"IT TAKES A WHOLE COMMUNITY"
AN EVALUATION OF SASKATCHEWAN MENTAL WELLNESS TEAMS
2016

Report Prepared on Behalf of
Athabasca Health Authority, File Hills-Qu'Appelle Tribal Council,
Onion Lake First Nation and Prince Albert Grand Council
Mental Wellness Teams

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Saskatchewan MWT Evaluation 2016

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MAIN MESSAGES

- Although the four Saskatchewan mental wellness teams are unique, each delivers a range of treatment, counselling and cultural care supports to individuals and families. The services provided through the wellness projects are fundamentally different from mainstream mental health and addiction services, because they not only facilitate access to treatment but include culturally appropriate counselling and education.
- Building upon existing services and supports, the teams offer care that is easily accessed and acceptable to the community members who use it. The information and education offered by the teams improved the skills of front-line workers, who in turn are able to help community members make significant gains in understanding addiction and mental health issues and move towards recovery.
- Ultimately, continued development of the wellness projects will ensure that First Nations have access to treatment and supportive care in an appropriate way and timely manner. Community members who have accepted the services and supports have had opportunities to improve their lives, regain their health, and reconnect with their families and traditions.
- At the same time, people who come from backgrounds where grief, trauma and addiction are persistent often have difficulty accepting and continuing with treatment, counselling and other services. They can succeed, however, if safe, welcoming, culturally appropriate supports and flexible services are in place.
- While the four Saskatchewan wellness teams have made considerable progress towards building their teams and improving the delivery of services, there was widespread recognition that the resources required to sustain the wellness projects went beyond the funding provided. All teams also were experiencing increased demands for services, but did not have the resources to deliver the range of counselling services and cultural supports requested by partner First Nations communities.
- Cultural aspects of programs were believed to be especially at risk, due to limited resources to support traditional healing and wellness-promoting activities, such as cultural camps and community gatherings. The consensus was that maintaining existing team-based wellness projects and developing additional community-based supports would require continuing commitment and funding for the programs.

BACKGROUND

Thinking about the development of the Saskatchewan mental wellness teams, several interviewees noted that success was closely tied to the way teams brought communities, programs and agencies together. Reflecting on the changes she had seen in her communities, a program assistant said: "it just doesn't take one program ... it takes a whole community to make things happen and make things move."

While she unwittingly suggested a title for this report, her statement underlines the central finding from our study: that team-based approaches succeed when they help communities work together to achieve wellness. The following sections present an overview of the mental wellness team models, the evaluation approaches used, and the content of this report.

MENTAL WELLNESS TEAM MODELS

In 2008, Health Canada funded eight mental wellness team pilot projects, three in Atlantic Canada, and one each in the provinces of Quebec, Ontario, Manitoba, and Saskatchewan, with the Saskatchewan team situated at White Raven Healing Centre in Fort Qu'Appelle. Each wellness team was encouraged to develop its own approaches to mental wellness, reflecting community needs, traditions and cultures. Additionally, they worked to strengthen linkages between First Nations programs and mainstream services delivered by provincial, territorial and federal governments.

As presented in the 2008 *Guide to the Development of Mental Wellness Teams*, the primary goal of the wellness projects was to "enhance the development of a coordinated continuum of mental wellness services for and by First Nations and Inuit that includes culturally safe traditional, cultural and mainstream approaches to determine what works." Teams were directed to engage communities, health authorities and other organizations, with the objective of building capacity and developing skills to improve the delivery of services.

Desired outcomes included enhanced collaboration between communities and organizations to improve coordination of care, transfer of knowledge between community, cultural and clinical providers to enhance access to culturally competent care, and, ultimately, develop a continuum of wellness services and information to assist community members with mental health and addictions issues. The resulting models were unique, reflecting community strengths, existing services, cultural traditions, and priorities.

The success of the original eight pilot projects lead to a further round of funding for twelve teams in 2013. The four Saskatchewan teams were developed by the

Athabasca Health Authority, File Hills – Qu'Appelle Tribal Council/White Raven Healing Centre, Onion Lake First Nation, and Prince Albert Grand Council.

Each team succeeded in building community-based and culturally-centred services and supports to improve the health of partner First Nations. Working closely with existing programs, the Saskatchewan teams developed distinctive wellness services and supports, that reflected the strengths and traditions of their First Nations and the knowledge and skills of staff caring for individuals, families and communities.

GOALS OF THE EVALUATION

With an emphasis on progress, successes and future plans, this evaluation was commissioned by Health Canada on behalf of the Saskatchewan teams. The goal was to document the progress made by the teams between 2013 and 2016 to give the teams a baseline to assist in planning and implementing future wellness services and supports.

The emphasis was on understanding the development of the teams, enhancement of cultural and traditional supports, signs of success, as well as continuing challenges and areas for improvement identified. The teams might disseminate the lessons learned to other First Nations communities and health care organizations that are interested in developing or enhancing their own collaborative and community-centred approaches to wellness.

EVALUATION APPROACH

In accordance with Tri-Council Guidelines for research with First Nations communities[1] and established Ownership, Control And Possession (OCAP) principles,[2] the Lakehead University team worked closely with the Saskatchewan Mental Wellness Steering Committee throughout the evaluation. Members of the Steering Committee (Appendix A) took an active role in shaping the evaluation framework, giving advice about methods, indicators of success, and challenges experienced in developing the teams. They additionally provided guidance about appropriate cultural protocols for interviews with Elders and other community members.

As well, the MWT steering committee representatives shared documents pertaining to the development of their wellness programs, distributed invitations to

[1] Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. (2010). *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.* Ottawa, ON. (Online)

[2] Schnarch, B. (2004). Ownership, control, access, and possession (OCAP) or self-determination applied to research. *Journal of Aboriginal Health,* January, 80-95.

take part in interviews to key people on their teams and partner First Nations, and, at the end of the project, provided thoughtful comments on the evaluation report. program development, challenges, successes and lessons learned. With their approval, the final report will be shared with Health Canada and distributed on request to participants, other First Nations and organizations.

All procedures for the evaluation, including interview guides, conditions under which the interviews would occur, provisions for sharing transcripts and audio-recordings of interviews with participants, maintaining confidentiality, and reporting results to participating mental wellness teams and Health Canada, were reviewed and approved by the Lakehead University Research Ethics Board, which includes faculty experienced in Aboriginal research and Aboriginal community members.

FRAMEWORK

As it evolved, the scope of this evaluation went beyond examining the first few years implementation of the wellness projects, to include assessing the information shared about challenges and success. The study explored how various wellness approaches contributed to the successes observed, examining effects attributable to treatment and those associated with the unique cultural supports provided by the wellness projects themselves.

With the aim of documenting the progress made by the four Saskatchewan teams over the past three years and the lessons learned that might apply to other communities considering adopting similar team-based approaches to care, we placed emphasis on trying to understand what worked, and in particular, what wellness strategies worked well. Framing this evaluation in terms of "success" respects the affirming, strengths-based approaches preferred by First Nations people.

Taking a strengths-based emphasis helped us to identify four essential questions that guided the study: How did the team projects help individuals, families and communities succeed in achieving wellness? How are the supports developed different from other supports available? Does having wellness teams mean that community members get the services they need, in an appropriate way and timely manner? And, if community members did or did not experience the success desired, what factors affected delivery of care and how could these be addressed? The answers to these questions gave us insights into the successes experienced by the teams and formed a framework for both the document review and interviews which were central methods used in the evaluation.

DOCUMENT REVIEW

Although there was some variation in the documents available from one team to another, all of the teams shared their program proposals, summaries of activities, previous evaluations and assessments, reports, presentations and other materials with the evaluators. Background material, including original concept papers, guidelines for proposal development, and community of practice reports, were provided by Health Canada, First Nations and Inuit Health, Saskatchewan Region. Additional documents, including minutes of the meetings and updates on program activities, were shared by the Saskatchewan Mental Wellness Teams Steering Committee.

The 25 documents reviewed (Appendix B) provided valuable insights into the development and implementation of supports at the tribal council and community levels. The material highlighted the distinctive approaches taken by the teams, reflecting community needs, goals, and preferences. The documents assisted the evaluators in identifying key themes around program success and challenges, which were explored in the interviews which followed.

INTERVIEWS

With the assistance of program coordinators and managers, the evaluators distributed letters of information and invitations to the wellness teams and staff in partner First Nations. Invitations were extended to everyone who was considered part of the wellness team, including those who delivered treatment, education and cultural supports, as well health directors, addiction workers, community health representatives, band councillors, Elders, educators or justice personnel who are considered part of the broader health team in many First Nations communities.

Everyone who was interested in taking part in interviews completed a form giving the evaluators permission to contact them. Once this information was received, our research coordinator contacted potential participants by email and telephone, discussed the study and arranged appointments to complete an interview by telephone, including a verbal consent process.

Interview questions (Appendix C), gave participants the opportunity to share their experiences with the development and implementation of teams, the successes achieved and the lessons learned. Once the interview was completed and the recording transcribed, participants were given copy of the written transcript to review and told how they could contact the Lakehead University team, should they want to add or change information. Those who wanted an audio recording of their interview were given a copy to keep as a gift for personal use.

Over a two month period (February 24 - April 28, 2016), we interviewed 31 individuals representing Athabasca (n=1), File Hills – White Raven (n=11), Onion Lake (n=2), and Prince Albert Grand Council (n=17) teams. Those interviewed included coordinators, managers, or supervisors (n=7); community front-line addictions, crisis or family counsellors (n=8); trainers or educators (n= 6), Elders or Elder helpers (n=6); visiting holistic health workers, mental health therapists, or counsellors (n=5); peer support or residential school support workers (n=5); and volunteers (n=3). Many team members had more than one role, for example, providing direct counselling services along with training staff.

The wellness team members who shared their experiences and opinions with us had been involved with their projects for approximately 1.5 to 2 years; the newest staff had been working with their teams for only two months; the most experienced had worked on mental wellness initiatives for several years, some since inception of wellness projects. Results showed that the interview data reached *information saturation*, that is, the point at which information becomes repetitious and nothing new is added. Comparison of data from different interviewee groups helped us to identify common themes and issues, as well as distinguishing factors affecting the development and implementation of each wellness initiatives.

THIS REPORT

As each of the Saskatchewan teams had a unique approach to wellness, reflecting their community needs, varying access to services, and differing traditions, this evaluation does not make any comparison between teams in terms of their relative activities or achievements. Instead, it offers detailed profiles of each wellness team and its activities, describing the communities served, needs identified, wellness approaches used, team goals, development of team-based services and supports, successes achieved to date, and planned activities, including areas of improvement.

The evaluative information presented in subsequent sections summarize lessons learned about the development of mental wellness teams, with a focus on strategies successfully used to overcome stigma, reconnect people with culture, tailor services to communities, improve awareness of wellness issues, bridge geographic differences, and, above all, the signs of success seen in individuals, families and communities. A final section captures recommendations made by those interviewed, in the form of recommendations regarding resources and areas for improvement, as well as practical advice to other First Nations who might be considering adopting similar team-based approaches to improve wellness. Throughout the report, selected quotations from the interviews have been added to explain or elaborate concerns, issues identified, and strategies used by the teams to improve care.

DEVELOPMENT OF THE SASKATCHEWAN MENTAL WELLNESS TEAMS

At the request of the Saskatchewan Mental Wellness Steering Committee, we examined the development of the four wellness teams separately, summarizing available information on team development, approaches used, and achievements from program documents and interviews. The following profiles, one for each team, including the following information:

- Communities: brief description of communities served, including population, geographical location, distance to mainstream service centres, as well as cultural traditions and languages spoken.
- Needs: identified wellness, mental health and addictions issues, as well as age-specific and gender-specific needs for services and supports.
- Approaches: general description of models of care, including holistic focus, management models, and partnerships.
- Goals: description of the goals identified by the teams and their respective First Nations communities at the beginning of the mental wellness team projects.
- Team Development: summary of the progress made by the teams during 2013-16, with emphasis on partnerships, training and capacity building , and improvements in delivery of care to communities.
- Culture and Traditional Healing: examples of cultural supports that have been developed by each team, including land-based cultural camps, traditional healing, and cultural supports from Elders teaching traditional ways.
- Signs of Success: evidence that mental wellness team activities are producing improvements in the health of partner First Nations, with examples of the changes seen in individuals of all ages, their families and community members.
- Continuing Challenges and Areas for Improvement: summary of the continuing challenges identified by each wellness team, including resource constraints, as well as specific areas of services, supports, and capacity building that could be improved.

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ATHABASCA HEALTH AUTHORITY MENTAL WELLNESS TEAM

COMMUNITIES

Athabasca Health Authority (AHA) includes Saskatchewan's three most Northern isolated communities, the Denesuline First Nations, which have a combined population of 5,500, with 3,900 living on-reserve. The communities, which have strongly retained their Dene language, traditional hunting and fishing lifestyles, and ties to the Catholic church, include:

- Black Lake First Nation (2036 members) is 1180 km northwest of Prince Albert, accessed air to Stony Rapids, then 20 km by road.
- Fond du Lac First Nation (1862 members) is 1842 km northwest of Prince Albert, with access by air, seasonal ice roads in winter and water in summer.
- Hatchet Lake First Nation (1679 members) is 724 km northwest of Prince Albert, with access by air, seasonal ice roads in winter and water in summer.

NEEDS

- Communities have great needs for mental health and addiction services. High rates of suicide and domestic violence were reported.
- Care that was available in the communities prior to the development of the wellness team was often based on crisis response.
- Need to develop preventive and holistic health supports to help individuals, families and communities achieve wellness were identified.

APPROACHES

- Emphasis on holistic approaches to address emotional, spiritual, social, environmental, and economic needs to heal individuals and the community.
- Support was not limited to treatment but extends to work with individuals, families and the whole community which improves the wellness of all.
- Case management model was used to guide development, with monthly visits to each community to facilitate activities, mentor staff, and provide leadership.

- Two representatives from each community, Health Directors and an Elder, meet every two months to monitor progress. They have visited other wellness teams to share experiences and gain insights into strategies for achieving success.

GOALS

- To recognize the interconnection between an individual, family, and community and wellness.
- To identify needs of each community and work with front-line staff to create a continuum of services that are flexible, community based, and multi-disciplinary.
- To enhance mental wellness through traditional, cultural, and mainstream approaches.
- To move beyond crisis intervention and work towards preventative health and holistic wellness services in the communities.

TEAM DEVELOPMENT

- Although there has been some changes in staffing, MWT became stronger as it built connections with other agencies who deliver mental health and addiction services.
- PENELOPE case management model has been used to track utilization of services and improve coordination of care. Team contracted external evaluator to assist with continuing development of program.
- Emphasizes holistic health approach that understands the interconnectedness of physical, spiritual, mental, and emotional states. Community leaders and Elders have been very supportive of holistic approaches.
- Changing emphasis to "wellness" means individuals and families now get comprehensive case management, counselling and cultural care. Greater emphasis on utilizing resources that are available locally, including the skills of community members who are knowledgeable in the traditional way of life.
- More connections between team and health staff, including doctors, nurses, and mental health therapists and community members has generated good suggestions.

- Networking with other MWTs has been helpful in making practical connections to other communities and sharing ideas and resources.
- MWT has become very involved in outreach activities, working closely with front-line staff to develop supports for individuals, families and communities. Emphasis on educating leadership around crisis response procedures and protocols.

CULTURE AND TRADITIONAL HEALING

- Traditional healing has been extensively utilized, including land-based activities, traditional medicines, and cultural healing. Using traditional ways of supporting people (e.g. going for "walk and talk") encourages them to seek care.
- Elders are now taking a more active part in developing land-based healing activities that fit the cultural traditions of the communities. Speaking in the Dene language helps community members to understand and express mental wellness issues and opportunities for change.
- The communities now have access to traditional healers, which is bringing back cultural healing and techniques such as energy healing which weren't available before.
- Greater use of Elders who speak Dene language and are knowledgeable about traditional lifestyle and cultural traditions is creating closer connections between the wellness team and the communities.

SIGNS OF SUCCESS

- Community members who access support from the MWT are now actively seeking services for themselves and their families. More people helping themselves and using the tools given them to improve health.
- People who have accessed services are less likely to isolate themselves and now are more involved in community activities such as workshops and gatherings.
- More families are participating in counselling and family therapy and more women are coming forward about domestic violence. Land-based healing, which originally was offered to men, then women, is now being requested by both men and women.

- Agencies are beginning to work together breaking down silos that formerly existed between programs delivering services to the communities.
- Hospitals and health centres are now collaborating with the MWT to find more effective ways of helping those with mental health or addiction issues.
- The team is now offering "side-by-side" counselling and traditional healing to community members , enabling them to benefit from both approaches .
- The consensus was that counsellors and healers who worked together gained valuable insights into ways mainstream and traditional approaches complement each other.

CONTINUING CHALLENGES AND AREAS FOR IMPROVEMENT

- Although there was agreement that communities had benefited greatly from the wellness team, there was concern about adequacy of resources, now and in future.
- There was not enough funding at present to offer the same level of mental health and addictions services and case management supports in all three communities. As well, funding was insufficient to meet requests to deliver land-based cultural supports to individuals and families more than once a year.
- Additional resources to bring communities and agencies together on a regular basis to identify ongoing needs and partnership opportunities. This was viewed as critical to the continuing development of the team.
- Resources to support costs of travel to network with other MWTs , beyond the opportunities currently provided, would be beneficial in supporting sharing of ideas and practical suggestions.
- Areas identified for improvement in the delivery of holistic health services to partner communities included: coordination of clinical care locally, provision of traditional cultural supports, and wellness education all ages and genders.
- Communities continue to experience challenges around providing sufficient housing for families living on reserve, as homes have up to 10 people living in them.

FILE HILLS – QU'APPELLE TRIBAL COUNCIL – WHITE RAVEN HEALING CENTRE

COMMUNITIES

Through the White Raven Healing Centre (WRHC), the File Hills Qu'Appelle Tribal Council team provides outreach, mental health, addictions, and cultural services to 11 First Nations , which have approximately 15,500 members, about one-half living in on-reserve locations across rural southern and central Saskatchewan. Communities differ greatly in their population size, cultural traditions and distance to mainstream services:

- Piapot First Nation (2401 members, Cree), Muscowpetung First Nation (1383 members, Saulteaux) and Carry the Kettle First Nation (2828 members, Nakota) are, respectively, 30 , 70 and 80 km east of Regina.
- Little Black Bear First Nation (560 members, Cree), Peepeekisis First Nation (2722 members, Cree) and Okanese First Nation (704 members, Cree-Saulteaux), are respectively, 130 km northeast of Regina, 10, 20 and 50 km from Balcarres.
- Pasqua First Nation (2175 members, Saulteaux-Cree), Standing Buffalo First Nation (1260 members, Dakota), and Star Blanket First Nation (670 members, Cree) are 10- 20 km from Fort Qu'Appelle.
- Nekaneet First Nation (80 members, Cree) is near Maple Creek, 120 km southwest of Swift Current.
- Wood Mountain First Nation (286 members, Dakota) is near the American border, 165 km southwest of Moose Jaw.

NEEDS

- Widespread need for mental health and addiction services among community members, with emphasis on need to heal from childhood trauma, grief and loss, particularly among residential school survivors and their families.
- Need to restore cultural identity among people of all ages, from youth to Elders, in settings that are safe and inviting to both men and women.
- Priority to work with First Nations partners to identify and respond to community-specific needs for counselling and traditional care.

APPROACHES

- The White Raven team used the current initiative to expand services and supports to partner First Nations initially developed during the MWT pilot project (2009-2012). As identified in evaluations conducted by First Nations University of Canada (2011) and Health Canada (2014), the goal was to fill in gaps in the continuum of care and increase access to cultural and spiritual services, addictions and mental health counseling, mainstream and traditional therapies, residential school survivor supports, mobile trauma treatment and critical incident stress management.

- Towards this end, WRHC developed the "Culture Heals" Training series, containing four workshop-based modules to train mental health and addictions providers to deliver approaches that best meet the needs of First Nations clients. Modules focus on (a) enhancing cultural competence and cultural safety; (b) understanding historical trauma and intergenerational effects; (c) improving wellness intervention and prevention through using multi-disciplinary team approaches and circle of care case management models.

- Staff are trained to deliver: (a) parenting classes emphasizing traditional approaches to child development, positive parenting, and personal development; (b) holistic recovery programs to help people deal with grief and trauma;(c) critical incident stress management (CISM) techniques to support psychological interventions, debriefing, and harm reduction; (d) applied suicide intervention skills training (ASIST) to prevent suicide; (e) anger management classes to support healthy relationships; (f) mental health aid for First Nations to increase awareness of pathways to recovery; (g) lateral violence workshop to improve understanding of ways that historical oppression, racism and discrimination negatively impact Aboriginal peoples.

GOALS

- Expand delivery of existing outreach services and training workshops to front-line staff within tribal council area, with emphasis on using traditional ways to help First Nations people, families and communities heal themselves. Work closely with communities to understand what is beneficial and what improvements could be made in delivery of mental health and wellness services and supports.

TEAM DEVELOPMENT

- MWT includes Director, Clinical Supervisor/Psychologist, Mental Health Therapists (3) , Addiction Counsellors (2), Residential School Resolution Health Support Workers (3), Elders and Elder Helper (2), Crisis Worker, and Administrative Support Worker.
- Team has established good relationships with partner First Nations, taking time to build rapport with front-line workers and community members. Crisis response capacity has been improved by training community staff in critical incident stress management approaches for families and communities.
- Progress has been made on identifying community-specific needs for counselling and traditional care. Additional workshops are being offered to front-line staff to enhance knowledge about approaches to addiction, grief and loss, and life skills coaching. Staff is supportive and acknowledges the importance of self-care.
- Flexible scheduling introduced to accommodate delays getting to appointments; follow-up phone calls are made when appointments missed. THERAPYMATE software is used to track client data and improve case management and coordination of care. Team uses technology, such as cell phones and email, to enhance communications among team and with community members.

CULTURE AND TRADITIONAL HEALING

- Elders are significant members of the team, carrying traditional knowledge and healing to youth and young adults in the communities and in schools. They also use ceremonies, spirituality, prayer, to help people centre themselves. WRHC also provides access to traditional medicines such as sage for personal use.
- Traditional knowledge keepers are also involved in planning for the All Nations Healing Hospital Chronic Wellness Centre and delivering cultural orientations. They also provide ceremonies in hospital, on request, for individuals recovering from serious illness or transitioning from life to death.
- Sweat lodges and other healing ceremonies are offered in the evenings to make it more convenient to attend. Ceremonies are offered in co-ed and gender-specific sessions to ensure that everyone feels comfortable about participating.

SIGNS OF SUCCESS

- Raising awareness about the MWT has increased the number of people accessing care: now seeing more self-referrals, more youth and Elders seeking care. Increased number of people are using traditional healing methods through ceremonies.
- Community members working to heal themselves for the betterment of their families and future generations. Some people who have struggled with addiction and alcohol for their whole lives are now on a path to sobriety.
- Residential school survivors who were reluctant to see therapists are now more willing to receive care. Partnership between the hospital and healing center has strengthened, with increasing referrals from hospital to the healing centre. WRHC also has expanded its services to communities, including schools.
- The WRHC serves as a model for the "Culture as Foundation" approach and has been asked to make presentations on culture, history and wellness to other mental wellness teams. Some First Nations outside of the tribal council area are requesting MWT services and cultural supports.

CONTINUING CHALLENGES AND AREAS FOR IMPROVEMENT

- Additional resources are needed to establish and maintain local counselling and cultural services to meet long-term needs of communities. On request, WRHC will help communities with planning services, such as cultural camps. If funding for accessing traditional medicine and other cultural resources is not available, however, teams will lose the trust of partner First Nations.
- Lack of resources to educate non-Aboriginal staff in mainstream health centres and hospitals means that misunderstanding about First Nations values and culture and difficulties accessing care continue. Long wait times cause anxiety; many community members become frustrated and leave before receiving care.
- Communities have continuing challenges meeting basic needs for housing, food, and security. As a further constraint, people from outlying communities often have difficulty accessing WRHC due to transportation issues, limiting their ability to access cultural services, supports, and ceremony.

- Looking towards the future, White Raven Healing Centre will continue to support their 11 First Nations community partners in developing local mental wellness teams, comprised of Elders, NNADAP workers, wellness workers, counselors, therapists, nurses, and educators.
- Once communities have selected staff to participate on their teams, WRHC will deliver the "Culture Heals" community wellness training workshops, on request, to educate front-line workers on how to improve the continuum of care. The hope is that through building capacity at the local level, First Nations individuals and families will have more timely access to culturally-appropriate traditional and mainstream care.
- WRHC will also continue to offer in-house and mobile services to First Nations individuals, families and communities, to assist them in meeting mental health, addictions and wellness needs. Reflecting resources available, these services will cultural programs, counselling, crisis supports, and gambling addiction workshops, along with access to traditional medicine, ceremonies and other supports.

ONION LAKE MENTAL WELLNESS TEAM

COMMUNITIES

The Onion Lake team, situated in the community of Onion Lake on the Saskatchewan-Alberta border 50 km north of Lloydminster, delivers services to First Nations members living on-reserve in four communities:

- Onion Lake Cree Nation (6,000 members).
- Thunderchild First Nation (2,000 members).
- Big Island First Nation (1,112 members).
- Saulteaux First Nation (950 members).

On request, the team also has delivered crisis interventions and other supports to neighbouring communities.

NEEDS

- Communities have high mental health and addiction needs.
- Identified issues include suicide ideation, suicide attempts, domestic violence, grief and loss, intergenerational trauma, and school bullying. High FASD population requires complex services and supports.
- Need to improve the community's knowledge and practice of traditions, including spiritual beliefs and practices.
- Need to set priorities through work plans, regular meetings between the MWT steering committee and partnering communities.

APPROACHES

- Holistic approach, promoting healing from the individual flowing outward.
- Strong foundation in cultural tradition which emphasizes preventive aspects of physical, spiritual, mental, and emotional health and wellness.
- Wraparound model of care, integrating cultural and clinical supports.
- Services are shared among partnering communities.

GOALS

- To enhance mental health and addictions services using a land-based philosophy; emphasis on developing culturally appropriate and multi-generational programs.
- To help community members recognize the significance of traditional teachings and heal from trauma while building a sense of belonging and identity.
- To give people the tools to heal themselves (e.g., allowing them to talk about their story, when they are ready) and include the family as a support for the individual.
- To build and strengthen family systems, encouraging healthy family life.

  To increase the resources for providing services to the high FASD population.
- To enhance training for health care providers in using wrap-around approaches to integrate mainstream clinical services (cognitive, behavioural, and reality therapy).
- To mentor and assist other communities in training, developing, and implementing traditional and cultural supports and crisis response teams.

TEAM DEVELOPMENT

- Team is grounded in traditional and cultural practices and Elder contributions are highly valued. Although some staffing changes occurred, replacement staff were hired with required skills, knowledge and commitment to collaborative, culturally-based care.
- Staff are encouraged to self-care, balancing work and family life. Special events held to recognize staff and contributions of different departments to team success.
- Team has adopted a traditional approach to care, whereby if a community member needs urgent care, they can walk in and are talk to someone immediately and decide later if they want to return for counselling.
- Emphasis on creating safe spaces for community members to receive counselling in offices or homes

- MWT has provided training for staff in Critical Incident Stress Intervention Management, Mental Health First Aid, Edu-Therapy, and Domestic Violence Intervention Training. Team assisted with crisis responses in Thunderchild and Frog Lake First Nations.
- Team continues to build partnerships with community programs delivered through the Prairie North Health Region and Keewatin-Yahttee Health Authority to improve the continuum of services provided at the community level.
- PATHWAYS case management system is being used to collect data and improve coordination of care for individuals and families.

CULTURE AND TRADITIONAL HEALING

- Emphasis on prevention using culturally relevant experiential learning and self-expression (e.g., storytelling, talking circles, art therapy, singing, dancing).
- Cultural supports and therapy (smudging, sweat lodges, family sessions with an Elder, ceremonial practices) are shared among partnering communities.
- A strong cultural base keeps the staff strong; they begin their days with a smudge and an opening prayer and, if requested, Elders may do brushing-off or letting-go ceremonies.
- Elders provide cultural supports to individuals and families (smudging, sweat lodges, individual and family sessions, pipe ceremonies, moon lodges, storytelling, talking circles, art therapy, singing, dancing).
- Ceremonies honouring the seasons are also an important part of community life (spring and fall solstice, summer and winter equinox are celebrated).
- Cultural camps, delivered collaboratively on a cost-sharing basis with other community programs, are offered to people of all ages, teaching them about traditional ways, helping them to deal with grief, connect with nature, honor life and practice traditional hunting and fishing lifestyles in a respectful way.
- Cultural support workers educate community about traditional parenting roles and responsibilities and teach youth about kinship through family tree programs.

SIGNS OF SUCCESS

- Many more families now participate in traditional practices, such as attending funerals and wakes of community members and offering support.
- Grief and loss services and supports are shaped and adapted to support families and community needs and cultural preferences.
- Cultural camps are deeply enjoyed and beneficial to those who attend; family, youth, men's camps, mother-daughter camps now offered to suit different needs.
- Team-based care is seen as more approachable than clinical services were; "open door" policy means that people who formerly would not access care, now come into centre for something else and end up requesting to talk with someone.
- Reluctance of women to access traditional care due to historical trauma and abuse has been addressed by introduction of female Elders and helpers.
- Positive feedback from the community, increased support for MWT and recognition of dedication of staff. Front line workers are now accessing services to self-care.
- Building partnerships among communities has been beneficial in promoting use of shared resources including services, training, and Elder advising.
- Strong belief that by communities working together you can heal each other.

CONTINUING CHALLENGES AND AREAS FOR IMPROVEMENT

- Scheduling counselling appointments for specific times has not been successful, so team is working on alternative ways of delivering services.
- Need to improve awareness of cultural ceremonies and their sacred nature (e.g. young people not understanding pipe ceremony, sweat lodge, naming traditions).
- Concern about health of young adults and youth, who have difficulty identifying with the community and family connections.

- Youth wellness in schools, development of preventive programs to stop bullying and prevent suicide are a priority for the coming year.
- Some interviewees also expressed concerned about overuse of technology by youth and young adults to fulfill emotional needs.
- Although there is relationship between the mental wellness team and mainstream health services and hospitals, few providers are knowledgeable about First Nations traditions and beliefs.
- Additional resources needed to support cultural training and awareness initiatives among non-Aboriginal staff of mainstream hospitals and health centres.

PRINCE ALBERT GRAND COUNCIL MENTAL WELLNESS TEAM

COMMUNITIES

The Prince Albert Grand Council (PAGC) wellness team is currently delivering services to four First Nations in northeastern Saskatchewan that have a combined population of approximately 7,300 residents, with 4,350 living reserve. All are accessible by road from Prince Albert:

- James Smith Cree Nation (3,412 members) is 58 km east.
- Shoal Lake Cree Nation (964 members) is 185 km east.
- Red Earth Cree Nation (1,748 members) is 228 km northeast.
- Cumberland House Cree Nation (1,187 members) is 309 km northeast.

NEEDS

- Unaddressed mental health issues among community members, high rates of addiction and violence, coupled with stigma surrounding these issues. Need to address concerns around lack of confidentiality in communities.
- Need to promote wellness among community members, including self-esteem, confidence, healthy relationships, and self-care. Priority on improving coping skills and promoting resiliency in people facing difficult life circumstances.
- Improve engagement of youth and adults in wellness programs. Need to support women in addressing issues of sexual abuse.
- Need for mental health therapist to support work in partner First Nations.

APPROACHES

- Strength-based approach integrates clinical, cultural, and community approaches to meet the needs of individuals of all ages and their families.
- Emphasis on using existing supports and local resources, encouraging staff to build bridges, work together, and meet the needs of community members.

GOALS

- To build community mental wellness teams and crisis response teams to provide counselling and addictions services are accessible locally and at PAGC.
- To develop and enhance relationships with various partners, through regular meetings between local MWTs, communities and organizations delivering care.
- To provide front-line staff with annual training opportunities and tools needed to build community capacity to respond to mental health and addictions issues.
- To respect and support the needs of community members, to ensure that health and wellbeing of the communities will progress.
- To utilize knowledge and wisdom of Elders in teaching community members to be respectful and honour differences in cultural beliefs among communities.
- To acknowledge the successes of community members in achieving wellness, such as recognizing sobriety milestones.

TEAM DEVELOPMENT

- Steering committee, representing PAGC (2 representatives) four First Nations (2 members from each FN), met every two months during the first year, every three months thereafter.
- Team coordinator/therapist was hired to implement program and assist communities with organizing their own crisis response and wellness teams.
- PATH Model (Planning Alternative Tomorrows with Hope) has been used to assist communities in planning their own community safety plans.
- Reflecting the needs and vision of their First Nations, each community team looks different and has developed at its own pace. Training sessions and networking meetings are held once a year to bring community teams together.
- Initial focus was on working closely with leadership to develop effective crisis response teams; teams currently working on community mental wellness supports, including cultural camps to assist in recovery from grief and trauma.

- Community MWT teams are well organized and collaborative. They also have strengthened partnerships with other agencies that deliver care, improving the likelihood that community members will access services.
- Staff understand and respect their strengths and limitations, work together to optimize care, and understand the need to support one another. When crisis occurs, debriefing interventions from the MWT help people to feel supported.
- All teams have created nonthreatening, safe and nonjudgmental care environment that breaks the stigmas surrounding mental health and wellness. Procedures to improve access to counselling after office hours developed.
- Training sessions have been delivered to build capacity of community to deliver complex care: Critical Incident Stress Management (CISM); Edu-therapy (Grief Resolution); Trauma (Residential Schools and PTSD); Applied Suicide Intervention Skills Training (ASIST), and SafeTALK (Suicide Alertness).
- Opportunities for PAGC staff and community teams to meet together as a group have strengthened working relationships, supported exchange of ideas and suggestions around implementing protocols and procedures in place. Networking opportunities have created stronger bonds between communities.
- The team has reviewed results of previous MWT evaluations and gained insights into the importance of clear goals, good communication, program coordination, effective conflict resolution, and acknowledging contributions of all.

CULTURE AND TRADITIONAL HEALING

- Cultural protocols vary from one place to another, as not everyone holds traditional beliefs. Emphasis on understanding the role culture plays and how community each defines culture, respecting the varying beliefs held.
- Elders play a central role on the teams, sharing traditional, cultural, and spiritual knowledge at meetings, workshops, retreats and events. They also are strengthening young families by passing along traditional parenting skills.
- Land-based cultural camps traditional skills workshops (e.g., moccasin making, beading, etc.) have good attendance and are enjoyed all ages. The 10-day Honouring Our Traditions (HOT) program for men and women and Good Grief Programs for youth have been offered at the PAGC holistic wellness centre.

SIGNS OF SUCCESS

- More services are being offered in the communities, with an emphasis on healthy activities and creating opportunities for community members to get involved. Increasingly, more people are hearing about the programs and are requesting and accessing services and wellness programs of their own accord.
- Youth are more involved in learning traditional skills and interested in attending cultural workshops. They are more willing to talk about sensitive topics such as bullying, violence and suicide that were not openly discussed by older generations. Family structures slowly becoming strengthened and couples are working together for the betterment of their families.
- Continuously more people attending traditional ceremonies and events. Staff sees that community members who attend cultural healing are becoming more at peace with themselves, accepting responsibility, and changing their actions. Large group of volunteers at the community level is supporting the activities of the crisis response teams and local wellness events.

CONTINUING CHALLENGES AND AREAS FOR IMPROVEMENT

- Increasing demands for counselling and cultural supports leaves staff with a demanding workload. Emphasis on training community workers to deliver crisis responses and wellness programs.
- Partnerships with other agencies take a long time to develop, as they have different agendas. Not all service providers are interested in, or committed to, the MWT's holistic approach. Some agencies are still working in silos.
- Challenges in forging closer relationships with mainstream health centres and hospitals. Non-Aboriginal staff at health centers and hospitals require education on cultural awareness and limited aftercare in communities.
- Limited funding and cost of transportation creates ongoing challenges, as difficult to bring staff from each community together for training sessions and meetings. Also limited resources make it difficult to bring traditional healers into communities or to send people outside their communities to receive specialized counselling, treatment and other supports.

LESSONS LEARNED

HELPING COMMUNITY MEMBERS FIND PATHS TO WELLNESS

This section of the report presents a "snapshot" of the successful strategies for promoting wellness that were shared by the Saskatchewan Mental Wellness Team members who took part in the interviews conducted for this evaluation. It highlights their experiences, insights and suggestions about effective strategies for helping community members achieve wellness. Their comments have been organized by topic, with the intent that the information could be used as a guide for other First Nations who wish to develop their own holistic mental wellness programs.

Specific sections outline steps which the Saskatchewan mental wellness teams took to improve health of their communities, including enhancing community awareness, overcoming stigma and trust issues that prevent people from seeking help for mental health or addictions issues, reconnecting people with their cultures and traditions, as well as recognizing and addressing continuing residential school effects and intergenerational trauma. They also shared their thoughts on the signs of success that emerged as individuals and families became healthier.

USING THE "WELLNESS" WORD

- When asked to consider the successes achieved by their wellness teams, participants were strongly in agreement that the change in terminology to describe from "mental health and addictions" to "wellness" had strongly positive effects on community members, who no longer felt they would be defined as being mentally ill or addicted if they sought care. As a manager said, "it makes a big difference" when workers are able to say "what wellness can we provide for you?" She added: "we're seeing more families ... a lot of women coming forward ... what's working is just that word wellness."

- Counsellors, therapists and support workers who delivered programs remarked that placing the emphasis on "wellness" was beneficial because shifted the focus from individuals that had "problems" to communities that had "potential" for improving the health of everyone. With few exceptions, all of the staff who took part in this evaluation had made that shift in perspective. As a supervisor noted, her staff longer referred to "clients", instead they talked about "community members who are looking for help" which underlined the importance of looking at wellness from a "whole community" perspective.

INCREASING COMMUNITY AWARENESS

- Improving awareness of wellness issues was a priority for the teams. Coordinators, managers, and front-line staff devoted considerable time and energy to working with partner First Nations to deliver information sessions and workshops to educate community members about mental wellness, addictions and related issues, such as family violence.

- People were more likely to attend educational sessions if they were held on a regular basis in "safe environments", for example, at community centres or schools rather than health centres. A manager suggested that regular meetings provided a comfortable way for community members to "learn a little bit about a particular drug or alcohol [issue] .. or relationships, parenting and onwards." Another team designated a wellness "theme for the month" to encourage staff from other community health programs and schools to collaborate.

- As well, community staff found that "wellness messages" and "notices" about education and information sessions could be shared effectively through local radio stations, newsletters, pamphlets and brochures, billboards, and displays or booths at community feasts, treaty days, or exhibitions . One of the teams was considering using "dry dances" with displays "on each side of the hall" to let people know about wellness services and supports.

- MWTs also sponsored wellness gatherings to increase awareness of wellness options among people of all ages. In one First Nation, a four-day wellness gathering to teach youth about Indigenous parenting, stress, and mental health. This event featured "special motivational speakers", youth who had overcome their addictions and achieved health.

- As well, teams placed importance on acknowledging the successes achieved when community members took steps towards wellness. One MWT recognized those who attended educational workshops by "giving certificates [honoring them as] people who are trying to better their lives". Another team made sure that those participating in intensive week-long training sessions had opportunities to take part in cultural activities that "made them feel better about themselves".

OVERCOMING STIGMA AND TRUST ISSUES

- All of the teams worked diligently to reduce the stigma around mental health and addiction issues that prevented community members from seeking care. As a front-line worker observed: "It's pretty hard to get people to come out to a workshop about depression or addictions or family violence". The stigma was

even stronger around accepting counselling because "no one wants to be identified as somebody who has mental health issues".

- Concerns about confidentiality and trust also prevented people from accepting care from local staff or visiting therapists. As a support worker said, when people go for counselling in a small community, "everybody knows why you're seeing somebody" . Although some people requested that they be sent "outside" to access counselling , this option was not always feasible, due to the distances and costs involved. Other community members were reluctant to accept help from "outside agencies" due to historical mistrust of "mainstream" health, social services, child welfare, or education organizations .

- Recommended strategies for overcoming the stigma around seeking care for mental health or addiction issues was to build trust and reinforce the message that both local staff and visiting therapists were there "to help ... not to hurt". As a counsellor said, "our work is based on the trust with our clients, because if they don't trust us, they're not going to help to heal themselves; they're not going to help to heal themselves".

RECONNECTING COMMUNITIES WITH CULTURE AND TRADITIONS

- All of the four MWT steering committees included Elders who served as spiritual and cultural advisers, helping their colleagues and partner First Nations reconnect to the traditional "cultural path" practiced locally, by offering holistic supports, including ceremonies, traditional teachings, and spiritual counselling . Teams spoke of "awakening the Elders" and encouraging them to pass on their knowledge to younger generations who lacked knowledge of their history and traditions.

- Cultural camps that taught traditional lifestyle skills, such as hunting, fishing, building cabins, or learning how to set up teepees, were a way of getting people involved and promoting healthy activities. A First Nation that had maintained its traditional lifestyle, for example, found that young adults who had been affected by trauma "had a much lighter frame of mind and ... opportunity to heal with nature" when they were taken hunting and fishing. As an added benefit, activities that took younger people "out in the bush" gave this age group opportunities to experience life away from the negative influences of technology.

- Although wellness teams lacked resources to deliver treatment programs in their communities, they offered cultural camps to strengthen individuals and families before they went into treatment programs located elsewhere. Speaking of the healing benefits of cultural camps prior to treatment, an Elder said: "We

teach them how to live the way we used to live, the clean air, and we help them deal with their grief or whatever is bothering them .. it's a healing ceremony".

- At the same time, MWTs had to make sure that cultural healing could be provided in "safe and non-threatening environments" so that people who were feeling vulnerable can participate. Some communities offered sweats, for example, in male only or female only as well as co-ed formats, so people with past histories of abuse could participate. Other teams gave women and girls the option of seeing a female Elders or Elder helpers to ensure that they were comfortable during healing ceremonies and counselling .

RECOGNIZING RESIDENTIAL SCHOOL EFFECTS

- Although there was widespread recognition that Elders were an essential part of mental wellness teams, some First Nations communities were having difficulty finding "healthy elders" to work with the wellness programs because older generations "still struggle with their own issues ".

- Some elders who had had negative experiences with residential schools were reluctant to accept counselling or other mainstream therapy; others did not want take part in any organized cultural or religious activities at all. Continuation of programs that provided support to residential school survivors and reconnected them to their communities and culture was recognized as essential part of healing those affected, their families and communities.

- At the same time, the links between residential schools and wellness issues such as addiction, sexual abuse, and family violence often were poorly understood by community members. Teams were addressing the lack of knowledge by holding workshops on residential school impacts and intergenerational trauma to educate staff and community members.

- Wellness staff also were delivering workshops at schools to help youth gain awareness of the complex ways that residential school experiences were affecting their families and communities today.

- As an Elder emphasized, there were needs to work with both survivors and younger generations to improve their awareness of residential school effects and help them understand the importance of cultural healing to "bring back what they have missed out in their lives, what they never heard, what nobody shared with them".

AKNOWLEDGING SIGNS OF SUCCESS

- One of the earliest signs that wellness programs were working was that people were starting to ask for help. Thinking about her experiences in a rural First Nation, a counsellor said she knew that it was effective because "community members know that we are here and then they come to us for support and help". There were also indicators that community members were satisfied with the services provided, because teams now were seeing more "self-referrals" and "referrals of friends and families" of those who had received care.

- Overall, the view was that "generally more people ... coming through the doors". As well, people referred for counselling or treatment "outside the community" were becoming "more comfortable accessing those services". As a coordinator remarked, "people say that ... we made a big change ... it's not the same place".

- In the communities served by the wellness teams, staff were seeing many more families attending cultural events, including sweat lodges, traditional ceremonies, pow-wows, round dances, feasts or seasonal festivals.

- Not just older generations, but younger people, men and women, community leaders and community members, were seeking cultural supports and services, which hadn't been fully utilized before.

- Women were showing a much greater interest in cultural activities than they formerly had done and, as a front-line worker remarked, it was "mostly women" attending at some events.

- At the individual and family level, community members were making positive changes in their lives and "moving forward in a more positive and healthy way". Couples were "fighting less" and youth who had been involved in bullying had "changed their life" and started to participate in community cultural activities.

- As well, people were willing to "talk about their problems and issues a lot more openly". Some were coming forward to talk about suicide thoughts or addictions problems, which had formerly not been discussed at all.

- On the topic of success, interviewees shared examples of people with long-standing addiction issues who had sought help and succeeded in achieving sobriety because "they want that for themselves and their families and their grandchildren".

- At the same time, teams recognized that those who still struggled with mental health and addiction issues should be treated compassionately with "no judgment and no stigma".

- There also was recognition that healing often took a long time, so signs of success would not always be apparent. As a counsellor said, "a lot of people are just starting their healing journeys ... we may not see changes until after we're gone and those children have children".

- The most encouraging sign of success was the positive feedback that teams received from those who had been helped by wellness programs. As an Elder said, positive responses from community members provided the most encouraging confirmation that the wellness projects were working:

> *We always get feedback with the people we help. We see them somewhere and they'll come and thank us, shake our hands [and say] 'you really helped me ... I'm on a straight road now, know who I am know, what I am doing, where I'm going'...and that makes us feel good and encourages us too, to keep on helping people.*

BUILDING EFFECTIVE WELLNESS TEAMS

Those who were interviewed shared information and advice about the strategies which could be used to build effective mental wellness teams to deliver holistic care to First Nations communities. Their comments and suggestions summarized below, outline the approaches which had worked to strengthen the ties between teams and community members, partnerships between wellness teams, community programs and outreach services, training and supporting community staff and volunteers, improving crisis responses, tailoring service delivery to meet community needs and using technology effectively.

ENSURING TIMELY ACCESS TO CARE

- At the community level, wellness teams had adopted a number of strategies to ensure that community members could access services which were available in a timely manager. Two teams offered "walk-ins" or "drop in" assessments, so individuals and families could complete an intake interview without waiting several days or weeks for an appointment.

- Another team reduced the length of its intake form " so there's not tons of red tape or paperwork that people have to fill out". Some wellness counselling programs also allowed "half hour leeway" in appointment times to accommodate people who lived in outlying areas.

- Teams recommended "going door to door" or "home visits" as an effective way of reaching those who could not or did not feeling comfortable attending community information sessions and workshops.

- Community members who had "long-standing issues" with mental health or addictions, for example, liked the added privacy offered when staff came to their homes. People also were more receptive to information or education on sensitive wellness topics when that information was shared in their own homes rather than community settings. As a volunteer noted, "people are more comfortable having somebody come into their home and talk to them."

- Offering help to people in their own homes also was viewed a culturally appropriate way of "supporting people in the community" that mirrored well-established First Nations customs for assisting those who needed. Older people who had trouble finding transportation to community clinics to attend counselling programs especially appreciated the convenience of home visits.

ENHANCING CASE MANAGEMENT AND COORDINATION OF CARE

- At a management level, teams had developed a number of strategies to improve case management and ensure that community members who sought help received all of the services and supports needed. Two teams had chosen to use "wrap-around" care approaches, that not only addressed immediate needs but ensured access to a full range of supports to promote continuing recovery (e.g. someone requesting counselling, if they wished, could talk to an Elder, addictions counsellor, or visiting mental wellness therapist, or other health care provider).

- Where cell phones or Internet are available, wellness teams were using phone calls, text messages, or emails to connect with community members and ensure that care was being provided in an appropriate way. Some staff phoned or emails to remind people of appointments .

- Other staff used texts or emails to follow-up with people to know "how everyone's doing and if they need help". As well, some wellness workers used community *Facebook* pages to distribute notices about information sessions or cultural events.

- In turn, community members were using technology to connect with the wellness teams. They used phone calls, emails, and texts to make appointments and find information about where to go for particular services.

- There was, however, a generational difference: while older people usually phoned or emailed, texting was a favoured method for youth. As an Elder observed, youth often seemed to be more comfortable texting than talking about their issues: "Give them a card and they might text you a couple hours later and ... describe and talk about their problems."

- MWTs emphasized the importance of building case management capacity in the partner First Nations to improve care offered to individuals and their families. Although all four teams were using software to track services and identify areas for improvement, there was a need to provide continuing education to ensure that front-line staff understood case management models and how the data collected could enhance the coordination of care at the local level.

- Community staff also needed information and coaching about practical strategies to strengthen their ability to communicate effectively with clients and care providers. They needed to understand "how to work with the client plus their families and community members" and "communicate with doctors, the nurses and the mental health teams" to ensure good outcomes for everyone involved.

IMPROVING CRISIS RESPONSES

- When crises occurred, the "whole mental wellness team" including clinical staff, Elders, and holistic therapists travelled into communities on request to deal with the resulting grief and trauma.

- All four teams had been called out to help with crises during the past year, to assist with accidents, natural disasters, and other emergencies in their partner First Nations, neighbouring towns and other communities.

- To improve ability to respond to crises locally, the teams also devoted considerable time to assisting communities with organizing local crisis response teams and training front-line workers to deliver specialized counselling and educational sessions to help people deal with grief and loss.

- Some teams had established local policies and procedures that streamlined crisis responses. They typically established around-the-clock "crisis lines" and had "call out lists" to ensure quick and effective responses when emergencies occurred. These protocols improved coordination of crisis care by determining ahead of time who was available and the tasks they would do.

- Being well organized also ensured that individuals and families who experienced sudden deaths or trauma would be cared for promptly, thereby preventing further tragedies from occurring.

ESTABLISHING PARTNERSHIPS WITH AGENCIES, HOSPITALS AND HEALTH CENTRES

- While the types of partnerships varied by location, each team had established collaborative relationships with other organizations that delivered programs and services to partner First Nations. One local team, for example, had worked closely with a local RCMP detachment to improve crisis response procedures and protocols. Other teams reported collaborating with child and family service organizations to deliver youth and family camps. Wellness teams also worked closely with schools to develop and deliver anti-bullying and suicide prevention programs for children and youth.
- While there was agreement that the MWTs had experienced some success in making hospitals, treatment centres and mental health centres more aware of local cultural counselling and other supports, there was need for improvement in coordination of care.
- Some hospitals had discharged community residents without making arrangements for specialized counselling and other aftercare; staff in hospitals often were unaware that specialized services, such as therapy, were unavailable in rural and remote areas. A counsellor said: "they will get sent home; but there's no contact made to any of the agencies within the community, so that individual gets lost." He added: "there needs to be something that helps with that transition."
- Although all of the MWTs were building effective partnerships with mainstream health care organizations that served their partner First Nations communities, ongoing needs for cross-cultural training were identified by some interviewees. They felt that mainstream health centres and hospitals were not particularly welcoming for Aboriginal people nor were they understanding of First Nations cultural practices and ceremonies.
- MWTs representatives recommended resources should be allocated for cross-cultural training for non-Aboriginal physicians and nurses to improve cultural awareness and knowledge of First Nations communities.

AUGMENTING KNOWLEDGE AND SKILLS OF COMMUNITY STAFF

- Transferring knowledge and skills to community front-line workers was an equally important activity to build the confidence and capacity of wellness teams. Each MWT offered training to assist local staff in preventive programs, such as suicide awareness and intervention programs. They also were offering workshops to improve crisis responses at the local level. As a result, some First

Nations were now "doing their own mental wellness and crisis support". There also was evidence that communities were networking, forming linkages with other communities that had experienced similar problems. Others were sharing traditional services with First Nations that had common cultural traditions or ceremonies.

- MWTs also strongly encouraged communities to recruit "volunteers" or "natural helpers" that assisted their teams in providing cultural and practical supports. Not all communities, however, were equally successful in engaging natural helpers or volunteers.

- Some places had a several volunteers to assist with health promotion and cultural programs; other places found that in spite of training, they could not find enough "healthy volunteers".

- Several interviewees emphasized that the cultural work done by volunteers was equivalent to the work being done by paid staff and should be compensated, if resources became available.

SUPPORTING COMMUNITY STAFF AND VOLUNTEERS

- Recognizing the need to support their staff, managers and supervisors had taken training in delivery of workplace wellness initiatives. Workshops on self-care and debriefing were needed to ensure the "safety and wellness" of team members by strengthening them spiritually and culturally.

- As a staff member observed, self-care and debriefing was critical to the success of teams "because if we don't take care of ourselves, we can't really be efficient in helping other people". Front-line workers also "want strategies, things in their toolbox" to help balance work and family life. Those who delivered outreach services, travelling long distances to deliver care to rural and remote areas also needed support to alleviate the stresses of long work days and travel time. As a coordinator emphasized, conversations around "workplace mental health" were necessary and needed to build and sustain mental wellness teams.

- MWTs also sponsored special workshops, retreats and celebrations to honour the contributions of front-line staff and volunteers. One team held "appreciation breakfasts" to recognize and reduce trauma for community partners who assisted with crises. The event also brought ceremony and prayer to staff and their workplace to ground staff after experiencing a traumatic event. . As support worker advised, teams needed to "be grateful for your community staff and volunteers, because it's so hard to get them".

RECOMMENDATIONS – LOOKING TOWARDS THE FUTURE

Not surprisingly, the success of the wellness teams in bringing holistic care to their First Nations communities over time had improved awareness of wellness needs, which in turn increased demands for services and created a number of resource challenges. As interest in wellness services and supports increased, teams had to find ways of responding to increasing requests from communities for information, education, cultural counselling and other supports. They identified a number of priority areas in which, resources permitting, team services and supports could be improved. Their thoughts on these issues, along with their suggestions to other First Nations interested in team-based care, are summarized in the following sections.

RESOURCE CHALLENGES AND AREAS FOR IMPROVEMENT

A. MEETING DEMANDS FOR SPECIALIZED CARE

- While the four Saskatchewan mental wellness teams had made considerable progress improving awareness of wellness issues and building local cultural supports, the consensus among those interviewed was that having sufficient resources to deliver needed clinical counselling services supports to residents of their partner First Nations.
- Although each team had made progress in training local workers, teams were "not yet there yet" in having the resources to hire "more highly qualified professionals" to deliver specialized counselling for community members who were experiencing addictions or mental health issues.
- While most of the mental wellness teams had sufficient resources to send therapists into partner communities for a few days each month, the needs in some First Nations outstripped the resources available. In some communities, a full-time counsellor was needed to meet local demands for services and supports.
- When existing therapists were "overbooked" the only option was to put community members on a "waitlist" for counselling or send them to towns or cities where mental health services were available. The alternative of sending people elsewhere for care, however, was "unfortunate for the individual" who had to be separated from home and community. It was also very costly financially and emotionally to the families involved, when they lacked resources to travel to the locations where their relative was receiving care.

B. SUPPORTING CULTURAL HEALING AND LAND-BASED ACTIVITIES

- Existing resources were believed to be insufficient to meet demands for Elders and traditional healers to support cultural healing and support programs. Some communities did not have any Elders or healers resident locally and could not afford to bring them into the community on a regular basis. Other communities had Elders, but not enough to meet demands for cultural healing, ceremonies, and traditional teachings .

- As well, partner First Nations frequently had difficulty finding funds to meet demands for health promoting cultural activities, such as land-based camps or skills-based workshops. The demand for cultural camps for youth and families was increasing and, when the teams did not have resources to support such healthy activities more than once or twice a year, the waitlists were long and disappointments apparent.

- At the community level, there was a lack of funding to teach cultural skills and crafts, such as beadwork or making traditional clothing, that not only reconnected people with their culture but brought youth and elders together in a healthy environment. Although resources to support these cultural activities had formerly been provided through other community programs, such funding was no longer available.

C. STRENGTHENING CASE MANAGEMENT SKILLS

- Funding to provide case management training (such as the Circles of Care model) and hire additional staff with management skills was an additional priority to improve the coordination of care. There was agreement that additional resources to support training and hiring of case managers in partner First Nations also would alleviate some of the present challenges around coordinating care.

- As the situation was, workers in other community programs, such as *Brighter Futures*, often were asked to take on these tasks in addition to their ongoing responsibilities, which made for a very long workday, indeed. As a counsellor emphasized, without a "strong manager, it's a lot more difficult" to develop a wellness team and ensure that front-line staff and visiting providers worked effectively together; in his opinion, communities which lacked such expertise "haven't progressed as quickly" as those which had staff with required management skills.

D. RESOURCES TO SUPPORT NETWORKING

- The consensus was that teams developed more effectively if they had resources to support networking and training activities in collaboration with other mental wellness teams and partner communities. Wellness teams also invited affiliated agencies and organizations to attend joint education sessions.
- Although costly to deliver, due to transportation costs and the distances involved, networking meetings and shared training sessions were viewed as being beneficial both to the wellness teams and community partners.
- Meetings and education sessions, for example, gave managers and staff opportunities to share practical knowledge about the strategies which were effective in their communities. Shared sessions encouraged wellness staff to learn from one another, creating a safe environment in which they could be "honest and open about what didn't worked and worked".
- As a manager said, knowing "other mental wellness teams, how they did it, where they're at, those ideas help too, because if you don't have that, it's a struggle and it take time to figure things out".

E. SUSTAINING AND ENHANCING THE MENTAL WELLNESS TEAMS

- Without sustained funding, it is hard for teams to talk with their communities and plan ahead for future improvements. Interviewees who discussed sustainability of the services currently provided by the four Saskatchewan mental wellness teams emphasized that it ongoing funding does not materialize, partner First Nations and agencies will become disappointed and lose confidence in the wellness teams and service provided.
- On this issue, representatives of the MWTs recommended continuation of existing funding for the wellness teams and, ideally, additional resources to expand staff outreach services and staff training at the community level. Summing up these issues, a front-line staff member said:

> *If we don't have the proper funding, even within our own agencies, a lot of times we are having to cancel out our commitments to communities, which is a huge thing to the communities ... and ... it could be very damaging ...because they don't have the funds themselves to be able to follow through. So I guess that would be my only request, 'just give us more money please'.*

ADVICE TO OTHER FIRST NATIONS

Those who were interviewed recommended that other First Nations who were considering team-based care should take to heart the lessons that had been learned by the four Saskatchewan mental wellness projects. The emphasized patience and persistence, keeping in close touch with communities, building capacity through training and education, and understanding the advantages of team-based care.

A. HAVE PATIENCE, IT TAKES TIME

- Although everyone wants to see improvements in care as soon as possible, from a practical perspective building wellness teams takes a considerable amount of time due to delays and challenges encountered. On this topic, the advice was to "keep an open mind, have patience; like bumps in the road, they're learning curves, they help you grow ...eventually things will change, people will change, things will get better".
- Another person said "everything takes time, so just keep at it". The message to other First Nations was "not to give up ... when you see people changing and trying to do better for themselves ... the rewards are great". In talking about the time required, managers and coordinators emphasized that, while planning was important, there was a point at which planning needed to be replaced by action.
- Recounting the time taken to develop a community program, a coordinator said: "Finally we said, let's just do it, stop talking and do it ... the right people will show, the right outcome will happen, because we're doing it with good intention."

B. LISTEN TO YOUR COMMUNITIES

- Program managers and coordinators advised "listening to the communities and what their needs are and what their wants are" was an essential first step and ongoing requirement for ensuring that team-based care met community needs.
- A manager said that communities were the "experts" when it came to defining preferred ways of accessing care and priority needs: "Our people are going to give us feedback on what they want and what they need in their community".
- Coordinators and supervisors also encouraged front-line workers to take time listen to community members "share their stories". By listening, staff gained a better understanding of individual and family needs and community preferences.

- As well, community members whose voices were heard felt more confident about reaching staff when they needed help. People who felt that their stories had been listened to in a respectful way were more likely to share their experiences and recommend that others seek care, building confidence in the services provided.

- While it was recommended that teams "focus on the culture" of their communities as the best way to promote healing and wellness, interviewees advised that staff should "not deliver the same program" in every community; they should "listen to community members and frontline workers as to what they need".

- Teams also needed to respect cultural diversity and "know where people come from ... and not push our belief on them". "A lot of listening" and informal "conversations" between staff and community members helped teams understand what types of cultural supports were acceptable and would work well in particular communities. As an Elder advised, "believe in your ways, believe in yourself ... believe in the spirit of your ancestors".

C. BUILD CAPACITY THROUGH EDUCATION AND TRAINING

- Looking toward the future, interviewees emphasized the importance of continuing education and training so First Nations could deliver their own wellness programs and "not rely on other agencies". The hope was that if community-based teams can be given "a good start, the changes will continue for a long time". Over the longer term, having a "continuing conversation" about wellness raised community awareness and increased the likelihood that people would continue to use services.

- There were additional needs to ensure that MWTs teams, at both the tribal council and community level, offered training to improve the management skills of staff. As an educator observed, teams "needed to be managed" to ensure that those involved could communicate and work co-operatively with local leaders and members and, if needed, resolve any differences of opinion that occurred.

- At a local level, there was a corresponding need to improve case management skills so mental health, addictions and other wellness staff could work collaboratively with staff from other community programs to provide a comprehensive range of services and supports to improve outcomes for individuals and families requiring care.

D. UNDERSTAND ADVANTAGES OF TEAM-BASED CARE

- Overall, the MWT managers and staff were in agreement that First Nations and other organizations considering team-based wellness initiatives should understand that this model of care, in spite of challenges and time taken to implement, represented an effective and strong way of providing care.

- They viewed teams as "a positive, supportive way of doing things ... a lot stronger than different individuals doing things by themselves". Collaborative approaches also were culturally strong, reflecting First Nations beliefs in the value of "supporting people in community as it was traditionally done".

- Managers and supervisors underlined the strengths which developed, when they provided training and encouragement for First Nations to develop their own wellness teams and work in collaboration with existing programs. As a coordinator said, the success was demonstrated by the "amazing" numbers of community members who came for support and help. Another coordinator saw that quality of services improved when everybody who was delivering care worked "for the community" instead of for their own particular program.

- Other people were impressed by how well their teams functioned when they were called out to assist with crises in other communities. As a team member said, "we join their team versus being the team ... and then we'll work together".

- Summing up the opinions that many others shared, a supervisor recommended that other First Nations should not just consider team-based care as an approach suitable for mental wellness teams, but should consider similar collaborative approaches as a suitable strategy for improving the delivery of mental health, addictions, and health promotion programs in their communities. She said:

  > *Just go for it and think about your community ... just do what your community needs and use the strengths of the people already in the communities to build from there ... you don't have to go anywhere else, everything you have is right there in your community ... look for the best of that and work with it.*

APPENDIX A – SASKATCHEWAN MWT STEERING COMMITTEE 2014-16

Beverly Peel	Athabasca Health Authority Wellness Team
Gaye Hanson	Athabasca Health Authority Wellness Team
Elaine Lavallee	White Raven Health Centre Wellness Team
Dianne McKay	White Raven Health Centre Wellness Team
Bernadene Harper	Onion Lake Wellness Team
Bonnie Barks	Onion Lake Wellness Team
Alice Jimmy	Onion Lake Wellness Team
Joan Breland	Prince Albert Grand Council Wellness Team
Linda Cairns	Prince Albert Grand Council Wellness Team
Wanda Seidlikoski-Yurach	Prince Albert Grand Council Wellness Team
Jeremy Shaw	Health Canada, FNIHB, Saskatchewan Region
Auralee Gettis	Health Canada, FNHIB, Saskatchewan Region
Dawn Sinclair	Health Canada, FNHIB, Saskatchewan Region

APPENDIX B – DOCUMENTS REVIEWED

Health Canada:
- Mental Wellness Teams Concept Paper (2007)
- Guide to Development of the First Nations Mental Wellness Teams (2008)
- Mental Wellness Teams Performance Measurement Indicators (2012)
- Mental Wellness Teams Scope of Practice Guidelines (2013)
- Saskatchewan Region Mental Wellness Team Submission (2013)
- Mental Wellness Teams Continuum Framework Summary Report (2014)
- Mental Wellness Teams Community of Practice Report (2014)
- Mental Wellness Teams Key Learnings from Eight Projects (2014)
- Mental Wellness Teams Annual Reports (2014)
- Mental Wellness Teams Templates (2014)
- Mental Wellness Teams Reporting Guidelines (2014)
- Implementation of the First Nations Mental Wellness Continuum Framework (2015)
- Saskatchewan Region MWT Steering Committee Minutes (2014)
- Saskatchewan Region MWT Steering Committee Minutes (2015)

Athabasca Health Authority:
- Mental Wellness Team Proposal (2013)
- Mental Wellness Team Annual Report (2014)
- Mental Wellness Team Workplan (2014-15)

File Hills – Qu'Appelle White Raven Healing Centre:
- Mental Wellness Team Proposal (2013)
- Mental Wellness Team Program Summary (2014)
- Cultural Mental Health Addiction Services (2015-16)
- Workshops and Community Wellness Training (2015-16)

Onion Lake:
- Mental Wellness Team Proposal (2013)
- Mental Wellness Team Annual Report (2014)
- Mental Wellness Team Workplan (2014-15)

Prince Albert Grand Council:
- Mental Wellness Team Proposal (2013)
- Mental Wellness Team Workplan (2014-15)
- Program Summary (2016)

APPENDIX C - INTERVIEW QUESTIONS

1) Could you tell me how you became involved with the wellness project?
2) In your view, has the wellness project strengthened partnerships among providers?
3) What did the wellness project do to make it easier for people to get counselling?
4) What did the wellness project do to strengthen culture and traditions?
5) Since the project started, are health centres and hospitals more open to helping people?
6) Have you seen changes in way people seek help?
7) Has traditional care, such as land-based camps or ceremonies, been strengthened?
8) Are therapists/holistic wellness workers more often sending people to community counsellors and Elders for care?
9) Overall, what signs do you see that the wellness project is working?
10) What has the wellness team done to strengthen community staff and other caregivers?
11) From your perspective, what is the best lesson learned from the wellness project? What advice would you give to other First Nations considering using team-based care?
12) Is there anything else that you would like to share about the wellness project, the team, and its work in your community?