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Mr. Andy Fillmore, MP
Chair, Standing Committee on Indigenous and Northern Affairs
Sixth Floor, 131 Queen Street
House of Commons
Ottawa ON K1A 0A6

Dear Mr. Chair and Members of the Standing Committee:

Re: Suicide Among Indigenous Peoples and Communities

Thank you for the opportunity to make this submission to your study on Suicide Among Indigenous Peoples and Communities. The Centre for Addiction and Mental Health (CAMH) recognizes that this is a complex and multifaceted issue. We encourage the committee to consider our comments and recommendations.

CAMH is Canada's largest mental health and addictions academic health sciences centre. We combine clinical care, research, education, system building and public policy to transform the lives of people affected by mental illness and addictions. CAMH offers clinical support and capacity building opportunities through collaboration with Indigenous peoples and communities through Aboriginal Services, the Northern Psychiatric Outreach Program and the Provincial System Support Program's Aboriginal Engagement and Outreach. We also have a number of ongoing research projects and initiatives related to Indigenous peoples.

Suicide Risk and Protective Factors in Indigenous peoples

Suicide is a leading cause of death among Indigenous peoples:

- Rates of death by suicide among First Nations are 2 times higher than the national average[1];
- Rates of death by suicide among Inuit are 5 to 25 times higher than the national average[2]; and
- Rates of death by suicide among Métis are 2 times higher than the national average[3].

Indigenous youth between the ages of 14 and 24 are at the highest risk of dying by suicide[4]. First Nations youth are 5 to 6 times more likely to die by suicide than non-

[1] Statistics Canada , 2016
[2] ITK, 2016
[3] Statistics Canada, 2016
[4] Kirmayer et al, 2007

Indigenous youth [5]and Inuit males aged 15-29 have rates of suicide that are almost 40 times the national average[6].

There are many interconnected social, community and individual level factors that contribute to the increased risk of suicide in Indigenous communities. Historical trauma (due to disease, displacement, residential schools and mass removal of children into care); intergenerational trauma (displayed through high rates of interpersonal violence); as well as childhood trauma and other adverse childhood experiences all increase the risk of suicide in Indigenous communities[7]. These various risks are compounded by social inequity, overt and systemic racism, and poverty[8]. Risk factors that impact the general population, such as depression, substance misuse, acute stress or loss, and exposure to suicide, further elevate risk[9].

There are also many factors that protect against suicide in Indigenous communities. It is important to note that not all First Nations, Inuit, or Métis communities or individuals have elevated risk, or incidence of suicide. Cultural continuity, and particularly attainment of self-government, is strongly co-related with lower suicide rates in British Columbia First Nations communities[10]. Social equity, safe and nurturing family environments, as well as mental wellness and healthy coping strategies also protect against suicide in Indigenous communities[11].

Enhancing Mental Wellness

Mental wellness and resilience are key protective factors against suicide and, as such, strategies to enhance mental wellness in Indigenous communities must be a priority. Mental wellness can be understood as a state of well-being where individuals have a sense of purpose, hope, belonging and meaning in their lives[12]. Mental wellness in Indigenous communities is grounded in cultural values, knowledge, language and practices and is embedded within the broader social and community context[13]. Achieving mental wellness amongst Indigenous peoples requires access to a continuum of evidence-based, culturally relevant mental health services and supports that include health promotion, prevention, intervention and treatment[14]. Indigenous communities must have control over the development and implementation of these supports and services[15].

[5] Health Canada, 2015
[6] ITK, 2016
[7] Benedict, 2015; ITK, 2016
[8] Ibid
[9] ITK, 2016
[10] Chandler & Lalonde, 2008
[11] Benedict, 2015; ITK, 2016
[12] Assembly of First Nations and Health Canada, 2015
[13] Ibid
[14] Assembly of First Nations and Health Canada, 2015; Benedict, 2015; ITK, 2016
[15] Crawford, 2016

Case Example: Enhancing mental wellness through CAMH Aboriginal Services, Engagement and Outreach

CAMH has long been committed to enhancing Indigenous mental wellness through our evidence-based, culturally-relevant services. Guided by the principles of respect, collaboration, equality, reciprocity, integration and continuity, we provide a range of services to support mental wellness amongst Indigenous peoples and communities[16].

CAMH's current work with Indigenous peoples focuses on providing clinical support on-site at our main location in Toronto; providing clinical outreach through in-person and televideo for Indigenous communities throughout Ontario, particularly Northern Ontario, and Nunavut; and building capacity in Indigenous communities across Ontario through professional development and education.

On-site clinical support

CAMH provides culturally-relevant mental health and addictions care to Indigenous peoples through our Aboriginal Services program. Inpatient and outpatient services are provided by Indigenous therapists and Elders. Recently, CAMH opened the first Sweat Lodge on Ontario hospital grounds to provide patients with the opportunity to incorporate Indigenous healing practices into their treatment plans. Our new ceremonial grounds also include a Sacred Fire and medicine garden for patients and staff.

CAMH also offers a 'Shared Care' model of service across the hospital. Clinicians in other programs can request support from Aboriginal Services if they are working with an Indigenous patient. Staff consultation or direct patient support from an Indigenous therapist or Elder is available through this service.

Clinical outreach

CAMH provides fly-in and televideo health services to rural and remote regions of Ontario and Nunavut through our Northern Psychiatric Outreach service. A collaboration in Ontario pairs psychiatrists in Toronto with primary health care teams in the North where they meet bi-weekly through the Ontario Telemedicine Network (OTN) to consult on patients with mental health and/or addictions problems. Psychiatrists are also available to meet directly via OTN with patients who have more complicated needs.

CAMH also hosts ECHO Ontario Mental Health with rural and remote health care providers in Ontario. The ECHO model, which originated at the University of New Mexico, is being replicated globally to address access to specialist care and enhance the quality of health care. Through televideo, providers ('spokes') connect with CAMH ('the hub') and the other providers to discuss cases of patients with mental health and/or addictions problems. An interdisciplinary team at CAMH provides support and guidance on how to best address and treat each case while drawing on the input and expertise of the other health care providers. The goal of the project is to build capacity and connections amongst Northern providers so that they are better able to serve patients in their communities.

In November, CAMH will launch ECHO Indigenous Wellness, which will bring together communities across Ontario. We have collaborated with partners in Aboriginal Health

[16] CAMH, 2016

Access Centres in Ontario to adapt the ECHO model to meet community and provider needs. Twenty-eight teams of Indigenous health care providers and other agencies will connect with an interdisciplinary team from CAMH that will include Indigenous mental health care workers and an Elder.

Capacity building

Through Aboriginal Outreach and Engagement, CAMH builds collaborative partnerships with Indigenous communities, provides training and support for workforce development, and improves practices through research and knowledge exchange. Our Mobile Training Teams Initiative provides responsive, relevant and culturally appropriate training for Indigenous workers in Northern Ontario to enhance their skills and competency in delivering mental health and addictions care. Workshops are developed and delivered in collaboration with Indigenous communities. Ongoing connection and support is provided through 'virtual learning circles'.

CAMH has also worked with Indigenous workers across Ontario to create new trauma-informed substance use screening and assessment tools for Indigenous peoples and a culturally enhanced Motivational Interviewing technique called "Dancing with Spirit: Conversations about Change".

CAMH is grateful to have the opportunity to partner with Indigenous people and communities to offer clinical service and capacity building opportunities to enhance mental wellness. But we know that these efforts, and the efforts of others working in similar partnerships, are only a small contribution to address a larger and more systemic problem. There is so much more that we can do together.

Recommendations

CAMH believes that any government strategy or intervention to address suicide among Indigenous peoples and communities must be embedded within a broader commitment to address the social and community level factors we previously described. With this in mind, CAMH's recommendations to government focus on enhancing mental wellness in partnership with Indigenous peoples while adhering to the principles of respect, collaboration, equality, reciprocity, integration and continuity. Our recommendations align with the health-related recommendations in the Truth and Reconciliation Commission of Canada: Calls to Action (2015).

Recommendation 1: Enhance evidence-informed, culturally-relevant mental health and addictions services for Indigenous peoples across Canada

The Government of Canada, in collaboration with provincial and territorial governments, should provide support and resources for collaborations between mental health and addictions organizations and Indigenous communities to provide a range of evidence-informed, culturally-relevant mental health and addictions services to Indigenous peoples across the country. This could include developing new services as well as expanding and facilitating access to existing services Particular attention should be paid to improving access to mental health and addictions services for Indigenous youth.

Recommendation 2: Explore the use of technology to improve access to evidence-informed culturally-relevant mental health and addictions services for Indigenous peoples across Canada

The Government of Canada, in collaboration with provincial and territorial governments, should provide resources to mental health and addictions organizations and Indigenous communities to improve access to evidence-informed culturally-relevant mental health and addictions services through the use of technology. Televideo health services and the ECHO model are already bringing culturally-relevant mental health and addiction care to rural and remote communities and increased investments can help bring these services to other Indigenous peoples across the country. Technology should also be considered when developing new culturally-relevant interventions in trauma, addiction and other mental health problems.

Recommendation 3: Support the development and dissemination of mental health and addictions system-level training, resources and tools for Indigenous communities

The Government of Canada, in collaboration with provincial and territorial governments, should provide resources to build the capacity of Indigenous workers to deliver evidence-informed, culturally-relevant mental health and addictions care in their communities. Mental health and addictions agencies and Indigenous communities can partner to develop and provide accessible training programs in their communities. Culturally-relevant, mental health and addictions resources and tools for Indigenous workers should also be developed and disseminated amongst Indigenous communities. Mechanisms for sharing these and existing resources and tools should be explored, including web portals and online databases.

Recommendation 4: Support evidence-focused, Indigenous-driven research and evaluation

The Government of Canada, in collaboration with provincial and territorial governments, should support collaborations between Indigenous communities and universities and other research institutions to conduct Indigenous-driven research and evaluation. Evaluations of culturally-relevant care, training, resources and tools are critical for evidence-informed practice and quality improvement. Similarly, research projects that address mental health and addictions-related issues in Indigenous peoples can help communities develop targeted mental wellness strategies. All research and evaluation projects must acknowledge the Ownership, Access, Control and Possession (OCAP) principals and reflect specific Indigenous research ethics and protocols.

Recommendation 5: Promote training and education on culturally-relevant care in medical schools and other healthcare programs

The Government of Canada, in partnership with provincial and territorial governments, should promote the importance of training and education on culturally-relevant care in medical schools and other healthcare programs across the country. Learning that focuses on the social-historical circumstances of Indigenous peoples, along with training in trauma-informed care and creating culturally safe environments will assist Indigenous peoples in cities and towns across Canada to receive the services they need to support

mental wellness. Governments should also encourage medical schools and other healthcare programs to prioritize the recruitment of Indigenous students.

Mr. Chair and Members of the Standing Committee, thank you again for the opportunity to provide input into your important study on Suicide Among Indigenous Peoples and Communities. We would be happy to meet with you in person to discuss our recommendations in more detail.

Sincerely,

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References

Assembly of First Nations and Health Canada. (2015). First Nations Mental Wellness Continuum Framework: Summary Report. Retrieved from: http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/pdf/pubs/promotion/mental/2014-sum-rpt-continuum/2014-sum-rpt-continuum-eng.pdf

Benedict, A. K. (2015). Dying to get away: Suicide among First Nations, Métis and Inuit peoples. In Kandhai, K (Ed.). *Inviting Hope (pp. 1-24).* Aboriginal Issues Press.

Centre for Addiction and Mental Health (CAMH). (2016). Guiding Directions: A Plan to Strengthen Our Practices and Partnerships with First Nations, Inuit and Métis Peoples. Retrieved from: http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/current_year/Documents/CAMH_Guiding_Directions_aboriginal.pdf

Chandler, M.J. & Lalonde, C.E. (2008). Cultural continuity as a moderator of suicide risk among Canada's First Nations. In Kirmayer, L. & Valaskakis, G. (Eds.). *Healing traditions: The mental health of Aboriginal peoples in Canada (pp.221-248).* University of British Columbia Press.

Crawford, A. (2016). Inuit take action towards suicide prevention. *The Lancet,388* (10049), 1036-1038. Retrieved from: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31463-5/fulltext?rss=yes

Health Canada (2015). First Nations & Inuit health – mental health and wellness. Retrieved from http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php

Inuit Tapiriit Kanatami (ITK). (2016). National Inuit Suicide Prevention Strategy. Retrieved from: htttps://www.itk.ca/wp-content/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf

Kirmayer, L., Brass, G.M., Holton, T. et al. (2007). Suicide among Aboriginal people in Canada. Aboriginal Health Foundation.

Statistics Canada (2016). Aboriginal Peoples Survey, 2012: Lifetime suicidal thoughts among First Nations living off reserve, Métis and Inuit aged 26 to 59: Prevalence and associated characteristics. Retrieved from: http://www.statcan.gc.ca/pub/89-653-x/89-653-x2016008-eng.htm