

WEST REGION TREATY 2 & 4 HEALTH SERVICES
Mental Health Strategic Planning
Session Report (Draft 1)

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Table of Contents

DAY 1: WEDNESDAY, MAY 17, 2022	3
SHARING STORIES ON OUR HISTORY	3
WHAT IS BEING EXPERIENCED IN THE COMMUNITIES	5
MENTAL HEALTH PRIORITIES WITHIN WRTC FIRST NATIONS.....	9
First Nation-Specific Priorities.....	9
Common Thematic Priorities	11
DAY 2: THURSDAY, MAY 18, 2022.....	13
PLANNING ALTERNATIVE TOMORROWS WITH HOPE (PATH) PROCESS.....	14
Key Priority 1: Education and awareness of AMMA Team	14
Key Priority 2: AMMA Training	15
Key Priority 3: Cultural Teachings, Ceremonies, and Identity	16
Key Priority 4: Resources/Funding	17
Key Priority 5: Partnerships and Relationships	18
Key Priority 6: Safety	19
Key Priority 7: Education and Awareness of Resources and Supports	20
Key Priority 8: Awareness & Understanding of Mental Health Issues & Conditions.....	20
Key Priority 9: Infrastructure (buildings & spaces)	21
Key Priority 10: Balanced & Non-judgemental Approach to Service Delivery.....	22
CONCLUSION.....	23

DAY 1: WEDNESDAY, MAY 17, 2022

OPENING PRAYER – Roddy McKay provided comments and a prayer in Anishabemowin. He and his helper provided a smudge to all participants.

OPENING REMARKS

Chief Norman Bone, Keeseekoowenin First Nation, stated he is looking forward to the gathering. Two years ago, he participated in a meeting to begin discussions on counselling. Today, the focus is on communities. From here, we will discuss how to assist communities and staff. He thanked everyone for their attendance.

Diane McDonald, Executive Director, West Region Treaty 2 & 4 Health Services, thanked the WRTHS staff for coordinating this gathering. The goal of this session is to identify mental health priorities.

SHARING STORIES ON OUR HISTORY

Participants were asked, “Was there such a thing as depression, and if so, how was this managed?”

In the early 1960s, people experience mental health issues were institutionalized and shock treatment was used at that time. Individual awareness of suicide and other mental health issues came with increased awareness of the world outside of the reserve; though, an individual experiencing such issues was remembered during the time the reserve was being formed.

Humour is good for mental health.

First Nations have tried all Western approaches when addressing schizophrenia and bipolar disorder. Their solution is to prescribe medication. The problem is that these medications get people high which has led to misuse.

First Nations have not been given the opportunity to use our own ways of healing, e.g., shake tent for guidance from the spirits including which medicines to use.

First Nations have lost a lot of our traditional people who have passed on and the knowledge, but we still have the ceremonies.

Bipolar and schizophrenia are key areas in our communities. They can be triggered by drug use, which is the source of many of the mental health issues today.

Much of what we are going through has to do with trauma – Indian residential school, systemic abuses and harms, and the covid-19 pandemic is a recent example and graves are still being found at former IRS schools. This explains the significant challenges in mental health that we experience. It will take much to address this situation.

We can also look to other Indigenous ways and cultures for healing ways.

We must change our mindsets – decolonize by going back and relearning our language and culture. Colonization has been successful; everyone has been impacted. We decolonize by learning.

We come from a culture of don't tell and don't speak which probably came from IRS. Child victims were told they were going to be beaten if they spoke up about the abuse. When they came home, as parents they said the same thing. It is learned behaviour. To this day, it is still like that in our community, there are things we don't talk about. It is a learned behavior and addictions are another symptom. Addictions are resulting in deaths. During the pandemic, the first deaths were not because of covid-19, but because of addictions.

We're still repairing all the damage – but there is ways out of that, there are answers and solutions.

Challenges are:

- Wait lists are too long for our needs.
- Mental health and the facilities required to address gaps and needs aren't priorities.
- Not addressing grief and loss.
- Influence of media/social media and other mainstream way of life on children and youth, such as a preoccupation with technological devices (cell phones, tablets, etc.). The latter extends to adults.

Solutions are:

- Healing must start in our communities and that should be the focus because of the traumas we've faced.
- Time and opportunity to grieve properly, particularly, from the past few years due to the impacts of the covid-19 pandemic including restrictions for gathering.
- It is going to take time, maybe generations.

Mental issues of our children and addictions in our communities, it is all over the world. Children's upbringing starts at home, this will affect their growing up and their life choices. Media and other aspects of the world will influence them for other ways of life. It affects the parents and grandparents. We want to fix this issue, but it will take generations. The best things in life start at home. We have generations to pass on to our children and grandchildren.

There are cultural ways to care for a person experiencing mental health issues. One time, a person who was experiencing schizophrenia was wrapped in a broad clothe for four days. Bear grease is used to treat eczema and can clear up this condition.

There have always been mental health problems. Long ago, growing up as a child, we were always kept busy, e.g., hauling water, to keep on living physically. How is that child kept busy today? At home, they're allowed to go on their devices. We must keep the children busy, physically. We don't know who they converse with on the internet, and what information they get. We must keep children physically busy. We went through a tough two years (due to the covid-19 pandemic), and it still isn't over. Addictions skyrocketed. Even though we tried to be good parents. Not all our kids listen. We must start to deal with the effects of covid – and the biggest one is addiction.

There is stigma against mental health. In the 60s and 70, there was no where to talk to and listen, and go to. In the past five years, mental health has become a big issue and a large part of that is drugs – meth and cocaine. When the mental health issues mix with drugs, it becomes harder for everyone.

There are challenges to keeping AMMA teams in place. Younger team members have left because they feel they don't have the training to cope with situations that may affect them because they still have to go home to their families. How are we supposed to react to that? Everyone is affected by that. We can debrief, but who do we turn to? Much of the trauma that goes on today is experienced by the younger generations.

Years back mental health was taboo to talk about because there was no where to turn. Today there are more resources, but where we supposed to go? Dauphin Hospital give you medication and ships you out. That is not a cure, it is a quick fix. Who do we turn to for that help? West Region Health has a crew who comes out to help, but for those cases that are in the system – what is there for them? It is hard to keep the people from going through this. What do we do? It has almost become normalized.

In past years, many of our people have suffered with mental illness. Throughout the years, we have seen our own traditional doctors helped a lot of our people who are unwell through ceremonies, e.g., sweat lodge, sun dance, and shake tents, given by the Creator. It is powerful. The old ones, grandmothers, and grandfathers are always there to help us, but sometimes, it is overwhelming to see what our people are going through. But we cannot give up. Our people are gifted. We are given those tools to work with as Anishinaabe. Our ancestors are alive in spirit, they want us to feed them once in a while, put out a plate for them. They're hungry and they're alive. We must continue to do that because they are with us all the time. We come a long way in our communities, reserves, and there are lot of issues, but we must never give up.

WHAT IS BEING EXPERIENCED IN THE COMMUNITIES

Ebb and Flow First Nation

We engaged with youth when we first started. We run a youth program in the summer months. We also run a youth recreation program in the arena for sufficient space for activities. Doubling and tripling of turn out night by night has been observed. No drugs or alcohol are allowed around the facility. There is also a no cell phone rule, except for if the youth is a young parent. The youth enforce the rules themselves. Those who break the rules have a time out of 2 weeks. There are two youth groups – those age 5-11 years and those age 12 and up. RCMP come in on their own. Some participate, and they can speak if they want.

Kids have bullies at the school but at the program, they're friends. We're just starting back next week and will continue from May to September. If cases are serious and need more support, then a member of the team works with them. We have visiting communities that come, even from Sioux Valley, Sandy Bay, etc. We don't turn anyone away as long as they follow the rules.

From nursing perspective, people come to us through referral for mental health and addictions. There is only so much we can do. What happens is that they check themselves out of the hospital before the process and next step can get started. This is frustrating because we are trying to help them. We struggle because what is next for them, but they leave before that help comes to them. Many youth stayed at home during covid and are transitioning back to school. They need support.

Gambler First Nation

There is a crystal meth crisis, and there are mental health issues that come along with it, especially its impacts on the children. Since 2019 and the covid-19 pandemic, culturally appropriate treatment centres were closed, in Peguis First Nation, Sagkeeng First Nation, and Nisichawasihk Cree Nation. The only one open was in Brandon, and possibly, another location. We reached out to withdrawal services for meth in Brandon which is the only one in Manitoba. The success rate has been about 60%. A couple of community members who went there, walked away. We try to touch base with the staff at withdrawal centres because the clients are there voluntarily. These clients then try to transition to a treatment centre which is easier than NADAP (takes two months) versus next day. There are trap houses in the community, which are safe havens for these addicts. We have a safety officer program to help address drugs that come in because we are centrally located and is easy access for drug dealers.

There is a slow response when crimes are reported. RCMP take about 30 minutes to arrive and by then, the culprits are gone. Everything is pushed under the table because people fear retribution. If nothing is done, it will escalate to more crime. Property crime is up right now. There is a concern for those that are homeless because many of them struggle with mental health challenges.

If WRHS starts a centre or a home for addictions, it should be centrally located so that all bands can benefit from it.

Keeseekoowenin First Nation

More working sessions such as this are needed to develop a master plan for a centre for all WRT2&4 bands.

Research and data, including from police reports, show that of the 180 homes in the community, there have been 300 visits from RCMP due to issues related to alcohol and drug use, sexual assault, etc. **It is recommended** that all First Nations participating in this session collect all this information and share and see what the data says.

The First Nation and WRHS is establishing a 20-bed women's shelter setting up in the community. 2 homes will be attached because they are going to need more space in work going ahead.

It is recommended that a treatment centre with day programs is established in the West Region area and in the communities.

Anecdotally, if Keeseekoowenin First Nation has 180 homes and there are 12 drug dealers in community who get \$10k per month (not just our community but surrounding), how many people buy from them? The youth said if there are 12 drug dealers and 10 people buy from each, that is about 120 users in the community out of 480 people on-reserve. There are also 3 groups who use – older (some elders), central (18-50 years of age; is a large group); and youth (there have been a few suspensions at the school). **It is recommended** that each First Nation in the West Region area start collecting this information, e.g., through focus groups, and bring back to a central forum.

Going forward, there should be notes from that meeting 10 years ago where there were discussions regarding a treatment centre. We must get comfortable with each other and talk about these things. It is recommended that we work with those who are heavily entrenched in addictions to develop a strategy.

The past few years were tough with the pandemic. Everything increased – domestic violence, drug use, etc. When we created our pandemic committee, it was a new experience for us. Everyone was getting sick - it was global. We lost many family members. We could see our faults and where we needed to fix things. Mental health is a big part of what we need to do with our healing. Doctors prescribe you pills right away. We're not trained for schizophrenia and bipolar, and the first thing doctors do is prescribe lorazepam.

We didn't get to see family members in the hospital during covid – there is grief and loss with that. It is hard to take that first step. Having supports is huge. The West Region crisis team has been called upon quite a bit. We are thankful for them to take on these roles. The other side of grief and loss was developing anxiety. Covid dollars increased addictions in a way - it was “enabling”. Some people turned to drugs and drinking because they were stuck at home and what are they going to do. We are now dealing a lot with cocaine use. We try to keep meth out of the community, but it is still there.

Many of our communities have the same patterns. For some age groups, it is tough to fall back on tradition and culture when we weren't fully taught that. Youth are exposed to everything because of social media, and they see all types of things that other generations may not have seen or experienced. Parents haven't fully healed from their own trauma, and so how do you expect children with broken parents to support others that are having that same problem.

Ochi-Chak-Ko-Sipi First Nation

Depression and anxiety were high during the pandemic lockdown. Programming was provided online. There has been breakdown of the families due to drugs. There has been infighting when money came in from covid-19 relief, which was used by some for addictions. This broke many family relationships. Many things were reported, but they were swept under the rug. Many people benefitted from it. There are people who took advantage of the covid-19 money that came in. We must have a strong foundation of family that we can pass on to the children, and they in turn, can pass it on to the next generations.

Rolling River First Nation

Young and older people are dealing with drug addictions, but many in the community don't know that. There's not communication in the homes. Devices have disconnected families from one another, and this has become a coping mechanism for children.

There have been many child apprehensions. It affects relatives in the communities because of there are many provincial standards that must be followed to take in your own. There has been numerous premature miscarriages related to drug addiction. We need to teach our young moms how to look after themselves when they are carrying life. You can teach, but it is up to them to take it and walk with it. Many teachings were lost or went underground when our parents went into these facilities. Many of our mothers didn't share these things with their daughters, which is why much of it is missing and not being taught; but they've always been there. We try to do our part by working with young women, starting with maternal child health, but this is only one part of your being.

We have lived with the effects of our parents who went to Indian residential schools, where they took on learned behaviours and passed them on to our children, whether we know it or not. We all learn from seeing and doing. Taking ownership is important. Mistakes are a part of our lives, and we must learn from them. The mother and father are the first teachers, but there are many children with both parents in their lives. We are too busy judging each other rather than helping each other – that is gone. It is our responsibility as relatives to look after one another.

Ceremonies were passed on to younger generations, but because of covid much of that stopped, e.g., sweat lodges, shake tent, powwows, etc. They are a big thing for families to participate and everyone went into withdrawals. People got sick from covid and couldn't visit with them and is why many people reached out. Lateral and domestic violence increased, and the children see this and the act out like that. Instead of teaching and sharing they judge.

We need healthy families back. It is going to take some time for all that healing to take place. We are here to find solutions as First Nations communities. There have been many young people passing.

Since the legalization of marijuana, the children are seeing that in their homes. There has been a rise in cocaine use and a few cases of crystal meth. It is difficult to address those issues because there is no communication. We have a big job.

Community workers are getting burnt out. The idea of building a facility, 2 sites to help our own within our own community and to train our own, is good. We can bring in facilitators to the community one week at a time and train in the community, hands on.

The JP and Aboriginal Head Start programs have been doing a good job during covid. They provided activity packages for the kids. It was hard to help people because of the isolation. We couldn't go into the homes.

We are hoping to go home from this session with some good feedback. We need all the help we can get. We're running out of time. Mental health is having a big impact on our people, and it is noticeable now because of impacts on young people. Mental health can be taken care of through ceremonies – we have our own teachings, gifts. We can help our own, but we need to help ourselves.

Pine Creek First Nation

The community AMMA team is greatly appreciated.

Three years ago, there was a noticeable number of community people dealing with mental illness on their own, and most noticeably, with schizophrenia. In a couple of years after that, a group of these individuals was brought together, provided a meal and a personal gift basket, and were given opportunities to do odd jobs in the community at their own pace. There are currently 11 participants. The challenge is lack of space to hold various activities, such as teaching life skills. They will be moving into the family resource centre, the Blue Sky Wellness Centre.

The AMMA team is on call 24/7, and there are 3 individuals to a team, including at least 1 male and 1 female. They are good at finding members who can take their spot when they're unavailable. The team receives an honorarium of \$150 which is not much for the amount of work they do for the community members. The team is approached when tragedies happen and/or when families want cultural supports. Community members know how to contact the team. It is challenging to get community members to turn out for information and awareness meetings; however, we will continue trying.

Many people in the community are dealing with addictions but are hiding it. There are many cocaine users. Those who can't afford that drug are crushing pills and we are starting to see an increase in meth use.

Pine Creek has been touring various centres - Peguis Treatment Centre, Sagkeeng, Nisichawayasihk, and Cote - to obtain information including what they offer traditionally. We hope to have a wellness or treatment centre.

The JP and BFI programs strongly support our youth culturally and through sports. They keep them busy. We have a lot of good kids.

We host information sessions on different topics – mental illness and wellness, different types of addictions. We include a quiz and an evaluation and provide an honorarium. Lately, we have been working with individuals 40 years and older.

If any other participants at this session need our team and vice versa, contact us. It is good if everyone is willing to come and help each other out.

Skownan First Nation

The Jordan's Principle team works with other programs on prevention work with families and children, including providing recreation. It is an excellent program. There are many different activities for children. Keeping families together is the direction we are going.

MENTAL HEALTH PRIORITIES WITHIN WRTC FIRST NATIONS

On Day 1 of the 2-day strategic planning session, participants from the same community identified their First Nation-specific mental health priorities. On the evening of Day 1, the facilitator reviewed this information and analyzed it to determine thematic key priority areas across the WRT2&4 area. First Nation-specific and Key Priorities common across First Nations in this region are provided in this section.

First Nation-Specific Priorities

Ebb and Flow First Nation

- 1) **Bringing Awareness to our AMMA Team.** We are going to utilize our radio station, social media, and upcoming events to raise awareness of our team and what we do.
- 2) **Culture/Youth Building.** Buildings used for youth and elder activities were taken away a couple of years ago. Leadership will be approached for youth and elders to utilize two building that have become available.
- 3) **Motivational Speakers (recovered addicts).** We would like to invite individuals who were addicted. We have people in mind but had to cancel our health fair.
- 4) **Traditional Teachings (sweatlodge, sundance, fasting).** We have lodge keepers in our community. Tell clients, it is time we start teaching our young ones the culture and the sweatlodge and what is the meaning of it, sundance. South of our community, "medicine rock area" –
- 5) **Identify Resources.**

Keeseekoowenin First Nation

- 1) **Addictions.** Context: Would like to develop and provide a local day treatment program for addictions - drug, alcohol, gambling – and receive training on how to administer suboxone and methadone. It is difficult to access treatment programs and there is a wait list of an average of 3 months. When individuals ask to go to treatment, they should receive it, otherwise, you will lose them.

- 2) **Anxiety.** Context: This is a big issue within the community, especially amongst youth. Those suffering from anxiety issues are now referred to doctor who prescribes medication, and down the road they may develop an addiction.
- 3) **Domestic Violence.** Context: Police reports and data demonstrates that domestic violence is connected to addictions.
- 4) **Identity.** Context: We often hear that “we’re lost”. We must regain a strong sense of identity within communities teaching them who they are as Anishinabeg and where we come from by revitalizing traditional ways of knowing and teaching.
- 5) **Healing and Wellness.** Context: This is connected to all priorities. Canada is responsible for the colonization and dependency it created (e.g., Indian Act). Each community needs a healing centre or facility. We can do things without government funding.
- 6) **Loss and Grief.** Context: The impacts of Indian Residential School, historical grief, and the covid-19 pandemic, must be addressed. If it is carried around for a long time, it can have negative impacts and can cause other illnesses.

Ochi-Chak-Ko-Sipi First Nation

- 1) **More awareness of different mental health conditions.** This includes as examples anxiety, depression, mood disorders, eating disorders, etc. Training is needed on symptoms or how to recognize these different conditions.
- 2) **Mental Health First Aid.** Provide training to community staff workers including the school, CFS, band staff, etc., because they work in the community and with youth and can provide information and education before individuals go to the doctor.

Pine Creek First Nation

- 1) **Safe Home for community members living with mental illness.** Context: Currently have many who are homeless and couch surfing and break into houses because they have no where to stay.
- 2) **Seek funding for more support staff.** Context: To assist existing programs.
- 3) **Better communication and strengthening relationships with external groups,** e.g., RCMP, CFS, etc.
- 4) **AMMA team to receive training (e.g., ASSIST, mental health, naloxone, de-escalating violent situations).** Context: Some team members have not had training.
- 5) **Educating community members (e.g., Mental Health Act).** Context: Because many times people come to us with someone experiencing a crisis and want us to fix them, but that is not how it works - it takes the entire community.
- 6) **Reviving Indigenous Ways of healing (e.g., sweats, sundance, shake tents, rites of passage, Seven Sacred Ways of Healing, Elders’ teachings).**

Rolling River First Nation

- 1) **Safety (Wellbeing) in our community.**
- 2) **Awareness Programs with Resource Links (i.e., toll-free numbers; addictions, self-harm, and family violence).** Currently utilize a monthly newsletter that provides toll-free numbers, but not everyone can phone directly and there is a need to include information on websites regarding resources on addictions, self-harm, family violence, and other issues.
- 3) **Identify Support Systems (regarding addictions, self-harm, family violence, etc.).** This can include supports within the family, extended family, or someone that an individual feels comfortable in opening up to.

- 4) **Trained staff in community.** This includes the AMMA team. We must be trained so when something happens in our community, we can stabilize the situation until appropriate personnel on site
- 5) **Elders' Guidance.** If there is an unexpected death, elders can inform/lead cultural protocol on what must be done. People are often in shock and don't understand.

Skownan First Nation

- 1) **AMMA Training.** Where does AMMA get formal training from? Is there specialized training e.g., mental health first aid, Buffalo Riders, crisis intervention, Seven Sacred Ways of healing, non-violent crisis intervention, etc.? It is hard to go into a situation and look after ourselves.
- 2) **Funding (annual, bi-annual).** – for any more training (cover costs), frequency of funding?
- 3) **Partnerships (local/First Nation, provincial, federal).** Need more lines of communication should be open more.
- 4) **Education.** Creating community awareness about the AMMA team, what do they do, what's going on. This is always a challenge.
- 5) **People.** We need a balance in communities, e.g., religious, traditional, etc. We are not here to judge. Being judgemental can impact participation and trust which is something we struggle with to get individuals to believe we are there for them. We must provide judgement free services.

Common Thematic Priorities

Thematic Priority 1: Education and awareness of AMMA Team

- **Bringing Awareness to our AMMA Team.** We are going to utilize our radio station, social media, and upcoming events to raise awareness of our team and what we do. (**Ebb and Flow First Nation**)
- **Education.** Creating community awareness about the AMMA team, what do they do, what's going on. This is always a challenge. (**Skownan First Nation**)

Thematic Priority 2: AMMA (and others) Training

- **AMMA Training.** Where does AMMA get formal training from? Is there specialized training e.g., mental health first aid, Buffalo Riders, crisis intervention, Seven Sacred Ways of healing, non-violent crisis intervention, etc.? It is hard to go into a situation and look after ourselves. (**Skownan First Nation**)
- **AMMA team to receive training (e.g., ASSIST, mental health, naloxone, de-escalating violent situations).** Some team members have not had training. (**Pine Creek First Nation**)
- **Trained staff in community.** This includes the AMMA team. We must be trained so when something happens in our community, we can stabilize the situation until appropriate personnel on site. (**Rolling River First Nation**)
- **Mental Health First Aid.** Provide training to community staff workers including the school, CFS, band staff, etc., because they work in the community and with youth and can provide information and education before individuals go to the doctor. (**Ochi-Chak-Ko-Sipi First Nation**)

Thematic Priority 3: Cultural Teachings, Ceremonies and Identity

- **Traditional Teachings (sweatlodge, sundance, fasting).** We have lodge keepers in our community. Tell clients, it is time we start teaching our young ones the culture and the sweatlodge and what is the meaning of it, sundance. (**Ebb and Flow First Nation**)

- **Reviving Indigenous Ways of healing (e.g., sweats, sundance, shake tents, rites of passage, Seven Sacred Ways of Healing, Elders' teachings).** (Pine Creek First Nation)
- **Elders' Guidance.** If there is an unexpected death, elders can inform/lead cultural protocol on what must be done. People are often in shock and don't understand. (Rolling River First Nation)
- **Identity.** We often hear that "we're lost". We must regain a strong sense of identity within communities teaching them who they are as Anishinabeg and where we come from by revitalizing traditional ways of knowing and teaching. (Keeseekoowenin First Nation)

Thematic Priority 4: Resources/Funding

- **Identify Resources.** (Ebb and Flow First Nation)
- **Funding (annual, bi-annual).** For any more training (cover costs), frequency of funding? (Skownan First Nation)
- **Seek funding for more support staff.** Context: To assist existing programs. (Pine Creek First Nation)

Thematic Priority 5: Partnerships and Relationships

- **Partnerships (local/First Nation, provincial, federal).** Need more lines of communication should be open more. (Skownan First Nation)
- **Better communication and strengthening relationships with external groups, e.g., RCMP, CFS, etc.** (Pine Creek First Nation)

Thematic Priority 6: Safety

- **Safety (Wellbeing) in our community.** (Rolling River First Nation)
- **Safe Home for community members living with mental illness.** Context: Currently have many who are homeless and couch surfing and break into houses because they have no where to stay. (Pine Creek First Nation)

Thematic Priority 7: Education and Awareness of Resources and Supports

- **Educating community members (e.g., Mental Health Act).** Because many times people come to us with someone experiencing a crisis and want us to fix them, but that is not how it works - it takes the entire community. (Pine Creek First Nation)
- **Awareness Programs with Resource Links (i.e., toll-free numbers; addictions, self-harm, and family violence).** Currently utilize a monthly newsletter that provides toll-free numbers, but not everyone can phone directly and there is a need to include information on websites regarding resources on addictions, self-harm, family violence, and other issues. ((Rolling River First Nation)
- **Motivational Speakers (recovered addicts).** We would like to invite individuals who were addicted. We have people in mind but had to cancel our health fair. (Ebb and Flow First Nation)
- **Identify Support Systems (regarding addictions, self-harm, family violence, etc.).** This can include supports within the family, extended family, or someone that an individual feels comfortable in opening up to. (Rolling River First Nation)

Thematic Priority 8: Awareness and Understanding of Mental Health Issues/Conditions

- **More awareness of different mental health conditions.** This includes as examples anxiety, depression, mood disorders, eating disorders, etc. Training is needed on symptoms or how to recognize these different conditions. (Ochi-Chak-Ko-Sipi First Nation)

- **Addictions.** Would like to develop and provide a local day treatment program for addictions - drug, alcohol, gambling – and receive training on how to administer suboxone and methadone. It is difficult to access treatment programs and there is a wait list of an average of 3 months. When individuals ask to go to treatment, they should receive it, otherwise, you will lose them. **(Keeseekoowenin First Nation)**
- **Anxiety.** This is a big issue within the community, especially amongst youth. Those suffering from anxiety issues are now referred to doctor who prescribes medication, and down the road they may develop an addiction. **(Keeseekoowenin First Nation)**
- **Domestic Violence.** Police reports and data demonstrates that domestic violence is connected to addictions. **(Keeseekoowenin First Nation)**
- **Loss and Grief.** The impacts of Indian Residential School, historical grief, and the covid-19 pandemic, must be addressed. If it is carried around for a long time, it can have negative impacts and can cause other illnesses. **(Keeseekoowenin First Nation)**

Thematic Priority 9: Infrastructure (buildings and spaces)

- **Healing and Wellness.** This is connected to all priorities. Canada is responsible for the colonization and dependency it created (e.g., Indian Act). Each community needs a healing centre or facility. We can do things without government funding. **(Keeseekoowenin First Nation)**
- **Culture/Youth Building.** Buildings used for youth and elder activities were taken away a couple of years ago. Leadership will be approached for youth and elders to utilize two building that have become available. **(Ebb and Flow First Nation)**
- **Safe Home for community members living with mental illness.** Currently have many who are homeless and couch surfing and break into houses because they have no where to stay. **(Pine Creek First Nation) (NOTE: repeat priority)**

Thematic Priority 10: Balanced and Non-judgemental Approach to service delivery

- **People.** We need a balance in communities, e.g., religious, traditional, etc. We are not here to judge. Being judgemental can impact participation and trust which is something we struggle with to get individuals to believe we are there for them. We must provide judgement free services. **(Skownan First Nation)**

DAY 2: THURSDAY, MAY 18, 2022

Participants developed a vision and mission statement for this strategic plan by discussing the following questions: *Vision - What future reality do we envision (as a collective)? What is the change we want to see (as a collective); and Mission - What is our role in achieving the vision?* The outcome of this discussion was the identification of the following:

Vision Statement
Miskoh Mikanaa Kubiiminiizhamaan. Following the Red Road for good health and wellness and harmonious, balanced communities.
Mission Statement
Committed to empowerment in healing through promotion and implementation of culture and language, community involvement, and connecting families with all available resources.

It was agreed that the Seven Sacred Teachings will be the Guiding Principles for this strategic plan.

PLANNING ALTERNATIVE TOMORROWS WITH HOPE (PATH) PROCESS

Planning Alternative Tomorrows with Hope (PATH) is a creative process for strategic planning. It encourages participants to visualize a future based on shared values and beliefs, identify specific timeframes and accomplishments, and describe current and potential resources to achieve the dream envisioned. PATH is typically for shorter-term (1-2 years) strategic planning.

Participants at this session were provided an overview of the 10 key priority areas based on analysis of their input (see previous section). They were invited to participate in the PATH process for the key area of interest to them. It was encouraged that each community have at least one representative at each of the key areas.

The following provides an overview of participants' discussions in each of the key priority areas using the PATH process. It includes short- and long-term goals, what the future looks like if the goals are achieved, where things are at now and how to get there in the next six months, including who to involve and ways to build strength.

Key Priority 1: Education and awareness of AMMA Team

- **Bringing Awareness to our AMMA Team.** We are going to utilize our radio station, social media, and upcoming events to raise awareness of our team and what we do. **(Ebb and Flow First Nation)**
- **Education.** Creating community awareness about the AMMA team, what do they do, what's going on. This is always a challenge. **(Skownan First Nation)**

Key Priority 2: AMMA Training

Short-Term Goal: By March 30, 2024, we will develop & implement an AMMA training program and booklet & pamphlet to use as a guideline & reference to help train community members in assisting with mental health issues in communities & in crisis situations. [Additional details/notes: To have the basic training to become an AMMA member (not necessarily to be a member but to have the training when the need arises). Provide a certificate for each training module & have a celebration at the end of each program. This would be a continuation until the program is finished (this could be long-term).]

Long-Term Goal: Help each AMMA team member to develop the skills & tools to provide the help & resources to community members & person(s) in crisis situations.

1 – Touching the Dream	Community healing and wellness. Teamwork with community members. All teams and community members bought in and committed to training, no one leaves members behind, & all progress together. Each AMMA team is trained & at the same level.					
3 – Grounding in the Now Planning, having the conversation. Teamwork, dialogue/ dynamics on planning the training/ cost.	4 – Identifying People to Enroll People that need to be involved, with community, Tribal Health, AMMA team members, health director, health staff, and community members on selections.	5 – Ways to Build Strength Structure needs to be in place. Confidentiality (a must). Good listening skills, professionalism, team building gatherings, & showing respect & kindness.	8 – Committing to the First Step Getting people together for proposed dates of training, benchmarking the progress of people involved in the training.	7 – Planning the Next 3 Months An action plan is developed by Health Director, health staff, look to WRT2&4 health staff for guidance & support. Do an inventory of AMMA team training. Team lead to coordinate with WRT2&4HS.	6 – Planning the Next 6 Months Bring members on the same level with training & progress, “re-certification” updating, also for first-time taking the training.	2 – Sensing the Goal Seeing the progressing teamwork. Gives hope that will become a reality. A continuation of confidence building.

Key Priority 3: Cultural Teachings, Ceremonies, and Identity

Short-Term Goals:

- a) Continue to encourage Seven Sacred teachings
- b) Learn about Head Start, day care, Jordan’s Principle
- c) Networking within our communities
- d) Minimize lateral violence within communities

Long-Term Goal: Full immersion classes in all schools. Mandatory learning. Land-based teaching: seasons/survival.

<p>1 – Touching the Dream</p>	<p>All members in community to move forward in a positive balance in a cultural way and values and understanding. Get all community members involved. Short term goal: all first people in community speaking the same language. Learn the language. All agencies and community/family members to be fulfilling and utilizing cultural practices, languages, and traditions.</p>					
<p>3 – Grounding in the Now</p> <p>Planning has started. Process has begun with children’s programs. More community involvement. Need more inclusion. Future success – all fluent in the language.</p>	<p>4 – Identifying People to Enroll</p> <p>Funding/proposals Leadership WRTH School/Programs Head Start WRTCH AMC SCO JP CFS RCMP Treaty 2 Night security Community members</p>	<p>5 – Ways to Build Strength</p> <p>Communication Teamwork/ Community building Be open-minded Trust Capacity-building/ Training</p>	<p>8 – Committing to the First Step</p>	<p>7 – Planning the Next 3 Months</p> <p>Youth Group (Julie) Seasonal teachings (Jordan’s Principle) Gardening space/ planting (Jordan’s Principle, Liz, Head Start) Powwow Committee Jordan’s Principle – beading, ribbon skirts, sewing Gary – sweats, drum group</p>	<p>6 – Planning the Next 6 Months</p> <p>Plan weekly youth programs (land based, mental health) Seasonal Teachings (hunting fishing, medicine and berry picking, Jordan’s Principle, school) Plan gardening space (school, Liz, Head Start) Community involvement (all ages) in planning Powwow Committee Jordan’s Principle – beading, ribbon skirts, sewing Gary – sweats, drum group</p>	<p>2 – Sensing the Goal</p> <p>Feel connected sense of community unity. Feel good – everyone in community, have language back, in schooling, youth All the members will be happier in a circle of life. Deeper connection and meaning within the community. Everybody getting involved, learn from each other.</p>

Key Priority 4: Resources/Funding

Short-Term Goal: By March 31, 2024, we will be informed and prepared about funding opportunities and requirements by conducting research and survey to address funding needs and train support staff for a healing centre (develop a concept and business plan).

Long-Term Goal: Develop a concept/ business plan for Healing Centre to house individuals/families seeking long-term support with follow-up, thereafter, with resources. Healing Centre intake for a period 6 months – 1 year, taking into consideration of client’s progress.

<p>1 – Touching the Dream</p>	<p>Breaking barriers. Elder guidance. Leadership involvement including elders. Community involvement. Individual training. Community decision-making. Proposal writers. Networking with surrounding communities. Endless funding. Youth involvement. Sharing hope and strength with one another.</p>					
<p>3 – Grounding in the Now</p> <p>Allocated funds Budget plan Writing proposals Some funders identified List of resource people Referral forms developed Needs identified</p>	<p>4 – Identifying People to Enroll</p> <p>NADAP Medical personnel Health Director Elder involvement from community Finance personnel Health Committee</p>	<p>5 – Ways to Build Strength</p> <p>Ongoing meetings Continuous strength and supports Stay involved in our traditional ways Continual re-evaluation Elders/pastors Community involvement Continual network Youth involvement Continual training</p>	<p>8 – Committing to the First Step</p> <p>Community involvement (Health Committee/ Leader) Leaders/ Health Director and Elders Advance notices sent out or word of mouth</p>	<p>7 – Planning the Next 3 Months</p> <p>Giving feedback on draft proposal/research surveys by Health Committee</p>	<p>6 – Planning the Next 6 Months</p> <p>Sending out proposals – Health Committee</p>	<p>2 – Sensing the Goal</p> <p>Hopeful Moving forward Elders and community achievements Realistic Successful</p>

Key Priority 5: Partnerships and Relationships

Short-Term Goals: By December 31, 2022, we will: a) hold a form of staff and local, provincial, and federal mental wellness partners to create relationships, exchange contact information, and discuss the roles and responsibilities and collaborate for the future (CFS, RCMP, Jordan’s Principle, MVSD, mental wellness, healers, elders, etc.); and b) create a resource guide/phone book of all local, provincial, and federal contacts and distribute it throughout the community so members have a complete list of people to reach out to.

Long-Term Goal: maintain the communication and contacts that were established in the short-term goal by having a gathering/forum every year to welcome new workers, celebrate other goals, and keep connections and lines of communication open with mental wellness partners established in the area.

<p>1 – Touching the Dream</p>	<p>To have a working team at WRTHS that is fully staffed, trained, funded, and recognized by community members and Manitoba, who are able to provide comprehensive, full range, and needed services. To include natural supports in the definition of partnerships. To increase familiarity amongst partners for mental wellness.</p>					
<p>3 – Grounding in the Now</p> <p>Collaborators are not fully aware of each other or each other’s roles. Contact info is siloed.</p>	<p>4 – Identifying People to Enroll</p> <p>Mental health wellness workers, CFS, PMH, RCMP, JP, MVSD, healers, elders, suicide prevention workers, AMMA, WRTHS staff, doctors, nurses, knowledge keepers, Chief & Council, educational workers</p>	<p>5 – Ways to Build Strength</p> <p>Strong & consistent communication, opportunities to communicate (forums, gatherings, coffee, etc.), networking skills, up-to-date contact information.</p>	<p>8 – Committing to the First Step</p> <p>Would need WRTHS support, funding, & participation. Identify a planning committee. Select a date & venue for the gathering. Barrier will be funding. Identify partners to attend. Prepare fillable contact info forms for each attendee. Outline goals for the gathering.</p>	<p>7 – Planning the Next 3 Months</p> <p>Invite & confirm attendance. Confirm schedule for the day, funding, food, sponsorships, speakers, etc. Finalize fillable contact info forms.</p>	<p>6 – Planning the Next 6 Months</p> <p>Plan a forum/ gathering, apply for funding, invite partners to attend, clarify goals, and workshops for the day, create a resource guide/ phone book once all contact info is obtained, and network at forum.</p>	<p>2 – Sensing the Goal</p> <p>Partners will be aware of each other with a circle of care approach becoming the norm.</p>

Key Priority 6: Safety

Short-Term Goals: By March 31, 2024: a) we will develop a safety plan by identifying safe homes within our community that anyone can go to should they need a place to go to avoid immediate danger; and b) have a designated safety committee trained, and have roles and responsibilities assigned with open communication established, to provide interventions on various safety concerns that arise.

Long-Term Goals: Within 5 years: a) have several homes in various areas of the community identified as “Safe Homes” in which people can seek shelter and help; b) we would like to teach all community members of all ages that it is okay to phone the police for help. Let’s break the stigma that calling the police makes you known as a “rat”; and c) identify “Peacekeepers” within the community that could be utilized for several safety concerns such as designated driving, security support, and community programming, with proper training.

1 – Touching the Dream	Support home for shelter. Trained staff for the shelter and the support house and safe house. Identify the homes that will be safety home and where they will be. Safe house for community. 20 bed shelter/ women’s shelter.					
3 – Grounding in the Now Women’s shelter is being built now. Plans have been submitted. Space has been cleared for the site.	4 – Identifying People to Enroll Leadership Support staff from health and CFS Bev Jones Police officers Contractors Security Support staff to the shelter Counselling service staff Proposal writers (funding) Motivational speakers Jordan’s Principle support staff	5 – Ways to Build Strength Need more knowledge on our Seven Sacred teachings and how to apply them Access to cultural grounds Need to build a relationship with our men’s group for support Keep a positive attitude about the goal and avoid undermining the process Participate in team building with all supports coming together	8 – Committing to the First Step Leadership will support us to stay committed to achieve this goal.	7 – Planning the Next 3 Months Support house and safe house will be placed in proper plots. Getting services to the support house and safe house such as water delivery, garbage pick-up, etc.	6 – Planning the Next 6 Months Starting this summer, the site will begin to develop (Install well, foundation, etc.) Starting to meet with the key players, consulting team, and CMHC. Reaching out to someone with experienced firsthand to help develop job postings, policy, etc.	2 – Sensing the Goal Feeling accomplished with the beginning of project goals. Feeling safe knowing where you can turn to. Women and children are safe from domestic violence in all WTRHS communities. Feeling accomplished and proud.

Key Priority 7: Education and Awareness of Resources and Supports

- **Educating community members (e.g., Mental Health Act).** Because many times people come to us with someone experiencing a crisis and want us to fix them, but that is not how it works - it takes the entire community. **(Pine Creek First Nation)**
- **Awareness Programs with Resource Links (i.e., toll-free numbers; addictions, self-harm, and family violence).** Currently utilize a monthly newsletter that provides toll-free numbers, but not everyone can phone directly and there is a need to include information on websites regarding resources on addictions, self-harm, family violence, and other issues. **((Rolling River First Nation)**
- **Motivational Speakers (recovered addicts).** We would like to invite individuals who were addicted. We have people in mind but had to cancel our health fair. **(Ebb and Flow First Nation)**
- **Identify Support Systems (regarding addictions, self-harm, family violence, etc.).** This can include supports within the family, extended family, or someone that an individual feels comfortable in opening up to. **(Rolling River First Nation)**

Key Priority 8: Awareness & Understanding of Mental Health Issues & Conditions

Short-Term Goal: By March 31, 2024, we will have created an awareness campaign to bring awareness & promote the importance of mental health & well-being to communities through presentations, workshops, & family camps to enhance the well-being of members & communities as a whole.

Long-Term Goal: In 5 years, we will a mental well-being & addictions healing & resource centre that provides holistic wellness & balance for all community members & families to receive care & awareness of mental health issues.

1 – Touching the Dream						
3 – Grounding in the Now	4 – Identifying People to Enroll	5 – Ways to Build Strength	8 – Committing to the First Step	7 – Planning the Next 3 Months	6 – Planning the Next 6 Months	2 – Sensing the Goal

Key Priority 9: Infrastructure (buildings & spaces)

Short-Term Goals: By March 31, 2024, we will:

- a) have completed a needs assessment in each Treaty 2 & 4 (West Region) community through community consultation. This will help us determine what the needs are in each community in regards to infrastructure/buildings/spaces.
- b) Research & identify different funding sources/options to meet our infrastructure needs within each community. We will do this by looking through federal and provincial budgets, online resources, current funding partners.
- c) Secure funding for feasibility study. We would do this by tying into our research as stated in previous goal.

Long-Term Goal: Within the next 5 years, we will have (multi-purpose) infrastructure in each West Region Treaty 2 & 4 community based on the feasibility study & needs assessment. This will help meet the community needs by working together and taking care of own people, e.g., treatment centre, day program, healing & wellness, safe home, etc.

<p>1 – Touching the Dream</p>	<p>Having buildings big enough to accommodate everyone – a safe place. Facility for youth, elders, and families. A building that will hold all age groups not limited to a certain age or gender. For all communities to have a building big enough to accommodate everyone. For everyone to have a place (building) they can call their own. Communities are not lacking any infrastructure and are environmentally sustainable.</p>					
<p>3 – Grounding in the Now</p> <p>Working stage of the plan. Developing stage of the vision. No room, no space.</p>	<p>4 – Identifying People to Enroll</p> <p>Chief & Council. Health Directors. Elders, youth, male/female, community members. CFS, education, frontline workers. Funders – provincial & federal.</p>	<p>5 – Ways to Build Strength</p> <p>Positivity, good communication, a consistent working group, specific experts (e.g., Adrienne Fiddler), support from other communities, proposal writers, finance, engineers, trades people (plumbers, etc.).</p>	<p>8 – Committing to the First Step</p> <p>Commitment - actually doing it. Needs assessment be completed. Who’s collecting the data. Secure funding.</p>	<p>7 – Planning the Next 3 Months</p> <p>Health directors, administrative staff – set up meeting, Tribal HS, July 2022. People identified at all levels on who’s doing what.</p>	<p>6 – Planning the Next 6 Months</p> <p>Identify the working group & timeline. Delegate roles withing the group (e.g., finance).</p>	<p>2 – Sensing the Goal</p> <p>Living safe & healthy with all needs being met. Happy people, happy community. Facility that has the ability to operate off the grid. Having a huge, multi-centre building for all ages – environmentally friendly. All ages accomplish healthier wellness of life.</p>

Additional Flip Chart Notes:

- Healing & wellness – each community needs a healing centre or facility. (Keeseekoowenin)
- Culture/ youth building – will approach leadership for youth & elders to utilize two buildings that have become available. (Ebb and Flow)
- Safe home for community members living with mental illness because some are homeless. (Pine Creek)

Key Priority 10: Balanced & Non-judgemental Approach to Service Delivery

Short-Term Goal: By March 2024, we will identify all religions as equal/ implement the Seven Teachings (wisdom, honesty, truth, trust, humility, courage, and love).

Long-Term Goal: Balanced, non-judgemental approach to service delivery.

<p>1 – Touching the Dream</p>	<p>Include all religions on the healing process. 100% drug free community. Practicing our culture. To see each other equally. For all people to have hope and feel accepted. AMMA awareness. Community members to know AMMA has services to offer. Everybody feels included. People come in to access services, they feel welcomed, and have no barriers to services. They feel welcomed. Always be positive. Mental wellness for our people and community. That our community becomes drug-free. My dream is no judgement or stigma about who they are. Dream: for all individuals to have and maintain hope despite their struggle. Stop drug trafficking. To see each other as one. 100% practice our culture/ religions. Be a drug-free community. Include all religions on the healing process. Have 100% drug-free residents.</p>					
<p>3 – Grounding in the Now</p> <p>High crime. Misunderstanding & mistrust. Scared to access services. Needing assistant. No trust. Misguidance.</p> <p>People want to change, but don't know where to start, or how to seek/ask for it Misunderstanding and mistrust. People at times scared to access services. Need people to help them navigate resources. Slow process to develop trust. Criminal activities. High rate of addiction. Slow waiting on treatments. Broken families. Drug user getting younger. More trap houses.</p>	<p>4 – Identifying People to Enroll</p> <p>Proposal – grant writers Counsellors First aid responders Chief and Council</p>	<p>5 – Ways to Build Strength</p> <p>Be on all on the same topic, commitment Stay positive Using traditional knowledge Counselling skills Trust – Seven Teachings Respect</p>	<p>8 – Committing to the First Step</p>	<p>7 – Planning the Next 3 Months</p> <p>Assessment. Meet & great clients through group gatherings. Start the base of the group. Biggest barrier is self-esteem, trust, confidentiality, & commitment.</p>	<p>6 – Planning the Next 6 Months</p> <p>To inform the community members on service provided by AMMA team. Getting our contact information to community members.</p>	<p>2 – Sensing the Goal</p> <p>Everybody would be happy in the community. A drug-free community. Community-family connection. Safe environment. Access to judgement-free services.</p> <p>Trust issues are created For individuals to know their life is meaningful and has purpose. We need to take action with the process towards healing. Families will be connected/ safe/environment/co mmunity would be 100% happy, drug-free. Everyone would be happy with positive vibes.</p>

CONCLUSION

Strategic planning is a process not a singular event. A Fall 2022 follow-up session is planned. It is recommended that this session:

- 1) Validate strategic planning components identified in this report, i.e., Mission, Vision, Guiding Principles, Priority Areas, and PATH components.
- 2) Provide updates on any follow-up actions and consider any new developments.
- 3) Address gaps in this report and engage in greater detail for longer-term strategic planning, i.e., Guiding Principles descriptions, Priority Areas gaps in information, longer-term goals and objectives, and a SWOT analysis.