



A newsletter produced by Prince Albert Grand Council's Department of Health and Social Development

The Heart Beat

Spring 2016

PAGC Pilot Project Takes Community-based Approach to Mental Wellness

Mental health and addictions issues in our First Nations communities are complex and challenging, especially for youth. It has been well documented that some risk factors, such as grief, loss, trauma, poverty and unemployment can have a negative impact on one's ability to develop and maintain good mental health.

To support communities' existing health services, Prince Albert Grand Council's (PAGC) Department of Health and Social Development (H&SD) launched a 3-year pilot project to improve these health outcomes by promoting community engagement, community development, and support services with a holistic mix of clinical, cultural and community resources with funding support from Health Canada, which has recently been extended.

As one of its first steps, a steering committee was set up, comprised of Holistic Wellness Centre staff and two representatives from James Smith Cree Nation, Cumberland House Cree Nation, Red Earth Cree Nation and Shoal Lake Cree Nation. Since then, they

have worked with the communities to develop and implement their own Mental Wellness Teams (MWTs) and strategies. Initially a proposal put forward by H & SD's Embrace Life Coordinator Linda Cairns, Wanda Seidlikoski-Yurach has helped the pilot communities coordinate their own MWT, comprised of Elders, youth, community members, health staff and local leadership, as well as representatives from ICFS, NADAP and the RCMP.

"What's unique about the teams is that we recognize that everyone has something to offer to the improvement of mental wellness in the community, so the teams are developed at a community level and they're the ones making it happen and moving

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Cover photo: Top Row - Conway Constant, Councillor Florence Sanderson, Rhonda Sanderson, Chief Wally Burns, Health Director Mike Marion. Bottom Row—Courtney Constant, YAC Chief Skye Sanderson and Councillor Stephanie Constant.

Message from the Director



I'm pleased to present you with the latest issue of the Department of Health and Social Development's *Heart Beat* newsletter.

First and foremost, I would like to congratulate the new government in Canada. Prime Minister Justin Trudeau and the Liberals were brought in with a resounding majority, which speaks to the mood of the people of Canada and the mood of our First Nations people. We are looking forward to working with a government who has ears and eyes for the issues that we face. As we begin this new fiscal year, we see a brighter future and possibilities for us to improve the health care we are providing and hope to provide for our communities.

As you will see in this issue, H & SD supports our communities in many ways. We have helped to introduce a new Mental Wellness initiative that speaks to the need of more services in our communities. We recognize that many people in need set out to get help in therapy and counselling outside of the community, and when they return, there are not any support services. We think that

by taking a community-based support, they can get the help they need. We see a time when it will be possible to set up an outpatient facility directly in our communities, so those in need of help do not have to leave their homes. In this cover story, you will see the difference community-based services can make.

A recent NITHA gathering, also featured in this issue, covers the possibility of transferring third level services from FNIHB to First Nations. Of the 200 people who attended, many questions were raised: What will we do, what can we do, and what should we do? What are the advantages and disadvantages? One thing that drove the thinking of many of our Elders and the people are the considerations of the Treaty Right to Health and the Medicine Chest Clause. It is wonderful that we have the capability of administering these programs but do we want to? And, if we do, under which circumstances? Money does not solve all problems, and certainly just transferring of services does not necessarily solve problems. So, before our communities can make the final decision, these are things that need to be determined.

As we grow and expand, I'd like to commend the leadership of our Telehealth Coordinator, Patricia Hunt, who organized a conference related to eHealth and Telehealth. H & SD, especially our nursing staff, recognize that this kind of technology responds to a need for information and advice that is not only instantaneous, but convenient and easily accessible. This kind of technology also gives us the opportunity to connect with hospitals, specialists and, in particular, family doctors without people having to leave the community, which would otherwise be very challenging. Thanks to the efforts of Patricia, we were able to share the possibilities of this kind of technology with the rest of the province.

Finally, it was an honour to be involved in the Justice Institute of BC's research project. Last summer we experienced a disaster at a scale we have never encountered before, yet our communities overcame tremendous adversity and we hope we provided the help needed. Since then, PAGC has been working with our partners, both provincially and federally, to understand what went right, what went wrong and ways we can improve. With that taking place, the Justice Institute of BC came here with the help of Tina Pelletier who served as the Co-Investigator. The researchers listened to us about how the challenges of the disaster played itself out. We gave our comments as to what could happen, what we think could happen, and why we did things in certain ways. As you will see on page 7, they have since launched their website, which we can use to help us into the future.

In closing, I want to acknowledge that staff is the most important aspect of any organization. Some may come and some may go, but we are fortunate that each and everyone has played an important role here at H & SD. One of our newest additions is Elder Leonard Ermine, whom we affectionately refer to by his nickname "Bunny." He is here to provide his wisdom and guide to our Residential Health Support Worker program. I would also like to welcome our newest dietician, Joanna Thich, who comes to us from Flin Flon, Manitoba. Kelsey Ring also returns to us in the Dietician role to fill in for Jennifer Olford who is expecting her first child and will be taking a year off to make sure her baby is off to a new start. Finally, I would like to congratulate Georgina Quinney on her retirement. She gave her best to us in 25 years of service to Shoal Lake Cree Nation. We both acknowledged her in a special farewell ceremony and hope to keep in touch.

With that, I hope this issue of the *Heart Beat*. Please feel free to contact us with any comments and suggestions.

Sincerely,

A handwritten signature in black ink that reads "Al Ducharme". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Al Ducharme
Director of Health and Social Development, Prince Albert Grand Council

forward,” explained Wanda.

Much of her work is involved in organizing workshops for the teams, including training in Crisis Intervention Stress Management (CISM), Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), safeTALK, grief resolution (Edu therapy) and trauma training.

Training Specialized for PAGC Communities

Most recently, Wanda invited Gerald Kiesman, a Haida therapist from BC, to give a two-day presentation to the MWTs on trauma and Post-Traumatic Stress Disorder (PTSD) within a context of the Indian Residential Schools, its impacts and its intergenerational effects.

“I think the reason this workshop complements our program is because Gerald provides a history and understanding of why trauma is so prevalent in our First Nations communities,” said Wanda, adding that the workshop also benefitted the participants by showing them techniques on how they can also be healthy and strong.



CRT volunteer Carrie Marion at trauma workshop

In his two-day workshop, one of Gerald’s main themes was the long-term effects of trauma and abuse that happens when people don’t deal with their acute stress, or trauma. He explained that acute stress that happens within 30 days can become chronic stress, or PTSD, which could ultimately impact one’s everyday life and last for a lifetime or, in many instances, generations.

“One thing about trauma is that it goes in the brain, gets analyzed and processed, recognizes harm and danger, and then it sends a message to the body to move into the flight, fight or freeze response,” he said.



Gerald Kiesman gives presentation on trauma and PTSD

“So when it does that, the body mobilizes and all that energy is provided to muscles and organs. Then, down the road, people with PTSD get flashbacks of their trauma and their body remembers as well. So, again, that flashback triggers that flight, fight or freeze response. And, again, people end up running away, getting angry or giving up from whatever memory they’re caught up in.”

Speaking in “laymen’s terms,” Gerald explained that individuals who suffered the effects of traumatic stress from the Indian Residential Schools continue to be real and pervasive in First Nations communities.

“We see this violence that keeps on happening from generation to generation because the trauma is being passed down, because the trauma of the verbal, physical, and sexual abuse hasn’t being dealt with, so it brings out the negative behaviour within ourselves, which may also involve alcohol, drugs, poverty, and homelessness.”

To help respond to individuals in immediate crisis, many of whom are suicidal, Gerald provided the participants with calming methods.

“When the body gets that trigger response in a sympathetic nervous system, all that adrenaline is pumping into the body, so we need to shift to a para-sympathetic mode, which is relaxation,” he explained. “So, what we need to do is to use a technique, using positive affirmations, breathing exercises and an exercise to put our muscle tension at ease.”

“I found the workshop very interesting,” said Carrie Marion who was one of about 50 participants who attended the workshop.

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“It was easy to understand. We were given simple formulas to use, which we can take back to our communities and incorporate not only into our programs but our everyday lives.”

Team Approach at Heart of MWT

Carrie's day job is a dental therapist at James Smith Cree Nation's health clinic, but, at night, she and nine other community volunteer for their Crisis Response Team, which is a part of their larger Mental Wellness Team they named “Sakihitowin.”

Carrie says she can benefit from Gerald's techniques for when she's back on call.

“You are just talking to them, and helping them calm down and now I realize how important it is to see how whatever they're going through is affecting their body. How tense are their muscles? How heavy is their breathing? How are they are feeling in general? And then using those exercises to help get them through that, help them slow down their breathing and help make them calm until they are able to communicate with you.”



James Smith Cree Nation's Health Director Mike Marion (right) meets with members of their local Mental Wellness Team

With all of her training she received from PAGC, Carrie says she feels more confident with her skills.

“I love what I do. It just gives me a really good feeling when I am diffusing a situation and, in the end, that person is at a more calming state and they feel much better. The sadness is there but it's not full-tilt like when I would first get to a situation and their anger would be through the roof. So, I feel good that I am able to bring them down and show them that everything is going to be okay.”

Involving community members in the Crisis Response Team is one of the main goals of James

Smith Cree Nation in enhancing their continuum of mental health services and supports. Since its inception, Health Director Mike Marion of James Smith Cree Nation said that they eventually hope to have 50% community involvement. While the team has received training, he said that they refer members to other resources.

Since they've set up the teams, Mike said it's important for them to involve Elders and youth into the programming.

“We talked about the ceremonies we have in our communities and evaluating those, and having our Elders, our Knowledge Keepers involved,” he said, adding that the community is their best resource to improve mental wellness.

“So, we've asked how they can be involved when we have a crisis in the community? And, a lot of time that's where we are lacking....our spirituality. So, we are getting our ministers, clergy and our Elders to also guide us along on a spiritual side,” he said.

For those needing further mental health support, Mike added, “We want our members to know that if we can't help them, we'd put them in touch with people who will be able to.”

Just as important for its long-term success is youth involvement. Mike emphasized that the involvement of the Youth Action Council on the Mental Wellness Team plays a big role in identifying and responding to the larger social needs of the youth. Some of them have taken CRT training and offer peer support.

Recently, members of the MWTs shared information about their teams and Crisis Response work at a the national gathering, titled “Bringing our voices together in wellness,” at the Kwanlin Dün Cultural Centre in Whitehorse, Yukon.

Back at home, Carrie says she will continue to volunteer because she has a vested interest in the project's success.

“Because it's my community,” she said. “I'm from James Smith and it's always been my passion to help people. By volunteering, I just want my community to feel safe and to feel like they're not alone,” she said.

“Even though some of our community members might feel like they don't have anybody, it's our job to show them that we're always here.”

PAGC profiled in Aboriginal Disaster Resilience project

Earlier this year, the Prince Albert Grand Council was selected as one of three communities to be profiled in the Aboriginal Disaster Resilience Planning (ADRP) website, developed by the Justice Institute of British Columbia.

Lead Researcher Dr. Brenda Murphy involved PAGC in the project, following a presentation by Executive and Program Managers at the 2015 Canadian Risk and Hazards Network Conference.

Funded by Indigenous and Northern Affairs Canada, the ADRP project is part of a larger ADRP toolkit designed to strengthen a community's ability to respond to disaster.



6_Prince Albert Grand Council: TK and Elder Expertise

Justice Institute of British Columbia (JIBC)

Walter Beatty and PAGC practitioners can be found at the Aboriginal Disaster Resilience Planning Website

Dr. Murphy explained, "The website shows role models, opportunities, case studies and examples for other communities across the country to look at. It's one of the best ways to get the word out to other communities."

The purpose of the YouTube videos on storytelling and Talking Circles is to demonstrate the importance of listening to the Elders and the people who have worked in disaster management on the ground and in the communities.

Given his 20 years of firefighting experience, Walter Beatty of the Peter Ballantyne Cree Nation was selected and interviewed for the section on Traditional Knowledge.

The section also involved a Talking Circle with



Back row: Derek Waditaka, Stanley Bird, Roy Head, Patrick Hassler, Bryce Gunson, Al Ducharme and Richard Kent. Front row: Terrina Bellegarde, Walter Beatty, Dr. Brenda Murphy, Lyndon Horsfall, Beverly Goulet, Cliff Buettner, Rosalie Kkailther and Lonnie Penner.

emergency management practitioners, including representatives from PAGC, FSIN and NITHA, as well as Montreal Lake Cree Nation, Hatchet Lake Denesuline Nation, Cumberland House Cree Nation and Wahpeton Dakota Nation.

In one of the 10-2 minute videos, Lonnie Penner, PAGC's Fire Training Officer, emphasized the importance of incorporating Traditional Knowledge into the planning process.

"It's important that any decisions affecting the communities, whether it is over an evacuation order or sheltered place, should come from the community leaders, based on the information they're getting from their Elders, and then be passed down through that chain through these structures," he said.

Before JIBC launched the website on April 1st, PAGC's Roy Head, Lonnie Penner and Tina Pelletier attended a Train the Trainer workshop on how to navigate the site and use the tools.

"It's a user-friendly guide that takes you through the ADRP process," said H & SD's Emergency Planning Coordinator Roy Head.

"I think it will be a valuable tool that will nicely complement the work of our First Nations either developing or enhancing their emergency plan," said Roy, adding, "and, when they watch the videos, I'm sure our practitioners will be pleased to see some familiar faces."

The ADRP address is <https://adrp.jibc.ca>.

eHealth forum features new tech options



A speaker at the eHealth forum in Prince Albert

By Chelsea Laskowski

A health forum hosted by Prince Albert Grand Council and Health Canada is looking to bring everyone to the same page about new health technology.

In recent years, remote communities in the north have started hosting videoconferencing appointments between doctors and patients, which is called Telehealth.

Currently, there are 44 First Nations sites in Canada using Telehealth services with seven more to go online by the end of March, said Health Canada's eHealth coordinator with the First Nations and Inuit Health Brand, Marianne Penner.

With more new healthcare technology headed to remote First Nations each year, the forum is making sure the people who are meant to benefit from the new offerings understand what they are.

PAGC Elder Leonard Ermine said he hopes Health Canada gives them information that northern health region workers can pass on.

"I hope the people who work up north will be able to help our people by interpreting for them what's being talked about for every one's benefit," he said.

Ermine says forums like this break down communication barriers between northerners and their health-care providers. In many cases, Elders and people in northern communities don't have

advanced education because many, like himself, went to Residential Schools. In those cases, a majority of people don't have more than a Grade 5 education.

"Those are the kinds of things we need to know that need to be clarified to our people because of the lack of understanding. And not only that but because of the high-tech language," Ermine said.

The need to build an understanding for remote communities keeps on growing, as health issues like diabetes and heart disease are becoming more prevalent, he said.

Health Canada is partnering with Prince Albert Grand Council for this two-day conference.

Other topics include electronic record-keeping, the importance of patient privacy, and new systems to monitor public health.

"The need to build an understanding for remote communities keeps on growing, as health issues like diabetes and heart disease are becoming more prevalent," said PAGC Elder Leonard Ermine.

Penner points out this means people don't need to make long commutes to get to a specialist.

It also cuts back on how long someone waits to see a doctor.

Patricia Hunter with Prince Albert Grand Council health says there are so many advantages to modernizing their equipment.

"It always comes back to the improvement of that health care and the costs that are involved with that. It does save money on both sides when something is utilized in that way. It's not just a wall-mounted TV unit, it's also laptops, doctors can use their phone as well to connect with patients," Hunter said.

She says it's not just First Nations communities, but all communities that can get on board with things like tele-health. 📺

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NITHA discusses transfer of third-level services



Health Canada's FNIHB Regional Director Alexander Campbell presents on FNIHB's requirements for transfer at NITHA gathering

On March 2016, Northern Inter-Tribal Health Authority (NITHA) held its Second Engagement Session on the future of health services in northern Saskatchewan.

A follow up to the first engagement session held last year, this session was intended to assess and hear more input from NITHA partners and health and community leaders on FNIHB's proposal to transfer full First Nations governance of federally-funded health service to NITHA.

Regional Director Alexander Campbell of the First Nations Inuit Health Branch was on hand to give a presentation to a gathering of about 250.

He talked about how the proposal stemmed from a *Memorandum on First Nations health and Well-Being in Saskatchewan*, signed in 2008 by Health Canada, Saskatchewan Health and the Federation of Saskatchewan Indian Nations, recognizing the need to "adapt and better integrate health and wellness programs of all jurisdictions" and the importance of "involving First Nations communities in the design and delivery of health programs and services for First Nations."

From there, he gave an overview on how FSIN, the Province and the Government of Canada developed and jointly approved a 10-year plan to improve health programs and services to First Nations in Saskatchewan, which currently runs on a budget of \$330-million, including non-insured benefits.


Campbell said that its over-arching goal is to coordinate the delivery of health programs and services to ensure more efficient and effective health systems that provide "a seamless continuum of care for Saskatchewan First Nations."

In 2012, FNIHB had released a National Strategic Plan entitled "A Shared Path to Improved Health." It outlined FNIHB's plans to move forward "to support First Nations and Inuit in their aims to influence, manage and/or control health programs and services that affect them. In turn, FNIHB's Saskatchewan Region developed a Regional Strategic Plan for 2014-2019 identifying the following desired future outcomes in Saskatchewan:

- To support renewed partnerships between First Nations, FNIHB, the Province of Saskatchewan and other partners;
- To facilitate the transfer of health services to First Nations control through partnership building and community capacity development; and,
- To support the ongoing sustainable operation of quality health services by First Nations organizations and communities that are accountable and aligned with the provincial system.

During the consultations, First Nations have raised questions over the consideration of the Treaty Right to Health, the Treaty Six Medicine Chest Clause, and the original Spirit and Intent of Treaty. Participants also has concerns about the evolution of health services both on and off reserve, the transfer process that was supposed to happen in the late 80s and early 90s, and the status of Indian hospitals and convalescent facilities.

Other issues raised were the role First Nations authority and jurisdiction versus the issue of "off loading," Governance, the role or non-role of health regions, the status of provincially-delivered health services to First Nation members, the relationship with the Province before and after process, as well as funding and finances over who and how the services and process will be paid for.

Facilitators with Horizon Strategic Consultants will be presenting NITHA and its leadership with a report on the gatherings' feedback by the end of April, which will be used to set future direction of the proposal. 

Upcoming Events

Applied Suicide Intervention Skills Training (ASIST)

Location TBD | May 2016

Honouring our Traditions (HOT) - Women's Program

Holistic Wellness Centre | April 25-29, 2016

Honouring our Traditions (HOT) - Men's Program

Holistic Wellness Centre | May 30-June 3, 2016

Mental Health First Aid Training (MHFA)

Location TBD | May 2016

Responsible Gambling Program

Holistic Wellness Centre | April 18-22, 2016

For more information on any of the above events, please contact PAGC Holistic Wellness Centre at 306-953-7285.

H & SD News Briefs



On March 18th, H & SD's Department of Nursing held a retirement luncheon for Georgina Quinney where she was presented with a starblanket and plaque to honour her for 25 years of service at Shoal Lake Cree Nation.



On March 24th, PAGC held an Information Session for IRS survivors with keynote speakers Eugene Arcand, Ted Quewezance, and Evelyn and Riley Burns that also featured a performance by Errol Kinistino.



For more information on the RADA campaign, call the PAGC Holistic Wellness Centre @ 306-953-7285.

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