Presentation to the Select Committee on Mental Health and Addictions

Ottawa Marriott

September 9, 2009

Table of Contents

Rosemary's Story *3*

Mental Health and Addictions in an Indigenous Context *4*

Minwaashin Lodge – The Aboriginal Women's Support Centre *5*

A Unique Approach *6*

Critical Gaps in Services *7*

We *know* what needs to be done. 9

Conclusion *10*

Minwaashin Lodge: Lifecycle Service Model 11

References 12

Addictive behaviours and violence against Indigenous women and girls are two of the most urgent, widespread and preventable social problems facing our families and communities. The persistence of social conditions such as poverty, marginalization and prejudice perpetuate this intergenerational cycle.

Rosemary's Story

Rosemary T.[1] is from a First Nation community in northern Ontario. Her grandparents on both sides are residential school Survivors, as was her biological father. Her mother had been apprehended by the CAS at the age of eleven due to family violence and alcohol abuse. Because of her parents alcohol abuse and sexual abuse by her father Rosemary was also in and out of foster care from the time she was eight years old.

Rosemary had been in Ottawa for two years when she came to Minwaashin Lodge's emergency shelter at the age of twenty-three. She was two months pregnant with her fourth child. Though she had tried to quit on numerous occasions, Rosemary was addicted to crack cocaine. Like Rosemary and her mother before her, her other three children had been apprehended by the CAS.

Rosemary wanted very much to keep her fourth child and worked closely with shelter staff and CAS to try to do so. She attended parenting classes, a treatment centre, and many other programs throughout her pregnancy. Nonetheless, CAS still had concerns for the child and once again apprehended at birth.

The staff members at the shelter were shocked by this, given the number of changes and the progress she had made. Needless to say Rosemary was devastated. Slowly, over time, visitation turned into overnights and there was hope her child would be returned to her. Unfortunately, after nine months Rosemary relapsed for two days. Rather than understanding relapse as a normal part of the recovery process, CAS stopped the overnights and reduced her visits.

Feeling increasingly defeated and depressed, Rosemary started to miss her visits, behaving in ways the CAS termed "uncooperative". Due to the age of the child and in accordance with assessment of risk protocols, CAS went to court, ceased visitation and once again another First Nation child was adopted out.

Rosemary lost all hope at this point. Her substance abuse increased and she went back to working the streets to support her addiction. Five years later, at the age of 28, she is HIV positive, has no top teeth and is covered in physical scars; we can only imagine the extent of her mental and emotional wounds.

---

[1] pseudonym

As a direct result of the policies of residential schooling followed by those of the Children's Aid no members of Rosemary's family have yet been raised at home by their own parents for at least six generations.

Mental Health and Addictions in an Indigenous Context

No other population group in Canada's history has endured such a deliberate, comprehensive and prolonged assault on the family and on their human rights. Yet many Canadians including those in the human service sector remain unaware of the full scope of these injustices or their impacts. In fact, the question we hear most often is 'Why can't you just get over it and move on?"

Marlene Brant Castellano's description of colonization helps answer this question. She says, "Confidence in the ethical order of the universe is instilled by experience in the family and reinforced by the larger community, by ceremonies that generate shared awareness, and by language, the signs and symbols by which we define and share our perceptions of reality. This concept of an ethical universe stabilized by family, community, ceremony, and language is not unique to Aboriginal society. What is distinctive about our experience as Aboriginal peoples is the history of having each of those stabilizers systematically undermined by the colonial experience, leaving individuals isolated and vulnerable in a universe that appears chaotic and is definitely threatening (2009:232-233)."

Disproportionately higher rates of addiction and mental health problems are repeatedly linked with intergenerational trauma unique to the experience of Indigenous people in Canada. The response from our social institutions is at best, a persistent systemic indifference to the pain and is at worst, judgmental and punitive, blaming those with addictions for 'poor lifestyle choices', 'attitude problems', 'character deficiencies' and being "uncooperative", 'hard to serve' or 'resistant to treatment'.

Not all Survivors of residential schooling or their descendants struggle with mental health problems or addictions. Many illustrate, through their writing, art, and work in political and social arenas, the enduring wisdom, vitality, adaptability and life-sustaining value of their cultural teachings.

Services run by and for Inuit, Métis and First Nation communities are grounded in the knowledge that history, culture and worldview matter profoundly; that the health of individuals, families, communities and nations are inextricably connected; and that well-being throughout the lifespan from birth to old age has four inter-related, inter-dependent aspects: the mental, emotional, physical and spiritual.

Minwaashin Lodge – Aboriginal Women's Support Centre

Minwaashin Lodge is a community-based service run by and for urban Inuit, Métis and First Nation women in the National Capital. It provides prevention and intervention services for grandmothers, women, infants, children and youth who are survivors of family violence and the residential school system including intergenerational impacts[2].

Since opening its doors in 1994 Minwaashin has grown to deliver essential, culture-based services to over 1,500 clients annually. Its service model is derived from traditional teachings about balanced, holistic health throughout the lifecycle. Therefore programming is provided for all age groups from prenatal, to infants and toddlers, children and youth, adults and seniors. All services are planned and evaluated with an eye forward to how they will benefit the 7th generation to come.

Services include:

- a 19-bed emergency shelter, Oshki Kizis Lodge which housed 427 women and children in 2009;
- addictions recovery and support programs served 64 clients last year aged 21-50, of these clients 21 receive ongoing counselling;
- the trauma recovery, mental health counselling and Two-Spirit advocacy programs served over 1,100 individuals;
- family programs include a CAS approved parenting skills program and the Sacred Child program which served over 65 families including 62 children and 12 infants,
- the Spirit Movers, Fire Keepers and Wahbung youth diversion programs connect youth to healthy activities that promote culture and social skills;
- the province-wide Healthy Equal Relationships peer education project uses the arts to engage over 700 Inuit, Métis and First Nation youth ages 6-22 in stopping the cycle of violence;
- support and advocacy for women 55+ through the Wisdom Keepers program;
- also provided are: housing outreach; employment preparation; and public and professional education about cultural issues.

[2] Major funding sources include: the Ministry of Community and Social Services, the Ontario Women's Directorate, the City of Ottawa, the Public Health Agency of Canada and the Aboriginal Healing Foundation.

A Unique Approach

In an Indigenous worldview, good health is a lifelong process of maintaining physical, mental, emotional and spiritual balance. Community-based services run by and for Indigenous people provide a unique opportunity to:

- be with others on the same healing journey,
- learn about the beauty, humour, wisdom and continued relevance of traditional cultural teachings and practices that promote resilience, and,
- experience cultural safety – a safe environment to speak the truth of one's experience without being misunderstood, pitied, misjudged, blamed, shamed or punished.

Such services identify and directly address the underlying causes of addictions and mental health problems unique to the historical experiences of Inuit, Métis and First Nation people. They provide an opportunity to reconnect with and maintain culture and a pride-based vs. shame-based cultural identity. They model and foster healthy relational attachments to staff, to family members, kin, community and land/nature.

The chart at the end of this report depicts the Minwaashin Lodge service model. This model interweaves services with seasonal ceremonies along the continuum of life from infancy to old-age. For newborns there are welcoming and naming ceremonies, for toddlers, walking out ceremonies, for youth, vision quests and opportunities to challenge and lead, for women and their families, there are sweat lodge ceremonies, feasts, Pow, wow's, assemblies and seasonal celebrations, for Elders, there are opportunities to transfer cultural knowledge and the wisdom of experience to the next generation.

Critical Gaps in Services

In 2008 Minwaashin Lodge undertook a study to assess the feasibility of a 24/7 residential treatment facility for Indigenous women with addictions *and* their children. A case review was conducted of 1,102 Minwaashin Lodge client files from April 1, 2007 to March 31, 2008. Of 920 files where intake information was available it showed:

- the majority of clients (60%) are under the age of 35,
- over half (52.8 %) are abused women;
- 64% are struggling with addictions; 10.9 % are in conflict with the law; and
- Almost 6% were incarcerated at the time of intake.

Thirty-one stakeholders from 6 key Ottawa services including the Children's Aid Society of Ottawa, Ottawa Police, Inner City Health, the Royal Ottawa Hospital, Mamisarvik National Inuit Addictions Treatment Centre and Minwaashin Lodge participated in the feasibility study through focus groups and key informant interviews. All 31 stakeholders were unanimous in support of a treatment centre for women and their children. Some quotes:

- "No question - the City of Ottawa needs a treatment centre for Aboriginal women with children; there is no place to take abused Aboriginal women with addictions."

- "Inuit women are more victimized than other Aboriginal women and are over-represented in the sex trade; they seem quicker to get sucked into that vortex. The violence perpetrated against these women, especially sexual violence is shocking."

- "The longer they stay sober, the better they can deal with the abuse issues or justice issues."

- "There is convincing evidence that if you get young women at this critical period (pregnancy), life changing events can take place."

- "Hardcore women might join a day program or stabilization program if it will give them access to their kids, if they were offered *some* option."

- "When you take away the kids you take away a major source of love - so you will also be preventing addiction in the next generation because children need to stay attached to the people who are important to them in order to prevent the next generation of addicts."

- "We have to help them hang onto hope when they've lost theirs; we have to feed the self-esteem of people who don't have any; help them see a life that's possible for them that includes being happy through activities outside of their addiction; helping them to create a vision for their lives."

In the five years since Rosemary returned to the streets, much has been achieved. Here in Ottawa, the Children's Aid Society and Ottawa Police have taken concrete steps to improve their services and the way they respond to Indigenous people in crisis. Services run by and for Inuit, Métis and First Nation people have increased and expanded; opportunities for respectful intercultural collaboration and inter-agency service coordination are being sought more frequently.

Provincially, the Aboriginal Healing and Wellness Strategy is a framework for health and healing drawn from an Indigenous worldview. Changes to the *Child Protection Act* under Bill 210 now require a differential response and alternative planning and decision making process for Indigenous children. Yet there is still no comprehensive, coordinated provincial strategy addressing mental health and addictions with an implementation plan and enough resources to make it a reality.

We *know* what needs to be done.

1. *Continuum of Culture-Based Interventions*

Most urgently, we need culture-based outreach services for pregnant women with addiction and mental health problems - and we need long-term treatment centres where women can recover in a supportive, culturally safe environment without the added stress and fear of losing their children. Programming must include relapse support, aftercare and long-term follow-up.

2. *Culture-Based Peer Education and Prevention*

Another urgent need is for much earlier youth engagement and peer-led prevention services by and for Inuit, Métis and First Nation youth - and in that context we crucially need educational institutions from Kindergarten to University to tell a different story about Indigenous people and history so our youth can engage in a positive, healthy way with their learning environment.

3. *Cultural Safety/Accessibility of Mainstream Services*

Finally, we need mainstream service providers with at least the *minimal* level of cultural competency required to serve Indigenous people – this goes beyond hiring a receptionist of Native descent or adding a feather to a mainstream program. As a first step it would be helpful if service providers had some sense of the enormity of what they do *not know* about Indigenous culture, history and worldview. Unfortunately many have only seen our families at their most troubled. They need to become more proactive at seeking out opportunities to experientially learn the beauty, strength and wisdom inherent in Inuit, Métis and First Nations cultures by attending Pow wows and other community celebrations that *celebrate* family.

4. Social and Economic Conditions that Restore Hope

Long term recovery from addiction requires the capacity to envision a future of hope. Significant improvements to the social and economic conditions impacting health are required to restore health to Inuit, Métis and First Nation communities assaulted by over two centuries of colonization. Equality of access to decent housing, education, employment and resources that support the full realization of human and cultural potential are basic rights. Extending these rights to the Indigenous population should be a priority in a country that prides itself on its standard of living and commitment to human rights.

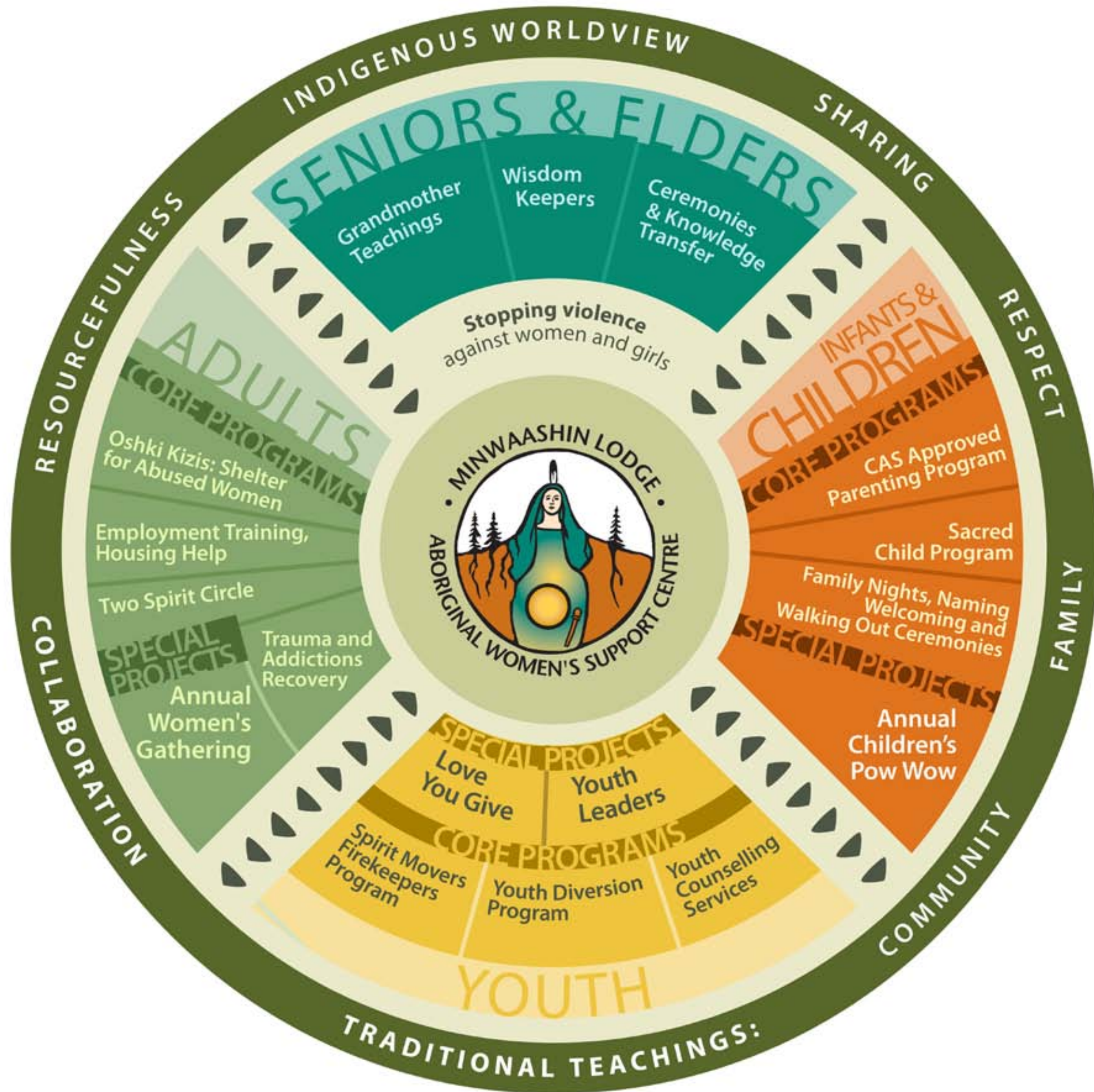
Conclusion

Rosemary's Story illuminates the unique complexity of mental health and addictions in an Indigenous context. It is a story *rife* with missed opportunities. According to Thomas King, "the truth about stories is that that's all we are." Rosemary's Story *is* Canada's story – it is our collective truth. If that story is to change we *all* need to think, plan and act differently. And we need to do it before yet another generation is impacted by the dismal systemic failures of our past.

I noted previously that no other population group in Canada's history has endured such a deliberate, comprehensive and prolonged assault on their families and their human rights. We see clearly the outcomes of this assault in Rosemary's Story. In order to succeed, efforts to correct these outcomes must be equally deliberate, comprehensive and prolonged. And these efforts must be guided and driven by Indigenous people.

In the words of Buffy Ste. Marie, "We are faced with insurmountable opportunities".

Miigwech, Marsee, Qujannamiik



MINWAASHIN LODGE: LIFE-CYCLE SERVICE MODEL

References

Annual Reports. Minwaashin Lodge – Aboriginal Women's Support Centre, Ottawa ON. 2008 and 2009

Chansonneuve, Deborah. *Addictive Behaviours Among Aboriginal People in Canada*. Aboriginal Healing Foundation, Ottawa:ON. 2007

____*A Residential Addictions Treatment Facility for Aboriginal Women and Their Children in the City of Ottawa: A Feasibility Study*. Minwaashin Lodge, Ottawa:ON. 2008

King, Thomas. *The Truth About Stories: A Native Narrative*. Presented for the CBC Massey Lecture Series 2003. House of Anansi Press Inc. Toronto:ON. 2003

Valaskakis, Gail Guthrie, Dion Stout, Madeleine and Guimond, Eric (Ed). *Restoring the Balance: First Nations Women, Community and Culture.* University of Manitoba Press, Winnipeg, MAN 2009