

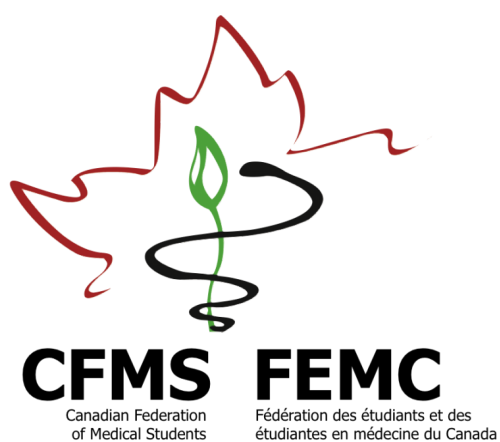
2018 CFMS National Day of Action Indigenous Mental Wellness

Follow-Up Summary Report



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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.³ Suicide rates have reached crisis levels in many Indigenous communities in Canada.



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/fniah-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

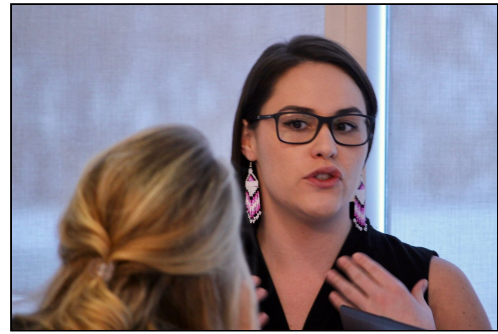
Indigenous mental health and wellness is a highly complex issue that is rooted in a history of colonialism. A long history of forced assimilation has resulted in Indigenous communities that have become marginalized, disenfranchised, and torn by deep intergenerational trauma and loss of cultural identity. 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

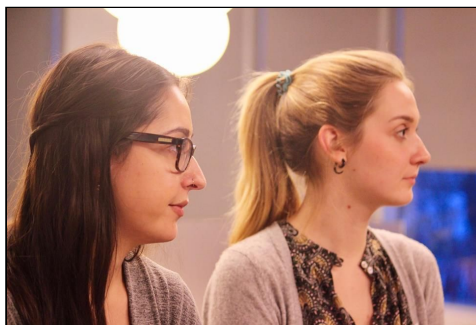
the fact that these sessions are only offered in cases of “acute mental distress”, limiting its usefulness for individuals that need ongoing mental health support.

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.



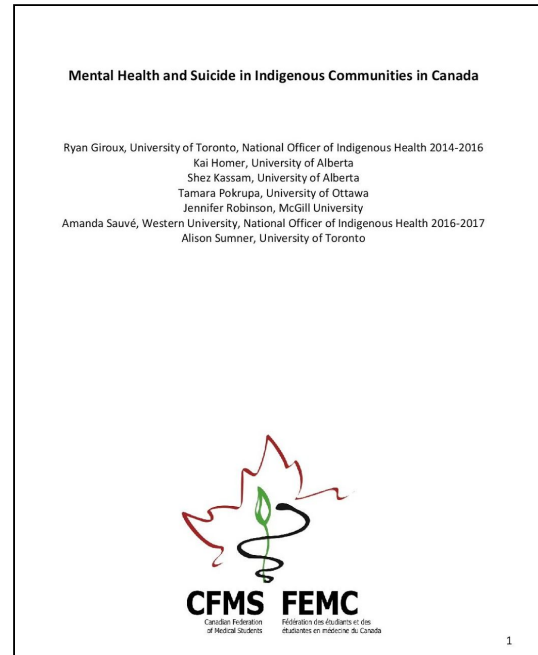
The fourth theme we explored was **addressing colonization** as a means of promoting mental wellness. Several interviewees pointed to the intergenerational trauma caused by colonial policies as a root cause of the current mental health crisis. Addressing colonization in the context of mental health, 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:

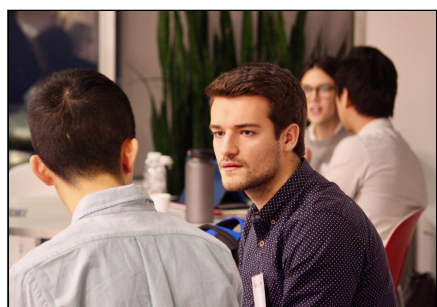
1. Adopt the frameworks and strategies put forward by Indigenous peoples in Canada to guide the federal response to the Indigenous suicide crisis:
 - a. Adopt the First Nations Mental Wellness Continuum as a framework to address First Nations suicide
 - b. Adopt the National Inuit Suicide Prevention 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.

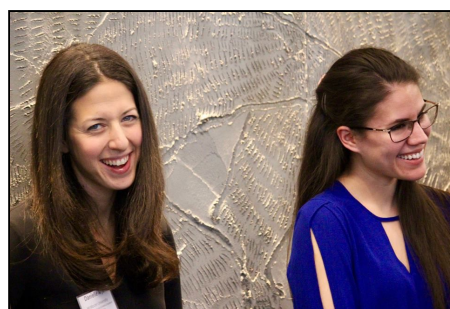
CFMS Vice President of Government Affairs, Yipeng Ge, led a discussion on the process through which the topic for Day of Action is selected and the composition of the Research Committee. It was noted that the challenge is to balance the dichotomy of representing the interests of medical students while 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 positions 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 positions 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 speakers 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 too, 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)



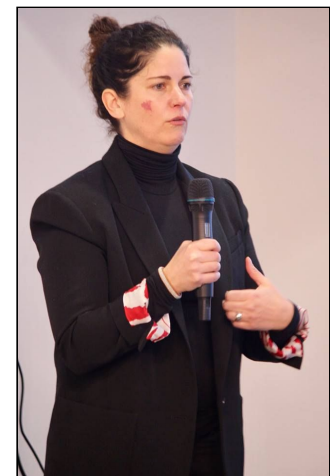
Delegates were traditionally greeted by Elder Verna McGregor through song and prayer. It was acknowledged that the day's activities were to respectfully take place on the traditional unceded territories of the Algonquin Anishnaabeg people. Following Territorial Acknowledgement and Traditional Welcome, 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



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.



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.

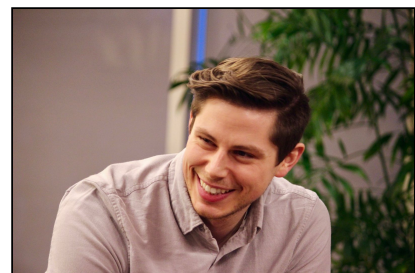
The keynote speakers were very well-received by delegates, with the majority of delegates indicating they were very satisfied with the two speakers. Reception to the delegate training session was more mixed. While the majority indicated that they were at least somewhat satisfied with these sessions, 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>

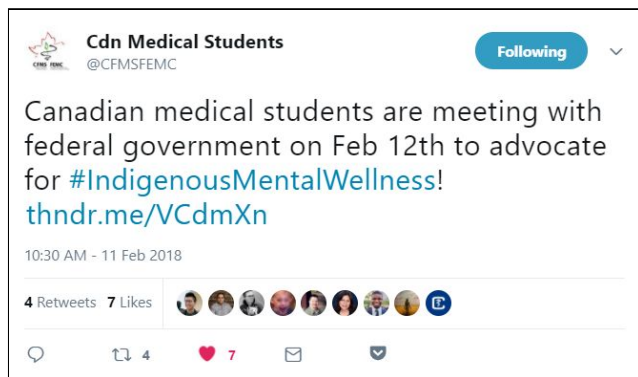
⁸ <https://mmsa.online/mmsa-news/cfms-national-day-action-indigenous-mental-health/>

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 .

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

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.



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.

