

Paradigm Shift

From	To
An examination of deficits	The discovery of strengths
Use of evidence absent of Indigenous world view, values and culture	Indigenous Knowledge sets foundation for evidence
A focus on inputs for individuals	A focus on outcomes for families and communities
Uncoordinated and fragmented services	Integrated models for funding and delivery of services

Indigenous Knowledge

" For many Aboriginal people, knowledge claims arise from an intimate, long-term, **equal-exchange relationship with a Creator who gives Aboriginal peoples everything they need** to survive on the land in return for exercising their duty to care for the land (Barnaby, 2005; Castellano, 2000; Turner, Ignace, & Ignace, 2000; RCAP, 1996). Therefore, **Indigenous knowledge is a gift from the Creator upon which the survival of Aboriginal peoples depends.**" (Anderson, 2011)

Health Promotion

- ▶ Health promotion, prevention, and education activities seek to:
 - ▶ increase skills and knowledge in order to: create changes in awareness, attitude, and behaviour;
 - ▶ help people engage in safer and healthier lifestyles;
 - ▶ and create conditions that support such lifestyles,
 - ▶ reduce the occurrence of harmful behaviours,
 - ▶ and support healthy and supportive family relationships.
- ▶ Cultural knowledge is critical to increasing skills and knowledge for living as a whole and healthy person, family, or community.
 - ▶ focus on restoring linkages to cultural strengths,
 - ▶ enhancing empowerment at the individual and community levels to increase participation in family and community life,
 - ▶ strengthening resilience,
 - ▶ increasing protective factors, and decreasing risk factors.

QUESTIONS

1. What is a whole and healthy person?
2. How does Indigenous Culture facilitate wellness?
3. When we rely on culture to promote wellness, what should we expect the outcomes to be?

Indigenous Wellness Framework

The diagram is a circular model divided into four quadrants, each representing a different aspect of wellness and its corresponding behavior:

- Physical Behaviour expressed through:** Way of being, Way of doing, Wholeness. This quadrant is associated with the outer ring: "Physical wellness creates PURPOSE".
- Mental Behaviour expressed through:** Rational, Intuition, Understanding. This quadrant is associated with the outer ring: "Mental wellness creates MEANING".
- Emotional Behaviour expressed through:** Family, Community, Relationship, Attitude. This quadrant is associated with the outer ring: "Emotional wellness creates BELONGING".
- Spiritual Behaviour expressed through:** Values, Belief, Identity. This quadrant is associated with the outer ring: "Spiritual wellness creates HOPE".

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Native Wellness Assessment

Is made up of 2 assessment forms:

- (1) Self-Report Form (completed by client)
- (2) Observer-Report Form (completed by service provider)

The assessment is administered twice during the treatment cycle for each client.

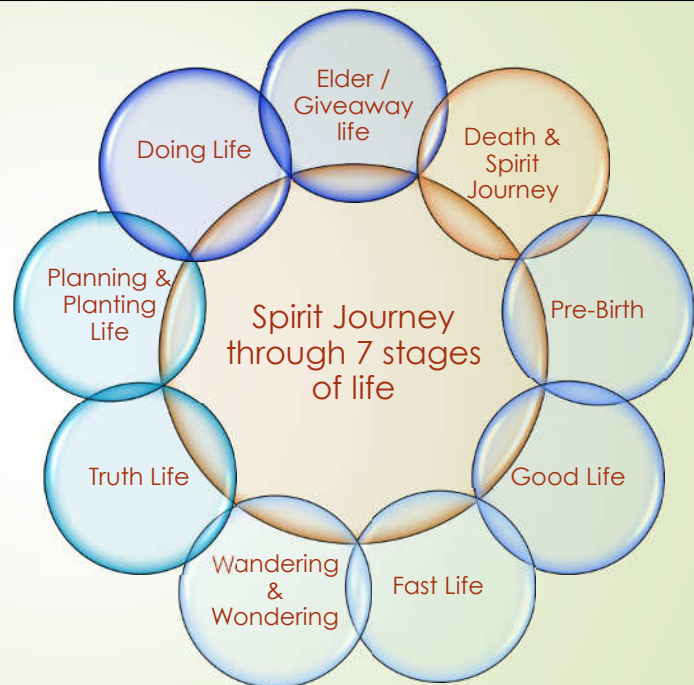
www.thunderbirdpf.com

The screenshot shows the "Native Wellness Assessment (NWA-0) (Observer Rating Form)". It includes sections for:

- Client Information:** Name, gender, age, ethnicity, work experience, and cultural experience.
- Assessment Details:** Date of assessment, completion status, and treatment course.
- Demographics:** Gender, age, ethnicity, and marital status.

Hope, Belonging, Meaning, & Purpose Across the 7 Stages of Life

(Peter Ochiene, Aki winini)



ENGAGING ALL GENERATIONS



- HEALTH PROMOTION BEGINS DURING PREGNANCY AND FOCUSES on TETHERING THE SPIRIT OF THE DEVELOPING FETUS TO A "GOOD LIFE"
- VARIOUS CULTURAL PRACTICES PROMOTE MENTAL WELLNESS AT BIRTH AND BEYOND. THESE CULTURAL PRACTICES CONNECT THE FULL CONTINUUM OF LIFE STAGES TO THE NEW BORN

Cultural Understanding

- 18
- 10 Manido Meness is an Ojibway term used for “beads” but its origin comes from the understanding that our physical and spiritual life is “strung” together by the Creator with “spirit seeds”
 - 10 The spirit seeds that are strung together, physically and spiritually make up our unique identity, which is: our nation, spirit name, language, and from these comes our personality, characteristics, strengths, gifts and potential...

Dressing Up Identity

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Connection and Nurturing

Touches the earth for the first time



Indigenous culture is
What has sustained us

Denied



Approved

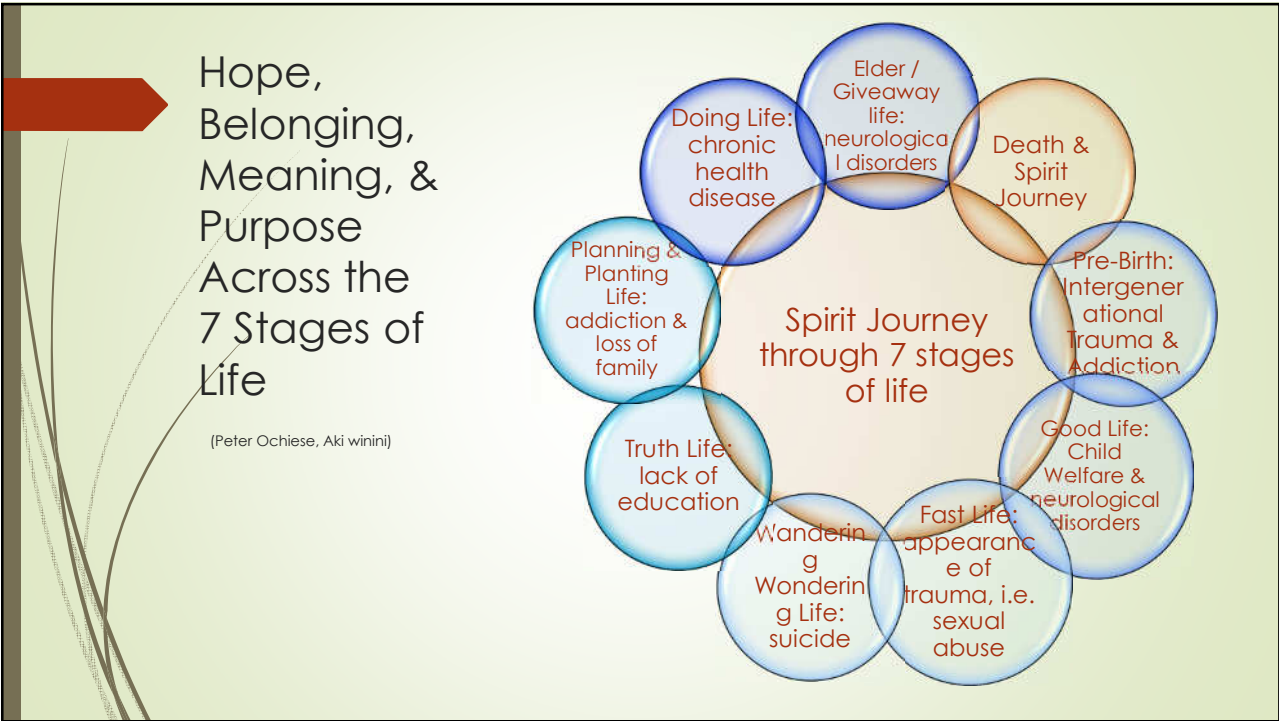
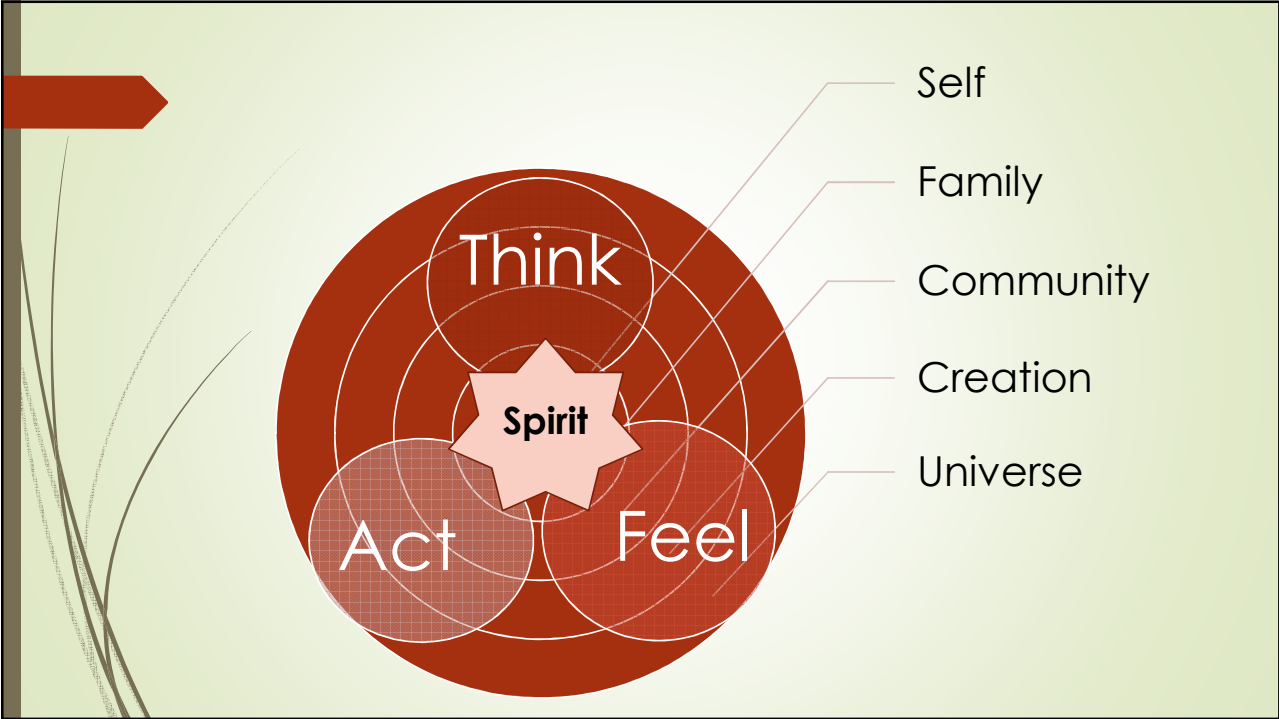
Cultural Understanding of Development Needs



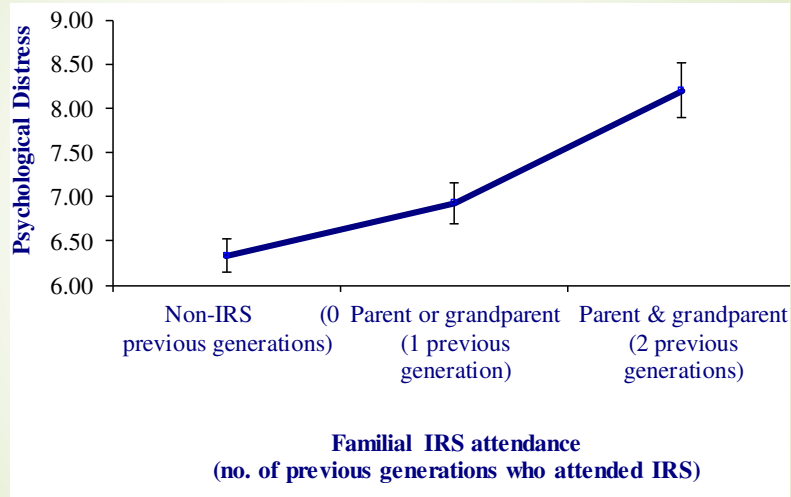
Fasting ...igniting the spirit seeds

- Some things fasting teaches....
- How to manage fear of the unknown
- How to manage emotions
- Delayed gratification
- Connect with spirit family
- Vision
- Purpose and Meaning
- Social responsibility



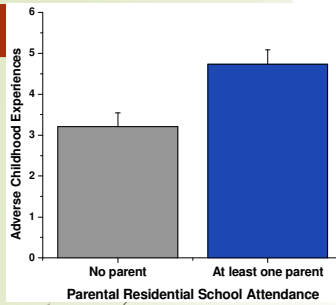


Cumulative intergenerational effects of residential schools



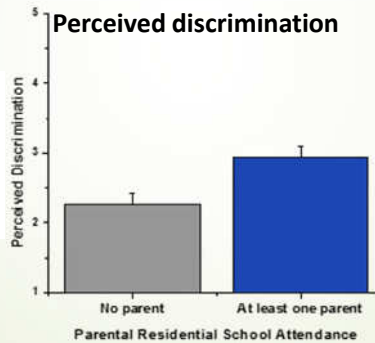
Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma. *Transcultural Psychiatry*, 51(3), 320-338.

Exposure to stressors/trauma

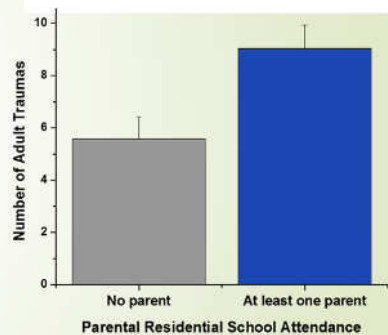


Cumulative exposure to adverse childhood experiences

- 10 categories of abuse, neglect, household dysfunction

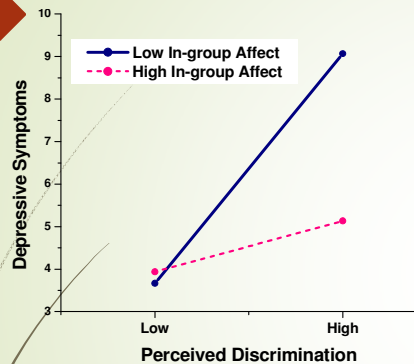


Cumulative exposure to trauma during adulthood



Bombay, A., Matheson, K., & Anisman, H. (2011). The impact of stressors on second generation Indian Residential School Survivors. *Transcultural Psychiatry*, 48(4), 367-391.

Learning about intergenerational effects & cultural pride and renewal



"I was ashamed growing up but I have since reclaimed my identity... Now that I am on my own, I have more pride and I am learning to love my identity. I gave my son a traditional Ojibwe name and I vow to raise him to be proud of who he is."

Bombay, A., Matheson, K., & Anisman, H. (2011). The impact of stressors on second generation Indian Residential School Survivors. *Transcultural Psychiatry*, 48(4), 367-391.

Limitations without Culture

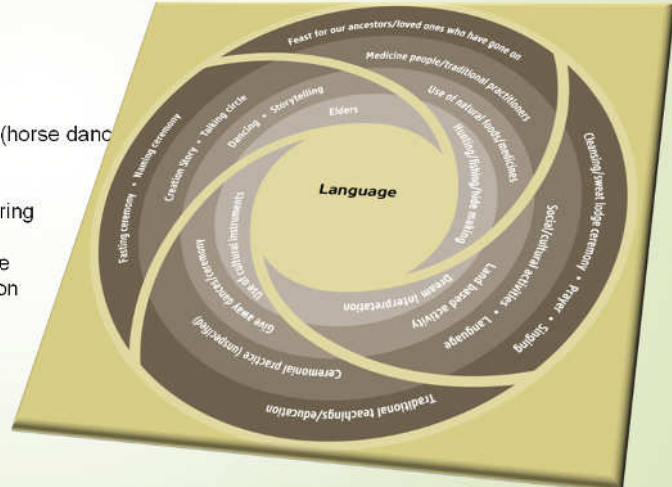
- ⑩ An increased focus on treating 'disease' and deficits which do not close the gap of wellness.
- ⑩ Healing from an Indigenous context is much broader than treating illness and in the context of inter-generational trauma and loss, requires a different approach.
- ⑩ Focus on the individual does not reflect values of Indigenous people which are central to family and community
- ⑩ A process of decolonization attends to the whole being: mind, body, emotion and spirit





Cultural Interventions

1. Language
2. Tell Creation story
3. Traditional teachings
4. Ceremonial practice (unspecified)
5. Naming ceremony
6. Give away/dances/ceremony
7. Cleansing (Sweatlodge) ceremony
8. Fasting ceremony
9. Ghostfeast/memorial feast
10. Prayer
11. Dream interpretation
12. Use of natural foods/medicines
13. Use of cultural instruments
14. Singing
15. Dancing
16. Elders
17. Medicine people/traditional healers
18. Social/culture
19. Land based activity
20. Hunting/fishing/hide making
21. Storytelling
22. Talking circle
23. Other
 - prophecies
 - protocols
 - humor
 - arts/crafts
 - horse program (horse dance ceremony)
 - treaties
 - medicine gathering
 - planting
 - trade/commerce
 - clan identification



Identity

Nunavik project uses Inuit identity to tackle addictions, mental health issues

"It gives them hope and confidence that they can succeed"



Pigiatsiaq hunters and youth pose for a photo in an igloo the group built together outside of Puvirnituk Feb. 3. The life-skills program is largely focused around on the land activities for at-risk youth. (PHOTO BY JAMES ASINAJAQ NAPPARTUK)



First Nations that appeared to have more cultural continuity, measured by **traditional Indigenous language knowledge**, had **significantly lower diabetes prevalence** after adjustment for socioeconomic factors ($p=0.007$).

Aboriginal language use is a marker of cultural continuity, finding First Nations with greater than 50% of members having Indigenous language knowledge having youth suicide rates **six times less than** those First Nations with less than 50% of members having Indigenous language knowledge

“..when First Nations ‘live from their language’ they are ‘maintaining all that (they) believe in and all that you’ve been born from.’ ...Because **our beliefs come from that** in terms of how we govern ourselves. It comes in terms of how we eat, and in terms of how we educate ourselves and conduct ourselves in that full circle.

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Oster, R. T., Grier, A., Lightning, R., Mayan, M. J., & Toth, E. L. (2014). Cultural continuity, traditional Indigenous language, and diabetes in Alberta First Nations: a mixed methods study. *International Journal for Equity in Health*, 13, 92. <http://doi.org/10.1186/s12939-014-0092-4>



Belief

Family

Who will cut the firewood for their grandparents? Who will take their auntie to town for groceries or doctor's appointments? Who will help their cousin with her new baby? Who will run the kids' volleyball and hockey programs? These people are needed in their communities. What is also needed is hope for a better future.

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Facing suicide rates on remote First Nations: Why leaving may not be an option

Our readers respond to the question, "Why don't they just leave?" [CBC News](#) Posted: Nov 05, 2014 7:36 AM ET, (Sherry Prenevost)



Relationship

'Lonely for the land'

In 1910, Two brothers decided to return to their traditional lands, where they used to set up their trap line to catch fur-bearing animals. They named this new place Keewaywin, which means "going home" in Ojji-Cree, the language spoken here.

"They wanted that feeling of just being home," says Joe Meekis, a former Keewaywin chief who is now a band councillor, recounting the local lore. "They were lonely for the land."

It's a feeling Skye knows well. She believes her friend Kyle Morriseau felt it, too.

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"To go to school in Thunder Bay with no parents, no guidance – it was really different," she recalls.

Deep Water, By Jody Porter April 4, 2016, CBC News

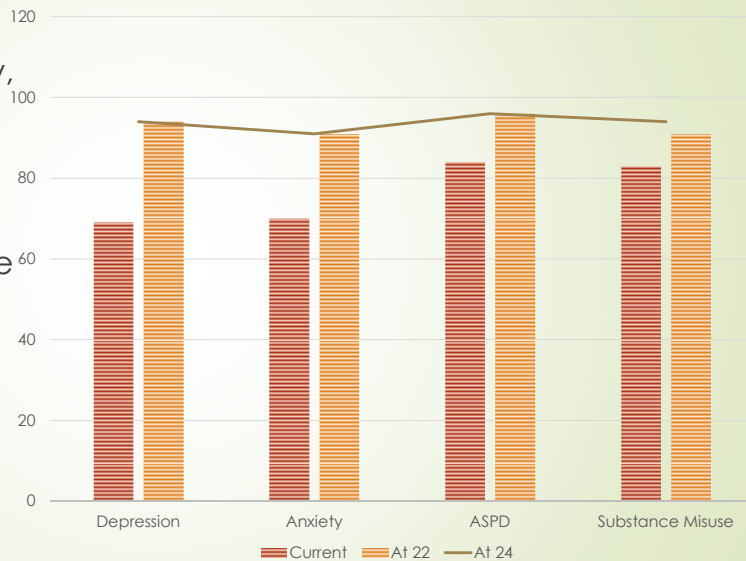


Every school year at Dennis Franklin Cromarty now begins with a ceremony on the banks of the McIntyre River, where the students remember the kids who died by placing flowers and tobacco — a traditional Anishinaabe medicine — in the water.



YSAC TREATMENT CLIENTS 11-18 YEAR 2015-2016

We have to Act now
Red shows levels now,
and orange and
trend line show
predictive scales for
developing a mental
health disorder at age
22 and 24
respectively.



REQUIRED ACTION:

For First Nations children and youth this means investing in culture as a foundation, in:

- ▶ culturally based, community based, and land based programs;
- ▶ teaching youth about the history of colonization and oppression so that they can stop internalizing this as their identity;
- ▶ teaching youth the meaning of their language versus a language vocabulary. Their world view is held within the language;
- ▶ First Nations and Inuit youth need access to all sectors of the social determinants of health

Honouring Our Strengths: Systems Model

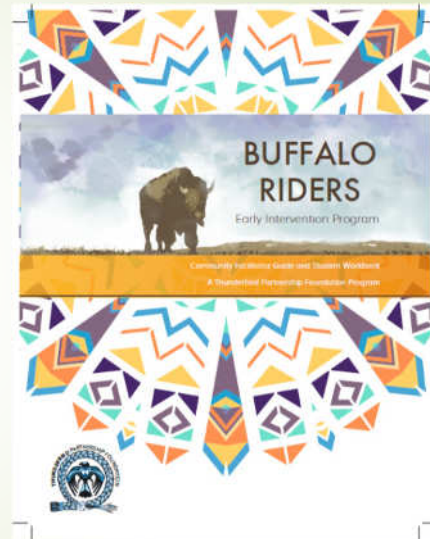


Guiding Principles

- Spirit-centered
- Connected
- Resiliency-focused
- Holistic Supports
- Community-focused
- Respectful
- Balanced
- Shared Responsibility
- Culturally Competent
- Culturally Safe

Buffalo Riders: Early Intervention

- ▶ Aims to improve the capacity of First Nation communities and schools to deliver early intervention services for youth at risk to decrease demand for long term intensive treatment services and harms associated with substance use
- ▶ Provides youth specific brief screening and assessment tools for addictions and mental health, enabling First Nation schools and communities to identify youth at risk and intervene early or make appropriate referrals for service
- ▶ The Buffalo Riders program consists of 26 curriculum modules to support a 10 session skills-based program that can be run after school or in school for youth aged 10-13 years old.
- ▶ Curriculum meets provincial and territorial education standards for health



First Nations Communities who implemented buprenorphine and land based treatment had great SUCCESS:

Kanate and colleagues (2015), documented remarkable results for a buprenorphine program in North Caribou Lake First Nation.

- ▶ A year after program initiation, criminal charges and Medevac transfers decreased, the needle distribution program dispensed less than half its previous volume and rates of school attendance increased.

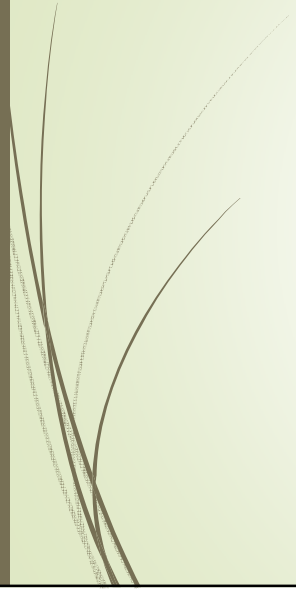
Kanate, D. Folk, D., Cirone, S., Gordon, J., Kirlaw, M., Veale, T., Bocking, N., Rea, S., & Kelly, L. (2015). Community-wide measures of wellness in a remote First Nations community experiencing opioid dependence. Evaluating outpatient buprenorphine-naloxone substitution therapy in the context of a First Nations healing program. *Can Fam Phys*, 61 (2):160-165.



Summer of Hope. Image Credit: Craig Chivers



Questions / Comments



Thank you!

For more information on our work and access to the Native Wellness Assessment, please visit

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