Michael Howlett's Keynote Address
Ontario Hospital Association Aboriginal Conference
Challenges, Issues and Advances in Cross-Cultural Care – Ontario's Aboriginal Experience

September 24, 2008

Welcome/Introduction

Good evening and thank you for inviting me to speak here today. This event is so important because it brings caring people together to share information and learn from each other. So that we can go back out into communities with greater enthusiasm and effectiveness.

I joined the Mental Health Commission of Canada in the spring of this year. As with my previous role, for the last five years, leading the Canadian Diabetes Association, I took on this challenge because of a personal connection. Mental health issues have touched my life in many ways.

When Michael Kirby asked me to consider the role of President and Chief Executive Officer of the Commission, I was headed for retirement. But the more I learned about the people, the issues and the Commission's plans, I could not turn my back on the opportunity to help improve the system of mental health care in Canada. The truth is, I am terribly concerned about the future of this country. We lag so far behind many other industrialized countries when it comes to helping people with mental health problems.

Because of my role, I have something in common with the people in this room. You and I share the same tremendous challenges and opportunities: we are all working to improve the health of Canada's Aboriginal people.

And we know that while we have much to do to help improve the mental health of Aboriginal Canadians, there is also a lot we can learn from them.

This evening, I'd like to talk about the situation and the challenges we face. And demonstrate that there is a great deal of hope for the future. Mental health remains a stigmatized issue for Canadians – and one that to date has received little attention and support. Addressing mental health issues among Indigenous people in Canada is a complex problem. While many First Nations, Inuit and Métis people live rich, meaningful and fulfilling lives, many Indigenous people and communities face multiple challenges and barriers that directly compromise their mental health and well-being. But we are at a turning point. A point at which we are realizing the full potential of collaborating and drawing upon Aboriginal healing ways—for the health of First Canadians and all Canadians.

The Mental Health Commission of Canada

Our first challenge, as people that are trying to address the mental wellness of Canadians, is to bring mental health out of the shadows. This is an aspect of health that is fettered by stigma, misinformation, misunderstanding and until now, a lack of resources. The Mental Health Commission of Canada was established in March of 2007. It came from a recognition that people with mental illnesses have the right to obtain the services and support they need. They have the

right to be treated with the same dignity and respect that we give everyone who is struggling to recover from any form of illness or disease.

We have several roles at the Mental Health Commission of Canada:

- To be a catalyst for the reform of mental health policies and improvements in service delivery;
- To act as a facilitator, enabler and supporter of a national approach to mental health issues;
- To diminish the stigma and discrimination faced by Canadians living with mental illness, and;
- To disseminate evidence-based information on all aspects of mental health and mental illness to governments, stakeholders and the public.

We are addressing our responsibilities through our key initiatives:

- **An Anti-stigma / Anti-discrimination campaign**: The Commission is launching a major, national, 10-year anti-stigma and discrimination reduction campaign. This is the largest systematic effort to reduce the stigma of mental illness in Canadian history. In our first year, we're working with young people aged 12 to 18 and health care workers.
- **A national strategy for mental health**: We recognize that Canada is the only G8 country without a national strategy to address mental illness. Which is why we are working with all

members of the mental health community to help develop this strategy.

- **Homelessness & mental health research**: We are setting up major research demonstration projects in Vancouver, Winnipeg, Toronto, Montreal and Moncton. The Winnipeg project will focus on the urban Aboriginal population, the others will focus on diverse cultural groups. Over five years, we will develop a body of evidence that will allow Canada to become a world leader in providing services to homeless people living with mental illness.
- **Our 4th Initiative, the Knowledge Exchange Centre**: We are creating an internet-based system to allow governments, service providers, researchers and the general public to access evidence-based information about mental health and mental illness and to enable people across the country to engage in a variety of collaborative activities.

These are the key initiatives the Commission currently has in place to address mental health in Canada. But we cannot address the mental health of all Canadians unless we are addressing the mental health of the *First* Canadians.

Aboriginal mental wellness – situation and challenges

Many Indigenous people in Canada face an enormous challenge when it comes to mental wellness. In addition to the stigma and barriers that all Canadians living with mental health issues face, Aboriginal people are also faced with harmful and negative attitudes based on misunderstanding and racist stereotypes.

First of all, we need to understand that Aboriginal people are not more predisposed than anyone else to mental illnesses. However, the negative effects of colonization, assimilationist policies and historical relations of power on Aboriginal peoples' health and wellbeing have been well documented and are in great need of repair and reconciliation. Among the damaging consequences are depression, suicide and addiction—in rates much higher than in the general population.

While many First Nations communities have low to zero rates of suicide, in others, suicide among First Nations youth has been reported at rates five to six times higher than non-Aboriginal youth in Canada. Suicide rates among Inuit youth are among the highest in the world, at 11 times the national average. Think about this in light of the fact that Aboriginal groups are much younger than the non-Aboriginal population:

- 40% of Inuit are children under 15 years of age.
- 30% of the Métis population consists of children under 15.
- Of the North American Indian population, 25% of those with legal status and 35% of those without legal status are children under 15 years of age.

We need to understand that the struggles faced by Aboriginal Canadians stem from colonial policies and practices affecting successive generations: the reserve system, laws banning spiritual

practices, the residential school system and most recently, the '60's scoop' of Aboriginal children by child welfare authorities.

- Over half of First Nations peoples live on reserves: a problematic environment further exacerbated by their often remote locations.
- Five of the largest Inuit communities are clustered above or near the 60th parallel in western territories and eastern provinces.
- For Métis, history has determined their current status – particularly because their relationship with other Canadians has not been governed by treaties or other land claims.

Over one third of Canada's Aboriginal people have been affected either directly by residential school experiences or indirectly as family or community members linked to survivors. The devastation to the social, cognitive, spiritual and physical health of Indigenous peoples cannot be overstated.

According to native Elders, we also need to understand that western models of mental health which center the individual, are not always compatible with an Aboriginal worldview of health and wellbeing, which reflects a more holistic, interconnected and relational approach to wellness. You may know that there is no concept for 'mental health' in traditional Aboriginal languages. From an Aboriginal perspective, mental wellness includes physical, emotional, cognitive and spiritual health, requiring synergy between the mind, body, and spirit and "right relations" with all creations of the Great Spirit.

Related to this, many Aboriginal people face obstacles and limitations when it comes to key determinants of health. As those of us working in healthcare know, health is determined by a number of factors: income and social status, social support networks, education, employment and working conditions, physical environment, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, geography and culture. While these many factors were recognized relatively recently by mainstream society, such a holistic view has been central to Aboriginal healing since time immemorial.

Unfortunately, for many generations of Indigenous people, attainment of holistic health was made impossible by political, social and economic forces over which they had little or no influence. But the tides are changing. We are in a time of transition in which Indigenous people are gaining greater control over those factors that determine their health. And we realize that a solution requires collaboration across the economic, social, cultural and health sectors.

For this, and other reasons, we are at a turning point. Mainstream society is recognizing that there is much to learn and draw upon from Aboriginal healing ways. We, at the Mental Health Commission of Canada, certainly recognize this.

We have much to learn from societies where community is central to individual and family wellbeing. From societies in which relationship is

a core value and the wellbeing of one affects the wellbeing of all. Societies that have rich resources of traditional knowledge to serve as a basis for mental wellbeing.

My own experience with western approaches to mental health illustrates how much we have to learn from Aboriginal ways. It wasn't that long ago that our society dealt with mental illness by institutionalizing people for life. I lost my oldest brother to the mental health system.

When he was just 16, my brother was placed in a mental health facility where he spent the remainder of his days until he died at age 66. My mother never saw him again. My father, no matter where in the world he was, stayed in contact with him, but my brother was essentially lost to our family. I have to wonder how things would have been different if my brother was able deal with his mental illness supported by his family and his community.

We have learned from Aboriginal ways that caring social relationships and supportive networks provide stability for people and help them solve problems and deal with adversity. Strong families and strong communities are essential.

MHCC – Aboriginal Strategy

For the Commission, Aboriginal mental wellness is integral to our work overall – to our key initiatives. From two perspectives: we are working to improve the health of Aboriginal peoples, and we are

learning from their ways and applying what we learn for the benefit of all Canadians.

A key asset to the Commission is our First Nations, Inuit and Métis Advisory Committee. This Committee is connected to, has a vested interest in, and is integral to, all of the work of the Commission. Representatives include Inuit, First Nations, and Métis members from coast to coast to coast, as well as non-Aboriginal members who have demonstrated their commitment to working as allies in the promotion of Aboriginal mental health and wellbeing.

The role of the First Nations, Inuit and Métis Advisory Committee is to promote mental health for all Canadians, with particular attention to the traditions and cultures that support healing, wellness, and mental health in Aboriginal populations. Committee Chair, Bill Mussell articulates the role of the committee and how it relates to what I'm talking about today. Bill says,

> "This work involves building on what we have learned from our forefathers and foremothers, while still evolving and learning from other traditions and practices around the world. We are committed to integrating the best of all worlds – using the optimal tools we can get to support healing and wellness, and mental health, of our people, and other Canadians."

This year, the First Nations, Inuit and Métis Advisory Committee has identified and embarked upon its first two, foundation-laying projects.

The first of these is our **Cultural Safety Project**. To help others, we need to understand them within the broadest context, including the historical, political and social factors that shape their health. We need to recognize where structural inequities and power imbalances exist. We need to be open to participating in cultures other than the one we are born into.

The good news is that there is a strong tradition of healing in Aboriginal communities upon which to build. To restore wellness, social justice for Indigenous people is critical. As care providers, we must use culturally appropriate and culturally safe treatment, centered on Indigenous philosophy and practice. This is what cultural safety is all about.

Through our cultural safety project, we will develop a better understanding of cultural safety and how it applies to all Canadians. We will support training in cultural safety and will provide education to promote understanding, awareness and application of cultural safety in everyday practice.

The second of the two projects I mentioned is our **Ethical Framework Project**. We all know the important role of ethical guidelines – to protect vulnerable populations against undue harm – as we know them in university-based research settings or in professional codes of ethics. But we have no such guidelines to support the very vulnerable consumers of front-line mental health and addiction programming. Which is why the establishment of such a

framework to guide prevention and treatment program development and delivery for Indigenous populations is a priority for our First Nations, Métis and Inuit Advisory Committee.

After a rigorous research and consultation process, including advice from a diverse group of Indigenous people, and including elders, healthcare leaders, mental health and addiction workers and traditional healers, we will field test the framework that we establish through a pilot project. We will then design and implement education sessions for key stakeholders for better understanding, awareness and application of the ethical framework.

Complementing these two new projects will be our consistent integration of Aboriginal expertise, perspective and insights throughout all Commission initiatives. It's easy to see how important this is to the key initiatives I mentioned earlier.

For example, within our Knowledge Exchange Centre, we must work to reconcile the scientifically based knowledge that tends to define western medicine with the human, natural and supernatural relationships found in Indigenous learning traditions. This strengthens our work because it will create new currents of knowledge that flow in several directions. And it will overrun entrenched ways of thinking for more inclusive, valid and useful approaches.

With regard to overcoming stigma, we need a shift from western models that tend to identify people by their illness to a more holistic

and less stigmatizing approach that looks outside of the individuals for answers and healing.

Conclusion

In closing, I hope that I've brought some new insight to this group about the challenges we face collectively, but also the promise that comes from learning and collaborating with our Aboriginal communities.