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Building Bridges 2
A Pathway to Cultural Safety

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Canadian Collaborative Mental Health

Care Conference

Building Bridges 1
At a Glance

- The BB project began in 2007 with the relationship between Phil Upshall of the Mood Disorders Society of Canada (MDSC) and Bill Mussell of the Native Mental Health Association of Canada (NMHAC) and the First Nations Inuit Métis Advisory Committee (FNIM AC) to the Mental Health Commission of Canada (MHCC)

- They conceived of their collaboration as building a bridge, with each end of the bridge anchored in different "territories" representing their respective traditions and constituents, and the way between to be built by developing understanding of the differences and commonalities between the two

- In 2008, the NMHAC and the MDSC partnered to plan and host the Building Bridges One (BB1) symposium to determine issues, needs, and challenges shared by their respective constituents. Amongst the recommendations resulting from the forum was the need to pursue awareness and understanding of best/ promising practices that constitute "cultural safety".

BUILDING BRIDGES 2

'GLIMPSES OF LIGHT'

Introduction by Bill Mussell

A powerful and compelling DVD that has already been tested in Canada to stimulate discussion on strategic issues related to cultural safety and relational practice in Canada.

Joint Research Initiative

- Designed to understand best and promising practices that constitute cultural safety, relational practice and social inclusion in the Canadian context.

- Conducted forty-seven (47) consultations and focus groups across Canada. 246 people in eleven cities including 155 service providers, 86 persons with lived experience and five family members. One hundred forty-two (142) of the participants were First Nations, Inuit and Métis and 104 were Non-Aboriginal.

- Commissioned two research papers

  – 'Supporting the Mental Wellness of First Nations, Inuit and Métis Peoples in Canada: Cultural Safety and Relational Practice'

  – 'Belonging: Social exclusion, Social inclusion, Personal Safety and the Experience of Mental Illness'

- Collaborated with the First Nations, Inuit and Métis Advisory Committee (FNIM AC) to the Mental Health Commission of Canada.

- Building Bridges 2 culminated with a national symposium in Ottawa.

  The focus groups and symposium were designed to capture the voices of those with the most direct experience and knowledge of mental health and addictions services; from government, non-government, and indigenous organizations, as well as community members.

Final Report and Research papers can be viewed at:

www.mooddisorderscanada.ca

Determined the Need to Deal Effectively with Major Systemic Issues Identified Through Lenses of:

- Primary Focus on Cultural Safety

- Relational Practice

- Social Inclusion/Exclusion

Cultural Safety

There are both possibilities and challenges involved in using the concepts of cultural safety and cultural competence to support the mental health and well-being of Aboriginal people in Canada. These include:

1 ...colonizing processes that continue to privilege dominant culture perspectives in the construction of the mental health and addictions services, e.g., First Nations, Inuit and Métis people tend to not use mainstream health care services, present at advanced stages of disease progression, show "non-compliance" and often drop out before the end of treatment; and

2... a recognition of the limitations of 'culturalist' approaches in response to these issues.

CULTURAL SAFETY

- Culture is dynamic, it is a relational concept.

- As a concept, cultural safety focuses on understanding how structural inequities, systems of health care and dominant health practices affect the health status of minority and Indigenous people.

- The notion of culture in cultural safety is used to address the relational aspect of Indigenous peoples' lives, i.e., among people and between people and their contexts, including the broader social, historical and political realities that shape health care experiences of Aboriginal people. The notion of safety assists us to focus on risk and benefit.

- Understanding of cultural safety requires health care providers (and policy makers) to engage in dialogue regarding the root causes of inequities in mental health and addictions, which creates the potential for discomfort related to a number of issues, including the call to be accountable and actionable.

Cultural Safety

- In Canada, there has been a growing realization that mainstream health services, including mental health services and programs, are not effective or accessible for many Aboriginal people

- To address this, we have determined that it is important to understand the historical and structural contexts within which these services for Aboriginal people have evolved and to consider culture in ways that directly address issues of racism and inequity. We must review the effects of colonization, oppression, discrimination and institutional racism on the mental health and well-being of Aboriginal people

Cultural Safety

- Best practices include reconnection with culture and with traditional ways of healing and healing concepts; community-based initiatives and a balanced approach to mental health including treatment, prevention and health promotion strategies; and healing projects that address the historical and inter-generational trauma resulting from the residential school experience.

- Understanding of cultural safety requires health care providers (and policy makers) to engage in dialogue regarding the root causes of inequities in mental health and addictions, which creates the potential for discomfort related to a number of issues; including the call to be accountable and actionable.

Relational Practice
is Integral to Cultural Safety

Relational practice...recognizes that peoples' experiences, including health and illness , are shaped by the contextual features of their lives – social, historical, political, cultural, and geographic, as well as by other factors such as age, gender, class, ability, biology, and so on. Relational approaches refer to more than respectful, supportive, caring and compassionate relationships etc.; although interpersonal connections are a central feature of excellent relational practice, this view takes into account "how capacities and socio-environmental limitations" influence health and well-being, the illness experience, decision-making and the ways in which people manage their experiences.

Social Inclusion/Exclusion

- Indigenous people with mental health and addictions issues are subjected to the same social exclusion, stigma and discrimination experienced by all consumers. When these are combined with racism and racist stereotyping, as they often are, they become a toxic brew of negativity and pain for First Nations, Inuit and Métis people seeking help.

- People who have been stigmatized and excluded have been harmed in fundamental ways. They need experiences of safety in order to be able learn, work, engage and participate. Creating personal safety and security is an essential first step in the process of recovery. This includes physical safety, relational safety and emotional safety.

Summary of Key Themes

- Restoring a sense of belonging through social inclusion and support is critical for supporting recovery from mental health and addictions problems; stigma and discrimination result in social exclusion, which exacerbates the problems and deters healing and recovery.

Key Themes

- Cultural continuity is a key factor in promoting the mental health and wellbeing of Aboriginal people and reconnecting with culture has a healing effect.

- Mainstream services are inadequate for most Aboriginal and many non-Aboriginal consumers. The services are underfunded, hard to access, fragmented, and limited in scope. Consumers' experiences with services are often stigmatizing and harmful. Funding is targeted primarily to biomedical approaches, which are insufficient to meet the needs of consumers.

- Concepts of cultural safety and relational practice are particularly valuable for Aboriginal people, because they encourage health care providers, policy makers, and organizations to reflect critically on issues of racialization, institutionalized discrimination, culturalism, and health and health care inequities

Key Themes

- These concepts are valuable for non-Aboriginal people as well, because they provide a way to understand why health service systems function as they do and what needs to be changed so that consumers feel safe and supported and healing can take place.

- Holistic and complementary approaches need to be developed for mental health and addictions care; approaches that take the best from both worlds (western and indigenous).

Conclusion and Next Steps

Enhancing Education and Training

1. Engage with educational institutions of health care service providers with respect to cultural safety and develop and disseminate education and training materials that: build the critical mental health literacy of care providers, group and system leaders by teaching the critical analysis skills inherent to and necessary for cultural safety; and teach relational practices and ethical engagement in mental health and addictions.

2. Engage with professional associations with regard to developing and integrating standards of practice for cultural safety, relational practice and social inclusion.

Conclusion and Next Steps

3. Provide training directly and through arrangements with training institutions to invest in capacity development throughout the system. Also, take emergent opportunities to build capacity into existing curriculum and training processes.

Supporting Good Policy Development

4. Work collaboratively to develop a lens or series of lenses to use in the analysis of policy propositions to test for cultural safety, supports to relational practice and assurance of ethical engagement between individuals, families, community, and service agencies.

Conclusion and Next Steps

Supporting Effective Program / Service Development

5. Bring key stakeholders together to work collaboratively on developing program and service models as practical and helpful contributions to making the system over one piece at a time (sharing and development of building blocks to a renewed system).

Conclusion and Next Steps

6. We are now equipped to develop a five-year strategic plan on cultural safety which will allow us to deal with major systemic issues and barriers such as labelling and discrimination, colonialism, racism and stigma in a planned and progressive manner. The plan will focus on the need to:

7. Develop a national strategic framework for improving culturally and linguistically appropriate services in mental health care for mental health consumers and Aboriginal peoples.

8. Determine how we can ensure meaningful development and delivery of effective and culturally appropriate services for Aboriginal people and mental health consumers in Canada.

Conclusion and Next Steps

9. Determine what kind of forums can be developed in order to address the issue of cultural safety and service delivery and coordinate meaningful responses.

10. Develop national standards for culturally and linguistically appropriate services in mental health care for Aboriginal peoples and mental health consumers.

WE INVITE <u>YOU</u> TO JOIN WITH US IN THE NEXT IMPORTANT STAGE OF THIS GROUNDBREAKING INTIATIVE