



First Nations Mental Wellness Continuum Framework

Collaborative Mental Health Care Conference
Calgary, Alberta
June 19, 2015

Overview

- Launched on January 28, 2015 by the AFN the First Nations Mental Wellness Continuum Framework is a shared vision for First Nations Mental Wellness.
- It outlines a coordinated, holistic approach to MW programming that takes into account the important role of FN culture, traditions, and language, but can be applied broadly:
 - Links mental and physical health and wellness
 - Is a component of the broader continuum of health programs and services, and social determinants of health
 - Represents a new way of doing business
 - Builds on innovation in communities
 - Outlines continuum of programs and services aligned with the population health model, linking with public health and primary care
- Achieving vision will involve action by First Nations but also FNIHB, AANDC, Provinces/RHAs

Current Status of MW Programming

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

First Nations Mental Wellness Continuum Model

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

Applying the Framework: Conceptual Shifts

Program focus on deficits	Discovery of strengths
Evidence that excludes Indigenous worldview, values, culture	Indigenous worldview, values, and culture that are the foundation to determine the relevance and acceptability of various sources of evidence in a community context
Focus on inputs for individuals	Focus on outcomes for individuals, families and communities; holistic collaborative approaches
Uncoordinated, fragmented programs and services	Comprehensive planning and integrated federal/provincial/territorial/sub-regional/First Nations models for funding and service delivery
Communities working within program silo restrictions	Communities adapt, optimize and realign their mental wellness programs and services based on their priorities
Program focus on health and illness	Approaches that strengthen multi-sectoral links, connecting health programs and social services, across provincial/territorial and federal systems to support integrated case management taking into account the First Nations social determinants of health

Outcomes

Mental wellness is a balance of the spiritual, emotional, mental, and physical

This balance is enriched as individuals have:

- **HOPE** for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit
- a sense of **BELONGING** and connectedness within their families, to community, and to culture
- a sense of **MEANING** and an understanding of how their lives and those of their families and communities are part of creation and a rich history
- **PURPOSE** in their daily lives whether it is through education, employment, care-giving activities, or cultural ways of being and doing