Nuu-chah-nulth Tribal Council

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November 29, 2016

Standing Committee on Indigenous and Northern Affairs
Sixth Floor, 131 Queen Street
House of Commons
Ottawa ON K1A 0A6
Canada

Ladies and Gentlemen:

Re: **Brief on Crisis in Suicide facing First Nations, Inuit, and Metis On and off reserve**

Thank you for the opportunity to present to the Standing Committee on Indigenous and Northern Affairs on this important subject. We regret that our commitments to our people made it impossible to present before the committee when you were in Vancouver on November 2nd. We trust that you understand our priority must always be to serve our people in achieving wellness, and our resources are spread thin in doing so.

Although we were not able to appear in person, I have attached a brief which addresses the matter before the committee. NTC has delivered health and other services to our First Nations communities for over 30 years, and has been a leader in integrating culturally safe and innovative approaches to healing and wellness.

It is impossible to elaborate fully in a short document, but we will welcome any follow up questions that the committee may have. Please direct questions to Simon Read, our Director of Community and Human Services and he will relay them to me or to other staff as appropriate.

Yours sincerely,

Original signed by Debra Foxcroft

Debra Foxcroft, RSW, OBC
President Nuu-chah-nulth Tribal Council

BRIEF TO
STANDING COMMITTEE ON INDIGENOUS AND NORTHERN AFFAIRS
RE: CRISIS IN SUICIDE FACING FIRST NATIONS, INUIT, AND METIS ON AND OFF RESERVE

NOVEMBER 2016

SUMMARY

Suicide is not something to be addressed as a crisis. Solutions must address more than the final act. The Nuu-chah-nulth Tribal Council was incorporated in 1973 to provide common services for its 14 member First Nations on the West Coast of Vancouver Island.

We are survivors of trauma. Grief and loss remain powerful in our communities today, and we have more than our share of introduced abuses, including alcohol, prescription and other drug abuse, family violence and sexual assault. Our recent history as an organization has been devoted to reclaiming our identity and providing culturally appropriate services for our members.

For one third of our citizens in reserve communities there are extreme challenges due to very small size, isolation and lack of resident services. For the two-thirds living off-reserve, there are challenges of social isolation and lack of culturally safe services.

We estimate about 500 serious contemplations of suicide among our 10,000 members every year. In the 1990s in our local area there 3.1 suicides per year, an ASMR of 5.8. This was less than other First Nations, but still 4.5 times the rate for our non-aboriginal neighbours.

NTC has established a high level of support in our home communities. During the last 3 years, we have identified 24 suicides among our population. Almost all (20) were members living off-reserve.

We believe that this is due to the lack of accessible, culturally safe services in the urban areas. Mainstream services under provincial jurisdiction have a long way to before they will be readily accessible by our citizens.

Since 1990, NTC has worked at developing the community driven, culturally based approach led by our Quu'asa wellness service, which is a best practice for aboriginal healing. Appendices include and overview and evaluation of Quu'asa service.

Based on our knowledge and experience, we recommend:

1. **National support for services which will integrate local indigenous cultural approaches to wellness, per original vision for Wellness pilot projects.**
2. **Support for the extension of such services to First Nations citizens living off-reserve.**
3. **Support for an intensive residential healing program accessible to our urban Nuu-chah-nulth members.**

1. INTRODUCTION

To begin we say that **suicide is not something to be addressed as a crisis**. It is but one expression of the trauma which our people have undergone, and which in many respects continues. It is an extreme action taken out of despair, often in a few seconds, when no other path forward creates belief in a better future. Solutions must address much more than the final act which is identified as suicide. In our language we say "*hish uk nish tsa walk"* often translated as "everything is one and interconnected."

2. WHO WE ARE

The Nuu-chah-nulth Tribal Council (NTC) has roots in political confederacies dating back hundreds of years. More recently it was incorporated as a society in 1973, to act on behalf of its 14 member First Nations and their citizens.

Genetic evidence shows that Nuu-chah-nulth have existed as a distinct group for some 70,000 years.

The Hahoulthee or original territories of Nuu-chah-nulth First Nations include the west side of Vancouver Island and the adjoining ocean. A sophisticated hereditary system provided for governance and resource management and supported a population around 100,000 before Europeans arrived. After that, introduced disease was a significant factor in population decline to about 2000 in the 1920s. Since then we have been growing, now with 10,000 registered members.

About one third reside in reserve communities, and the other two-thirds off-reserve, mostly within 100 kilometres.

3. HISTORICAL TRAUMA

Like many First Nations people today, we are survivors of trauma. Losses to epidemic diseases continued to be severe well into the twentieth century, and caused many disruptions of training for governance and other roles such as resource management and healing which were trained along hereditary lines. Beginning in the late 1800s, missionaries and Indian Agents arrived with a mandate to change our way of life. Our children were removed to residential schools, continuing until 1983. From the Sixties Scoop on, many of our children were removed to foster care, further disrupting families and breaking the cycle of indigenous teachings. Grief and loss remain powerful in our communities, and we have more than our share of introduced abuses, including alcohol, prescription and other drug abuse, family violence and sexual assault.

4. RECLAIMING IDENTITY

In 1980, a consultant to the Nuu-chah-nulth Tribal Council identified the trauma of residential school, poor health, and child welfare as critical issues. Direction was given for NTC to "take over" these services. This led to the creation of Usma Nuu-chah-nulth as the first delegated aboriginal agency for child welfare in British Columbia in 1987, and one of the first transfers of Health Services from Health Canada in 1988. An important aspect of the transfer of authority is our ability to transform services to incorporate more cultural approaches and to be culturally safe for our citizens to use.

5. COMMUNITY SIZE AND ISOLATION

Our identity is closely tied to the resources of our territories, including the marine environment. We have been referred to as “Salt Water People” in reference to our diet and lifestyle. Our home communities are on the coast, located to access ocean and river resources. We now have 22 communities occupied year round and a number of others used seasonally.

For people raised in urban centres, it is often difficult to comprehend what it is like to reside in a small isolated community. The median size of our 22 year round communities is 40. The smallest now have only a single remaining household and the largest is about 1,000. The majority are accessible only by boat/float plane, or by logging roads, and weather regularly cuts off access for periods ranging from hours to days at a time.

Isolation fosters independence and resilience, but it also means that emergency services taken for granted by other Canadians are not available. It may take RCMP two or three days to arrive after an emergency call. There are no resident medical professionals, nurses or psychologists. Services are provided on a visiting basis, frequency variable based on population, but generally weekly.

In between, community workers and volunteers, often with limited training, provide basic service and are the first line response for crisis and emergency events.

One of our greatest strengths remains our extended families. Although family bonds have been disrupted by historical trauma and efforts to eliminate indigenous teachings, there remains a strong core of values. There are people willing to help, especially in times of crisis.

6. URBAN ISOLATION

Our people reside in urban areas for many reasons, including:

- Never returned home after residential school, didn’t fit in.
- Raised in foster care, no family connection
- Victim of trauma or abuse in home community, left to escape abuse.
- Need medical care not available at home.
- Following employment opportunity
- Lack of housing
- Children of any of above

We hear from many urban citizens that they are isolated from their families, do not get support from them, do not learn about their culture, are isolated from home territory and do not have access to indigenous foods and medicines.

Many live in poverty, struggle with mental illness, or are caught up in addictions, which further isolate them from family and other supports. Mainstream health, social and justice services operate within a model which generally does not provide for cultural safety, and at worst re-traumatizes those who are most vulnerable.

7. SUICIDE IN NUU-CHAH-NULTH COMMUNITIES

Information on suicide is often magnified by immediate crisis, but also under-reported in mortality statistics due to stigma leading to reports of drug overdose or accident instead. Privacy issues also limit access to data for small populations. We emphasize the focus needs to be on more than completed suicides, due to the high incidence of risk for the entire population.

From 1991 to 1999, NTC has mortality information for First Nations people in Local Health Areas 70 and 84 which closely align with Nuu-chah-nulth territory. In this time and place, there were 28 completed suicides reported, averaging 3.1 per year. About 2/3 were male and 1/3 female.

The corresponding Age Standardized Mortality Rate (ASMR) was 5.8 per 10,000 First Nations population. This was about half the First Nations ASMR of 12.3 reported by the Provincial Health Officer for all of B.C. from 1995 to 1999.

The ASMR for First Nations was 4.5 times higher than for the non-First Nations in the same local area.

Standardized data is not available after 1999, but we do have program service statistics. These report interventions with youth who were suicidal, and with others at risk, but do not include interventions made by other community workers or families.

INTERVENTIONS	2014/2015	2015/2016
With Youth	110	128
With Others	140	156
Total	250	274

Hospital Records only capture the more severe cases which are brought to hospital. The numbers declined from 1990s when there were about 70 psychiatric admissions per year in Port Alberni but only 37 per year from 2010 to 2014.

We believe there are about 500 incidences of serious suicidal contemplation in our population annually. Although most are young adults, attempts span all age groups from young teens to elders.

However, the distribution is uneven. Our staff who are most involved with prevention and intervention have identified 24 completed suicides from our First Nations within the last 3 years.

Of these, 4 are from the reserve communities, 20 are from off-reserve communities. It is significant that the large majority of completed suicides are in urban areas, away from culturally safe services.

NTC and our members have developed wellness services over the last 20 years that are culturally safe, and accessible to people in our home communities. For the most part funding for has flowed from Health Canada (since 2013 through the First Nations Health Authority).

NTC is able to provide some outreach service to nearby off-reserve communities, but only occasional outreach to more distant cities such as Vancouver.

8. FACTORS CONTRIBUTING TO ELEVATED RISK

The Standing Committee will have heard many negative measures of conditions in First Nations communities that contribute to suicide, including poverty, substance abuse, violence, family breakdown, mental illness and other health conditions.

Suicide is one extreme result of historical and ongoing traumatic experience common to most First Nations communities across Canada. There has been a breakdown of community and family structures that originally supported healthy belonging and identity.

Suicide results from being in a state of despair, and not being able to see any way to move forward in life. It is often the result of a "spur of the moment" action, especially when alcohol or drugs impair judgement.

A strong sense of identity is important to self-esteem. For generations Canadian institutions worked to devalue First Nations culture and identity. Ignorance, negative stereotypes and attitudes remain pervasive among the larger population, and it takes a strong support network to keep from internalizing negative beliefs.

The transition to adulthood is difficult for any youth, but even more so for First Nations youth. In addition to peer pressure there are expectations to complete school, get a job, have a relationship. For First Nations youth there is often a sense of not fitting into either First Nations or mainstream culture.

9. EXISTING SERVICES

NTC provides most services to our member First Nations home communities. We have a staff that includes 6 clinical counsellors, and 8 Quu'asa Wellness workers who work through a Nuu-chah-nulth cultural lens. Staff travel to communities on a weekly rotation and provide services in homes or community facilities. NTC also provides some outreach for Child and Youth Mental Health through a contract with the B.C. Ministry of Children and Family Development, and has a training/capacity building coordinator. The largest of our member First Nations employ their own counsellors or cultural workers, but most have no specialized resident health workers.

NTC provides outreach once a year to citizens in major urban areas such as Vancouver. We also provide support services to members in nearby centres such as Port Alberni, and can arrange contract clinical counselling services for our members wherever they reside.

Vancouver Island Health Authority (VIHA) Mental Health and Addictions staff are available in principle, but not readily accessible. Although there are some community members who will use the VIHA service, it is generally difficult to access and <u>not culturally safe</u>. Provincial ambulance and paramedics are available to our most urban communities, but the majority must arrange emergency transport themselves.

The First Nations Health Authority has developed a "Crisis Response Protocol" with VIHA, which may parachute VIHA staff into a community in crisis for a short time. However, the level of <u>cultural safety still needs to be improved</u> for most of these practitioners and the real need is for ongoing culturally safe support, not temporary crisis reaction.

10. COMMUNITY DRIVEN APPROACH

Soon after the transfer of health services from Health Canada in 1988, NTC began to work on more culturally appropriate strategies.

- A study of residential schools was begun in 1990 and later published as Indian Residential Schools: The Nuu-chah-nulth Experience.
- Also in 1990, NTC began work to analyse the relative competencies of Alcohol and Drug Workers who were community members working with a cultural base, and Clinical staff who were academically trained in mainstream practice. This resulted in significant levelling and mutual respect, and an increase in cultural competency and humility for all participants.
- In 1997, NTC piloted a Diploma Course in Quu'asa Counselling with Malaspina College which blended mainstream counselling and Nuu-chah-nulth cultural training.
- From 1999 to 2004, the Nuu-chah-nulth Healing Project operated with support from the Aboriginal Healing Foundation, and further developed cultural healing strategies. There was a challenging gap from 2004 to 2007 after the AHF funding ran out.
- In 2007, NTC was approached by Health Canada to undertake a **pilot project on Mental Wellness** as part of a National Wellness strategy. The Quu'asa Wellness project started in 2008.
- In 2012 the First Nations Health Authority took over Health Canada's role in B.C. and has continued funding Quu'asa, now a recognized best practice in healing.

APPENDIX 1. QUU'ASA WELLNESS APPROACH: A BEST PRACTICE

Following outlines Quu'asa process built from teachings of Nuu-chah-nulth elders. It was developed over a lengthy period and in consultation with our communities. Other First Nations may find value in the process, but will need to adapt it to their own culture and ceremony.

Key Elements included

- Collaborate with 14 Nuu-chah-nulth First Nations & NTC Mental Health Services
- Integrate a multi-disciplinary, balanced, culturally sensitive healing approach including traditional healing practices and western approaches for counselling
- Respectfully provide client-driven, culturally sensitive, strength based treatment

Community Ownership

- Community identified that **culture** was missing from healing
- Invited agencies to gathering to assist in providing healing support
- Discussions with community workers to learn needs

Culture is Healing

- Hard to explain outside culture of traumatized extended family and community
- Key Elements
  Work from strengths, not disease.
  Transformation
  Connection to place
  Ceremony

Transformation

- Quu'asa program is about transformation
  Individual
  Family
  Community
- Use traditional teaching through stories, *himwitsa.*

Connection to place (territory is part of identity)

- *Hish uk ish tsawalk* Everything is one
- Holistic, spiritual, physical, emotional and intellectual, and understood in the flow of generations past, present and future.
- Nuu-chah-nulth practices reinforce the oneness
  - Ritual bathing at specific locations ***(Oosimch)***
  - Gratitude before harvesting
  - Stories ***(himwitsa)***
  - Ceremony
  - Elders teachings ***(ha-huu-pa)***
  - *Issaakmis* (respectfulness)

Ceremony

In Nuu-chah-nulth culture, major transitions in life are marked by ceremony. This includes traumatic events. A new name is often given to mark the new stage, typically birth, first walking, coming of age, and elder. The effectiveness of ceremony is partly because it involves many people, family, relatives, elders, service providers who become part of the resources for healing, and may also progress in their own healing.

- The Quu'asa process uses ceremonies which engage the participants in their own healing. Some examples include:

  LIFTING UP
  - To overcome sense of unworthiness, and connect with spirit.
  - Starts new chapter in life.

  LETTING GO
  - To "brush off" those things that hold back transformation.
  - Includes naming from Nuu-chah-nulth family names.

  WELCOME HOME
  - To reconnect with family and community.

  NEW BEGINNING
  - Includes feast, blanketing and reconnection to land and culture.
  - Also giving away something to symbolize getting rid of "old stuff".
  - New beginning includes a new beginning with family and other relationships that may have been fractured.

APPENDIX 2. A FEW CONCLUSIONS QUOTED FROM QUU'ASA PROJECT EVALUTION (2012)

- The Quu'asa Wellness Project has provided an important cultural healing service that was previously missing from the continuum of care.
- Increased awareness of services has led to an increase in referrals from other services to Quu'asa and from Quu'asa to other services.
- The Quu'asa Mental Wellness Project has led to increased access by participants to all types of mental health supports. By providing a culturally safe point of access, Quu'asa has facilitated access to other services as well. Evaluation data supports the conclusion that many of the project participants were "falling through the cracks" before the project began.
- The Quu'asa Project has been instrumental in improving collaboration across a broad range of mental wellness services. Responses are almost unanimous in supporting this, including:
    - First Nations Service Providers and Leaders
    - Tribal Council Service Providers including:
        - Clinical Counsellors
        - Nurses
        - Child and Youth Mental Health
        - Education
        - Child Protection
    - Health Authority Providers
        - Mental Health & Addictions
    - Other Providers, such as Probation, Homelessness, A&D Treatment Centres, Residential School Healing Support
- The project has been highly successful at filling the gap in cultural healing service, broadening the base of people with knowledge to support cultural healing and validating the use of cultural approaches.
- First Nations Community leaders and service providers are unanimous that the Quu'asa project is consistent with Nuu-chah-nulth ways and express considerable pride in seeing a mental wellness service that is based in their own culture.
- They also express increased confidence in their own community based services (81%), in the capacity of families to help their members (84%), and in their own capacity to help people deal with mental wellness issues (84%).
- Perhaps more important is that knowledge appears to be followed by action evidenced by increased referrals among cultural, clinical and other providers, and some striking examples of collaboration to help specific participants.
- There are preliminary indications from participants themselves that they know more, feel better and are acting more constructively with family and community than before the project.

The painting symbolizes the Quu'asa Wellness program and is a teaching tool:

- **The orca whale symbolizes transformation**
- **Whale in sea, wolf on land**
- **The fin outside the circle indicates how we can move outside the past.**
- **The other whales together show us family.**
- **The raven is the story teller.**