Workforce Wellness

July 2022

Task Group on Mental Wellness

Forward

The Task Group on Mental Wellness (Task Group) was assembled to provide insight and recommendations on how best to support and promote mental health and wellness during the COVID-19 pandemic and beyond, with a focus on northern communities and recognizing that their realities are often different from those in the rest of Canada.

As the co-chairs of the COVID-19 Public Health Working Group on Remote and Isolated Communities, we would like to express our gratitude to the members of the Task Group for their efforts and for producing this document. These dedicated people volunteered their time and expertise during the COVID-19 pandemic that had already put an extraordinary pressure on those involved with the health care system and First Nations, Inuit, and Métis organizations. Below are the Public Health Working Group on Remote and Isolated Communities member organizations, health authorities and government partners who extend their thanks to the Task Group.

- Assembly of First Nations
- Council of Yukon First Nations
- Dene Nation
- Department of National Defence
- First Nations Health Authority
- Government of Newfoundland and Labrador
- Government of Northwest Territories
- Government of Nunavut
- Government of Yukon
- Indigenous Services Canada
- Inuit Tapiriit Kanatami
- Métis National Council
- National Collaborating Centre for Indigenous Health
- Northwest Territory Métis Nation
- Nunavik Regional Board of Health and Social Services
- Public Health Agency of Canada

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Introduction

The Task Group on Mental Wellness (Task Group) was assembled to provide insight and recommendations on how best to support and promote mental wellness across First Nations, Inuit, and Métis mental health, health, and addictions workforce during the COVID-19 pandemic and beyond. The COVID-19 pandemic highlighted and intensified the challenges that have long been known by these communities and their workforce, which are a lack of capacity, issues with both recruitment and retention, and overall funding equity. The Covid-19 pandemic required these workforces to quickly pivot their services and operate within an ever-changing environment with a stop-start cycle. This resulted in increased workforce fatigue, stress, and a backlog of required services with no capacity to respond, and a workforce that continued to decrease throughout the pandemic. This report discusses structural and operational needs, highlighted through the pandemic, to ensure workforce wellness.

The Task Group members (listed in appendix A) hope this document will be of use to federal, provincial, and territorial governments; First Nations, Inuit, and Métis governments; and the members of the Public Health Working Group on Northern and Isolated Communities, in their responsibilities to act on the recommendations presented. It is the goal of this group to set a foundation to support mental wellness among the workforce serving First Nations, Inuit, and Métis people across the nation.

Workforce Wellness

A critical step toward increasing the capacity for First Nations, Inuit, and Métis workforce wellness. By validating and addressing the systems issues First Nations, Inuit, and Métis workforce faced during the pandemic, workforce wellness is possible. This is a workforce that, prior to the pandemic, was chronically underfunded and lacked capacity to ensure workforce wellness could be managed. With the COVID-19 pandemic, First Nations, Inuit, and Métis organizations that provided mental wellness services rapidly changed their delivery models to ensure their consumers had access to safe and equitable services. This was done not only to comply with health mandates but also to ensure and promote the health and safety of the communities they support. This highlighted new challenges for a workforce that was already struggling to maintain its capacity due to long-standing deficits. The *Figure 1* graphic highlights the critical factors affecting workforce wellness. This report provides thematic recommendations that speak to these critical factors and, where possible, distinguishes the needs of Métis, Inuit, and First Nations populations.

Indigenous Workforce Wellness Factors

Figure 1: Indigenous Workforce Wellness Factors, Dr Brenda Restoule, First Peoples Wellness Circle, 2022

FIRST NATIONS-LED WISE PRACTICE EXAMPLE

Beyond Yoga and Meditation: Wellbeing in the Workforce

- Help engage employees in developing workplace wellness initiatives. Engaging employees in designing workforce wellness initiatives builds capacity for creating meaningful employee incentives.
- Support and promote spiritual wellness as it is core to the wellness of this workforce. Organizational supports and policies that convey and promote cultural beliefs and values are critically important for spiritual wellness. For example, for First Nations this may mean smudging with sacred medicines is supported inside buildings and that all the materials needed for smudging are provided and available to staff.
- Invest in knowing that *Meaning* builds mental wellness. Ensure policies and procedures include culture-based practices and Knowledge as well as the employee assistance programs. This aim is achieved through providing training opportunities that sustain cultural Knowledge and values. Create organizational practices that support the workforce from a trauma informed approach.
- Understand that a healthy workplace builds Hope, Belonging, Meaning, and Purpose and is the foundation for achieving meaningful outcomes for individuals, families, and communities.

The Task Group members (see appendix A) have laid out recommendations to support the creation of equitable workforce outcomes, and the vision is that they be used by First Nations, Inuit, and Métis people, along with federal, provincial, and territorial governments to support initiatives for creating equity and greater capacity to support workforce wellness. Community organizations and voices that presented to the Task Group are identified in Appendix B.

Methodology

The Task Group met from the winter of 2021 to the spring of 2022 in a series of afternoon meetings that alternated between Tuesdays and Thursdays. A virtual conference tool was used to connect members across the nation which allowed for full participation. Meetings were scheduled for two hours which The Task Group Secretariat supported by preparing summaries of each of the meetings, assisting with the development of a forward agenda and facilitating invitations to speakers. The Task Group members were each responsible for reviewing documents and briefs before meetings and for discussing and engaging with the presentations to inform recommendations.

Agendas for the meetings generally followed a similar pattern, with an administrative opening to capture Task Group members' participation, and presentations from selected partners with an opportunity for Task Group members to ask questions. This discussion focused on the information presented, the implications for recommendations, and identification of resources and wise practice examples. Presenters were then invited to join future meetings on workforce wellness to support continuous learning through other presentations and to inform recommendations and the final report.

Context and Data

The COVID-19 pandemic led to complex challenges for a workforce that had already been struggling with the issues of fair and equitable wages and compensation, a lack of capacity to support workforce wellness, and challenges with retention of a qualified workforce. This resulted in even more severe staffing issues and loss of critical knowledge and supports. To address these inequities, meaningful changes are presented in this report through recommendations that focus on strengthening capacity within First Nations, Inuit, and Métis workforces. To do this, the Task Group and its allies highlighted four critical themes where support is required: building capacity, recruitment, retention, and the overarching area of funding equity. To achieve meaningful change within the first three themes, funding equity must be established.

The Task Group heard from two presenters on workforce data which provided a snapshot of workforce wellness. The two initiatives did not have substantive representation in the data of either Métis or Inuit, and one survey focused only on First Nations. However, compared to other data in Canada on the needs of the workforce because of the pandemic, that scant data presented on First Nations, Inuit and Métis aligns well. Outside of these presenters, similar results were found by Statistics Canada through the Survey on Health Care Workers' Experiences During the Pandemic (SHCWEP) (Statistics Canada, 2022). It was shown that most workers (95.4%) reported that the pandemic negatively affected their jobs resulting in higher levels of workplace stress and fatigue (Statistics Canada, 2022). Furthermore, it was found 83% of workers indicated higher levels of stress, fatigue, and burnout that was compounded by the increased workload (i.e., having to cover multiple roles due to staffing shortages, shifting to virtual services, etc.). However, this report dealt with all healthcare workers and did not focus just on the mental and addictions health workforce. Results that were reported were indicative of the survey category *other* which included the mental and addictions health workforce (Statistics Canada, 2022).

Key Findings Across the Tools that Support the Recommendations

- **Building Capacity** - The pandemic severely depleted the capacity of the workforce which was due in part to an increase in the general stress around the pandemic. Also, according to the Canadian Centre on Substance Use and Addiction (CCSA), 42% of the workforce noted a significant increase in COVID-19 related stress due to a lack of access to health (37% decrease) and social (34% decrease) support services (CCSA, 2021).

  It was felt that culture and access to cultural practices and knowledge had the potential to build capacity. At the same time, the workforce indicated significant fears around re-opening and a resurgence of cases. Based on this, the following factors have been determined to support the building of capacity for the workforce:

  - access to resources,
  - cultural knowledge and practices,
  - tackling issues of racism and discrimination, and
  - understanding the impacts of colonial structures and processes.

- **Recruitment** - The pandemic has highlighted the longstanding issues of inadequate staffing levels to effectively respond to the complex needs of First Nations, Inuit, and Métis mental wellness. The shift to virtual services demonstrated that the long existing *hidden workforce*, those who are often tasked with assuming multiple roles (i.e., responding to crisis, administrative tasks, client transportation, program development while providing peer support or additional counseling services), could not stretch their capacity to the shift in service delivery models, yet did so anyway (Thunderbird Partnership Foundation, 2020). Furthermore, when the workforce was polled by CCSA, 77% of respondents said they noticed a large increase in workplace vacancies, resulting in an increased workload for existing staff (CCSA, 2021). Based on this, the following wellness factors have been determined to support the building of capacity for the workforce:

  - enhancement and development of skills, expertise, and knowledge to,
  - the ability to access resources to, and
  - cultural knowledge and practices.

These wellness factors combine to enhance retention and inform the necessary recommendations for change.

- **Retention** - When polled by the CCSA in 2021, it was reported that 77% of the workforce had significant concerns about a lack of capacity due to increasing vacancies in the workforce. This is not a new trend as this is a workforce that has struggled with issues of retention due to an unmanageable workload. Mental health workers noted a 35% increase in the desire for more resources that could help them cope, and prevent stress and burnout (CCSA, 2021). Funding equity was determined to be another issue affecting retention. In addition to the lack of structural resources to support workforce wellness, the workforce reported a lack of competitive pay as one of the largest barriers to remaining in their current position. Retention depends upon wellness factors similar to those presented in *Figure 1*, along with access to land and other healing practices that inform personal coping and healing, which depend on cultural knowledge and the ability to access resources. These wellness factors combine to enhance retention and inform the necessary recommendations for change.

Culture continues through modified outpatient and virtual services

- Smudging ceremonies
- Talking circles
- Cultural storytelling, legends, and teachings.
- Land-based ceremonies and wellness practices.

"COVID-19 has compounded the already pre-existing state of crisis in most communities. There needs to be a comprehensive mental wellness plan to address this longstanding situation."

Workforce Wellness Survey Respondent

"So much has remained the same as needs have increased beyond capacity. We are in this for the long haul. Action is slow and impacts appear to be minimal. The many issues that have existed for decades have been magnified."

Workforce Wellness Survey Respondent

- **Post Traumatic Stress Disorder (PTSD)** - The pandemic has brought to light the long standing and complex traumas that are experienced by First Nations, Inuit, and Métis peoples and communities as well as the workforce that serves them. This workforce is frequently exposed to traumatic experiences which present not only as PTSD but Complex Post Traumatic Stress Disorder (CPTSD). This is often the result of their closeness with those they serve (First Peoples Wellness Circle, 2019).

  Furthermore, the pandemic resulted in the compounding of the trauma, grief, and loss which staff saw regularly often resulting in excessive workloads, pressure, lack of support, and stress. This, in turn, led to burnout and high rates of staff turnover (First Peoples Wellness Circle, 2019). Consequently, work must be done to address trauma and mitigate secondary trauma in the workforce. Part of this recognition includes ensuring appropriate and adequate compensation that is in line with other helping professionals as well as ensuring this part of the workforce has access to supports to mitigate their own risk of exposure to secondary trauma (First Peoples Wellness Circle, 2019). Therefore, it is necessary for organizations to work collaboratively and cooperatively to ensure that workers suffering from, or at risk for, secondary trauma have access to a comprehensive continuum of the mental wellness services they need (First Peoples Wellness Circle, 2019). For this to be achieved there must be adequate access to supportive resources, the ability for the workforce to address personal coping and healing, and most importantly there must be access to cultural knowledge and healing practices (i.e., access to the land, traditional medicines, etc.). These factors are indicative of the wellness factors presented in *Figure 1*.

- **Funding Equity** - When surveyed, all members of the workforce reported that an increase in general funding and or pay would enable a better rendering of services and the increased capacity would benefit their ability to manage. This is indicative of the wellness factors of skills, expertise, and knowledge; organizational and human resource capacity; and access to resources as demonstrated in *Figure 1*. This was especially true for the general workforce as addiction counsellors and registered social workers indicated a 38% and 41% respective increase in the desire for increased funding equity (CCSA, 2021). As a result, in order for wellness to be achieved there must be financial parity for the organizations that represent the workforce.

We also heard from organizations working with mental health and addictions, along with public health providers outside of First Nations, Inuit and Métis communities who reported similar findings in their workforce as to how the pandemic effected and diminished the workforce's capacity. However, it was found that this workforce felt it had better access to capacity supports (i.e., counselling services, mentorship programs, peer to peer supports, etc.) which is due, in part, to greater funding equity. If this were to be addressed for the workforce that this report supports, it is likely that there would be similar results moving forward (Thunderbird Partnership Foundation, 2020).

FIRST NATIONS-LED WISE PRACTICE EXAMPLE

Our Pandemic Story

Native Alcohol and Drug Abuse Counselling Association of Nova Scotia (NADACA)

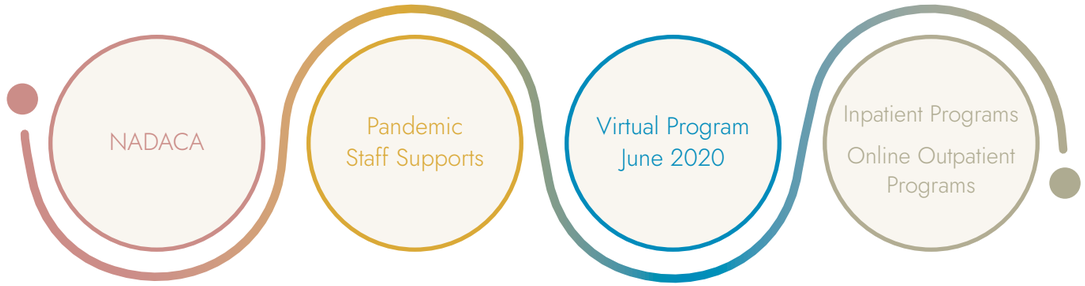
At the start of the pandemic, NADACA regularly engaged virtually with staff to address ongoing changes and to provide support for knowledge and capacity development. To ensure an equitable implementation and delivery of services, a mentality of *quick shifts* was taken to address changes in service delivery. This was made possible through direct staff feedback, which resulted in the following program changes:

A First Nations Perspective of Thinking Outside the Box – Providing options to care through a wholistic lens.

- This four-week virtual online counselling program was delivered by certified counselling staff.
- The program adapted cultural teachings to build mental wellness and to address individuals' self-esteem, anxiety, and stress. One of the goals of the virtual program was to build skills in mindfulness and provide virtual self-help groups with the support of a counsellor certified in addictions core competencies.
- By the summer of 2020, 15 x four-week sessions had been conducted and completed by 163 participants. The virtual nature of these workshops allowed previously isolated groups (those who were incarcerated, in group living, those with life / health restrictions, located in geographically remote areas, etc.,) to complete the program. This not only built on the wellness of the individual during the pandemic, but the community as well.

NADACA Our Pandemic Story

Changing the Way We Deliver Services



1971 inc. - NADACA

Mi'kmaw Lodge Treatment Centre 1986 & Eagle's Nest Recovery House 1989

CAC Certified - Governance, Mental Health, Addictions & Aboriginal Wellness

Certified Addictions Counsellors - CACCF & CCPC

Initial Staff Supports

Closure to inpatient programs - March 2020

Staff connecting - What's App, Zoom meetings

Treatment & Prevention Counsellors, Clinical & Cultural Therapist providing supports

Staff Training online for mental health and addictions - CTRI/Thunderbird

4 Week Virtual Online Wellness Program

Delivered by certified counselling staff

Cultural teachings, sweats

Boundaries, self-esteem, mindfulness, goal setting

Mental wellness and addictions

Medicine wheel teachings

Anxiety and stress, self-help groups

Treatment Programs

Outpatient programming open to those on ORT's - resumed June 2020

Inpatient care resumed Sept 2020 at both centres

Online wellness programs - 15 x 4-week programs completed - 163 participants since June 2020

Online workshops reaching incarcerated, group living (St. Mary's), families' commitments, people with life restrictions - mobility, family care, remote areas

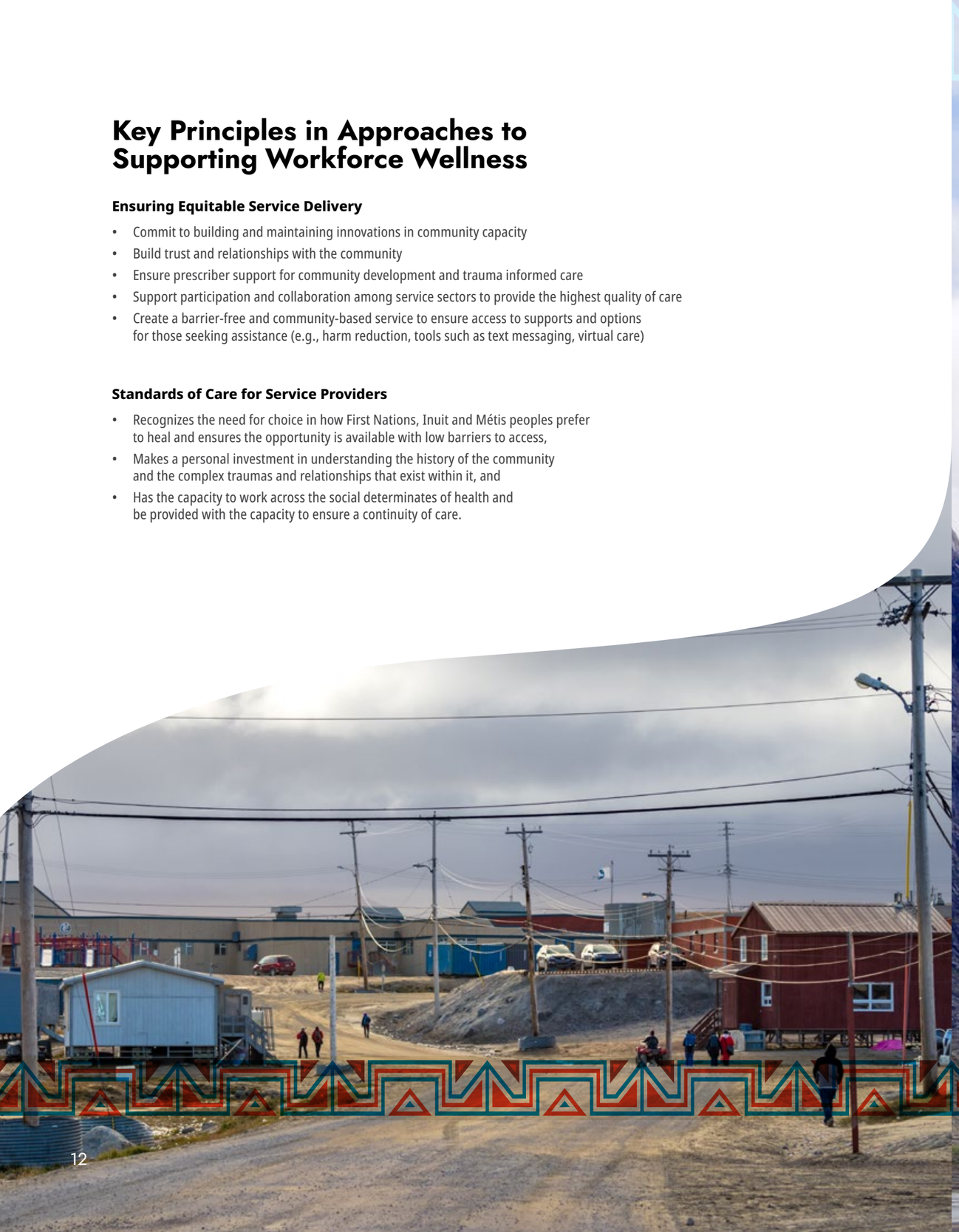
Key Principles in Approaches to Supporting Workforce Wellness

Ensuring Equitable Service Delivery

- Commit to building and maintaining innovations in community capacity
- Build trust and relationships with the community
- Ensure prescriber support for community development and trauma informed care
- Support participation and collaboration among service sectors to provide the highest quality of care
- Create a barrier-free and community-based service to ensure access to supports and options for those seeking assistance (e.g., harm reduction, tools such as text messaging, virtual care)

Standards of Care for Service Providers

- Recognizes the need for choice in how First Nations, Inuit and Métis peoples prefer to heal and ensures the opportunity is available with low barriers to access,
- Makes a personal investment in understanding the history of the community and the complex traumas and relationships that exist within it, and
- Has the capacity to work across the social determinates of health and be provided with the capacity to ensure a continuity of care.



INUIT-LED WISE PRACTICE EXAMPLE

Capacity Building Within the Inuit Mental Health and Addictions Workforce (MHA)

- Enhanced capacity among the frontline Inuit mental health workforce by creating opportunities for advancement in the MHA field through a laddering program with a goal to affect long-term systemic change and equip the Inuit workforce with the skills to safely engage in their communities
- Delivered community-based programs that supported mental health and wellness, organized activities that increased public awareness; supported health care teams with clients; integrated Inuit Knowledge and perspectives in practice
- Provided relevant training that responded to a community-identified need for more Inuit within the workforce, provided trauma counselling and disclosure supports, and provided tools to safely engage with vicarious trauma and promote self-care
- Implemented Radius Trauma Training in 2021 with the aim of developing an approach to healing from trauma, based on Inuit societal values, and created culturally-relevant and sustainable trauma assessment and treatment practices

This method of workforce development is a change response to a historic system that has been dependant on external service providers. The initiative showed a desired shift to a way of thinking that focused on empowerment by supporting communities to increase skills and envision wellness as a bigger picture.

Recommendations to Support Workforce Wellness

Building Capacity

1. **Increase awareness and support for workforce wellness.**
    - To date there is a lack of support programs for the workforce. This has been affirmed through a scan of programs and services that are currently available. These existing services would be enhanced through the recording of data to monitor workforce wellness. Data would also be used to create and implement resources and tools to support organizations and individuals.
    - Modeling of workforce wellness by supervisors (i.e., creating a culture of wellness, conversation, and support) allows for capacity building by evaluating workloads to match current needs, and determining the ability to accept or refuse new projects. For this to be achieved, there must be an environment where policy and funding support the capacity.
    - Create and implement a workforce wellness framework that would be used as a guide for organizations to support the workforce and ensure the building of equitable and wholistic workplace practices.

2. **Provide care for community care practitioners.**
    - Create and implement programs to support a workforce that is dealing with high levels of burnout due to issues such as compassion fatigue, indirect trauma, etc. This is in part the result of the workforce being asked to set their needs aside to respond to crisis. Space must be created to support care providers.
    - Create and implement a workforce wellness framework that would be used as a guide for organizations to support the workforce and ensure the building of equitable and wholistic workplace practices. A brief overview of a sample framework can be seen in Appendix C.
    - Appreciate the unique environments of remote and isolated communities – these are populations that exist within an environment of trauma and reflect a different dynamic in the workforce. Care workers are often engaged in multiple roles.

3. **Create and implement a national First Nations, Inuit, and Métis mental wellness association.**
    - A national association would allow for the support of the workforce across colonial bodies. The existing colleges and associations (i.e., College of Psychologists of Ontario, Ontario Association of Social Workers, etc.) do not always attend to cultural safety and the specific skills and knowledge that would benefit First Nations, Inuit, and Métis communities.
    - A national association would allow for cultural safety supports that go beyond provincial and territorial sectors allowing for greater capacity and the ability for the workforce to receive national support.

4. **Address the infrastructure gap.**
    - Workplace infrastructure needs to be created and implemented to support those dealing with compassion fatigue and other workforce burnouts. This can be achieved through supervision of the workforce to understand the wellness needs of individuals (i.e., clinical supervision of the workforce).
    - Create physical spaces and resources to support the workforce. This is especially true for remote communities as they often lack the physical infrastructure necessary to accommodate for adequate and safe workspaces.
    - Organize infrastructure to use work time to address compassion fatigue (i.e., allowing staff to take an hour of work to seek counselling or implementing wellness days).
    - Recognize that not everyone has a safe space at home to access services remotely. This means that there is a need for flexibility to ensure the continuation of a person-centred model provided through virtual means. This could include practices such as the implementation of safe spaces in the community to allow for access to virtual programs across organizations. This does, however, require that the workforce be offered supports so there is the organizational flexibility to implement services.

5. **Provide access to technology and technical tools.**
    - Recognize the workforce will likely be continuing a hybrid model of both virtual and in-person services. The pandemic caused an abrupt shift to virtual services and moving forward there will be a need to build capacity from a resource and knowledge perspective. For the hybrid model to be successful, there is a need for connectivity accessibility, to allow for an equitable rendering of services.
    - New needs may arise if these services had not been available, prior to the pandemic, in a virtual or hybrid model. As such it must be determined how to support people from a virtual environment with the clear implementation of ethics tools for this model.
    - There is a growing need to create appropriate digital and telecommunications infrastructure (i.e., highspeed internet access, cellular network connectivity, and/or mobile internet hotspots). The pandemic and subsequent health mandates caused a move to virtual space and the workforce is not necessarily connected to the community or working in the community. Addressing this and finding ways to build community connections helps to strengthen workforce ties and enhances capacity.

6. **Develop resources for the use of new and existing virtual supervision services.**
    - Explore technology that supports new clinicians through the ability to access mentoring of cultural skills and practices through remote supervision. Onsite learning is at times a challenge which, in turn, is a barrier to building capacity.
    - These services can be used not just for the workforce but can be translated to Elders and cultural practitioners to allow for a transfer of knowledge. This is especially urgent due to the advanced age of most cultural practitioners.
    - For these services to be implemented successfully, any platform that is used must adhere to the principles of Ownership, Control, Access, and Possession (OCAP) to ensure the safety of cultural knowledge and community data.
    - An example of these services can be seen in *https://geta-head.com/*

COVID-19 Impacts on the Capacity of the Mental Health and Substance Use Workforce in Canada

- A 12-month survey was conducted beginning September 2020, with the goal of learning the effects of the pandemic on the Canadian mental-health and substance use workforce. Of the respondents, 4% identified as Indigenous and 30% indicated that they came from rural or remote communities. This indicates that a portion of the respondents align with the northern public health concerns of the Task Group.
- It was found that the pandemic led to a shift in the delivery of services with a rapid increase in the amount of time spent providing virtual care services. The rapid shift was found to have caused a decrease in the capacity of the workforce.
- The sudden shift in services as a result of evolving public health measures impacted addiction counsellors the most during the initial stages of the pandemic.
- The survey respondents indicated three needs:
    - an increase in funding,
    - the creation and implementation of coping resources, and
    - the removal of regulatory barriers.

While the first two needs are relatively succinct, the third would require developing additional associations or reworking existing ones to provide more relevant supports (i.e., professional organizations and or peer support measures) with the goal of enhancing the workforce.

Recruitment

1. **Work with universities and colleges to implement training supports.**
    - This can be achieved both outside and inside the community. To create direct education streams into the workforce, ladder training would need to be included to improve competencies for mental wellness needs (i.e., traumatic debriefs, vicarious trauma, and/or general workforce fatigue).
    - Training supports must include, and be built on, First nations, Inuit, and Métis Knowledge. They can be delivered through universities and colleges to reach a larger population.
    - To achieve a better understanding of the challenges that those entering the workforce will face, educational capacity that includes individuals with lived experience must be created. This will also allow for a more equitable rendering of services.

2. **Create an association of paraprofessionals.**
    - An association would create structural change and ensure the implementation of policies and protocols for the safety of the workforce and the clients they serve. This would be achieved by embedding protocols in organizational culture and enhanced through a sharing of wise practices.
    - Create and implement competency guidelines. This would address how the workforce understands boundaries, debriefs, access to supports, and supervisions. This would be enhanced through the identification of accountability structures/ measures that would support the frontline workforce particularly in areas of community development, early intervention, and mental health promotion.
    - Culturally safe practices would include the creation of a template / sample (government would receive the report and this would be an example of the result) to allow the workforce to access culturally safe support services. There is also a need for provincial and territorial services to ensure that culturally safe practices are accessible (i.e., encouraging regional organizations to engage with First Nations, Inuit, and Métis communities).

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Retention

1. **Implement program supports.**
    - It has been reported that often one person is responsible for a broad range of programming needs and responsibilities. Consequently, there needs to be more support and expertise to ensure a better distribution of work resulting in decreased workforce-related fatigue.
    - Provide communities with additional resources to increase the workforce (to maintain momentum and provide aftercare) and access to continuums of care. This would be achieved through incentives to enter the social services field (equitable funding supports) that would help communities not only with recruitment but also maintain staff to support clients (i.e., hiring incentives for doctors, nurse practitioners, nurses, etc.). This can build capacity in communities, but communities need to be aware of the competitive nature of this specific labor market (i.e., higher wages, benefits, wellness plans, vacation time, etc.).

2. **Create infrastructure to support workforce wellness**.
    - Ensure funding capacity to offer competitive salaries.
    - Develop clinical/culture-based supervision for the workforce.
    - Develop capacity to ensure the workforce can distinguish their skills and expertise in the job they were hired for and where they collaborate with others to ensure client centred continuum of care and services.
    - Create multidisciplinary teams which support case management and access to culture and land, as well as clinical supports for clients when needed.

3. **Change policies to ensure frontline workers are supported.**
    - Create and implement wellness plans for the workforce such as ongoing learning about issues of compassion fatigue, burnout, and trauma. While it is important for staff to be educated on this, it is even more important that supervisors and managers are educated on it. Furthermore, wellness plans can be enhanced by allowing days off for individual wellness and allowing further accommodation for time off for cultural observances.
    - Provide the tools for organizations to have flexibility in the creation their own policies around workforce wellness. This is linked, in part, to recruitment as staffing shortages often act as a barrier to creating wellness programs since existing staff are often too busy to engage in non-urgent activities. Furthermore, wellbeing can be enhanced by providing the workforce with more opportunities for team building activities (i.e., book club, wellness walks, group outings, etc.).

Addressing PTSD and CPTSD

1. Develop community-based supports and build capacity.

- Opportunities must be identified to support First Nations, Inuit, and Métis communities to build the workforce capacity for increased awareness and access to tools to inform and support the mitigation of risk to trauma and secondary trauma.
- The complex historical traumas that are a result of colonialism must be addressed through supportive measures for the workforce. This is achieved through ongoing advocacy and promotion for the continuation of programs that address the complexities of these traumas. An example of this is the Indian Residential School Health Support Program that provides supports not only for survivors, but for the workforce that engages with them.

2. Implement partnerships and quality care systems.

- To ensure the mitigation of trauma, it is imperative that organizations work in collaboration to ensure the workforce has access to a comprehensive continuum of mental wellness services.
- There must be an examination of the effectiveness of bilateral and trilateral working tables where there has been successful and effective collaboration. This includes collaboration between federal and provincial/territorial governments and First Nations, Inuit, and Métis governments. This could lead to the creation of wise practice models that can be used to develop quality care systems for the workforce.
- To support the workforce, efforts should be made to link PTSD and CPTSD to both potential and existing legislation, such as legislation about racism. This would be supportive as it would allow for trauma care to be advanced by recognizing how racism and discrimination impact the workforce and the communities that they serve. Furthermore, through legislative recognition, the workforce could be supported at a broader level allowing for trauma to be more consistently and thoroughly addressed.

FIRST NATIONS-LED WISE PRACTICE EXAMPLE

Indigenous Tools for Living (ITFL) Online Program

- This program addresses complex trauma through an online virtual environment by employing culturally grounded methods to ensure psychological safety. This includes gradual connection to complex trauma across several modules (baskets) that includes culturally-based visual aids and Elders.
- The training is now being offered online and puts *wellness into action* by describing how to work with and sit beside complex trauma. It is facilitated by instructors and Elders from the Indigenous Focusing Orientated Therapy Program and is clinically supervised.
- The training emphasizes knowledge and application while weaving First Nations cultural exercises throughout, including storytelling, ceremony, and land-based healing. This provides concrete tools for processing complex trauma and to avoid burnout and triggering.
- Feedback for this program was positive as it allowed for cultural supports to be added to their *toolbox* to provide more equitable services and address the complex traumas and potential re-traumatization that workers may face.
- There has been increased interest for this training from the Gitxsan Health Society, Wet'suwet'en First Nation, and Indian Residential School Survivors Society. Training session requests also increased following the announcement of the discovery of unmarked graves in Tk'emlups te Secwepemc.

Appendix A

Members of the Task Group on Mental Wellness

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Appendix B

Community Voices and Organizations that also Contributed to the Development of this Document

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