

# *Pathways to Well-Being*

**Walking in Two Worlds  
Workshop Report**

**June 28, 2017**



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Northern Ontario  
School of Medicine  
École de médecine  
du Nord de l'Ontario



*Elder Audrey Deroy, Fort William First Nation*

*It is indisputable that racism, colonization, assimilationist policies, structural discrimination, land theft, and the residential school system have contributed to high levels of cultural disruption, trauma, health inequities, addictions, suicide risk and suicide in many communities (White, Mushquash, 2016).*

## **ACKNOWLEDGEMENTS**

The Northern Ontario School of Medicine (NOSM) would like to thank the members of the *Pathways to Well-Being* workshop organizing committee: Dr. Sheila Cote-Meek, Associate Vice-President, Academic and Indigenous Programs, Laurentian University; Cynthia Belfitt, Indigenous Counselor and Student Engagement, Laurentian University; Dr. Christopher Mushquash, Canada Research Chair Indigenous Mental Health and Addiction; Tina Armstrong, Director Indigenous Affairs, NOSM, and Dr. Penny Moody-Corbett, Associate Dean Research, NOSM.

The Committee would also like to acknowledge the financial support of NOSM, Health Canada and Bell Canada.

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## MESSAGE FROM NOSM

The *Pathways to Well-Being* workshop was focused on the crisis that exists with the extremely high number of suicides in Northern Ontario, in particular among Indigenous youth and children. The seed for the workshop originated from the Indigenous Research Gathering 2016, in which Elders, Indigenous community members, and researchers came together to talk about Indigenous health research in Northern Ontario. In the days and weeks leading up to the Gathering, several Northern Ontario Indigenous communities had suffered tragic losses as a result of youth suicides. This became a topic of discussion at the Gathering and the *Pathways to Well-Being* workshop was planned with a focus on promoting life and life skills, and identifying strengths of communities to address the crisis of youth suicide.

Over 90 participants attended the *Pathways to Well-Being* workshop, including representatives from Youth Councils, NOSM's Elders Council and Indigenous Reference Group, First Nations and Métis Health Councils, and community leaders. We were honoured to have with us Grand Chief Jonathon Solomon of the Mushkegowuk Council; Deputy Grand Chief Jason Smallboy, Nishnawbe Aski Nation; Riley Yesno, representative from the Prime Minister's Youth Council; and, a number of government representatives, including the then Minister of Health and currently the Minister of Indigenous Services, the Honourable Jane Philpott; the Minister of Employment, Workforce Development and Labour, the Honourable Patty Hajdu; Federal MP and Parliamentary Secretary to the Minister of Indigenous Services, Don Rusnak; Associate Deputy Minister of Health, Christine Donoghue; and, Director of Northern Operations, Health Canada First Nations and Inuit Health Branch (FNIHB) Ontario, Lee Cranton.

Minister Philpott provided opening remarks regarding the importance of the *Pathways to Well-Being* workshop for Canada and in particular, the many isolated, northern, and remote communities in which suicide is such a problem, and where employment opportunities are limited. Minister Philpott took the opportunity to recognize the importance of research in understanding the causes of suicide—specifically research which seeks solutions to this crisis. She reminded us that wellness begins at birth and we need to attend to children, youth, and family from the very earliest moments of life.

We were fortunate to have Dr. Ed Connors, Clinical Psychologist and member of the Kahnawake Mohawk Territory, as the keynote speaker. Dr. Connors talked about the need to promote language and cultural identity, strengthening social capital and the role of families and

parents to ensure healthy child development. He stressed the importance of physical, spiritual, behavioural, and mental wellness in promoting Purpose, Hope, Belonging and Meaning.

Reflecting on the day, Grand Chief Jonathon Solomon spoke thoughtfully and passionately, and left us with the message that children need to be children, teens need to be teens, and parents need to be parents. The future rests with communities and the path forward has to be driven by community.

The success of the *Pathways to Well-Being* workshop will be measured by how well we are able to work together in and across communities so that youth have meaningful, productive futures, living and working in Northern Ontario.

Thank you to those who supported and attended this workshop.



Dr. Roger Strasser  
Professor of Rural Health  
Dean and CEO



Dr. Penny Moody-Corbett  
Associate Dean, Research  
Senior Associate Dean



Tina Armstrong  
Director,  
Indigenous Affairs

## 1.0 EXECUTIVE SUMMARY

Suicide is a reality for Indigenous Peoples. It has been well documented that suicide rates are higher in Indigenous communities compared to the general population of Canada. While some communities have not experienced suicide for the last several years, too many communities have much higher rates of suicide than those found in non-Indigenous communities. It is estimated that in Canada the rate of suicide among First Nation's youth is five to seven times that of non-Indigenous youth.<sup>1</sup> Numerous reports and policies have been drafted with recommendations on how to deal with suicide in Indigenous communities and yet many communities still face the trauma of suicide as a regular occurrence.



*Recognize and respect diversity in communities and between communities.*

The *Pathways to Well-Being* workshop was an initiative of the Indigenous Affairs Unit and the Research Portfolio at the Northern Ontario School of Medicine (NOSM). Its focus was on promoting life and life skills in order to address concerns raised about the higher than average suicide rates in Indigenous communities, particularly those in Northern Ontario. The aim was to bring together Youth, Indigenous leaders, Elders, government representatives and health-care providers to establish strategies to address the topic of suicide prevention and promote life and life skills. It was also hoped that the workshop would provide an opportunity to identify members of a Steering Committee (with representation from Indigenous youth, community leaders and Elders) with the specific task of developing immediate, short and long-term goals and a multi-year action plan for *Pathways to Well-Being*.

In the morning, guest speakers shared their knowledge and experiences, which enhanced the World Café discussions held in the afternoon.

<sup>1</sup> Health Canada, October 2016, <https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/health-promotion/suicide-prevention.html>



*The World Café provided an opportunity for participants to share challenges, success stories, and ways forward.*

The World Café focused on five themes:

1. Traditional ways;
2. Meaningful conversations – staying engaged;
3. Role of community and communities;
4. Role of the health workforce; and,
5. Partnerships, collaborations and other influences.

Recommendations from the World Café highlighted the need for land-based learning/activities and the importance of cultural learning and training for all peoples while recognizing and respecting the diversity in and among communities. The importance of language was also mentioned several times with participants discussing the role of language immersion for the young. Participants recognized the need for networking and collaboration among communities to share ideas and success stories, as well as the importance of education, not only around current issues, but also for assisting people with career choices. It was reiterated that models of kindness need to be rekindled and utilized within communities by all citizens. Specific recommendations were made for NOSM focusing on utilizing the tools and skills the School has to assist with advocacy, coordinating, capacity building and accessing funds.

## 2.0 INTRODUCTION

Every Indigenous generation has their challenges; past generations have survived devastating traumas as a result of residential schools, the Sixties Scoop, the Indian Act, loss of identity, Bill C-31, alcohol and substance abuse, loss of language, and loss and forced removal of land base, etc. This generation is faced with the trauma of high rates of suicide, especially among children and youth.



*It has been well documented that suicide rates in Indigenous peoples in Canada are higher than the general population.*

The loss of human life through suicide is a tragic reality among Indigenous populations. It has been well documented that suicide rates in Indigenous peoples in Canada are higher than the general population (Health Canada, 2003; Khan, 2008; Kirmayer et al, 2007; Mehl-Madrona, 2016).<sup>2</sup> For the First Nations population, suicide rates are up to five times the national average and show no signs of decreasing. Some communities have had “epidemics” of suicide, while others have had few or no suicides for several years. Statistics and information on suicide rates among Indigenous populations are provided by several sources, including Health Canada, which is a clear indication of the importance of this issue in Indigenous populations and Canada. Several key policy documents have also been produced over the last 30 years to address the suicide epidemic along with recommendations on what can be done.

In September 2005, NOSM welcomed its first medical students becoming the first new medical school in Canada in over 30 years, and only the second new medical school in North America during a similar period. It is the first Canadian medical school hosted by two universities, over 1,000 kilometres apart, and serves as the faculty of medicine for Lakehead University in Thunder Bay and Laurentian University in Sudbury. The School prides itself on the development and delivery of a distinctive model of distributed, community-engaged, and socially accountable medical education, with all of Northern Ontario viewed as the campus of NOSM.

A progressive institution, NOSM is committed to moving forward to address the continuing disparities and inequitable access to culturally safe health and social services for Indigenous peoples. The *Pathways to Well-Being* workshop was an initiative of NOSM’s Indigenous Affairs Unit and the Research Portfolio to focus on promoting life and life skills in order to address concerns

<sup>2</sup> A Google search will produce numerous documents and media reports about suicide in Indigenous communities. An article in the *Globe and Mail* on July 17, 2017 described two different First Nations experiencing high levels of suicide rates. We have also included a reading list of a few key articles including a recent report by White and Mushquash, 2016.





*The Pathways to Well-Being workshop was attended by Elders, youth, community leaders, NOSM undergraduate learners and residents, and health-care providers. Pictured are Valerie Oshag, Nishnawbe Aski Nation, Youth Representative (left) and Michael Moore Youth Executive Council, Grand Council Treaty #3 (right).*

raised by higher than average suicide rates, particularly among children and youth, in Indigenous communities across Northern Ontario. The aim was to bring together youth, Indigenous leaders, Elders, government representatives and health-care providers, who are confronting this problem in Northern Ontario communities, to establish strategies that focus on suicide prevention and the promotion of life and life skills.

NOSM has over 1500 faculty members and learners distributed in more than 90 communities across Northern Ontario, including over 40 Indigenous communities, First Nations and Métis. Together with partner organizations, including Lakehead and Laurentian Universities, the Academic Health Sciences Centres (Health Sciences North and Thunder Bay Regional Health Sciences Centre), and hospitals and health-care providers, NOSM, with its mandate of social accountability, is in a particularly pivotal position to impact change in the communities it serves.

People living and experiencing life in Indigenous communities also recognize solutions to issues of suicide. Elders, youth, and community leaders have indicated a need to further develop these solutions in order to address these issues. The *Pathways to Well-Being* workshop was attended by youth, NOSM undergraduate learners and residents, Elders, health-care providers and leaders, who gathered to discuss and share successes, challenges and opportunities.

The workshop began with a keynote address from Dr. Ed Connors, followed by a World Café approach to discussions on the following five themes:

1. Traditional ways ;
2. Meaningful conversations – staying engaged;
3. Role of community and communities;
4. Role of the health workforce; and,
5. Partnerships, collaborations and other influences.

### 3.0 PURPOSE AND OBJECTIVES

The purpose of the workshop was to focus on promoting life and life skills in order to address concerns raised by higher than average suicide rates in Indigenous communities, particularly in Northern Ontario, and particularly among children and youth.

The primary objectives of this project were to:

1. Bring leaders, youth and Elders together;
2. Identify community strengths;
3. Offer an opportunity for the exchange of ideas; and,
4. Establish strategies around the promotion of life and life skills.

The goal of the workshop was to build on the strengths of communities to develop a network of support within and across communities for youth to choose positive paths forward, while understanding and appreciating traditional values, history, language and culture.

It was also the intent that the workshop would provide an opportunity to identify volunteers to participate in a *Pathways to Well-Being* Steering Committee, with representation from across the region, in particular Indigenous youth, community leaders and Elders. The aim of the Steering Committee would be to develop an action plan from the workshop recommendations, including a timeline, indicating immediate, short and long-term goals, to consider strategies to build on community strengths and promote life and life skills. NOSM's Indigenous Affairs Unit and Research Portfolio would provide the initial administrative support for this Steering Committee, but the committee would be expected to seek funding for a five-year plan to sustain its activities.



*Pathways to Well-Being workshop participants stressed that it is important for young people to know who they are, their nations, names, clans and rites of passage.*

## 4.0 GUEST SPEAKERS

*“Culture is treatment.”*

In keeping with the traditions of Indigenous Peoples, Dr. Roger Strasser, NOSM Dean and CEO, introduced Elder Tom Chisel who acknowledged the traditional territory of the Fort William First Nation and conducted an opening prayer. Elder Tom also shared a morning song and water song with the participants.

Michelle Solomon, Councillor representing Fort William First Nation, welcomed the participants to the territory indicating the importance of this gathering being hosted in a traditional gathering place for Indigenous Peoples. She briefly shared the importance of Mount McKay as a significant spiritual place still utilized by Indigenous Peoples. She also acknowledged the presence of Indigenous youth attending the workshop and the importance of Indigenous youth being strong and healthy as future leaders in our communities.

Tina Armstrong, NOSM Director of Indigenous Affairs and Dr. Penny Moody-Corbett, NOSM Senior Associate Dean and Associate Dean, Research, acknowledged the members of the organizing committee and Elder Tom Chisel, and explained that the seed for the World Café was planted at the 2016 Indigenous Research Gathering.



Dr. Roger Strasser addressed the participants explaining that NOSM is “No Ordinary School of Medicine.” He stressed the importance of youth, but also the importance of seeking guidance from Indigenous Peoples to continue to ensure NOSM is an Indigenous friendly school. He explained that this workshop stems from comments at the 2016 Indigenous Research Gathering regarding problems of suicide and also the lack of youth participation at that Gathering. Dr. Strasser said the School is committed to listening to the feedback of Indigenous Peoples in order to ensure a reciprocal relationship is established and maintained.

*“You are the experts. Indigenous communities have to hear the cry of birth. There is a need for Indigenous Peoples to connect to the lands including the young.”*

The Honourable Patty Hajdu, Minister of Employment, Workforce Development and Labour and Member of Parliament for Thunder Bay-Superior North introduced the Honourable Jane Philpott, Minister of Health. Minister Philpott stated that she is a fighter for equity and vulnerable peoples. She indicated the most critical issues are Indigenous health in general, and youth suicide in particular, while recognizing that “you in the room are the experts.” Her address also acknowledged the health inequities among Indigenous Peoples, highlighting statistics that indicate life expectancies are low, and recognized past discriminatory policies and the legacy of colonialism in Canada.



***Former Minister of Health and currently Minister of Indigenous Services, the Honourable Jane Philpott***

Minister Philpott shared that all social determinants of health need to be addressed, including the ability to access clean drinking water and having clean air to breathe. She mentioned the Truth and Reconciliation recommendations and indicated her willingness to listen to the Elders who had expressed three key themes: the solutions to the challenges in improving health and well-being (i.e., within the communities); prioritization needs to be on Indigenous ways of being, knowing and doing; and self-determination is critical. She also noted the importance of birth wellness and shared that wellness of newborns cannot be achieved by families being separated shortly after birth. She then quoted Mohawk Elder Jan Longboat (Turtle Clan, Mohawk Nation) saying “Indigenous communities have to hear the cry of birth.”

Minister Philpott stated that there is a need to restore the ‘cries of birth’ in the Indigenous communities. She spoke of Jordan’s Principle - the child-first principle introduced in Parliament in

2007, which provides that First Nations children will not be denied essential public services or experience delays in receiving them because of jurisdictional disputes. She also indicated that mental wellness research is needed to address why some communities have lower suicide rates than others. She reminded attendees that First Nation leaders have recommended a “mental wellness continuous program” with a focus on hope, belonging, meaning and purpose. She shared information on a suicide prevention strategy launched by the Inuit, which focuses on social equity; mentoring healthy children; continuity to mental wellness; healing unresolved trauma and grief; and, mobilizing knowledge.



***Riley Yesno, Eabametoong First Nation and a member of the Prime Minister’s Youth Council***

During Minister Philpott’s speech she announced funding for the Indigenous Mentorship Network Program, which will focus on Indigenous students pursuing careers in health research. She wrapped up her address by indicating the need for Indigenous Peoples— especially young people—to connect to the lands, and the importance of “increasingly more research done by Indigenous health-care researchers on the issues that are of importance to them.”

Minister Philpott then introduced Riley Yesno, a member of the Prime Minister’s Youth Council. Ms. Yesno explained that she is an Eabametoong First Nation woman living in Thunder Bay, where she attends high school. She shared her experiences on the Minister’s Youth Council as a First Nation youth and indicated she advocates



**Keynote Speaker, Dr. Ed Connors**

on behalf of First Nations with a particular interest in missing and murdered women. Ms. Yesno spoke of her passion for equity for Indigenous Peoples in Canada and her future plans on continued advocacy for Indigenous Peoples.

The keynote speaker was Dr. Ed Connors, Onkwatenro'shon, who spoke about Mino Bimaadiziwin with a focus on living a good life with attention to whole wellness. He first provided some historical context in relation to Indigenous Peoples, who have been focusing on a truth that is not theirs, which has created many issues. He expressed his belief that wisdom is understanding and that knowledge over time becomes truth. He explained that over his journey of learning, what he first knew as truth and knowledge is not what he now understands as truth.

He shared his experiences in working with Elders and the importance of language, enabling them to participate and translate. He said that the Elders talked about focusing on how to live a good life, how to extend life as death is inevitable, but using traditional teachings to connect to life. Dr. Connors spoke of the teaching about the contract each individual has with the Creator explaining that it is about coming into life, living life and returning to the spirit world. He explained that the focus has been on suicide prevention which has increased suicide so there is an urgent need to change the mindset putting the emphasis on promoting life that comes from our knowledge and our teachings. Dr. Connors mentioned a document titled *We Belong: Life Promotion to Address Indigenous Suicide* as an important document to understand the need to change the focus. He also referred to the Assembly of First Nations Youth Council's Calls to Action as another important document.

He shared that both Elders and Youth were asked why young people are taking their lives or attempting to take their lives and their responses were very similar: 'we don't know who we are, we don't know our histories.' The youth said they can't approach the Elders and the Elders said the youth don't want to learn. So with this knowledge from the questions and responses, the communities made camps and brought the Elders and Youth together to share knowledge and learn. He explained how this is a success story which can be repeated in other communities. He also stressed that it is important for Indigenous peoples to understand who they are, where they come from, what their purpose is, and where they are going. He recommended that they look to the teachings to help find these answers.

Dr. Connors also explained how he has worked with Elders on cultural re-development as another success to promoting life. Dr. Connors shared how child welfare agencies were created and the harm they cause our children and our people. He explained how this has increased moving our children out of their homes and the need to return to our own organizations such as the Ojibway Family Services, which was created by the people for the people based on our teachings. Dr. Connors shared information on differences in understanding concepts such as “mental wellness,” as our understanding is holistic, incorporating mental, physical, spiritual and social. He reminded participants that we have the answers to the questions in our communities; that our health is based on our relationships with the lands and the waters; and, that there are people in our communities who have gifts that can help us so that we can stop depending on the outside world for the answers.

***Key points from Dr. Connors’ address:***

1. Focus on Mino Bimaadiziwin
2. There is a need for a shift in thinking from prevention of death to promoting life
3. Language is important, we need full immersion
4. Traditional teachings are important
5. We all have a contract with the Creator
6. There are important documents already drafted
7. Youth need to know who they are, know their histories and be able to approach Elders
8. Cultural re-development is key
9. Their understanding is mental wellness; our understanding is holistic – spiritual, mental, physical, emotional
10. Organizations based on our teachings work best
11. Our health is based on relationships with the lands, the waters
12. There are people in our communities who have gifts that can help us
13. Healing from the earth as all medicines that we need are there

He talked about the rites of passage; the importance of language and full language immersion in schools; the community driven models work best; and, taking the young back to the land to learn. He shared that the canary in the mine was a metaphor for our young—they are the most vulnerable to a toxic environment. He wrapped up by reminding participants that racism and lack of culture are due to a dominant Eurocentric system and colonialism and that suicide is a symptom of all these.

Over the lunch hour, the Honourable Patty Hajdu shared comments on her Employment, Workforce Development and Labour portfolio. She stated that we live in a dominate society that is driven by individualism, which is opposite of Indigenous cultures. Minister Hajdu shared information on systematic inequalities and how apparent this is, in particular, in reviewing budgets in all sectors. She reminded participants that growing the middle class is about bringing more people into this space. She encouraged participants to seek all opportunities available and mentioned the Skills Link program,<sup>3</sup> which is a Government of Canada Youth Employment Strategy for all Canadians.

3 <https://www.canada.ca/en/employment-social-development/services/funding/skills-link.html>



*Pictured (left to right): Ms. Valerie Oshag; Chief Arlene Slipperjack; Mr. Jason Smallboy, Nishnawbe Aski Nation (NAN) Deputy Grand Chief; Dr. Charles Branch, Co-Chair, NOSM Indigenous Reference Group; Hon. Jane Philpott, Minister of Indigenous Services; Dr. Roger Strasser, NOSM Dean; Hon. Patty Hajdu, Minister of Employment, Workforce Development and Labour and MP, Thunder Bay-Superior North; and, Mr. Don Rusnak, MP, Thunder Bay-Rainy River.*

## **5.0 WORLD CAFÉ SUMMARY**

The World Café was designed so participants had the opportunity to take part in each of the five theme areas and each round of discussion was built on the information from previous rounds. Facilitators and recorders rotated from table to table to collect input from the participants. The organizers, facilitators and recorders met to summarize the information, which was presented to the whole group for input and further discussion.

Each of the themes had specific questions designed to engage participants in discussion and encourage dialogue. The World Café provided an opportunity for participants to express their views on all five topics, but there were common themes that were shared by all groups, including tradition, language and positive role models, and the importance of youth and Elders coming together to share experience and knowledge for a better future. The key messages from each of the five topics are summarized below.

### **5.1 Traditional Ways**

We heard from all groups that traditional ways are extremely important. Young people need to know who they are, their nations, names, clans and rites of passage. Traditional teachings are still applicable today for the children and youth. We need more Indigenous peoples in the schools and everyone needs to have access to more Indigenous courses in the school curricula, including Indigenous history, traditions, languages and governance.

Treaties and governance structures need to be recognized and taught and this is important for all societies (urban youth, general public, governments, schools, etc.) to learn real history and to understand colonization. There needs to be investment in mentors to teach about traditional foods, cultural activities and camps, and land-based programming (reconnecting to the lands through fishing, canoe building, harvesting, language, ceremonies, storytelling).

Language plays a special role and needs to be valued and preserved and this means valuing language teaching and language teachers. Language needs to be in the homes.

Traditional healing, ceremonies and medicines are important and need to be part of how to deal with mental health and address the treatment of cultural trauma. Kindness, open-mindedness

and respect for the diversity across and within communities need to be part of the process. Healing can involve art as a form of expression. It is important to have spiritual guidance helpers and knowledge keepers.

There needs to be creative and modern ways to reclaim and revitalize the language and cultural teachings to promote and change current ways of knowing about residential schools and colonization and to build on and coordinate what already exists.

## **5.2 Meaningful Conversations – Staying Engaged**

Participants highlighted the risks and threats that are present in Indigenous communities, including the consequences of colonization, discrimination, racism, isolation and the problems of lack of parenting, loss of language and culture, prescription drug use, HIV, lateral violence and abuse (mental, physical and sexual), all of which result in feeling disconnected, identity crises, addictions and deaths. There are imbalances across communities with a lack of opportunities, poverty, misuse of social media and the internet, bullying, unemployment, lack of education, unqualified service providers, food security issues, and inadequate housing.

It was recognized that there needs to be dialogue in classrooms, at youth conferences, in community circles, at tribal councils and women’s councils and within families to address these issues. There is an important role for ceremonies with Elders and academia. There needs to be positive role models and a celebration of life at every stage (birth, knowledge, graduation, death, etc.).



*Dr. Charles Branch, Co-Chair, NOSM Indigenous Reference Group; Dr. Roger Strasser, NOSM Dean; and, Mr. Don Rusnak, MP, Thunder Bay-Rainy River.*



Participants also recognized that grassroots solutions exist and highlighted the importance of love and kindness, positive role models, celebrating achievements and the birth of the community and rewarding youth (empowering them and creating safe spaces for them). The participants spoke of the importance of revitalizing land-based learning, the importance of feast people, hosting unity walks and community events and bringing together Elders and youth and the role that art expression, positive media and external organizations play.

### **5.3 Role of the Community and Communities, Careers and Education**

The communities are important to set guiding principles and frameworks to learn traditional ways from each other and to establish ways to share and showcase strengths and encourage community events such as Pow Wows. It is important to acknowledge historical oppression but then celebrate life and resilience.

Communities play a role in creating opportunities to learn (skills camps) and encouraging trust, safety and self-esteem. Communities can recognize the role of art, culture and work opportunities, and provide access through coordinating peers, increased access to teachings, which are inclusive of everyone in communities. Communities coordinate work with academia and community based researchers. Communities also need to consider how to handle remoteness (impacts on resources, land) and be self-sustaining and consider career opportunities after education and maintain consistent messaging.

Participants acknowledged the need for Elder and youth engagement in strategies and workshops, which must be built on trust and humour, and heal divisions. Elders need to be in the classrooms to close the gaps and teach land-based learning, language and culture, and youth councils are important in playing a role to close the gap. It is also recognized that there must be a platform for youth to speak and be included. The participants acknowledged that in some cases Indigenous Peoples will need to re-learn how to approach one another (youth to Elder and Elder to youth).

It was recognized that networks beyond individual families are important and can learn from each other and provide mutual support. It was also recognized that there are many models out there already (Sioux Lookout, Fort Albany, camp north of Elliot Lake) and that it is important to mix traditions with new innovations. Participants felt it was the responsibility of the Chief and Council to find resources and funding to support classrooms, language teaching, immersion schools and cultural learning.

Participants also voiced concerns in the need for governments, organizations and health professionals to understand the diversity from community to community, but also the diversity within the communities as some individuals and families or communities do not necessarily “practice” traditional ways.

#### **5.4 Role of the Health Workforce**

Health and the role of health-care providers were huge topics at the Workshop and the need to support services to keep people healthy, safe and cared for. All the groups repeated the importance of training and learning in and from community, and the necessity of training Indigenous students to become doctors and health-care providers. The problems of labeling, racism and stigmatism in the health-care system directed to Indigenous Peoples were also raised and the need to reduce the expectations that come from funding. Participants spoke about the need to be able to address bias, promote Indigenous culture and health.

Limited access to services (rooms/accommodations/ healing rooms for elders, culture, ceremony in hospital) and resources were raised as major issues, including lack of qualified personnel for mental health services, psychiatric care, trauma, psychotherapy-based treatments, alcohol and drug addiction services, stress assessment for mental health and cross-cultural psychiatry programs. It was also acknowledged that highly skilled personnel who deliver such services (including students, residents, professionals) need to spend time in the communities and learn through experience and interactions with people in communities, including cultural safety training. The value of health-place navigators was recognized as a strategy to facilitate access to care.

The programs that offer and administer both western and traditional healing will provide the best care, training and education. Consideration should be given to support traditional healers specialized in outreach programs, family support programs, training people to become para-professionals and health-care providers in communities. Recognizing that there is often a missing link between families and health-care providers (lack of continuity), participants listed a number of opportunities that would improve health service delivery, such as home community care workers (home-makers), patient navigators (translators and cultural coordination) and interdisciplinary teams (social workers, physicians) working in partnerships with other agencies. As an example, Wekwedong Lodge was noted as an important resource centre in Thunder Bay.

With respect to the specific topic of suicide, participants re-iterated the complexity of the problem and that suicide does not exist in a silo. Everyone needs to be better educated about this problem and there needs to be better connections between patients and staff in training for crisis response, taught from a place of cultural knowledge. There is a gap in care for very young youth displaying mental wellness issues, often with youth being taken from communities. Health-care centres need to understand that it is not just counseling for mental wellness. It is necessary to apply Jordan's Principle at a local level as well, to ensure that First Nations children will not be denied essential public services or experience delays in receiving them because of jurisdictional disputes. It was recognized that there should be special attention when helping with the very young who are addicted or suicidal. Support for the helpers themselves was also raised and that often government employees feel helpless; they, themselves, need help from experts. It was added that there may be global mental health initiatives that can help facilitate and educate.



*The World Café provided an opportunity for participants to share challenges, success stories, and ways forward.*

The role of prevention and making physical environments safe (e.g., clean drinking water) were also prominent topics. To create brighter futures, it is necessary to provide recreational and land-based activities, the right to play and family well-being programs, which will promote healthy lifestyles with equal value on Indigenous and non-Indigenous populations.

Although technology has provided access to remote and rural communities, it was also recognized that communities need to have better internet connections and better training to use fiber internet and technologies such as OTN. The limitations of technology, such as the loss of body language and personal contact, were also acknowledged. The communities should have a list of health-care providers who speak the language.

In all, this topic focused on the need for innovations to improve access to health care through a lens of respect and compassion, with culturally grounded physicians. There will need to be a way to measure feedback from communities, clinics and institutions and to look at outcomes—how to support positive feedback or to redirect energy to improve what is not working.

### **5.5 Partnerships, Collaborations and Other Influences**

The health care staffing model is currently seen to be built around a crisis model. It is recognized there needs to be better continuity of care for patients and MDs, and hospitals need to understand holistic care to provide services to Indigenous communities. It is also necessary to recognize that each community has its own story and there needs to be respect of multiple jurisdictions of Indigenous communities.

The financial support for health-care services is challenging, sometimes resulting in a view that administrators are “empire building” or that funding appears to be driven by media attention. There is no equity in funding across communities and there are silos in how funding is provided, e.g., child care versus adult care, in particular with respect to mental health. It was recognized that everyone can play an advocacy role, not just MDs, and philanthropic support should be focused on Indigenous health.

### ***Elements of Success***

1. Host community meetings
2. Create kitchen table dialogue
3. Develop Youth Councils
4. Host guest speakers
5. Respect diversity in communities
6. Land-based learning
7. Cultural learning
8. Language immersion
9. Knowledge mobilization
10. Cultural safety/training
11. Models of kindness
12. Education
13. Guidance for career choices
14. Sharing knowledge
15. Networking
16. NOSM for advocacy, coordinating, capacity building, access funding

It was recognized that knowledge is power and there are a number of groups involved in the educational programs: NOSM, the universities, health centres and hospitals. It is important for these institutions to provide the platform to work together with Indigenous organizers and communities to build capacity in the education system. Teachers are often not prepared for the current state of communities and the necessity for those working in and with communities to have cultural safety and history of trauma and colonization training. It is necessary to educate non-Indigenous teachers and ensure they are aided, supported and led by Indigenous teachers. It is also necessary to increase the number of Indigenous teachers and to ensure provincial curriculum reflects true history.

NOSM is seen as having an opportunity to develop a better system. The participants made a number of suggestions including adopting a faculty-training program, lengthening the MD curriculum (nursing rotations were also noted as being too short), and increasing the number of physicians in Indigenous communities, particularly remote communities.

The communities recognized that they also have a responsibility to support physicians and health-care providers. There is a need for adequate housing for physicians and health-care teams, services to support return to community, and early recruitment from our communities. There is recognition of balance between the need to hire people into the community and skills gaps, raising the importance of mentoring opportunities. Also, understanding what it means for a community to take clinical placements is not always clear and the role of NOSM in supporting community based initiatives, such as research.



Hon. Jane Philpott, Minister of Indigenous Services and Elder Dot-Beaucage Kennedy

## **6.0 RECOMMENDATIONS**

Participants voiced concerns in the need for governments, organizations and health professionals to understand the diversity from community to community but also the diversity within the communities as some individuals and families or communities do not necessarily practice traditional ways.

There were several key recommendations based on the themed questions.

### **6.1 Theme One – Traditional Ways**

It is important for more land-based activities to be hosted in the communities, and to include rites of passage, healing ceremonies, and all other aspects of our culture. We need to practice our way of life through kindness and revitalize who we are by connecting to the lands but also respecting other peoples' beliefs as spiritual wellness is about a way of life for everyone. We must include our language and can host immersion by having "language homes" in our communities, open to everyone. It is important to have safe spaces created within communities to talk about the different traumas we have faced as peoples but also to focus on the resiliency of our peoples and to celebrate each other. Our ways need to be taught to everyone through cultural training and in our schools starting at junior kindergarten through to university.

### **6.2 Theme 2 – Meaningful Conversations**

Social media can be used in a positive manner to share information and create dialogue, but it is important to host community meetings and share information at community events, such as the health fair and Pow Wows. Kitchen table dialogue can be encouraged by providing mini-series feasts/meals for the head of the family to host family kitchen dialogue sessions. Education is still a key component in meaningful conversations and guest speakers can be utilized to address different age groups in the education system. Knowledge mobilization is important for both Elders and Youth but it is sometimes challenging for the Youth to approach the Elders due to lack of knowledge on protocols and their perception that Elders appear to be put on pedestals.

### **6.3 Theme 3 – Role of Community and Communities, Careers and Education**

Each community has healthy role models that can be utilized and some communities are at a different level of wellness so networking among communities is important for sharing ideas and successes. The Youth need to have a voice and establishing Youth Councils in the communities provides the space for their collective voice to be shared at the Chief and Council table. The communities need to secure funding to support administration for land-based learning, Elders in classrooms, language immersion and assisting Youth in career choices so they can secure a job in the community. It is important for communities to assist in maintaining relationships with other communities, recognizing rites of passage, and culture, but also assisting in dealing with stigmas, including colonization.

### **6.4 Theme 4 – Role of the Health Workforce**

Health-care providers have a role in educating the community on issues and possible solutions, but also in providing adequate training. Health-care providers also need to take cultural safety and training and recognize the diversity between and within communities. They can host dialogue sessions and address racism through models of care and kindness. It is important that they provide a vision of what wellness looks like, being inclusive of physical, mental, social and spiritual needs – the holistic approach.

### **6.5 Theme 5 – Partnerships, Collaborations and Other Influences**

It was reiterated that communities have the knowledge and can network, develop partnerships and collaborate to deal with issues. Chief and Council along with Elders and youth all have a role in this. Respect is the foundation to developing any type of partnership and in collaborating. Specific roles for NOSM were identified: advocacy, coordinating capacity building in the education systems, providing support for community based initiatives, assisting with accessing health funding, adopting a faculty program, and assisting with the development of a health-care staffing model that suits the needs of the communities.

## **7.0 LESSONS LEARNED**

General comments and recommendations were gathered at the World Café by speaking with different individuals. These comments and recommendations included:

1. It was too short and appeared rushed.
2. Some questions under the themes were too long as not all questions were addressed.
3. The groups were different sizes and some were louder than others making it hard to hear some participants, so have separate spaces for groups in the future.
4. Communities need to be more engaged so the recommendations are community driven.
5. The Mushkegowuk reports and process is a good example for all to follow and implement.
6. Need more youth engagement or separate space for youth to discuss and strategize.
7. Host a longer event.



*Sue Chiblow, Pathways to Well-Being Facilitator*

## **8.0 FACILITATOR'S COMMENTS**

In preparing to facilitate such a delicate topic of suicide in our Indigenous communities, I embarked first on preparing by offering my *sema* (tobacco) to prepare me. My understanding of Anishinabek teachings is that *sema* always comes first. I researched suicide in Indigenous communities to gain a better understanding and to prepare me for dialogue with participants and to be able to address sensitivities in participants sharing their stories. In doing this research, I quickly discovered that the literature on the topic of suicide is not a new topic as documents dating as far back as 1987 have been developed. The Royal Commission on Aboriginal Peoples' Report on "Choosing Life" in 1995 provided recommendations, which are still very relevant today.

This was very disheartening to me as it is apparent that our young people are still feeling the effects of colonization, residential schools, racist policy making, land theft and suffer from "cultural wounds" effecting their growth and development. With this all in mind, I decided to approach a couple of key Elders that I have worked with and that have worked in communities dealing with suicide. I asked these Elders why some communities have such high suicide rates and others do not suffer from suicide at all. Both Elders informed me that the communities have the answers to this and need to have transparent discussions with the entire community to begin to deal with suicide. One Elder informed me of a specific pipe that is utilized when a suicide happens that assists in preventing further suicides. Another Elder informed me of a ceremony often referred to as "shake tent" that also assists in preventing and dealing with suicide. All Elders referred to the importance of re-learning our traditional ways, the importance of our language and the importance of re-activating land based activities to assist the young in understanding who they are and their relationships with the world around them. After facilitating the World Café and talking with participants, I have quickly come to the conclusion that these conversations are not new and the answers are within our communities but direct action with implementation plans need to be developed in meaningful collaboration with the communities. We do have the answers and need to continue to network and collaborate in order to assist our young in reaching their full potential as our future leaders and responsible ancestors.

## 9.0 READING LIST

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