

# Distinctions Based Approaches to Métis Mental Wellness and Substance Use Supports”

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Members



# Métis people suffer from higher rates of mental disorders than the general public

- As noted in the Province of B.C.'s recent inquiry into Indigenous-specific racism and discrimination in B.C. Health Care, Métis people (18+) in B.C. are nearly twice as likely as non-Indigenous people to have five or more health conditions. They are also nearly 40% more likely to suffer from depression. 2021
- The Métis people in Alberta experienced higher rates of morbidity for three of the six types of mental disorders. These diseases were alcohol and drug abuse, mood disorder and anxiety and related mental disorders. 2013
- Métis citizens in Ontario experienced significantly higher prevalence rates of bipolar disorder, mood and anxiety disorders and drug related disorders than the general provincial population. 2017



# Métis people experience unique forms of trauma

- ❑ Disconnection within family, community and Nation
- ❑ Mental, emotional, physical, and spiritual abuses and neglect across the lifespan
- ❑ Day and Residential School attendance
- ❑ Abuse by systems: child welfare, justice, medical/healthcare, education, housing, etc.
- ❑ Scoops and child apprehension
- ❑ Disconnection from the land; non-recognition of rights to land; injury to the land
- ❑ Breakdown of traditional forms and systems of governance and way of life
- ❑ Attacks on Métis identity: lateral violence, historical and contemporary invalidation of identity
- ❑ Disconnection and prohibition of practicing culture and spirituality
- ❑ Intergenerational issues with mental health and substance abuse (e.g., grandparents, parents, siblings, extended family, etc.)
- ❑ Human trafficking and MMIWG2S and MMIMB2S
- ❑ Métis women and girls face particular needs around service provision due to ongoing violence and trauma (the stigmatizing/marginalizing of Métis women and girls creates a dual barrier)
- ❑ Multiple losses, ancestral and unresolved grief



# Revisit the 4 Key Principles to Métis health and wellbeing

4 key principles related to Métis health and wellbeing:


- **1. Health is self-determined** – Métis people value the ability to be self-directed in all aspects of life, to maintain independence and autonomy, including our ability to self-govern. Self-determination in health for Métis people means being active, being in charge of one's life, being able to prevent illness, and being able to live a healthy lifestyle.
- **2. Health is holistic and multi-faceted** – Métis people hold a comprehensive understanding of health that involves physical, mental, emotional, social, and spiritual well-being. Family, kinship, community strength and mutual commitment between community members have always been the backbone of Métis communities. History, cultural continuity, language, identity, and relationships with the animals and land around us are all interrelated and equally important. Métis people seek a holistic approach that does not set physical health apart from these other determinants.
- **3. Health is place-based** – Location is a key element of Métis identity. Métis history, citizenship, and sense of belonging are all deeply rooted in a sense of place.
- **4. Inclusivity** – Health and wellness is important to Métis people of all ages, backgrounds and regions. Health and wellness occur over the entire course of our lives, across generations, from pre-conception to death, and includes all the stages in between.



# What Métis Communities have said they need to address their MHA needs..

- Increased access to talk-based therapies as opposed to drug therapy for mental health and addictions issues;
- Greater access to culturally-relevant and culture-based mental health and addictions treatments that are appropriate and self determined;
- Options for safe, accessible, and affordable public transportation options to access health care as well as employment as a related socio-economic factor on mental health;
- Increased promotion and preventative programming on mental health and addictions that is culturally-relevant
- Connections with culture and community; returning to the land and traditional ways of life
- Finding our place within the circle:, sense of meaningful belonging and engagement at MHA key stakeholder tables - informing and leading Métis MHA service and research initiatives.
- Resources to address other unique determinants of health faced by Métis: food/housing/safety/healthcare/etc.
- Supports that recognize Métis women and girls have strengths that need to be supported in mental health and addictions service provision—Métis women and girls are the community's leaders, clan mothers, caretakers and protectors of culture and land
- Supports to recognize the strengths and Improving access to supports for Seniors, 2SLGBTQQIA+, men, youth and gender diverse people
- Need to understand the need and have available mental health supports for Métis people transitioning from correctional facilities





# Pathways to Distinctions Based Approaches to Mental Wellness and Substance Use Supports

- Treatments need to be rooted in strength-based, wholistic, culture-based, harm-reduction approaches that empower Métis individuals, families, and communities to continue to safe-guard their health, adopt healthier lifestyle practices, and build resiliency.
- Additional Métis, MHA workers will need to be available to provide treatment; as well, more services, mainstream and Métis-specific, are needed to timely address community needs.
- Ensuring meaningful inclusion of Métis women and girls unique needs, challenges, and priorities, which need to be addressed when considering and implementing system enhancements. Harm reduction supports and wrap-around service/systems navigation supports are needed in order to address the dual problems of violence against Métis women and mental health/addictions challenges.
- Ensuring the needs of the lesbian, gay, bisexual, transgender, transsexual, gender non-conforming, queer, questioning, intersex, asexual spectrum, and Two-Spirited or LGBT2Q+IA members of the Métis community are included and addressed planning MHA system changes.
- Overall, communities are requesting a more wholistic approach to treating mental health and substance use. This includes modifying approaches to address concurrent conditions and recognizing how unique Métis social determinants play a role in outcomes.



Examples of current strategies and services available to address Métis Mental Health and Wellness by the Governing Members....



# MNBC's Strategies and Supports







# MNA's Strategies and Supports





# MN-S's Strategies and Supports



# MNO's Strategies and Services

The program has been able to secure a broader range of mental health professionals available to all Métis across the life span.

Métis communities have access to:

- ▣ Psychology
- ▣ Psychiatry
- ▣ Psychotherapy (individual, group, marital counselling)
- ▣ Addictions counselling/\*intensive community based tx
- ▣ Digital dependency/gambling
- ▣ Behavioural therapy
- ▣ Parenting coaching
- ▣ Educational advocacy
- ▣ Occupational therapy
- ▣ Speech therapy
- ▣ Tutoring supports
- ▣ Legal/financial supports

Clinicians are bilingual and from Métis and mainstream communities – self determination for clients in their wellness journey


A wholistic and collaborative approach is used with clients involving the MNO staff, the clients' community and the expertise of mental health and addiction professionals





# LFMO's Strategies and Supports





# Sustainable funding and the possibilities...

- Research and development
- Improved data collection
- Needs assessment and evaluation
- Service delivery
- Life promotion programming including cultural supports
- Trauma informed care,
- Traditional well-being
- Cultural safety
- Improving access to supports for targeted population including Seniors, 2SLGBTQQIA+ women, men, youth and gender diverse people
- Capacity (mental health human resources)
- Infrastructure such as community based residential care, and land-based healing facilities.



# Outcomes



- ❑ Improved access to culturally safe mental health and harm reduction services for Métis citizens
- ❑ Reduced number of overdoses, suicide and self-harm amongst Métis population
- ❑ Increased number of culturally safe healthcare supports for Métis citizens, especially accessible to more targeted populations such as Métis living in rural and remote communities, Seniors, 2SLGBTQQIA+, women, men, youth and gender diverse people.
- ❑ Increased the percentage of Métis healthcare professionals in the healthcare system.
- ❑ Reduced number of racism complaints in the healthcare system from Métis citizens
- ❑ Improved access to healthcare for Métis citizens
- ❑ Improved Métis governments' internal capacity in addressing Métis Social Determinants of Health (MSDOH)
- ❑ Improved Métis Research, Needs Assessment and Evaluation





# Marsii & Dialogue