

INDIGENOUS MENTAL WELLNESS



**2018 CFMS National Day of Action
Community Consultations Review and Summary**



Acknowledgements

We would like to extend thanks to each and every medical student across the country who participated in the community consultation process. It was your dedication that ensured that the process was a success. Finally, we would like to thank the Indigenous community leaders and health experts whose expertise and guidance helped shape the direction of this document. Without you, this would not have been possible.

Tunchai Redvers, We Matter Campaign
Jennifer Redvers, Institute for Circumpolar Health Research
Bernice Downey, McMaster University
Amanda Abel, University of Manitoba
Brenda Restoule, First People Wellness Circle
Carol Hopkins, Thunderbird Partnership Foundation
Marcia Anderson, University of Manitoba
Carla Cochrane, First Nations Labour and Development Survey
Dawn Martin-Hill, McMaster University
Cindy Blackstock, First Nations Child and Family Caring Society of Canada
Barry Lavallee, University of Manitoba
Jesse Kancir, University of British Columbia
Sol Mamakwa, Nishnawbe Aski Nation
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Natalie Riediger, Manitoba First Nations Centre for Aboriginal Health Research

Melinda Fowler, University of Manitoba
Amanda Woods, University of Manitoba
Linda Diffey, University of Manitoba
Rosy Khurana, Cree Health Board
Josée Lavoie, Manitoba First Nations Centre for Aboriginal Health Research
Jeffery Copenance, Indigenous Services Canada
Gertie Mai Muise, Association of Ontario Health Centres
Perry McLeod-Shabogesic, Shkagamik-Kwe Health Centre
Debbie Martin, Dalhousie University
Tony Jocko, Anishinabek Nation
Paula Potts, Temagami First Nations
Leona Star, First Nations Health and Social Secretariat of Manitoba
Home School Coordinator, God Lake Narrows
Jeff LaPlante, National Aboriginal Diabetes Association

The following document is a qualitative research report summarizing the feedback received from community consultations done by the Canadian Federation of Medical Students (CFMS) for the 2018 National Day of Action on Indigenous Mental Wellness.

Prepared by: Charles Yin and Mergim Binakaj

Introduction

Mental wellness is a critical issue for Indigenous communities in Canada. The prevalence of mental illness and suicide is significantly elevated amongst Indigenous people compared to the general population, and represents a significant health inequity in Canada. In certain Indigenous communities, rates of suicide have reached crisis proportions.

As today's medical students and tomorrow's physicians, we are highly concerned with this crisis in the health outcome of a historically marginalized and oppressed population in Canada. As an organization, the Canadian Federation of Medical Students acknowledges that critical healthcare needs amongst Indigenous populations remain largely unmet, especially within mental health and wellness. As a result, we collectively determined that the 2018 CFMS National Day of Action would focus on advocating for changes in federal health policy that would positively impact Indigenous mental wellness.

Indigenous mental health and wellness is a highly complex issue that is rooted in a history of colonialism. A long history of forced assimilation has resulted in Indigenous communities that have become marginalized, disenfranchised, and torn by deep inter-generational trauma and loss of cultural identity. Simultaneously, Indigenous communities have demonstrated remarkable resiliency in the face of these challenges, with many communities taking the lead in the process of healing.

Accordingly, we have taken a "bottom-up" approach toward shaping the 2018 CFMS Day of Action on Indigenous Mental Wellness, with a central part of the process being a nation-wide consultation process undertaken with both Indigenous leaders and health experts with experience working with Indigenous communities. Qualitative analysis with an inductive approach was taken to uncover unifying themes in the consultation feedback we received and determine the specific items that CFMS will be advocating for on the Day of Action.

Methodology

The CFMS was tasked with contacting stakeholders, policymakers, health care practitioners, community constituents and non-governmental organizations across Canada on the topic of Indigenous mental health and the most pressing items that should be brought forward before the federal government.

Instead of conducting the interviews in a formal question-and-answer exchange, we modelled our consultations after a normal conversation—there was no predetermined list of questions that were asked, to encourage a diversity of responses and conversations. This was done in accordance with the importance of maintaining a natural flow in the response from those individuals we consulted.¹ By not coordinating structured interviews, we sought to establish an

environment where each consultation does not operate within the constraints of the typical structure or semi-structured interview. While this results in a broader range of responses—and increases the time required to extract the self-emerging themes across all the consultations—ultimately it leads to more robust, nuanced conclusions.²

Once the interviews were concluded and transcribed, we underwent an inductive analysis of the transcripts—meaning we reported emerging concepts, insights, and understandings from patterns in the qualitative data. This stands in stark contrast to a deductive approach, where data is collected to assess already existing theories, hypotheses, or scientific models. Each sentence of each interview transcript was given a 1-4 word “open code” that best captured the nature of the sentence. From the patterns and repetition found in these open codes, themes in our interview data emerged. Instead of listing all of the themes in this document, we describe the emergent themes across the consultations, and refer to interview excerpts that elaborate on a manifestation of the theme in discussion. A list of open codes is found in **Appendix A**. Generally speaking, each individual feedback report from a single consultation can be separated into 2-3 main themes—with subcomponents splitting up each theme—however, due to time and resource constraints, we have broken things down into five primary themes. We also attempt to illustrate the interdependence of the themes—proposals often can fit into multiple themes, and understanding this is key to understanding how all of the themes are interconnected.

This report is a summary on the feedback received for the 2018 CFMS National Day of Action on Indigenous Mental Wellness, with the consultation participants reflecting the diversity of communities, individuals, and organizations who are impacted and impact Indigenous Mental Wellness.

Consultation Themes

Theme 1: Indigenous Health Care

A primary focus in most consultation feedback we have analyzed is the importance of incorporating ‘Indigenous health care’ into our policy proposals. In one of our first consultations, Tunchai Redvers of the We Matter Campaign refers to “decolonizing, or Indigenizing how we define mental health” as something that is of “the utmost importance.”

The fact is that health care provision to Canada’s Indigenous peoples must be rooted in a context that is foundationally designed to uphold, cater to, and strengthen indigeneity across Canada. Health care services and programs designed for the general Canadian population often don’t work or underperform for Canada’s Indigenous populations.

Preventative Wellness

Before references to medical or psychological care are made, the importance of diet and exercise was asserted. Dr. Melinda Fowler and Amanda Woods of the Ongomiizwin Indigenous Institute of Health and Healing at the University of Manitoba pointed out that many Indigenous people lack access to healthy food or the means to exercise on a regular basis, and that these factors play a deterministic role in chronic health outcomes, including mental health, later in life.

Dr. Rosy Khurana of the Cree Health Board suggested that more resources be funnelled into pediatric or adolescent care to address mental health issues early in life before they can manifest as more serious issues later on. Dr. Marcia Anderson, Executive Director of the Ongomiizwin Indigenous Institute of Health and Healing, elaborated on this idea, suggesting that time-limited, grant-based funding for preventative wellness programs damages sustainability and fails to reach all Indigenous communities in need.

Service Providers

Adequate access to elders and healers, Indigenous health care practitioners, traditional healers, and mental health specialists (counselors, psychologists, psychiatrists) were all brought forward repeatedly in our consultations as crucial components in successfully being able to address mental wellness in Canada's Indigenous population. For certain crucial health services, current funding programs limit their availability for the people that need it the most. For example, Tony Jocko, a policy analyst working for the Anishinabek Nation, pointed out that therapy sessions with a trained counsellor is currently limited to 15 sessions with an additional five potentially available upon special request, which is not sufficient for many Indigenous people suffering from mental illness. There is, however, currently a proposal on the table to expand this number to 20 sessions from the start without the need for an additional special request.

Additionally, service providers working in Indigenous communities frequently encounter obstacles in the form of limited resources, time-limited service provision, and inadequate training. Training in strengths-based, trauma-informed and culturally-appropriate care is required for all providers that seek to work in Indigenous communities. Insufficient training in these areas was listed as an area for considerable improvement and potential in our consultations.

Interestingly, telemedicine was discussed as a potential solution for resource inaccessibility by Dr. Rosy Khurana, as has been implemented in Australia and New Zealand. Unfortunately, considerable research remains to be done in this avenue, although provision of mental health care by telemedicine in remote communities could help bridge health care disparity between Canada's Indigenous, and non-Indigenous populations.

Mental Health Crises

The alarmingly high suicide rate amongst adolescents in many Indigenous communities across Canada was listed as a primary concern during many of our consultations. There was strong agreement amongst those we spoke to that any policy proposal brought forward should seek to

specifically rectify the Indigenous suicide crisis. Jeffery Copenace, Special Advisor to the Minister of Indigenous Services, suggested that a feasible proposal would be a nationwide goal of bringing Indigenous suicide rates to 1% or below.

Tony Jocko also remarked that much work remains to be done on how responses to mental health crises are handled. For example, the effectiveness of the response to the suicide crisis in Attawapiskat, Ontario was hampered by sometimes suboptimal communication between healthcare workers and the community that contributed to a lack in continuity of care. According to Jocko: “Emergency mental health responses by external providers, are often hindered by a shortage of adequate quarters to accommodate the responding teams. This shortcoming often it makes it difficult to maintain a large team onsite, especially when winter sets in. In Attawapiskat, external providers are rotating team members in and out of the First Nation. However, case management can prove challenging, once the initial larger team of first responders departs, and the much smaller teams of clinicians take over. This situation can lead to cases of ‘MISSED Communication’ amongst First Nations front line workers, and their rotating mainstream agencies workers.”

Non-Insured Health Benefits Program

Indigenous Canadians can receive health care benefits through the Non-Insured Health Benefits Program (NIHB), a federal government program that provides coverage for medications, dental care, vision care, and medical supplies and equipment to Indigenous people who are not covered under provincial health insurance plans.³ While this program is designed to remove the burden of out-of-pocket payment from beneficiaries, our consultations revealed significant limitations in NIHB that need to be addressed moving forwards.

Dr. Melinda Fowler and Amanda Woods both mention that access to psychologists through the NIHB is limited, and only covered for brief periods of time. Dr. Marcia Anderson describes in detail that funding from NIHB for counselling is limited to a maximum of “15 sessions over 20 weeks” to those in “acute situations.” Additionally, counselors who are funded through the NIHB program “are personally required to cover the cost of infrastructure setup”, and patients in need of support must be “pre-approved” by “NIHB to receive the services of NIHB-registered providers.” Nor are these external workers required to have training in cultural competency or demonstrated knowledge of Indigenous issues. Ultimately, the lack of appropriate funding for mental wellness resources, compounded by the approval-process for program beneficiaries, necessitates a restructuring of the NIHB to align it with existing needs in Indigenous communities, which is currently underway in a joint effort between the Assembly of First Nations and First Nations and Inuit Health Branch.

Intersectionality

Dr. Brenda Restoule of the First Peoples’ Wellness Circle asserts the importance of intersectionality and working across boundaries in the sphere of government. In her words, it’s imperative that “the government [considers] intersectionality across its federal departments of

health, Indigenous Affairs, Public Safety, Justice, Public Health Agency, Employment and Social Development where they are required to identify and work together on strategies, services and programs that promote and support mental wellness.”

Theme 2: Cooperation and Communication

Even when the issues have been clearly identified, and the funding has been secured—a lack of cooperation, communication, and collaboration between agencies, organizations, and governmental authorities can lead to the persistence of serious gaps in the provision of necessary care for Indigenous communities.

Care Continuity

Carol Hopkins of the Thunderbird Partnership emphasized the importance of system continuity in the delivery of health care to Indigenous populations in Canada—stating that significant divides exist “between and among jurisdictions in the delivery of mental wellness-related programs and services to First Nations.”

Unfortunately, services organized by federal, provincial, or territorial jurisdictions tend to operate separately without any integration, resulting in poor continuity of care, especially when there is dispute amongst various levels of government as to whose responsibility it should be to provide services. Additionally, services provided by separate government agencies can be redundant in some areas and not align in others, resulting “jurisdictional ambiguity” and slower responses when a gap is identified. Consequently, the concept of integration between programs, and a sustained, equal partnership between communities and all levels of government was repeatedly noted as crucial for success.

The British Columbia Model

British Columbia’s experience in forging better collaboration between Indigenous health organizations, provincial health authorities, and regional health authorities led to the creation of the B.C. First Nations Health Authority (FNHA). FNHA directly oversees the distribution of health funding received from the federal government, and provides Indigenous communities a more direct means of deciding how health funding should be spent. This was mentioned as a model could be implemented in other provinces, in an effort to standardize the level of collaboration between government and First Nations authorities across the rest of Canada.

Without a widespread adoption of the B.C. model, care-continuity continues to suffer. The rampant jurisdictional ambiguity of health care provision leads to people “falling through the cracks” and “dying as a result”, according to Sol Mamawka, a health advisor for the Nishnawbe Aski Nation. The jurisdictional disputes also are the primary reason why Indigenous activist and scholar, Cindy Blackstock of the First Nations Child and Family Caring Society of Canada, advised the CFMS to advocate for a full and proper implementation of Jordan’s Principle by the federal government.

Theme 3: Land and Community

Along with a focus on Indigenizing the provision of health care for Canada's indigenous peoples, came an emphasis on land healing; as Tunchai Redvers describes it, on-the-land healing programs "are an integral part of mental health and life promotion" and are initiatives that must be prioritized by the federal government in its response to the Indigenous suicide crisis.

Jennifer Redvers of the Institute for Circumpolar Health Research furthers this sentiment, encouraging the CFMS to "acknowledge an Indigenous land-based understanding of health and culture within indigenous mental health services". Additionally, Redvers asserts that land-based cultural-connection for youth and adults is a viable form of mental health treatment in indigenous communities, and that opportunities for seeking therapy in this context must be provided. Redvers also suggests that Canada's various levels of government recognize the positive impact that natural environments and outdoor cultural activities have on mental health, education, cognition, learning, and wellbeing— "especially within an indigenous traditional knowledge context and as voiced by indigenous elders and knowledge holders."

Funding Community Programs

Funding is also important here, as funding is required to maintain proper land-based programs for families (and especially youth) of Indigenous people living in Canada. According to Redvers, a wealth of academic literature supports the importance of youth engagement as crucial to developing cultural resilience, healthy diets, active lifestyles, and developing coping & interpersonal skills that manifest as suicide prevention later in life.

Environmental and Cultural Protection

Some politicians find the heterogeneity of the Canadian Indigenous youth suicide crisis startling—some communities have been hit hard, and yet others have no problems with suicide whatsoever. According to Dr. Dawn Martin-Hill of McMaster University, culture and environment play significant roles. Culture is described by Martin-Hill as a "known protective factor", and the communities with the lowest suicide rates routinely have the strongest familial, cultural, and land ties. Additionally, providing access to clean water, affordable safe housing, and various social services—all while ceasing environmental destruction—all greatly encourage mental wellness in Canada's Indigenous communities. As was noted in a CFMS position paper entitled: "Mental Health and Suicide in Indigenous Communities in Canada", our organization believes that "a strong sense of culture and ownership of community has been shown to be protective against suicide and self-harm behaviours."

Community Support Variances

When Canada's federal, territorial, and provincial jurisdictions provide funding for suicide prevention and/or mental wellness programming, the dissemination of financial support varies strongly from region to region. In examples from Manitoba from the National Aboriginal Youth

Suicide Prevention Strategy (via Carla Cochrane of the First Nations Labour and Development Survey), funding continued to go to the same sources, and regions as the avenues initially chosen in 2005. Consequently, some communities are currently experiencing high youth suicide rates and have yet to receive any funding.

Ideally, all communities should have funds available to take part in suicide prevention programming. This funding should be specific to the needs of each community and must be flexible enough to incorporate community-led mental wellness and suicide prevention programming.

Theme 4: Addressing Colonization

It will be impossible to successfully address Indigenous mental health in Canada without addressing the lasting impact of colonization on Indigenous communities. Historically, racist laws and institutions sought to strip Indigenous peoples of their culture and heritage. These policies and programs of forced assimilation or isolation, including but not limited to the Indian Act, the residential school system and Indian hospitals, have created a legacy of lasting intergenerational trauma that has played a significant role in today's mental health crisis amongst Indigenous communities.

A focus on Indigenous ways of understanding mental health was echoed by many of those we spoke to during these consultations. As Jeff LaPlante of the National Aboriginal Diabetes Association succinctly summarizes: "Indigenous mental health is tied into the experiences of colonization, [and] cannot be considered as just a medical issue".

Decolonizing Mental Health

The roots of the current Indigenous mental health crisis can arguably be traced back to a history of cultural genocide and historical trauma experienced by Indigenous peoples as a result of anti-Indigenous racism. This is why, as Tunchai Redvers emphasizes, it will be important to "decolonize mental health". Indigenous ways of understanding mental wellness are diverse and commonly accepted means of promoting mental health amongst the general population may not always be appropriate, and, as First Nations Health and Social Secretariat of Manitoba Leona Starr points out, there will be significant differences amongst different groups of Indigenous people in how mental health might be understood.

It was noted that there will be a need to avoid patriarchal interventions and listen to individual communities and work alongside them to develop effective solutions. As noted by Marcia Anderson, there are distinctly Indigenous means of coping with trauma that must be supported. Indeed, as discussed earlier some Indigenous communities have displayed remarkable resiliency and have been minimally affected by the mental health crisis.

Creating Opportunity

A central part of undoing the negative effects of colonization on the mental wellness of Indigenous peoples in Canada will be creating opportunities for meaningful advancement and expression in Indigenous communities. Carla Cochrane drew our attention to a series of interviews conducted with young people in the wake of the suicide crisis in Cross Lake, where more opportunities more education and employment were identified as key factors that would make the community healthier.

A home school coordinator in Gods Lake Narrows, Manitoba noted that education for Indigenous youth remains at a lower level than for the general population. Gertie Mai Muise, Director of Aboriginal Health Centre's Strategy and Relations for the Association of Ontario Health Centres noted that poverty is a key upstream factor that contributes to poor mental health.

A Role for Politics?

We received conflicting advice on how to best address the federal government in making our policy proposals. Some of those we spoke to believed that it would be impossible to properly address the issue at hand without being explicitly political, while others believed that steering away from politics would yield the most success. Regardless, there is a need to understand and acknowledge the efforts of governments past and present while noting those federal policies that currently impinge on successful promotion of Indigenous mental wellness.

Theme 5: Policy Proposals and Strategies

Through the consultation period, we heard a variety of proposed solutions and strategies being brought forward. The intent of these proposals varied from improving how Indigenous mental health programming is funded and administered by the government, to broader proposals on prevention of upstream causes of poor mental health.

The CFMS considers these proposals important because they to a large extent come from Indigenous health providers and community leaders and reflect what these experts are hearing from communities on the ground.

Fair and Equitable Funding

The importance of fair and equitable funding for Indigenous mental health programs and services was repeatedly stressed during the consultations. There is a need for funding for services, providers and organizations working in the area of mental health. The CFMS has adopted the position that there is a need for "fair and equitable funding" for Indigenous mental health.

We have heard from multiple sources, including Marcia Anderson and Carla Cochrane, that the current distribution of funding is uneven across communities and does not reflect the actual needs of each individual community. Cochrane pointed out that funding is being distributed on the basis of sometimes badly outdated data and as a result some high-risk communities are not

receiving any funding at all. There is a need for the government to re-assess community needs and work with individual communities to determine specific needs and strategies.

As discussed earlier in this document, there is a particular need to support Indigenous forms of mental health and to de-colonize mental health. However, funding programs in place often do not support this. For example, Brenda Restoule sees a need for “funding to support cultural practitioners as a member of teams (both on and off reserve) to support mental wellness”.

Funding must also be consistent and sustainable. Currently, mental health funding from the federal government remains restricted to those persons deemed to be in “acute need”. However, mental illness is a chronic disease and there needs to be support for counselling and therapy for non-acute cases as is the standard for a majority of extended health benefits plans in Canada (including the PARO-CAHO agreement for Ontario medical residents and many others).

Strategies for Prevention

While fair and equitable funding targeted towards Indigenous persons with mental illness is necessary, we have heard repeated that there is a simultaneous need to funding programming that will reduce the rate of mental illness amongst Indigenous communities. Specific areas in need of funding brought up were: bursaries and scholarships for Indigenous youth, affordable housing and transportation. Sol Mamakwa discussed the idea of a “community wellness plan” that would map out concerns and needs and develop strategies in response to these needs. These types of plans would be needed across the board in order to fully address the root causes of the present mental health crisis.

Evaluation of Programs and Services

Another theme brought to our attention during the consultation process was a lack of reporting and outcome evaluation of existing federally-funded Indigenous mental health programs and services. Marcia Anderson suggested that it will be important for the effectiveness of currently-funded programs to be evaluated in order to ensure that they are meeting established targets as defined by individual communities. Indeed, Jeffrey Copenace re-iterated the importance of implementing solutions that have clear and measurable targets.

Carla Cochrane further notes that there is currently no central reporting on the extent of the suicide crisis in Manitoba. Data collection is currently fragmented and therefore there may be gaps in our understanding of the epidemiology of mental illness amongst Indigenous communities that reduces the effectiveness of any federal response. An example of a program that is currently collecting much-needed data on Indigenous health needs is the Our Health Counts program that is aimed at compiling population-based health statistics on urban Indigenous populations. This program is currently limited to a small number of cities in Ontario.

Part of what is currently lacking in the response to the mental health crisis is sufficient research to support evidence-based interventions and solutions. Both Rosy Khurana and Dr. Josée Lavoie,

Director of the Manitoba First Nations Centre for Aboriginal Health Research argued that more resources must be put into research into this area. Lavoie adds that it will be important to empower communities to be able to carry out their own research and to increase Indigenous representation in research through creation of Canada Research Chairs and other funded positions for Indigenous scholars.

Existing Policy Proposals

The problem of poor mental health amongst Indigenous communities is not new, and there has been intense discussion and debate both within Indigenous organizations and in the public discourse. As a result, there are numerous existing policy proposals on this topic. We highlight a few important such policies that were discussed during the consultation process.

The National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) and the National Inuit Suicide Prevention Strategy (NISPS) are specific initiatives developed by Health Canada and Inuit Tapiriit Kanatami respectively in response to the suicide crisis in Indigenous communities. NAYSPS provided targeted funding towards specific community-based projects with the goal of preventing suicide amongst Indigenous youth aged 10-30 years old. While NAYSPS has been effective in preventing suicides within funded communities, not all communities are receiving funding and as Carla Cochrane pointed out there has been no re-evaluation of evolving geographical needs since the program started in 2005.

In the process of our consultations, we were repeatedly urged to endorse the **First Nations Mental Health Wellness Continuum Framework**, a framework created in collaboration between the Assembly of First Nations, Health Canada, the Thunderbird Partnership Foundation, First Peoples Wellness Circle, and other First Nations community mental health organizations and leaders with the goal of identifying strategies to enhance coordination and service delivery in a culturally safe manner. The framework proposes five key themes that should guide how mental wellness programming for First Nations should be delivered, and these themes include: “culture as foundation”, “community development, ownership and capacity building”, “collaboration with partners”, “fair and equitable funding”, “competent service delivery”, and “quality care system”.

In our discussions on preventative wellness and creating opportunities for Indigenous youth, we were urged by Cindy Blackstock to call for the “full and proper” implementation of Jordan’s Principle and Spirit Bear Plan. The former aims to resolve jurisdictional disputes over which level of government (federal versus provincial) would be responsible for paying for necessary care for Indigenous children. Jordan’s Principle dictates that the government of first contact would be responsible for payment in order to ensure that children in need would not experience service denials, delays or interruptions. The Spirit Bear Plan calls on the federal government to address shortfalls in publicly-funded services provided to First Nations youth and families. While Jordan’s Principle has been passed into law, many Indigenous communities believe that the federal government has not fully complied with this principle and has limited the application of Jordan’s Principle to select cases (usually in cases when the child in question has complex medical needs).

The Canadian Human Rights Tribunal has ruled multiple times that the federal government has been in non-compliance.

Discussion

The issue of Indigenous mental wellness is vast and complex. A complex set of factors, both historical and contemporary are at play in the creation and perpetuation of higher rates of mental illness and suicide amongst Indigenous communities in Canada compared to the general population.

Through a process of nation-wide, student-led consultations with Indigenous health experts and community leaders, the CFMS has attempted to capture a broad cross-section of the most important perceived needs of Indigenous communities in order to guide our advocacy efforts. Our efforts captured comments and feedback from more than 30 experts and community leaders from across the country. From these comments, we conducted qualitative analysis through systematically encoding interview notes and other communications and using an induction approach to identify five overarching themes that emerged.

These themes are: 1) Indigenous health care, 2) Cooperation and communication, 3) Community and land, 4) Addressing colonization, and 5) Policy proposals and strategies. Within each theme, we discuss points raised repeatedly during the consultation process that range from optimal delivery of mental health services to Indigenous communities, mental illness prevention, reporting and evaluation of outcomes, and specific policy proposals that have been advanced by other groups and organizations on Indigenous mental wellness.

Limitations

Despite best intentions, our efforts were necessarily limited by a lack of time and resources. Consultations were completed over a period of just 4 months (September to December of 2017) and therefore only a small fraction of individuals and groups were consulted. Consultations were also conducted without a set of standard questions, and while this afforded a greater range of responses that addressed a larger number of topics, it also limited the focus of the consultation process and made it more difficult to identify core ideas that would appear consistently in structured or semi-structured interviews. Finally, the period of qualitative analysis was also forced to be shortened in order to meet our deadlines, which may have led to a reduced quality of the analysis completed.

Conclusion

Indigenous mental wellness is a critical issue in Canada's health care system. It is simply unacceptable that rates of mental illness and suicide remain much higher in Canada's Indigenous communities compared to the general population. As the national organization of today's medical students and tomorrow's physicians and health care leaders, the CFMS believes that is important to stand as allies of Canada's Indigenous peoples in their efforts for better mental health services and healthier communities.

We hope that through the process of community consultations, we will be better prepared to advocate for change in federal policy towards Indigenous mental health that is reflective of the needs of Indigenous communities, and in line with the policies and positions of existing Indigenous groups and organizations in Canada.

References

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AFN/CFMS Joint Virtual Forum on Indigenous Mental Wellness Summary Document

Sunday May 27th, 2018 1:45pm-3:30pm EST



Date: Sunday, May 27th, 2018

Time: 1:45pm – 3:30pm EST

Hosts: Assembly of First Nations (AFN) and Canadian Federation of Medical Students (CFMS)

The Assembly of First Nations (AFN) is a national advocacy organization representing First Nation citizens in Canada, which includes more than 900,000 people living in 634 First Nation communities and in cities and towns across the country.

The Canadian Federation of Medical Students (CFMS) is the national voice of Canadian Medical Students. We connect, support and represent our membership as they learn to serve patients and society. The CFMS is the national organization representing over 8,000 medical students at 15 medical schools across Canada. We are tomorrow's physicians leading for health today.

Attendees:

- *Assembly of First Nations:* Chief Isadore Day (Ontario Regional Chief), Addie Pryce (Director of Health), Judith Eigenbrod (Senior Policy Analyst)
- *Canadian Federation of Medical Students:* Yipeng Ge (VP Government Affairs, University of Ottawa), Sean McKenzie (University of Alberta), Benjamin Cassidy (Northern Ontario School of Medicine), Nel Vandermeer (Northern Ontario School of Medicine), Alison Sumner (University of Toronto), Brandon Zhao (University of Alberta), Bernadine Jugdutt (University of Alberta), Vikki Watson (University of Saskatchewan), Sharon Yeung (Queen's University), Ciarra Glass (University of Saskatchewan), Sophia Yip (University of Alberta), Victor Do (University of Alberta), Howie Wu (University of Alberta), Thomas Dymond (Queen's University), Jacqueline Nokusis (University of Saskatchewan)
- *Other:* Tibetha Kemble (University of Alberta)

Agenda:

1. Welcome!

- Thank you for attending and for joining this dialogue and forum!

2. Introduction to the AFN and CFMS

Assembly of First Nations (AFN)

- The Assembly of First Nations (AFN) is a national advocacy organization representing First Nation citizens in Canada, which includes more than 900,000 people living in 634 First Nation communities and in cities and towns across the country.
- Key areas of advocacy include NIHB Health Benefits and other issues specific to communities, which are constantly evolving. AFN responds to the needs of communities using an on-the-ground, regional approach.
- Goal is to support First Nations in elevating the standards of health and wellbeing with transformative outcomes in their communities. A health *transformation* agenda that creates tangible outcomes at the level of the community is the goal.
- AFN health sector includes a team of 8 staff who advise on specific topics (e.g. NIHB, Chronic disease, Primary care, Mental health). There is a specific focus right now on First Nations policy frameworks, advocating for increased funding, and supporting mental health and life promotion community programming. Link: <http://www.afn.ca/home/>

Canadian Federation of Medical Students (CFMS)

- The Canadian Federation of Medical Students (CFMS) is an organization representing over 8,000 medical students from 15 Canadian medical student societies from coast to coast. The CFMS represents medical students to the public, to the federal government, and to national and international medical organizations. Link: <https://www.cfms.org/>

3. Summary of Day of Action Processes and Outcomes

Processes for Day of Action on Indigenous Mental Wellness

- Background: The CFMS holds an annual Day of Action, where medical students engage with politicians and policy advisors in Ottawa on critical issues in Canada's health care system and advocate for thoughtful change in health policy. In response to the ongoing mental health and suicide crisis that has impacted many Indigenous communities across the country, the CFMS passed a position paper on "Mental Health and Suicide in Indigenous Communities in Canada" and committed to a 2018 Day of Action on Indigenous Mental Wellness.
- Approach: A committee of medical students has developed a policy document and coordinated a nationwide community engagement process to seek input on priorities regarding unmet mental health needs. Qualitative analysis was performed on consultation feedback, using an inductive approach to identify common themes. The Day of Action will be a statement that medical students recognize that there are serious issues in the healthcare system that has led to the current Indigenous mental health crisis. To date, more than 27 community consultations have taken place with Indigenous community leaders and healthcare experts. Emerging themes identified include: "cooperation and communication", "land and community" and "addressing colonization".
- A central component of the reconciliation process is nation-to-nation dialogue between Indigenous and non-Indigenous peoples in Canada. Through the 2018 CFMS Day of Action, we intend to bring medical students, who will be tomorrow's physicians and healthcare leaders, into this dialogue as respectful and passionate allies of Indigenous peoples.

Objectives for Day of Action on Indigenous Mental Wellness

- (1) Provide medical students with the opportunity to learn how to be advocates and gain practical skills through engaging in national health policy issues. (2) Represent the collective medical student voice to organizations and government on key policy decisions that will shape the health system we will eventually practice in as future physicians.

Major Themes Identified Through Qualitative Analysis of the Consultation Text

- Indigenous Health Care, Cooperation and Communication, Land and Community, Addressing Colonization, Policy Proposals and Strategies

CFMS Federal Government Policy Asks

- Adopt the frameworks and strategies put forward by Indigenous peoples in Canada to guide the federal response to the Indigenous suicide crisis:
 - Adopt the First Nations Mental Wellness Continuum as a framework to address First Nations suicide
 - Adopt the National Inuit Suicide Prevention Strategy as a framework to address Inuit suicide
- Undertake a comprehensive review of the current distribution of funding through the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) in collaboration with

Indigenous communities, in order to ensure that every Indigenous community receives funding that is both sustainable and provided in accordance with need.

- Direct Health Canada to re-evaluate what programs and services are funded under the Non-Insured Health Benefits Program (NIHB), and:
 - Increase funding for preventative and land-based mental wellness programs that create opportunities within the community.
 - Support and expand the list of approved service providers to include Indigenous traditional knowledge keepers.

Outcomes of Day of Action on Indigenous Mental Wellness

- A CFMS Day of Action Summary Report has been published
 - Link: <https://www.cfms.org/files/day-of-action/2018-day-of-action-report.pdf>
- Letters of support from MPs were sent to Ministers and Party Leaders
 - Link: <https://drive.google.com/open?id=18D-Rj8UZWGyrs70BoD5jsDzc3Qsj841m>
- Letter of support was received from Minister of Indigenous Services, Jane Philpott
 - Link: https://drive.google.com/open?id=1XzGc_DXqmx-XYIGqHXS17OHjs49bGRxm
- MP Yves Robillard spoke on Day of Action in the House of Commons, during a Standing Order 31 (SO31)
 - Link: https://www.facebook.com/YvesRobillardPLC/videos/2030448367178320/?hcef=ARQxl463y4y6Y41tEMf_JFrF2ZnbvElinXXzJMmU0INPrNhRwKVfJ4Gidv6dc6VXo0A&pnref=story
- Radio interviews were held with CBC Nunavut and CBC All in a Day
 - Link: <http://www.cbc.ca/listen/shows/all-in-a-day/segment/15520355>
- Multiple articles on the Day of Action were written by students and published online.
 - Link: <https://mmsa.online/mmsa-news/cfms-national-day-action/>
 - <https://mmsa.online/mmsa-news/cfms-national-day-action-indigenous-mental-health/>
 - <https://www.hatchingideashub.com/hatching-blog/2018/2/21/strength-in-voices-as-light-once-again-takes-over-darkness>

Next Steps for Indigenous Mental Wellness Advocacy work

- Our goal moving forward is to build on the tremendous work that was put into the Day of Action and keep up the momentum.
- Hold debrief sessions by delegates from each medical school sharing with their wider medical student bodies their experiences and their learning.
- Discuss cultural sensitivity/safety training with representative and regulatory bodies in medicine (i.e. AFMC, CMA, RCPSC, CFPC).
- Support a summer studentship for a medical student to work with a scholar in Indigenous health to further research Indigenous Mental Wellness.
- Hold an AFN/CFMS joint virtual forum on Indigenous Mental Wellness to share reflections, connect, and build capacity.

4. Pertinent Updates and Reflections from AFN

- Acknowledgment of CFMS students and thank you for developing the meeting objectives.
- Health Transformation Agenda is at the forefront of AFN objectives. The Agenda involves (1) Getting the relationship right with Indigenous communities, (2) Ensuring investment in First Nations health priorities, and (3) Encouraging foremost creation of First Nations capacity.
 - Link: https://www.afn.ca/uploads/files/fnhta_final.pdf
- AFN Chief's Committee on Health made it a priority to create an NIHB joint review process. The Joint Review of the NIHB is currently taking place between FNIHB, First Nations Regional Partners and the AFN.
- Overall, there is a need to re-evaluate relationships with the federal government as defined by the Canada Health Act; the legal relationship within the Constitution Act is confusing and dynamic and First Nations people continue to be treated as second class peoples and not as equal partners in health accords.
- Frameworks that are created around health must be community-based, culturally-centric, and must recognize capacity from the ground up.
- Reconciliation and TRC Calls to Action is an important pillar that was shaped by Indian residential school survivors, and not the government; but the government is responsible for shaping it into policy. Despite this, the survivors who have advocated for reconciliation in this day and age must not be forgotten for their hard work.
- Intergenerational trauma is also an important underlying factor in considering Indigenous health: it continues on today and there is a need to incorporate the TRC teachings into the schooling system, as well hearing from survivors whose suffering must be explored.
 - Healing comes from empowerment and the ability to take control of health (e.g. First Nations Health Authority in BC, Nishnawbe Aski Nation in Ontario, National Native and Alcohol and Drug Abuse Program across Canada).
 - Healing also derives from revitalizing and supporting culture and language in communities and the pursuit of a holistic healing approach.
 - The health transformation agenda recognizes that these are long-term goals that necessitate an understanding of current realities.
- Thunderbird Partnership Foundation. Two frameworks that guide their work:
 - Honouring our Strengths
 - Link: <http://thunderbirdpf.org/honouring-our-strengths-full-version-2/>
 - First Nations Mental Wellness Continuum Framework (utilize culture as foundation, community development, quality care systems, collaboration, enhanced flexible funding):
 - Link: <http://thunderbirdpf.org/first-nations-mental-wellness-continuum-framework/>
- The AFN Health mandate will also be modernized and innovated in flexible ways. Current goals surround: (1) Developing a strategic plan for the next five years, that includes the transformation agenda and acts as a guiding document for transition of FNIHB and can support communities in health and wellbeing; (2) Undergoing an organizational/governance review to inform the role of AFN Health in their work and decision making; (3) Developing new partnership and strengthening existing ones.
- AFN hopes to continue engaging with diverse partners: Community organizations, Indigenous Nurses Association, Indigenous Physicians Association, Dental Association of Canada.

5. Indigenous Health in Medical Education, and Cultural Continuity and Cultural Safety Training in Medical Education

Practices and models

- Training on cultural competency and Indigenous knowledge and how it can be delivered or mandated similarly to the Ontario Accessibility and Disability Awareness (AODA) training which helps make us think about accessibility, as this is mandatory in health and safety training in hospitals. However, with 634 diverse communities, it is difficult for cultural and cultural awareness, and requires some specificity to area one is working in.
- The University of Toronto within their foundational medical curriculum is providing space for general workshops on language, power and privilege. Comes across in discussions had, interacting with different people, including indigenous peoples.
- The University of Alberta, their cultural competency training is delivered through Indigenous health curriculum for year 1 medical students. With a move away from competence and mastery and move towards safety. Exploring the continuum of cultural safety, which is rooted in a sense of self determination. These must be key elements of curriculum.

Why is this important and how to get it right?

- There are key areas that came out of FN patient experiences, which points to the need of a focus more on this within the education system. We need to be open to learning and vulnerable to assess ones' own biases and assumptions and understand what actions for reconciliation means for oneself.
- How does one deal with these concepts and get it right? It is also quite simple. It is to work through the challenges, through honesty and openness. It can be as simple as offering the individual with humanity and humility in practice.

The complexity of it all and the importance of history

- There is a complexity and formality to the policies and anatomy of the system. The systems (including healthcare) for FN community/reserve/mainstream is unequal and complex with important considerations for cultural needs and sensitivity.
- Main stream institutions have been built over centuries, established based on historical imbalance (i.e. the Indian act, residential schools, historical foundation of institutions).
- It is crucial to truly reconcile and decolonize these systems and structures, and to undergo major overhaul on institutions (including medical schools and hospitals) and the relationship with Indigenous peoples and this requires honesty, truth, and reconciliation. For example, medical schools in the western context and construct. There is room for unlearning and new approaches to cultural safety. Be willing. And to be always receptive of reconciliation. And to acknowledge racism and discrimination in the system and the root of its causes.
- 'Cultural safety' is not that simple. A diverse landscape exists of communities and cultures and understand that culture is linked to language and land. Take the time to always know where people come from, and the territory. Not just cultural practices of the peoples, but the historical struggles of the region (i.e. including the treaties). For example, the Mississaugas and their history of trade and land claim settlement which has impacted their sense of connection and stewardship with Toronto today. Or, Serpent River, and the legacy of uranium mining and the environmental damage to the land.

Understand the history, the land and the history of it. For culture is impacted by the economy and environment.

- Most institutions are built upon colonial underpinnings. Acknowledge that constitutions and what governs the institutions and hospitals have deeper underpinnings of relationships and how one functions and provides care or is educated within the system. Question how these institutions were built, and look at the constitutional underpinnings of these institutions. For example, with hospitals, look at their philosophy, and how they were formed (i.e. St. Joseph's hospital and nuns – the history of the institution informs the culture of the present-day hospital).
- You can't have reconciliation without truth. Always ask yourself and be open to learning about, what is that person's truth and history? Reminders for us all: To always check in with our own assumptions. To do a mental check, to not only recognize, but also to own them. Above all, keep an open mind.

Resources on cultural safety training

- San'yas Indigenous Cultural Safety Training Provincial Health Services Authority in BC
 - Link: <http://www.sanyas.ca/>
- Cancer Care Ontario (CCO) Aboriginal Relationship and Cultural Competency Courses
 - Link: <https://elearning.cancercare.on.ca/course/index.php?categoryid=2>

6. A way forward for CFMS medical students on the topic of Indigenous Mental Wellness

Thinking about mental wellness...

- Challenges and complexity? Mental wellness and cultural safety is often brought to nurses and doctors, and the medical profession. Nurses and doctors can do what they can, however there still exists misunderstanding for not knowing and ignorance. Please take the time to understand.
- On the national medical student Day of Action, the individuals involved are mostly the 'converted' on these issues. However, also try to understand the issue a bit better and take a deeper dive into another layer of complexity with these issues. Understand that it is a system that emulates discrimination. And question why is the system like that? Reconciliation is at the level of the individual but also much more than that. It is also about funding, the health transfer, getting the fiscal relationship right, and moving to regional models.
- We must challenge and acknowledge where the racist narrative comes from, "FN get free education, health, etc."
 - There are treaties and FN pays. On the funding design, the root of discrimination within the mainstream healthcare system. Healthcare services – the funding review stream is different for FN. Health professionals must work in a system that is substandard and discriminatory, because the system is inequitable, the professional is forced to work in an environment that is prejudiced. And we see the impacts on a patient coming in, experiencing mental health issues, and to challenge the assumptions.
 - On the issue of mental health, cultural safety in the context of the issue of racism and discrimination, we have a long way to go. Unilateralism from government policies, are still discriminating to Indigenous peoples.

Indigenous representation in medical schools

- Having medical students going into communities in a promotional sense. The root of teaching in medical school and Indigenous representation
- Indigenous faculty in medical schools – we need more faculty that is Indigenous. Currently, only one Indigenous physician at Queen’s University. There is also a burden on oneself as a single Indigenous student navigating the system.
- We need to encourage those of a younger age to want to go into medicine, to promote more Indigenous students in medical school.
- Indigenous admissions currently across schools – there is a program/stream for Indigenous students, which is sometimes an additional means to discriminate against medical students whom are in the Indigenous stream.
- Northern Ontario School of Medicine has a good program to get medical students spend a few weeks with community. However, there is not a lot of time for engagement. Looking at the elements and interest of the training, there is a bit of a gap.
- How well are we in finding points of collaboration? There are challenges with building networks and building capacity.

Indigenous representation in Day of Action

- The Day of Action is a really great opportunity with a lot of work behind it
- How many Indigenous students involved? Indigenous and non-Indigenous students took part in the writing of the CFMS position paper on mental health and suicide in Indigenous communities, the research committee for Day of Action, the consultations, and attending Day of Action. Of 59 respondents of Day of Action attendees to a survey, 21 self-identified as Indigenous.

Moving forward from Day of Action

- On the CFMS work and framework, and 3 policy areas brought forward. How do we move beyond and engage in this work? The AFN Chief’s Committee on Health may want to listen to this report. How can we all help facilitate this and make priority follow up.
- Fundamental question about how to move along. There is more opportunity at the community level, for engagement with Indigenous communities to get more Indigenous students into medicine and medical sciences.

7. Additional open discussion/brainstorming time

- Question: Truth and Reconciliation is quite a broad topic right now, and a lot of the discussion is on a very national, community-wide level. For a lot of our patients, this is too big for them and beyond their day-to-day needs. How can we apply and use this conversation in our day-to-day interactions in taking care of our Indigenous patients?
- Question: A reflection on the piece about teaching/medical education. I think we also need to call upon medical schools to recognize their identities as prestigious stakeholders in the education system at large. It is beyond the ability of medical schools to bear the full responsibility of rectifying the erasure of Indigenous peoples from mainstream education - anti-racist and anti-oppressive education is a long and intensive process that can scarcely be delivered in four years’ time, amidst an overloaded medical curriculum. -- more pressure needs to be put (by medical education, medical students) on the broader education system. We may also need to invite medical schools to consider admissions

requirements as a potential terrain of struggle - like pre-requisite Indigenous studies courses or courses that explicitly tackle questions of race and racialization or encouraging prospective students to undertake volunteer opportunities with Indigenous, anti-racist, and anti-poverty organizations. This may be clearly possible, especially in view of the recent adoption of mandatory Indigenous studies courses at three universities in Canada. In summary: there's a need for medical educators (and medical students) to be committed to more multifaceted, comprehensive approaches!

- Comment: Yes, this is necessary, but this can also be very tiring on Indigenous faculty to provide education at that time. Currently there is very superficial exposure to Indigenous health in medical education. The notion or idea of indigenizing curricula needs to be done by care and approved by Indigenous community leaders. To not do more harm than good. There are not enough Indigenous faculty at University of Saskatchewan. A good first step would be to bring in more Indigenous faculty mentors. There is a lot more to this – as there are experiences of poor efforts in indigenization that cause more harm than good.

8. Closing Remarks from Chief Day

- Thank you to the group for the discussion that raised a few good areas of discussion. These kinds of discussions and work must be done. Sometimes you can feel unsure about how to speak, but it is critical to ask, explore, and learn – to have difficult, important, and constructive conversations that can lead to change in oneself or translate into action. We need you, as medical students and future physicians, in our communities. And we need you to feel comfortable to advance ideas too which is part of the nature of this work.
- Thinking about medical students at Serpent River, they would come for a short period of time and suddenly they would be gone. We must continue to think of sustainable ways to have trainees and physicians in FN communities. For more is to be done and can be done at the community level.
- A story shared about Chief Day's 3-year-old daughter and her plastic stethoscope and playing with intrigue, excitement, and knowledge of its purpose. Let us find ways, and better ways, for medical students to get into communities. To also provide more opportunities for young ones to be exposed to medicine and medical sciences to develop interest and curiosity in the field to provide care for their communities. An idea for possible work for medical students, is to create a cartoon for medical sciences to encourage children to pursue this field for their communities, and to pay it forward.
- Reconciliation of medical system. Something that all of us has a role to play, and is crucial as medical students to question and rethink how the system is structured.
- A report/discussion paper should be prepared for the AFN Chief's Committee on Health.
- First Nations Mental Wellness Continuum Framework – Continue to learn from and build onto this work.

9. Summary and acknowledgements

- Thank you all for your time and contributions to this discussion and for attending the AFN/CFMS Joint Virtual Forum on Indigenous Mental Wellness! Let us all do our part in moving forward an important agenda and continue to have discussions that educate,

teach, and provide critical thought in advancing Indigenous Health and Indigenous Mental Wellness as medical students and future healthcare providers.

- We would like to acknowledge all the attendees of AFN/CFMS Joint Virtual Forum on Indigenous Mental Wellness, and thank Ontario Regional Chief Day and AFN representatives for your time and remarks.
- We would like to acknowledge the students who provided time to the Day of Action Research Committee and consultations process.
 - *Joe Asaminew, University of Manitoba; Rebekah Baumann, McMaster University; Asha Behdinan, University of Toronto; Mergim Binakaj, University of Alberta; Jessica Bryce, Western University; Jacqueline Carverhill, University of Saskatchewan; Ben Cassidy, Northern Ontario School of Medicine; Janèle Frechette, University of Manitoba; Yipeng Ge, University of Ottawa; Brittany Graham, McMaster University; Azraa Janmohamed, Queen's University; Yotakahron Christa Jonathan, McMaster University; Cheyenne LaForme, Western University; Linda Lam, University of Manitoba; James Mattina, McGill University; Carly McLellan, University of Manitoba; Megan Moorhouse, University of Manitoba; Sam Nordlund, Northern Ontario School of Medicine; Osman Raza, University of Ottawa; Amanda Sauvé, Western University; Christina Schweitzer, University of Calgary; Sarah Silverberg, University of Toronto; Gaya Sivakumar, Western University; Achieng Tago, University of Manitoba; Vivian Tam, McMaster University; Willow Thickson, University of British Columbia; Ahmer Wali, McGill University; Howie Wu, University of Alberta; Charles Yin, Western University; Sharon Yeung, Queen's University; Laura MacRae, University of Ottawa; Nel Vandermeer, Northern Ontario School of Medicine, Victoria Liu, McMaster University, Alison White, University of Saskatchewan; Stephanie Choquette, University of Ottawa; Zach Miller, Victoria Domonkos*
- We would like to acknowledge the students who attended Day of Action as delegates.
 - *Safina Adatia, Katarina Andrejevic, Henry Annan, Danielle Arje, Joseph Asaminew, Kristina Baier, Fatemeh Bakhtiari, Asha Behdinan, Mehdi Belbraouet, Samuel Bergeron, Mergim Binakaj, Aimée Bouka, Debbie Brace, Chris Briggs, Chloe Brown, Tiffany Burger, Raphaëlle Carignan, Alan Chan, Andréanne Chaumont, Brooke Cochrane, Wesley Cote, Julianna Deutscher, Maylynn Ding, Matthew Downer, Thomas Dymond, Lucy Federico, Justine Fletcher, Erika Friebe, Allison Gallant, Yipeng Ge, Michael Gilbert, Benjamin Guidolin, Syeda Shanza Hashmi, Philip Hillier, Patricia Hoyeck, Dayna Ingves, Robert Johnston, Alexandra Kilian, Ye Seul (Angela) Kim, Palika Kohli, Nicole Labine, Victoria Liu, Cai Long, Carly MacLellan, Sarah Mader, Jesse Maracle, Marcy Maracle, Curtis May, Carly McLellan, Zach Miller, Karim Mithani, Megan Moorhouse, Joshua Nash, Jacqueline Nokusis, Maggie O'Dea, Annette Pegg, Madison Peterson-Kowal, Emma Pillsworth, Jenna Poole, Bethany Power, Tanis Quaife, Nick Quinn, Privia Randhawa, Amanda Sauvé, Christina Schweitzer, Julia Shen, Stephanie Smith, Vivian Tam, Samir Touma, Zachary Turgeon, Ailish Valeriano, Nel Vandermeer, Muhammad Ahmer Wali, Alison White, Remington Winter, Howie Wu, Sharon Yeung, Charles Yin, Adrina Zhong, Raven Zytaruk-Mancini*
- We would like to acknowledge all who provided consultations guidance and support.
 - *Tunchai Redvers, We Matter Campaign; Jennifer Redvers, Institute for Circumpolar Health Research; Bernice Downey, McMaster University; Amanda Abel, University of Manitoba; Brenda Restoule, First People Wellness Circle; Carol Hopkins, Thunderbird Partnership Foundation; Marcia Anderson, University of Manitoba; Carla Cochrane, First Nations Labour and Development Survey; Dawn Martin-Hill, McMaster University; Cindy Blackstock, First Nations Child and Family Caring Society of Canada; Barry Lavalley, University of Manitoba; Jesse Kancir, University of British Columbia; Sol Mamakwa, Nishnawbe Aski Nation; Brian Postl, University of Manitoba; Natalie Riediger, Manitoba First Nations Centre for Aboriginal Health Research; Melinda Fowler, University of Manitoba; Amanda Woods, University of Manitoba; Linda Diffey, University of Manitoba;*

Rosy Khurana, Cree Health Board; Josée Lavoie, Manitoba First Nations Centre for Aboriginal Health Research; Jeffery Copenance, Indigenous Services Canada; Gertie Mai Muise, Association of Ontario Health Centres; Perry McLeod-Shabogesic, Shkagamik-Kwe Health Centre; Debbie Martin, Dalhousie University; Tony Jocko, Anishinabek Nation; Paula Potts, Temagami First Nations; Leona Star, First Nations Health and Social Secretariat of Manitoba; Home School Coordinator, God Lake Narrows; Jeff LaPlante, National Aboriginal Diabetes Association

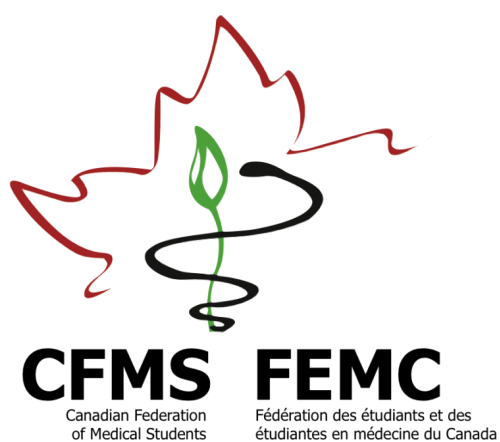
2018 CFMS National Day of Action Indigenous Mental Wellness

Follow-Up Summary Report



Table of Contents

Introduction	4
Indigenous Mental Wellness	6
Summary of Activities	11
Statistics	17
Follow-Up	18
Acknowledgments	22
Conclusion	24



About the CFMS

The Canadian Federation of Medical Students (CFMS) is the national organization that represents more than 8,000 medical students from 15 medical schools across Canada. Our mandate as the national voice of Canadian medical students is to connect, support and represent our membership as they learn to serve patients and society.

As the organization that represents the voices of Canadian medical students at the national level, we regularly engage with policymakers at all levels on the most pressing issues in healthcare facing the country. Through our Government Affairs and Advocacy portfolio, we research, develop, and debate health policy and work to enact changes that have concrete, tangible benefits for medical students, patients and society, and to ensure that medical students have a voice in shaping the future of Canada’s healthcare system.

We are tomorrow’s physicians leading for health today.



Yipeng Ge
CFMS VP Government Affairs



Charles Yin
Research Committee Chair



Introduction

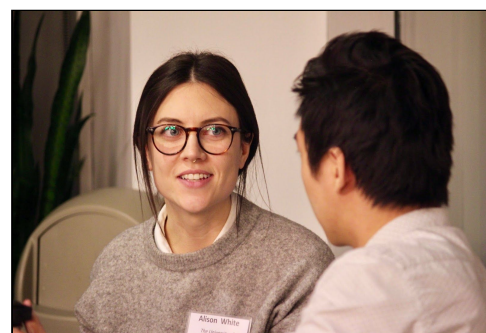
CFMS National Day of Action



The CFMS National Day of Action is an annual event organized by the CFMS where medical students from across Canada gather on Parliament Hill in Ottawa to engage with Members of Parliament (MPs), Senators, and other federal policymakers on a pressing topic in Canadian healthcare and to advocate for evidence-based policy recommendations that will have a positive impact on the

health of Canadians.

Formerly known as “National Lobby Day”, the Day of Action is amongst the largest annual events organized by the CFMS and an avenue through which medical students in Canada engage in advocacy at the healthcare systems level. The topic of each Day of Action is carefully selected to address an issue of paramount importance to Canadian healthcare that medical students support and believe is an issue that is worthwhile. Previous topics have included: Access to Medicines (2014), Pharmacare in Canada (2016) and The Opioids Crisis in Canada (2017).



Political engagement from medical students in previous Days of Action have led to tangible and meaningful change. Through the organization’s efforts in advocating for a National Pharmacare Strategy in 2014 and 2016, the CFMS was invited to testify as a witness in the House Standing Committee on Health (HESA) study on Pharmacare, which led to the creation of the newly-announced federal advisory council on Pharmacare to be headed by former Ontario Health Minister Eric Hoskins. Efforts in 2017 to urge the federal government to do more to address upstream causes of opioids use resulted in the CFMS being added as a signatory to the



Joint Statements of Action to Address the Opioid Crisis and a member of the National Opioids Response Partners Team. Beyond these incremental steps in advancing Canadian health policy, the Day of Action serves an important role in helping shape medical students into leaders, and into the passionate and effective health advocates of today and tomorrow.

Purpose of Report



The purpose of this follow-up summary report is to provide a synopsis of the 2018 CFMS National Day of Action on Indigenous Mental Wellness for the CFMS membership, stakeholders, those we have consulted on the topic, and the public.

This report will provide background on the topic of Indigenous Mental Wellness, including our specific policy recommendations and the process that was undertaken to arrive at our proposed recommendations. This report will summarize the activities and proceedings of the sessions during

the Day of Action weekend, and provide some important statistics on student participation and the degree of engagement we had with federal policymakers. Finally, the report will describe the follow-up actions that have been taken to date following the Day of Action, and our plans moving forward.

Publication and dissemination of this report will aid in the principles and values of accountability and transparency that the CFMS pursues in its health advocacy work.

2018 CFMS National Day of Action

The topic for this year's Day of Action was "Indigenous Mental Wellness". The choice of this topic was arrived at over a series of three meetings of the committee tasked with topic selection. Initially, topics were based on those put forward by delegates at the CFMS 2017 Spring General Meeting. Starting with that initial list, the committee developed a shortlist of three topics (Indigenous mental health, Pharmacare, organ donation). The topics were amenable to the development of strong policy recommendations, receiving broad support from the CFMS membership, and receiving attention on Parliament Hill. Following this, policy briefs were prepared for each topic and the committee engaged in discussion on the best topic.



Collectively, the CFMS membership and board members agreed that there are alarming disparities in health outcomes in general between Indigenous peoples and Non-Indigenous peoples. In light of the on-going Indigenous suicide crisis in Canada, mental health for Indigenous populations is a topic of paramount importance. However, in acknowledgement of the significant and ongoing efforts of Indigenous communities to overcome mental health challenges and from the guidance of Indigenous leaders in this work, we reframed our messaging to be "mental wellness" rather than "mental health".

Indigenous Mental Wellness

Background

Indigenous mental health and wellness is a serious and long-standing issue in Canada that is rooted in a complex mixture of colonialism, historical and ongoing economic disenfranchisement, loss of cultural identity, and intergenerational trauma stemming from discriminatory legislation, practices and institutions enacted upon the Indigenous peoples of Canada. Today, mental health problems amongst Indigenous communities have reached epidemic proportions, sparking suicide crises in multiple communities, especially amongst Indigenous youth.



Indigenous communities in Canada experience disproportionately high rates of mental health issues, with a suicide rate that is more than double that of the national average. The Indigenous peoples of Canada, including First Nations, Inuit, and Métis peoples, comprises 4.3% of the general population.¹ Despite representing a fraction of the population, the suicide rate among Indigenous youth aged 15-24 is 5 to 6 times the rate seen in the general population.² Suicide is especially prevalent among Inuit youth, at 11 times the rate of the general population. Suicide rates have reached crisis levels in many Indigenous communities in Canada.³



Despite a welcome recent announcement from the Government of Canada that it will allocate \$69 million dollars over a period of three years towards Indigenous mental health and suicide, significant work remains to be done in ensuring this funding is used appropriately and effectively. Work is needed to ensure that the funding targets the communities with the greatest need, that delivery of services is done in an effective manner, with multiple levels of government working in partnership with Indigenous communities, and that this funding is used to

promote and facilitate Indigenous self-determination. As well as, creating opportunities for education and employment within communities to promote mental wellness and strengthen preventative factors against mental illness and suicide.

Financial commitments from the federal government as per the 2018 federal budget highlighted welcomed investments for continued reconciliation efforts. Over \$4 billion (*over 5*

¹ Health Canada. A Report on Mental Illnesses in Canada. 2002. Available from: http://www.phac-aspc.gc.ca/publicat/miic-mmacc/pdf/men_ill_e.pdf

² Health Canada. Acting on What We Know: Preventing Youth Suicide in First Nations. 2003. Available from: http://www.hc-sc.gc.ca/fnihah-spnia/pubs/promotion/_suicide/prev_youth-jeunes/

³ Dyer O. Health workers sent to indigenous Canadian community beset by attempted suicides. *BMJ*. 2016;353:i2210.



years) was announced for Indigenous Services Canada, with announcements for health services in communities (\$1.5 billion over 5 years, and \$149 million per year ongoing), for: sustaining access to critical care and services (\$498 million, with \$97.6 million per year ongoing), delivery of culturally appropriate addictions treatment and prevention services in First Nations communities (\$200 million, with \$40 million per year ongoing), transformation of First Nations health systems for self-determination

(\$235 million), preserving access to the Non-Insured Health Benefits Program (NIHB, \$490 million), responding to tuberculosis in Inuit communities (\$106 million over 10 years, with \$6 million per year ongoing), and health data gathering for Métis Nation (\$6 million over 5 years). Investments were also announced pertaining to social determinants of health, including clean and safe drinking water (\$173 million on reserves), mental health and emotional supports for residential school survivors and their families (\$248.6 million over 3 years), and housing for First Nations, Inuit, and Métis communities (\$600 million over 3 years, \$400 million over 10 years, and \$500 million over 10 years, respectively).



Improvements in the health and social outcomes of Indigenous peoples will require more than financial investments from the federal government. The importance of taking a rights-based and strengths-based approach to these issues cannot be understated. The TRC calls to action directly address necessary actions required, including acknowledging that there exists incredible resilience and strength within Indigenous communities that have the unique and culturally appropriate answers and solutions to these issues.

Process

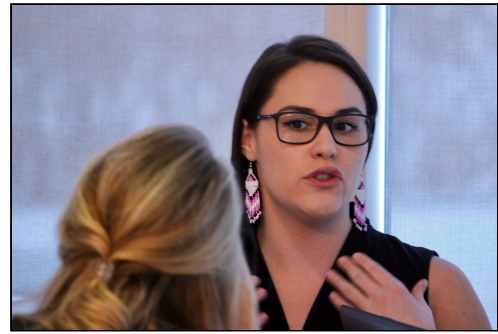
Indigenous mental health and wellness is a highly complex issue that is rooted in a history of colonialism. A long history of forced assimilation has resulted in Indigenous communities that have become marginalized, disenfranchised, and torn by deep intergenerational trauma and loss of cultural identity. Simultaneously, Indigenous communities have demonstrated remarkable resilience in the face of these challenges, with many communities taking the lead in the process of healing.



Accordingly, we have taken a “bottom-up” approach toward shaping the 2018 CFMS Day of Action on Indigenous Mental Wellness, with a central part of the process being a nation-wide consultation process undertaken with both Indigenous leaders and health experts with experience working with Indigenous communities. Qualitative analysis with an inductive approach was taken to uncover unifying themes in the consultation feedback we received and determine the specific items that the CFMS would eventually be advocating for on the Day of Action.

Consultation

Consultation interviews were conducted without the use of a formal list of questions, and instead proceeded in a semi-structured fashion, with interviewees invited to share their opinions and perspectives on what is needed to combat the Indigenous mental health crisis and promote Indigenous mental wellness. As a result, this led to a broad range of responses which we believe helped generate more robust and nuanced conclusions.



Following collection and transcription of interviews, transcripts were qualitatively analyzed using a grounded theory approach. This type of approach is inductive in nature and permits the identification of emerging concepts, insights, and understandings from the available data. Briefly, we assigned each sentence in the interview transcript a 1-4 word open code, and proceeded to generate categories using these codes and grouped categories into emergent themes.

In total, over a period of four months, we consulted with 25 Indigenous community leaders and health experts and collected over 40 pages of written consultation material.

Findings

Using an inductive approach to the data, we identified five major themes that emerged from our consultations. These themes are: 1) **Indigenous Health Care**, 2) **Cooperation and Communication**, 3) **Land and Community**, 4) **Addressing Colonization**, and 5) **Policy Proposals and Strategies**.



One of the primary recurring ideas that came forward during our consultation process was the need for an **Indigenous understanding** of healthcare and mental health. This included discussion on Indigenous culture as an important factor in prevention of mental illness and a need for government to extend mental health funding to Indigenous traditional healers. Also discussed was limitations of the NIHB program, especially in its narrow definition of who is an eligible provider, the limited number of sessions it funds, and

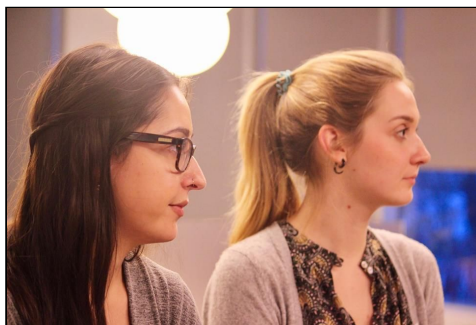
the fact that these sessions are only offered in cases of “acute mental distress”, limiting its usefulness for individuals that need ongoing mental health support.

Another key theme that a number of consultations brought to light is frustration with the lack of **communication and cooperation** between government departments and various levels of government in ensuring that mental health care is appropriately funded and delivered in a timely fashion. A major criticism was this lack of communication has led to shortfalls in care continuity where Indigenous individuals in need of support across multiple government services fall through the gaps. The tripartite agreement in



British Columbia was brought up during consultations as a potential model, where a single Indigenous-led organization, the First Nations Health Authority, is responsible for administration of all funding in lieu of Health Canada and Indigenous and Northern Affairs Canada.

A third theme is the importance of **land and community** in promoting Indigenous mental wellness. Indigenous peoples are strongly tied to the land and studies have borne out the fact that closer connection to the land is protective against mental health disorders. A number of interviewees suggested funding of community programs that promote restoring ties to land and community as a viable means of reducing the burden of mental illness amongst Indigenous populations. As part of this theme, the issue of community-specific needs was discussed, and it was brought to our attention that communities currently receive unequal amounts of funding and some communities with the highest needs receive the lowest amounts of funding.



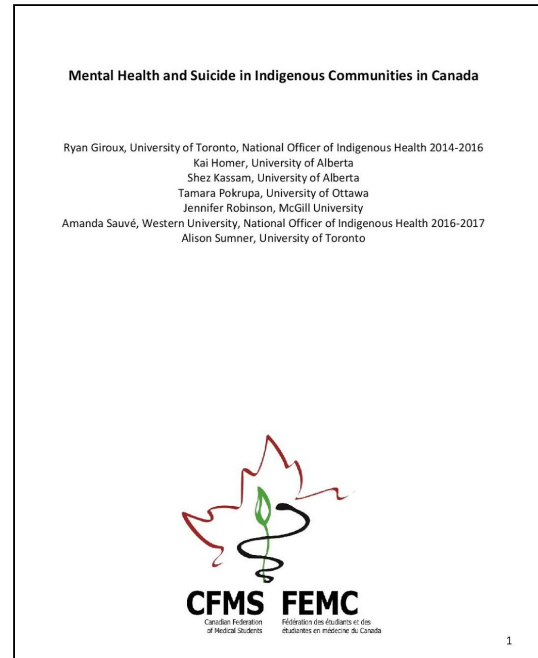
The fourth theme we explored was **addressing colonization** as a means of promoting mental wellness. Several interviewees pointed to the intergenerational trauma caused by colonial policies as a root cause of the current mental health crisis. Addressing colonization in the context of mental health, we heard, will involve a government response that does not seek to emulate the heavy-handed, patriarchal policies of the past, but rather focuses on Indigenous self-determination and the creation of opportunities in Indigenous communities.

The final theme from the consultations was **policy proposals and strategies**, which almost every interviewee brought forward for our consideration. Chief amongst these was the suggestion that we adopt existing frameworks such as the First Nations Mental Wellness Continuum and join the call for the federal government to follow such recommendations that were developed by the Indigenous peoples themselves. We also heard that there is a need for fair and equitable funding, and re-evaluation of community needs, along with reduced reporting burdens.

Policy Recommendations

In Spring 2017, the CFMS adopted a position paper on **Mental Health and Suicide in Indigenous Communities in Canada** calling the federation to respond to the Truth and Reconciliation Commission (TRC) Calls to Action and advocating for suicide prevention strategies in collaboration with Indigenous communities.

In accordance with this directive, we developed an initial set of Asks based around the recommendations laid out in our position paper and within the TRC. This document was used as a basis of over four months of nationwide community consultations with Indigenous leaders and health experts. Through a thorough analysis of consultation feedback and directions, the CFMS 2018 Day of Action Research Committee has developed the following Final Asks.



The Canadian Federation of Medical Students (CFMS) calls upon the Government of Canada to:

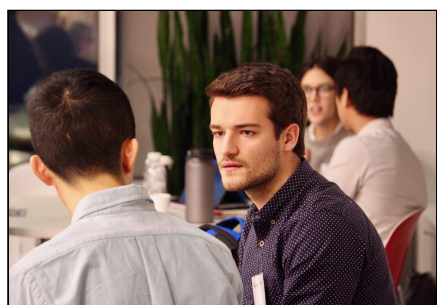
1. Adopt the frameworks and strategies put forward by Indigenous peoples in Canada to guide the federal response to the Indigenous suicide crisis:
 - a. Adopt the First Nations Mental Wellness Continuum as a framework to address First Nations suicide
 - b. Adopt the National Inuit Suicide Prevention Strategy as a framework to address Inuit suicide
2. Undertake a comprehensive review of the current distribution of funding through the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) in collaboration with Indigenous communities, in order to ensure that every Indigenous community receives funding that is both sustainable and provided in accordance with need.
3. Direct Health Canada to re-evaluate what programs and services are funded under the Non-Insured Health Benefits Program (NIHB), and:
 - a. Increase funding for preventative and land-based mental wellness programs that create opportunities within the community.
 - b. Support and expand the list of approved service providers to include Indigenous traditional knowledge keepers.

Summary of Activities

CFMS Board Updates (Saturday, February 10th, 2018)

On day one of the Day of Action weekend, updates and discussions were provided by the CFMS Board on important topics related to Day of Action and advocacy.

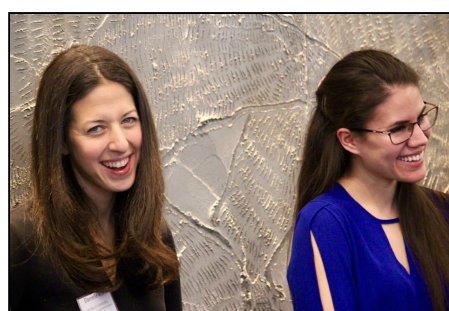
CFMS Vice President of Government Affairs, Yipeng Ge, led a discussion on the process through which the topic for Day of Action is selected and the composition of the Research Committee. It was noted that the challenge is to balance the dichotomy of representing the interests of medical students while ensuring that the CFMS is addressing broader public health challenges. It was suggested that the CFMS adopt the Ontario Medical Students Association (OMSA) survey model, where a broad survey is sent to all members soliciting feedback on potential advocacy topics.



With respect to Research Committee composition, the challenge is to balance having an experienced team and encouraging those who have not had an opportunity to participate. As it stands, the composition of the committee is heavily biased towards those who have been a part of previous Research Committees and those already involved in CFMS at the local level at individual medical schools. It was agreed that more positions should be made available for those without prior experience as part of the mandate of

the CFMS to involve more medical students in its activities and to build additional capacity and skills for its membership.

CFMS National Officer of Health Policy, Shanza Hashmi, provided updates on the work of the Position Paper Task Force, which has been working to improve the procedure and process of how position papers are created as well as adopt a method of following up on policy and advocacy recommendations made by existing papers. To this end, the task force has been developing the Position Paper Tracker to assist with easily identifying existing position papers and putting people interested in working on the same topic in touch with one another, and the Advocacy Tracker, which will provide a transparent means of tracking how much progress has been made towards achieving the recommendations set forth by position papers adopted during general meetings.



Finally, Mr. Ge led a discussion on how to move forward from the Day of Action and bring what has been done at the national level to each local medical student body. Amongst the ideas that were brought up were: debrief sessions led by delegates that participated in the Day of Action and letter writing campaigns to local MP offices. It was agreed upon that resources should be sent out by the CFMS to support these activities at the local level, including an infographic and this report, as well as the Consultation Summary and Review document, once it has been approved by those who were consulted and whose names appear in the document.

National GAAC/GHA/LOIH meetings (Saturday, February 10th, 2018)

GAAC meeting (Saturday, February 10th, 2018)



CFMS Government Affairs and Advocacy Committee (GAAC) representatives from each school shared progress on various initiatives to date. Several schools, including University of Toronto, University of Saskatchewan, and University of Manitoba have various established Indigenous Health curriculum pieces. GAAC representatives at other medical schools, such as Memorial University of Newfoundland, are advocating on developing this further within their

faculty. Where curricula do not exist, such as McGill University and Queen's University, GAAC committees have worked to create events to promote learning and skill development among their classmates.

Given the importance of Indigenous representation at the CFMS Day of Action on Indigenous Mental Wellness, there were some concerns voiced about what might be the best way to select candidates for the Day of Action in order to maximize Indigenous representation without 'soliciting Indigenous participation'.

While Indigenous Health is an extremely important element of the GAAC portfolio, GAAC committees at medical schools across the country have executed important initiatives in other areas as well. For example, representatives from University of Moncton spoke about a successful Naloxone Training event. Other topics explored by other medical schools included Trans-Health and homelessness, among others.

The question of "How to measure success of federal and provincial Lobby Days/Days of Action?" was also considered. While a common goal was to increase medical student awareness on issues being advocated for, further discussion and concrete action on long-term tracking will continue to be a topic of conversation for the CFMS.

Overall, the GAAC meeting was a productive opportunity to reflect on each committees' progress to date and share best practices regarding successful initiatives and potential solutions to common challenges that can be implemented across medical schools.



GHA Meeting (Saturday, February 10th, 2018)

Saturday also saw a productive meeting to discuss progress in terms of the Global Health Advocacy (GHA) portfolio at each school. There is an incredible diversity among our GHA representatives, who have put on events on topics spanning mental health, Pharmacare, women's health, the health of marginalized populations, and climate change. From inviting speaks to putting on campaigns and incorporating service learning and elective opportunities into medical school curricula, the GHA team is diverse not only in interest but also in medium.



In terms of updates from the perspective of the National Officer of Human Rights and Peace, Asha Behdinan, the Refugee and Migrant Health Paper is a work in progress, currently scheduled to be presented at the CFMS Spring General Meeting, in Halifax on April 27-28, 2018. Other exciting initiatives include, a Position Paper Task Force, the Pocket Card Project and Health and Environment Adaptive Response Task Force (HEART).

The work on the position paper on Refugee and Migrant Health directly informs the team's national campaign for this year, which was a prominent topic of discussion. The goals include increasing awareness of the difficulties faced by these populations with respect to health care access. The campaign also hopes to highlight services that may help meet these gaps that CFMS members can refer patients to, as trainees and future physicians. The end goal includes the creation of a database with resources for medical students, which includes information sources about different populations. We commend the GHA team for taking on such an important and complex issue and look forward to seeing the work on this campaign come to fruition in May and June of 2018!

LOIH Meeting (Saturday, February 10th, 2018)

CFMS Local Officer of Indigenous Health (LOIH) representatives from each school shared progress on various initiatives to date. A prevalent topic was ensuring increasing Indigenous medical student recruitment and enrolment. In addition to increasing enrolment, the LOIHs spoke about various initiatives to create an Indigenous community among students, and promote Indigenous student wellness, Indigenous knowledge, and Indigenous student success in medical school.



Health interest groups, mandatory curricular activities, visits to reserves, and the incorporation of Indigenous ceremony, were explored. A wide variety of curricular pieces were explored, including in-class sessions, clinical skills sessions, clerkship rotations in communities. The LOIHs are working on two large national initiatives. Specifically, their contribution to HEART, a section on Indigenous environmental health is currently being reviewed. Additionally, the team is working on an Indigenous reproductive health position paper is being readied for the 2018 SGM.

Territorial Acknowledgement (Sunday, February 11th, 2018)



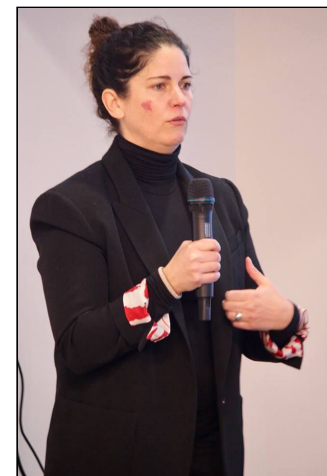
Delegates were traditionally greeted by Elder Verna McGregor through song and prayer. It was acknowledged that the day's activities were to respectfully take place on the traditional unceded territories of the Algonquin Anishnaabeg people. Following Territorial Acknowledgement and Traditional Welcome, participants stood in silence to pay respect to the life of Colten Boushie and the Boushie/Baptiste family following the trial of Gerald Stanley. On Friday, February 9th, Stanley was found

not guilty of the murder/manslaughter of Colten Boushie, a young Indigenous man from the Red Pheasant Cree Nation located in Saskatchewan.

Keynote Addresses (Sunday, February 11th, 2018)

Delegates were assembled to listen to the remarks from two extraordinary Indigenous leaders: Dr. Lisa Richardson, Co-Lead Indigenous Medical Education at the University of Toronto MD Program, and Carol Hopkins, Executive Director of Thunderbird Partnership Foundation.

Dr. Richardson, of Anishnaabeg and European descent, spoke to what it means to be an Indigenous health advocate as a physician and medical educator. She impressed upon the audience the importance of being committed to the reconciliation process and Calls to Action outlined by the Truth and Reconciliation Commission. Additionally, she stressed the importance of cultural safety and



fostering Indigenous self-determination in healthcare delivery. Richardson applauded our efforts to bring forward the voice of Indigenous communities through the consultation process employed in informing our policy proposals. Simultaneously, she noted that in order to make meaningful strides in improving Indigenous health, the social determinants of health, culture, and holism are factors that must be taken into consideration. Richardson concluded that **equity** is the key driving principle that should direct our approach as healthcare professionals towards Indigenous health.



Carol Hopkins, from the Lunaapeew Nation (Delaware First Nation of Moraviantown, Ontario), informed medical students on the First Nations Mental Wellness Continuum Framework and the paradigm shift it represents. This approach seeks to emphasize problems in Indigenous communities and later empower those communities through a strengths-based approach. Hopkins highlighted the significance of calling upon Indigenous ways of knowing and decolonizing Indigenous knowledge in addressing the current mental health crisis in Indigenous communities. She discussed each element of the Framework in depth and concluded by stressing the need of an approach that builds a safe

policy pathway for Indigenous people that ensures culturally-informed services and care across the lifespan.

Both keynote addresses were highly received by delegates, with 100% of delegates rating these addresses favourably. Also, several comments were appreciated, acknowledging the passion of the speakers and how many were moved by their words.

Delegate training (Sunday, February 11th, 2018)

Preparation of delegates for their meetings with policy makers consisted of three sessions: a presentation of the backgrounder document, including a discussion on the consultation process and our major findings and policy recommendations; a difficult questions session; and a political advocacy training session led by staff from the Canadian Medical Association (CMA).



The backgrounder presentation was led by members of the Research Committee. Following a brief introduction of the issue and context, committee members provided delegates with in-depth information on the background, stakeholder positions, political party positions and federal action to date on this issue. The committee also discussed the process through which consultations were carried out and the major findings from these consultations. Finally, the committee presented the three major policy recommendations delegates will be bringing forward and engaged in a discussion on how the committee arrived at each recommendation. This was followed later in the evening by a difficult questions session



where Research Committee members presented several anticipated difficult questions delegates might be asked during meetings and discussed the approach to answering each question in turn.

Finally, CMA staff led an interactive training session on advocacy and provided practical advice on how delegates might handle their meetings. This included an overview of the federal political parties, how legislation is passed and how to structure meetings with policymakers. Amongst the helpful strategies shared was tips on how to find more information on individual MP's and see what their past voting history and statements in the House have been through OpenParliament. To conclude, delegates were divided into small groups and made to practice doing mock meetings to help build confidence with the meeting process.



Meetings with Policymakers (Monday, February 12, 2018)

On Monday, February 12th, medical student delegates proceeded to meet with over 60 MPs and Senators across all federal political parties. Working in teams of 2-3, delegates outlined to policymakers the issues facing Indigenous peoples in Canada with respect to mental health and how our policy proposals could help address some of those unmet needs in a manner that supports Indigenous self-determination.



Meetings lasted throughout the day, from early morning until late afternoon. Each individual delegate met with on average 2-3 policymakers throughout the day. Many had the opportunity to attend the day's Question Period. Over lunchtime, delegates who were able gathered in front of the Centennial Flame for a group photo. Following each meeting, delegates reported back with their impressions of how the meeting went, listed any follow-up action that was required, and relayed any difficult questions they were asked during the meeting.

Our medical student delegates had Indigenous and non-Indigenous representation with 21 students self-identified as Indigenous, out of a survey of all delegates with 59 respondents. This year, we were also able to prioritize our 5 MD Financial Management Travel Awardees to the Day of Action to be individuals self-identifying as Indigenous or with strong ties to Indigenous communities.

Statistics

2018
CFMS
DAY OF ACTION

OVER 70
STUDENTS
FROM COMMUNITIES
ACROSS THE COUNTRY

OVER 60
MEETINGS
WERE HELD

STUDENTS FROM
17
MEDICAL
SCHOOLS
REPRESENTED

MEDICAL STUDENTS
CAME TOGETHER TO LEARN ABOUT
STRENGTHS-BASED APPROACHES TO
#INDIGENOUSMENTALWELLNESS
AND HOW AS FUTURE PHYSICIANS &
ALLIES OF INDIGENOUS PEOPLES WE
CAN USE OUR VOICES TO ADVOCATE FOR
CHANGE.

OMSA & FMEQ
REPRESENTATIVES

OVER 25 INTERVIEWS
& 40 PAGES
OF WRITTEN GUIDANCE
& TESTIMONY FOR OUR
**CONSULTATIONS
PROCESS.**

INDIGENOUS &
NON-INDIGENOUS
REPRESENTATIVES

FEBRUARY 12
2018

PARLIAMENT HILL
OTTAWA



Follow-Up

Meeting Results

Overall, our meetings with policymakers went well and were met with positive responses. Of 52 meetings where delegates recorded their impressions and reported on meeting outcomes, 42/52 reported that the overall impression was positive, 6/52 reported that the overall impression was negative, and 4/52 either did not comment on overall impression or that it was neutral. Of those meetings where the overall impression was recorded as negative, the reasons provided were generally either a lack of interest from the individual the delegates met, or a lack of understanding of the role of the social determinants of health in Indigenous mental wellness.



A number of MPs committed to bringing our policy proposals to Indigenous Services Minister Jane Philpott or writing a letter to her in that effect. Several letters have now been sent from MPs we have met with to both Minister Philpott and Leader of the Opposition Andrew Scheer. Other MPs expressed interest in continuing to meet with medical students in their home ridings to discuss our findings and things that can be done at the local level. A further number promised to invite CFMS as a witness in any future government inquiries or studies on Indigenous health or mental



health.

MP Yves Robillard (Liberal, Marc-Aurèle-Fortin) made a Members Statement (Standing Order 31 or SO31) in the House of Commons on February 27, 2018 to recognize the efforts of CFMS in advocating for Indigenous mental wellness.⁴ MP Mike Bossio (Liberal, Hastings - Lennox and Addington) posted a video where the three delegates who met with him outlined our policy proposed and Bossio himself reiterated his support for our work.⁵



⁴ <https://www.facebook.com/YvesRobillardPLC/videos/2030448367178320/>

⁵ <https://www.facebook.com/mike.bossio.liberal/videos/1246021408864226/>

Delegate Feedback



Feedback from medical student delegates who attended the Day of Action was also generally positive. The vast majority of delegates felt that they received sufficient information about Day of Action logistics, and felt prepared for their meetings with federal policymakers. Specific recommendations delegates made included: having a more concrete vision for how the CFMS will move forward from Day of Action, more time to prepare for their meetings with policymakers, and a greater emphasis on advocacy skills development through the CMA Advocacy Training session.

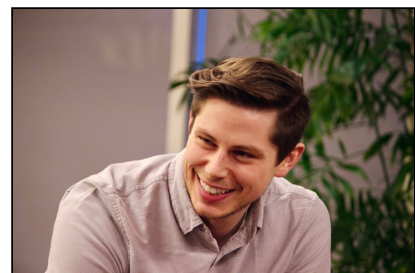
The keynote speakers were very well-received by delegates, with the majority of delegates indicating they were very satisfied with the two speakers. Reception to the delegate training session was more mixed. While the majority indicated that they were at least somewhat satisfied with these sessions, some delegates felt that the sessions provided too much detail on the background information and not enough focus on advocacy skills. Specific recommendations included: more time spent discussing approach to meetings, greater time allotted to the Difficult Questions session, and receiving the details on meeting schedules earlier in the day.

Additionally, delegates felt that the number of emails received beforehand was too high and therefore it was difficult to discern which ones contained critical information. However, overall delegates found the experience worthwhile and rewarding. Many commented that the weekend was a great experience and felt that they felt that they were better prepared to be health advocates.



In the Media

Media and social media presence for this year's Day of Action was well-organized. A press release⁶ was prepared and distributed widely to national media organizations as well as local media outlets in individual cities where CFMS member schools were located. CFMS had radio interviews with CBC Nunavut and CBC All in a Day with Alan Neal.⁷ Articles written by CFMS members appeared on Manitoba Medical Students Association website⁸ and Hatching Ideas Hub Blog⁹ – a blog



⁶ <https://www.cfms.org/news/2018/02/12/future-physicians-on-parliament-hill-tog.html>

⁷ <http://www.cbc.ca/listen/shows/all-in-a-day/segment/15520355>

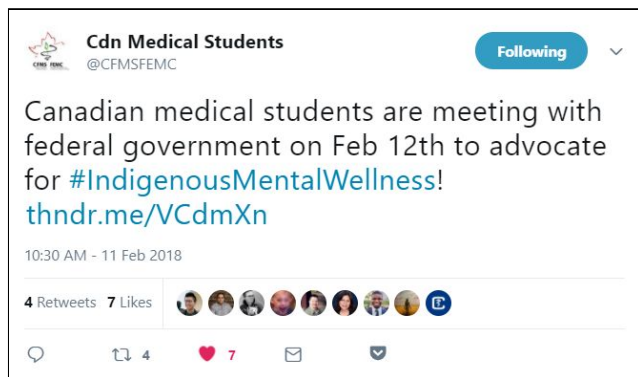
⁸ <https://mmsa.online/mmsa-news/cfms-national-day-action-indigenous-mental-health/>

⁹

<https://www.hatchingideashub.com/hatching-blog/2018/2/21/strength-in-voices-as-light-once-again-takes-over-darkness>

dedicated to discussing mental health, suicide, social vulnerability, and other such topics.

The social media campaign around this year's Day of Action was exceptionally well-planned. A Thunderclap campaign with a message reading: "Canadian medical students are meeting with federal government on Feb 12th to advocate for #IndigenousMentalWellness" had 111 supporters and reached over 91,000 people on social media. Additionally, CFMS received praise on Twitter from a number of leaders in the medical field, including several of the CMA President-Elect candidates. Following meetings with policymakers, many delegates released photos of themselves with the policymaker along with a message calling for federal action on Indigenous mental wellness.



Follow-Up Meetings



To build on the momentum created by the Day of Action, Yipeng Ge (CFMS Vice President Government Affairs) held follow-up meetings with several key decision-makers in government, including the Minister of Crown-Indigenous Relations and Northern Affairs Carolyn Bennett, a policy advisor within Health Canada, and Deputy Minister of Indigenous Services Jean-Francois Tremblay and Indigenous Services Chief Medical Officer of First Nations and Inuit Health Branch Dr. Tom Wong .

Stephanie Wellman, and Ontario Regional Chief Isadore Day, who also holds the position of AFN Health file lead. Chief Isadore Day expressed interest in speaking with medical students across Ontario on the work CFMS has done in this area.

Mr. Ge also met with Assembly of First Nations (AFN) policy file lead for Mental Wellness



Priorities Moving Forward

Our goal moving forward is to build on the tremendous work that was put into the Day of Action and keep up the momentum that had been built around advocacy for Indigenous mental wellness at medical schools across the country.

Following the publication of this report, our priorities for moving Indigenous mental wellness advocacy forward will be:

1. Work with individual member schools to hold debrief sessions with delegates from each school sharing with their wider medical student bodies their experiences and what they have learned about Indigenous mental wellness. This will involve:
 - a. Ensuring that resources needed by delegates are available, including this report and the materials used for delegate training during the Day of Action weekend.
 - b. Collaborate with local Government Affairs and Advocacy Committee (GAAC) representatives at each member school to develop ongoing advocacy events on Indigenous mental wellness.
 - c. Reporting back to member schools with new developments in our advocacy work at the national level.
2. Bringing forward the topic of cultural sensitivity and safety training to the attention of representative and regulatory bodies in medicine, including the Association of Faculties of Medicine of Canada (AFMC), Canadian Medical Association (CMA), the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC).
3. Implementing a summer studentship opportunity in 2018 funded by the CFMS to support a medical student to work with a scholar and leader in Indigenous health to further research and support work aligning with the topic of Indigenous mental wellness.
4. Organizing a virtual forum between the Assembly of First Nations (AFN) and Chief Isadore Day and CFMS membership to discuss medical student advocacy in the area of Indigenous health and the Day of Action, to be held in early May.



Acknowledgments

The CFMS would like to acknowledge the tremendous work of everyone involved in making the 2018 National Day of Action on Indigenous Mental Health a success!

We would like to first acknowledge the efforts of the more than 70 medical student delegates who travelled to Ottawa from across the country to participate in the Day of Action and to advocate on Indigenous mental wellness to federal policymakers. Thank you for taking the time out of your busy academic schedules to participate in this event, diligently learning about the issue, findings from our consultation process, and our policy proposals, and for doing an excellent job representing the CFMS and medical students to federal MPs and Senators.



We would next like to acknowledge the work of the 2018 Day of Action Research Committee for their amazing work on doing the consultations and putting together an excellent policy document to support the work of the delegates. We would especially like to thank Research Committee members **Sharon Yeung, Osman Raza, Howie Wu, Ahmer Wali, Mergim Binakaj** and **Amanda Sauvé** for taking part in the backgrounder presentation and difficult questions presentation. We would also like to thank **Shanza Hashmi**, CFMS National Officer of Health Policy, and **Asha Behdinan**, CFMS National Officer of Human Rights and Peace, for helping lead parts of the Day of Action weekend and for taking part in meetings with policymakers. Special recognition goes out to **Christina Schweitzer**, CFMS VP

Communications, for her excellent work on coordinating media and social media strategies for the Day of Action. Special thanks also goes out to **Nikhita Singhal** for designing the logo for this year's Day of Action. As well as, to **Jacqui Nokusis** and **Alex Kilian** for assisting in putting together this follow-up summary report.

A number of guests and invited speakers helped make the training weekend more meaningful for delegates. We would like to thank Elder **Verna McGregor** for delivering the opening territorial acknowledgement and traditional welcome, keynote speakers **Lisa Richardson**, Co-Lead Indigenous Medical Education at the University of Toronto, and **Carol Hopkins**, Executive Director of the Thunderbird Partnership Foundation, for their inspiring words and wisdom. We would also like to thank



Kelsey Shein, Holly Duggan and Josée Larivière from the Canadian Medical Association for leading the Political Action Training 2.0 session.

Finally, the Day of Action would be impossible without enormous behind-the-scenes work from a number of individuals in handling the logistics of housing and feeding delegates, scheduling all the meetings, and ensuring that all three days of the Day of Action weekend ran smoothly. We would like to extend our sincere gratitude for our Day of Action Coordinator **Graham Clark** and Office Manager **Rosemary Conliffe** for all the work they put in, year after year, in helping ensure that our Days of Action are successful.



Yipeng Ge
CFMS VP Government Affairs



Charles Yin
Research Committee Chair

Conclusion

The esteemed German physician and pathologist Rudolf Virchow once famously declared that: “Medicine is a social science, and politics is nothing else but medicine on a large scale.” More than 200 years later, we can plainly see the truth of Virchow’s words. Medicine has left behind the hospital ward and the consultation room and entered the arena of politics and public policy. An increasing awareness that many of the illnesses we face in medicine are the result of socioeconomic factors beyond our direct control, physicians and medical students today are increasingly expected to act as health advocates who play an active role in helping shape public policy to create a healthier society.



The CFMS National Day of Action is an initiative that teaches medical students to become better advocates and serves as a platform for the voice of medical students to be heard in government. As tomorrow’s physicians, medical students have a duty to ensure that Canada’s healthcare system is one that is equitable, efficient and forward looking. By putting our voices together through the Day of Action, we help shape the healthcare system that we would be proud of being a part of in the future. This year’s topic of Indigenous Mental Wellness is one that strikes close to heart for many of our members who themselves are Indigenous and for non-Indigenous medical students who tremble with indignation when we see the inequities visited upon Indigenous peoples in this country.

Only through confronting these issues head-on and speaking up, will we be able to affect change. As today’s medical students and tomorrow’s physicians and healthcare leaders, the CFMS is proud to stand with Indigenous peoples and lend our voices to creating a more equitable and inclusive healthcare system for the Indigenous peoples of Canada.

