

# **WE MATTER**

## **Ontario Support Network**

*Needs Assessment  
September 2018*

# Table of Contents

<b>3</b>	We Matter and Indigenous Mental Health in Canada
<b>4</b>	What is the Ontario Support Network
<b>5</b>	A Note on Language
<b>5</b>	Virtual Sharing Circles
<b>6</b>	Existing Programs
<b>7</b>	Successes and Gaps
<b>8</b>	Strengths, Opportunities, and Challenges
<b>11</b>	Promising Healing Practices
<b>13</b>	Recommendations for the OSN
<b>15</b>	References

WE MATTER

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## ***We Matter and Indigenous Youth Mental Health in Canada***

We Matter is an Indigenous youth-led and nationally registered non-profit organization that is committed to Indigenous youth empowerment, hope and life promotion. Our key project is the We Matter Campaign - a national multi-media campaign in which Indigenous role models and allies from across Canada submit short video, written and artistic messages sharing their own experiences of overcoming hardships, and communicating with Indigenous youth that no matter how hopeless life can feel, there is always a way forward.

We Matter was co-founded by Tunchai and Kelvin Redvers, a brother and sister duo, in October 2016 in response to the Indigenous youth suicide-crisis across Canada. Due to the violent history of colonization in Canada that has fueled intergenerational trauma, suicide is an issue far too familiar to many Indigenous communities. Poverty, overcrowded housing, limited access to clean drinking water and poor infrastructure also play a key role contributing to poor mental health. Partner this with little access to mental health resources (nevermind culturally relevant ones), underfunded education, limited options for recreation activities and ongoing experiences with racism, and you get a perfect storm of risk factors leading many young people to take their lives. In fact, rates of suicide for Indigenous youth in Canada are 6-11 times higher than the national average with suicide and self-inflicted injuries being among the leading causes of death for First Nations, Metis and Inuit people.

These risk factors are supported by a 2011 report by the Office of the Chief Coroner after a series of 16 youth suicides took place in Pikangikum First Nation over two years. Despite recommendations outlined in this report and others like it, Ontario has continued to see strings of suicides across other northern and remote communities such as the emergencies in Attawapiskat First Nation, Wapekeka First Nation, and again in Pikangikum.

While solutions to Indigenous youth suicide are going to require complex strategies focusing on many different levels of socio-economic factors and intervention, we believe that one of the most important areas to focus is on the potential for youth to maintain hope and create change themselves. Indigenous youth are often overlooked as experts and frequently viewed as the problem rather than the solution. Their voices are often tokenized and few resources are put in their hands despite the fact that many youth are the ones offering peer-to-peer mental health support when their friends are not comfortable accessing formal services.

In many communities there are also few opportunities for youth to process grief and talk about mental health with others in a safe way, contributing to stigma that prevents young people from forming positive relationships with each other and adults that could be life-saving. Lack of Indigenous role models is also a barrier to adequate support, where youth often do not have enough people in their lives, or the media, to turn to and remind them of their importance. Everyone in a community can play a role in life promotion, but there needs to be more defined strategies for connecting the knowledge and intervention possibilities that different community members can contribute.

With Indigenous communities growing more than five times the rate of the rest of the Canadian population, finding more effective ways to reach these youth in order to promote feelings of self-worth, positive identity and hope is absolutely critical. As a team of Indigenous young people ourselves, who each have our own connections to this kind of loss, this work is deeply personal and something that we all feel a strong sense of responsibility in addressing. We Matter uses a unique approach to mental health and life promotion support, utilizing hope, culture and strength in the form of online multi-media support, social media, workshops, youth gatherings, and resource and material development in order to normalize discussions on hardship, hope and healing from an Indigenous and youth-focused perspective, and attempt to fill some of the gaps present.

### **We Matter is committed to:**

- Connecting Indigenous youth with positive messages of hope, culture, wellness, healing, mental health and life promotion
- Gathering and amplifying Indigenous and Indigenous youth voices
- Creating space and opportunity for Canadians to celebrate and honour the voices and experiences of Indigenous youth
- Creating and distributing materials and resources designed to empower Indigenous youth
- Building Indigenous youth capacity in schools and communities by implementing Indigenous youth-led projects and enabling peer-to-peer support

### **What is the Ontario Support Network?**

The Ontario Support Network (OSN) will be We Matter's first branch into operating a specific regional support network for Indigenous youth and their communities. It will utilize the We Matter multi-media Toolkits created this year. The Ontario Support Network will center around community/youth empowerment and peer-to-peer support through regional networks and will be executed in tandem with the continued operation of the We Matter Campaign, which allows youth perspectives and healing to be amplified on a national scale. We Matter will work with 6 communities in Northern Ontario by collaborating with Community Teams made up of a Community Guide (an adult mentor holding a support role in community), and two Youth Ambassadors (youth ages 13-22). The Youth Ambassadors will lead their Community Teams in the development and implementation of their own mental health and life promotion initiatives within their communities. The Community Guides will support the logistical planning and emotional needs of the Youth Ambassadors along the way. We Matter will support in the logistical planning and emotional support of all involved, and provide space for learning, development, and networking within and across communities. The goal of the

Ontario Support Network is to support Indigenous Youth in Northern Ontario in the creation and implementation of their own life promotion projects from a place of hope, culture and strength. The OSN will be a three-year long pilot project (2018-2021), from which We Matter hopes to learn from the successes and challenges in order to replicate the program in other regions across the country.

In order to ensure that the Ontario Support Network is both relevant and useful to the context of Northern Ontario, this needs assessment was conducted. This document takes into consideration peer-reviewed and culturally relevant research, statistical data, and personal communication through conversations and Virtual Sharing Circles with Elders, youth, and service providers in the Indigenous Youth and Mental Health sectors to identify existing services, strengths and challenges, successes and gaps, and promising practices surrounding Indigenous Youth Mental Health and Life Promotion in Northern Ontario, Canada. The collected information will be compiled here alongside recommendations that will inform the project development, implementation, and management of the Ontario Support Network moving forward.

### ***A Note on Language***

For the Ontario Support Network and this Needs Assessment, Northern Ontario includes communities from Thunder Bay, extending east, west, and northwards. Youth refers to the life-stage between childhood and adult, ranging between 13-22 years of age. Indigenous is specific to Aboriginal-Canadians (status and non-status Indians, Metis and Inuit), except where data presented in articles meets all other requirements such as the Mental Health within Northern Alaskan communities, where similar context is provided to rural Indigenous communities in Northern Ontario. Mental health refers to the mental wellbeing, both positive and negative, of oneself, and life promotion refers to the proactive and preventative approaches to suicide in comparison to more reactive methods.

### ***Virtual Sharing Circles***

Two Virtual Sharing Circles were held through online video conferencing on August 29th and September 4th, 2018 to bring together teachers, educators, counsellors, youth workers, community leaders, community members, Elders, and youth across Northern Ontario to answer questions about supports in their regions. The following questions were asked and discussed in the Virtual Sharing Circles:

1. What are the biggest challenges, gaps and barriers that exist for youth in your communities when it comes to accessing mental health and wellness support?
2. Have there been any youth-focused mental health and life promotion / suicide prevention programs or initiatives in your communities over the past few years?
3. What sort of support services exist within your communities?
4. How much collaboration or communication exists between support services within your communities but also across communities? / sharing successes, best practices, etc.
5. What are your community's strengths?
6. What are your community's relationships with culture and spirituality?

7. What type of conversations are happening in your community about mental health, wellness, and hardships?
8. What sort of criteria should we consider in selecting communities, youth ambassadors and community guides to be a part of the Ontario Support Network?
9. What are the most effective / best modes of communication when it comes to engaging community members (phone, Facebook, etc.)?

Knowledge and information gained through the Virtual Sharing Circles will be shared throughout this Needs Assessment.

## **Existing Programs**

Existing programs within Northern Ontario are not limited to the topic of life promotion. It is acknowledged that many programs have multiple objectives, and therefore we have done our best to list as many as possible here. The goal of this is to ensure that the Ontario Support Network does not duplicate work, taking away from work that is already being done in communities, but attempt to fill gaps and build upon existing strengths.

Existing partnership programs across nations and organizations include: Right to Play, James Bay Girls at Bat, and Family Wellbeing Programs (Cheechoo, personal communication, 2018). Nishnawbe Aski Nation runs the Oshkaatisak Council, a 10-member youth council that focuses on youth leadership initiatives, and hosts an annual Youth gathering (Cheechoo, personal communication, 2018). The Grand Council Treaty 3 Youth Initiative is a group of youth who are the key liaison between Chief and Council and Youth within community (web, [www.gct3.ca](http://www.gct3.ca), 23 July 2018). Chiefs of Ontario has the Ontario First Nations Young People's Council (OFNYPC), which is the official voice for First Nations Youth in Ontario, and hosts bi-annual Youth and Elders Gatherings on key topics (web, [www.chiefs-of-ontario.org](http://www.chiefs-of-ontario.org), 23 July 2018). The Mushkegowuk Youth Council exists as a Trillium funded program with the purpose of increasing youth leadership and engagement through participation in community planning and meetings (web, [www.mushkegowuk.com](http://www.mushkegowuk.com), 24 July 2018).

Feathers of Hope was a gathering of youth in 2013 that resulted in a document outlining an action plan for government around key themes for Indigenous Youth that was captured in a report, with additional gatherings being held since. "Feathers of Hope is now a youth-led initiative to facilitate a dialogue between youth, First Nations leadership, and government. It provides a safe space where youth from First Nations communities in northern Ontario can speak out on matters of importance to them and engage with decision-makers to create meaningful change" (web, [www.provincialadvocate.on.ca](http://www.provincialadvocate.on.ca), 23 July 2018).

The Ministry of Children and Youth Services has funding from the Ontario Government dedicated to children and youth mental health, which includes a youth suicide prevention plan. The Ministry is also investing in Indigenous Youth Life Promotion programs as a part of Indigenous Children and Youth Services, in addition to the Federal and Provincial Governments adding an additional 19 wellness teams across First Nations communities (web, [CBC.ca](http://CBC.ca), 12 April 2018; [www.children.gov.on.ca](http://www.children.gov.on.ca), 24 July 2018).

Through the Virtual Sharing Circles, we learned about a variety of supports across different communities. LifeSavers is a group that does positive activities with youth, and Jack Club is a chapter of Jack.org that talks about mental health and provides training once a month. Some communities have LGBTQ+ support groups to support specific identities. One community provides back to school programming through the wellness centre, which included a wellness survey that screens for at risk youth, and shows them their wellness displayed on the medicine wheel to help demonstrate balance. Many community Friendship Centres provide community nights to support tradition (moccasin making or soup nights, etc.). Other programs include Photo Voice, a program based on life promotion with youth; Girls Weekend, to support female youth mental health; Learning from Mother Earth, a program that focuses on knowledge transfer from elders to young people and connecting to the land, culture, language, and identities; and P.A.R.T.Y, brings guest speakers to talk to youth about the dangers of drug and alcohol abuse.

The Virtual Sharing Circles also identified other services provided in community more generally. These include wellness clinics specific to mental health (some are expanding to have more mental health workers, support workers and programs), groups related to addictions and mental health, friendship centres, local hospital or health clinics, and teachers. Anishnabek Nation is working towards having mental health workers directly working in each of the 40 communities they work with.

## **Successes and Gaps**

The following section will discuss the successes and gaps or areas of improvement for Indigenous Youth Mental Health and Life Promotion supports and programs in Northern Ontario.

Successes of the programs listed in the above section include providing leadership opportunities, the ability to connect with other youth, as well as the chance to participate in peer-to-peer support (Cheechoo, personal communication, 23 July 2018). Areas that are yet to be approached more fully include supporting youth with the healthy expression of emotional turmoil, expanding knowledge and literacy around mental health specifically versus broad stroke approaches, and the provision of mental health-specific training and capacity development (personal communication, 2018). Other gaps include limited avenues for reaching out for support, and restricted opportunities for guided critical thinking, asking questions, and letting youth come to realizations in activity participation and partnership (personal communication, 2018).

When participants for the Virtual Sharing Circle were asked about gaps and barriers for youth in accessing mental health and wellness support the common themes were community isolation, limited numbers of support, a reactive versus proactive approach, lack of culturally safe supports, and poor crisis response for varying reasons depending on the community. A few communities mentioned isolation, and not having enough resources to support all youth resulting in lengthy waitlists. Almost all communities mentioned poor staff to youth ratio, and the lack of after-hours supports available. It was stated that a lot of the services experienced no cultural involvement and stereotypes (ie. a “native case”); organizations don’t refer each other; or no one offers help unless they are asked. Transportation also came up a few times, as some communities have up to a seven-hour drive while in crisis to get to a hospital for appropriate care. Sometimes appropriate care is unavailable, so folks are jailed or returned to the family for the family support, but it has been highlighted that the families do not have the supports to handle those situations safely. It was identified that youth are taken out of comfort zones

where we need to meet youth where they are at. Many also mentioned a lack of culturally appropriate services, or the option to go outside of the community for privacy, and the fear to reach out for confidentiality reasons. The lack of experience and qualifications was brought up a number of times, specifically around the topic of cultural safety. The mental health workers available are very diverse (wear multiple hats) resulting in burn out or fatigue, and in some communities, there is a language barrier without access to translators.

Some communities mentioned the tension between Indigenous spirituality and Christian religion, noting that where Christian values are strong, there is less engagement with culture, even though youth desire culture. Additionally, it was mentioned that access/support is sometimes overlooked in small communities, for example a resource person to come to a community is expensive (but received well when it does happen). The topic of outsiders being the support person was brought up as well. This makes it difficult for trusting relationships to be built with the community and with the youth, so people do not feel safe in reaching out. Overall, it was made clear that the North is often generalized, but challenges are different from community to community, and support services should be tailored to each community's and youth needs.

### ***Strengths, Opportunities, and Challenges***

In addition to the successes of community programs that have been spoken to above, there are a number of strengths that belong to Indigenous communities and individuals as outlined in numerous articles and the personal communication reviewed and conducted for this needs assessment. Firstly, despite the consistent battalion of oppressions that Indigenous people face, they continue to demonstrate resilience. Linklater (2014) explains that, "The mere fact that Indigenous people exist today and many are experiencing vibrant and healthy culturally connected lives is clear evidence that indigenous people are extremely resilient" (p.25). This provides a stepping off point for culturally-centered programming to focus on the strength and resilience of individuals and communities in order to re-frame the context and re-write stories of trauma through a positive lens (2014).

Culture is strength. Studies have shown that Indigenous language retention lowers the rates of suicide exponentially (Hallet et al., 2007). The important item to note is that persistence of cultural factors in community demonstrates lower rates of suicide, whether it be language or otherwise (2007). Building on culture provides an opportunity to build upon strengths, solidifying messages and understanding of identity, and reducing rates of suicide. Absolon (2009) explains to us that dialoguing within peer circles and creating circles of support is liberating for Indigenous people in healing processes. Peer circles provide youth the opportunity to relate and connect with one another in both strength and vulnerability. Creating opportunities to express emotions in a healthy way is integral to suicide prevention and life promotion, and doing so in circle format maintains the opportunity to include cultural expressions where it applies, as well as reciprocal learning.

Colonialism has resulted in limited roles and opportunities among youth, leaving youth without a clearly defined direction. Strengthening ethnocultural identity, community integration, and political empowerment can contribute to improving Indigenous mental health and create meaningful opportunities for young people in order to allow them to develop their potential (Kirmayer et al., 2003). Building upon youth potential is both a strength and an opportunity. Youth traditionally were included in decision making processes, where today they take a more passive role in mental health resource



development, of which they receive support (2003). Empowerment is necessary for health promotion, and in order for empowerment to happen with Indigenous communities, we need to move away from the paternalistic modes of relationship with communities and support youth in taking a front seat in defining the mental health support they receive.

The Virtual Sharing Circles demonstrated that the topic of culture presents as both a strength and a challenge. Some communities host a number of cultural activities and reflect a strong connection and integration of culture within their community, where others stressed that this is an area of tension and improvement for their community. For the communities that have a strong relationship with culture, they had cultural activities at the school, annual Powwows, way of life activities such as hunting and fishing, canoe trips, regalia making, education days, drumming and singing, strong integration of the 7 sacred laws, continuation of stories and legends, meetings following ceremonial practice, and medicines as a strong part of their mental health practices. The communities that are struggling with a connection to culture expressed that Christianity is present in their communities and this can result in conflicting values. People also expressed that sometimes not many people hold cultural knowledge, or there is high turnover rate at the Friendship Centres, which presents a challenge. One common theme across almost all communities was that the youth in community are asking for more ceremony and cultural practices.

When asked about community strengths, there was a wide variety of answers from each of the communities participating in the Virtual Sharing Circles. Answers included: access to nature; discussions on how to work together as a (small) community because everyone knows each other; development of family friendly activities (ie. a skateboard park); collaboration as a community; opportunity for training the community with traditional learning (such as elders, hands on activities, sharing circles); community days; Pride weeks; two-spirit groups; community members (especially Indigenous women) trying to create change and come together to collaborate; preservation of culture, ceremonies, stories and songs; connection to land and waters; cultural leaders who take on different roles and share responsibilities in passing teachings; encouraging language teaching; strong advocates for youth; when people take initiative and leadership roles, the community rallies behind them; sense of pride and love with parents and community leaders; building up the voices of youth; and having community days where students join their families outside of school.

When asked about collaboration and communication between community services in the Virtual Sharing Circles there was a wide range of responses. Where this was a definite strength in some communities, others found that this was a challenge for their communities. One community said that people seemed to feel intimidated by the non-Indigenous organizations, therefore collaboration across Indigenous and non-Indigenous organizations is limited. It was also expressed that a lot of non-Indigenous organizations want to provide support through reconciliation funding, but do not have the connections with the Indigenous people in their community or go very far, therefore are weary of partnerships. It was also made clear that collaboration is a sore point because communities have been hurt in the past when collaborating and sharing information with the government (segregation for jurisdiction, funding, etc.), but some communities are beginning to collaborate and rebuild trust around sharing data. One community is developing a drug prevention strategy between community groups. In another community, organizations get together when one family may need a lot of support, and there is also a Situation Table once a week, where a situation gets brought to the table

and next steps are decided about how to support a family or individual. In some cases, the experience is that organizations don't refer each other, and no one offers help unless asked. Others express that there is an opportunity to build programs within schools to create healthy relationships, but that does not exist now. Another community is trying to work together within to create a better protocol for crisis situations in the community. So far, they work collaboratively with three other communities in the area, and resource sharing has been very positive so far.

Social Media is a main mode of communication, and is both a challenge and a strength. Online bullying is believed to be tied to completed suicides in First Nations (Cheechoo, 23 July 2018; McLeod, 2011). Social Media at a young age can impact the level of healthy relationships developed, because web-communication has resulted in the replacement of local community with virtual community. This can create an escape from local pain without resolving the root issues and hurt with practical resources (Kirmayer et al., 2013). However, where there is the possibility of inappropriate communication and bullying, there is also so much potential for knowledge and communication, sharing, and networking across communities to foster culture and empowerment. From the Virtual Sharing Circles we learned that Social Media is the best way to communicate with communities, and share events and educational resources.

The prevalence of trauma, and indirect passing of trauma from one person onto another was identified as a challenge in need of being addressed. Talking about things helps people learn how to reach out, but it is also important to ensure there is support for those who do reach out. The need for "supporters" to receive their own support and healing so that it does not cycle back into the community, was also a key point mentioned.

Wexler identified the challenge of adulthood seeming overwhelming, and youth claim to not be getting the preparation they need to lead successful lives as adults (2009a). Life has transitioned from subsistence living to office jobs and economic value, and Indigenous youth do not see themselves among adults who are contributing in community, whether they are culturally connected or otherwise (2009a). Another challenge identified by Wexler is that there is a misalignment between cultural and colonial understandings of self - youth don't see themselves in either role, leading to experiences of cultural discontinuity, oppression, and hopelessness (2009a). This indicates it is important to replace these feelings with an understanding of how to create healthy communities and take control over one's life in order to craft a future that makes sense to them. Additionally, younger youth can learn from the older ones, so it's good to see older role models who have had struggles and overcame them. In another article Wexler speaks about how a lack of understanding of history and the role it plays in current contexts presents itself as a challenge which looks like a fractured sense of self in youth (2009b). This challenge can be addressed through historical education and making connections between historical and contemporary contexts.

In wanting to ensure that programming is focused, another challenge arises in the form of the question, "How do we keep a focus on Mental Health programming without taking a paternalistic approach within youth programs?" We want to ensure that we can provide guidance to youth without crossing into the realm of paternalistic oversight. Evaluation methods can and have replicated colonial systems in the past and this should be avoided (Barker et al., 2017). Walls et al. explains the barrier of limited communication between youth and adults, and feeling like there is no one to reach out to (2014).

Not knowing how to talk about issues and feelings is a barrier, and there is often insufficient service coordination for how the community copes and responds to suicide (2014). This raises the question about “How do we connect services in order to avoid siloed and colonial, top-down, and often cold approaches within and across mental health programs?”

## **Promising Healing Practices**

Tobias et al. tell us about a knowledge sharing research project in two Northern Ontario communities that was helpful in providing input for how to break down power differences between those entering community and those in community (2016). The strategy of this project was to use reciprocal knowledge sharing based off indigenous teachings in order to discover and support community aspirations. Similar approaches would be helpful to build relationships with youth, share knowledge around life promotion language with youth, and learn from youth about the approaches that would work best in their communities.

Participant-centered approaches can help participants find their own language to describe what they know about themselves, their community, and their experiences with mental health, giving them more control over the process, whether it be research or shared learning (Victor et al., 2016). Cultural and emotional safety proves to be an important consideration when creating and implementing programming with Indigenous youth as well, and this safety is developed through trusting relationships. “Ensuring a safe enough space is necessary to encourage youths’ self-discovery process. ... A culturally safe context does not guarantee an emotionally safe context if participants do not have the confidence to try new things, particularly if they are risking ridicule from their peers” (2016). Relationships are at the center and it’s important to acknowledge that without relationship you don’t have trust (2016).

The Many Hands, One Dream Principles were created as the result of a gathering on child and youth health in Victoria, BC led by Cindy Blackstock. They have been suggested to lead any programming for Aboriginal youth across Canada and so we’ve included them here, and will expand on them in our recommendations below, as practices to follow within the Ontario Support Network,

**“Self-determination:** Aboriginal peoples are in the best position to make decisions that affect the health of their children, youth, families and communities.

**Intergenerational:** Children learn healthy behaviours through role models, including family members and other adults in their communities, Elders, and even other children. All community members have a responsibility to help children learn to live in ways that promote their health.

**Non-discrimination:** Aboriginal children and young people need to be actively engaged in conversations about child and youth health.

**Holism:** The health of Aboriginal children is a balance between the physical, spiritual, emotional and cognitive senses of self and how these interrelate with family, community, world and the environment, both past, present and future.

**Respect for culture and language:** There is a need to recognize and acknowledge the legitimate health care that has been practiced by Aboriginal peoples for centuries. Shared responsibility for health: Aboriginal people take a lead role in addressing health issues and establishing relationships with non-Aboriginal healthcare providers and organizations. These new relationships would be characterized by reciprocity, respect and a balance of power” (Blackstock, 2008).

The healing practice that was most consistently recommended is to ensure cultural relevance. Healing practices which draw upon Indigenous teachings are generally more successful than those that do not. These may include ceremonies, traditional knowledge sharing, and cultural practices that are informed by Indigenous youth themselves; the best approaches are when Indigenous peoples provide leadership in addressing their own mental health (Canadian Mental Health Association, nd). Further characteristics of Indigenous Healing practices are the use of a strengths-based approach (working off the successes of an individual, family, community), and the acknowledgement that there is no one single approach in the healing of oneself and community (nd).

Linklater (2014) speaks to the difference between Western and Indigenous descriptions of mental health, where the Western definition is from a lack of mental illness, and the Indigenous definition creates space for acknowledging mental health and illness both as aspects of the mind, and allowing for healing to come from balancing all aspects through relationships with self, others, and the environment. This emphasizes the importance of culturally relevant practices, as Western practices may miss the mark in their attempts to heal. Hill (1961) also speaks to the importance of approaching healing from a holistic model that targets the root causes instead of the symptoms, and Roy et al. (2015) suggests strengthening cultural identity as a healing tool and a tool against stigma. This demonstrates to us that honouring hardships and building upon strengths of Indigenous people is a preferred healing practice.

Kirmayer et al. (2003) also lend to the notion that culturally relevant practices are key to success. Colonization has resulted in impoverished roles and opportunities among youth, leaving youth without a clearly defined direction, and high suicide rates can be related to a loss of valued status and role in community (2003). Traditionally, youth were included in decision making processes, where today they take a passive role in mental health resource development, of which they are benefactors (2003). This lack of understanding or difference in understanding makes it so Indigenous young people feel disconnected from their community hardships, heritage, and the role it plays in their lives, further influencing the fragmentation of self-identity and purpose (Wexler, 2009b). Increasing cultural affiliation can help youth to understand their own and their communities’ challenges in a deeper historical context, resulting in a deeper sense of self and belonging, and decreasing negative health and mental health impacts.

The First Nations Mental Wellness Continuum Framework suggests key themes to provide guidance for implementation of culturally relevant mental wellness including, “Culture as foundation; Community development, Ownership, and Capacity building; Quality care system and competent service delivery; Collaboration with partners; and Enhanced flexible funding.

Our recommendations below include expansion of these key themes for the use of the Ontario Support Network.

## **Recommendations for the OSN**

The following recommendations take into consideration all the information shared above in order to inform the We Matter Ontario Support Network. Recommendations are meant to address the challenges, and amplify the strengths that have been outlined in this document, with the goal of implementing a project that supports existing programs targeting Indigenous youth life promotion.

- Center youth voices and use a positive approach in order to rewrite trauma stories with messages of hope, culture and strength.
- Identify a program description and process that is specific to Indigenous youth mental and life promotion. Sometimes programs try to do so many things at once that the impact on what organizations are trying to achieve is lost, so it is important to make sure that programs are specific in what they are trying to achieve and what they are going to do to get there.
- Establish an Elder role whose sole responsibility is to support the project. This ensures that participants and staff members can debrief and unpack trauma or hardship that they are experiencing directly or indirectly through the support of others.
- Position control in the hands of the community and youth, allowing for community and youth-led approaches. This includes allowing Community Teams to define the community's strengths and weaknesses.
- Draw on existing knowledge, wisdom, and support within community and build on community strengths rather than recreating or distracting from existing programs. Each Community Team will work together to build a project plan that suits their community and youth needs.
- Allow for opportunities of learning and growth for participants, and ensure initiatives are culturally relevant. Capacity building opportunities should be made available for participants of the Ontario Support Network. Key opportunities for growth and learning include the Regional On-the-Land #HopeForum, community visits, and Virtual Sharing Spaces.
- Incorporate teachings and knowledge around colonialism and its direct impact on community and youth experiences. This allows participants to see the potential to break cycles and work towards change.
- Provide learning opportunities to Youth Ambassadors and Community Guides around boundary setting and self-care. Supports can look like debriefing sessions, in person support, and virtual peer support circles, as well as a designated elder for the Ontario Support Network.
- Bridge systems of support and collaboratively work to challenge the siloed nature of community programs, support persons, and organizations. The Ontario Support Network can challenge the siloed nature of supports by encouraging networking, resource sharing, and relationship building within and across communities. We Matter Toolkits can be utilized to establish a shared language for speaking about mental health and life promotion within communities.
- Provide a space where youth can be the educators and leaders, engage in reciprocal sharing, and lift up each other's voices. Youth Ambassadors will be co-developing the project throughout the year with the We Matter team, to ensure the process works for them, and engaging in ongoing relationship building with each other.

- Approach mental wellness from an Indigenous worldview. So often wellness is defined using a Western standard that does not translate effectively into an Indigenous context. Each community is different and it's important to let that community define what wellness will look like for them, and approach their goals from multiple levels. Evaluation of those goals should be defined by each Community Team as well.
- Encourage broader community involvement in the project and the specific youth-led community initiatives in order to create a shared sense of creation and success. For example, encouraging volunteer engagement from community members and peer-to-peer support.
- Recognize that peer-to-peer support and engagement is where youth are already typically accessing support, and help to build capacity and knowledge around supporting others in a safe and healthy way. The OSN will attempt to create a web of support for youth who are already actively taking on support works for friends and family.
- Normalize positive content and interactions and/or relationship building online and through a social media format. Strengths and successes of the projects will be shared via the nationally reaching We Matter Campaign.
- Incorporate culture into virtual spaces. When using Facebook chats, groups and virtual forums for debriefing and networking, ensure that culture is incorporated into every relationship and communication layer for the Ontario Support Network. It is encouraged that spaces similar to the Virtual Sharing Circles are recreated for knowledge transfer and sharing within the Ontario Support Network, and additional partners where possible.
- Difficult issues must be brought to the forefront in order for suicide to be addressed. Youth need to see themselves, their identities, and culture in a positive light with hope and resilience. The Ontario Support Network can foster spaces of support for participants so that they can see first-hand that dealing with difficult issues helps them go away, rather than making things worse.
- Allow for change to happen. The Ontario Support Network should always be dynamic, flexible, and accepting of changing needs and growth.



## References

- Absolon, K. (Minogiizhigokwe) (Auth.) Bruyere, G. (Amawaajibitang), Hart, M. A. (Kasketemahikan), & Sinclair, R. (Otiskewapiwskew) (Eds.) (2009). *Wicihitowin: Fernwood Publishing, Edmonton; ch. 9.*
- Barker, B., Goodman, A., & DeBeck, K. (2017). Reclaiming Indigenous Identities: Culture as Strength Against Suicide in Indigenous Youth in Canada. *Canadian Journal of Public Health, 108(2), p. 208-210.*
- Blackstock, C. (2008). Rooting Health in an Aboriginal Worldview. *The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO.*
- Centre for Suicide Prevention. (nd). A Suicide Prevention Toolkit: Trauma and Suicide in Indigenous People. *Canadian Mental Health Association. Retrieved from [www.suicideinfo.ca/resource/trauma-and-suicide-in-indigenous-people/](http://www.suicideinfo.ca/resource/trauma-and-suicide-in-indigenous-people/).*
- Cheechoo, C. (23 July 2018). Personal communication.
- Duran, E., & Firehammer, J. (Auth.) Stewart, S., Moodley, R., & Hyatt, A. (Eds.) (2017). *Indigenous Cultures and Mental Health Counselling: Four Directions for Integration with Counselling Psychology: Routledge, New York; p.107-124.*
- Feathers of Hope. (2018, July 23). Retrieved from [www.provincialadvocate.on.ca](http://www.provincialadvocate.on.ca).
- Grand Council Treaty 3. (2018, July 23). Retrieved from [www.gct3.ca](http://www.gct3.ca).
- Hallet, D., Chandler, M. J., & Lalonde, C. (2007). Aboriginal Knowledge and Suicide. *Cognitive Development, 22, p. 392-399.*
- Harlow, A. F., Bohanna, I., & Clough, A. (2014). *Crisis, 35(5), p. 310-321.*
- Health Canada. (2015). First Nations Mental Wellness Framework. *Web, <http://thunderbirdpf.org/first-nations-mental-wellness-continuum-framework/>, 10 August 2018.*
- Hill, G. (Auth.) O'Connor, T. S., Lund, K., & Berendsen, P. (Eds.) (1961). A Holistic Aboriginal Framework for Individual Healing. *Psychotherapy: Cure of the Soul: Waterloo Lutheran Seminary, Waterloo, p.59-69.*
- Indigenous Youth Life Promotion. (2018, July 24). Retrieved from [www.children.gov.on.ca](http://www.children.gov.on.ca).
- Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing Traditions: Culture, Community and Mental Health Promotion with Canadian Aboriginal Peoples. *Australasian Psychology, 11(1), p.15-23.*
- Lawson-Te Aho, K., & Liu, J. H. (2010). Indigenous Suicide and Colonization: The Legacy of Violence and the Necessity of Self-Determination. *International Journal of Conflict and Violence, 4(1), p. 124-133.*

Linklater, R. (2014). Decolonizing Trauma Work: Stories and Strategies. *Fernwood Publishing: Halifax*; p.19-50.

McLeod, S. (2011). Indigenous Youth Cyber Bullying. *Centre for Suicide Prevention*. Retrieved from [www.suicideinfo.ca/resource/indigenous-youth-cyber-bullying/](http://www.suicideinfo.ca/resource/indigenous-youth-cyber-bullying/).

Mushkegowuk Youth Council. (2018, July 24). Retrieved from [www.mushkegowuk.com](http://www.mushkegowuk.com).

Ontario First Nations Young People's Council. (2018, July 23). Retrieved from [www.chiefs-of-ontario.org](http://www.chiefs-of-ontario.org).

O'reilly, E. (23 July 2018). Personal Communication.

Roy, A., Noormohamed, R., Henderson, R., Thurston, W. (2015). Promising healing practices for interventions addressing intergenerational trauma among Aboriginal youth: A scoping review. *First Peoples Child and Family Review*, 10(2).

Tobias, J. K., & Richmond, C. (2016). Gimiigiwemin: Putting Knowledge Translation Into Practice With Anishinaabe Communities. *International Journal of Indigenous Health*, 11(1), 228.

Victor, J., Linds, W., Episknew, J., Goulet, L., Benjoe, D., Brass, D., ... Schmidt, K. (2016). Kiskenimisowin (self-knowledge): Co-researching Wellbeing With Canadian First Nations Youth Through Participatory Visual Methods. *International Journal of Indigenous Health*, 11(1), 262.

Virtual Sharing Circle #1. (29 August 2018). Personal Communication.

Virtual Sharing Circle #2. (4 September 2018). Personal Communication.

Walls, M. L., Hautala, D., & Hurley, J. (2014). "Rebuilding Our Community": Hearing Silenced Voices on Aboriginal Youth Suicide. *Transcultural Psychiatry*, 51(1), p. 47-72.

Wexler, L. (2009a). Identifying Colonial Discourses in Inupiat Young Peoples Narratives as a Way to Understand the No Future of Inupiat Youth Suicide. *American Indian and Alaska Native Mental Health Research*, 16(1), 1-24.

Wexler, L. (2009b). The Importance of Identity, History, and Culture in the Wellbeing of Indigenous Youth. *The Journal of the History of Childhood and Youth*, 2(2), 267-276.

Wilson, D. D., Restoule, J. P. (2010). Tobacco Ties: The Relationship of the Sacred to Research. *Canadian Journal of Native Education*, 33(1), p. 29-45.