FIRST PEOPLES
WELLNESS CIRCLE

Recommendations for the 2024 Federal Budget

Strengthening the First Nations Mental Wellness Workforce by Promoting Equity

Submitted by First Peoples Wellness Circle

February 2024

To achieve equity between the First Nations mental wellness workforce and equivalent positions in Western/mainstream organizations, First Peoples Wellness Circle is calling on the federal government to:

1. Provide additional funding to support health human resources for the First Nations mental wellness workforce. This includes funding to ensure wage parity, equitable working conditions, and the creation of culturally safe practices and standards.

2. Provide equitable funding and resources in order to protect the scope of work of the mental wellness workforce.

3. Prioritize providing Indigenous-led organizations with equitable funding and resources to lead and promote culturally relevant and culturally safe mental wellness care and services within and across First Nations communities.

Who We Are

FPWC is an Indigenous-led national not-for-profit dedicated to enhancing the lives of First Peoples in Canada by addressing healing, wellness, and mental wellness barriers.

The organization's purpose is to walk with as well as support First Peoples and communities to share collective intelligence for healing, peace-making, and living a good life. FPWC's approach is centered on promoting wellness pathways based on Traditional Knowledge and culture that supports healing and wellness as well as fosters Two-Eyed Seeing.

A primary focus of FPWC is to support the frontline mental wellness and trauma-informed specialist workforce. **FPWC directly supports and advocates for Mental Wellness Teams (MWTs), including Crisis Response Teams, and the Indian Residential Schools Resolution Health Support Program (IRS RHSP) across Canada.** FPWC aims to foster resilience, well-being, and mental wellness within First Nations communities by creating and disseminating culturally safe and relevant resources to enhance workforce capacity and promote workforce wellness.

Hope

Belonging

Meaning

Purpose

The First Nations Mental Wellness Workforce

First Nations communities report higher rates of mental wellness challenges as a result of colonial policies and practices and the effects of historical intergenerational trauma. Communities also experience inequitable access to safe and competent healthcare. In response to this, MWTs were established in 2007, and there are currently over 60 teams that provide culturally safe, competent, and high-quality mental wellness care to over 300 communities. In addition, as part of the 2006 IRS Settlement Agreement, the IRS RHSP was created to provide former IRS students and their families with mental health, emotional, as well as cultural supports and services. In contrast to dominant Western healthcare services, these workforces operate from a community-focused, strength-based, and healing-centered approach, utilizing both Western/mainstream and traditional healing models and methods, including land-based healing. Since its inception, the wholistic approach and cultural supports provided by MWTs and the IRS RHSP have been, and continue to be, in very high demand (Assembly of First Nations, 2020).

"...communities with MWTs have a much stronger capacity to deal with mental wellness issues, handle crises and contribute to stronger resilience and mental wellness of community members" (Health Canada, 2014:28).

The care and healing provided by the First Nation mental wellness workforce goes beyond the scope of work of similar roles in non-First Nations contexts. Their services encompass individuals' care across the lifespan, with varying, complex, and intersecting needs. Their work is compounded by historical and recent events such as those related to Murdered and Missing Indigenous Women and Girls, Indian Day Schools, the Sixties Scoop, and recovery of missing children and unmarked burials. The workforce is also impacted by the effects of climate change, which can disrupt land-based healing methods and lead to community evacuations. Over the last five years, there has been an increased demand for mental wellness support and services to assist in emergency and risk management. This includes a demand for support/services in evacuation planning and helping people remain connected to their well-being and mental health when they are displaced from their communities.

Inequitable and Inadequate Federal Funding and Support for MWTs and IRS RHSP Workers

While recognized as being highly effective (Health Canada & the Public Health Agency of Canada, 2016), the First Nations mental wellness workforce contends with significant challenges to sustain and enhance their work, which stem from unpredictable and one-time funding structures. Often, MWTs and IRS RHSP workers operate with fewer resources than equivalent positions in Western/mainstream organizations and programs. This negatively impacts workforce wellness, staff recruitment, and retention.

Workforce Wellness

Many MWT and IRS RHSP staff are part of the communities they serve. This puts them at a greater risk than non-First Nations service providers and care workers to experience lateral violence, burnout, compassion fatigue, and post-traumatic stress disorder. Workers need time and culturally-informed resources to support their own healing, such as sufficient days off, and access to Elders, healers, and culturally-safe debriefing (such as the Indigenous Crisis Debriefing Model being developed through FPWC).

Employment Recruitment and Retention

Significant challenges related to worker recruitment and retention within the First Nations mental wellness workforce are rooted in insufficient funding to support staff (Health Canada and the Public Health Agency of Canada, 2016; Sutherland et al., 2019). Despite stressful working conditions, high workloads, and high demand, the workforce does not have the same resources as those working in similar positions elsewhere. These are particularly significant issues for northern and remote communities (Task Group on Mental Wellness, 2023). A recent survey showed that between 2020 and 2022, over 60% of IRS RHSP workers had a significant increase in their workload (FPWC, 2024). However, less than half of IRS RHSP organizations were able to hire additional staff as a result of funding restrictions, and staff overtime was often used to address the additional workload.

The most fundamental need identified by MWTs is a commitment to adequate, flexible, stable, long-term, and sustainable investments to allow for the development of a stable workforce (Sutherland et al., 2019). Without dedicated, ongoing, and permanent investments in the First Nations mental wellness workforce, First Nations families and communities will continue to lack access to care and healing, which will have ongoing intergenerational impacts on their communities.

"[With] short funding cycles, low wages, and resource challenges, communities are not able to hire and retain qualified and experienced staff members, and some communities end up hiring unqualified staff" (Health Canada and the Public Health Agency of Canada, 2016:29).

Recommendation #1

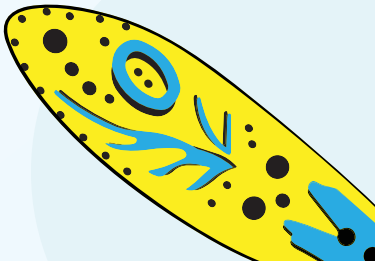
We call on the federal government to provide additional funding to support health human resources for the First Nations mental wellness workforce. This includes funding to ensure wage parity, equitable working conditions, and the creation of culturally safe practices and standards.

The current inequities in the healthcare system go against the rights of Indigenous people. Articles 3, 4, 23 and 24 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) identify Indigenous peoples' right to achieve their highest level of health, have access to cultural healing, to practice self-governance and lead the delivery and design of their programs. The Truth and Reconciliation Calls to Action requires the federal government to close the significant health gaps between Indigenous and non-Indigenous communities, which cannot be achieved with existing system-wide inequities.

The system-wide inequities that impact First Nations mental wellness are perpetuated by unpredictable and one-time funding structures that lack government transparency and accountability. The federal government must allocate equitable and increased annual resources to meet the needs of the First Nations mental wellness workforce. This includes ensuring wage parity, adequate infrastructure and offsetting the rising cost of operations associated with increasing demand. Funding is also needed to support self-governance initiatives, such as the development of a National Indigenous Mental Wellness Association to create and implement accredited training programs and culturally safe standards of care. This will help ensure that workers are sufficiently trained, have access to culturally-appropriate supports, and maintain quality of care equitable to Western/mainstream services.

Between 2011 and 2018, approximately 900 000 people across Canada who attended IRS and their families reached out for cultural and emotional support 5.8 million times. While it was initially assumed that the demand for the IRS RHSP workforce would taper off after the TRC, demand continues to grow.

Assembly of First Nations, 2020



Recommendation #2

We call on the federal government to provide equitable funding and resources in order to protect the scope of work of the mental wellness workforce.

There is currently an unprecedented demand for support from the First Nations mental wellness workforce, and their scope of work is expanding to address evolving and emerging issues. These issues, such as the impacts of climate change and community safety, are putting additional strain on the workforce. To achieve equitable working conditions, the federal government needs to recognize and provide additional resources to address these emerging needs.

It is well-documented that climate change and its impacts are increasing in frequency and intensity, with implications for community mental wellness and the workforce. For example, community evacuations and relocations as a result of extreme climate events including floods and wildfires are creating substantial challenges and disruption for communities. In addition to their heavy workloads, MWTs and IRS RHSP workers have often been bearing the burden of managing and leading emergency and crisis responses to these challenges. This additional work has not been formally recognized, and while some time-limited, regional funding has been made available, it is not substantial enough to meet the growing needs of the workforce.

Beyond climate change, community safety requires well resourced and comprehensive plans and initiatives to protect communities as well as support workers. For example, Compensation Holders and their families - those receiving compensation from settlements, such as the First Nations Child and Family Service, and Jordan's Principle Settlement - need to be safe in their community and have ongoing access to emotional, mental, and physical supports. Compensation Holders often need to provide their story and name their trauma to receive their payout. This requires workforce support to ensure their safety throughout and following this process. While the IRS RHSP has been identified to support Compensation Holders, they are not adequately funded, trained, or resourced for this additional role.

"There are never enough healing supports, especially in the remote communities where there are not enough staff [for community members] to access support..."

– IRS RHSP worker (FPWC, 2024)

Recommendation #3

We call on the federal government to prioritize providing Indigenous-led organizations with equitable funding and resources to lead and promote culturally relevant and safe mental wellness care and services within and across First Nations communities.

As stated in the Government of Canada's What We Heard Report (2022), First Nations health service delivery needs to be Indigenous-led. Communities have the knowledge and ability to care for their own people, but need to be resourced and empowered to do so. Prioritizing government funding to Indigenous-led organizations aligns with Articles 3, 4, 23 and 24 of the UNDRIP, stating that Indigenous Peoples have a right to Indigenous-led health care design, delivery, and decision-making.

While some Pan-Canadian Health Organizations (PCHO) and other Western/mainstream entities are leading work related to First Nations mental wellness, they often lack direct connection to First Nations communities and the workforce, and may not work in culturally safe ways. A recent external review of PCHOs reported "little evidence of consistent meaningful engagement with Indigenous organizations and nations" (Forest & Martin, 2018:29). Findings indicated that most PCHOs did not recognize Indigenous priorities, lacked cultural competency and humility, and did not acknowledge or adopt Indigenous Frameworks, or take distinctions-based approaches. Through surveys and focus groups, FPWC has found that community members prefer mental wellness workers who are from their community with shared life experiences. Therefore, resources related to First Nations health initiatives would be better used by First Nations-led organizations, and by the mental wellness workforces that serve communities in culturally relevant and safe ways.

"It's good to have someone to counsel with that's First Nation…because they know our lives, they know where we came from and what we've been through."

– IRS RHSP recipient (FPWC, 2021:89)

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