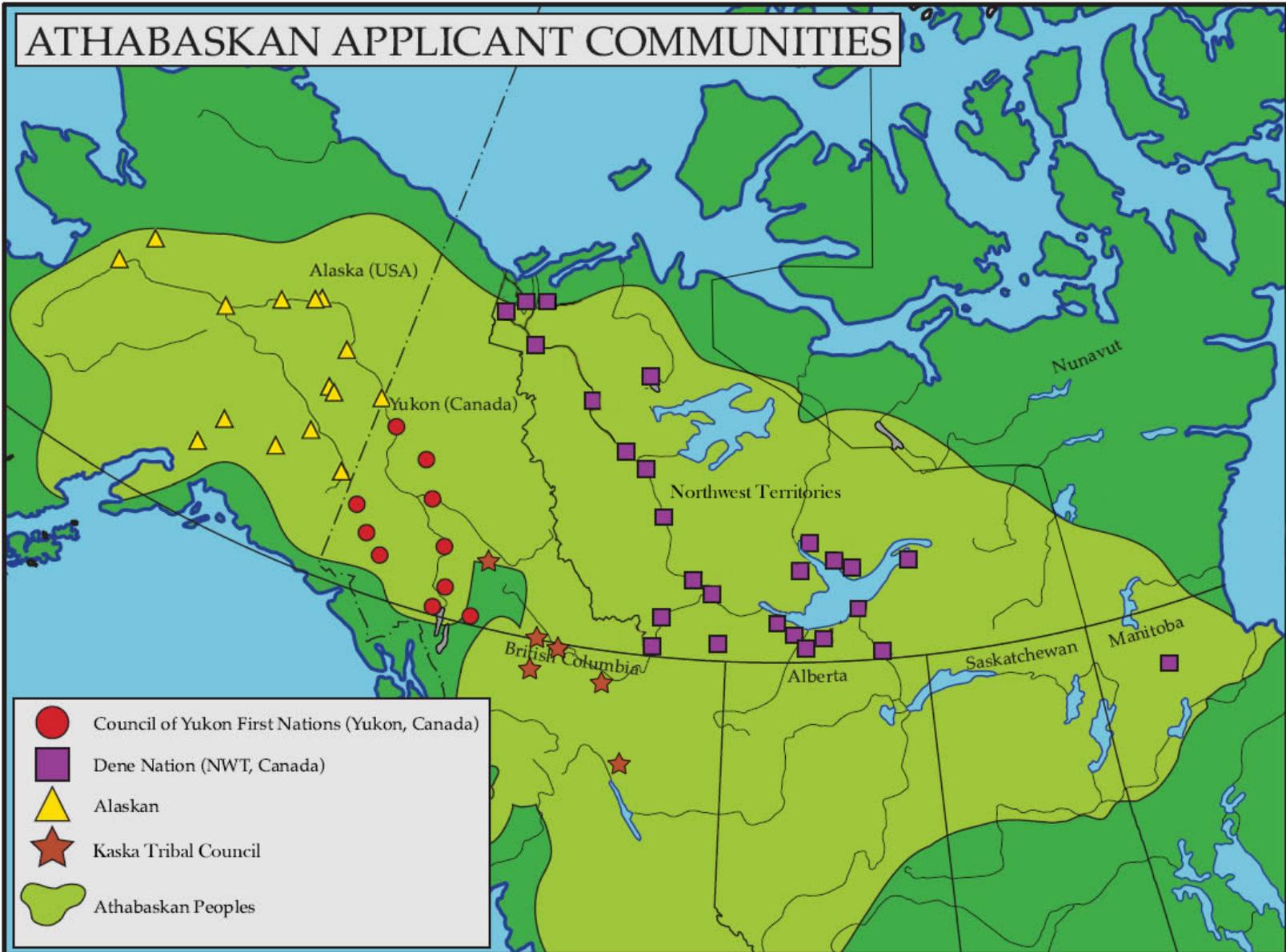


Arctic Athabaskan Council

Mental Wellness



ATHABASKAN APPLICANT COMMUNITIES



Arctic Athabaskan Council

- One of the six Permanent Participant organizations active in the Arctic Council
- Members in Alaska (including fifteen traditional villages), Yukon (the Council of Yukon First Nations and the Kaska Tribal Council) and Northwest Territories (Dene Nation) span across 76 communities and represent approximately 45,000 people.
- Active in two of the member countries of the Arctic Council, one U.S. state, two Canadian territories, two Canadian provinces.
- Different government and governance structures, jurisdictional responsibilities
- Many common issues and challenges in dealing with mental wellness issues

Alaska

- The Alaska Native Tribal Health Consortium is a not-for-profit tribal health organization managed by Alaska Native tribal governments and their regional health organizations. The Consortium was created in 1997 to provide statewide Native health services. www.anthc.org
- Behavioral Health Department

Yukon

- In 1993, The Government of Canada transferred health services to the Territorial Government.
- They therefore have jurisdiction over all health services.
- None of the programming is First Nation specific.

Northwest Territories

- The GNWT reached a new block funding agreement with Health Canada to deliver federally funded community based wellness programs. This new agreement gives communities the ability to enter into multi-year agreements for wellness funding that began in 2014.
- Territorial government is in the process of restructuring programs and services

Mental Health Services

- Mental Health Services delivered from the Territorial Government
- Have to have a medical diagnosis to receive service
- First Nations communities have a visiting mental health worker only
- Counselling services have waiting lists. Some do visits to communities.
- Even private (priced) counsellors have waiting lists
- Many using the Indian Residential School service at present but this service is sunseting in 2016
- Non-Insured Health Benefit (short term crisis intervention has too many barriers for use)

Mental Wellness

- huge priority
- Many suicides in the last few years. (4 since Christmas)
- Have had murders, assaults, many other issues stemming from mental health issues.
- Huge demand for services
- Long outstanding from Indian Residential School trauma, intergenerational effects, drug and alcohol abuse, oppression, assimilation, loss of identity and culture etc, etc.

Mental Wellness

- Long standing priority for First Nations in Yukon
- CYFN has developed resources like a curriculum on mental wellness and illness (not being used due to capacity);
- developed a mental wellness workbook (useful but lack capacity to implement);
- Mental health resource book developed but now outdated;
- Yukon First Nations Regional Health Survey report 2008-2009 highlights areas related to mental wellness;
- Yukon First Nations were engaged in the development of the First Nations Mental Wellness Continuum Framework.
- Pushing hard for a critical incident stress management program and mental health first aid. (both CYFN has facilitated some training but money has run out).

Mental wellness proactivity

- Yukon First Nations Health Table (tripartite with federal, territorial and First Nations) have identified Mental Health as a priority and have begun a mapping exercise to create a base line. There is hope that something will be developed following.
- Yukon Government recognizes the barrier and are working on a mental wellness strategy recognizing mental health and addictions go together.
- Yukon government embarking on training for front line workers within their own government and with front line Yukon First Nation staff. (mental health first aid).
- Kwanlin Dun First Nation has received funds to develop mental wellness teams and have been engaging communities on after care. KDFN is the only First Nation eligible to receive these funds.
- Health Canada and AFN NIHB Joint review have identified mental health as one of the first things to review.

Questions??



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Program development

- When the federal government develops programs, they seem to forget the “fiduciary obligation” and focus only on program and policy development.
- This can cause issues like the use of language like “on-reserve” we are excluded....for instance “First Nations on-reserve and in Inuit communities” (forget someone?)
- If they are developing programs that have to do with clinical or health services...we are excluded
- If we are not written in policy, policy informs programming and then we are excluded
- Some exclusions are: NNADAP treatment, Headstart on reserve, e-health, Chronic Disease Management (now included), mental health round tables (now included), NNADAP renewal (now included)
- When we do receive money it is based on status population so the resources are small.
- For SGFN that have drawn programs down they also only receive status population dollars but have to provide service as per their signed agreements to their citizenship.
- Another assumption is that because 11 of the 14 FN in Yukon are Self-governing, the other 3 are forgotten too. So all YFN are self-governing....(not)

Self-government

- When you become self-governing you have the authority to draw down any programs that are offered by other governments. Until they draw down these programs they continue to operate status quo as before. For example if a First Nation is self-governing and has not drawn down the Alcohol and Drugs program, they would receive all services from the territorial government.
- As well, they have the authority to develop and adopt their own legislation. Until you do this however, the laws of general application apply.
- Federal Transfer dollars are given directly to the First Nation from the Government of Canada so no longer go through Health Canada. Reporting is minimal. Funds are minimal too.
- This does not mean however, that the federal government has given up the fiduciary obligation for Health or that First Nations still are part of the population of Canada.
- When First Nations become self-governing, they do not relinquish their rights as a First Nation person. (section 35 of the constitution) This has caused some misunderstandings.
- For programs however, First Nations have to negotiate with Canada and the territorial governments a program transfer agreement where the amount of dollars to be transferred and the parts of the program are decided upon. This process can take years as many times the parties disagree.

But....

- We do not have the same program opportunities
- WHY?.....
- We are not a province. We have a small population.
- We do not have reserves.
- The Federal Government transferred health services to the Territorial Government:
- This was done in 1993 and complete in 1997
- First Nations were signatory to the transfer agreements however were left out of any decision making.
- The Territorial Government operates under a universal health perspective.



Different:

- Many people do not understand about the north and in our case the Yukon. We get grouped together or we simply do not exist. “Do you know my friend who lives in Iqaluit?” “ Oh, you are from Whitehorse, Northwest Territories!”

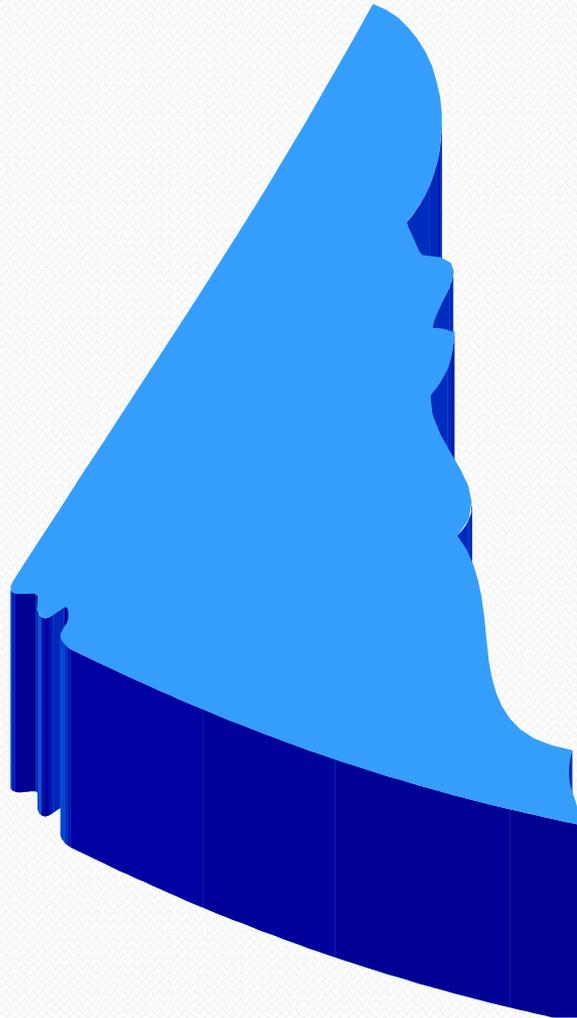


The North

- The north is half the land mass of Canada.



YUKON TERRITORY



Yukon First Nation Demographics

- Yukon has 14 First Nation Communities.
- There are approximately 25% of First Nations in the Yukon population
- We have reserve lands although we do are not formally recognized as living on-reserve.
- We commonly say “land set aside” or “settlement land” when referring to our reserves.
- 11 of the 14 First Nations are self-governing.
- This means that they have signed land claims agreements, and have become governments. Many call this a modern day treaty.



Yukon Territorial Government

- In 1993, The Government of Canada transferred health services to the Territorial Government.
- They therefore have jurisdiction over all health services.
- None of the programming is First Nation specific.
- So all nursing services and health centers are controlled by the Territorial Government.
- One First Nation, the Kwanlin Dun First Nation which is the largest First Nation in Yukon does deliver nursing services such as immunization and other services under an agreement with the Territorial Government.
- But there are 13 other First Nations.

Federal Programs and Services

- Health Canada specifically First Nation and Inuit Health Branch has a “Northern Region” that deals with the north.
- In Yukon a satellite office exists
- We often communicate with the National NR office in Ottawa.
- It used to deliver contribution agreements for community based programming to all First Nation communities but since self government and the program transfer of community based programming for 11 of the 14 First Nations...
- Only three First Nations have contribution agreements as well as the central First Nation organization which has 9 of the 14 First Nations in Yukon as members.

Federal Government

- We have difficulty getting government to understand our circumstance as it is different from the norm.
- Many times it is like we don't exist.
- Much is program focused so...If we don't get the program we don't matter.
- If we don't get the program the assumption is that the territorial government does....this is not the case.