Spirit to Spirit:
Sharing Knowledge for Mental Health Promotion and Substance Misuse Prevention with First Nations, Inuit and Métis Peoples

Part 2: Learning from Practice

Renee Linklater, Manager, Aboriginal Community Engagement
CAMH Provincial System Support Program

Hosted by the CAMH Health Promotion Resource Centre
February 28th, 2014 10:00 – 11:30am (EST)
Provide system support, capacity building, content expertise and access to information and research for Ontario health promotion and public health audiences related to:

- Mental health promotion
- Substance misuse
- Tobacco

Housed in the CAMH’s Provincial System Support Program

Consult with CAMH colleagues from across the organization (Aboriginal Community Engagement, PSSP, clinical, research, etc.)

Funding provided by the Health Promotion Division of MOHLTC
Welcome and Introduction

Chair: Dr. Renee Linklater, Ph.D.
Manager, Aboriginal Community Engagement
Provincial System Support Program
Centre for Addiction and Mental Health
Webinar Outline

Part 1) Review
  • First Nations, Inuit and Métis peoples: History and current realities
  • A focus on health promotion

Part 2) Learning from Practice: Presentations and moderated panel discussion
  ▪ **Laura Calmwind**, Youth Coordinator, Chiefs of Ontario
  ▪ **Lisa Beedie**, Tobacco Wise Lead, Prevention & Cancer Control, Cancer Care Ontario
  ▪ **Dr. Claire Crooks**, Associate Director of the CAMH Centre for Prevention Science

Part 3) Question and answer
Webinar 1 Recap

Part 1) Context

- First Nations, Inuit and Métis peoples: History and current realities
- A focus on health promotion

Part 2) Principles for engagement

- A brief scan of the literature
- Best practices and program examples

Part 3) Question and answer
Webinar 1: Key Messages

- Historical and current realities have had a detrimental impact on the health and well-being of FNIM peoples today.

- Health promotion approaches involve enabling people to have control over their own health.
Webinar 1: Key Messages (cont’d)

- There are promising strategies that exist for effective health promotion activities with FNIM peoples.
Learning from Practice

Lisa Beedie  
(Aisance-Kwe)  
Tobacco Wise Lead South  
Prevention & Cancer Control  
Cancer Care Ontario

Dr. Claire Crooks  
Associate Director  
Centre for Prevention Science  
Centre for Addiction and  
Mental Health

Laura Calmwind  
Youth Coordinator  
Chiefs of Ontario

Camh
THE FOURTH R: UNITING OUR NATIONS

Claire Crooks
Spirit to Spirit Webinar
February 28, 2014
WHO WE ARE – CAMH CENTRE FOR PREVENTION SCIENCE

- Multi-disciplinary applied research centre
- Develop, implement, evaluate violence prevention and healthy relationships programming – the Fourth R
- Special interest in strengths-based programming for FNMI youth
UNITING OUR NATIONS

Culturally-relevant programs from The Fourth R
UNITING OUR NATIONS

- Range of classroom-based, extracurricular, and community-based programs
  - Culturally-relevant versions of school-based curricula
  - Mentoring programs
GUIDING PRINCIPLES

Similar to other Fourth R Programs

- Focus on healthy relationships
- Positive youth development
- Skills focus
- Leadership opportunities

Differences

- Major focus on cultural identity and connectedness
- Expansion of programs beyond curriculum-based
- Integration of historical context
- Inclusion of community partners in programming
ABORIGINAL PERSPECTIVES FOURTH R

- Includes additional components such as lessons on suicide prevention and racism, more education on substance abuse, and enhanced role play opportunities
- Adds a cultural identity framework for youth
- Situates some of the issues facing Aboriginal youth in a historical context
- Opportunities to identify individual and community strengths that will support them in making healthy choices
- Utilizes sharing circles and bringing community members into the classroom
Video Example
Mentoring Programs

- Focus on healthy relationships, providing role models, and building success into transitions
  - Group mentoring for grade 7 and 8 youth
  - Peer mentoring in secondary school
  - Mentoring at postsecondary
EMERGING EVIDENCE BASE

- Programming found to increase youth engagement
  - Crooks, Chiodo, Thomas & Hughes, 2010

- Gains in relationships, confidence, leadership and school success
  - Crooks, Burleigh, Lapp, Snowshoe, Aikens, & Hughes, 2013
THE ROLE OF CULTURAL CONNECTEDNESS

Elementary mentoring participant:

- They told us about how there are four things: spiritual, mental, physical and emotional. As I started thinking about that it kinda told me to do things differently. So I was thinking if I can get my grades up that can help me mentally and if I can exercise that will help me physically and spiritually and everything I can try to get it to a higher level.
SUCCESSES AND CHALLENGES

Successes
- Highly engaging
- Support from stakeholders
- Means to engage community partners
- Shifting attitudes of educators and administrators

Challenges
- Language of deficits versus strengths-based approaches
- Capacity for implementation in schools (curricula versus mentoring programs)
Aboriginal communities around Canada have tremendous diversity.

Cannot expect one “Aboriginal Perspective” Fourth R to be useful.
- Started with Anishinabe version (SW Ontario)
- Cree-informed version for Saskatchewan
- Dene-informed version for Northwest Territories
- Alaska version
PROCESS FOR DEVELOPING A NEW VERSION

- Iterative, multi-year process
- Completely rooted in partnerships
- Numerous aspects to be addressed:

  - Language / Terminology
  - Historical context
  - Specific traditions / worldview
  - Matching provincial / state expectations
  - Resource listings
  - Relevance of role plays
EXPANDING NOTIONS ABOUT EVIDENCE-BASED

- Broadening of what we mean by evidence
- Research and evaluation needs to be appropriate and empowering
www.youthrelationships.org
Learning from Practice:
A Panel Discussion
According to the Ottawa Charter, there are 5 action areas for health promotion:

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Re-orientating health care services toward prevention of illness and promotion of health

Q1. Can you provide an example of how your program or organization has been involved in engaging FNIM populations in these areas?
Q2. What are your recommendations for building strong relationships between FNIM and non-FNIM organizations and communities?
Q3. What type of strength-based concepts and language do you or your organization use to talk about mental health, substance misuse, harm reduction and other health promotion concepts?
Learning from one another: Sharing and questions
Thank You

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