System-Level Change
for Life Promotion

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Comprehensive, culturally-based, community-based approaches to life promotion and suicide prevention are known to hold the most promise. Approaches that recognize the impacts of historical trauma – as well as ongoing forms of racism and colonial oppression – on First Nations youth are essential, in addition to those that build up existing strengths. Coordinated action among First Nations, service providers, government leaders, funders, advocates and policy makers is needed to rectify the persistent and well-documented health, education, and social disadvantages faced by First Nations youth.

System-level changes are required to promote and sustain individual, family, and community wellbeing. These efforts include social, political, and economic (i.e. system-level) changes. Eliminating systemic barriers and inequities (and other barriers to accessing support), confronting Canada’s colonial history, and creating the conditions for First Nations youth to thrive is a collective responsibility.

This section is primarily addressed to those in decision-making positions who wish to reduce service barriers and amplify the good work that is going on in many First Nations communities.

The recommendations that follow are examples of Indigenous cultural safety in action. Cultural safety has been defined as “an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care” (BC’s First Nations Health Authority, n.d.).

Cultural safety, then, is both a process and a product. It is both a way to do things and an outcome of collective, systemic, and interpersonal actions. Because of this, we do not present cultural safety as a standalone activity, but consider cultural safety to be an ethical commitment and a set of actions that are woven throughout. Understanding cultural safety as a connective thread that weaves these recommendations together, will hopefully reduce the likelihood of pursuing a piecemeal approach to system change.

We have identified seven recommendations that are relevant for policy and practice leaders, including funders, that are informed by the work of Goodkind et al.\(^1\) These recommendations focus on policy approaches that can a) promote healing and restore trust in the aftermath of colonialism and b) address current inequities in services to First Nations youth, and suggest using TRUST is an acronym to capture the spirit of this work. TRUST stands for:

- **Truths** about historical trauma and current inequities that impact the mental health and well-being of Indigenous youth and their families.
- **Responsiveness** to issues and needs identified by Indigenous youth and their families.
- **Understanding** of the effectiveness of traditional indigenous healing practices and cultural teachings in relation to wellness and life promotion.
- **Self-determination** of youth and families to guide their access to behavioral health services.
- **Transformation** of individuals, families, communities, systems of care, and social structures.

Here is a summary of relevant recommendations from Goodkind et al, which have been adapted for a Canadian context:
RECOMMENDATION 1

Expand mechanisms for reimbursement for traditional healers

Traditional healing that connects spiritual, emotional, mental, and physical wellness has been a valued practice in First Nations communities since time immemorial. Furthermore, there is a great deal of research to suggest that communities in which young people are connected with their cultural and spiritual teachings and land/water-based practices have better health outcomes over time. Despite this, policies and funding structures are still primarily built around a Western model of care that is more individually focused, expert-driven, and less holistic or integrated. As just one concrete example, the First Nations Mental Wellness Continuum Framework introduces Mental Wellness Teams as “an effective model for developing relationships that support service delivery collaborations both with provinces and territories and between community, cultural, and clinical service providers” (p. 27).

RECOMMENDATION 2

Shift emphasis from evidence-based practices to practice-based evidence

Rather than only implementing practices that draw on a narrow range of research methodologies or only relying on practices that are exported from elsewhere, it is essential that policy-makers and funders support and learn from what is already working well in communities, based on their own Indigenous knowledge systems and experience. The notion of wise practices acknowledges that a ‘one size fits all’ best practices model is not always appropriate or effective.

RECOMMENDATION 3

Require health systems to take into account the current realities of First Nations youth

Any support – including funding – that is being provided needs to be realistic and take into account the social determinants of health in First Nations communities, such as housing, clean drinking water, employment, and education. The First Nations Mental Wellness Continuum Framework identifies “enhanced and flexible funding” as vital for supporting wellness in First Nations communities. It also provides a more detailed account of some of the logistical and pragmatic barriers faced by rural, remote, and northern communities. Recognizing and addressing their “unique geographic, economic, and jurisdictional realities” is vital, and may lead to the enhancement of locally specific approaches, such as land-based and/or telehealth initiatives (p. 30).
**RECOMMENDATION 4**

**Provide funding for programs that connect prevention and treatment**

When mental health treatment is offered without consideration of prevention initiatives that promote individual and community flourishing, important opportunities to build individual and community resilience can be lost. The First Nations Mental Wellness Continuum Framework promotes prevention as a holistic and multifaceted process: supporting people throughout the lifespan to feel a sense of belonging, find purpose, connect with meaning, and build hope. Grounding this work culturally is important, as is ensuring it is based on the input and self-identified needs of those it addresses.

The *First Nations Mental Wellness Continuum Framework* advocates a trauma-informed approach to care, which "underscores the fact that mental and emotional pain continues to be part of life for many people who experienced traumatic events" (p. 47) and also serves to avoid re-traumatizing individuals. This approach enhances workers’ “sensitivity to viewing trauma as an injury and their ability to support healing based on compassion, placing priority on a trauma survivor’s safety, choice, and control” (p. 47). Furthermore, the *Truth and Reconciliation Commission of Canada’s ‘Calls to Action*’ call for “sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools” (p. 4).

**RECOMMENDATION 5**

**Recognizing and supporting traditional healers, cultural practitioners and Elders as service providers**

There is a shortage of credentialed service providers in many rural, remote, and northern First Nations communities. However, there are people who speak their local traditional language and provide powerful culturally appropriate care and services who are not currently recognized by licencing bodies. Knowledge keepers including Elders provide ceremonial brushing, cleansings, teachings, and many other vital aspects of culturally grounded care. This contributes meaningfully to improved outcomes, and of course many individuals and families will prefer services that are grounded in their own communities and systems of knowledge as they promote dignity and belonging.

Fairly compensating Elders and other traditional healers often means providing fair monetary compensation for the services being offered, but there are some times when this can be inappropriate. According to the Assembly of First Nations Elder’s Council Discussion Document, this may mean providing non-monetary offerings and providing for the various needs of Elders and Traditional Healers in other ways to ensure that they are not wanting for food, heat and other basic essentials and comforts. This may take the form of gifts (such as tobacco or blankets), paying travel expenses, costs of ceremony (such as materials), ensuring ongoing self-care for Healers, or paying for the cost of medicines, among others.” Ultimately, it is important to respect that particular protocols in place. (p. 13)

The *Truth and Reconciliation Commission of Canada’s ‘Calls to Action*’ also highlights in each section the value of Indigenous knowledge and practices (in relation to child welfare, health, justice, and education).
RECOMMENDATION 6

Recognize the role of structural inequalities and colonial policies in the lives of First Nations children and families involved with the child welfare system.

The Truth and Reconciliation Commission shed light on the historical injustices of residential schools in Canada. More recently, the Canadian government has publically acknowledged the devastating impact of what is often referred to as the ‘Sixties Scoop’ on Indigenous children and families. However, the current child welfare system continues to remove Indigenous children from their families at a rate that is far greater than non-Indigenous families – in the name of protection. When understood in context and over time, child apprehension practices that systematically sever the relationship between First Nations children and their families, land, language, and culture can have impacts that seriously undermine life promotion efforts.

Gerlach, Browne, Sinha, and Elliot propose specific policy changes that could improve the quality of early childhood programs for First Nations children. These include:

- Investing in early childhood programs that are accessible to all Indigenous children.
- Developing and investing in a policy framework that supports child protection workers to provide preventative services, particularly for families living in poverty.
- Planning strategically to address the increasing number of referrals being made to Aboriginal Infant Development Programs in Canada. (See for example, Aboriginal Head Start)
- Investing in training for all Early Childhood Development workers and Social Workers who work with Indigenous children and families to learn about historical trauma and its impacts on parent-child relationships.

Collecting data so that there is a clearer picture of the size of individual workers' caseloads and the numbers of families with 'Ministry involvement' so these structural and/or organizational issues can be realistically addressed.
RECOMMENDATION 7

Follow up on federal government apology with concrete actions

In Canada, the Truth and Reconciliation Commission’s ‘Calls to Action’, speak directly to governments at all levels to change policy to better reflect and respond to this moment in history. The legacy of colonization continues to play out in our society, and the responsibility for altering its course is a collective one.

Through the Action Guide for Life Promotion this website offers some concrete possibilities for action that can serve as meaningful collective responses to the federal apology that was issued in 2010. With various stakeholders becoming familiar with the Action Guide, funding requirements and policy decisions can become more aligned with the work communities have been striving to accomplish.

In addition to the above recommendations for policy and practice leaders, Irvine, Kitty and Pekeles provide the following concrete actions that can be taken by service providers working in the Canadian context. Again, here we can see the commitment to cultural safety, as described above, weaving these recommendations together:

- Learn about the cultures and diversity of Aboriginal Peoples, the historical realities and negative influences of colonization and residential school experiences.
- Understand the despair and hardships, as well as the strength of the culture and identity, which help Aboriginal children, youth and their families who struggle to overcome and reconcile.
- Acknowledge the resiliency of Aboriginal people and recognize the importance of culture, family, community and self-determination for the healing of children and youth.
- Communicate effectively by active listening and explaining at the appropriate educational level with patients, families and communities.
- Support the important role of early childhood development and parenting skills – in the context of the family, the culture, and the community, and foster the vital contribution of fathers, mothers, aunts, uncles and grandparents.
- Share, by engaging with multidisciplinary care team members, Aboriginal community leaders and families to collaborate and facilitate change within communities, utilizing and building on the communities’ values and strengths. This can result in more suitable and sustainable solutions that are culturally supportive and locally relevant.
- Advocate for adequate funding, resources and services to address health, education and social disparities of Aboriginal children and youth in Canada, by supporting Jordan’s Principle, Shannen’s Dream and other campaigns to increase awareness and equity of these and related issues (such as #wematter).

Understanding the ways policy and practice are connected on a system-level can help us all collectively create conditions that support and nurture wise practices for life promotion in First Nations communities.

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