



Canadian
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Mental Health
Initiative

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collaboration en
santé mentale

Pathways to healing:

A mental health toolkit for First Nations people

A TOOLKIT FOR
CONSUMERS, FAMILIES AND CAREGIVERS

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Pathways to healing:

A mental health guide for
First Nations people

A Toolkit

February 2006

OUR GOAL

The Canadian Collaborative Mental Health Initiative (CCMHI) aims to improve the mental health and well-being of Canadians by enhancing the relationships and improving collaboration among health care providers, consumers, families and caregivers; and improving consumer access to prevention, health promotion, treatment/intervention and rehabilitation services in a primary health care setting.

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Preface

Welcome to the CCMHI Toolkit Series!

The Canadian Collaborative Mental Health Initiative (CCMHI) is led by 12 national organizations representing community services; consumers, families and caregivers; self-help groups; dietitians; family physicians; nurses; occupational therapists; pharmacists; psychiatrists; psychologists; and social workers. Funded through Health Canada's Primary Health Care Transition Fund, the goal of the CCMHI is to improve the mental health and well-being of Canadians by increasing collaboration among primary health care and mental health care providers, consumers, families and caregivers.

The CCMHI toolkits contain practical tools to:

- Help mental health consumers and their family members understand mental illness and work with other members of the care team
- Assist providers and planners in the implementation of collaborative initiatives
- Inform educators of the benefits of interprofessional education and provide tools to teach about collaborative mental health care.

Each toolkit was developed with an interprofessional expert panel and guided by a working group representing a number of key stakeholder groups. We hope that readers of any of the toolkits in the series will recommend them to others (e.g., consumers referring toolkits to their providers and vice versa).

In addition to this series of 12 toolkits, the CCMHI has developed a Charter of principles and commitments that will influence the future of mental health care in Canada and a series of reports that capture the current state of collaborative mental health care. The reports highlight health human resource issues, provide an annotated bibliography, summarize best practices, review initiatives from across the nation and summarize provincial and territorial mental health and primary care reform. These documents guided the development of the toolkits and are available at www.ccmhi.ca.

Consumer, family and caregiver toolkits

Consumers, families and caregivers developed both of these toolkits for consumers and their loved ones.

Working together towards recovery: Consumers, families, caregivers and providers is intended for all consumers, families and caregivers wishing to know more about mental health and mental illness, how to access services and the type of professionals that can assist them in their recovery. This toolkit also offers an outline of complementary therapies and self-care as well as the contributions and needs of caregivers. Finally, this toolkit includes a guide to “getting involved”, describing how government and boards of directors work, and why consumers and families should participate.

Pathways to healing: A mental health guide for First Nations people is a toolkit that offers a basic overview of mental health and mental illness along with a contextual section outlining the impact of history, social, economic and political conditions on the mental health of these peoples. There are tools in this toolkit to foster holistic care.

Implementation toolkits

Collaboration between mental health and primary care services. A planning and implementation toolkit for health care providers and planners is a guide for providers wishing to establish or enhance the mental health services they provide through collaboration. This general toolkit offers readers a guide to all aspects of planning, implementing and evaluating a collaborative mental health care initiative, including assessing need, setting goals and objectives, developing a budget, building a team, maintaining a well-functioning team, managing change and monitoring the initiative.

Eight population-specific toolkits, entitled *Establishing collaborative initiatives between mental health and primary care services*, are designed to be used in conjunction with the general toolkit. They offer tips on adapting the general toolkit for Aboriginal Peoples, children and adolescents, ethnocultural populations, rural and isolated populations, seniors, individuals with serious mental illness, individuals

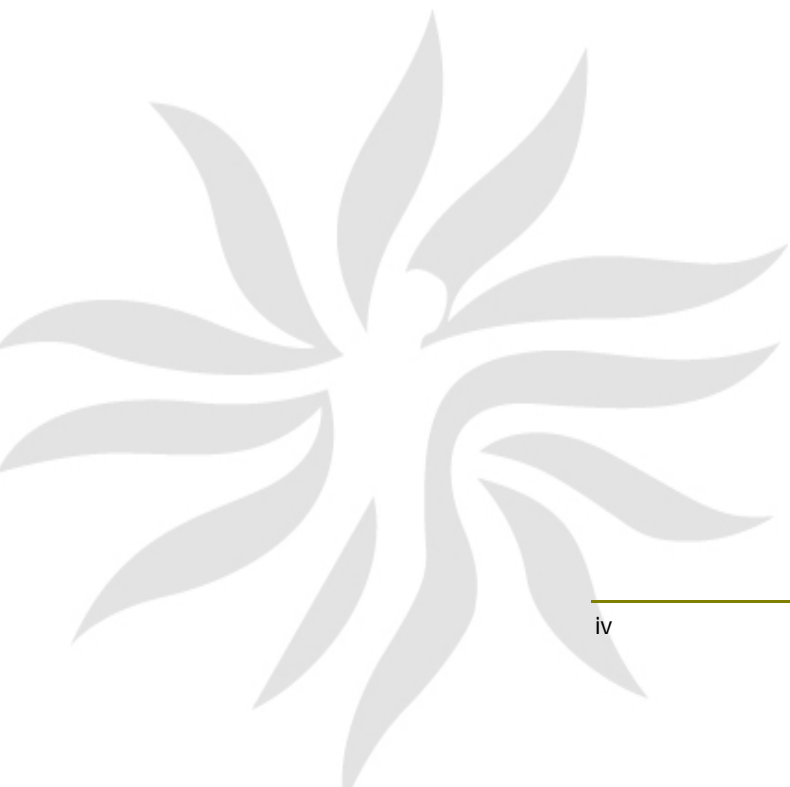
with substance use disorders and urban marginalized populations. There is some overlap in the toolkits; for example, information about collaborative mental health care and the homeless may be found in at least three toolkits: individuals with serious mental illness, individuals with substance use disorders and urban marginalized populations. Readers are encouraged to consider all the toolkits that may be relevant to their needs.

The general and population-specific toolkits are not intended as clinical practice guides but offer practical advice on different aspects of establishing successful collaborative initiatives.

Education toolkit

Strengthening collaboration through interprofessional education: A resource for collaborative mental health care educators serves as an educational resource to assist in the implementation of educational initiatives and programs that promote collaborative mental health care in primary health care settings. The toolkit is targeted to education program developers in regulatory agencies, professional associations, regional health authorities, family health teams, governmental departments, and educators within both academic (universities and colleges) and care delivery settings.

This toolkit highlights the importance of interprofessional education in promoting collaborative care. It offers four case studies and several activities accompanied by a sample lesson plan and other useful tools to aid educators in the implementation of educational events.



Introduction

About pathways to healing

The purpose of this toolkit is to assist First Nations people who are considering taking action to help themselves or others to heal:

- To make sense of their history and the emotional pain caused by colonization.
- To help build self-awareness and understanding of how the past affects us as individuals, families and as a community. How traditional knowledge, ways of knowing, beliefs, values, language and cultural ways support renewal, healing and wellness.
- To begin to see how unspoken grief hurts our children, our young people, and our ability to form healthy relationships as adults with our partners, as parents and with our elders.

This toolkit is also written for family, friends, and caregivers because the lack of balance for one - affects us all. Because we know, families, caregivers and the community can play a key role in recovery.

The information shared comes from the wisdom of people who: have journeyed through the effects of colonization: understand their cultural foundation and how to build upon it and/or improve their self-awareness: have learned to grieve, and found the red road to recovery; have conducted the best Aboriginal and Western research available today.

What we hope to pass on is:

- Knowing the link between our current life choices, First Nations history, and the relation this has to our understanding of balance and health.
- Hope for a better future through healing
- That help is often hard to find - but is worth seeking,
- That working together with health professionals, family, Elders and peers can enhance the healing journey,

- That good mental health is a shared concern, and
- That you are not alone.

This toolkit written for First Nation people regardless of where you live. No matter where you live, be it in an urban, rural, semi-isolated, or isolated setting, this toolkit will be useful. It will provide practical advice on how to build supports and find competent and skilful help when the journey is difficult. It will guide you to where you can find more information.

It is a starting point for change.

Section 1: Pathways to healing

Balance, wholeness and good mental health

Each of us wants to feel good about ourselves. We want:

- To be healthy and live in harmony with our family and our community.
- To know who we are and where we belong - to be cared for and to care for others.
- To feel at peace and be at one with the Creator.
- To know that we matter, feel accepted, and take pride in our work.
- To be able to provide for our family - to know our history and our culture.
- To be able to learn from both our successes and failures and accept willingly the challenges life offers.
- To feel proud and have others believe in our abilities.
- To be responsible for our actions and to be appreciated – and to know that through our actions we can shape our future.

First Nations people believe that: wholeness includes the health and wellness of our body, mind, heart, and spirit.

These things give us feelings of satisfaction, joy, wholeness, and balance. We look forward to tomorrow. This is good living and what western society refers to as good mental health.

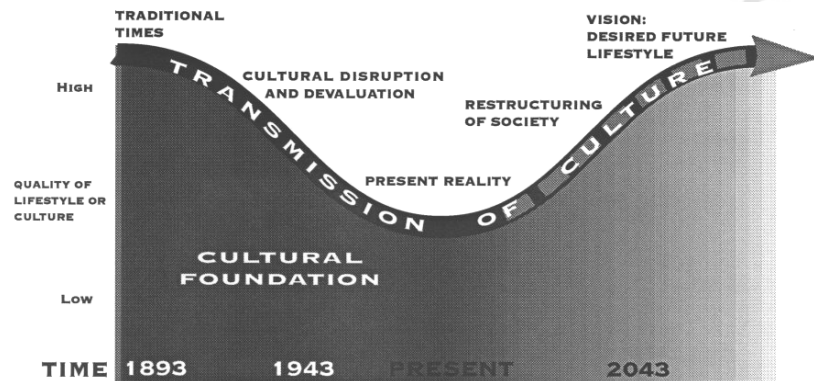
Worldview

In the beginning, First Nations people valued wholeness, symbolized by the circle, family, community and the drum. They believed: in the goodness of all human beings; that people help and are helped; that there is a link between people, creatures, and all things created by the Great Spirit; and that we must live in harmony with nature, take care of the earth – not control it.

First Nations people believe that: wholeness includes the health and wellness of our body, mind, heart, and spirit; families share and care for each other with respect and see

each member as important; our communities are healthy and empowering and that each person has a place; the land is our home, it is healing, it will provide for us, and teach us how to live; and our language, our culture, and its teachings are important and that our past, present, and future are all tied together. Our families, communities, and culture teach us how to live in balance, to care for others and ourselves and to restore balance when it is lost.

The big picture¹



¹ Warrior – Caregivers: Understanding the challenges and healing of First Nations men, A guide prepared for the Aboriginal Healing Foundation by W.J. (Bill) Mussell, 2005.

Section 2: Challenges to wellness

The loss of wellness/ wholeness and balance of First Nations people springs from a long history of colonization, and the effects of being contained and limited in how we lived our culture. Cut off from traditional ways of living and being oppressed, many First Nations people have become dependant on help and the direction of others. The basic needs of life are not met and many First Nations communities have slipped into isolation and poverty. Taking action to make change may be feared. Faced with racism and discrimination, generation to generation, people have begun to believe that they deserved to suffer. They blame themselves for what they have suffered. To survive they have learned to hide their true feelings and beliefs - to lose confidence, hope, and to accept injustice.

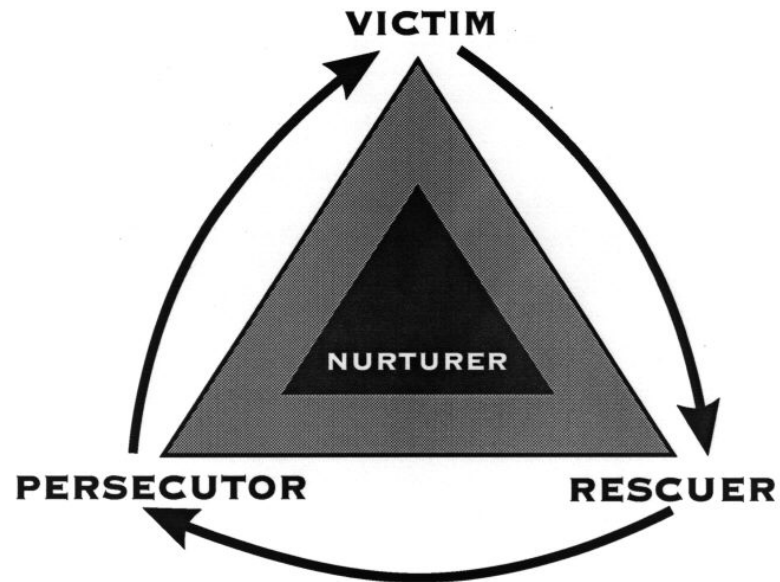
Many First Nations families were deeply hurt by the government policy of sending children away to residential schools.

Residential school trauma

Many First Nations families were deeply hurt by the government policy of sending children away to residential schools. Children, taken from their families, did not have their emotional needs met. Some experienced violence and sexual abuse. Most lost their language and connection to their culture, families, Elders, and communities. They returned home hurt, confused and angry. There was little space to grieve and they carried their pain in silence. They did not know how to make decisions for themselves or develop the tools to make their own history. Elders were no longer valued and did not know how to help.

Victim-Rescuer-Persecutor and Nurturer Model²

Violence has replaced the true strength that comes from knowing who you are as a person.



To numb the pain of hurt and loss many First Nations people turned to alcohol, drugs, gambling, violence, sexual acting out and self-harm as a way to cope.

Having lived with harsh rule, they became hard, treating themselves and others with disrespect and violence. As often happens, the oppressed became the oppressors.

These behaviours get in the way of wellness and good mental health. They contribute to the development of the loss of balance and wholeness.

Cycle of violence and abuse

As these residential schoolchildren grew up, most of them did not have the skills, knowledge, or emotional strength to parent their own children. In many communities, our next generation of children were raised in families with chaos, substance abuse, and violence. Traditional roles within the family and community have been lost. Parents, unable to care for themselves, leave children to care for each other. Kids turn to alcohol, drugs, unsafe sex, and acting out as a means of coping and numbing their pain. This is how they see their

² Warrior – Caregivers: Understanding the challenges and healing of First Nations men, A guide prepared for the Aboriginal Healing Foundation by W.J. (Bill) Mussell, 2005.

parents cope. Sometimes children are taken away, and placed in child welfare, leaving a hole in the family. Girls lack strong, caring women to show them how to love wisely and raise healthy families. Boys do not have good male models to learn how to be strong men. Violence has replaced the true strength that comes from knowing who you are as a person and as a people: to know where one belongs in the world; to find one's place and create a healthy space.

Where once extended families cared for each other, family ties have been weakened. Trust is broken. Instead of the traditional sharing and caring between extended families, communities and families have begun to be guarded towards each other. Many young people have left their communities to make their home elsewhere. For some, this has led to more pain and loss as they move into a hostile and rejecting world. Without positive role models, hope for the future, and wounded by violence, this generation has repeated the history of their parents.

Losses and their effects

Traumatic loss includes:

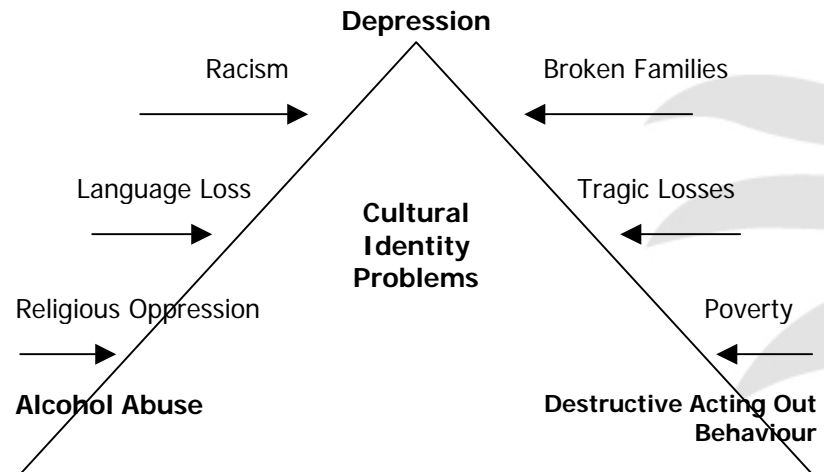
- Loss of innocence;
- Loss of ones language, spiritual and cultural practices and identity;
- Loss of ones land, self-sufficiency and self governance;
- Loss of children to residential schools and child welfare systems;
- Loss of parenting roles and skills; and
- The breakdown of family kinships and social structures.

These losses have led to:

Personal failures;

- A willingness to passively accept what happen and live in a dependant state;
- Identity confusion, rejection and accepting discrimination and put downs;
- Self-destructive behaviour;
- Substance abuse;
- Violence;
- Depression, anxiety; and
- Suicidal behaviour.

These are all signs of great inner pain.



This drawing shows what leads to cultural identity problems for First Nations people³

The major health problem for First Nations people, is alcohol addiction and substance misuse including prescription drugs and gambling problems.

Addictions including alcohol and drug abuse

The major health problem for First Nations people, which has received attention from governments, is alcohol addiction and substance misuse including prescription drugs and gambling problems. Because of this focus, society has become aware of the link between substance abuse and health. In spite of successful addictions treatment, many First Nations people are left feeling as if something is still missing from their life. Dealing with the addiction creates a stable place to begin the healing journey. By only dealing with the addiction, and not its roots, balance is not restored. It is only possible to understand something if we understand how it is connected to everything else. This has led us to a shift our thinking towards looking at the mental health needs not only of the individual but also of the community as a whole.

³ Adopted from A Gathering of Wisdoms: Tribal Mental Health, Swinomish Tribal Mental Health Project, 1991

Section 3: Making our own history

With this history, it is not surprising that the absence of wellness of some First Nations people is a cause for concern. However, that history does not need to be our present or our future. There is hope. Healing and recovery is possible.

Healing a people

Recovery for First Nations people will take many paths. One path alone will not be enough. Each path will strengthen the other. Each person who moves towards health and healing helps their families and their community to heal. Think of people who have become addicted to alcohol and who have attempted to heal at a treatment centre for addictions, and are still burdened by inner pain. Their path needs to include a focus on internal wellness and dealing with losses that were never grieved.

Recovery for First Nations people will take many paths. Their path needs to include a focus on internal wellness and dealing with losses that were never grieved.

We will heal as a people by:

- Healing as individuals, usually with the assistance of others, especially, those who share a similar cultural foundation, language, traditions, rituals and ceremonies;
- Building friendships with others who enjoy relative good health and wellness connected to nurturing relationships with others, nature and the Great Spirit;
- Reconnecting as families and healthy social groups that enjoy sharing stories, humour and play;
- Understanding wellness and the qualities that make up the lack of balance (mental-ill-health);
- Integrating western and traditional approaches to health;
- Taking action to build healthy, hopeful, and successful communities including identifying and supporting healthy leaders within our communities;
- Grieving the trauma caused by residential schools and abuse;
- Healing together as a community from the effects of physical and sexual assaults;

Not all First Nations people are struggling.

- Restoring justice by continuing to push for the settlement of outstanding residential abuse claims;
- Reclaiming control over decision-making and governance and eliminating the use of threats and abuse of power within our communities; and,
- Addressing land claims grievances and unresolved historical issues concerning land holding within the reserve.

There is a positive link between the healing of each person and the ability of their family and community to move forward in healing. Such healing is linked to knowledge of cultural foundation, cultural ways, beliefs, values and ceremonies that nurture and affirm identity. It is also linked to healing, which promotes personal and cultural identity, and builds communities of care. It is just as true that as our communities and families become stronger they are better able to support the health and wellness of the individual.

Not all First Nations people are struggling. Many individuals and communities are thriving. They have drawn on their cultural foundation, ways of knowing, language, and traditions. They have developed ways to manage the burden of the effects of colonization and can see hope for the future. They have eliminated alcohol from their lives. They have refused to accept the negative image that has been placed upon them. They have taken control of decision-making and built opportunities for their young. They have looked to traditional healing practices, strengthened kinship ties, and reconnected with the elders -while drawing on the best of Western ways that support or foster the movement towards wellness.

First Nations people have a rich history of healing practices that can provide a pathway to health, wholeness and healing.

Emotional growth happens when our physical and emotional needs are met.

Section 4: Pathways to health

First Nations people have a rich history of healing practices that can provide a pathway to health, wholeness and healing. Within our culture, lack of wellness is seen to happen when there is a lack of balance. It is due to many factors both inside and outside our selves.



The Medicine Wheel⁴

The Medicine Wheel shows the link between the mind, body, emotions, and spirit. Each need must be met to feel whole. The wheel shows the way to know yourself and how to build self-care.

When our **physical needs** (air, water, food, clothing, shelter, exercise and sex) are satisfied we can seek meaning in life. The person has the tools to understand the what, how and why of life. This is part of intellectual and spiritual growth.

Emotional growth happens when our physical and emotional needs are met including:

- being loved and belonging,
- feeling positively included and accepted by family, friends and community,
- having someone who listens and understands,
- having a private space to listen to ones heart, body, brain and soul,
- to understand and accept ones limits and have others who will help you do this when needed,
- to have healthy boundaries and respect the boundaries of others,
- to learn the discipline needed to control emotions.

⁴ Medicine Wheel is from 4 Worlds Directory
<http://www.4worlds.org/4w/directory.html>

When we are raised in a safe, caring, and respectful environment, we learn to value others and ourselves.

Mental health is linked to the strength and security we gain from our family and community.

We are born to learn

Through play, trial and error learning, and teaching we are able to gather the tools we need to make sense of life and solve problems. Where Western education values formal learning from experts and books, First Nations people traditionally shared knowledge and skills informally through story telling and activities like building a canoe, hunting, or play. When traditional skills are not taught or being practiced it is harder to make sense of the world.

Spiritual growth

When we are raised in a safe, caring, and respectful environment, we learn to value others and ourselves. This includes plants, animals and other creations of the Great Spirit. This gives us richness and meaning in life. Song, dance and ceremony helps to build inner wholeness. Through this, we pay attention to our instincts. We let them guide our daily lives. We feel togetherness and purpose on this earth. Spiritual growth is connected to the land, each other, and the community.

For many reasons First Nations people have not had these needs met. By naming and understanding these needs, we can take steps towards reaching balance and wholeness.

Risks and contributing factors

Not everyone responds the same to way to life's problems. This is because we are each unique individuals with our own history and nature. As a result we make choices that can either help us keep our balance and sense of wholeness or lose our sense of balance and wholeness. Mental health is linked to the strength and security we gain from our family and community. When our sense of balance and wholeness is not present in our self, we call this poor mental health.

What does poor mental health look like?

Although changing, traditional Western medicine has often looked at poor mental health, also called mental illness, as an individual illness - a disease of the mind. It is commonly believed that most mental illnesses are passed down from family member to family member and often present when stress is high. Treatment focuses on the individual patient

and attempts to fix their 'broken brain'. This approach may not always be helpful for First Nations people.

But sometimes it is.

People who have been traumatized may also suffer from an illness that impacts how they think and feel. They also can be treated. Although the loss of mental health may be rooted in our social, economic, and emotional history, the impact can change our minds and bodies and the way they work. For example:

- Children with a history of trauma, violence, and neglect go through changes in how their brain works and how they experience the world. They can become more sensitive to stress and feel anxiety more easily. Over time, they are also more likely to become depressed.
- If a mother drinks when pregnant, then her unborn baby's brain and body can be damaged. The effect is called Fetal Alcohol Syndrome. It can harm a child for life, making it difficult for them to learn and to make good choices that are accepted by others. As these children grow up, they have a hard time showing self-control and developing self-discipline. That is why they are often closely watched. They often make poor choices that can lead to crime, and anti-social behaviour. This can affect the family and the community.
- Many First Nations youth sniff glue or gas out of boredom or as a way to escape painful situations. In the short term it can make them feel happy as they laugh, sing, and dance, speak more freely or fight. It can also cause depression and damage to the nervous system, body, or brain in ways that cannot be repaired.
- Long-term use of alcohol also can harm the brain. The brain does not work as quickly and can make you feel depressed.
- Over time, poor eating habits, lack of exercise and not enough rest can also cause harm to the body and mind.

What is sadness and depression?

Sadness is an important part of life. It helps us understand who we are. It tells us what we need and when we should make changes. Sadness comes from the losses and frustrations of daily life. Sadness will go away when you get support and encouragement, eat and sleep enough, lower stress and become more physically active.

Depression is different. It can become severe, last a long time, and make it very hard to manage life. It can go from being mild - to the point that people want to end their life. Major depression can be a serious, unbearable illness that strongly affects how you feel, think, and behave. Depression can last for years. It is very painful and is rarely overcome without help. You cannot will yourself out of depression. Each person feels depression in their own way and it can sometimes be difficult to see. Although not all of these changes may be present, the following describes how most people look and feel when they are depressed.

Physical Changes

- Not wanting to eat or eating too much
- Trouble falling asleep, staying asleep or sleeping too much. Sleep does not give energy
- Feel worse in the morning - mood lifts as day goes on
- Feel weak and tired
- Some people feel nervous and jumpy and need to move
- Feel more headaches, muscle aches and pains, but nothing is wrong with the body
- Stomach upsets- constipation

Changes in Thinking

- Thoughts are slowed, difficulty thinking, focussing on or remembering information
- Decision-making is difficult and often avoided
- Negative thoughts repeat and repeat
- Worrying over and over about failures or not being good enough
- Treat oneself and others harshly

- In extreme cases, there can be a loss of touch with reality, perhaps hearing voices (hallucination) or having strange fixed ideas (delusions)
- Constant thoughts of death, suicide, or attempts to hurt oneself

Changes in Feeling

- Loss of interest in activities that once gave pleasure
- Less interest in and enjoyment from sex
- Having no sense of personal value, feeling hopeless and lots of guilt
- A loss of feelings so that life has no color
- Sense of crushing or impending doom
- Loss of self-esteem
- Feeling sad, blue, down in the dumps
- Unexplained crying – without any clear reason
- Bad temper, impatience, anger and aggressive feelings

Changes in the way we act

- Pulling away from social, work and play activities - not wanting to be with others
- Avoiding decision-making – it simply seems too hard
- Avoiding everyday jobs such as housework, gardening, paying bills
- Less physical activity and exercise
- Reduced self-care such as personal grooming, eating
- Increased use of alcohol or drugs (prescription and non-prescription)

Mania

Some people move from depression to feeling overly positive, excited about life, and oddly overjoyed. They may feel like they have special powers or are very important, take risks, show poor judgement with money, or have a very high sex drive. Others may find them overly talkative, jumping from topic to topic. Their mood may rapidly change and they may become anxious, irritable and blame others for their problems. They may not sleep, sleep very little and forget to eat. They may lose touch with what is real - like hearing voices or having strange and disturbing ideas. This is called manic depression or bi-polar disorder.

Anxiety is common

Another way mental imbalance can appear is through great feelings of anxiety and stress. There is often a strong physical feeling of threat and worry with shortness of breath or rapid heart beat. The fear can become so bad it is difficult to be with others, work or care for oneself. Some times people will try to maintain balance by repeating soothing rituals to control their fears. Sometimes this anxiety follows a frightening or life-threatening event such as an assault, which is sudden and is re-lived again and again.

Losing touch with what is real

Sometimes, when people are under a lot of pressure, are very depressed or worried, they may begin to hear or see things that others do not - in a way that feels wrong or causes them to feel anxious. This is called psychosis.

Many people self-medicate, by using alcohol or street drugs, to cope with these painful feelings and thoughts. While in the short run this can help people feel more in control, it brings many more problems than it solves.

Treatment

Depression, mania, anxiety, and psychosis are treated by traditional Western medicine through talk therapy and medications. Medications can be helpful in lifting the darkness of depression or relieving the pain of anxiety or psychosis. It can provide you with a support in dealing with difficult issues in therapy. But pills do not solve life's problems. Without dealing with the root causes, mental ill-health may come back again and again.

The impact of childhood sexual abuse⁵

When a child is used sexually, by a youth or an adult, they are being abused. It often involves sexual touching but can include having sexual intercourse, teenage prostitution and sexual misuse through pornography. It

⁵ Child Sexual Abuse: Public Health Agency of Canada
http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/nfntsxagrsex_e.html

hurts emotionally and often includes other forms of harm. It is a deep betrayal of trust and an abuse of power over the child. We don't know how many kids are abused but the level of abuse is higher for First Nations children. Sexual abuse may also happen over many generations and become a part of the family's unspoken history.

Although sexual abuse is against the law it is often hidden. It may be kept a secret by children because they fear further harm, depend on the abuser for support or because of a deep sense of shame. Children who have physical or mental disabilities, who have little contact with friends, brothers and sisters or don't have trusted adults they can count on, are at greater risk of being sexually abused.

Most abusers are well known to the child. One in four people who abuse children are teenagers. Most often the abuser is male. Studies tell us that four out of ten people who were convicted of sexual abuse were also abused themselves as children. If the abuser is a family member, or a trusted member of the community, the child may not want to share what is happening to protect them from criminal charges. Because it is kept secret, children and their families may not seek help or know how to find the support they need.

Sexual abuse is always harmful but the long-term affects are worse if:

- Force, or the threat of force was used,
- The abuse was by a family member or someone in a position of power like a teacher, minister or band leader,
- The abuse happened repeatedly - over a long period of time,
- The child is not believed or on telling is told to keep quiet.

These children grow up not being able to trust others and tend to be loners, preferring to be on their own. Many times they begin to believe they were responsible for the abuse or deserved what happened. They have trouble with self-esteem, have difficulty making friends or forming intimate relationships with others. As they grow up they are more likely to be anxious and depressed and use drugs or alcohol to numb their pain. Self-harm through self-slashing, prostitution, or suicide attempts are common.

How does sexual abuse affect adults?

People who have been abused may resist telling others what has happened to them. Until they can, the real problem goes underground and becomes worse. This trauma can be carried from one generation to the next. Women who were sexually abused suffer more from physical and emotional problems. Abusive men may target these women and their adult relationship may repeat the experience of physical, sexual and emotional abuse.

Men who were sexually abused as children also suffer from depression, anxiety and suicidal thoughts or behaviour, particularly if there were many acts of abuse. Building trust and having healthy sexual relations with others is difficult. Men who were abused emotionally, physically and sexually have higher levels of mental ill-health. They also tell of having sexual interest in children (often of the same ages as when they were abused). This can lead them to abusing others.

Family violence

We do not know a lot about family violence within First Nations families. It is not a part of traditional Aboriginal culture and is not seen as acceptable. What we do know is that much of the violence in First Nations communities is youth on youth assault. They are learning to deal with confusion, frustration, and powerlessness by using threats and force. Substance abuse, the effects of Fetal Alcohol Syndrome, and growing up in chaotic homes, where rules are

There is a need to look to the community to find solutions to prevent further harm.

few, and problems are solved through violence rather than talk, has resulted in many youth coming into conflict with the law. There are very high rates of imprisonment for First Nations people.

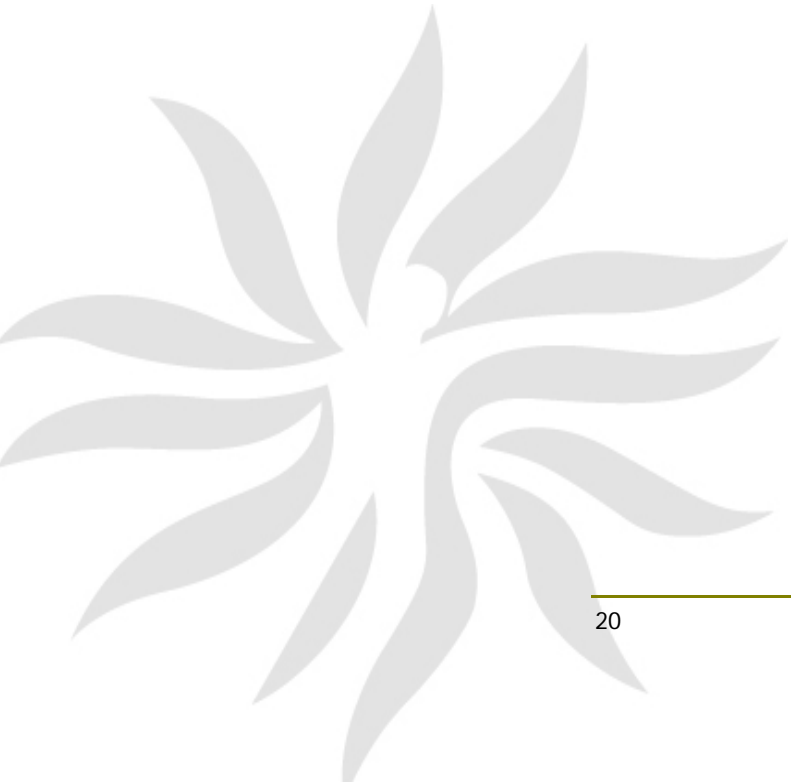
Restorative justice

It is only recently that First Nations people have begun to discuss the problem of sexual abuse and violence within their communities. They recognize that the justice system is limited in what it can do to solve this problem. There is a need to look to the community to find solutions to prevent further harm, stop it quickly when it happens, and help individuals, families and the community heal from the harm it causes. When the family and the community play an active and supportive role with kids they can help to protect them from entering onto a path that may result in their going to jail or causing self harm.

Some First Nations communities are taking a very special approach to dealing with their history of violence, suicide, addiction problems and sexual abuse. For example the Ojibwa village of Hollow Water, in Northern Manitoba, is using time-honored Aboriginal approaches - such as healing and sentencing circles to help wrong doers admit guilt and take responsibility for their actions. Over many years they have learned that speaking the truth about abuse promotes healing and healing encourages telling the truth.

The community comes together to hold the person responsible for their behaviour, while helping them gain self-insight into the emotional, mental, physical and spiritual problems of sexual abuse. Those involved in the healing circle will also share their own histories of abuse to 'sweet-talk' others out of the anger, denial, guilt, fear, self-hatred and hurt that must be dealt with. The victim(s) are helped to heal from their pain. In the end, when confronted by the victim, the abuser is able to honestly feel the pain they have caused. Only then can re-building for the victim and the abuser, their families and the community take place. People can learn about the source of disharmony in their relations with others and ways to change their behaviour to bring balance and restore harmony with themselves and their community.

These traditional healing practices are seen world-wide as models for the quality of care which teaches fairness and justice.



Section 5: What helps protect our mental health?

You do not have to be born into a healthy family to be successful.

Some people are born with a sunny nature. In spite of problems, they remain hopeful that things will get better. They believe that they can make a difference in their world and believe in themselves. They see new situations as a challenge and not something to be avoided. They find meaning in the bad things that happen and learn from their mistakes. If they have a family that makes them feel loved, see others around them behaving in healthy ways or just enjoy the approval on one person who believes in them, it can be enough to help them cope in difficult times.

You do not have to be born into a healthy family to be successful.

Children who get involved in school, join in with their community, play sports, do crafts, make friends, learn their culture and language, and believe in the Great Spirit are able to manage life's difficulties more easily. They do things that they enjoy. They are willing to reach out and help others. By trying new things, they can learn who they are, what they like, and at what they are good. They can learn how to plan and work towards a goal without giving up.

Healing and the recovery process

There are four main things important to recovery:

1. **A caring relationship** with a person who can help you restore trust – in yourself and in others. A relationship where you can grow as a person;
2. **Safety in your personal environment** so that you can enter into a potentially accepting and trusting relationship and face the journey to discover what has been avoided;
3. Learning strategies for **managing your emotions and controlling your behaviour**; and
4. **Time.**

We know why it is difficult for First Nations peoples to ask for help. Our history of oppression makes it hard to trust. It is hard to imagine that things can be different. To ask for

help, we must believe that we are worthy of friendship, and entitled to good health. That is unfamiliar. We must be willing to feel our grief, face our shame and to act. It can be much more comfortable staying with pain, and with what is familiar, than to take the risk of entering into this unknown. Even if going forward moves you towards a better life.

For many people, asking for help can feel like a failure or a weakness. It is not. It is an act of courage and strength. It is a way of being responsible and caring for ones self. Change is not easy. However, living a life of not knowing one's true self is much harder.

How can therapy help?

Good therapy provides a safe and private place to begin to tell your story. It gives you time to seek your truth and find your voice. The more you reflect, the more you learn what you know, and what you do not. It can bring insight, help you understand your feelings and learn new ways of solving life's problems. It is a rewarding but not an easy journey. It takes time and commitment.

A good therapist does not give too much advice. They help you sort out what you can and can not control. A good therapist can help you set and move towards your own goals. They can teach you that all your feelings are acceptable but not all behavior is okay. They encourage you to express your feelings honestly. They model honest, respectful behaviour. And teach you how to get along with others, how to listen with care and talk with others honestly. It takes time to tell ones story and a respectful therapist will listen carefully to understand. Through the telling of your story a good therapist will help to uncover what are the values that are important to you.

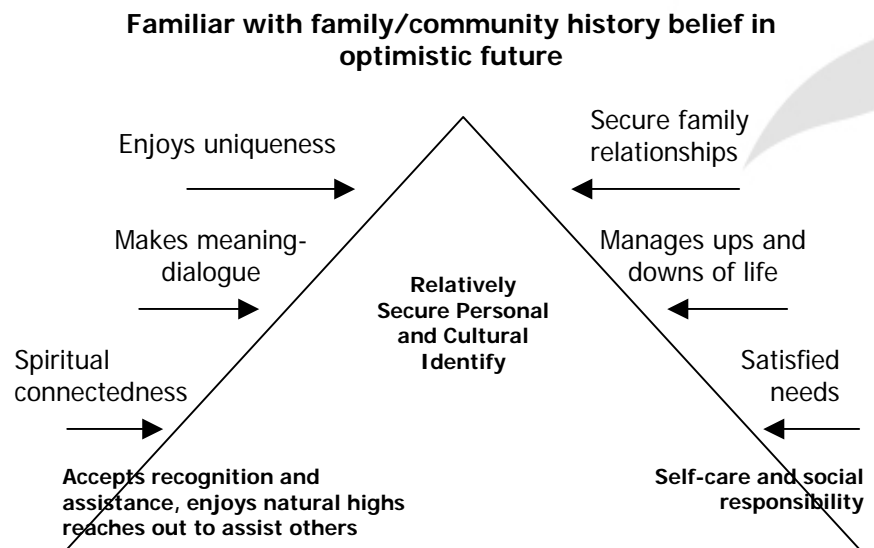
Privacy is respected

Many people are embarrassed at needing help and feel afraid that others will think less of them if they find out about a loss in mental wellness. Counsellors are trained, and expected to respect your privacy and will not share your private information with others. Respecting your privacy is particularly important in smaller, close-knit communities.

Some people prefer to find help outside of their community because of their concerns for privacy.

Healthy Relationships

Secure family relationships and sharing which supports our emotional, intellectual, and spiritual growth are central to our healthy progress.⁶



Who can help?

Finding help in remote and isolated communities

There are different paths you can take to seeking help. Finding the right counselor can also take time. In remote parts of the country there may be few formal services available. You may have to do some research to find the help you need. Many people find this frustrating and it can take you some time to organize.

Keep a record of who you contact and what they say (see Appendix B for an example). If they can not help you, ask for suggestions of where you can go for help. Put your name on waiting lists while you continue your search. Be patient and don't give up!

⁶ Adopted from A Gathering of Wisdoms: Tribal Mental Health, Swinomish Tribal Mental Health Project, 1991

Here are some ideas of where to begin to look for help in your community:

- Speak to a health worker, especially a nurse or a community health worker.
- Go to the health centre.
- Ask a family physician – if they are available, they may know what help is available.
- Speak with a pharmacist in your community.
- Talk with someone at the band office who has some familiarity and access to computer resources to help you undertake a search of what is available.
- Ask trusted others in your community such as a teacher or a respected elder
- The mental health worker if they are employed by the band.
- Drug and alcohol counselors are available through the National Native Alcohol and Drug Abuse Program. They may help you with mental wellness needs in addition to addictions issues. There is a listing of treatment centres available on the Health Canada website (see resources provided in section 8).
- Visit a talking circle or self-help group.
- Ask the local Friendship Center for information.
- Contact the national offices of health care professionals to learn about provincial resources.

Finding help in centres closer to towns or cities

There are often excellent treatment and wellness resource available but they are poorly advertised, even amongst health care providers. Because health is a provincial concern, services vary across the country. You will need to do some research to find local resources close to home. Ask a trusted friend or family member to help you with the search.

Here are some suggested places to start your search:

- Friendship Centres - especially for people living off reserves.
- Contact your local band office for information advice.
- Find out if there are aboriginal people who are involved in healing within the community.
- Walk-in clinics.

- Go to the local hospital- some hospitals will have an Aboriginal liaison worker who can help you get connected.
- Contact the Ministry of Health in your province. They can help you connect with the health authorities that will know about resource are available in the community.
- First Nations and Inuit Health Branch.
- Look for educational opportunities that will help you find more information and resources.
- Find a medical doctor.

In addition to looking to the First Nations community for help, you may also want to use health and healing resources that are available in the larger community. More and more care-providers are receiving training to understand the unique needs of the First Nations people and give you the right kind of care. The Mood Disorders Society of Canada has information and a listing of where to find help at <http://www.mooddisorderscanada.ca>.

Many people are very satisfied with the support they receive from their family doctor. Some doctors are now working in mutual care practices with other health care providers. The doctor can help to connect you with specialists to deal with other health needs. There are many kinds of community mental health care providers with special training to meet different needs. We have included a list of community mental health and registered professionals at the end of this toolkit, with a brief summary of what they do.

If you are feeling suicidal

People often reach out for help when they are at their lowest point. This can make the challenge of finding help even more difficult. If you feel like life is not worth living, call the Helpline or Distress Centre listed in the front of the telephone book, or go to the nearest hospital emergency department and see a doctor.

Building good relations with help providers

Sometimes help just does not help. If the care providers do not understand the First Nations culture and history, they may not give the kind of help you need. If you do not feel

you are getting the kind of help you need, find someone else who can help you. You have a right to be treated as an equal, in a culturally appropriate way, and to be a respected partner in your care.

At times, more than one person may be involved in helping you get well. Remember, you are the most important member of the care team. How do you know you are a partner in your care? Look for the following in members of your circle of care:

- You are treated with dignity, kindness, and respect.
- Care providers listen and take the time to know more about you and your personal history.
- They explain what they do, and how they can help you. They are informed and skilled in their area of care.
- Things are explained to you in ways you can understand and you are given time to ask questions.
- You are given choice in your care.
- Care providers know what help is available in the community and share this information with you.

Sometimes the well-meaning actions of traditional Western health care practices can cause more harm than good. For example, by diagnosing and treating First Nations people with mental illnesses based on presenting symptoms without taking the time to understand their history. They may mistake having a 'spirit animal' as a delusion or a hallucination rather than as a useful guide to you in learning the lessons of life. Professionals, who take on the role of 'expert' and give direction and advice rather than encouraging your own self-discovery, can undermine your sense of empowerment. People say that being hospitalized against their wishes, when they are in distress and suicidal, and / or being physically controlled or placed in isolation, can bring back traumatic memories of early abuse. Take time to learn about your rights, under the Mental Health Act of your province, so that you can be active in making important care decisions.

Section 6: Other pathways to healing

Not all help comes from paid helpers. Caring is something that we do for each other.

Not all help comes from paid helpers. Caring is something that we do for each other. It is what builds strong families and close communities. The more we can both give and receive care the more in balance we are. First Nations people have always known this and we are re-learning how to care for each other.

Self-help groups

Many people find that meeting others in self-help groups really helps. Here they feel as if they are understood and not judged. People are going through the same thing and can learn together. Self-help groups are available for people with mental health and addictions challenges and their families. It is a place to share stories. You can learn new ways of coping. You can help others by sharing your hard-earned wisdom. Some groups offer manuals, host chat rooms, and provide links to local resources. Most important is the message of hope and knowing that you are not alone. Peer support may also include one-on-one counselling by people who have “been there”. Peer support workers provide practical advice and help with the tasks of daily living. They can be helpful because they know what you have been through and can share information about helpful services and ways of coping.

Some self-help and peer support groups get involved in advocacy, reaching out to politicians and government policy workers on issues that affect their members’ quality of life. They may do public education by speaking to schools and community groups or hold information and resource fairs to help educate the public on mental health and mental ill-health. Many people say that getting involved in these activities, and making things better for others, helps their own recovery.

Art as a healer

Talk therapy is not the only path to self-awareness. Many First Nations people are learning about themselves through art, dance, music, and theatre. This is a powerful way to find your voice, discover your talent, to learn about your culture

and connect with others. Talk with the local Native Friendship Centre to find out about what is going on in your community. Many people are finding this a successful approach to healing and self-discovery. Use your judgement in finding a program that matches your needs.

Parenting programs

Many First Nations parents did not have good role models to teach them how to raise healthy and happy children. They may not know about healthy growth and normal development of children and what to expect. They may not know how to set good limits and encourage kids to learn self-control. But these skills can be learned. There are programs available to teach how to be a good parent or grandparent. By learning how to parent your child - you also have a chance to learn how to parent yourself. This can be very healing.

The importance of work

Making a living is an important part of our identity. Paid and volunteer work provides structure to our day, and purpose and meaning to our life. It allows us to support our families and ourselves, especially our need for renewal. Meaningful work is important for good mental health. A pay cheque increases our sense of personal empowerment. And being able to assist others voluntarily also brings satisfaction. Damage from institutionalization and residential schooling includes breakdown in knowing how to be helpful and developing relationships that foster mutual aid. Many First Nations people are shut out of employment opportunities because of racism, lack of quality education and training, or because there is lack of economic opportunities in their home territories. Finding support to help you gain a foothold in the world of work or access education and training programs can improve your opportunities to make a living. Volunteer work can be equally valuable in maintaining good mental health and helps to build a strong work history and in making you more competitive in getting work.

Section 7: Being part of your recovery

Professionals and paid helpers can provide valuable help, just as volunteers may. However, you walk the path to recovery. There are many ways that you can help yourself to find peace and bring balance to your life.

There are many ways that you can help yourself to find peace and bring balance to your life.

Ask yourself –

- Are you making healthy choices for yourself?
- Do you get enough sleep and eat well when you are hungry?
- Does your diet support your health and well-being?
- Are you physically active? Do you exercise regularly? Are you involved in sports?
- Can you calm yourself down when you are upset and avoid getting too angry?
- Have you a sacred space where you can go and listen to your heart and soul?
- Do you spend time in nature?
- Have you joined a self-help group?
- Do you know your history, your cultural foundation, ways of knowing, values, beliefs and meaning of ceremonies and do you participate in meaningful cultural activities?
- Do you know about your condition (grief, depression, anxiety, posttraumatic stress disorder, substance abuse) and how to manage it?
- Do you have at least one confidential, close relationship
- Are you involved with your community?
- Do you volunteer to help others?
- Do you have good role models for living and learn from them?
- Do you reach out to other when you need help?

Helping families share their history, listen to each other, and learn what is important is a part of healing.

- Can you set limits on others and say 'no' when you do not want to do something?
- Are you learning a new skill in which you can take pride?
- Do you set small goals for your self and work towards them?
- Are you connected with family and friends?

Families are the foundation of community

Family and kinship ties are very important to First Nations people. The healthier the family, the healthier, and stronger is the community. Family and friends are very important in helping people recognize when something is wrong. They know us and can see when things are not going well. They can provide acceptance, support, reassurance, and practical help.

Good care providers will include your family in care. You may need to tell them who you consider to be part of your family. It may include people who are not related to you by blood or marriage but are important for you in building a support network or planning long-term goals. Care providers are able to work with the family and find those members who can provide broader support and guidance - like a trusted auntie. No matter how badly families relate to one another, there are always strengths to be drawn upon. Care providers can help by finding out what is working within the family and build upon it. Helping families share their history, listen to each other, and learn what is important is a part of healing.

Not all families are helpful

Sometimes families are not places of safety. When there is violence and abuse, or when you are not accepted for who you are, it is hard to heal. Sometimes, taking time away from your family may be important. However, family is very important in healing. Is there extended family you can reach out to that is supportive? Some people create a new, accepting family through their friendships. This new family can meet our needs for acceptance, care, and belonging. Whomever you call family, they can play an important role in helping with recovery.

Tips for families

Believe unfailingly in the ability of people to change

Most people, who have recovered from mental-ill-health, agree that the love and support of their family was very important. Reflecting hope and the promise of a better tomorrow can help people move towards change.

Be there

Sometimes just being there is enough. A quiet, caring, presence helps people know they are loved and valued. You do not need to fix the problem or make it go away to be helpful.

Share your concerns - not your advice

Telling people what to do can shut down listening and learning. People need to find their own path to wellness. You can help by listening respectfully, sharing what you see and your concerns.

Accept that people are in charge of their own lives

It is very difficult to watch people you love make bad decisions without taking over or running away. But making mistakes is part of learning.

Provide practical help

Sometimes people need help with the burdens of life in order to take the time to heal. Family and friends can help with caring for children, helping with chores, or looking after the home. This practical support can provide a needed break.

Learn as much as you can

If your loved one is one is dealing with depression or anxiety try to learn as much as you can about this so that you can make sense of what is happening and provide support and encouragement that things will get better.

Find out what help may be available

Finding help can be a challenge. It is even more challenging when you are feeling unwell or hopeless. There may be few, if any, professional supports available in remote and rural communities. You can be very helpful in doing some of the

research to find out where and what services may be available.

Heal yourself

If you are also carrying unhealed grief, take time to find help for yourself as well. Care giving can be a long, frustrating, and difficult journey. Do not forget to look after your own physical, emotional, and spiritual needs.

Be patient!

It can take a while for people to accept that something is wrong. It takes faith to know that change is needed or possible and to take the action to get help. Even if your loved one reaches out for help, it takes time to learn new ways of coping and to make positive change. Most journeys of recovery involve slips and falling back on old habits during times of stress. This can be important for learning. It is part of change.

Section 8: Resources

Where to find on-line help

[The Aboriginal Youth Network](http://www.ayn.ca/Resouces-HealthyYouthDirectory.aspx) runs across Canada (and beyond) connecting Aboriginal youth. This website includes a [Healthy Youth Directory](#) linking young people to services.
<http://www.ayn.ca/Resouces-HealthyYouthDirectory.aspx>

[A Directory of Mental Health Programs and Services](http://www.nwac-hq.org/DirectoryMentalHealthProgramsServices.pdf) Native Women's Association of Canada 1996. <http://www.nwac-hq.org/DirectoryMentalHealthProgramsServices.pdf>

[Centre for Suicide Prevention](http://www.suicideinfo.ca/) has a listing of crisis centres and on-line counselling services across Canada. They also provide useful information for family and friends for supporting someone when they are suicidal.
<http://www.suicideinfo.ca/>

[First Nations Child and Family Caring Society of Canada](http://www.fncfcs.com/resources/agencyList.php) Includes a listing of Child and Family Service Agencies across Canada.
<http://www.fncfcs.com/resources/agencyList.php>

[Healing Lodges For Aboriginal Federal Offenders](http://www.csc-scc.gc.ca/text/prgrm/correctional/abissues/challenge/11_e.shtml) Provides a listing of treatment services within the federal corrections service.
http://www.csc-scc.gc.ca/text/prgrm/correctional/abissues/challenge/11_e.shtml

[National Aboriginal Health Organization](http://www.naho.ca/english/), NAHO is an Aboriginal designed and controlled body, focussed on advancing the health and well-being of Aboriginal Peoples.
<http://www.naho.ca/english/>

[National Native Alcohol and Drug Abuse Program / National Youth Solvent Abuse Program Treatment Centre Directory](http://www.hc-sc.gc.ca/fnih-spni/substan/ads/nnadap-pnlaada_dir-rep_e.html) This directory was developed in order to provide a document that summarizes basic information on all native In-patient treatment centres funded by NNADAP. http://www.hc-sc.gc.ca/fnih-spni/substan/ads/nnadap-pnlaada_dir-rep_e.html

[National Association of Friendship Centres](#). Visitors to Friendship Centres can often find access to cultural programs, education,

and training, employment counselling, health programs, children and youth programs, recreation programs and economic development. <http://www.nafc-aboriginal.com/index.html>

[The National Aboriginal Circle Against Family Violence](#) Includes a listing of Family Shelters Across Canada. <http://www.nacafv.ca/home.asp>

[The National Native Addictions Partnership Foundation](#) and National Youth Solvent Abuse Program [List of treatment centres](#) http://www.nnapf.org/english/treatment_centres.html

[Za-geh-do-win Information Clearinghouse](#) is a library of information about Aboriginal initiatives in health, healing, and family violence. <http://www.anishinabek.ca>

- A listing of resources on family healing
<http://www.anishinabek.ca/zagehdown/famheal.htm>
- A health listing
<http://www.za-geh-do-win.com/resultsheet.asp>

Suggested reading

[*Aboriginal Mental Health: What Works Best*](#)

A Discussion Paper Prepared by: Vickie Smye and Bill Mussell - July 2001

For Mheccu, UBC

<http://www.mheccu.ubc.ca/documents/publications/discussion-paper.pdf>

Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men. A Resource Guide, by W.J. Mussell. [Aboriginal Healing Foundation 2005](#)

Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People. A Resource Guide, by Deborah Chansonneuve. Aboriginal Healing Foundation, 2005

Working together towards recovery: Consumer, families, caregivers and providers. A Toolkit. Available through [Canadian Collaborative Mental Health Initiative website](#). This guide

provides detailed information and links to resources related to mental illness and mental health. <http://www.ccmhi.ca/>

[Here to Help B.C.](#) offers a number of toolkits and fact sheets for understanding and self-management of anxiety, depression, substance misuse and supporting families that are available online.

<http://www.heretohelp.bc.ca/helpmewith/index.shtml>

[Feeding Mind, Body and Spirit: Role Paper of the Dietitians of Canada Aboriginal Nutrition Network.](#) <http://www.dietitians.ca>

On-line meeting places

[Turtle Island Native Network](#) This site is sponsored exclusively by Aboriginal peoples and offers a variety of health information, including healing and wellness for mental health and addiction problems. It gives instruction to visitors who want to engage in traditional treatment and explains the many facets (based on the number four) of the Medicine Wheel. <http://www.turtleisland.org>

[Turning Point](#) Turning Point offers cyber-space for Aboriginal and non-Aboriginal people in Canada to have open and direct communication with each other. It includes a wealth of information on history, culture, advocacy articles, and a discussion board to allow people to connect, share, and learn. Coalition for the Advancement of Aboriginal Studies (CAAS) Forum is for educators, activists, and others committed to the task of improving the teaching and learning of Aboriginal worldviews, cultures, histories, and contemporary concerns in Canadian classrooms. <http://www.turning-point.ca/index.php/article/frontpage/1>

<http://www.redwiremag.com/mentalhealth.htm> This Aboriginal **online magazine** offers a story of hope using the medicine wheel and traditional healing practices.

Useful resources for your care provider

[Acting On What We Know: Preventing Youth Suicide in First Nations](#) is a comprehensive manual that describes the roots of the problem, and offers a model for an effective suicide

prevention program that involves youth in all aspects.

http://www.hc-sc.gc.ca/fnib-spni/pubs/suicide/prev_yout-jeunes/index_e.html

[A Manual Of Promising Suicide Prevention Strategies.](#) This site is sponsored by the Centre for Suicide Prevention and includes a practical resource developed with the support of the RCMP Aboriginal Policing Services.

<http://www.suicideinfo.ca/csp/go.aspx?tabid=144>

[The Mental Health and Well-Being of Aboriginal Children and Youth: Guidance for New Approaches And Services](#)

<http://www.crpnm.mb.ca/library/Mental%20Health%20of%20Aboriginal%20Children.pdf>

Emergency Mental Health Management: A training manual

<http://www.mheccu.ubc.ca/documents/publications/emh-manual.pdf>

[Cultural awareness workbook for GPs](#)

[Conducting Assessment of First Nations and Inuit Communities: A Training and Reference Guide for Front-Line Workers](#) in Mental

Health and Addictions Services.

http://www.nnapf.org/english/pdf/publications/NNAPF_Publications_Risk_Assessment_Manual.pdf

Appendix A

Community mental health professionals⁷

Assertive Community Treatment Teams (ACT Teams): The members of ACT Teams are psychiatrists, nurses and social workers. If you have a severe mental illness, you may be referred to an ACT Team so that you can live comfortably and safely outside of hospital and as independently as possible. ACT Teams help monitor your medication, refer you to other services and stay closely in touch with you through regular visits for as long as you, the team and your family agree that you need them.

Case managers: Case managers will also work with you on a long term basis. Some provide counselling. Others will help you find housing and community support services – and coordinate these services so everyone is working as a team. They will help you stay out of hospital by working with you to prevent a recurrence of your illness. You will likely see your case manager weekly – and they will often be able to visit you in your home rather than you having to go to their office. Case managers also work in mental health law courts and help people get treatment if the charges are minor and directly related to mental illness.

Crisis workers: Not all communities have crisis services but for those that do, crisis workers (not always but most often) work with a mobile team that will go to your home in an emergency. Sometimes, the police may be the first people to arrive but, if the crisis is related to your mental illness, they will call a crisis worker (or one will come with them) who is specially trained to help. Some communities have crisis programs that you or your family can call directly. This approach is less upsetting than having the police in your home. The crisis worker stays with you until you feel better and then follows-up in the next several days or weeks to see that you are referred to services so you can avoid a crisis in the future.

⁷ This list comes from CCMHI Consumer, Family and Caregiver Guide 2005

Housing workers: If you live in supportive housing, there may be staff working there to help you settle in and get to know your neighbours. Housing workers often organize tenants' meetings, social events or work-parties to do common chores (if the tenants are required to help out). Some housing situations have staff 24 hours a day, 7 days a week. In other cases, the staff are available on call or at specified hours.

Peer support workers: People who have had a mental illness or who are a family member may volunteer to help others, or they may be paid para-professionals. They work in consumer or family organizations or in professionally managed mental health services. They may be called by different titles such as Peer Advocate, Peer Counselor or Peer Outreach Worker but they all have one thing in common – they've "been there."

Vocational counsellors: Some programs help you to finish your education and/or to develop the skills to work. Then, they support you through the process of finding and keeping a job. Vocational counsellors also work with employers to find jobs for people and ensure that they are educated about mental illness.

Some other names for professionals who perform these roles, as described above, are National Native Alcohol and Drug Abuse Prevention Worker (NNADAP Worker), mental health therapist, wellness worker, community and social development worker, addiction worker or alternative worker – the main thing is to ask what they do, not what they are called.

Traditional healers: Traditional healers help to sort out what is causing the current imbalance. Their knowledge and gift for healing comes from the Creator. The values of kindness, honesty, sharing and strength are the foundation of traditional healing. The job of the healer is to support and provide direction on how to regain and maintain balance in life. The traditional healer recommends options to live life in a good way. Because healing is within each of us, we are all capable of healing ourselves. Sometimes this is better done with the assistance or support of others such as Elders, Healers, and Helpers.

Other professionals who can help you

Art and music therapists: Some people find that their recovery is aided by creative expression. Art therapy allows people to deal with overwhelming emotions in ways other than talking about them. They also help people find their creative side and relate it to their psychological and mental well being. Some sponsor art shows where work is exhibited and sold. Music therapists know that the heart is touched by music. Creating or listening to music is healing.

Psychotherapists: Psychotherapists may have many professional backgrounds. Psychotherapy is not a registered health profession (there is no formal regulatory body) so you need to be sure that the person you are seeing has proper training. Psychotherapists work from a wide variety of approaches. Note that only family physicians or psychiatrists have their fees paid by Medicare – other psychotherapists will charge fees (unless they work for a hospital or community agency). Visit <http://www.aboutpsychotherapy.com>, a British site that offers information on the models of psychotherapy and what they can do for you.

For people who are working

Employee Assistance Programs (EAPs): Many workplaces now offer employees, as part of their health benefits package, confidential counselling for emotional, marital, mental health and addiction problems. While sessions are limited (approximately six per employee), EAP counsellors can provide referrals to community services and longer term counselling. Some EAPs offer workplace training on subjects such as wellness, recognizing the signs of mental illness and accommodation.

Registered health professionals and what they can do for you

“Registered” means that these professionals must belong to a college that oversees ethics, practice standards, complaints and discipline. The following are short descriptions of what these professionals can do for you, but be sure to ask questions as many may offer services which can be broader in scope than what is described here. Some, such as registered nurses, registered psychiatric nurses, social workers, and

occupational therapists may fulfill many of the roles listed under the previous section.

Family physicians: Your family doctor is your personal physician and your health advocate from birth to old age. After obtaining a medical degree, your family doctor received additional training in the diagnosis and treatment of a wide range of health problems, and learned to provide care in different settings (hospital, clinic, home) with other healthcare providers. This expertise enables your family doctor to see you through the little problems as well as the bigger health problems that relate to both your physical and emotional health, which may afflict you over time. Your family doctor can also work with you to minimize your risk of becoming ill and advise you on the best ways to stay healthy. Your family doctor is part of a network of health care professionals and can help you access the care that you need. For more information see <http://www.cfpc.ca>.

Dietitians (RDs): Nutrition plays a key role in mental health, including recovery from substance abuse, in mood and eating disorders and in combating the side effects of certain psychiatric medications. Weight management, diabetes, blood levels affecting heart disease, high blood pressure, heartburn/reflux, food allergies, swallowing problems and access to good food are just a few of the issues dietitians can address. Dietitians may be available through outpatient clinics, homecare centers and through mental health programs. You will need to check with your family physician or case manager to find about this service in your community. The Dietitians of Canada has a consumer friendly web site <http://www.dietitians.ca> (bilingual) that has resources for healthy eating and instructions on how to find a nutrition professional. The Consulting Dietitians Network's toll free line (1-888-901-7776) is also available to provide referral to dietitians in private practice. In British Columbia there is a Dial-A-Dietitian line (1-800-667-3438) that provides answers to nutrition-related questions.

Occupational therapists: Occupational therapists help you identify the daily activities in your life that are important to you - but are causing you difficulty. They work closely with

you to develop ways of overcoming these difficulties. They address a broad range of activities such as self-care and community living, to education, work, parenting, recreation and leisure. They evaluate why problems are occurring and suggest approaches to compensate for these difficulties. Some problems you might have are trouble with concentration or memory, difficulties getting organized, a hard time making plans to return to work or difficulty negotiating workplace accommodations with your employer. Another thing an occupational therapist might do is develop (with you) an activity schedule that promotes success in tackling your day-to-day challenges but which also supports your mental health and well-being. For more information, see <http://www.caot.ca>

Pharmacists: Pharmacists work to ensure that you are taking the right dose for the right reasons and are not taking any unnecessary medications. Working in drug stores and hospitals, pharmacists dispense medication and are there to answer your questions. Some pharmacies have private counselling rooms where you can ask questions in confidence. If there is no special space, you are still entitled to your privacy. It is important that your pharmacist is aware of all your medications. Work with your pharmacist to get your questions answered in a confidential manner – perhaps over the phone. For more information, see <http://www.pharmacists.ca>

Psychiatrists: Your family doctor may refer you to a psychiatrist to help with diagnosis and finding the right medication for you. Your psychiatrist will involve your family or caregiver at your request and recommend your treatment plan. Psychiatrists also provide consultations to family physicians and to community mental health services. In the case of consultation, you may not actually see the psychiatrist, yourself, but they will be working on your behalf in the background. For more information, see <http://www.cpa-apc.org>

Psychologists: Psychologists assess and diagnose psychological problems, sometimes with the use of psychological tests. They also offer psychotherapy which can help you understand why you think, feel and behave the way you do – and, if you are in distress, help you figure out

what you can do to make changes in your life. Some psychologists work for hospitals, clinics, jails or school boards where their services are covered by public health insurance. Others work in private practice where they charge a fee for their services. If you are employed and have a health benefits plan, it may offer from \$500 to \$1000 per year for the services of a registered psychologist. Visit <http://www.cpa.ca/Psychologist/psychologist.htm> where you can learn more about what psychologists do.

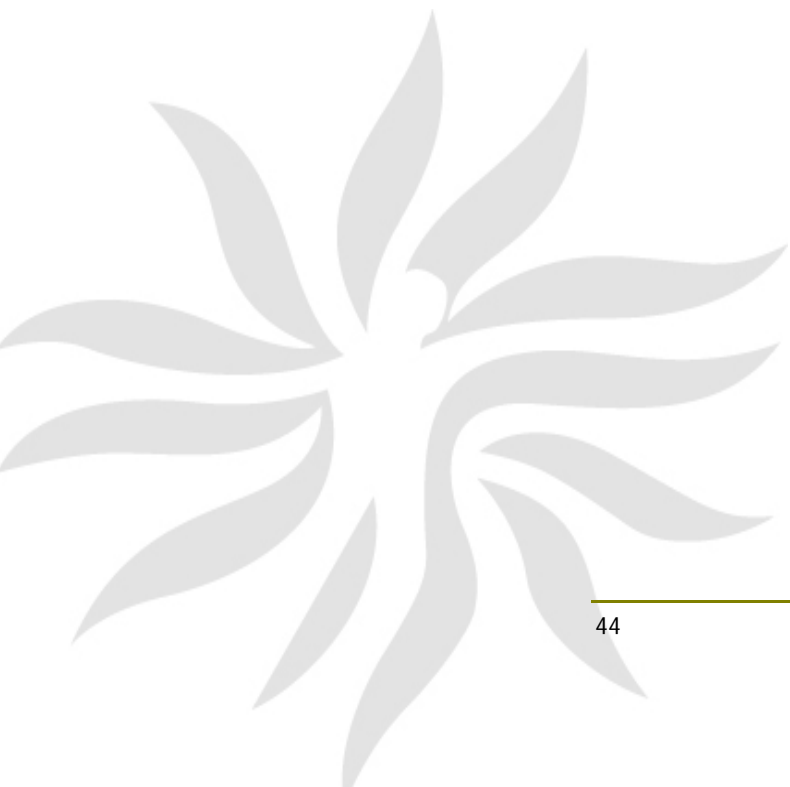
Registered nurses (RNs): RNs work in many locations throughout the entire health care system. They will help you with all your health needs – some of which will relate to your mental illness. Nurses can provide counselling, help you monitor your medication, make referrals and advocate for you, and provide teaching about healthy living. Some nurses work in community roles such as case managers or crisis workers. Others have advance training and are called Nurse Practitioners. Working in consultation with a physician, these nurses offer a broader range of health services including diagnosis and the prescription of some medications - things that only doctors used to be able to do. For more information, see <http://www.cna-nurses.ca>

Registered psychiatric nurses: Registered Psychiatric Nurses provide health care to persons in a variety of settings. Their focus is on the mental and developmental health of persons within the context of their overall health and life situation. Their education provides a special focus on mental health and mental illnesses. Their knowledge and skills include needs assessment, program planning and therapeutic interventions. They practice where people live, work and play as well as in hospitals and community clinics/services. They are often the only mental health resource available to a rural or remote community and therefore work closely with other members of the community to meet the diverse mental health needs of its people.

These are nurses specially trained to help people with mental illness. They work in mental health services, both in hospitals and in the community. They can provide you, your family or caregiver with education, advice and counselling – and they

are skilled at helping you monitor your medication. For more information, see <http://www.psychiatricnurse.ca> or <http://www.cfmhn.org>

Social workers: Social workers help with personal problems in the context of your relationships, family, community and life circumstances (poverty, childhood trauma, domestic violence, marginalization, cultural heritage – and many other situations that are unique to you). Some social workers provide counselling or psychotherapy. Many work in positions where their job is to get to know the services in your community and, with your input, refer you to the ones that will help you live independently. Their roles in mental health agencies or hospitals include health teaching, treatment and rehabilitation services and they will work with individuals, couples, families and/or community groups. For more information, see <http://www.casw-acts.ca>



Appendix B

CREATING A CARE PLAN

Finding help is not always easy – particularly when you are not feeling well. Take time to plan what you can do and whom you can call. Keep a record of contacts made.

What do I want from a care provider?

Who in my community might know what help is available?

Whom can I call for help?

Questions I would like answered

Whom did I speak to?	Date:	What they said:

What can I do if I am feeling distress?

Whom can I call on for immediate support?

Toolkit Series

This toolkit belongs to a series of twelve toolkits.

Implementation toolkits for providers and planners

1. Collaboration between mental health and primary care services. A planning and implementation toolkit for health care providers and planners

A series of companion documents to the CCMHI planning and implementation toolkit for health care providers and planners. Establishing collaborative initiatives between mental health primary care services for

2. Aboriginal Peoples
3. Children and adolescents
4. Ethnocultural populations
5. Individuals with serious mental illness
6. Individuals with substance use disorders
7. Rural and isolated populations
8. Seniors
9. Urban and marginalized populations

Toolkits for consumers, families and caregivers

10. Working together towards recovery: consumers, families, caregivers, and providers

11. Pathways to healing: A mental health guide for First Nations people

A toolkit for educators

12. Strengthening collaboration through interprofessional education: A resource for collaborative mental health care and educators

A series of documents examining aspects of collaborative mental health care support these toolkits:

- | | |
|----------------------------|---|
| 1. Barriers and strategies | 7. International initiatives [unpublished] |
| 2. A framework | 8. Health human resources |
| 3. Annotated bibliography | 9. Mental health prevalence and utilization |
| 4. Better practices | 10. Interprofessional education |
| 5. Canadian initiatives | 11. Aboriginal mental health [unpublished] |
| 6. A policy review | 12. The state of collaborative mental health care |

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