the back of this book contains all the documents contained within this workbook as well as three documents that may be of use to your department. The documents are:

- *Alianait Inuit Mental Wellness Action Plan, Toward Recovery & Well-Being*
- *The Community is Medicine Suicide Prevention Trauma Response and Community Response Team Development Micro Manual*
- *Mental Health First Aid – Aboriginal and Torres Strait Islander Mental Health First Aid Manual*

References were provided in part by Duu Chuu Management. Additional references were included with the development of this workbook. References can also be used for further research for other projects.

Mental Health, Substance Abuse and Indian Residential Schools – The links

“We tend to view mental illness and substance use disorders as two distinctly separate illnesses and in many cases they are,” says Dr. Franco J. Vaccarino. “Yet when the two disorders co-occur and are intertwined, treating just one disorder or treating the two disorders independently is insufficient and yet this is often common practice.” (Canadian Centre on Substance Abuse, November 17, 2009)

A report from the March 2008 Mental Wellness Focus Group Workshop declared that the mental health of First Nation people is in decline as a result of causes such as drug and alcohol addictions and Indian Residential School trauma (CYFN Health & Social Dept., 2008). It was also identified that addictions are a symptom of mental health problems and there must be a link in the support services that address addictions and mental wellness. More recently, a 2009 report put out by the Canadian Centre on Substance Abuse (CCSA) spotlights the co-occurrence of mental health and substance use disorders, furthering the link between substance abuse, trauma and mental illness.

The co-occurrence of substance use and mental wellness is not new within a First Nation view. “First Nations, Inuit and Métis cultures, although diverse, broadly understand well being or wellness to come from a balance of body, mind, and spirit, closely tied to cultural identity, self-determination, community and family, and the land.” (Mental Health Commission of Canada, 2009, p.5).

In other words, a holistic approach is required when looking at health and mental wellness to ensure balance. The CCSA

report also validates the connection the Yukon First Nations Health and Social Development Commission members have been making: the need for services that address mental wellness and addictions concurrently.

When tasked with the job to support front line workers in the area of mental health and wellness, identifying definitions of mental health was thought to be a starting point. The Kirby Report (Kirby and Keon, 2004) defined mental health as more than the absence of illness - rather, it is about one’s ability to enjoy life and experience wellness.

“Mental health is the capacity to feel, think and act in ways that enhance one’s ability to enjoy life and deal with challenges. Expressed differently, mental health refers to various capacities including the ability to understand oneself and one’s life, relate to other people and respond to one’s environment, experience pleasure and enjoyment, handle stress and withstand discomfort, evaluate challenges and problems, pursue goals and interests, and explore choices and make decisions.” (Kirby and Keon, 2004 p.67).

The Kirby Commission focused on wellness rather than illness and reflects a First Nations’ holistic perspective as well as a promotional approach to mental health. Mental health promotion focuses on building resiliency by supporting the development of social skills, support from peers and family, a positive school climate and a sense of belonging (Wortzman, 2009).

Effective mental health promotion emphasizes community-wide approaches, the tackling of root causes of mental health issues, recognition of culture as a protective factor, and the integration of diverse forms of knowledge. At the same time however, mental health promotion programs are often limited by not including spirituality and by emphasizing Western ways of thinking about health (Wortzman, 2009).¹

While the AHTF project was unable to pinpoint a definition of mental wellness, it did identify that a Yukon First Nations approach to mental wellness is holistic and seeks to integrate culture and spirituality in its approach.

At the AHTF Round Table on Health in May 2009, Chris Lalonde, Associate Professor of Psychology at the University of Victoria, made links between cultural resiliency and the health of a community, equating the loss of culture to the loss of wellness.

At the AHTF Round Table on Health, discussions and presentations supported the links between Indian Residential School trauma, substance abuse and mental wellness.

Colonization of lands and resources systematically removed the traditional territories of Yukon First Nations. The policy of assimilation furthered the burden on the health of First Nations people. This policy provided the platform for the establishment of residential schools and the forced removal of hundreds of children in the Yukon. While these schools are now closed, the intergenerational impact continues in families, homes and communities across the territory.²

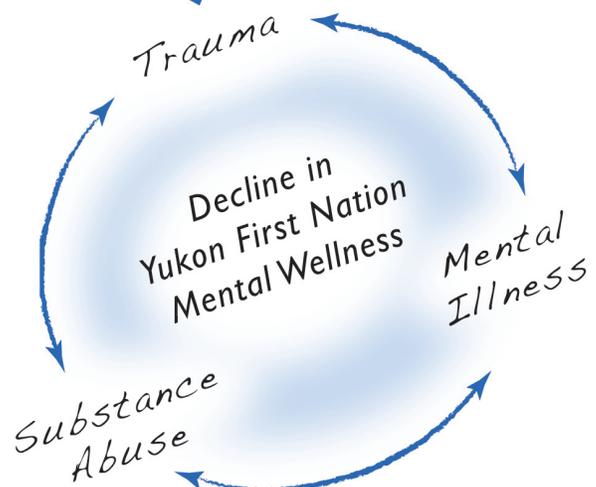
^{1,2} This information has been retrieved from Duu Chuu Management (March 2010). Mental Wellness Toolkit for Front Line Workers.

Research from across Canada shows that trauma, racism and the alienation of children from their families and community is a part of the Indian Residential School experience.

For many Yukon First Nations, the legacy of colonization continues and the impacts are both real and present. The underlying mental illness experienced by many First Nations is a normal human response to very abnormal conditions brought on by intergenerational impacts of colonization (Duu Chuu, 2010 p.6).

Trauma caused by intergenerational impacts of colonization:

1. loss of land and resources
2. poverty
3. racism
4. colonizing policies and laws
5. the far reaching impacts of residential schools



The report by the CCSA report makes links between trauma and substance abuse. This is important as it put into the mainstream the links between the lived experience of First Nations and the outcomes of that trauma.

“People and groups who experience material deprivation, poverty, violence, rapid social change, diskrimination and other marginalizing conditions are more vulnerable to mental illness” (World Health Organization, 2004).³

Yukon First Nations have been stating that to address the mental wellness of their citizens, services are required to address the co-occurrence of mental health, addictions and trauma. Recent national publications now support this thinking.

Check out thier websites

Information behind the workbook

Information for this workbook draws from findings from the AHTF report *Mental Wellness Toolkit for Front Line Workers* (Duu Chuu, 2010). Input and direction was also received from the AHTF Mental Wellness Advisory Group.

Information is based on a material scan completed in the *Mental Wellness Toolkit for Front Line Workers*. A range of materials was used including published and unpublished documents.

To conduct a material scan for your department, the following list is provided as a starting point.

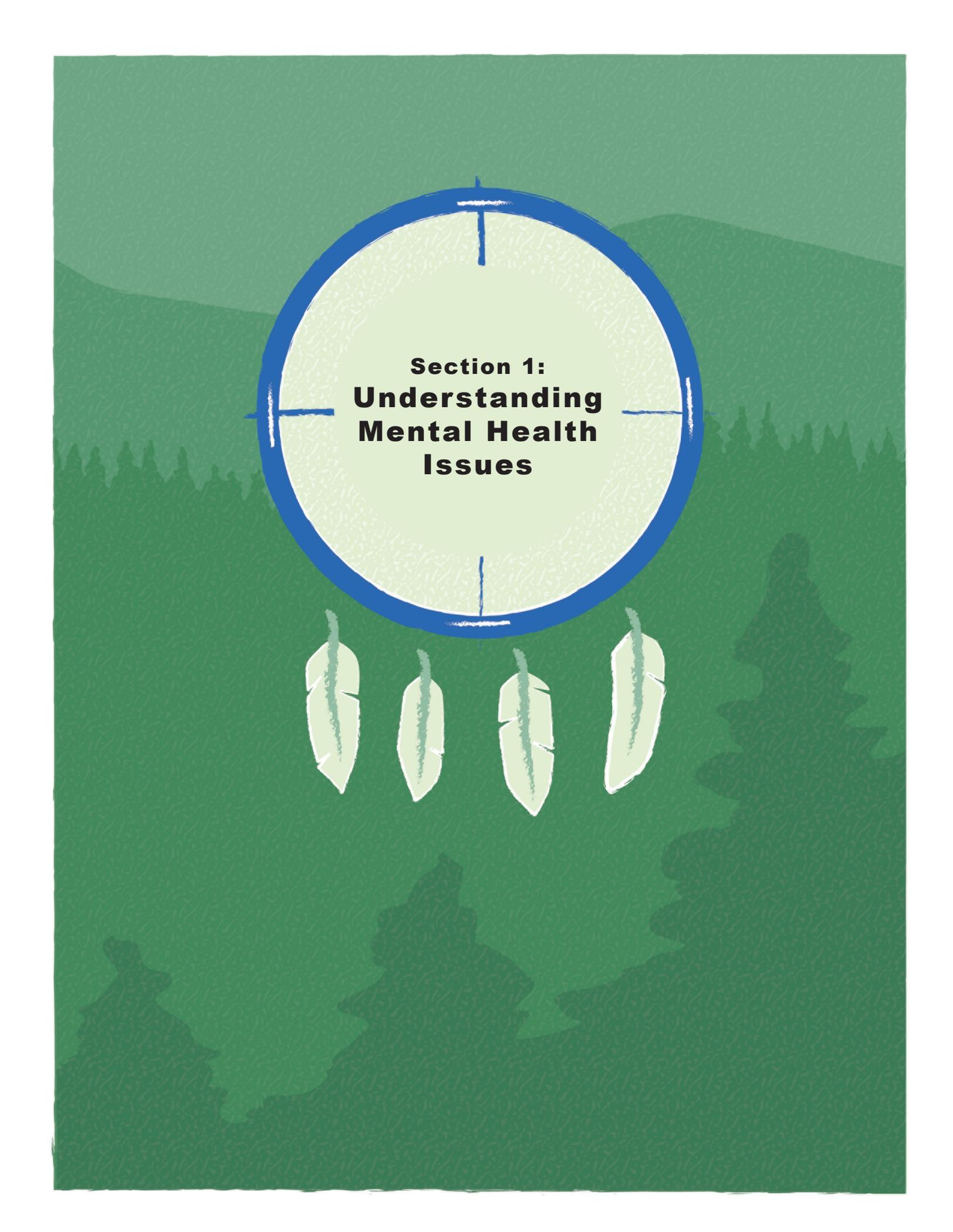
- Council of Yukon First Nations (CYFN)
- Yukon Government (YG)
- National Aboriginal Health Organization (NAHO)
- Assembly of First Nations (AFN)
- Aboriginal Healing Foundation (AHF)
- Health Canada (HC)

Key word searches also provided information for this report. To conduct key word searches in your department, use web browsers such as Google or Internet Explorer. For example, you can use any combination of the following words to find results on mental wellness:

Words/phrases to put into a search box:

mental health + Native/Aboriginal/First Nation/Inuit/Métis
mental health + holistic + wellness
mental health + colonization
mental health + Yukon
mental health + best practices
mental health + community + strategies

³ Cited from http://www.naho.ca/firstnations/english/public_mentalHealth.php



**Section 1:
Understanding
Mental Health
Issues**

Understanding Mental Health Issues

Section Objective: To identify key mental health issues of Yukon First Nations to support an action plan.

*“Fifty percent of those seeking help for addictions also have a mental illness, and 15 to 20 percent of those seeking help from mental health services are also living with an addiction.”
(CCSA 2009, p.9)*

In the report written by Duu Chuu Management (2010), key mental health issues were identified as well as underlying causes through two questions asked of survey participants. The questions were:

- What are the key mental health issues for Yukon First Nations, their families and communities?
- What are the key underlying causes of poor mental health conditions amongst Yukon Aboriginal people?

This section will explain each key issue, followed by a definition of the determinants of health which mirror the underlying causes identified in the surveys.

How to use this information

The information on the following pages can be used to support the development of a mental health strategic framework. Cut and paste this information into a proposal or work plan.

The current medical approach to treating mental health/wellness fails to address mental health holistically, which in turn fails to address the root causes of mental health, further compromising the wellness of individuals.

Key Issues

- Trauma
- Substance abuse and use
- Depression
- Concurrent Disorders
- FASD
- Children’s mental health

Underlying Causes

- Housing (*access to housing including supportive living options*)
- Poverty
- Residential school experience
- Cultural disconnection
- Stigma

Trauma

The surveys conducted by Duu Chuu Management identified trauma as a common mental health issue among Yukon First Nation clients. Dr. Darien Thira, a well-known British Columbia psychologist who has worked with Aboriginal people and communities for many years, defines trauma as “*the inability to release a painful experience from one’s body, emotions, mind, and spirit so that one lives each moment as if it were that traumatic event*” (Thira, 2009).

Trauma can be experienced at both an individual level and a collective level and responses to traumatic events are not necessarily the same (Bombay, Matheson, Anisman, 2009).

The intergenerational trauma experienced by Yukon First Nations is a collective response to the trauma that occurred through contact and colonialism. Through the survey work conducted by Duu Chuu Management (2010), a frequent theme that emerged is the ongoing impact of residential schools on First Nations individuals, families and communities.

The use/abuse of alcohol and other drugs have been a means of coping with the pain as a result of trauma. Research shows a link between stress, traumatic events and the use of alcohol and drugs. Unfortunately, the use of alcohol and drugs carries with it a multitude of issues itself, thus perpetuating the trauma to be visited on each new generation (Duu Chuu, 2010).

Resources for dealing with trauma can be found in Sections 5 and 6 and on the disk supplied with this workbook.

The result of past and ongoing colonial policies and processes have impacted the economic, political, cultural and social factors affecting the mental health status of Yukon First Nations and in turn their mental health status. Mental distress may more accurately describe the mental health conditions of First Nations. Mental distress is a normal human response to abnormal conditions. For First Nations, those conditions are brought on by dislocation and marginalization from their own homeland and the impacts of residential school.

Words to describe and related to trauma include:

- past trauma
- suffer all kinds of abuse
- violence
- susceptible to predators
- anxiety
- lots of tragedies
- self harming behaviours
- grieving
- suicide
- family violence
- safety issues
- lots of trauma
- complex life of carrying post traumatic stress, and coping through alcohol and drugs
- undiagnosed mental conditions related to trauma
- almost every day is crisis management
- abusive relationships
- diagnosed with trauma without the services
- community and family violence
- victims of abuse become victims of system
- post traumatic stress disorder
- harassment and discrimination
- dealing with affects of trauma and grief; stress and anxiety amongst children
- most alcohol and drug clients are victims of trauma

Substance Use and Abuse

Dealing with addiction issues, especially alcohol and drugs, has been a long-standing priority for Yukon First Nations. Alcohol and drug use are major challenges to the promotion of good health and well being amongst Yukon First Nation people.

Substance use disorders co-occurring with mental health disorders represent a major health problem in Canada (*Duu Chuu, 2010*). New work through the CCSA calls for the need to provide more effective treatment and approaches that recognize the link between substance abuse and mental wellness. As well, effective intervention requires a better understanding of the underlying mental health conditions and the patterns of substance use (CCSA, 2009).

Through the survey conducted by Duu Chuu Management (2010), community care workers felt that clients were self-medicating with the use of alcohol and drugs to address their mental distress. This coping strategy perpetuates the cycle of substance abuse and creates further stress leading to trauma, in turn, affecting mental wellness.

Words to describe and related to substance abuse include:

- alcohol
- binges
- addiction to prescription drugs
- new drugs coming into the community
- drugs and drug overdoses
- drug-induced brain injury
- drugs on the increase
- ecstasy, crack, and easy access to marijuana
- fetal alcohol spectrum disorder
- marijuana may be laced with hard drugs
- psychosis caused by drug use

Depression¹

The Consensus Statement (October 17, 2008), reported on the Mental Health Commission website, describes depression as being extremely common and worldwide. It has impacts that stretch to family members, co-workers and communities.

Symptoms of depression include feelings of:

- long-lasting sadness
- anxiety
- emptiness
- pessimism
- guilt
- hopelessness
- helplessness
- worthlessness
- irritability

People with depression may also experience an inability to feel pleasure, a loss of interest in sex, a lack of energy and enthusiasm, disturbed sleep, changes in appetite and/or thoughts of suicide.

Depression is a condition that varies in severity. It may be mild, moderate, or severe and it can happen once or can be reoccurring.

More women than men experience depression. Depression often goes along with other medical illnesses. For some people, depression may be accompanied by harmful drug or alcohol use.²

Words used to describe and related to depression include:

- anxiety
- inability to “flourish”
- grieving
- wanting change but don’t know how to change
- grief related to chronic illness diagnosis
- feelings of shame
- suicidal
- depression/anxiety
- Elders and isolation
- anger issues
- emotional distress
- people dealing with cancer – lots of cancer, and dealing with chronic illnesses like diabetes

The mental health survey conducted by Duu Chuu Management revealed that the symptoms of depression amongst Yukon First Nations people appear across all age groups from children suffering anxiety, to youth and adults facing issues of alcohol and drug abuse to reports of Elders feeling isolated and lonely.

¹ Information in this section is cited from *Mental Wellness Toolkit for Front Line Workers*, Duu Chuu Management 2010

² Information cited from the Consensus Statement document found on line. [http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/MHCC%20Annual%20Report%20English%20\(LR\).pdf](http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/MHCC%20Annual%20Report%20English%20(LR).pdf)

Concurrent Disorders

Yukon First Nations Health and Social Departments have long spoken of the connection between mental health and substance use. The December 2009 Canadian Centre on Substance Abuse report identifies that the occurrence of these two disorders – *concurrent disorders* - is a significant health issue in Canada. It also goes on to state that individuals seeking treatment for addictions often have a mental illness (CCSA, 2010).

Concurrent disorders occur when two or more illnesses co-occur in the same person. Co-occurring substance abuse disorders and mental health conditions can become even more complex when the person is also living with Fetal Alcohol Spectrum Disorder (FASD) or another brain-based disability. The effect on family members and the community is often significant.

Many of the front line agencies in Yukon that advocate for the needs of their clients report that mental health services do not co-treat the concurrent disorders but rather focus on either substance abuse services or mental health services.

The CCSA reports the following on the issue of concurrent disorders (*news release on Issues of Substance Abuse conference 2009*):

- It is estimated that up to 50 percent of those with substance abuse issues will also have a mental illness.
- Problems with impulse-control have been found to be the single strongest predictor of future substance abuse.
- People with anxiety disorders are at a two to five times greater risk of having a problem with drugs or alcohol.
- Risk of substance abuse is at least double for those with major depressive disorders.
- Over 50 percent of adolescent patients seen in psychiatric clinics use substances.
- People with schizophrenia are almost five times more likely to have substance abuse problems than people without mental disorders.
- The risk of schizophrenia in high users of Cannabis (marijuana) is six times higher than in non-users.

Fetal Alcohol Spectrum Disorder (FASD)³

Fetal Alcohol Spectrum Disorder (FASD) describes a range of disabilities that may affect people whose mothers drank alcohol while they were pregnant. FASD can affect several domains of brain function including executive functions, memory, motor, sensory, language, social communication and adaptation that manifest themselves as learning and/or behavioral difficulties throughout the childhood and adult life of a person with FASD (*Chutley et al, 2005*). This impact on brain function can affect the way a person is able to cope with home life, friends, school and community.

Streissguth et al (1996) described the secondary disabilities associated with FASD in their groundbreaking study of 1996. The most common secondary disabilities were mental health conditions (*Streissguth et al, 1996*). These resulted in disrupted school experiences, trouble with the law, and confinement in prison as an inpatient in mental health facilities or as an inpatient in an alcohol and drug treatment program.

Secondary conditions also manifest as inappropriate sexual behaviour and alcohol and drug problems. The urgency of early interventions and treatment services is further supported in the recent research showing mental health as both a primary and secondary disability of FASD (*Astley, 2009; Weinberg, 2009*).

Streissguth et al also identified environmental protective factors that include a stable nurturing home, consistency in the household, not being a victim of violence, access to development disabilities services and having a diagnosis before six years of age.

Protective Factors

- Living in a nurturing home
- Having consistency in the household
- Not being a victim of violence
- Having access to development disabilities services
- Being diagnosed before six years of age

³ This section is cited from *Mental Wellness Toolkit for Front Line Workers*, Duu Chuu Management 2010

Psychiatric conditions found most frequently in children with FASD include:

- Attention Deficit Hyperactive Disorder (ADHD)
- Conduct Disorder
- Oppositional Defiant Disorder
- depressive disorders
- anxiety disorders
- panic disorders
- increased suicide rates
- specific phobias
- substance abuse disorders

Conditions that occur less frequently include schizophrenia, autism and bipolar disorder (Freyer et al, 2007; O'Connor, 2006; Nash et al, 2006). Mental health disorders arise from complex interactions of factors including biological, genetic, socio-economic, environmental, and psychological factors (Mental Health Commission, 2009). These factors interact with the underlying neurodevelopment deficits of individuals with FASD to create a complex co-morbidity of disability and mental health conditions.

The enormity of FASD and mental health conditions often results in overlooking the whole child who has strengths and gifts as well as challenges. Focusing on the negative can contribute to increased feelings of low self-esteem and isolation.

The following is a positive list of FASD behaviors, as seen from a nurturing family perspective:

- willingness and wanting to please
- easily letting go of hard feelings towards someone
- ability to pay attention when distractions are removed and environments are properly structured
- ability to focus better at certain times of the day or under certain conditions such as being fed or after exercise (which means that attention problems may come and go)
- often excelling in the kinds of hands-on or kinesthetic learning that takes place in traditional communal activities and where communication is less based on language (Warner, K, White Crow Village personal communication, March 2009).

Further information on FASD can be found at the website: <http://www.phac-aspc.gc.ca/fasd-etcaf/fag-eng.php> or call FASSY at 867-393-4948 for local support and resources.

Children's Mental Health

In the survey conducted by Duu Chuu Management in 2009, Whitehorse agency workers reported mental health issues specific to Yukon First Nation children (five years and under) included:

- anxiety
- attachment disorders
- behavioral problems
- complex problems
- attention difficulties.

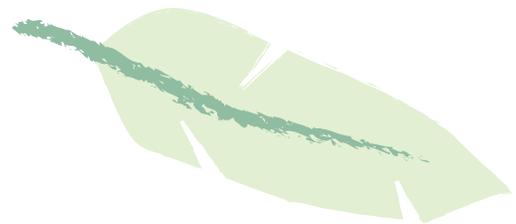
Yukon First Nation front line workers reported the following issues for children and youth (all ages):

- FASD
- unresolved childhood trauma
- child mental health conditions
- “lost” children who wander around after school appearing that they don’t want to go home; emotionally lost

These findings are significant in showing that many First Nation young children are stressed from living very complicated lives. The need for early intervention is demonstrated in the report *Out of the Shadows* (Kirby & Keon, 2006) which recognized that most mental health disorders amongst adults began in childhood. Unfortunately, services are often fragmented and underfunded.

The importance of health and development in this age group has also been recognized in the wisdom of Elders. First Nation Elders talk of how families and communities traditionally came together to meet the needs of their children. Each member of the family has a role to play in raising the children. Within the community, the roles and responsibilities of family members extend to all the children in the community. Elders teach that “it takes a community to raise a child.”

Scientific research has also made clear this saying, stating that children need good nutrition, nurturing and a safe and consistent environment, sleep, daily routine, stimulation and play for the development of a healthy brain and the foundation for good mental wellness.



Underlying Causes and the Determinants of Health

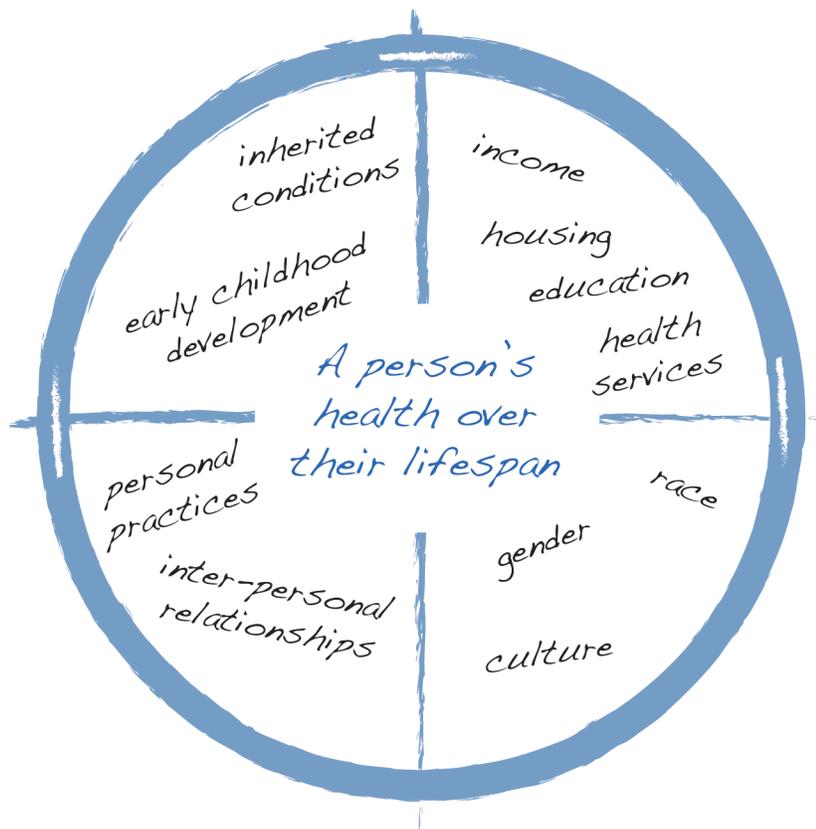
A mental health and wellness approach recognizes that many social and health factors (determinants) contribute to a person's mental health and that issues like violence or addictions cannot be separated and seen as distinct or be dealt with in isolation. In a mental wellness approach they are seen as symptoms. Determinants of health (e.g. housing, social supports, etc.) have impacts on mental wellness.

Inuit Mental Wellness Action Plan 2007

In the survey conducted by Duu Chuu Management (2010), the most frequently found underlying conditions impacting mental wellness among Yukon First Nations were:

- Housing
- Poverty
- Residential school experience
- Cultural disconnectedness
- Racism
- Homelessness
- Safety

These underlying conditions affect how an individual copes with relationships, trauma, disabilities and other illnesses. The underlying conditions identified by Yukon First Nation workers mirror the determinants of health, contributing to the validation of Yukon First Nation calls to address mental wellness.



Underlying causes that prevent access to care or contribute to a lack of mental wellness:

Housing and supported living

- Scarcity of housing in Whitehorse and other communities
- Overcrowding, lack of supported living accommodations and affordable housing
- Homelessness

Poverty

- Poverty and the lack of housing, food security and transportation

Residential school experience

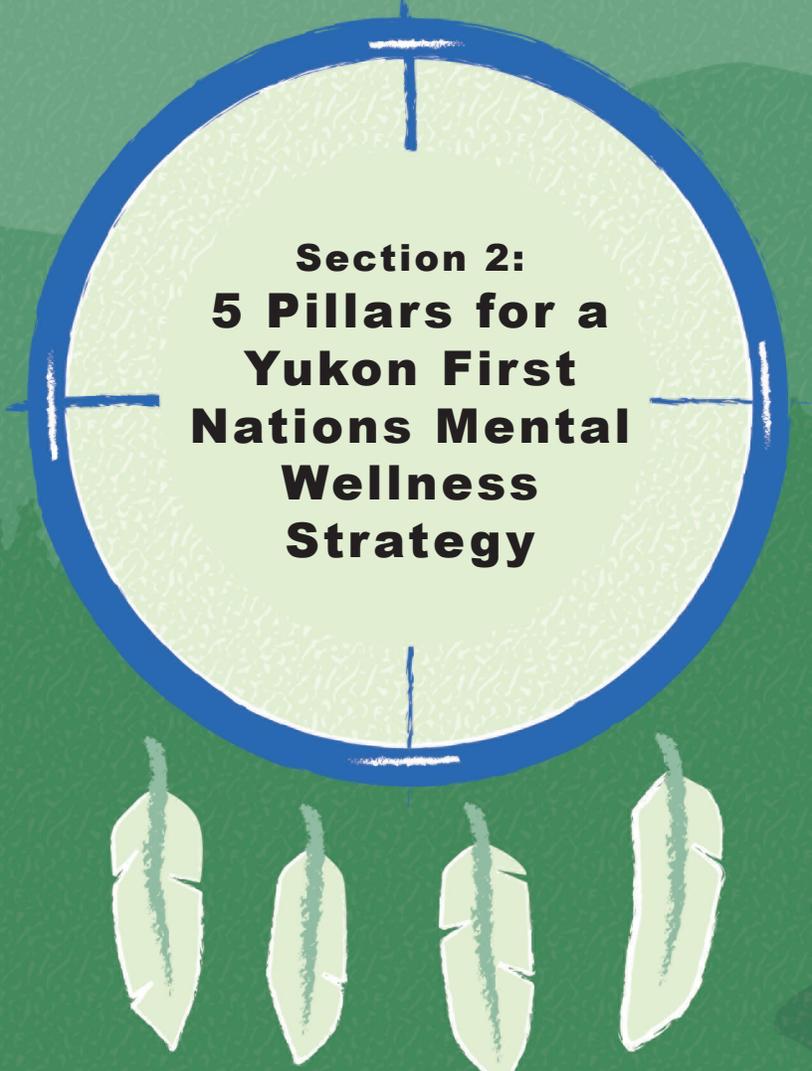
- Trauma and impact from residential schools on individuals, their families and their communities
- Unresolved issues and lasting damage
- Intergenerational trauma

Cultural disconnect

- Racism, loss of land and resources and the disconnect from culture

Stigma

- The stigma and atmosphere of shame and blame associated with mental health issues
- Individuals and families have difficulty in coming to terms with the possibility of a mental illness
- Fear of being labeled with a mental illness
- Stigma associated with having FASD



**Section 2:
5 Pillars for a
Yukon First
Nations Mental
Wellness
Strategy**

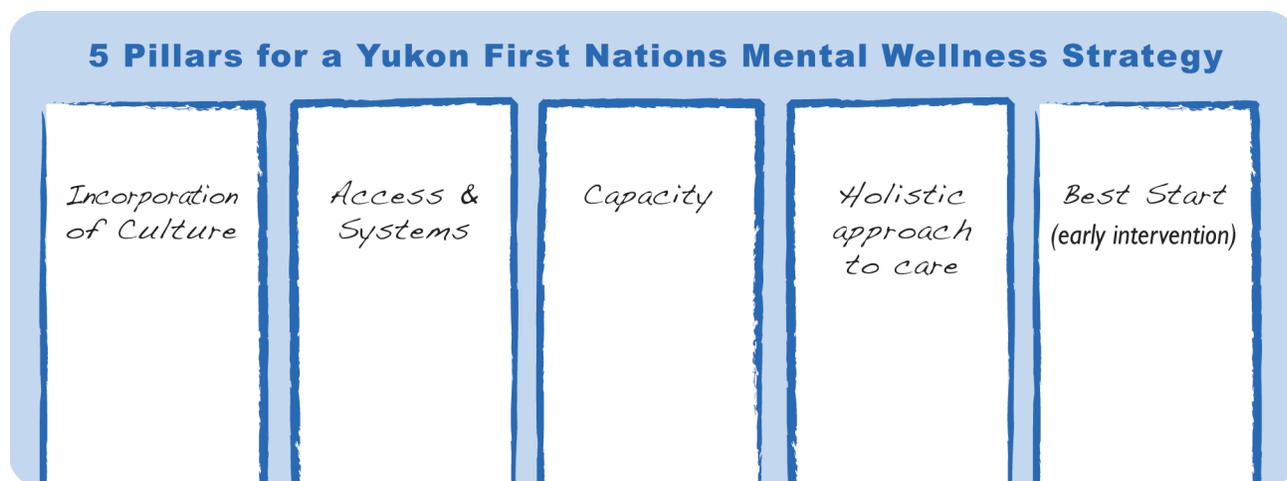
5 Pillars for a Yukon First Nations Mental Wellness Strategy

Section Objective: Five pillars for a strategy are presented along with “Good Ideas” that Yukon First Nation Health and Social staff shared. This information can be used in the planning process or proposal writing.

Several key themes emerged during the interviews conducted by Duu Chuu Management (2010) with Yukon First Nation front line workers and Whitehorse agency workers. Some of these themes are consistent with other work that has been completed through AHTF, including the *Community Health Scan* (CYFN, February 2010) and the report *Improving Access to Health Services for Yukon First Nations* (Mullett, March 2010). Both reports, among others, can be obtained through the CYFN Health and Social Development Department.

In Section 4, a framework for an action plan has been developed along with step-by-step instructions on how to complete an action plan. The following information can inform the plan or a planning process to be undertaken by a First Nation or the Health and Social Development Commission.

The following five themes can be used as pillars for a mental wellness strategy or wellness plan. To support the development of a strategy or wellness plan, information is provided on each theme/pillar. The key issues and “Suggested Good Ideas” in this section were identified by service agencies and First Nation survey participants taken from the *Mental Wellness Toolkit for Front Line Workers* (Duu Chuu, 2010).



INCORPORATION OF CULTURE

“A lot of the time First Nations hesitate because of trust.” (Survey participant)

“People who work in this field don’t understand First Nations protocols, our ways, our history.” (Survey participant)

A culturally safe practice is a concept first identified by the Maori nurses of New Zealand. These nurses expanded the concept of cultural sensitivity in nursing to one that describes a relational practice in health that recognizes the role of culture, history, economics and politics in the provision of care. Cultural safety requires that the care provider consider the influence of his/her own culture, and the culture of the workplace on their relational practice to promote respect and dignity for Aboriginal clients (Smye and Brown 2005; Van Bibber 1997).

Cultural competency and sensitivity is defined as “a human relational capacity to seek and find compassionate understanding within, between and among people of differing cultural background and perspectives” (Hanson, 2009).

Mental health and addiction services in Whitehorse offer few specific services with a cultural focus, in an effort to ensure that all recipients receive equal service (Duu Chuu, 2010). Cultural awareness and cultural competency are a first step in the provision of culturally sensitive mental wellness services. Cultural safety is an important foundation to provide equal services to promote mental wellness and to address mental health conditions of Yukon First Nations.

Key findings (Gaps and Barriers)

- Lack of First Nations cultural programming
- Lack of First Nations staff in mental wellness services and programs
- Many non-First Nations workers have not received specific training in Yukon First Nations’ culture
- Yukon Government offers a week-long orientation/training on land claims and Yukon First Nations culture but enrollment is often limited due to lack of space
- Native Studies are not offered in Yukon schools or college
- Lack of culturally safe services that allow First Nation individuals to address identity issues
- Misunderstanding of Mental Health Act and guidelines regarding involvement of traditional healers, Elders or First Nations teachers in supporting and working with clients with diagnosed mental conditions
- Few hospital staff have specific mental health training
- Lack of cultural sensitivity when receiving services at the hospital
- Trust (or lack there of) is an issue

Suggested “Good Ideas” towards the incorporation of culture

- Use the medicine wheel to provide a holistic, wellness-oriented approach that is in keeping with Yukon First Nations culture
- Use the four components to a wellness model: belonging, independence, generosity and mastery in programming and planning
- Support on-the-land activities including harvest camps, moose hide tanning camps, survival camps, art taught by Elders, berry picking, jam making, vest making and quilt making
- Use storytelling as a means of increasing overall mental wellness
- The Tr’ondëk Hwëch’in, with help from the Aboriginal Healing Foundation, created *Finding Our Way Home* (Tr’ëshuhch’in Năwtr’udăh’a), which documents the journey of residential school survivors living in Dawson City
- Traditional language classes that support individuals and communities to build, restore, and revitalize language-based, holistic mental wellness knowledge
- Incorporating Yukon First Nations culture such as potlatches, drum making, culture camps and assisting children and youth programming to connect with culture as a means of promoting mental wellness
- Use teleconference (or telehealth) to connect citizens who are in hospital, in Whitehorse Correctional Centre or in Whitehorse for other services with Elders and family
- Host a gathering of residential school survivors
- Get people on social assistance on-the-land
- Include the importance of visiting, keeping busy and keeping active; doing traditional food preserving like canning in Elder wellness promotion
- Promote family responsibility to look after sick relatives
- Understand and practice traditional knowledge (i.e.) how to conduct oneself on-the-land, document and teach about protocols on-the-land
- Include walking as a traditional practice
- Link modern day on-the-land activities such as going out on a snowmobile with traditional activities
- Canoe journeys
- Gatherings, like a pow wow
- Big gatherings like the old Yukon Indian Days
- Singing and dance groups – examples, Carcross/Tagish First Nation and Champagne and Aishihik First Nation

ACCESS & SYSTEMS

A theme that emerged from the *Mental Wellness Toolkit for Frontline Workers* (Duu Chuu, 2010) focused on the delivery of services and access to services. Based on survey interviews, the research identified that current services focus on treating the individual's symptoms, rather than the whole person (Duu Chuu, 2010). As a result, Yukon First Nation citizens are not receiving the care they need and are consequently falling through the gaps.

Another theme that emerged was a lack of mental health services in rural Yukon communities. This has implications on First Nations living in rural Yukon trying to access effective, efficient and appropriate mental health services (Duu Chuu, 2010). It was also noted that mental wellness service providers and agencies traveling to the communities have a mandate which may compromise their ability to respond to the needs of the community or individual in a flexible manner. (Mullett et al, 2010).

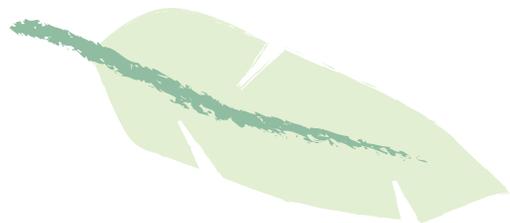
Improving Access to Health Services for Yukon First Nations (Mullett et al, 2010) identified that First Nations living in small communities have difficulty getting appointments with health care providers which is mitigated by the lack of flexibility in hours of services. Another issue identified in that report is the lack of continuity in care providers.

Key Findings (Gaps and Barriers)

- Few services travel to communities
- Often the counsellor or therapist is not the same person from a previous visit
- Accessing Whitehorse agencies can be an issue due to transportation costs, weather and road conditions
- Yukon First Nations' health and social departments are required to travel with clients into town, taking up much of the work week
- There are long wait lists to access services
- Detox services are only available in Whitehorse
- Ten beds at Detox are not enough
- Treatment centres have a sobriety requirement that is difficult to achieve
- Access to Aboriginal treatment centres in British Columbia or Alberta is dependent on wait lists, travel funds, childcare and other financial considerations
- The absence of an emergency mental health crisis team appears to result in increased use of hospital, police and ambulance services
- Lack of services for residential school survivors and families
- More services for palliative care are needed
- Lack of men's mental health services
- Mental health services are at the Whitehorse Correctional Center
- Lack of dignity in receiving services and support, such as social assistance
- Lack of mental health services for individuals with FASD

Key findings (Gaps and Barriers) continued...

- Some people are released from jail without a care plan
- Diagnosis of mental health disorder may be stigmatizing and further disempowering for people
- Some agencies have numerous 'hoops' and criteria for clients that make access to service difficult
- Long wait list to see the psychiatrist
- Client-centred approach, professional requirements for consent and confidentiality may create barriers for agencies to work together
- Addiction services need to consider the mental health aspects of the individual
- Mental health services need to work closely with addiction services to develop a coordinated plan for each client



Suggested “Good Ideas” to address access to services

- A tag-team approach by Yukon Government services and non-government agencies could support program and service delivery to Yukon communities
- Providers and services use case management to work together with one client
- Team approaches that use nonjudgmental attitudes, cultural safety, includes role models or peer mentors and works with the client’s family and community
- A community-driven approach to addressing a crisis
- *“We use a triage approach giving most prompt attention to priority clients; we assign resources and staff accordingly. For example, we assigned three people to work with one client to find housing and safe home for babies. They worked with nurses and RCMP.” (Survey participant, 2010)*
- First Nations on Vancouver Island use Aboriginal Community-Based Response Teams which are based in communities and are comprised of Aboriginal responders. They are familiar with community members, trained in mental health assessment and support and are able to respond in an immediate fashion to emerging and critical mental health needs.
- Develop a mental health assessment for the client
- Provide an easy reference on how to cope and live with mental health and substance abuse issues for families, extended families and friends of people with mental health issues
- Suggest that counselling services ensure that visiting counsellors remain consistent so as to build a trusting relationship with people in the rural communities
- Suggest building one big territory treatment centre and change the name from treatment to something other (to avoid stigmatization)
- Provide a place to go to stabilize and support people dealing with addictions
- Let people know who to call or where to go for trauma counselling when there is crisis such as a sudden death or life threatening injury in the community
- Offer therapeutic support for citizens from people who do not live in the same community
- Find an easy way to promote mental wellness through community events, such as lunch at the community hall
- Bring messages of health promotion to community events such as holiday gatherings and dinners
- Provide education and training to relearn or learn a career or job skill
- Ask Many Rivers Counselling and Support Services or the First Nation to host workshops on mental wellness
- Support is needed to deal with common experience compensation
- Provide treatment for grief and loss
- Provide treatment for abandonment
- Develop a memorandum of understanding on roles and responsibilities of all the players involved in supporting the client

CAPACITY

Capacity includes worker self-care, funding, and training. Worker overload was a consistent theme identified in the survey of community workers (*Duu Chuu, 2010*). One survey participant said, “We are so busy, it is like a blur.”

Worker burnout is the result of running out of both physical and psychological resources which result in feeling overwhelmed and unable to meet the constant demands of the workplace. Lack of ongoing supervision and access to professional support to debrief with and assist with case management was identified as an underlying cause. (Metamorphosis, 2010)

Some of the community workers stated they debrief on a regular basis with other team members, however not all communities are able to carry out this practice. The need for supervision, support and basic and ongoing training could contribute to creating a healthy workplace and building capacity (*Duu Chuu, 2010*).

Training has been identified as a means to support capacity in Yukon First Nation Health and Social Departments. *The Community Health Scan (CYFN, 2010)* and *Situational Analysis of Yukon First Nation Health and Social Department Workplace Realities (CYFN, 2010)* both identified that front line workers need or desire further educational or professional development to meet their job requirements. Community front line workers spoke of the need for training on mental health conditions. One method would be to develop a well developed approach to on-going training.

Whitehorse agency workers identified the lack of available training on cultural safety. The lack of cultural training is echoed in *Improving Access to Health Services for Yukon First Nations (Mullett, 2010)*.

Another issue that addresses capacity in Yukon First Nation Health and Social Departments is funding. Underfunding of culturally safe programs and services limit agencies and First Nations from providing holistic and culturally safe approaches to programs.

Key issues (Gaps and Barriers)

- Staff are overtaxed creating burnout
- Onerous reporting requirements by funders force agencies to shift their energies away from the complex needs of clients to the administrative needs of funders
- A mental health services compendium is needed
- Chief and Council and Elders need healing and traditional teachings
- Training in basic and advanced counselling is required
- Staff training in mental health disorders is needed
- Need First Nation psychologists and a clinical counselling team
- Need for Yukon Government staff to understand First Nation and client history
- Training in time management, budgeting and life skills are needed
- Need for greater understanding of concurrent disorders (*addictions/mental health*), conditions and treatment protocols
- Lack of staff supervision in case management

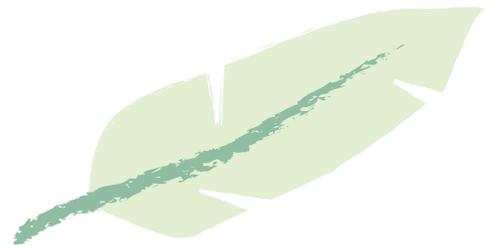
Suggested “Good Ideas” to address capacity issues

- Collaborate with high schools, Department of Justice and other agencies
- Provide training that includes signs, symptoms and root causes, best practices for intervention and treatment for the various conditions
- Offer Mental Health First Aid training
- Develop a Community-Based Response Team approach that could be linked by teleconferencing or telehealth to service providers in Whitehorse
- Use technology to support and facilitate cultural healing and wellness
- Have an Elder-in-residence as a way of increasing cultural safety for Yukon First Nations clients and staff
- Host regular weekly team/staff debriefings
- Be clear with other team members and themselves when they need to back away from providing services to certain clients and trusting that the team member can take over
- Host regular team conferencing to support a team approach
- Host training and orientation for leadership on the issues of health matters
- Collaborate and work with other departments of the First Nation government including economic development and self government
- Offer Pursuit of Excellence life skills training
- Host team-building workshops and retreats with the staff where everyone can develop their own wellness plan
- Host retreats that include both continuing education and skill development as well as healthy treatments such as massage or other wellness treatments for the staff
- Suggest that Yukon First Nations and CYFN explore options to create the same level of support for employees as the Yukon government
- Find resources (\$) to support families to do family things such as recreation passes
- Provide support for families to become self sufficient through counselling, further education and employment opportunities
- Provide training in basic and advanced counselling
- Identify funding for workers who are afraid to work with someone with schizophrenia
- Develop a First Nation team of psychologists and clinical counsellors to avoid the long wait lists of private practitioners in Whitehorse
- Provide programming to meet the needs of survivors of residential schools
- Address the issues of turnover in Health and Social departments
- Clarify job descriptions
- Ask for support of Chief and Council and co-workers
- Offer team building workshops; retreats
- Develop a workplace wellness plan for front line workers

continued...

- Develop communication between justice and health departments in order to know who is going to court so the health department is able to support them
- Develop relationships between Yukon Government and Yukon First Nations to facilitate working together
- Collaborate with other departments and jurisdictions to promote job skills by job training
- Offer job shadowing and summer jobs to provide experience in different types of jobs for clients who have mental health conditions
- Share promising practices, i.e. sharing health and social policies among First Nations to support collaboration and working together

Section 5 outlines a framework to address vicarious trauma.



Reports such as The Community Health Scan (CYFN, 2010) and Improving Access to Health Services for Yukon First Nations (Mullett, March 2010) can be obtained through the CYFN Health and Social Development Department at 393-9200.

HOLISTIC APPROACH TO CARE

A holistic approach to care incorporates findings and promising practices from all the pillars/themes. It focuses on the need to look at mental wellness services and care through a perspective that addresses the person as a whole. A holistic approach would address the whole person and the underlying influences affecting their health rather than only focusing on treating an individual's illness. A holistic approach draws on the determinants of health outlined in Section I.

The need for services to support personal and cultural identity development is essential for First Nations individuals and communities where cultural identity has been actively attacked through historical activities, such as residential schools. Often, services provided through current service models are not adequately equipped to deal with or include support for identity issues. (Duu Chuu, 2010)

A holistic approach also includes the need to work collaboratively. Both Yukon First Nation front line workers and agency workers have identified gaps in working and communicating with one another. The survey conducted by Duu Chuu Management (2010) identified that communities would welcome the opportunity to collaborate and work alongside the partners who are providing services in their community.

One survey participant spoke about how wellness incorporates the whole picture in which everyone who is involved in an individual's well being should work together. There is a need for a holistic approach to intervening, supporting and treating individuals with mental, spiritual, emotional and physical challenges. "We need to be able to bridge all of the information and people involved together." (Survey participant, Duu Chuu, 2010).

Key Issues (Gaps and Barriers)

- Lack of land-based healing programs
- Services are not holistic and deal with parts of a person rather than the whole
- Health Canada Residential School (counselling) providers list does not include spiritual health help
- Health Canada Residential School (counselling) does not provide for out-of-territory care
- Lack of culturally-based alcohol or drug treatment programs in Yukon
- Collaboration takes time and resources and commitment from all the players
- Gaps in continuum of programs/services
- Referrals without follow-up/transitional support
- Mental Health Services are limited to those with diagnosed mental illnesses

Suggested “Good Ideas” for a holistic approach to care

- In keeping with a holistic approach to wellness, develop an integrated approach to service delivery
- Through the use of case conferencing, develop an action plan within Yukon First Nations that can be developed through weekly conferencing
- A team approach may address situations when working with clients with complex issues and may involve a number of service providers
- Integrate a holistic approach with contemporary forms of alcohol treatment with an on-the-land cultural healing component
- Access and promote the White Buffalo Program at the Whitehorse Correctional Centre
- Access and promote Gathering Power Workshops at the Whitehorse Correctional Centre
- Second Opinion Society
- Kwanlin Dun Wellness Program and Healing Centre
- First Nations Health Programs at Whitehorse General Hospital
- Aboriginal Head Start, Nobody’s Perfect Parenting Program
- No Fixed Address Outreach Van
- Art therapy programs, and Healing with Humour
- Dispute resolution training in the community
- Facilitate family meetings to assist and support family members to resolve issues
- Address issues of affordable and appropriate housing, including housing for people with disabilities
- Greenhouse project at Champagne and Aishihik First Nation uses therapeutic communication to promote mental wellness at the job site - the project assists clients to become more independent and productive
- Build life skills such as learning how to live a sober lifestyle; life skills for maintaining a home (how to use a washer and dryer, shop, cook nutritious meals, etc.)
- Incorporate sports and recreation into schools and community plans
- Educate people on the importance of exercise and brain function

Best Start (early intervention)

The survey conducted by Duu Chuu Management (2010) indicated that many First Nation young children are stressed from living very complicated lives. *Out of the Shadows* (Kirby and Keon, 2006) recognized that most mental health disorders amongst adults began in childhood. While experts call for early intervention for children and youth at all stages of their development to address the complex mental wellness issues, services are often fragmented, underfunded and lack the necessary complement of professionals (Duu Chuu, 2010).

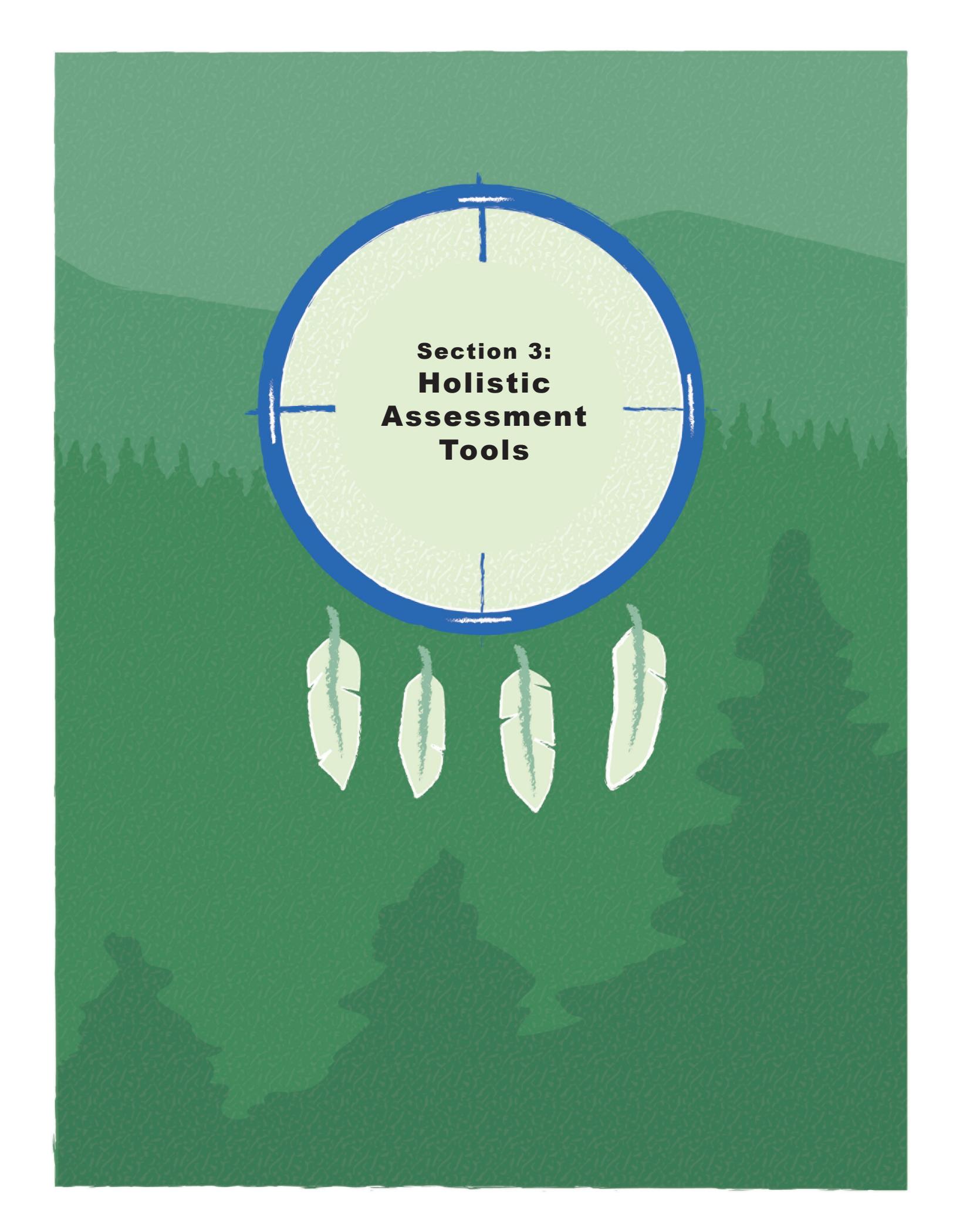
The importance of health and development in this age group is the foundation for lifelong health. This knowledge has been recognized not only by researchers but also in the wisdom of First Nation Elders who talk of how families and communities traditionally come together to meet the needs of their children. The Elders teach that “it takes a community to raise a child.” Each family member has a role to play in raising children. Similarly, the scientific research reveals that for a child to have good health, many variables need to be addressed including access to nutritious food, nurturing and a consistent environment, sleep and daily routine, stimulation and play for developing a healthy brain.

Key Issues

- FASD
- Unresolved childhood trauma
- “Lost” children who wander around after school, appearing that they don’t want to go home
- Lack of mental health support and programming both in Whitehorse and in communities for youth (15-24 years)
- Lack of youth support groups
- Lack of a central First Nations body to support mental health services for youth
- Need for a family counselling program for First Nations parents
- Need for support for families
- Children are stressed from living complicated lives

Suggested “Good Ideas” for a Best Start

- Integrate and develop comprehensive programs and services for all children from conception to 19 years with the goal of getting the best possible start to life with age-appropriate mental health diagnostic and treatment services
- Programs that include prenatal education and support, parenting and family support, developmental programs, recreational and sports programs and youth programs
- Strengthen and support families to have the basics needed to raise a family
- Strengthen prenatal and child development support that build basic life skills from the beginning, including Aboriginal Head Start programs, Prenatal Nutrition Programs, etc. with a goal of supporting early child development from preconception to six years for every child
- Partner with parents, schools and recreation programs to ensure school age children are getting nutritious whole foods, exercise, regular sleep, cultural practices, relationship skills and nurturing home and good school environments
- Provide parenting education
- Through education opportunities including cultural practices, healthy activities, decision making skills, dispute resolution and communication skills, build youth life skills to support alternatives to substance abuse
- Provide treatment services for children, families, and individuals who have witnessed violence
- Mother Goose Program with Many Rivers Counselling and Support Services, Hannon Early Communication Program for early child development
- Child Development Centre outreach services to communities
- Bridging the Gap Program (www.qcl-bridgingthegap.org/Programs.htm) to assist children who fall through the gaps
- Aboriginal Head Start program helps children prepare for school (includes language and cultural programming)
- Provide youth education about drugs and alcohol use
- Nobody’s Perfect parenting courses
- Infant and children programming, eg. mom and tot activities and walks
- Teach young people about pregnancy and safe sex
- Establish an FASD mentor program for supporting moms and dads through pregnancy and for the first few years of parenting
- Modify the Skookum Jim Traditional Parenting Program by using Tlingit Elders in the program for Carcross/Tagish First Nation citizens
- Increase Child Development Centre support to include children in Kindergarten and Grade 1
- Pilot the Medicine Wheel Assessment Tools in the schools so that all children are screened for early intervention services if needed
- Educate teachers, social workers, and justice workers in understanding the many mental health needs of children, including children with an FASD



**Section 3:
Holistic
Assessment
Tools**

Holistic Assessment Tools

In this section, there are four tools - based on culturally-relevant priorities - that can help solve problems or determine a path of action to take.

The four tools provided are:

1. Individual and Family Framework
2. Community Assessment and Inventory Framework
3. Community Resource Map
4. Wellness Indicators

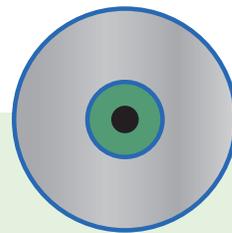
These four tools and their holistic perspective can help staff incorporate culture into their work and can also be applied to support the wellness of Yukon First Nation front line workers.

Based on the medicine wheel, the four tools can be used for:

- Individual and family support and assessment
- Community assessment and inventory
- Community resource mapping

“An aboriginal holistic perspective recognizes the interconnectedness of an individual’s health with community health. Programs that focus on the entire community can help marginalized individuals to become better integrated into the community.”

(Duu Chuu, 2010)



All of the following tools are also located on the attached disk as well as at the back of this workbook.

Tool 1 - Individual & Family Framework

This tool – the *Individual and Family Framework* - uses the medicine wheel to help assess balance, gaps and strengths for clients, staff and/or communities.

Suggested uses:

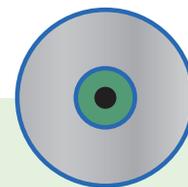
- **For individuals and families** - using a blank copy of the tool, have individuals fill out the four quadrants and then review which quadrants need more focus. This can support the identification of needed programming, services or other supports.
- **For staff** - use this tool for staff to identify areas in their workplace that need support or change. It can be used as an assessment tool or a professional development support tool.



It may be useful to have the individual or family bring back their completed framework and review its changes over time.

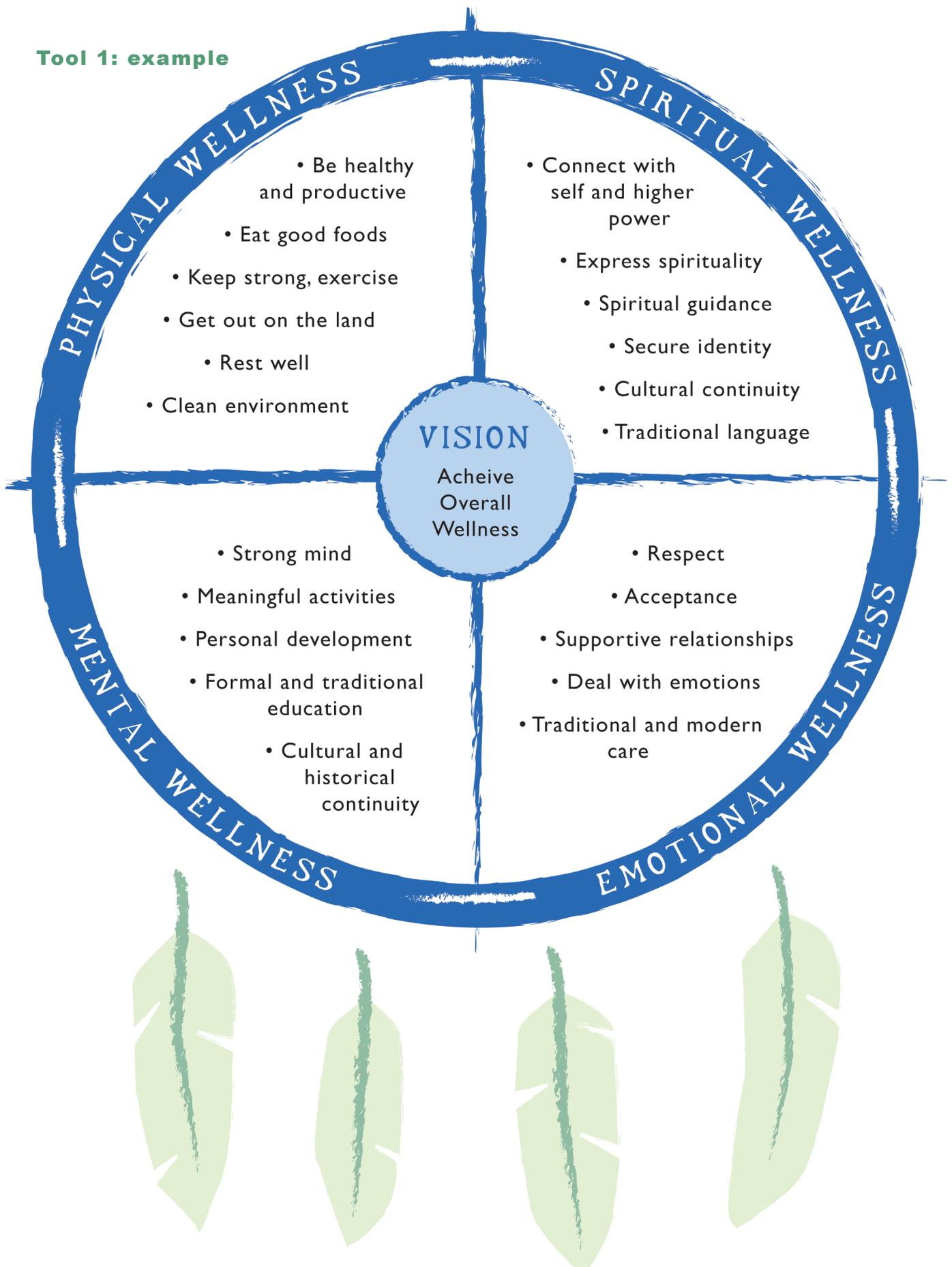


Have staff members revisit the framework after a determined amount of time to identify change.



The disk has 2 copies of this tool: one with writing in each of the quadrants and one with blank space for participants to fill out.

Tool 1: example



Tool 2 - Community Assessment & Inventory Framework

This tool was developed¹ to assist communities to assess what resources are available and those that are needed to be developed in communities to increase resiliency.

Examples how to use this tool are provided on the following pages.

Cultural resilience is a people's capacity to maintain and develop their cultural identity. It also includes a community's ability to develop critical cultural knowledge and practices.

Teen Suicide has been used as the example issue here.

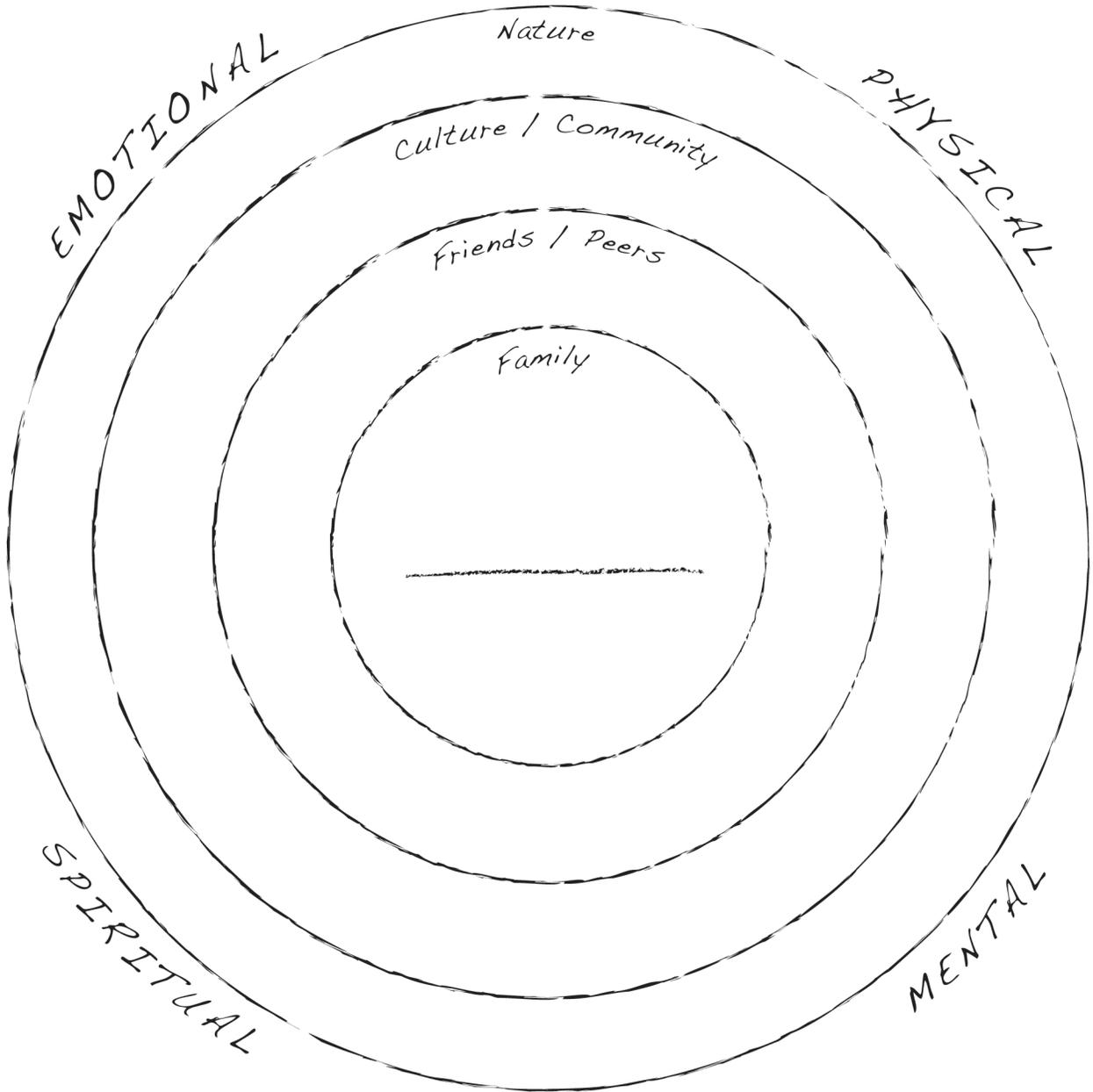
To use this tool, such as to facilitate a group meeting:

1. Draw four circles like the one on the following page on large or flip chart paper.
2. Identify an issue in your community to work on (*the example used here is Teen Suicide*). Then label each with one of four following focuses
 - Prevention
 - Crisis Management
 - Treatment
 - Aftercare
3. Using short words or phrases, list all of the past and present healing resources for each of the four focuses.

¹ Community Assessment and Inventory Framework developed by McCormick, Thira, Thira and Green

Tool 2:

*Draw this circle four times
and label each with one of the
four focuses. (prevention, crisis
management, treatment, aftercare)*



Tool 2 – Community Assessment and Inventory Framework

Step 1a – Identify past and present healing resources for your first focus.

In this example - used for a community trying to address the problem of teen suicide - the issue is teen suicide and the first circle you have drawn focuses on **Prevention**.

1. Write down all the past and present healing resources for **Prevention** that your group identifies.

eg. TEEN SUICIDE



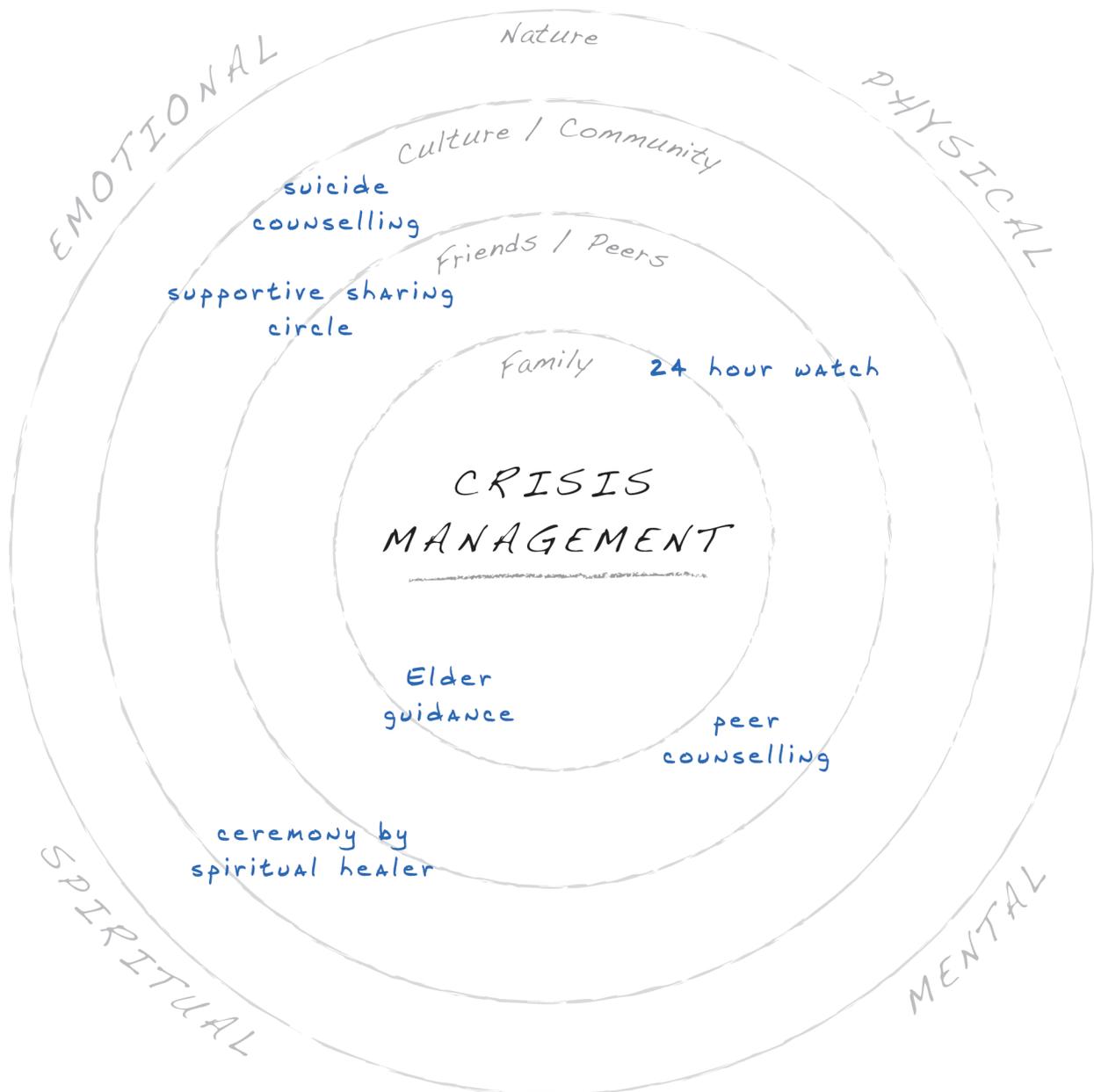
Tool 2 – Community Assessment and Inventory Framework

Step 1b – Identify past and present healing resources for your second focus.

In this example - used for a community trying to address the problem of teen suicide - the issue is teen suicide and the second circle you have drawn focuses on **Crisis Management**.

1. Write down all the past and present healing resources for **Crisis Management** that your group identifies.

eg. *TEEN SUICIDE*



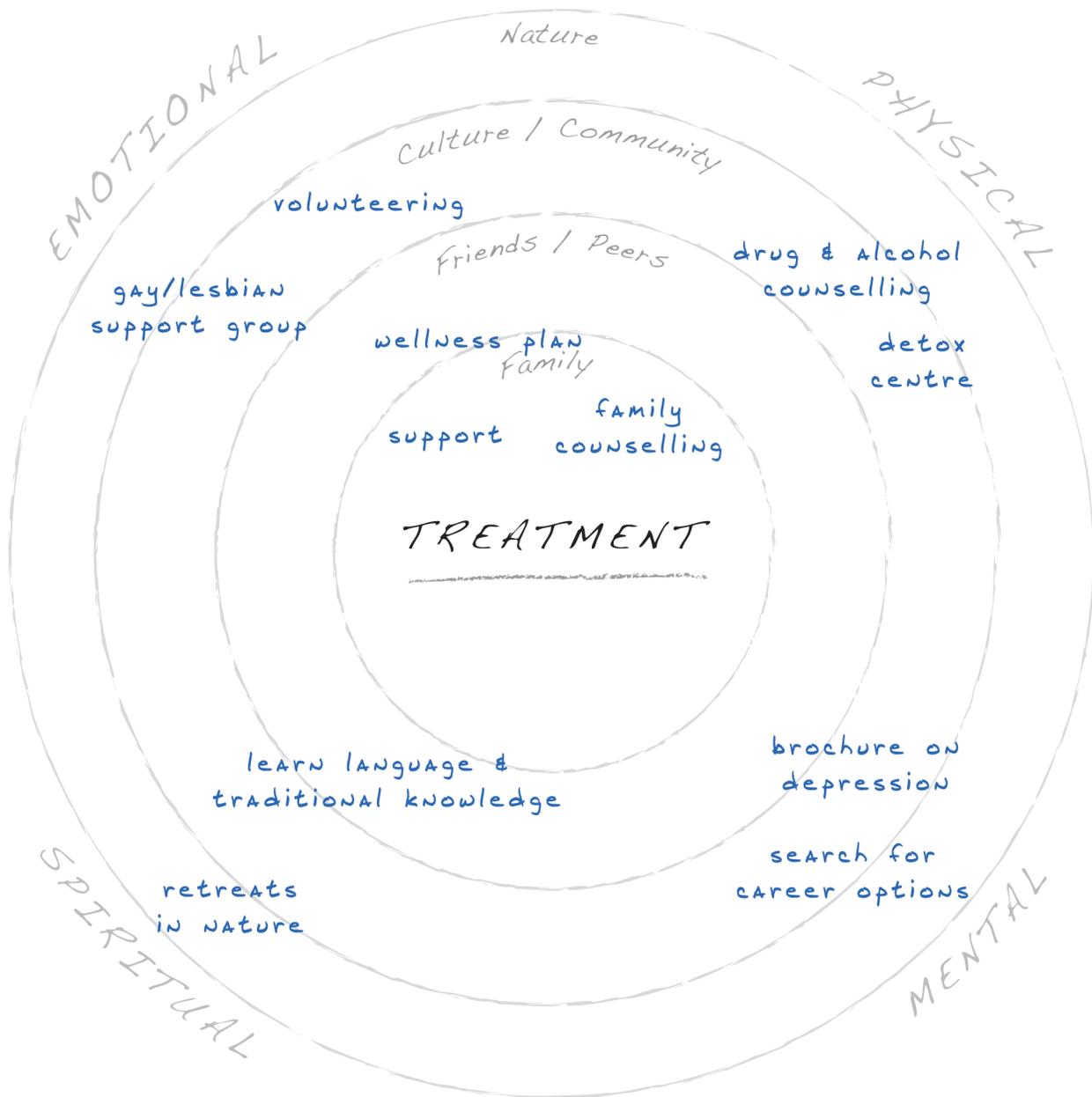
Tool 2 – Community Assessment and Inventory Framework

Step 1c – Identify past and present healing resources for your third focus.

In this example, the issue is teen suicide and the third circle you have drawn focuses on **Treatment**.

- 1. Write down all the past and present healing resources for **Treatment** that your group identifies.

eg. TEEN SUICIDE



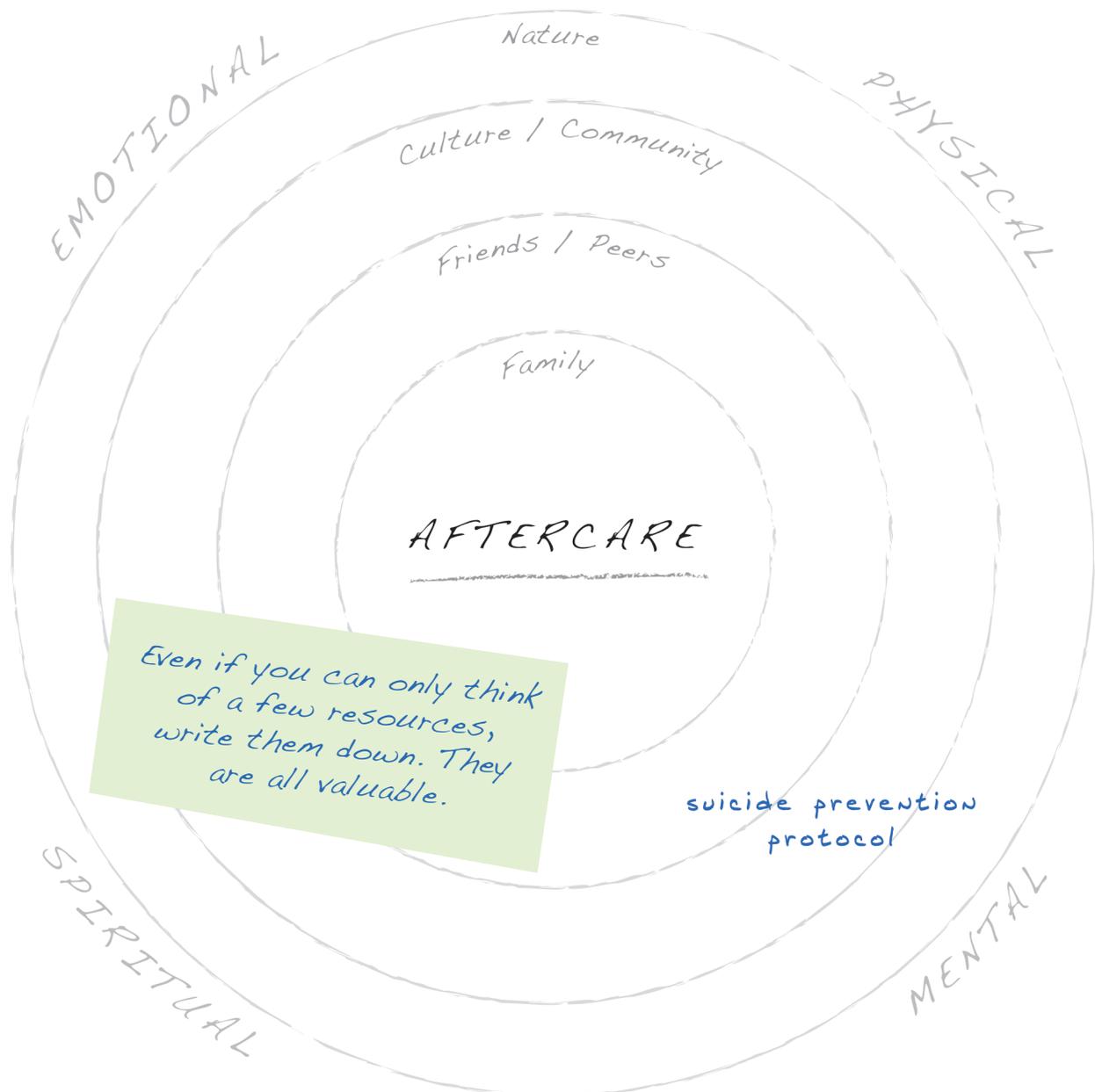
Tool 2 – Community Assessment and Inventory Framework

Step 1d – Identify past and present healing resources for your fourth focus.

In this example, the issue is teen suicide and the fourth circle you have drawn focuses on **Aftercare**.

1. Write down all the past and present healing resources for **Aftercare** that your group identifies.

eg. TEEN SUICIDE



Tool 2 – Community Assessment and Inventory Framework

Step 2 - Identify future resources

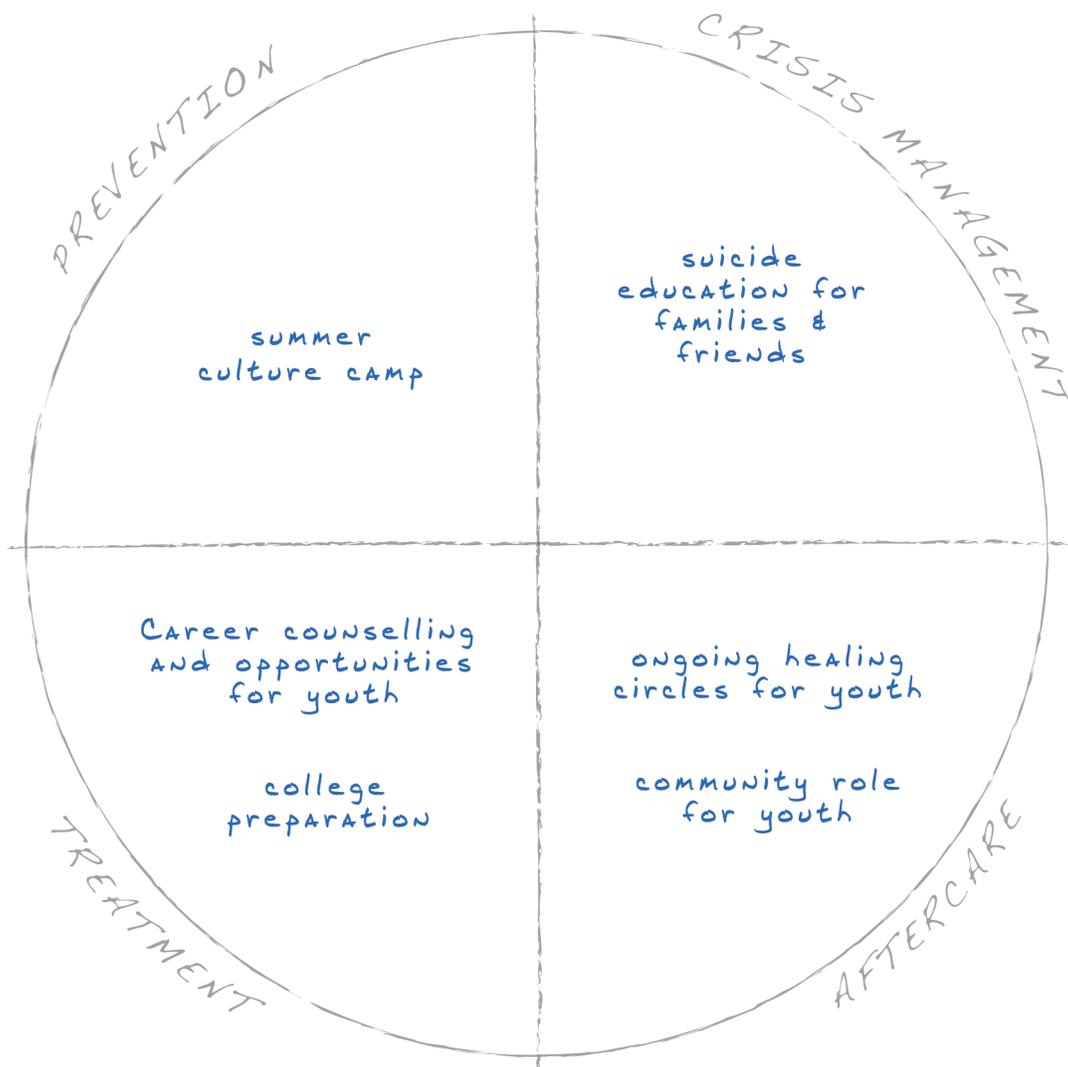
After reviewing your four circles from Step 1, it may become clear where the gaps in healing resources exist.

Using a diagram like the one provided below, have your group brainstorm existing and future resources you would like to develop.

This example uses teen suicide as the issue and addresses prevention, crisis management, treatment and aftercare.

Does your group see common themes emerging?

eg. TEEN SUICIDE



Tool 3 - Community Resource Map

This tool was developed by Darien Thira and can be found in the document “*The Community is the Medicine*” (located on the disk supplied with this workbook) and can be used to support individuals or communities in crisis.

The tool uses six interdependent parts within the four quadrants of the medicine wheel – Connection, Empowerment, Identity and Vision.

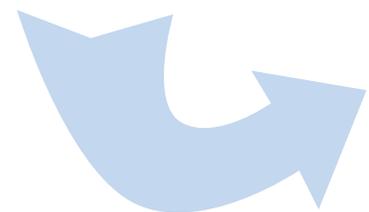
The six interdependent parts for you to explore are:

- Self
- Family
- Individual (youth and adults)
- Community services (available within your community)
- Community services (available outside your community)
- Nature

As you did with Tool 1 and Tool 2, fill in the four quadrants either as an individual or as a group to help determine strengths and gaps.



An expanded version of Tool 3 on the next page gives you examples of what sorts of things might fall under each quadrant or category.



Connection:

Self: belief in one’s self, hope, creativity, self-care, empathy, etc.

Family: love and support from family members

Individuals: friends, counsellor, coach, mentor, etc.

Community: healing workshops, social services, support groups, school, community programs, etc.

Outside community: crisis line, Internet, music, long-distance friends and family, etc.

Nature: sitting under a tree, walking along a river, etc.

Empowerment:

Self: self-discipline, experience, responsibility, strength, etc.

Family: family events, getting to know extended family, writing letter to removed children, etc.

Individuals: volunteer time with children or Elders, team sports, clubs, learning a skill, etc.

Community: volunteer, getting a haircut, attending support groups, taking a workshop, etc.

Outside community: writing to media, going for treatment, political activism, etc.

Nature: fishing, hiking, hunting, etc.

Identity:

Self: sense of self, helpful, caring, generous, etc.

Family: learning family history, taking on a positive family role, etc.

Individuals: being a role model, sober friend, helper, teacher, patient, etc.

Community: connecting to cultural and spiritual identity, volunteering, etc.

Outside community: national identity, aboriginal identity (world relationships), etc.

Nature: recognizing that one is an essential part of the universe

Vision:

Self: prayer, faith, meditation, etc.

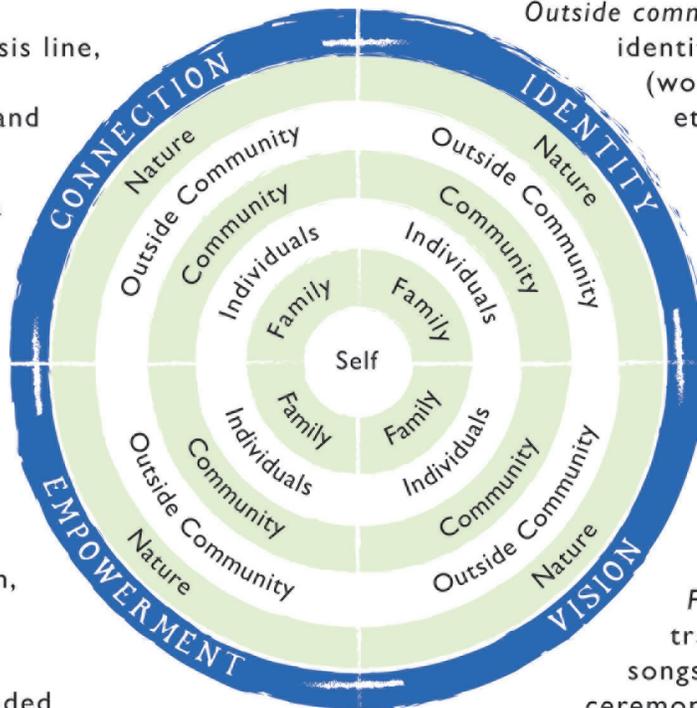
Family: learning traditional stories, songs, dances, ceremonies, etc.

Individuals: learning traditional songs, dances, ceremonies, etc.

Community: congregation, spiritually designated buildings, community ceremonies, spiritual role in the community, etc.

Outside community: inter-tribal ceremonies (pow-wows), social development initiatives, etc.

Nature: cleansing ceremonies, Spirit quest, sacred places, sweat lodges, walking around home territory, etc.



Tool 4 – Wellness Indicators

The following wellness indicators can be used to measure wellness in your community. Indicators are important as they provide a way to measure achievements.

The example list below comes from Yukon First Nation front line workers and the Whitehorse agencies who are working to support mental health in the Yukon.

How to use this list: Using a scale of 0 to 5, with 0 being the lowest or “worst” and 5 being the highest or “best”, rate the indicators that apply to your community.

COMMUNITY WELLNESS INDICATORS:

Social

- Safety in community
- Community gatherings and events without alcohol
- Families coming together and doing things together
- When the drinking stops

Economic

- Levels of employment
- Kinds of employment (*full time vs. seasonal*)
- Access to appropriate and affordable housing
- State of home and yard
- State of dogs (*how do the dogs look*)
- Level of education and training
- Resources for promoting wellness

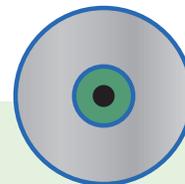
Revisit this list at least once a year to measure change in your community.

Political

- Leaders practicing tradition and culture
- People advocating for themselves and family
- Safety
- Awareness of root causes to mental health conditions by leaders and frontline workers
- A clear process to lead with mental health issues
- Proactive action on wellness

Cultural

- Ceremony and ritual
- Practice of traditions
- Dance/art
- Hunting/fishing/gathering practices



Templates for this tool can be found on the disk at the back of this workbook.

FAMILY WELLNESS INDICATORS:

Children

- ___ Appearing and sounding happy
- ___ Playing well with other children
- ___ Kindergarten ready (*able to sit and listen, play with other children*)
- ___ Absence of anxiety, feeling good about themselves
- ___ Child-centered family activities
- ___ Safety
- ___ Consistency of routine (*daily activities, sleep*)
- ___ Good nutrition
- ___ Traditional practices

Youth

- ___ Safety
- ___ Confidence
- ___ Active lifestyle (*diet, exercise*)
- ___ Individual measures of success
- ___ Basic needs being met
- ___ Friends
- ___ Participating in traditional and cultural practices
- ___ Knowledge of cultural heritage

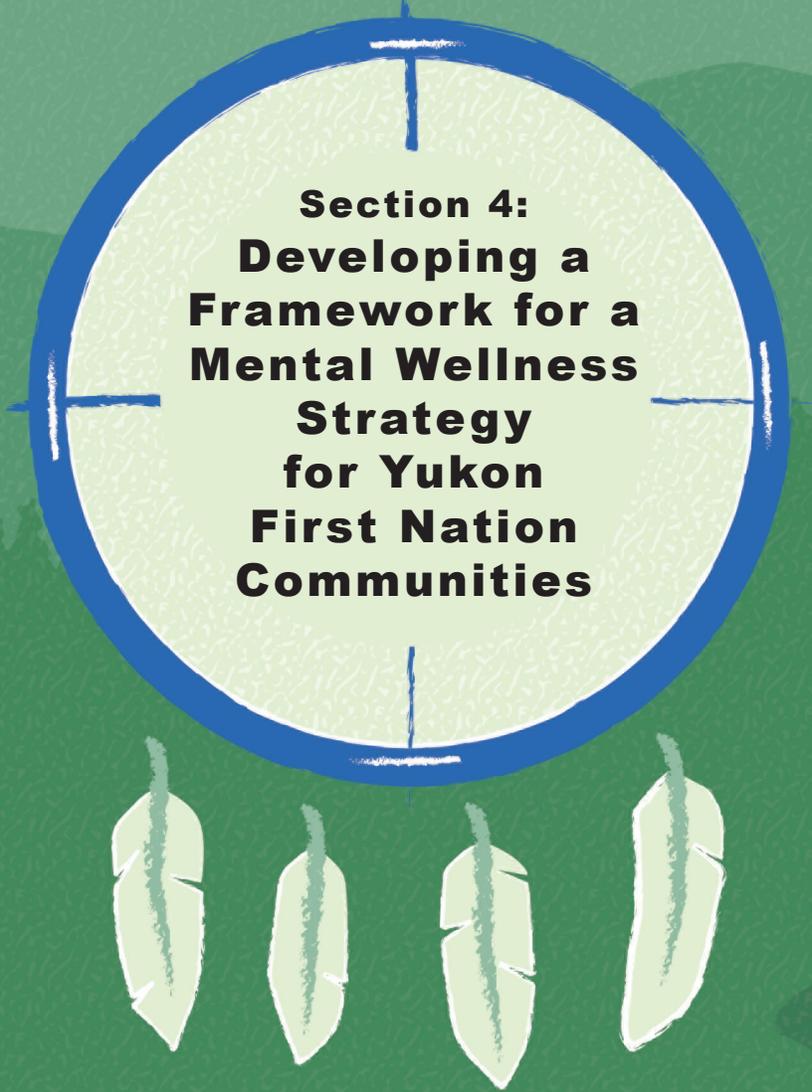
Adults

- ___ Balanced health (*social, emotional, physical and spiritual*)
- ___ Ability to move through a crisis
- ___ Active lifestyle
- ___ Being independent as far as a disability allows
- ___ Finding personal strengths and gifts
- ___ Stability
- ___ Safety
- ___ Positive outlook
- ___ Supportive of other family members

Elders

- ___ Safety
- ___ Socializing (*visiting*)
- ___ Telling their stories
- ___ Healthy active lifestyle
- ___ Traditional and cultural practices
- ___ Speaking traditional language

This information can be used when asked for indicators of success in a proposal, in developing a strategic plan and/or for a community wellness project.



**Section 4:
Developing a
Framework for a
Mental Wellness
Strategy
for Yukon
First Nation
Communities**

Developing a Framework for a Mental Wellness Strategy for Yukon First Nation Communities

Section Objective: The aim of this section is to offer a framework that Yukon First Nations can use to develop an action plan at the local, regional and/or territorial level.

A mental wellness strategy is intended to define the vision and strategic directions for the short and long term. The strategy should guide the development of a work plan that identifies:

- What actions must be taken?
- Who are the partners, who can help?
- Who takes the lead on the actions?
- How are actions moved forward?
- When will actions be completed?

A strategic framework can be further developed using a community development process. The steps to this process can include:

- **Document the current state of mental wellness in the community**

Suggested Activity - Use information provided in Sections 1 and 2 of this workbook. Host a community discussion to complement this information.

- **Identify the key priorities**

Suggested Activity – Prioritize information collected in Step 1 above. It is also useful to identify how priorities are decided upon.

- **Identify the vision**

Suggested Activity - Identify where the community wants to be in five years, 10 years or, it can extend as far as generations. Refer to the Wellness Indicators in Section 3.

- **Identify the guiding principles and values that can guide the process of development and the action plan**

Suggested Activity - Look at the list of guiding principles presented in this section as a starting place for discussion.

- **Develop an action plan outlining overall goals and steps to achieve those goals**

Suggested Activity – Determine a leader to develop a draft action plan based on the information gathered. Work in small groups and report back to the larger community.

- **Complete a strategic action framework**

A template for this framework is located on the following page.

EXAMPLE OF MENTAL WELLNESS FRAMEWORK

The following information is provided to support communities in developing a framework for mental wellness. Information pieces under each heading are only suggestions and are drawn from the *Mental Wellness Toolkit for Front Line Workers* (Duu Chuu, 2010).

Purpose

example

To develop a framework for a mental wellness strategy that Yukon First Nations can use to address barriers and promote healing and mental wellness based on the five pillars identified by Yukon First Nations.

The purpose states the intention of the framework. It can be as brief as one to three sentences.

Vision

Identifies the overarching goals of the strategy. "Where you want to be". There can be many statements in a strategy.

Examples:

- First Nation children today all have the best start to life, whether that child is in the womb, a newborn, a 5-year old, a 10 or 19-year old.
- Where people who have been wounded have a chance for healing their own child within.
- Where people of all ages have access to a healthy lifestyle, rich with traditional practice.
- Where all people have the peaceful enjoyment of their traditional lands and waters.
- Where governments, leaders, communities and families come together with a deep commitment to develop the programs, services and basic needs necessary to promote healing and wellness amongst individuals, families and communities.
- Where all the children of yesterday, today and tomorrow are strong and proud Yukon First Nations people.

Guiding Principles

Examples:

- Culture is healing, culture is wellness
- It takes the whole community
- A holistic and social-determinants approach to health and wellness
- Equal access to services no matter where in the Yukon a person lives or what health or social condition the person is living with
- Basic human needs are essential ingredients to mental wellness
- Understanding that brain-based physical disabilities need environmental accommodation - not behavior modification
- Leave no one behind
- Collaboration on service delivery
- Collaboration on basic human needs
- Chiefs and health leaders working together
- Care for the care-giver

The guiding principles are the broad philosophies behind the framework that can suit many strategies, goals or program outcomes. This is an example list of guiding principles.

Goals are the measurable accomplishments that you hope to achieve through the framework. Goals can be drawn from the five pillars for mental wellness described in Section 2 or as follows:

Identify Goals

Culture Integrate Yukon First Nation cultural practices and cultural safety into programming and services.

Access and Systems Address gaps in services as a result of centralized programs and other issues of access.

Capacity Create the needed capacity for a new system of addressing mental health conditions and the promotion of mental wellness through collaboration of partners.

Holistic Approach Adapt the system to address mental health and the co-occurrence of substance abuse. Incorporate looking at individuals as whole.

Children & Youth Integrate and develop comprehensive programs and services for all children from conception to 19 years with the goal of getting the best possible start to life. Some of the possible ways to ensure a best start include age-appropriate mental health diagnostic and treatment services and programs including prenatal education and support, parenting and family support, developmental programs, recreational and sports programs and youth programs.

Identify Strategies

Strategies are the action plans or the specific initiatives proposed to achieve the intended goal.

See the Section 2 Suggested Good Ideas for ideas to complete this section.

Identification of Outcomes

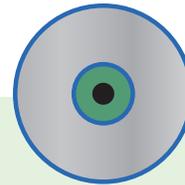
Outcomes are the changes you hope to achieve through the framework, goals and activities.

Section 3 provides a list of indicators that can be used to help identify outcomes.

It may be useful to divide the outcomes into the following:
Short Term - what can happen from today to two years
Mid Term - what are the outcomes in two to five years
Long Term - what are the outcomes in six or more years

Create an Action Plan

See the template on the following page.



This template is also found in a digital format on the disk located at the back of this workbook.

EXAMPLE OF ACTION PLAN FOR MENTAL WELLNESS

The following template can be adapted for every pillar.

Goal 1. Integrate Yukon First Nation cultural practice and cultural safety into programming and services.

• **Strategy:** Develop and implement culturally safe practice standards with the goal of serving clients in a manner that promotes a sense of respect and dignity for the client and their family.

Time Frame (___ short, mid, ___ long term) **Who leads** _____

Action Steps: **Indicators:** *(How will we know we have succeeded?)*

• **Strategy:** Develop programs for promoting wellness and healing mental health conditions using on-the-land cultural programming.

Time Frame (___ short, ___ mid, long term) **Who leads** _____

Action Steps: **Indicators:**

Goal 2. All children get the best possible start to life

• **Strategy:** Strengthen and support families to have the basics (human and cultural) needed to raise a family.

Time Frame (___short, ___ mid, long term) **Who leads** _____

Action Steps:

Indicators:

_____	_____
_____	_____
_____	_____

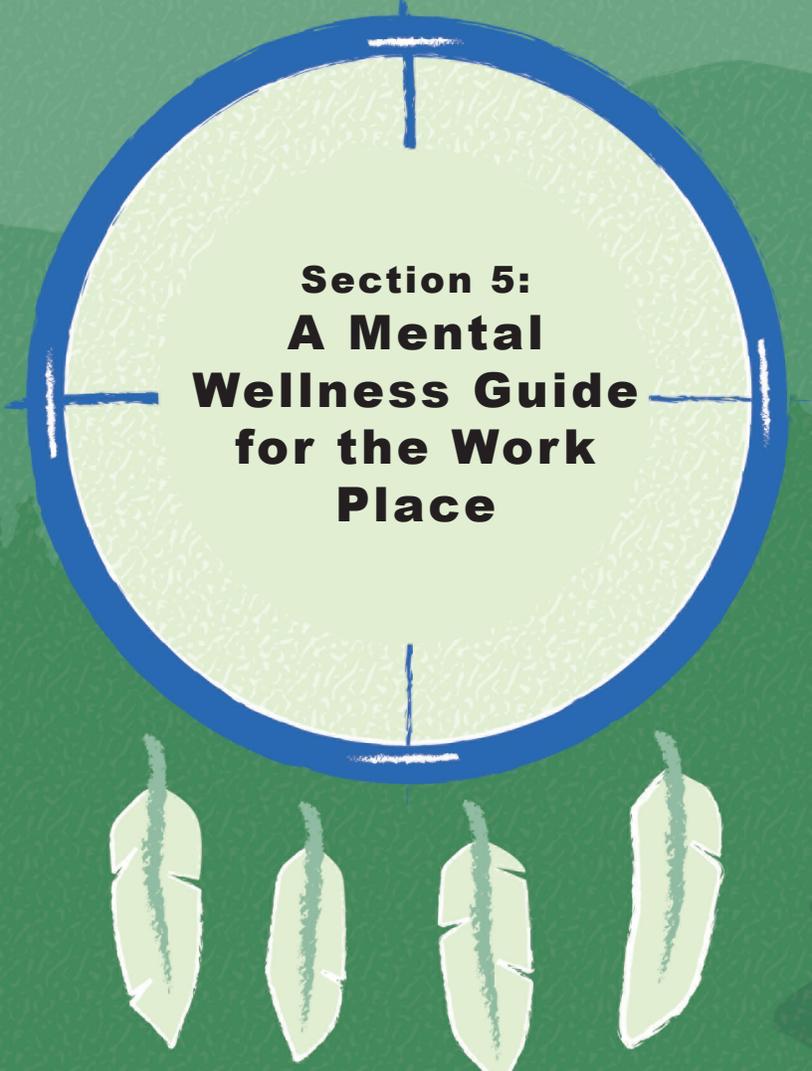
• **Strategy:** Strengthen prenatal and child development support that builds basic life skills from the beginning, including Aboriginal Head Start programs, Prenatal Nutrition Programs, etc. with a goal of supporting early child development from preconception to six years for every child.

Time Frame (___short, ___ mid, long term) **Who leads** _____

Action Steps:

Indicators:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**Section 5:
A Mental
Wellness Guide
for the Work
Place**

A Mental Wellness Guide for the Work Place ¹

The Difference Between Stress and Burnout

Stress is a normal part of life that can help us learn and grow, however, prolonged, uninterrupted, unexpected, and unmanageable stresses can cause serious physical, mental, spiritual and emotional damage to an individual. Burnout may be the result of unrelenting stress, but it isn't the same as too much stress. Stress, for the most part, involves too much: too many pressures that demand too much of you physically and psychologically. Stressed people can still imagine, though, that if they can just get everything under control, they'll feel better.

Burnout, on the other hand, is about not enough. Being burned out means feeling empty, devoid of motivation, and beyond caring. People experiencing burnout often don't see any hope of positive change in their situations. If excessive stress is like drowning in responsibilities, burnout is being all dried up.²

One other major difference between stress and burnout is that while you're usually aware of being under a lot of stress, you don't always notice burnout when it happens and while burnout is not the same as stress, when stress is not managed and addressed it will eventually lead to burnout.

Vicarious trauma

Vicarious trauma is what happens to your physical, psychological, emotional and spiritual health when you listen to traumatic stories day after day or respond to traumatic situations while having to control your reaction.³

There are many stress factors in helping/caring professions that can lead to burnout, vicarious trauma is the most prevalent because it cannot be separated from the work. Despite every good intention and effort, vicarious trauma cannot be eradicated because empathy is a requirement of the job, but it's also the root of how trauma is transferred from client to worker.⁴ The trauma is compounded for Yukon First Nation Health and Social workers because some of the options for dealing with vicarious trauma involve separating work from personal life and developing a strong family and community support network to deal with the issues. This option is not always available because dual and multiple relationships are an inevitable and even necessary part of working in remote, northern communities.

1. This section of the workbook is from Metamorphosis Change Management. June 2010. Mental Wellness Strategic Plan Framework: Administrative Guide to Address Effects of Vicarious Trauma on Yukon First Nation Health & Social Staff. Report. 9 p.

2. www.helpguide.org/mental/burnout_signs_symptoms.htm

3. Vicarious Trauma Institute, info@vicarioustrauma.com

4. Buttery, Helen. When Helping Hurts: Program targets vicarious trauma. Journal of Addiction and Mental Health. 2009, Vol. 12, No. 3.

Dual/multiple relationships

Dual/multiple relationships happen when helping/caring professionals come into contact with clients during personal time outside of office settings. Helping/caring professionals such as Yukon First Nation Health and Social staff often live and work in the communities that they serve. As a result, they may have, or later develop, dual/multiple relationships with community members who are also service users.

These 'after hours' connections raise some complex issues about how Health and Social workers conduct their practice within their department and themselves socially within the community. The practical realities of work in remote northern communities directly challenge the established industry standards and ethics regarding contact with clients outside of work. There are many experts who are asking professional organizations to address, more realistically, the situations of those who practice in rural communities and remote areas because they feel that the codes for conduct that are currently in place do not acknowledge or adequately address the challenges and limitations of working in small and isolated communities.

What is of greater concern to Yukon First Nation Health and Social departments is that one of the key methods for dealing with vicarious trauma is having an extended family and community support network that will help in the debriefing process and eliminate the cumulative effect of stress leading to burnout.

Working in a small community where many of its members are related to the Health and Social staff, and where opportunities for domestic services (e.g. groceries, fuel, supplies) are limited, makes it impossible to avoid dual/multiple relationships.

This situation makes it difficult for staff members to 'take a break' from office duties and responsibilities because chances of avoiding encounters with clients (positive or negative) outside office hours are very slim. Many staff members have developed mechanisms to avoid these encounters and take a break from the stress of work. Some of these solutions include:

- moving out of the community,
- conducting personal business outside of town, and
- avoiding all contact with community members outside of work.

Unfortunately these solutions only add to the stress levels in dealing with vicarious trauma because they promote isolation and eliminate the necessary support network.

Strategic Plan Framework

The purpose of this strategic plan framework is to provide department leaders with a guide to be used in developing an action plan specific to your First Nation to deal with vicarious trauma and its effects on staff burnout and turnover. The framework includes:

1. A brochure that can be distributed to staff members to raise awareness in recognizing symptoms of vicarious trauma in themselves, and
2. A logic model for Health & Social directors, HR staff and Executive Directors to facilitate the development of an action plan that establishes a work environment which fosters staff self-care and lowers incidences of burnout.

Developing coping strategies by the department is crucial because Yukon First Nation Health and Social staff are at greater risk of burnout because of conditions tied to working in remote northern communities.

The following strategic plan framework and logic model are intended as tools in the development of an action plan to address the mental wellness of Yukon First Nation Health and Social workers. It specifically targets vicarious trauma and dual/multiple relationships as the factors leading to burnout and turnover in Yukon First Nation Health and Social departments. The framework identifies objectives, resources, tasks, outputs, outcomes (short and long-term) and possible impacts of an action plan. This resource tool will aid directors to further address and manage burnout experienced by their staff.

I. Objectives

1. To address the effects of vicarious trauma and dual/multiple relationships on Health and Social staff.
2. To create a work environment that fosters self-care and provides tools and resources to help manage stress and burnout.
3. To identify and promote healthy departmental leadership aiming to recognize the signs of vicarious trauma in staff members and develop a culture that leads by example for self-care and stress management.

II. Resources

Commitment to support this initiative is needed from each Yukon First Nation. This will ensure coordinated effort and planned allocation of financial and human resources by each First Nation Health and Social department.

Following are examples of services or resources that are currently available. They have been listed as options because of their interest in offering material and services that are sensitive to the First Nation culture and because they have many tools that are readily available at little or no cost.

1. Counselling Program at UNBC:

This research team supports partners and participants in practical ways as well as research. In collaboration with the community partners in Northern BC, Yukon, and NWT communities, they could offer workshops or shorter sessions on vicarious trauma and isolated practice issues identified by community members as being useful to them. The team will be in the North in July 2010 and be able to present information on their practice and research. The team leader Linda O'Neill would be available at other times of the year to travel to Whitehorse and surrounding communities for training or supervision purposes. Topics covered may include:

- Concepts of Secondary Trauma: Stories of Heartbreak and Healing
- Challenges of confidentiality in isolated practice
- Dual relationships and the problem with Codes of Ethics in northern practice
- The Importance of Para-professionals in northern communities

Contact information: loneill@unbc.ca

2. Centre for Addiction and Mental Health (CAMH):

Cross Currents, The Journal of Addiction and Mental Health is a unique journal in Canada that explores issues in both addiction and mental health. It informs and educates front-line health professionals and paraprofessionals about the latest developments and issues in the addiction and mental health fields through professionally written and first person stories. The on-line journal is free and can also be received in print for a fee. There are opportunities for knowledge exchange that include toolkits and feedback options to address specific areas of interest with respect to the needs of caring/helping professionals.

Contact information: hema_zbogar@camh.net

3. The Headington Institute: Care for Caregivers Worldwide

The Headington Institute's free online training program—providing resources on stress, thriving, and humanitarian work, has an on-line self-study module to help in the understanding and addressing of vicarious trauma. The module includes the study text, handouts and certificate of completion. The institute also offers on-site training and workshops for caring/helping professionals dealing with vicarious trauma, and will customize its program to meet the needs of Yukon First Nation Health & Social departments.

Contact information: www.headington-institute.org

III. Tasks

1. **Information:** develop and distribute to staff information material (e.g. booklet, newsletter, bulletins) about the effects of vicarious trauma and realities of dual/multiple relationships for Yukon First Nation Health and Social workers in remote northern communities.

2. **Debriefing:** provide opportunity for staff to debrief on a weekly or bi-weekly basis to prevent the cumulative effects of stress that lead to burnout.

3. **Counselling:** provide opportunity for staff to receive counselling to deal with the effects of stress and burnout.

4. **Workshops:** develop and provide workshops to inform and teach coping mechanisms to promote healthy and productive work practices.

5. **Policy:** develop and implement policy for a work environment that supports and fosters self-care and mental wellness.

6. **Management:** It is important for Health & Social departments and First Nation governments to understand their role as managers of this initiative and to not place the entire burden of dealing with the effects of vicarious trauma on individual staff members.

7. **Awareness:** Health and Social department leaders should inform existing and new staff of the potential occupational hazards, which include stress of the work (e.g. work conditions in job description). However, they need to not only identify the hazards, but also ways in which staff can protect themselves and discuss what the department and government will do to help minimize the most negative effects.

IV. Outputs

1. Information brochure for Health & Social staff to identify and recognize signs of vicarious trauma and burnout (included in this package).

2. A newsletter or bulletins on vicarious trauma, its impact on front line workers and personal coping strategies to avoid burnout for example:

The ABCs of coping with vicarious trauma include:

Awareness: Be attuned to your needs, limits, emotions and resources.

Balance: Maintain balance among activities, especially work, play and rest. Try to maintain a routine and schedule including well-balanced meals, 8 hours of sleep per night and regular exercise. Make time for yourself; pursue a hobby or other relaxing activity such as meditation or spiritual activity. Consider volunteer activities that are not related to work and take regular vacations and time away from work.

Connection: Establish and maintain connections to yourself, to others and to something larger. Reach out to family, friends and others in your personal support network. Share with them your feelings and concerns.

3. Opportunities for staff to access counselling or debriefing sessions to maintain stress at manageable levels.
4. Workshops to educate and inform Health and Social staff about vicarious trauma and coping mechanisms.
5. An evaluation process for staff to provide feedback regarding support by the department and other agencies (e.g. First Nation government, Yukon government and Health Canada).
6. A peer support group to increase motivation and a sense of community understanding within the work environment.
7. Build in time for other work-related activities (i.e. administrative tasks, education, training, supervision).
8. Establish employee assistance programs that will offer counselling and support.

V. Outcomes

The outcomes for this initiative can be divided into two categories: short-term and long-term. Some of the benefits in managing stress and thereby eliminating burnout will be evident immediately and others will become evident in the long run.

Short-term

- i. The decrease in symptoms of vicarious trauma decreases incidence of absenteeism.
- ii. When staff is better equipped to deal with compounding stress, job satisfaction increases.
- iii. When staff feels supported by the organization, teamwork increases.

Long-term

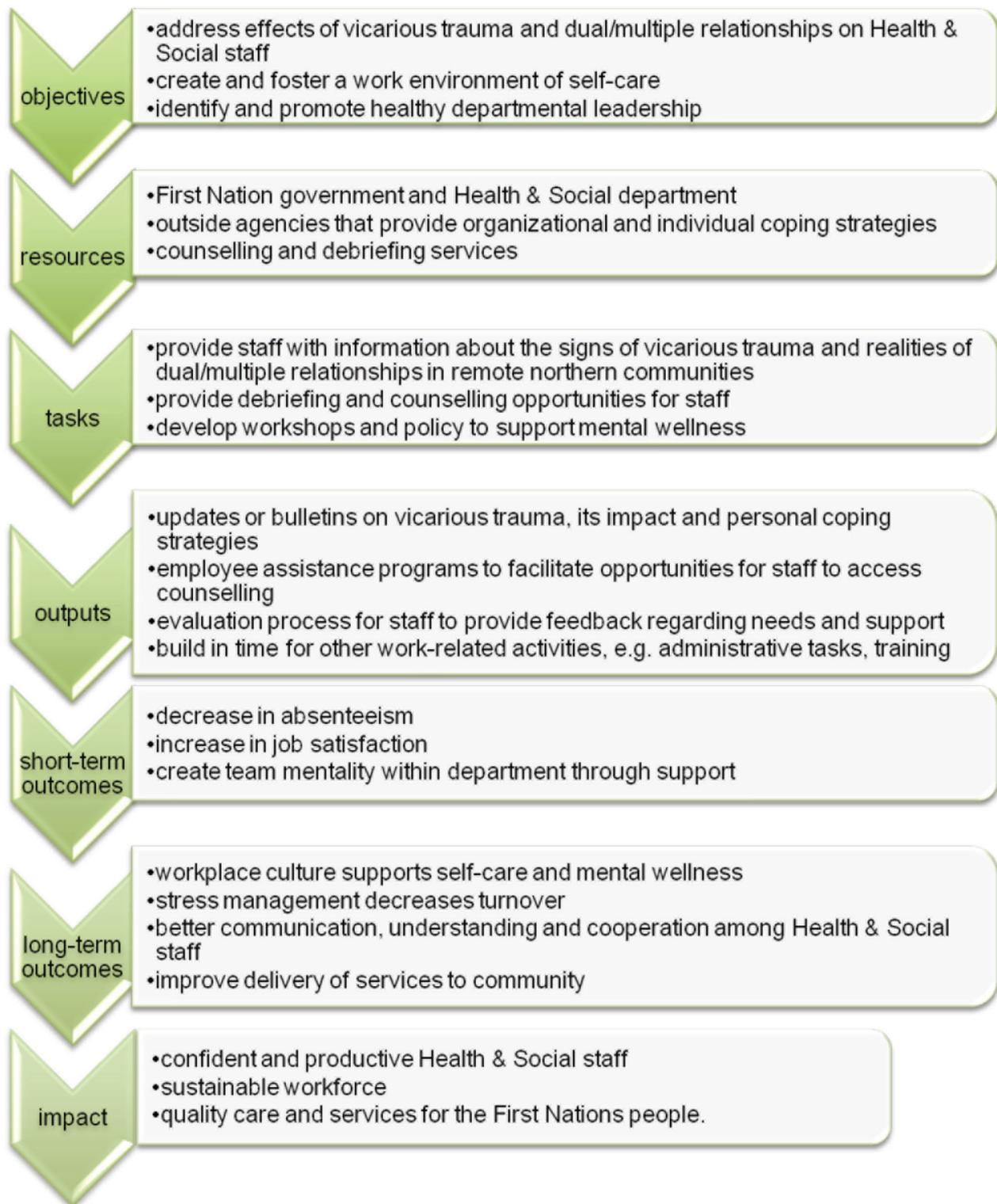
- i. Workplace culture supports self-care and mental wellness.
- ii. Addressing burnout and stress management decreases turnover.
- iii. Increase in collaboration and cooperation between directors and front line workers.
- iv. An increase in empathy among Health and Social staff creates harmony in the department.
- v. Increase productivity and ability to better help clients.

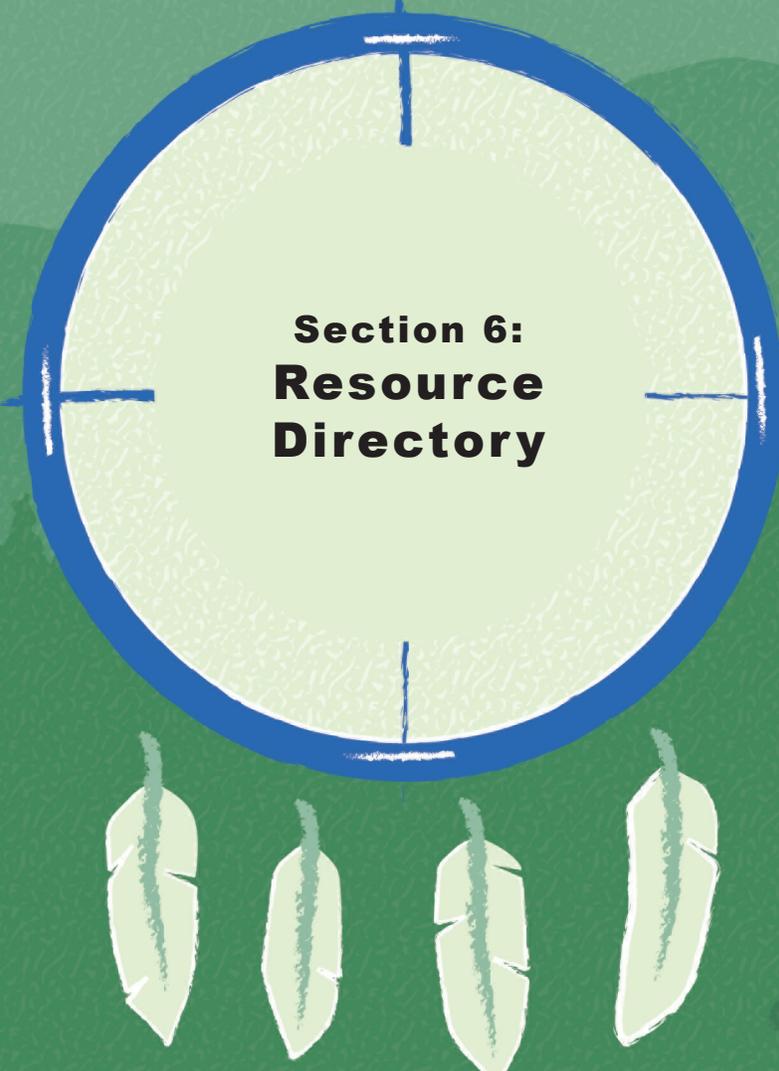
VI. Impact

Yukon First Nation Health and Social departments will be enabled to attract, develop, support and retain staff to meet service delivery needs for the people of their community. This will mean:

1. A confident and healthy Health and Social staff,
2. A sustainable workforce, and
3. Quality care and services for First Nation people.

This initiative will require investment from each First Nation Health and Social department. Time, people, money and effort will need to be invested to develop a healthy staff and community.





**Section 6:
Resource
Directory**

RESOURCE DIRECTORY

The following resource directory gathered by Duu Chuu Management provides information on community strategies and practices that address mental wellness.

youth

Mauve, Montreal, Quebec

<http://www.pentafolio.com/mauve/adultes/faq/a-faq.htm>

Mauve is an interactive resource for youth that was produced by Médiaspaul and Pentafolio Inc., with the participation of Health Canada, for young people aged 12-18 years. It is a CD-ROM that is available in English and French. By presenting viewpoints from teenagers facing difficulty, Mauve helps teenagers with problems open up, reduces feelings of isolation and helps youth identify self-destructive patterns. Mauve aims to promote positive attitudes regarding the topics covered (e.g. love, sex, work, school, family, society, life and self-image), create general health awareness, promote mental health and prevent depression, drug abuse, and suicide (Health Canada, n.d.; Mauve, n.d.). Note: This is not aimed specifically at Aboriginal youth.

youth

GirlSpoken Workshop Series Guidelines: An Art-based Approach to Programming for Aboriginal Girls

www.girlspoken.com/aboriginal.html

GirlSpoken is an Ontario-wide arts-based project designed to build self-esteem among girls and young women. The program uses art as a tool for exploration and growth. A five-week workshop series on identity, assertiveness, body image, relationships, and women's health was specifically adapted for use with Aboriginal girls.

skills, training

Basic Counselling Skills: Inuit Voices, Modern Methods

www.naho.ca/inuit/english/documents/llkajurniq
The Ajunnginiq Centre at NAHO has produced a basic counselling manual to be distributed to Inuit communities. The manual summarizes and incorporates both traditional practices and modern knowledge and strategies. The manual also includes an annotated reference section of counselling resources, websites, videos and printed materials.

training

RespectED Violence and Abuse Prevention

Developed by the Canadian Red Cross, RespectED educates and certifies volunteers, teachers and community members as Prevention Educators. In collaboration with schools, sports organizations, community agencies, and other institutions, the educators deliver presentations and workshops that enable participants to define healthy relationships, understand violence and abuse of power, promote safe environments, learn that abuse, harassment and bullying are never the victim's fault and locate helping resources. There are counsellors in the Yukon who have been trained in this program. For further information on RespectED programs please contact:
Janice.morin@redcross.ca
Phone 306-765-2604
Fax 306-953-8381 or
www.redcross.ca/respected.

training, program information

Community Action Resources for Inuit, Métis and First Nations

www.hc-sc.gc.ca

This is an action planning toolkit for community development projects that was produced by Health Canada. The toolkit provides information on facilitation tools and techniques as well as project information on a variety of topics (e.g., group incorporation). The toolkit is one of six self-help manuals in a series that contains information, tips, examples, and ready-to-use charts. The other manuals focus on particular aspects of a community development project (e.g., evaluation).

assessment tools, suicide

Assessment and Planning Toolkit for Suicide Prevention in First Nations Communities

www.naho.ca

This toolkit is produced by NAHO and includes research on suicide in Aboriginal communities, community assessment tools, and information on developing a community healing plan (NAHO, 2005).

youth, program information, suicide

Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies

www.suicideinfo.ca

This manual is produced by the Centre for Suicide Prevention in Calgary, Alberta and outlines strategies and approaches to addressing youth suicide. The strategies described reflect a community-wide approach and include community renewal, community education, school approaches and youth/family approaches (White & Jodoin, 2004).

program information

Resilience: Overcoming Challenges and Moving On Positively

http://www.naho.ca/inuit/e/documents/2007-08-22ResilienceBook_final.pdf

This resource is produced by the Ajunniq Centre at the National Aboriginal Health Organization. The guide defines resilience as the ability to move through difficulty while maintaining hope, mental wellness, and positive coping methods. The author states that resilience is based on biological and inborn personality factors, environmental influences, and the way that “we think about events and ourselves” (Korhonen, 2007, p.ii). The guide looks at all of these interconnected aspects of resilience and includes a discussion on the influence of physical characteristics of the brain and environmental factors (e.g., nutrition). The guide’s author explains that “behaviour and thoughts [affect] body chemistry and improve mental and physical health” and that the reverse is also true (Korhonen, 2007, p.13).

skills, training

Wellness in the Workplace

www.compassionfatigue.ca

There are several articles and resources at this website that focus on promotion of wellness in the workplace. For further information see the article entitled “Running on Empty”.

program information

Traditional Treatment Program, Alkali Lake, British Columbia

<http://www.4worlds.org/4w/ssr/Partiv.htm>

The Alkali Lake community has initiated a program to address alcohol consumption that uses a traditional healing approach to revive dances, ceremonies, and spiritual practices such as pow-wows, sweetgrass ceremonies, sweat lodges, and drumming circles. The program's guiding philosophy is that "culture is treatment, and all healing is spiritual" (Wortzman, 2009, p.24). Ten years after the program was initiated, alcohol consumption within the community decreased from 95% to 5% (McCormick, 2000 as cited in Wortzman, 2009).

youth, program information

Miyupimaatisiiuwin Wellness Curriculum, Montreal, Quebec (youth)

http://www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Best_Practice_MHYouth/miyupimaatisiiuwin_wellness.html

This school-based program is offered by Cree Public Health in Montreal. The program is preventative in nature and is offered to children from kindergarten through to grade eight. Teachers have access to ready-to-use lesson plans and classroom activities that are designed to promote wellness (e.g., self-esteem, awareness of peer pressure, values, abuse prevention). The program activities do not directly address suicide yet suicide prevention is considered a key long-term benefit of the program. By increasing student self-esteem and wellness students can gain valuable protective measures. The Miyupimaatisiiuwin Wellness Curriculum is divided into four sections: Strong Self, Strong Relations, Strong Body, and Strong Future (Health Canada, n.d.; Kirmayer et al., 1999).

program information

Regionally Based Counselling Circuits, Nunavut

www.nunavutwellness.ca

The North Baffin Working Group (NBWG) in Nunavut is made up of "wellness workers" from a network of communities including Clyde River, Pond Inlet, Arctic Bay, Grise Fiord, Resolute Bay, Igloolik and Hall Beach. The regionally-based counselling circuits are an initiative of the NBWG and involve the circulation of counsellors amongst communities.

program information

Fishing Lake Métis Settlement, Alberta

www.nunavutwellness.ca

This settlement used a community-based, family centered approach to develop a healing circle that is believed to have decreased violence in the community. In the first three years of the project, 100 of 460 members of the settlement participated in self-esteem enhancement and personal empowerment training. Weekly healing circles were run by trained volunteers and the project was funded by the settlement council and government. Smye and Mussell (2001) report that the healing circles have resulted in a resurgence of spirituality, a decrease in alcohol consumption, a renewal of community ties and a strengthening of economic development.

program information

Mnaamodzawin Noojmowin Teg, Manitoulin Island, Ontario

www.noojmowin-teg.ca/default5.aspx?l=,1,572

This community-based health centre offers “a blend of traditional Aboriginal approaches to health and wellness along with contemporary primary health care in a culturally appropriate setting” (Noojmowin Teg, n.d., mainpage). Noojmowin Teg Health Access Centre extends its integrated services to seven First Nation and off-reserve Aboriginal populations in the Manitoulin Island area. The core team is comprised of a mental health program manager, a psychologist, a traditional coordinator, mental health workers, and a mental health nurse. In addition, the team is visited by a psychiatrist, an additional psychologist, and a traditional healer (Marr et al., 2008). The service model is supported by very high levels of client and provider satisfaction and clients report that they perceive the staff to have a high level of cultural competence. While the model is considered a success, the team faces challenges with a chronic lack of core funding, a low level of health human resources, inconsistent collection of client outcome data, and the lack of a clear Aboriginal framework for outcomes (Marr et al., 2008).

program information

First Nations Health Programs at Whitehorse General Hospital, Whitehorse, Yukon

www.whitehorsehospital.ca/content/EN/ENFirst_Nations_H77a4.html

This program integrates traditional knowledge and medicines in an in-patient setting. The federal government transferred the responsibility for health care delivery to the territorial government in the early 1990s. The territorial government entered into a third-party agreement with the Council of Yukon First Nations, which oversees the First Nations Health Program at Whitehorse General Hospital. An Elders Working Group developed the program and its purpose is to ensure quality and culturally-sensitive holistic health care. The Elders were involved in all aspects of the development of the program and services, from gathering traditional medicines to developing operating policies and job descriptions (NAHO, 2008). A healing room is an important part of the program. Here patients may have ceremonies, funerals, talking circles, preparation of medicines, or quiet time. All aspects of the program follow the clan system and traditional laws of the indigenous peoples of the Yukon (NAHO, 2008).

capacity

Kahswentha, Ottawa, Ontario

www.rohcg.on.ca/index-e.cfm

A three-party agreement was formed by the Mohawk Council of Akwesasne, the Children's Hospital of Eastern Ontario (CHEO) and the Royal Ottawa Hospital (ROH), establishing a cooperative framework to address mental health care issues for First Nation youth in the Ottawa area. The name of the agreement is Kahswentha and it aims to establish accessible, culturally relevant holistic mental health services for First Nation peoples, establish an Akwesasne satellite office in Ottawa linked to CHEO and the ROH, and develop a culturally appropriate Aboriginal Psychosocial Assessment Tool (CHEO, 2003). Under the agreement, mental health services are provided according to Aboriginal healing processes.

program information, skills, training

Community-based Suicide Prevention Program (CBSPP), Alaska

www.hss.state.ak.us/dbh/prevention/programs/suicideprevention/default.htm

www.suicideinfo.ca/csp/assets/promstrat_manual.pdf

CBSPP has been developed and implemented by Alaskan Native communities and is state-funded. Program activities range from mental health promotion to suicide intervention to interventions conducted after a suicide. Community-based grassroots projects are funded through CBSPP and generally focus on traditional activities that promote cultural values, for example, Elder and youth exchanges where Elders share their cultural knowledge and wisdom with youth (Health Canada, n.d.). Dozens of local projects are funded each year. Other examples include cultural

instruction, support groups for youth and/or Elders, kayak building, volunteer helping systems, recreational activities (e.g. camping, kid's night, family night), counselling and crisis response, education and prevention. It is also worth noting that one of the four sections in the CBSPP coordinator's handbook is focused on self care for workers and includes discussion and strategies on worker burnout, time management, and ethics (Kirmayer et al., 1999).

program information, youth

The Community Youth Initiative Project, New Brunswick

www.nald.ca/info/awards/prov/nb/premierY.htm

This program, which began in a Mi'kmaq community¹ in 1999, is for youth ages 10-19. Its purpose is to "provide youth-at-risk with opportunities for self-development in the areas of self-esteem, responsibility, respect and empowerment... [and to] provide youth continued support and opportunity to develop personal, social, mental and physical well-being that is so needed to combat the destructive effects of unresolved trauma originating primarily from... residential schools and [their] intergenerational impact" (Adelson & Lipinski, 2008, p.11). The project accomplishes its aims indirectly by offering youth a space for educational, recreational and spiritual activities (e.g., sports nights, tutoring, traditional crafts, dances, special presentations, nature walks, and overnight camp-outs). Healing components, such as talking circles, sweat lodges, and drumming, are then integrated into these activities. Counsellors, therapists, and Elders are also made available to the youth; for example, Elders may lead or participate in a nature walk or centre activity (Adelson & Lipinski, 2008).

program information

Tsow-Tun LeLum, Vancouver Island, British Columbia

www.tsowtunlelum.org

Opened in 1988, Tsow-Tun LeLum is a National Native Alcohol and Drug Abuse Program (NNADAP) treatment centre that offers residential programs to assist clients to address substance addictions. The centre also functions as a half-way house. A staff of approximately 30 (including psychologists, a trauma counsellor, recovery care workers and administrative and centre staff) lead programs that recognize and promote Aboriginal knowledge and healing methods. According to Fiske (2008), “within the rich cultural environment of Tsow-Tun LeLum, so-called mainstream approaches are given Aboriginal meaning and are taken up by clients within that frame” (p.88).

skills, training

Mental Health First Aid, Melbourne, Australia

www.mhfa.com.au

This is a 12-hour first aid course offered through the ORYGEN Research Centre at the University of Melbourne. The mental health first aid course offers information on how to provide help to someone who is developing a mental health problem and/or experiencing a mental health crisis. Stigma surrounding mental health issues often prevents people from seeking help early on. When community members are equipped with mental health first aid skills they can help to provide support until professional treatment is accessed or until the crisis resolves. The course has been adapted specifically for use with Aboriginal peoples in Australia.

program information

Pisimweyapiy Counselling Centre (PCC), Northern Manitoba

<http://sitemaker.umich.edu/joseph.p.gone/files/pisimweyapiy.pdf>

This centre is administered by a regional substance abuse treatment centre and offers a nine week outpatient counselling service in both Cree and English. The program aims to “promote and enhance holistic healing of residential school impacts on Nisichayawasihk utilizing traditional and contemporary practices” (PCC as cited in Gone, 2008, p.133). PCC is primarily concerned with responding to the needs of the local community and all community members are welcome to participate in the program. The centre uses a range of Western therapeutic approaches that Gone (2008) suggests appeal because of their origination in spiritual principles (e.g., Twelve Steps of Alcoholics Anonymous, grief exercises, inner child work, guided meditation, relaxation training, energy manipulation, Reiki, acupuncture, and neurolinguistic programming). At the same time, Aboriginal therapeutic approaches are used by the centre including smudging, talking circles, blessing rituals, tobacco offerings, pipe ceremonies, sweat lodge rites, fasting camps, and a shaking tent. All of these approaches — those rooted in Western traditions and those rooted in Aboriginal traditions — are “united by the overarching philosophy of the Medicine Wheel” (Gone, 2008, p.201).

¹ The community name was not included in Adelson and Lipinski's (2008) report because the community requested anonymity.

program information, youth

Healthy Bodies Healthy Minds Program, UBC CEDAR, Vancouver, British Columbia

www.cedar.science.ubc.ca

CEDAR is a community initiative of the University of British Columbia and stands for Cross-cultural Education through Demonstration, Activity, and Recreation. CEDAR offers weekend and after-school activities during the academic year as well as an annual summer day-camp program for Aboriginal youth. A new program that links physical health and mental health, Healthy Bodies Healthy Minds, is just getting underway at CEDAR, with the help of funding from the Aboriginal Sports and Recreation Association (ASRA).

program information, youth

Aboriginal Youth F.I.R.S.T Junior Eagle Program, British Columbia

www.youthfirst.ca

This program is a joint initiative of the Sport and Recreation Branch and Act Now BC. The program aims to build self-esteem and confidence in Aboriginal youth through 1) education, training, and experiences 2) mastery of skills in aquatics, back country guiding and scuba diving 3) exposure to outstanding First Nations role models (junior leaders and instructors) and, 4) the development of leadership skills. The program “cultivates values and behaviours that lead to positive lifestyles through instruction in fitness, nutrition and healthy choices” (Ministry of Healthy Living and Sport, n.d.).

program information, youth

Reclaiming Our Ancestors Footsteps, New Brunswick

This pilot project with Wabanaki youth from the Fredericton, Moncton and Miramichi areas aims to promote cultural awareness and knowledge to First Nation Youth, enhance appropriate cultural methods of mental health to First Nation youth, bring First Nation Traditional Elders, Doorkeepers and Service Providers to embark upon a continuity of our cultural way of life that has sustained us for thousands of years, and assemble our youth as future Elders and First Nation leaders in passing down of traditional knowledge to the next generations (New Brunswick First Nation Suicide Prevention Taskforce, 2003).

This pilot project began with an Elders gathering and current programming consists of one-week youth camps that are run in both the winter and summer. A range of strategies is used including talking circles, medicine wheel teachings, and outdoor seasonal nature activities such as fishing, canoeing, trail hiking, and herb and plant identification. The program defines Eldership broadly (i.e., not dependent on age) and holds the value that anyone can embody the Eldership spirit. Plans are underway to produce video recordings of program activities as a resource for use by other communities (New Brunswick First Nation Suicide Prevention Taskforce, 2003).

program information, FASD, youth

White Crow Village, Nanaimo, British Columbia

www.whitecrowvillage.org

The primary aim of Whitecrow Village FASD Society is to provide families and communities with an understanding of FASD that will afford them the ability to regain hope and the strength to heal. Whitecrow Village core programs offer fundamental stepping stones to enable communities to better examine the local causes of FASD and to provide practical support for the walk together toward prevention. In addition to our L.I.F.E. Sessions, our Community & Family Stability programs include community and volunteer training sessions, motivational speaking, and workshops for conferences, seminars, and other events, consultation and mentorship for professionals and local agencies, and ongoing support for families and persons affected by FASD.

program information, residential school

Community Healing Team, Cape Dorset, Nunavut

The Community Healing Team holds healing circles that were developed to help support healing from the negative impact of residential schools. The circles are for men, women and youth. The healing team uses a range of interventions, drawing from some traditional and some Western strategies. One technique developed by Western psychology that the team uses is guided imagery or visualization. During visualization, circle members sit in a relaxed position with their eyes closed and imagine themselves in the context of a story that is told by the person guiding the visualization. The imagery and stories used by the Community Healing Team are both symbolically and culturally appropriate and the team has found the technique to be effective (Kingwatsiaq & Kumaarjuk, 2003).

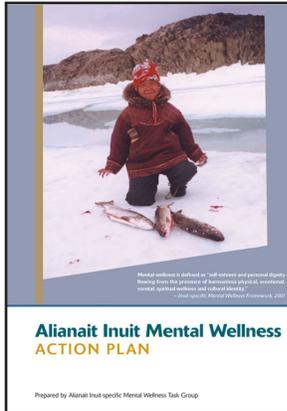
References:

1. Astley, S. J., Bailey, D., Talbot, C., & Clarren, S.K. *Fetal Alcohol Syndrome (FAS) primary prevention through FAS diagnosis: A comprehensive profile of 80 birth mothers of children with FAS.* Alcohol and Alcoholism 35(5): 509-519. 2000
2. Chutley, A., Conry, J., Cook, J. L., Loock, C., Rosales, T., & LeBlanc, N. *Fetal Alcohol Spectrum Disorder: Canadian Guidelines for Diagnosis*, CMAJ Vol. 172. 2005
3. Chandler, M.J. & Lalonde, C.E., & Sokol, B. (2000). Continuities of Selfhood in the Face of Radical Developmental and Cultural Change. In L. Nucci, G. Saxe, E. Turiel (eds.), *Culture, Thought, and Development* (pp. 65-84). Mahwah, NJ: Lawrence Erlbaum Associates
4. Chansonneuve, D, A. *Residential Addictions Treatment Facility for Aboriginal Women and Their Children in the City of Ottawa. A Feasibility Study Final Report*, Aboriginal Women's Support Centre, 2008
5. Devlin, Ricki (2001), *Suicide Prevention Training for Aboriginal Young Adults with Learning Disabilities from Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE)*, International Journal of Circumpolar Health, Vol 60
6. Elliott, Deborah (2005), *No Simple Solutions for Complex Needs*, Canadian Public Policy. Vol. XXXI, Special Supplement
7. First Nations Regional Longitudinal Health Survey (RHS) 2002/2003, *The Peoples' Report*, First Nations Centre, National Aboriginal Health Organization. 2005
8. Irlbacher-Fox, Stephanie (2009), *Finding Dahshaa. Self-Government, Social Suffering, and Aboriginal Policy in Canada*. UBC Press, Vancouver
9. Huggins (2008) with Grant, T, O'Malley, K, Streissguth, A.P., *Suicide Attempts Among Adults with Fetal Alcohol Spectrum Disorders: Clinical Considerations*, Mental Health Aspects of Developmental Disabilities. Vol. 11, No.2
10. Kelm, Mary-Ellen (1998), *Colonizing Bodies. Aboriginal Health and Healing in British Columbia 1900-1950*. UBC Press, Vancouver
11. Kirby, J.L, Keon, W.J, *Out of the Shadows: Transforming Mental Health, Mental Illness and Addictions Services in Canada*, The Standing Senate Committee on Social Affairs, Science and Technology, 2006
12. McCormick, R., France, H., & Rodriguez, C. (2004). *The red road: Culture, spirituality, and the sacred hoop*. In H. France (Ed) *Diversity, Culture and Counselling: A Canadian Perspective*, Calgary, AB: Detselig Enterprises, Ltd.

13. Mental Health Commission of Canada. *Towards Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada* Draft. For Public Discussion. January 2009
14. Royal Commission on Aboriginal Peoples. *People to People, Nation to Nation: Highlights from the Report of the Royal Commission on Aboriginal Peoples*, Minister of Supply and Services, 1996
15. Salmon, A., & McDiarmid, T. *The Honouring Ourselves and Healing Our Past Approach*. Vancouver: Vancouver Native Health Society. 2005
16. Smye, V, Brown, A, *Cultural Safety and Analysis of Health Policy Affecting Aboriginal People*, Nurse Researcher, Vol 9 Number 3, 2005
17. Streissguth, A., Barr, H. M., Kogan J., Bookstein, F. L. *Understanding the Occurrences of Secondary Disabilities in Clients with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE)*, Center of Disease Control and Prevention. 1996
18. Van Bibber, M. *It Takes A Community; community based prevention of FAS/FAE*, Aboriginal Nurses Association of Canada, 1997
19. Neuroscience, Mental Health and Addictions Take Centre Stage at Issues of Substance (2009, November 17) —Newsletter. Canadian Centre on Substance Abuse. Retrieved from <http://www.issuesofsubstance.ca/SiteCollectionDocuments/2009%20IOS%20Documents/IOS-newsrelease-20091117-e.pdf>
20. Council of Yukon First Nations (CYFN). Health and Social Department. (March 2008). Mental Wellness Focus Group Workshop March, 2008. Whitehorse.
21. Granirer, David (2009). Stand up for mental health DVD. www.standupformentalhealth.com
22. Wortzman, R.L. (2009). *Mental health promotion as a prevention and healing tool for issues of youth suicide in Canadian aboriginal communities*. First Peoples Child and Family Review, 4 (1), 20-27.
23. Duu Chuu Management, *Mental Wellness Toolkit for Front Line Workers* (2010)
24. World Health Organization (2004). *Prevention of mental disorders: Effective interventions, and policy options*. Geneva: Author.
25. World Health Organization (2005). *Promoting Mental Health: Concepts, Emerging evidence, Practice: A report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne*. Geneva: Author.
26. Neuroscience, Mental Health and Addictions Take Centre Stage at Issues of Substance 2009 <http://www.issuesofsubstance.ca/SiteCollectionDocuments/2009%20IOS%20Documents/IOS-newsrelease-20091117-e.pdf>

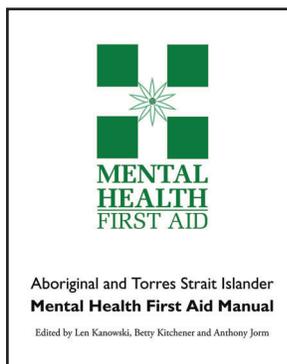
Resources on the disk:

The CD attached to the back of this book contains all the documents contained within this workbook as well as three documents that may be of use to your department.



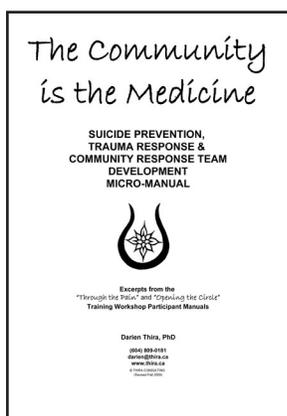
Alianait Inuit Mental Wellness Action Plan

A great template for Yukon First Nations to base their own mental health action plan on. Clearly laid out, the plan has five priority goals: ensure continuum of culturally relevant programs and support; recognize community strengths; increase community resources; ensure Inuit specific research and support strong partnership for implementation.



Mental Health First Aid Manual

Out of Australia, this manual provides information on mental health and wellbeing from an Aboriginal perspective. It provides definitions of conditions and how to provide support to those experiencing symptoms. This manual is not to be used to diagnose clients.

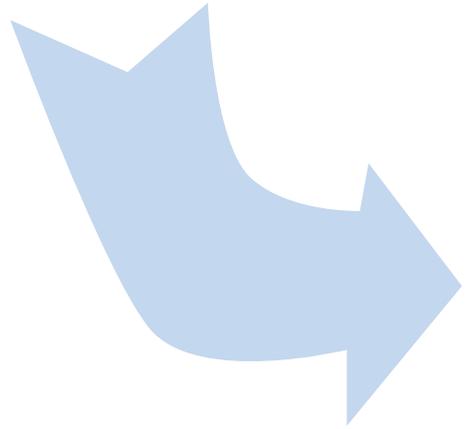


The Community is Medicine Manual

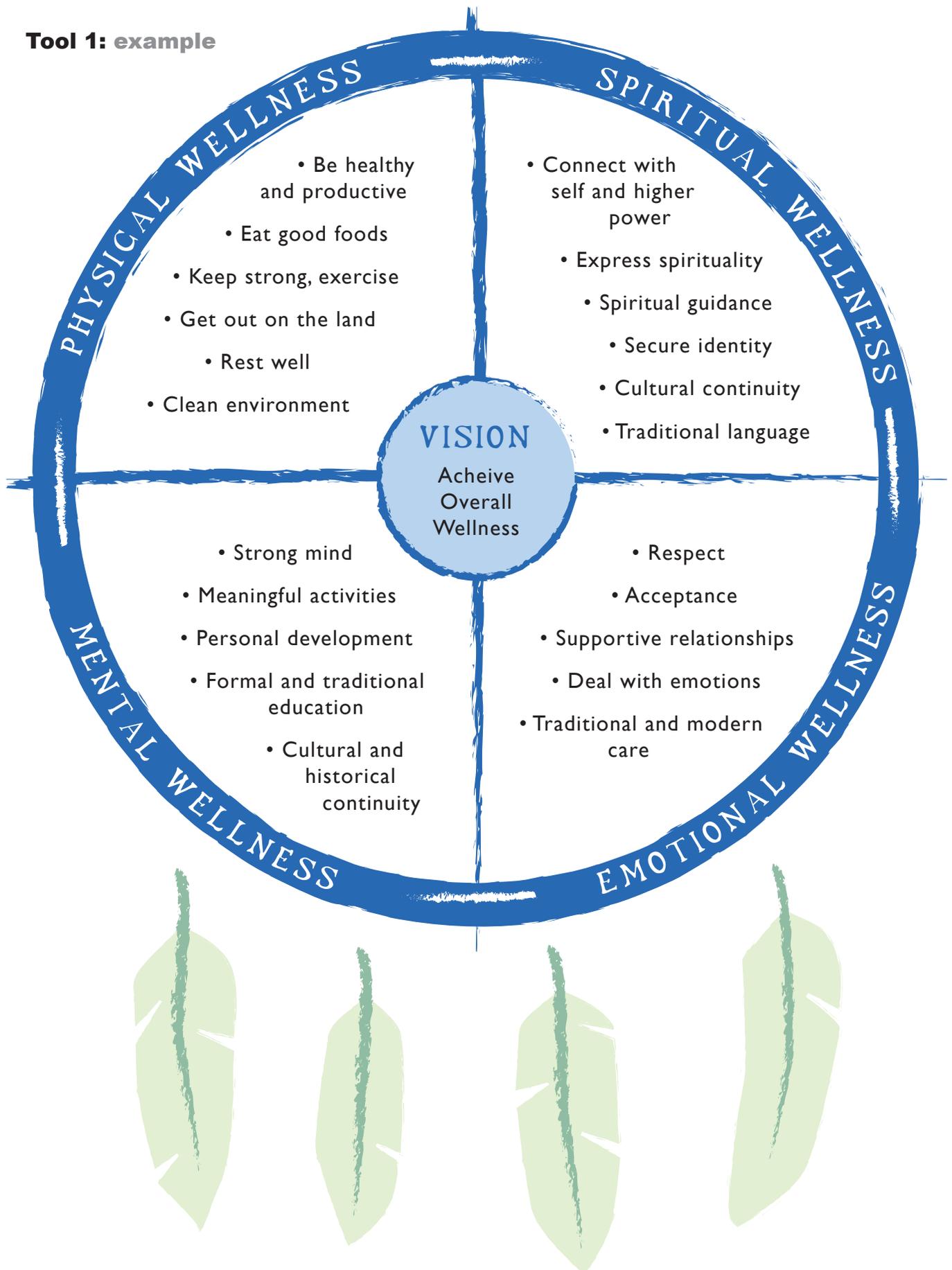
Designed for First Nation communities, this manual provides information on suicide prevention, trauma response as well as information on how to develop a community response team.

The following pages are versions of the tools discussed in this workbook to be photocopied as needed.

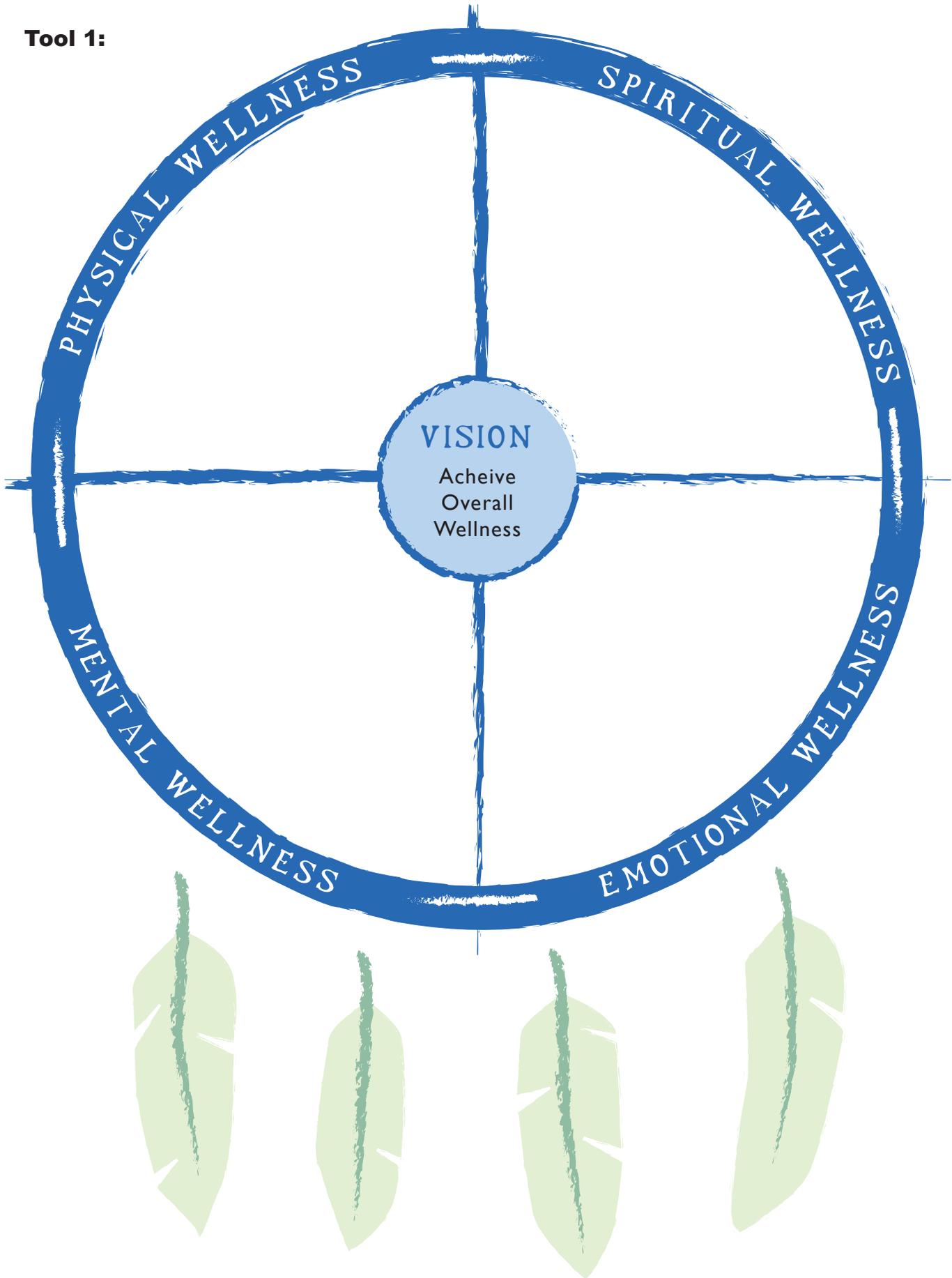
Digital copies of these pages can be found on the disk attached to this workbook.



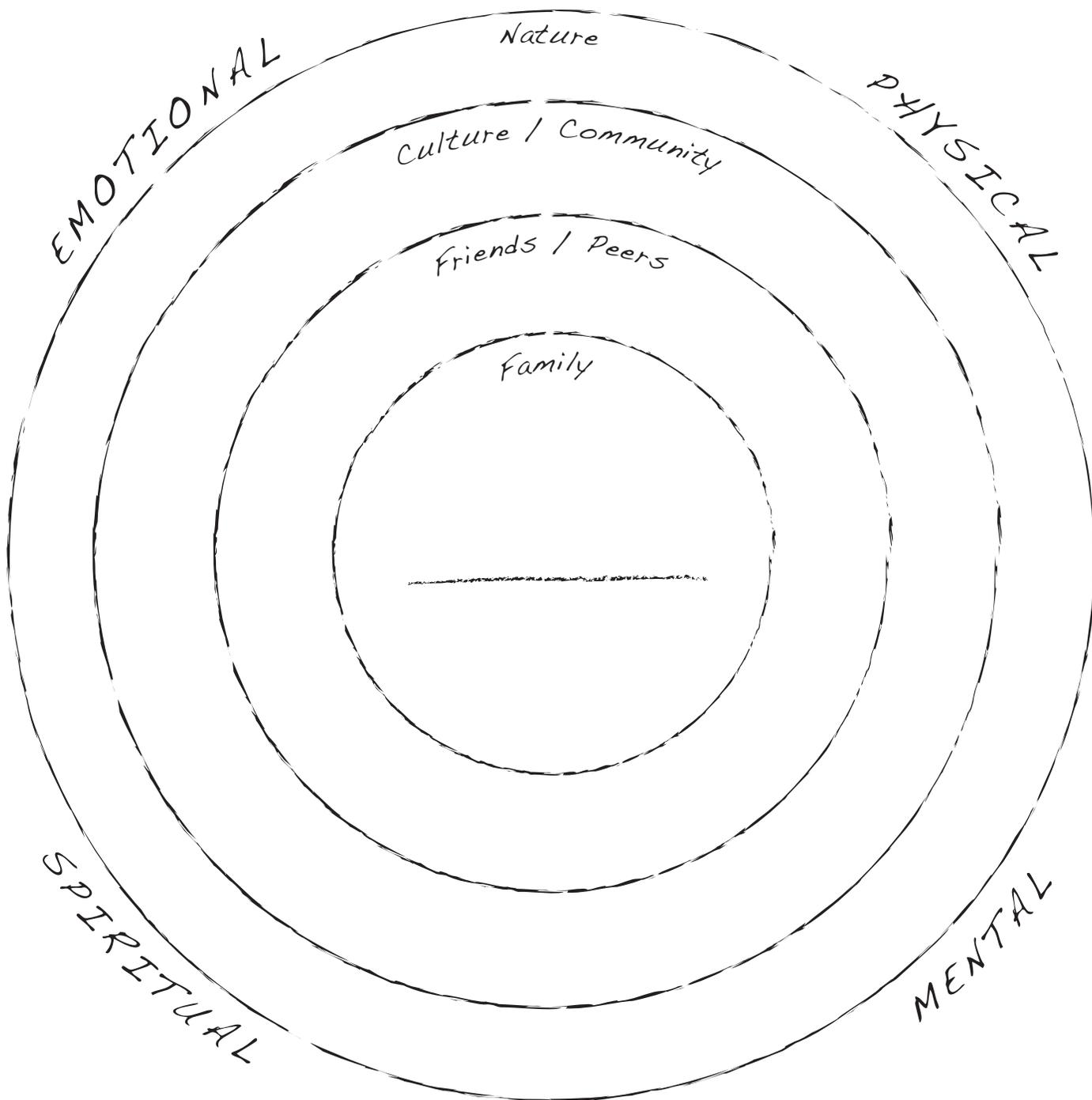
Tool 1: example



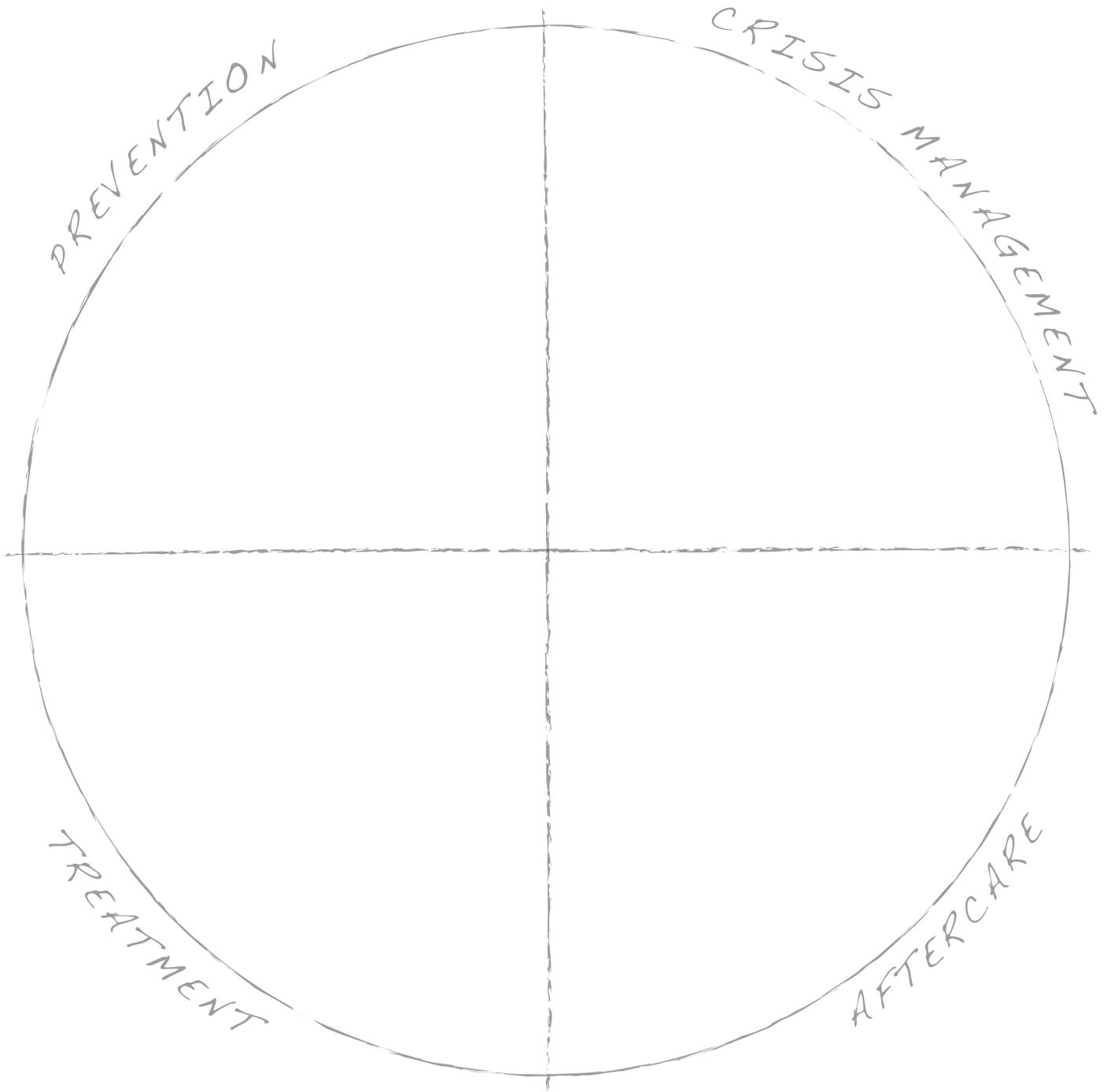
Tool 1:



Tool 2: Step 1, list all of the past and present healing resources



Tool 2: Step 2, Identify Future Resources



Tool 3: Community Resource Map, examples

Connection:

Self: belief in one's self, hope, creativity, self-care, empathy, etc.

Family: love and support from family members

Individuals: friends, counsellor, coach, mentor, etc.

Community: healing workshops, social services, support groups, school, community programs, etc.

Outside community: crisis line, Internet, music, long-distance friends and family, etc.

Nature: sitting under a tree, walking along a river, etc.

Empowerment:

Self: self-discipline, experience, responsibility, strength, etc.

Family: family events, getting to know extended family, writing letter to removed children, etc.

Individuals: volunteer time with children or Elders, team sports, clubs, learning a skill, etc.

Community: volunteer, getting a haircut, attending support groups, taking a workshop, etc.

Outside community: writing to media, going for treatment, political activism, etc.

Nature: fishing, hiking, hunting, etc.

Identity:

Self: sense of self, helpful, caring, generous, etc.

Family: learning family history, taking on a positive family role, etc.

Individuals: being a role model, sober friend, helper, teacher, patient, etc.

Community: connecting to cultural and spiritual identity, volunteering, etc.

Outside community: national identity, aboriginal identity (world relationships), etc.

Nature: recognizing that one is an essential part of the universe

Vision:

Self: prayer, faith, meditation, etc.

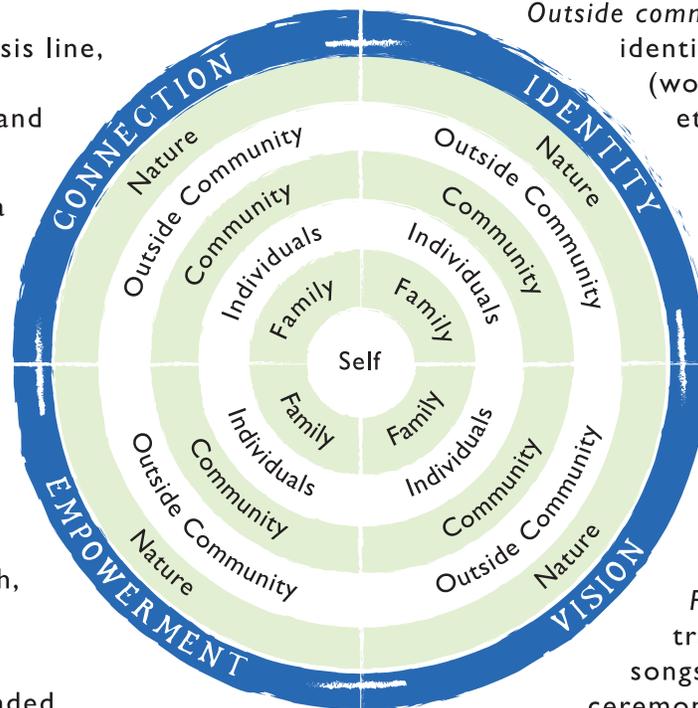
Family: learning traditional stories, songs, dances, ceremonies, etc.

Individuals: learning traditional songs, dances, ceremonies, etc.

Community: congregation, spiritually designated buildings, community ceremonies, spiritual role in the community, etc.

Outside community: inter-tribal ceremonies (pow-wows), social development initiatives, etc.

Nature: cleansing ceremonies, Spirit quest, sacred places, sweat lodges, walking around home territory, etc.



Tool 3: Community Resource Map

Connection:

Self: _____

 Family: _____

 Individuals: _____

 Community: _____

Identity:

Self: _____

 Family: _____

 Individuals: _____

 Community: _____

Outside community: _____

Nature: _____

Empowerment:

Self: _____

 Family: _____

Individuals: _____

Community: _____

Outside community: _____

Nature: _____

Outside community: _____

Nature: _____

Vision:

Self: _____

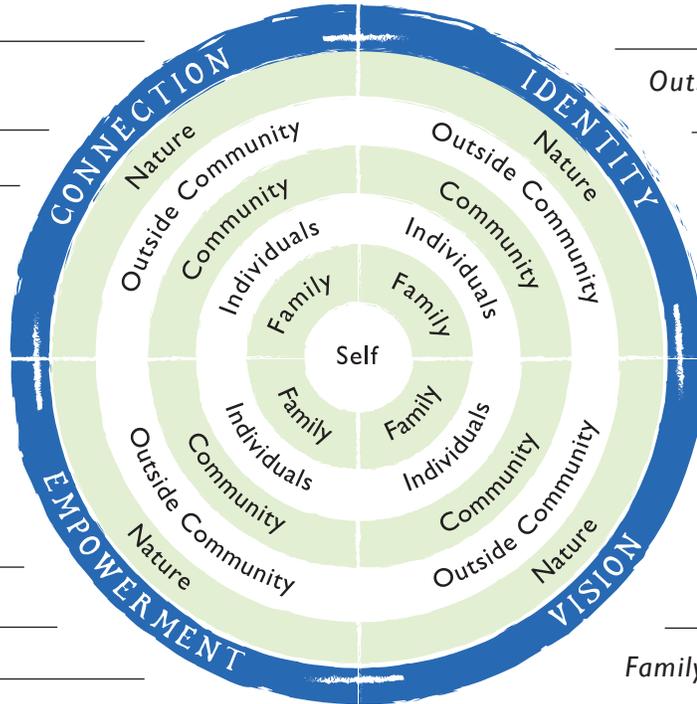
 Family: _____

Individuals: _____

Community: _____

Outside community: _____

Nature: _____



Tool 4: Community Wellness Indicators

COMMUNITY WELLNESS INDICATORS:

Social

- Safety in community
- Community gatherings and events without alcohol
- Families coming together and doing things together
- When the drinking stops

Economic

- Levels of employment
- Kinds of employment (*full time vs. seasonal*)
- Access to appropriate and affordable housing
- State of home and yard
- State of dogs (*how do the dogs look*)
- Level of education and training
- Resources for promoting wellness

Political

- Leaders practicing tradition and culture
- People advocating for themselves and family
- Safety
- Awareness of root causes to mental health conditions by leaders and frontline workers
- A clear process to lead with mental health issues
- Proactive action on wellness

Cultural

- Ceremony and ritual
- Practice of traditions
- Dance/art
- Hunting/fishing/gathering practices

Tool 4: Family Wellness Indicators

FAMILY WELLNESS INDICATORS:

Children

- Appearing and sounding happy
- Playing well with other children
- Kindergarten ready (*able to sit and listen, play with other children*)
- Absence of anxiety, feeling good about themselves
- Child-centered family activities
- Safety
- Consistency of routine (*daily activities, sleep*)
- Good nutrition
- Traditional practices

Youth

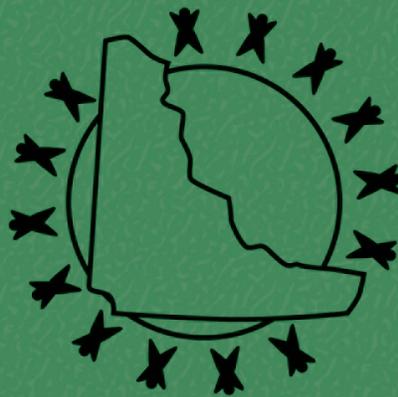
- Safety
- Confidence
- Active lifestyle (*diet, exercise*)
- Individual measures of success
- Basic needs being met
- Friends
- Participating in traditional and cultural practices
- Knowledge of cultural heritage

Adults

- Balanced health (*social, emotional, physical and spiritual*)
- Ability to move through a crisis
- Active lifestyle
- Being independent as far as a disability allows
- Finding personal strengths and gifts
- Stability
- Safety
- Positive outlook
- Supportive of other family members

Elders

- Safety
- Socializing (*visiting*)
- Telling their stories
- Healthy active lifestyle
- Traditional and cultural practices
- Speaking traditional language



Council of Yukon First Nations
2166 2nd Ave Whitehorse, YT Y1A 4P1 867-393-9200

*Citation: CYFN (2010). Yukon First Nation Mental Wellness
Workbook AHTF 2010. Report and CD. 87pp + tools.*