

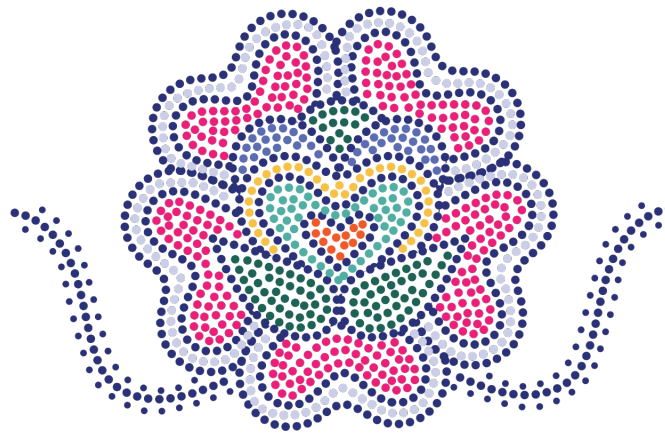
Nutr fason chî pamihwayaahk ***Our way of taking care of people***



TRAUMA-INFORMED CARE FOR MÉTIS PEOPLE: **A Review of Métis Resources and National Priorities**

Nutr fagoon chi pamihwayaahk ***Our way of taking care of people***

TRAUMA-INFORMED CARE FOR MÉTIS PEOPLE: A Review of Métis Resources and National Priorities



Cover art and in-text illustrations

When taking the time to imagine the art I am asked to create, I first think about the project's intention. For the Trauma Informed Care report, I reflected on what trauma means to me, who it affects, and the importance of having access to trauma-informed care. I understand trauma as a product of the past that continues to impact the future. I think of the role trauma can play regarding generations. I wanted to use the bison to illustrate that point, as a symbol of the past, present, and future within a family. Trauma is not the responsibility of just the individual but also of the family and community, which is why I feel that the intention of this report lies heavily in informed care. Trauma is not an easy thing to talk about. At times, it can feel easier to ignore than address. To illustrate what informed care can create, I wanted to wrap the bison family in a sash to show there is support and healing in culture. I included the imagery of strawberries and blueberries to represent the medicine and health that informed care can provide.

Teagan Neufeld

Acknowledgements

This report was prepared by Weaving Wellness: Tera Beaulieu, Elise St. Germain, Kimberly Jordon, Rylee Godin, Sandra Gosling, Tom Willman with contribution, insights, expertise and editing from Members of the Métis Nation - Technical Health Committee: Emily Paterson (Métis Nation of Ontario), Joanne Meyer (Métis Nation of Ontario), Lori Skjeie (Métis Nation - Saskatchewan), Reagan Bartel (Otipemisiwak Métis Government of the Métis Nation within Alberta), Shelley Cripps (Métis Nation of Ontario), Stephen Thomson (Métis Nation British Columbia), Tanya Pruden (Métis Nation - Saskatchewan), Tegan Brock (Métis Nation - Saskatchewan) and the Métis National Council Health Team: Breane Mahlitz, Carolyn Lacka, Céline Wick, Ginny Gonneau, Stephanie Thevarajah, and Victor Odele. Report layout by Lori-Ann Rivers (Métis National Council).

Note on Representation

At the time this report was being developed, the Métis National Council's (MNC) Governing Members (GMs) comprised of the following Métis governments: Métis Nation-Saskatchewan (MN-S), Otipemisiwak Métis Government of the Métis Nation within Alberta (MNA), Métis Nation British Columbia (MNBC) and Métis Nation of Ontario (MNO). Engagements, contributions and language reflected in this report were informed by the perspectives and participation of these GMs during the drafting process.

Translation

We respectfully acknowledge and deeply thank Michif Language Keeper, Reid Hala for the translated title in Heritage Michif.

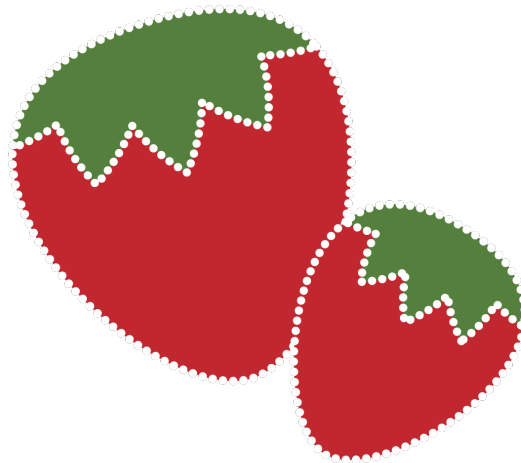
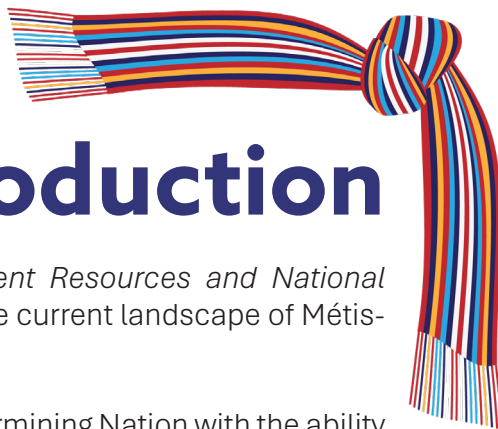


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Introduction

Trauma-Informed Care for Métis People: A Review of Current Resources and National Priorities is the culmination of a five-month exploration into the current landscape of Métis-specific and trauma-informed work across the Métis Nation¹.

As the Métis Nation continues to assert its rights as a self-determining Nation with the ability to develop and administer its own healthcare programming and systems, it is imperative to assess and understand the landscape of Métis-specific and trauma-informed work that has been completed to date, including programs, educational resources, training offerings, and distinct mental health interventions. To do so, the Métis National Council (MNC) contracted the Weaving Wellness Centre, a Métis-led private consulting and clinical practice, to complete the following project objectives from November 2023 to June 2024:

1. Review current trauma-informed resources developed by the Governing Members (GMs) of the Métis National Council
2. Gather perspectives of key Métis Nation staff and stakeholders through engagement sessions and interviews
3. Summarize key findings in a final report

Based on the knowledge and experiences shared by the Métis National Council's GMs²: Métis Nation British Columbia (MNBC), Otipemisiwak Métis Government of the Métis Nation within Alberta (MNA), Métis Nation Saskatchewan (MN-S), and Métis Nation of Ontario (MNO), this report identifies:

1. Key successes in trauma-informed initiatives
2. Current program and system gaps, challenges, and needs
3. National priorities and recommendations for further trauma-informed care work

The Métis National Council GMs³ each acquired a total of \$1,000,000 in funding from Indigenous Services Canada (ISC) dedicated to trauma-informed care (TIC) over two fiscal years (2022/2023 and 2023/2024). Some of the diverse initiatives developed with this funding included land-based healing programs, system navigation guidebooks, wellness programs, and financial support for Métis citizens.

¹ Distinct Métis communities developed along the routes of the fur trade and across the Northwest within the Métis Nation Homeland. This Homeland includes the Prairie provinces (Manitoba, Saskatchewan, Alberta), as well as parts of Ontario, British Columbia, the Northwest Territories, and the northern United States (MNC, n.d.)

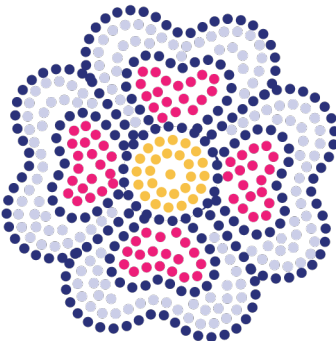
² At the time this report was being developed, the Métis National Council's Governing Members (GMs) comprised of the following Métis governments: Métis Nation-Saskatchewan, Otipemisiwak Métis Government of the Métis Nation within Alberta (MNA), Métis Nation British Columbia and Métis Nation of Ontario.

³ The Governing Members are the democratically elected Métis governments in the provinces within the historic Métis homeland: Métis Nation-Saskatchewan, Otipemisiwak Métis Government of the Métis Nation within Alberta (MNA), Métis Nation British Columbia and Métis Nation of Ontario. Collectively, they constitute the General Assembly of the Métis National Council and its Board of Governors

Due to the broad and interconnected nature of trauma-informed work, the scope of this report includes both the initiatives that were directly funded by this program as well as other trauma-informed initiatives. These initiatives include both trauma-informed care and trauma-specific services delivered by the MNC GM. Trauma-informed care is an approach to service delivery that deeply recognizes the impact of trauma on an individual’s life (Butler et al., 2011; Lee et al., 2021; Mavis, 2023). This approach assumes that many folks have experienced trauma and seeks to create safe environments that avoid triggering or re-traumatizing individuals accessing services. Trauma-specific services, for the purposes of this report, are services that focus specifically on addressing the trauma that individuals have experienced.

The types of traumas experienced by Métis people can be understood as existing along a spectrum of single-incident trauma (e.g., car accident, natural disaster), multiple-incident or complex trauma (e.g., chronic abuse), and intergenerational trauma (e.g., residential/day school attendance, child welfare scoops). The Métis Nation has endured and survived great hardship, including organized efforts to eradicate Métis people and communities across the homeland. As individuals, many Métis people must navigate and heal from these historical harms and other forms of trauma. While the mental health experiences and needs of Métis people continues to be an under-researched area of inquiry, the research that has been done to date indicates that Métis people experience disproportionate mental health issues and disorders compared to non-Indigenous populations, including trauma or anxiety-related disorders (Perreault, 2022).

Alongside these collective injuries and wounds are the grounding and nourishing aspects of Métis ways of life that help Métis people live and be well. These include feeling connected to the land, the natural world, and its various relational systems; learning and living Métis culture; speaking Michif; establishing kinship and community relationships; and engaging in spiritual practices, among many others. For many Métis individuals, embodying these Métis practices and ways of being are important aspects of establishing healing pathways to address the diverse forms of trauma that have been experienced. The GMs of the Métis National Council have worked arduously to create pathways of care for Métis individuals, both within mainstream mental health systems and the programs and services offered by each GM. Given the exemplary work done to date, and the aspirations of the Métis Nation moving forward, the perspectives summarized in this report will help inform next steps and ongoing work related to the mental health and healing needs of Métis citizens.





Executive Summary

This report provides an overview of the ways the GMs have used funding to provide trauma-informed care (TIC) to Métis people and citizens to promote mental health, healing, and wellness across the Métis Nation homeland. It provides an overview of the various TIC initiatives currently available, including those funded by the federal TIC funding program. Stories are woven throughout this report documenting the impact of Métis-specific TIC initiatives, which often centre Métis culture, relationships, the land, and community. These various aspects of trauma-informed initiatives support individual healing and act as protective factors against further traumatization for Métis people. The Métis Nation continues to face systemic violence as a result of inequitable funding practices, racism and discrimination in care.

TIC is increasingly seen as a best practice for providing health and mental health services. TIC does not necessarily include trauma-specific services, or services that respond to those impacted by trauma, but rather acts as a framework for principles that can be woven into policy, practice, and organizational operations. Based on the literature, TIC is also an approach that moves beyond staff training and awareness of trauma; it actively seeks system transformation by altering organizational policies and practices to support staff and clients alike. A Métis-specific TIC approach further recognizes the direct role of past and present colonialism in informing experiences of trauma for Métis individuals, families, and communities. A Métis TIC approach further acknowledges the inherent strengths and resilience that Métis people possess and the survival of the Métis Nation across generations. For Métis people, TIC includes adequate funding and self-determination, allowing the Métis Nation to build and establish programs in long-lasting ways that promote the health and wellness Métis citizens, as well as GM staff, and provide necessary healing and life promotion supports for Métis community members.

Trauma has affected Métis communities in complex and multi-layered ways. Métis individuals have experienced diverse forms of trauma, with a spectrum of impact and community understanding around what constitutes trauma for Métis people. The GMs shared that trauma includes colonial and systemic trauma (spiritual wound, residential and day/boarding school, social and healthcare systems and service delivery), intergenerational trauma (adverse childhood experiences [ACE], lateral violence, loss and grief), and personal or individual trauma (individual experiences such as a car accident, internalized shame, and unlabeled experiences).

Throughout this report the term trauma-informed care typically refers to the initiatives that have been developed by GMs that aim to address the healing, mental health, and wellness needs of Métis people. Additionally, developed TIC initiatives commonly seek to prevent re-traumatization in services and promote holistic wellness and life promotion through the inclusion of Métis culture. Several overarching themes were found across the GMs' TIC initiatives including:

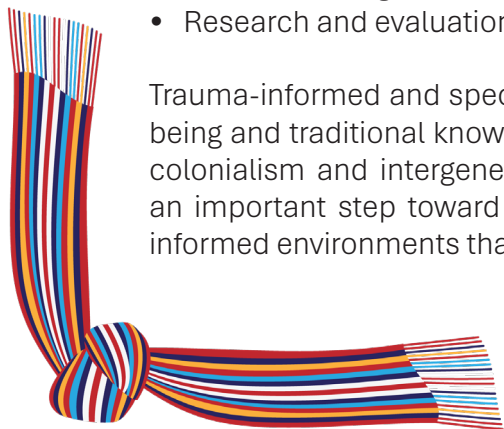
- 1) Land-based healing programs;
- 2) Life promotion programs and events;
- 3) Wellness workers and navigators;
- 4) Addiction and substance use programs and supports;
- 5) Information and resources for self-care and wellness;
- 6) Financial support for individual and family recreation, wellness, counselling, and other needs, and
- 7) TIC planning and engagement.

A key impact of these Métis-led initiatives was the creation of supports that directly responded to Métis community needs and preferences. The GMs detailed having observed healing, growth, resilience, and joy across community members, including children, youth, parents, elders, and vulnerable citizens as a result of these initiatives. Through these programs, Métis peoples' experiences have been validated, and many have been reconnected to culture and community. Stories of transformation emerged, such as the disruption of ongoing cycles of violence and abuse, for Métis citizens. Many participants of these programs embodied newfound courage to persist along pathways of healing and were empowered through the delivery of tools and supports to achieve balanced and holistic wellness.

The primary challenge identified by GMs was the structure of the TIC funding. An insufficient amount of funding, the short time frame in which funding was provided, and extensive administrative burdens to apply for funding created significant workload burdens for GM staff, constraining their full execution of project visions. Despite these challenges, GMs demonstrated great strategic thinking in designing or expanding their TIC initiatives to minimize the negative impact of TIC funding potentially not being renewed, which would result in the loss of programs or resources in communities. The GMs conveyed strong vision, motivation, skills, and abilities to further meet Métis peoples' needs and promote holistic healing and wellness. With potentially renewed and expanded funding in place, the following priorities were identified by GMs:

- More community-led mental health and trauma services;
- Cultural programming to facilitate healing and promote resilience and wellness;
- Education and training of citizens and service providers on trauma, TIC, and holistic wellness;
- Métis knowledge exchange and directory of TIC, healing and wellness initiatives; and
- Research and evaluation of TIC programs that includes Métis traditional knowledge

Trauma-informed and specific programs, services and resources that embrace Métis ways of being and traditional knowledge will foster healing from the historical and ongoing impacts of colonialism and intergenerational trauma. Sustainable and self-determined funding will be an important step toward redressing historical wrongs and injustices and creating trauma-informed environments that support and promote the healing and well-being of Métis people.



Trauma-Informed Care: Literature Review



The work of the Truth and Reconciliation Commission ([TRC], 2015) and the National Inquiry into Missing and Murdered Indigenous Women and 2SLGBTQIA People (MMIWG, 2019), has resulted in increased awareness and recognition of the pervasiveness of violence and trauma experienced by Indigenous communities throughout Canada. Further, exploration into the interconnection between colonization and consequent impacts to the health and well-being of Métis people is increasing as a result of a growing body of Métis specific research being conducted. Survivors of trauma have called for better approaches to their care, and care that is grounded in respect and dignity. The need for trauma-informed care has emerged as a best practice for delivering health and mental health services.

Defining Trauma-Informed Care

Health agencies and practitioners have produced several different definitions of trauma-informed care (TIC). The Public Health Agency of Canada (PHAC) defines trauma-informed care as an approach that consists of “policies and practices that recognizes the connections between violence, trauma, negative health outcomes and behaviours” (para. 2018). Key principles of trauma-informed care include understanding trauma and violence and its impact on peoples’ lives; creating an emotionally and physically safe environment; fostering opportunities for choice, collaboration, and connection; and providing strengths-based and capacity building approaches to support client coping and resilience (PHAC, 2018). PHAC (2018) understands that TIC, as an approach, does not necessarily treat trauma directly but is rather integrated into trauma-specific, and non-trauma-specific services, to increase the safety, control, and resilience of those accessing such services. The primary overarching goal of TIC is to minimize harm and prevent re-traumatization. PHAC (2018) recognizes that for TIC to be fully realized, changes are required in service delivery and approaches to care, as well as in organizational functioning and system design. This is further illustrated by a body of literature which indicates that TIC expands beyond specific clinical practices to include organizations and systems, necessitating an overall cultural shift (Bloom, 2007; Browne et al., 2016; Butler et al., 2011; Lee et al., 2021; Menschner & Maul, 2016; Reeves, 2015).

The literature indicates that some of the principle aims of trauma-informed approaches include building a societal culture of non-violence, social learning, emotional intelligence, shared governance, open communication, social responsibility, growth, and change (Bloom, 2007). It further calls for an environment that prioritizes and promotes physical, psychological, emotional, and ethical safety. Given the diverse definitions of trauma and TIC, there are limited studies that have examined how TIC specifically impacts client outcomes (Lee et al., 2021). Preliminary results do suggest that TIC is associated with improved health outcomes, mental

wellness, reduced substance use, increased self-esteem, confidence, and cultural identity, as well as strengthened family relationships and help-seeking behaviours amongst the general public (Lee et al., 2021).

Alternatively, Indigenous scholars have been critiquing this increasing recognition of individual experiences of trauma and TIC, or the “trauma trend,” due to the lack of explicit recognition of the role and impact of ongoing structural violence and trauma upon Indigenous peoples, families, and communities in the majority of TIC models and literature (Browne et al., 2016). Indigenous scholars argue that TIC is limited in preventing the systemic trauma experienced by Indigenous people. Therefore, Indigenous scholars have called for “trauma and violence-informed care (TVIC)” that more explicitly recognizes the traumatic impact of systemic inequities and violence, and the work that is needed to address it (Browne et al., 2016; Butler et al., 2011; Lee et al., 2021).

According to Tujague and Ryan (2021) and Aboriginal and Torres Strait Islanders, a relationship exists between TIC and cultural safety, where cultural safety is more attainable when trauma-informed approaches occur within cultural frameworks. An approach that is both culturally-grounded and trauma-informed centres Indigenous perspectives of health and experiences of historical trauma by considering traumatic experiences alongside the strengths and resiliencies found in individual and community stories (Browne et al., 2016; Mavis, 2023; Reeves, 2015). TIC principles, including choice, collaboration and connection are of importance to Indigenous individuals, communities and Nations. A TIC approach also aspires to system transformation that upholds Indigenous self-determination and self-governance (Browne et al., 2016; Linklater, 2014; Mavis, 2023).

Defining Trauma

While there are many different definitions of trauma, it is generally understood as “a lasting emotional response that results from living through a distressing event (The Centre for Addiction and Mental Health, n.d.). The American Psychological Association (2024) further defines trauma as “an emotional response to a terrible event like an accident, crime, natural disaster, physical or emotional abuse, neglect, experiencing or witnessing violence, death of a loved one, war, and more” (p.1). Across the literature, there is a shared understanding that trauma is more than just specific events, but also one’s response to the event, or in other words, the impact the event has on a person (Bloom, 2007; Browne et al., 2016; Lee et al., 2020). Trauma can result from an event or experience that might have caused direct physical or emotional harm, perceived physical or emotional harm, or was emotionally/physically life-threatening. When an individual, family, or community experiences trauma, it is commonly experienced physically, emotionally, mentally, and spiritually for Métis people (Les Femmes Michif Otipemisiwak [LFMO], 2022).

Post-traumatic stress disorder (PTSD) is recognized by the American Psychiatric Association ([APA], 2013) as a mental health condition that may result from the exposure to a traumatic or stressful event. According to the *Diagnostic and Statistical Manual of Mental Disorders fifth*

edition (DSM-5), trauma can contribute to the onset of PTSD when the event is persistently re-experienced beyond a month through unwanted memories, nightmares, flashbacks and increasing distress and behavioural reactivity (APA, 2013). Complex PTSD (C-PTSD) may also occur among those who have experienced prolonged or repeated trauma that is not necessarily measured by a single event (e.g., child abuse, domestic violence), however, it is not currently included in the DSM-5 (United States Department of Veteran Affairs, 2022).

In 1995, a study known as the “ACE study” found that experiences of trauma, particularly those that occur in early childhood, significantly impact one’s health and wellness. Adverse childhood experiences (ACE) were found to be correlated with several chronic illnesses and disease, as well as substance use, mental illness, and ‘risky’ behaviours (e.g., driving recklessly, having unprotected sex, etc.) (Bloom, 2007). Trauma has short and long-term impacts on one’s sense of safety, self, and ability to regulate emotions and navigate relationships, and is often accompanied by costly healthcare spending (Lee et al., 2021). Thus, TIC is a highly desirable approach to ensure there are intervention supports for those affected by trauma, and to ensure those supports are not causing further trauma or harm.

Trauma and the Métis Nation

The literature recognizes that trauma does not just happen to, or affect, an individual, but rather can occur within families, groups, communities, organizations, and systems (Bloom, 2007). It is widely documented that Indigenous communities experience disproportionate rates of illness, disease, substance use, mental health disorders, suicidal behaviors, poverty, and interpersonal conflict (Auger, 2019, 2021; Browne et al., 2016; Les Femmes Michif Otipemisiwak [LFMO], 2022). While these mental health and social determinant of health issues are largely understood as stemming from the impacts of colonialism, they are also responses to ongoing trauma that occurs within systems, including systemic violence and state-led trauma. Given the diverse forms of trauma an individual, community or Nation may face, there is a clear need to respond in responsible and safe ways when working with Métis people, making TIC a promising approach (Browne et al., 2016; Butler et al., 2011; Mavis, 2023).

For Métis people, trauma is experienced within individuals, families, communities and a Nation-wide level. It is also experienced intergenerationally and systemically. Historically, the Métis Nation has been subjected to many state-led traumas from land dispossession, exploitation of the fur trade, suppression and invalidation of identity, residential, boarding and day schools, child welfare apprehensions, among others (Auger, 2021; Ginn et al., 2021; LFMO, 2022; TRC, 2015). Today, systemic trauma persists in many Métis communities due to inequitable funding, the non-recognition of rights to land, ongoing child apprehension, and racism and discrimination within the healthcare system (Auger, 2021). As a result, many Métis families and communities have experienced historical and intergenerational forms of trauma that are perpetuated today and reflected in rates of poverty, unstable housing, ill health, and violence

(Lee et al., 2020; LFMO, 2022). Intergenerational trauma affects all First Nations, Métis, and Inuit people, contributing to the development of mental health difficulties and disorders, chronic illness and disease, substance use, and suicidal behaviours (Auger, 2021).

Trauma-Informed Care in a Métis Context

Despite TIC being frequently referenced in the literature, there are very few toolkits or guidelines available to delineate what TIC is or how to effectively implement it. Even less literature addresses TIC within a Métis context. However, Les Femmes Michif Otipemisiwak's *Métis Trauma Informed Toolkit* ([LFMO], 2022) places emphasis on understanding the unique and contemporary impacts of colonization on the Métis, its effects, as well as recognition of Métis culture as a source of healing and wellness for Métis people. A Métis-specific approach deconstructs Western understandings of trauma and views TIC as more than a response to a traumatic event, where one's inherent strengths and resilience in response to that trauma is recognized (Reeves, 2015). In a Métis context, TIC is also seen as an approach to improve relationships, service delivery, and community and governance systems (LFMO, 2022). TIC inherently seeks to transform Western services and systems so that Métis people are better served and avoid re-traumatization.

At a service delivery-level, connecting or reconnecting to one's culture is a core aspect of a Métis approach to TIC (LFMO, 2022). Cultural connection in TIC goes beyond including cultural content in training, for instance, and instead understands culture as a core element of healing (Mavis, 2023). Métis-specific TIC programs and services are based on traditional values and beliefs centred in values of love, care, compassion, empathy, kinship, humour and celebration (LFMO, 2022; Linklater, 2014; Richardson, 2012). Cultural activities serve as facilitators of healing and wellness and may include jigging and dancing, language, storytelling, arts and crafts, connecting with the land, preparing and sharing traditional foods, and other spiritual and religious practices (Auger, 2019, 2021; Kumar & Janz, 2010; LFMO, 2022; Richardson, 2012). Elders also play a very important role in Métis-specific TIC, acting as key sources of support, wisdom, and cultural and historical knowledge (Iseke, 2010).

To effectively provide TIC services in Métis communities, trauma-informed organizations are structurally organized to reflect TIC principles and concepts, as well as traditional Métis values and governance processes (Bloom, 2007; Butler et al., 2011; Native Women's Association of Canada [NWAC], n.d.). This includes a circular leadership structure, with staff engagement and communication, rather than top-down directives. In addition to receiving training around trauma, staff also participate in trauma-specific healing services for their own personal and vicarious experiences (Browne et al., 2016; Butler et al., 2011; Menschner & Maul, 2016). Regular supervision and debriefing are provided for those providing direct care to clients. A culture of wellness is promoted within the organization through health benefits and cultural connectivity in addition to policies that offer time off for mental health and/or participation in cultural events or ceremonies (Menschner & Maul, 2016).

At a systems level, sustainable funding is a critical aspect of trauma-informed care (Bloom, 2007; Butler et al., 2011; NWAC, n.d.). Without sustainable funding, programs are prematurely

ended with high staff turnover, causing organizational trauma. Leaders and staff experience ongoing stress related to the loss of their programs and employees, which subsequently exacerbates clients' sense of loss of support. Short and unrealistic funding timelines generate similar stressors for staff and force them to work in a reactionary state of crisis with limited to no energy to take preventative care of themselves, increasing the risk of re-traumatization of clients (NWAC, n.d.). Furthermore, colonial structures, such as the Indian Act and inequitable funding formulas imposed by the government, continue to restrict and re-traumatize the Métis Nation (Browne et al., 2016; LFMO, 2022). Thus, even though there is increasing agreement that TIC is an appropriate approach to delivering trauma, healing, and wellness services, TIC cannot be fully actualized without widescale integration of TIC principles and practices within systems.

Methodology

This report provides a high-level overview of how the MNC GMs expended their TIC funding, and highlights the key successes, challenges, and ongoing needs related to trauma-informed and specific care.

This project consisted of the following phases:

- Phase 1: Review of Resources (November 2023 – February 2024)
- Phase 2: Engage Métis Nation Staff and Stakeholders (December 2023 – March 2024)
 - Métis Nation British Columbia (MNBC)
 - Otipemisiwak Métis Government of the Métis Nation within Alberta (MNA)
 - Métis Nation of Ontario (MNO)
 - Métis Nation - Saskatchewan (MN-S)
- Phase 3: Data Analysis (February 2024 – March 2024)
- Phase 4: Reporting Findings (March 2024 – June 2024)
 - Draft resource review
 - Presentation of pre-liminary results to MNC and GMs
 - Draft report
 - Validation by GMs and the MNC
- Phase 5: Dissemination (July 2024)
 - Presentation to the MNC and Federal Partners

Phase 1: Review of Resources (November 2023 – February 2024)

This phase of the project was initiated with a request to the GMs for resources related to their respective TIC initiatives. Resources, including program descriptions, annual reports, examples of TIC funded toolkits or guidebooks, videos, intake forms, and more, were collected from each GM. Additional resources were submitted by each GM. All resources were reviewed by the project team and compiled in a master list. Additional resources were identified through engagement sessions and GM websites. As information emerged and was made available regarding each resource, additional information detailing the funding source of each resource, whether the resource was created in collaboration with external partners, and whether evaluation data was collected, were noted on the master resource list. Within this master list, all resources collected were coded based on the form of the resource, including whether it was a source of information, a program for citizens, or the creation of a new staff role. The master list further identified which GM department led the resource, any internal or external partners involved, data collected, and additional funding sources. Based on the materials collected and reviewed, a summary was produced for each GM outlining their TIC funded initiatives, alongside additional initiatives related to TIC that were funded by other sources. These resource reviews are included in Appendix A.

Phase 2: Engage Métis Nation Staff and Stakeholders (December 2023 – March 2024)

To gather the insights and perspectives of GMs on the impact of their TIC-related work, engagement sessions were conducted virtually with key staff. Each Health Director identified the staff best suited to participate in these sessions with participants primarily being drawn from the GM's Health and Community Wellbeing and/or Mental Health and Addictions Programs and Ministries. Two additional interviews were conducted with staff (one from MNA and one from MNO) who were unable to attend the group sessions, with additional written feedback submitted by MNA.

The following key research questions were asked in Governing Member engagement sessions to identify impact stories, needs and future directions for TIC work:

1. From your perspective, how do Métis individuals and communities understand the concept of trauma?
2. What types of trauma are most commonly experienced by the individuals or communities you work with?
3. What have you accomplished with your trauma-informed care funding, if received?
4. Did you experience any specific challenges with your trauma-informed care funding, if received?

5. What Métis trauma-informed and specific care tools and resources do you currently have in place and/or have created?
6. What Métis populations are most in need of trauma-specific care? Who is currently underserved (e.g., seniors, residential school survivors, survivors of human trafficking, interpersonal violence, childhood abuse survivors, people with chronic illness and health issues)?
7. Are there specific initiatives or programs you believe should be implemented or developed to address trauma within the Métis community?
8. Is there a key question we missed or anything you want to add to this conversation that you think is important?

While the virtual sessions consisted mostly of semi-structured dialogue with each group, additional tools such as a ‘jamboard’ and ‘mentimeter’ were used to gather additional feedback in a written and conversational format.

Phase 3: Data Analysis (February 2024 – March 2024)

Notes were taken by the project team during each engagement session. In addition, summary notes and key quotes were professionally transcribed from the recordings. After each session, the project team met to discuss and identify the key findings. All notes were reviewed and thematically analyzed. Key notes and quotes were coded into a table organized by the following themes: trauma experiences, population needs, TIC programs, services or resources, data, partners, success stories and impact, facilitators, challenges, TIC program needs, TIC plan and vision for future, and system needs. Further key findings and themes were then derived based on the coding table.

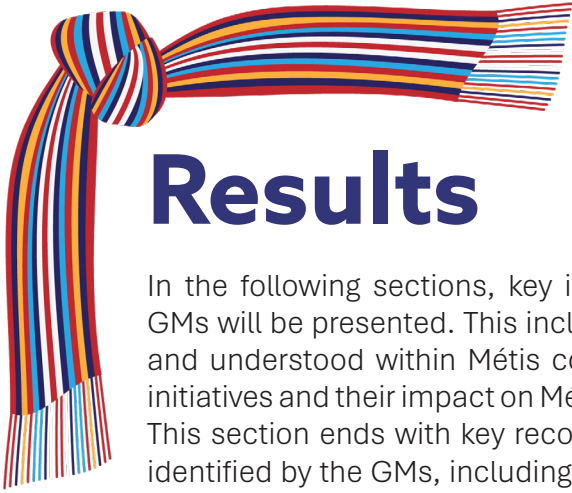
Phase 4: Reporting Findings (March 2024 – June 2024)

The project team reported preliminary findings to the GMs during the MNC Technical Health Committee Meeting on February 5th, 2024. Feedback on the preliminary findings was provided during the meeting and written feedback via email. This feedback was then integrated into the data analysis and report findings.

A draft report was prepared and presented to the MNC and the GMs for validation, and then revised into its final version. A summary presentation of the key findings has also been prepared and was presented to the MNC and MNC’s Technical Health Committee.

Phase 5: Dissemination (July 2024)

All project materials have been provided to the MNC for internal dissemination as they see fit, including using report findings to advocate for additional TIC funding for the GM.



Results

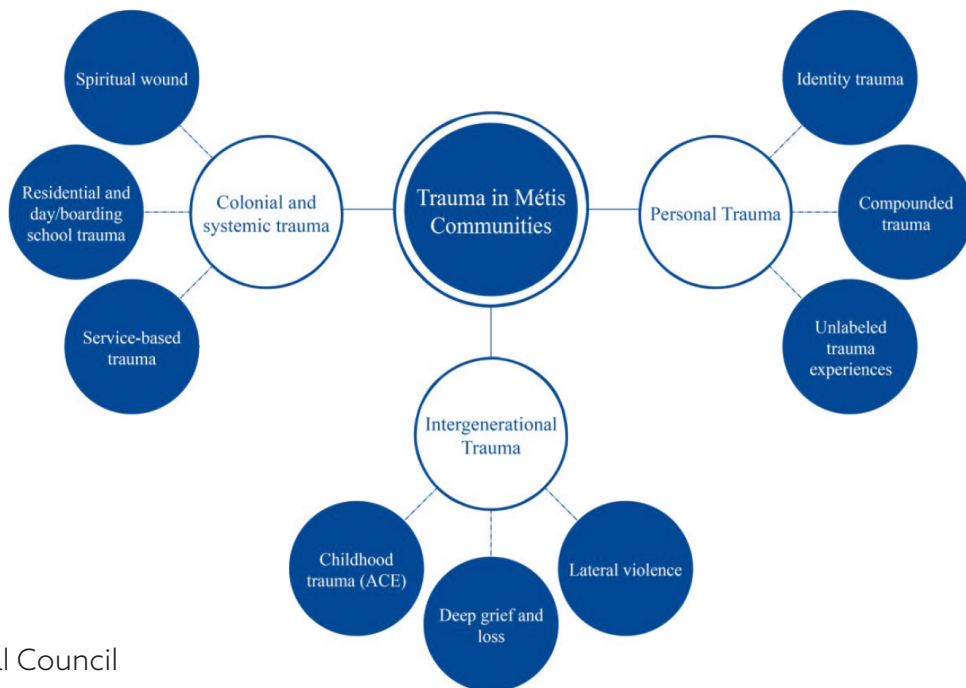
In the following sections, key insights that arose from the engagement sessions with GMs will be presented. This includes a summary of how trauma is currently experienced and understood within Métis communities, a summary of the GMs' TIC programs and initiatives and their impact on Métis citizens, and challenges experienced with TIC funding. This section ends with key recommendations, needs, and priorities for further TIC work identified by the GMs, including the critical role that Métis traditional knowledge plays in healing efforts. Key quotes and stories shared by the GMs are woven throughout.

Trauma and Métis Communities

Question 1: From your perspective, how do Métis individuals and communities understand the concept of trauma?

To begin engagement sessions, the project team asked each GM about the current experiences and understandings of trauma in their respective communities. All GMs discussed the diverse perspectives of trauma within their communities, acknowledging the varied experiences the word encompasses. As one GM expressed, “trauma’ is a broad term and understood differently from individual to individual and community to community; it can result from a variety of events or systemic realities” (MNBC, 2024). Participants conveyed that in Métis communities, trauma is complex and multi-layered, with a spectrum of impacts and a considerable degree of variability in experiences across community groups. Key themes that arose when describing trauma in Métis communities included:

Figure 1: Trauma and Métis Communities Key Themes



It was also recognized that not everyone uses the term trauma to refer to their experiences. For example, MNA explained that Elders were more likely to use the phrase ‘spiritual wound’ than the term ‘trauma.’ This was echoed by other GMs who explained that there are different degrees of awareness regarding trauma and varying levels of comfort with using such language to describe one’s experiences. Some understood trauma as something physical and direct, such as a car accident, while others understood trauma as “something that happens to the body and lives within the body” (MN-S, 2024). The GMs also suggested that there can be stigma associated with trauma and mental health within Métis communities which can result in some community members feeling shame or invalidated, whether due to others’ judgments or their own. With the introduction of TIC and trauma-specific programming, GMs expressed a strong need to broaden community members’ understandings of trauma, reduce stigma and stereotypes surrounding trauma and mental health, and ensure wrap-around supports are in place for Métis citizens to access.

Colonial Trauma. Colonial trauma can be described as the historical trauma caused by colonialism that Métis people experienced. This includes experiences such as land dispossession, erasure of Métis identity, and residential, day, and boarding schools. Another word participants used to describe colonial trauma was ‘spiritual wound’, emphasizing the enduring effects of colonialism across generations of Métis people collectively.

GMs spoke of Métis experiences with colonialism, noting the trauma that has been hidden and denied for many generations. Métis experiences in residential schools continue to be hidden and denied, as indicated through the wide exclusion of Métis survivors in the 2013 Truth and Reconciliation Commission process and the Indian Residential Schools Settlement Agreement (MNC, 2022). MNA stated that many of their citizens are residential school survivors, or children of survivors, and while some citizens may not have attended a government recognized residential school, they still experienced similar abuses and trauma within other schools. MNA participants discussed their citizens’ struggle with understanding or naming their traumatic experiences as such because of the lack of formal recognition:

“There is a lot of ‘well is it a day school, boarding school, was it federal, or provincial, etc.?’ That minimizes people’s experiences. It’s like if you’re not this X school survivor, if you are not on the registered list, then you are not recognized as a survivor ... Their stories are not being validated because they are not registered. And then they do not know they are survivors, especially our Métis citizens and families. A lot of Métis survivors do not know there are others with the same experience” (MNA, 2024).

Furthermore, without the formal recognition or validation of such experiences, Métis survivors have access to fewer supports. This was further echoed by MNBC who explained the impact of hiding generations of trauma, and the pros and cons of it suddenly emerging:

“For a number of generations, Métis experiences have been hidden. A lot of intergenerational and colonial trauma has been hidden. It’s great that more experiences are coming out into the open, but there’s a lot of harm around that too. This is why wrap around supports are really important right now” (MNBC, 2024).

Moreover, colonial trauma persists and replicates itself within current systems. This includes the macro and micro levels of systemic racism and discrimination. All the GMs spoke at length about the traumatic experiences of Métis people who access social services, such as instances of racism and trauma within the healthcare, child welfare, and justice systems. Such present-day experiences compound and uphold historical experiences of colonialism and associated traumas. MNA discussed the specific impact that current systems, and their lack of cultural safety and trauma-informed care, have on Métis citizens:

“Systems are requiring our citizens to be tolerant of a lack of cultural safety and trauma-informed care but when our citizens react to that treatment, the systems are not being tolerant of our reactions, and our trauma” (MNA, 2024).

Although systems and their associated programs and services claim they are becoming more culturally safe and trauma-informed, the GMs state that efforts are being implemented through a Western lens, using definitions and approaches to TIC without necessary system transformation and at the exclusion of Métis people. As a result, Métis citizens are accessing care that is deemed to be safe by service providers but that continues to re-traumatize citizens. GMs also discussed the chronic underfunding and understaffing of support services in communities, especially in rural communities, and highlighted the harm caused by high turnover rates of care staff in those communities.

Intergenerational Trauma. GMs discussed the lasting effects of colonial trauma and explained the ways in which such trauma manifests across generations of families. GMs pointed out a link between colonial trauma and increased risk of adverse childhood experiences (ACE). Within communities, GMs spoke about lateral violence as another impact of colonial trauma. Lateral violence commonly takes the form of internal conflicts and/or bullying within communities, such as scrutiny towards fellow Métis people for not knowing their culture, for being ‘white-passing,’ or essentially, for not being ‘Métis enough’.

When speaking about intergenerational trauma, GMs described noticing a shift in the trauma symptoms of citizens they have supported over the years. Previously, GMs were primarily focused on assisting residential school survivors in coping with the trauma they endured. However, as generations have passed on and these experiences remain unacknowledged, GMs are now responding to the manifestation and sequelae of intergenerational trauma. This includes issues such as substance abuse and addictions, poverty and homelessness, suicide, and significant grief and loss. MN-S staff evidenced this by describing the shift in citizens’

requests for trauma-specific supports, from seeking help to cope with their own experiences to now seeking intervention for their children and grandchildren:

“90% of what is being filled out is crisis right now, from homelessness, overdoses, addiction, etc. That’s what I am seeing as trauma now. Whereas 10 years ago, residential school survivors were higher up on the list. Now, it is more ‘how do I help my child, how do I help my son who is dealing with addictions and such?’ ... These are the impacts of colonization and intergenerational trauma” (MN-S, 2024).

This was echoed by MNO staff who explained the wide range of trauma symptoms they see in their Métis clients, often unrecognized by them as being related to colonialism:

“Clients don’t necessarily come in saying it’s intergenerational trauma. But they’ll say they have severe economic issues, we hear stories of poverty, alcoholism, abuse, high rates of suicide, etc. But they don’t always connect it to the colonialism piece ... We see the trauma and help them connect with culture to address it” (MNO, 2024).

Generations of Métis families continue to struggle with historical and present day experiences of colonialism. Such intergenerational trauma caused by colonialism manifests itself in many of the crises GMs are frequently called to support with. Community-based and family-centered supports are needed to address the past and present manifestations of colonial trauma. Such supports should be further geared to Métis citizens across multiple generations, including grandparents, parents, children, and grandchildren, and include opportunities for families and communities to heal together.

Personal Trauma. Although colonial trauma shapes the experiences of many, if not all, Métis people, GMs acknowledged that individual variability exists. As such, personal trauma can refer to the unique ways colonial and intergenerational trauma have been experienced and expressed by individuals, including how it may be compounded by other individual identity factors. Thus, GMs called for person-centred supports to address the distinct experiences and expressions of Métis trauma.

Identity trauma was a significant theme that came up in engagement sessions. Identity trauma was specifically described by GMs as the personal, or individual, experience of struggling with one’s identity as a Métis person. This largely results from systems of colonization and intergenerational wounding that has occurred within communities and families. This includes the systemic ways in which Métis identity has been regulated and restricted, the shame and stigma Métis people have historically experience, and the internalization of conflict between other Indigenous peoples and the Métis.

GMs explained that as recognition of Métis experiences of colonial trauma grows, so too are more generations of younger people reconnecting with their Métis communities. However, this re-engagement with Métis community is not without challenge for some. GMs expressed that while some citizens are becoming more confident in their Métis identity, others experience uncertainty or doubt, especially those who did not grow up in Métis culture or community. MNBC explained that there is a feeling of “not being Métis enough,” which is informed by colonial and intergenerational trauma, including systemic identity erasure (e.g., Indian Act) and lateral violence:

“The idea that ‘I’m not enough, I am not Métis or Indigenous enough,’ it’s always underpinning even if they are struggling with intergenerational trauma or other trauma. A lot of it can be related to assimilation and such. But it’s always identified as such because folks feel they are not enough” (MNBC, 2024).

MNBC (2024) further stated that some Métis youth struggle with self-harm, substance use, and poor mental health, which often connects back to their struggles with their identities and sense of belonging. It was also acknowledged that rural communities often have a strong sense of togetherness compared to urban communities, potentially as a result of being more closely connected to traditional homelands and/or chartered communities. MNA echoed other GMs’ position that those who are reconnecting to their Métis identity experience unique trauma and struggles around it, noting that identity trauma can be compounded by lateral violence and other traumas that might exist in communities:

“There are others who come back [to community] and do not know their culture or language. And they come to a place with lateral violence ... In one experience, one person who was raised non-Indigenous, [they] then came back and found their roots. However, they were not only going through their own struggles [caused by the past disconnection], but ended up becoming a part of a cycle [of trauma] in the community, and then started to abuse alcohol” (MNA, 2024).

GMs also explained how Métis-specific identity trauma can be compounded by stigmas associated with other identities, such as being 2SLGBTQIA+ and/or Black-Indigenous. The GMs noted that due to their intersectionality, individuals can experience complex trauma both in- and outside of Métis communities, a reality that furthers struggles already faced by Métis people returning to their home communities and culture after generations apart.

Lastly, GMs explained that many individuals still experience shame, fear, and self-imposed stigma around labelling their experiences as traumatic. As public stigma and judgement persists toward those with mental health difficulties, including trauma, many fear that connotations such as ‘I’m weak’ and ‘my family is bad’ may be true of them if their experiences are labelled

as traumatic. Therefore, there are many circumstances and experiences Métis citizens do not recognize or deem as being representative of ‘trauma.’ All GMs stressed the importance of continued engagement with Métis citizens so that greater awareness and understanding of what trauma is, may be achieved, alongside de-stigmatizing efforts that include addressing self-imposed judgments so that an individual or family can focus on healing.

Métis Approaches to Trauma-Informed Care

Question 2: What Métis trauma-informed and specific care tools and resources do you currently have in place and/or have created?

Following conversations around trauma, the consulting team asked the GMs how they understand and apply TIC in their work, and whether there are any key resources used or needed to effectively deliver TIC. Each GM indicated applying a trauma-informed approach to the support they provide their citizens, even when it is not explicitly stated. They identified that trauma-informed care is inherently aligned with Métis values. As MNBC stated:

“The trauma-informed approach is woven through everything we offer and in the way we do work. Whether or not it is named, our work is grounded in Métis ways of knowing and being and the concept that we take care of each other, and make sure that work is relevant and meaningful for community members” (MNBC, 2024).

For MNBC, TIC is interpreted as a strength-based approach that is culturally grounded. When designing programs and services, MNBC’s approach to TIC is also rooted in community. MNBC works closely with community members to ensure its programs and services are truly representative of community needs and cultural strengths.

Despite overall support for TIC, some GMs questioned whether the current Western interpretation and application of TIC is relevant or appropriate for Métis people in Métis communities. For MNA, staff stated they refer to the LFMO (2022) TIC toolkit. In MNA’s work, TIC is “embedded in all their work and translates as being accepting and meeting people where they are at” (MNA, 2024). MNA further shared that the development of TIC programs and services are led by community, with community engagement as a central and necessary part of the process.

MN-S’s approach to TIC is very similar to that of MNA’s and consists of supporting each individual based on their current abilities and capacity. MN-S’s programs and services focus on “how to keep you in the present” (MN-S, 2024), including supporting one’s ability to regulate emotions and deepening their understandings of how the past can affect the present. MN-S’s approach to TIC is culturally grounded, often land-based, and blends traditional healing with relevant Western interventions. It also consists of individual and community healing. Below is a quote describing MN-S’s unique approach to TIC in their work with their clients:

“I don’t use the word trauma when I go in to talk to clients. I just let them lead the conversation and let them know their feelings are valid and that their emotions will be worked through and supported. I just assure folks that their emotions and feelings are valid, rather than labelling it for them as trauma. The term is not always helpful for folks to hear, as it is similar to a psychiatric label, which is more Western, and can be further traumatizing” (MN-S, 2024).

Similarly, MNO uses TIC as a delivery framework for all client services (MNO, 2024). For MNO, a TIC approach employs a client-directed lens that centres each client’s unique strengths and needs. MNO also demonstrates flexibility in their approach to establishing client care relationships, where staff prioritize the safety and comfort of the client. This includes, for example, offering to meet with clients at their preferred location or while participating in their preferred activity, such as at a local Tim Hortons or the park, or working together while playing a board game or doing a craft. MNO staff also engage in reflexive practice by posing questions about their work, such as “What are we doing? How are we respecting this citizen and their trauma? How are we advocating for the client in a good way?” (MNO, 2024). To MNO, “being trauma informed is having cultural knowledge at the core” (MNO, 2024). All GMs echoed that culture must be central, not peripheral, in a TIC approach, while also acknowledging that cultural practices vary across Métis people and communities.

Although the GMs did not specify having any trauma-specific tools or resources, they described common and distinct themes in how TIC is applied in their work. TIC appears to be embedded in the nature and spirit of many of the GMs’ programs and initiatives. The GMs understand TIC as a form of taking care of those in their communities, ensuring their work is meaningful and responsive to community needs, and meets clients where they are at on their respective journeys. Culture, community, and the land are central aspects to the GMs’ Métis-specific approach to TIC.

TIC Programs and Initiatives

Question 3: What have you accomplished with your trauma-informed care funding, if received?

- What are the success stories from this funding?
- If you did not receive funding, are there other success stories of trauma-informed and specific care work you can share?

This section provides a high-level summary of the key programs and initiatives developed by the GMs with the TIC funding. GMs’ TIC-funded initiatives have been organized here according to overarching themes; where a GMs’ programmatic efforts diverged from others, these additional details are outlined in their respective TIC program theme summaries. Enabled by the funding

supplied for TIC activities, much of the GMs’ programs and initiatives are related to land-based healing, life promotion, wellness workers and system navigators, addiction and substance use supports, information and resources for self-care and wellness, financial support to access care, and community engagement and planning specific to TIC. These programs and initiatives also reflected the GMs’ understanding and interpretation of TIC in a Métis context.

TIC Initiatives across the Métis Nation: a Summary

Figure 2: Summary of GMs’ TIC Initiatives



With the TIC funding received, the GMs developed a wide range of programs, resources, and initiatives to promote the mental health and well-being of Métis people across the Nation. This section provides a high-level summary of how GMs used TIC funding to support Métis citizens. Appendix A includes a full description of how the TIC monies were utilized, in addition to an explanation of complementary initiatives led by the GMs and paid for by other funding sources. It is important to note that the initiatives highlighted in this report were gathered from what the consulting team heard in engagement sessions or what was shared via email. In addition, many of the programs and supports offered overlap with other funding programs, such as the Anti-Indigenous Racism in the Healthcare Systems Funding Program. Therefore, this is not an exhaustive list of all the programs and resources offered to Métis citizens related to trauma-informed or specific care.

Many of the TIC initiatives across the Métis Nation relate to the promotion of mental health, healing, and wellness through community-building and cultural programming. The GMs facilitate a variety of cultural wellness-oriented programs, including land-based programs and events, recurring circles or magazine/newsletter articles on wellness topics, and larger annual gatherings. Each GM also provides financial support for citizens to access counselling for mental health and substance use concerns. Additionally, financial support for substance use residential treatment and transitional needs is provided by MNA and MNBC, with MN-S and MNO also providing financial support for children’s assessments and additional care needs. Each GM also has workers dedicated to assisting citizens with navigating the mental health system and accessing relevant supports. An integral aspect of the GMs’ TIC initiatives is the ongoing planning with, and engagement of, community members for TIC.

TIC initiatives were primarily related to the key themes identified in Figure 2, including:

1) Land-based healing programs

- MNBC hosts annual gatherings for community members dedicated to wellness promotion through culture and connection.
- MNA hosted three land-based healing retreats for residential school survivors, for men, and for women and girls. These retreats included psychoeducation, counselling, cultural teachings and activities, holistic wellness supports, and relationship-building to promote healing.
 - MN-S created their own funding initiative providing small grants to chartered communities for implementing their own land-based healing activities.
 - MNO holds various land-based cultural events and gatherings particularly for youth. Previously the ‘Our Brother’s Voyage’ was a key land-based program for men and boys to come together and discuss the Seven Grandfather Teachings.

2) Life promotion programs and events

- MNBC facilitates a monthly virtual Métis health and wellness circle for citizens to come together and share stories of their health experiences. This has included a gathering dedicated to 2SLGBTQIA+ citizens, another for those struggling with alcohol use, and a general gathering. With other funding, MNBC has a dedicated crisis line, a mental health and suicide prevention app, and a course for building community capacity to prevent suicide and promote mental wellness. MNBC also has an online life promotion course for youth, as well as a mental health and wellness sash.
- MNA has developed a life promotion guide for developing, implementing, and evaluating programming for Métis young people that promotes health, wellness, and life. MNA has also created a ‘survivor sash’ to raise awareness and honour Métis experiences with residential schools. Annually, MNA also hosts a Métis fest to bring people together to

celebrate Métis culture and to foster pride, joy, and to promote life. All these initiatives are funded by other sources and not TIC funding.

- MN-S partners with MNO's crisis line to provide crisis support to MN-S citizens. MN-S is also developing an animal therapy program for those needing emotional support within healthcare, justice, and community settings. MN-S also hosts a mental health and substance use conference to bring citizens, knowledge holders, service providers, etc. together to discuss and share knowledge around mental health and substance use care.
- MNO has developed a range of youth life promotion programs including an online hub for Métis youth to interact and share knowledge, and wellness sessions. MNO is also developing a youth-Elder mentorship program. For those who have experienced harm, MNO has victim services and an anti-human trafficking program to support communities in preventing and responding to violence, alongside a 24/7 MNO-led crisis line. There is also trauma-specific care available for Two-Spirit Métis citizens.

3) Wellness workers and navigators

- MNBC hired two '*Miyooayaan*' wellness workers to provide a range of supports from mental health system navigation, advocacy, counselling, and regular wellness programs and circles for citizens. MNBC also has a regional mental health navigator and provincial coordinator to support Métis citizens with navigating the mental health system.
- MNA hired a social worker/complex case manager to support Métis Albertans with complex social needs and additional vulnerabilities. MNA also has support and system navigators to aid those struggling with poor mental health and substance use, and a Community Wellness Advocate. These staff roles are funded by other funding sources but are critical to the provision of trauma-informed care.
- MN-S has mental health support workers and mental health navigators to support citizens in accessing mental health and substance use services and resources. There are plans to hire a re-integration support worker to assist those exiting the justice system to access housing, mental health, and physical supports.
- MNO hired mental health and addictions navigators through TIC funding to connect citizens with the appropriate resources and supports to meet their individual needs. MNO also has wellness workers to assist clients in identifying concerns and developing associated action plans.

4) Addiction and substance use programs and supports

- MNBC has a peer support worker program to support those struggling with substance use on their healing journeys, as well as various tobacco cessation programs connected to non-ceremonial use.
- MNA provides financial support for MNA citizens seeking help with their substance use recovery needs after a residential treatment program. Through the use of other funding

streams, MNA also has a peer-led addictions support group, an opioid awareness online training module, and a peer-led tobacco cessation program.

- MN-S is working towards developing a distinct 90-day treatment model for substance use and addiction care based on Métis traditional knowledge and cultural teachings. MN-S also has a mobile outreach program to support vulnerable community members who are using substances.
- MNO offers a wide range of addiction support for substance use, gambling, and tobacco cessation. These supports include information, tools, and support groups. MNO has also implemented a community-based intensive addiction treatment program grounded in cultural and community supports.

5) Information and resources for self-care and wellness

- MNBC publishes a magazine called *'Resilient Roots'*. The magazine focuses on mental health and wellness, spotlighting Métis voices and perspectives.
- MNA has created a variety of guidebooks and online courses to support Métis people in meeting their mental health and wellness needs and to learn how to best assist one other. This includes an opioid awareness course, cancer care guidebook, and life promotion guidebook, all developed from other funding streams unrelated to the TIC funding program.
- MN-S's cancer care guidebook provides citizens with the necessary knowledge and tools to protect themselves from harmful and traumatizing healthcare experiences.
- MNO has various informative resources to support individuals through behavioural addiction recovery, such as gambling and internet addiction. Additionally, MNO offers educational prenatal, post-natal, and parenting resources.

6) Financial support for individual and family recreation, wellness, counselling, and other needs

- MNBC provides financial support for up to 10 counselling sessions for those experiencing financial barriers. Their *Miyoopimaatishihk* program also provides financial support to help families pay for wellness services, programs, and products (e.g., speech therapy, respite care, assessments, equipment).
- MNA's financial support for mental wellness program, supported with TIC funding, provides financial support for up to 12 sessions of counselling from a provider of one's choice. MNA also has a partnership Alberta Blue Cross and Homewood that provides up to 12 sessions of counselling through their providers, which is funded by an alternative funding stream unrelated to TIC funding.
- MN-S provides financial support for children's specialized needs (e.g., speech therapy, learning assessments) and for recreational programming, including necessary clothing and equipment.
- MNO provides financial support for up to 12 counselling sessions for citizens. Some financial support is also available for accessing additional health and wellness supports for children and families.

7) TIC planning and engagement

- MNBC used the majority of their TIC funding to engage the community to better understand community members' priorities and needs for mental health, trauma, and holistic wellness supports.
- MNA, MN-S, and MNO continuously seek community feedback and input into all programs and services.

Since the TIC funding was a newly established funding program, only a handful of the highlighted programs and initiatives were funded primarily by this funding stream. Many of the other initiatives highlighted were supplemented by other funding sources, including Public Health Agency of Canada, Health Canada's Substance Use and Abuse Program (SUAP), provincial health and wellness ministries, and COVID-19 funding that was supplied by the federal government to address the health and wellness needs of vulnerable groups. It is important to highlight these initiatives to better understand the work currently being conducted across the Métis Nation as it relates to TIC. Understanding the scope of TIC-related work also helps identify what needs are currently being met and where programmatic and funding gaps persist.

Impact of Governing Member's TIC Work

Question 4: What are the success stories from this funding?

Although there were shared themes across the GMs' TIC initiatives, each GM had a unique focus. For MNBC, community engagement was a primary focus for their TIC funding. MNA focused on supporting citizens in their healing from experiences in residential schools and other impacts of colonialism. MN-S prioritized reaching vulnerable citizens such as those facing mental health concerns, substance use issues, homelessness, and justice-involvement, as well as those with disabilities. Lastly, MNO focused on building their addictions and mental health programs through relationship building with external partners and increasing the number of MNO mental health navigators to more effectively connect citizens to appropriate internal and external supports. These programs and initiatives were grounded in Métis culture, with aspects like land and relationships acting as central components in each GM-led initiative. Many stories of healing and wellness were shared by GMs and are presented in the following paragraphs.

Métis Nation British Columbia (MNBC)

The majority of MNBC's TIC funding was used to hire two 'Miyooayaan,' wellness workers, and to conduct community engagements about TIC. MNBC cited community engagement as a critical first step in ensuring that funding responded to and met peoples' diverse needs and priorities. As an example of the impact and importance of community engagement, MNBC spoke of their consultation with community. They conveyed that the community rejected the initial title 'social worker' for program staff, with MNBC responding to the community's request and introducing the title Miyooayaan, which is 'wellness worker,' in Michif. This small yet significant change increased the community's confidence and trust in the efficacy of the new roles and ensured the roles were designed in response to community needs and preferences. Additionally, MNBC

recounted initial visions they had for other programs, such as an Elder in-residence program, however, elected to pause on certain initiatives and work more closely with community to build programs collaboratively. According to MNBC, intentional community engagement impacts the success of their programs and services:

“If you do it right the first time [working with community to identify priorities and design programs together], then it will have a phenomenal lasting impact on the work moving forward ... We’ve had opportunities to do a number of projects led by community and the feedback is overwhelmingly positive. To have a good impact, it’s so important that any trauma-informed resources are developed by Métis peoples” (MNBC, 2024).

MNBC also reported tremendous success in their mental health and wellness gatherings. Although funding restricted MNBC’s ability to host these gatherings regularly, they shared that citizens have found great value in them when they have been offered. During these gatherings, roughly 100 Métis people gather from across different regions to engage with one another as well as MNBC staff and Elders. Various cultural activities, medicines, foods, dancing, wellness teachings, and healing workshops are offered during the one-to-two-day events. When such gatherings are offered, MNBC has heard:

“Citizens always say that ‘I am grateful to be in this space, to tap into my identity and culture as a Métis person, to engage and be proud to be Métis, and learn from a neighbour’. In all our engagement, we always hear folks ask for more opportunities to come together, more opportunities to bead, dance, jig. It is so healing and a big part of being able to address trauma. They always say they want more of this and they think of other people that could use more of this ... It validates us and fills our cups to create opportunities for people to be as they are, support learning, and be proud of who they are. Culture is healing” (MNBC, 2024).

Although a small portion of TIC funding contributed to many of the other trauma-informed and specific initiatives led by MNBC listed in Appendix A, many of the initiatives were largely funded by other sources. MNBC continues to grow their TIC offerings for citizens, as directed by their citizens, as funding is available.

Otipemisiwak Métis Government of the Métis Nation within Alberta (MNA)

MNA has primarily used their TIC funding to host land-based healing retreats for those impacted by residential schools and to expanding their Community Wellness Advocate program which supports Métis Albertans in accessing mental health and wellness supports. For MNA, “the most effective [TIC] work has been done in the spirit of relationality, and in recognition of culture and identity” (MNA, 2024).

MNA’s land-based healing retreats were well-received and greatly influenced the healing and wellness of Métis citizens. Three retreats had been hosted at the time of report writing, with plans to host more as funding allows. One retreat was dedicated to residential school survivors, another for men, and a third for women and girls. Each retreat has been held in a Métis community: Smoky Lake, Fishing Lake, and most recently, Métis Crossing. Over the course of three days, psychoeducation and traditional knowledge teachings were provided, and Elders and Knowledge Keepers, art therapists, massage therapists, and a psychologist were present to meet attendees’ holistic wellness needs. MNA staff emphasized the combined importance of Métis culture, land, and relationality in both trauma-informed and trauma-specific care and healing.

“A lot of Métis survivors do not know there are others with the same experience. We needed to bring them together to connect and realize there’s a shared experience ... From what I have seen, the healing gathering was the most impactful from across other modalities offered separately, like individual therapy and land-based healing” (MNA, 2024).

MNA’s Community Wellness programs have also had a widespread impact on Métis Albertans. MNA staff shared that over 200 citizens have had access to counselling services in the past year thanks to this initiative, with such a high demand for more that, “the program reaches capacity within one week of its launch each year” (MNA, 2024).

Métis Nation-Saskatchewan (MN-S)

With their TIC funding, MN-S was able to offer financial support for chartered communities to implement their own land-based programming for individual, familial, and community wellness purposes. MN-S provides up to \$10,000 to MN-S communities that apply, as funding permits. MN-S believes that land-based healing activities have been shown to support the mental health and wellness of individuals, particularly those affected by trauma. They do so by bringing community members together to reconnect with the land and Métis culture, engage with Knowledge Keepers, and participate in various wellness activities, such as guided walks, storytelling, trapping and harvesting, MN-S shared multiple accounts on the impact of land-based programs on MN-S citizens:



“We see people open up out on the land. We try to create a safe space for everyone. We say everyone is welcome whether you are 95 or six months old ... We see the importance of getting reconnected back to the land. Our registration skyrockets when they see land-based programs and such. We really see genetic memory come back. You are coming on the land and saying, ‘I’ve never trapped anything in my life, but these smells remind me of something from my past’ and we see them making these connections and how powerful and beautiful it is” (MN-S, 2024).

Such an approach to program development also ensures that citizens residing in rural and remote communities in Saskatchewan have an opportunity to design and initiate their own land-based healing activities. It also promotes sustainability of programming by building community capacity and leadership so that these programs continue to be led locally.

MN-S is leading innovative work within the mental health and substance use landscape, offering supports to their most vulnerable citizens (e.g., those who are homeless). Through a combination of TIC and supplementary funding, MN-S is developing its own mental health and substance use treatment model to effectively provide culturally grounded wrap-around supports to citizens. Through its mobile outreach and dog therapy programs, with plans to establish a community re-integration support worker program for those that are justice-involved, MN-S is developing new models of care designed to address citizens’ complex needs.

Métis Nation of Ontario (MNO)

A significant portion of MNO’s TIC funding has gone towards its Mental Health and Addictions program (MHA), which consists of a range of supports for citizens including counselling, parental coaching, assessments, and case management. Additionally, MNO’s TIC funding has been allocated to finance staff positions dedicated to supporting citizens in navigating such services and wider systems. For MNO, “the success we are seeing is us modelling the TIC and working collaboratively, and really working to ensure clients are getting the best care possible” (MNO, 2024).

MNO’s Mental Health Navigators were a key facilitator of MNO’s successes with citizens who benefit from wrap-around mental health supports. As the below quote outlines, the navigators have been integral to bringing multiple areas of support together to promote the mental health and substance use recovery of clients in complex situations:

“We had someone go through our program who had experienced a lot of sexual and physical abuse. Someone even broke into their home and assaulted them while on Zoom with a service provider. So, we focused first on re-housing this client. Our navigators looked for assisted living and income and pull[ed] it all together ... We

found this person a place to move to. His physical health also was not well, and he was previously sexually assaulted by a peer support worker (PSW). So, once we ended [our work together] he had safe housing, we facilitated access to a safe PSW and good programming ... He put on weight, got a cat, he was safe, made friends, and his sobriety was impacted too. He was able to not use substances and then addressed the historical issues impacting his life and his abuse too” (MNO, 2024).

MNO has also used its TIC funds to invest in building relationships with the provincial Children’s Aid Society (CAS). The below quote illustrates the impact collaborative relationship building with CAS has had on supporting citizens:

“There was a pregnant client who was experiencing domestic violence and facing a child apprehension situation upon the birth of her baby. MNO’s work entailed gaining her trust so that the MNO coordinator could advocate for her within the health and child welfare systems ... We worked with the citizen and the Children’s Aid Society to ameliorate her housing situation while retaining custody of her children ... The client is now raising her child and does not engage with her abusive ex-partner” (MNO, 2024).

The GMs’ investment in TIC programs and initiatives has had a far-reaching impact on Métis citizens’ health, wellness, and healing. The community-led approach to program design established by GMs has increased community members’ confidence and trust in the supports available to them. Some flexibility within the TIC funding structure has allowed GMs to have increased agencies in ensuring the support offered was relevant and responsive to community needs. As a result of TIC funding, GMs have further ensured that Métis citizens have had access to the critical supports that they need and have further focused on building bridges with external partners where possible. Métis citizens have offered numerous accounts of healing that they have attributed to the cultural and community connections offered within the TIC programs and initiatives.

Challenges of the TIC Funding

Question 5: Did you experience any specific challenges with your trauma-informed care funding, if received?

“I think I have trauma from the trauma-informed care funding” (MNBC, 2024).

The TIC funding has clearly had a positive and transformational impact on the well-being of the Métis Nation. Still, during engagement sessions the GMs made it clear that the TIC funding

did not come without challenges. The following section describes the key challenges GMs faced, including additional administrative demands, limitations due to the funding's short-term nature, and insufficient funds to complete desired projects.

The nature of the TIC funding program was the primary challenge GMs faced when trying to design and implement TIC initiatives. For one, the funding was proposal-based. All GMs spoke to the pressure felt for needing to prepare a proposal quickly. In addition to the stress and demands on staff preparing the proposals on short notice, GMs had limited ability to engage with the community as they drafted project proposals. GMs spoke about the need to 'code switch' within these proposals, adjusting their Métis ways of designing and envisioning programs to instead adopt Western language and approaches to meet funding requirements. At the same time, those drafting the proposals had to ensure their proposed programs would still meet community needs. GMs' attempts to fit their programs into Western-defined categories of eligible expenses further limited their capacity to directly respond to community needs. More specifically, the TIC funding proposal challenged the GMs to convey the evidence of cultural activities such as land-based gatherings, Elder honoraria, and traditional knowledge as TIC and life promotion practices so that proposal reviewers would deem these as 'worthy' forms of programming and funding.

Secondly, the funding program had insufficient timelines and amounts that could not adequately support GMs' capacity building or the establishment of more long-term supports (e.g., GM-led mental health clinic). As a result, GMs have frequently had to refer Métis citizens to non-Métis agencies to meet needs beyond the cultural supports or programming GMs have been able to offer. GMs did not receive sufficient funding to train and build their own teams of mental health providers in-house, for example. Nor did the funding allow the GMs to support citizens in meeting their basic needs, such as securing food and housing. This limited the effectiveness of other programs, such as GMs' mental health and substance use programming; many citizens are struggling with survivance and need to be supported with meeting their most basic needs before they can participate in healing or wellness programs. When GMs need to refer externally or liaise with another agency, they lose control over the supports provided to the citizen, risking re-traumatization if the citizen does not receive culturally safe and trauma-informed care. The below quote speaks to the impact such funding restrictions have on GMs and citizens:

“We try to do as much as we can with what we have but there are still times where we are not able to actually meet citizen needs due to funding restrictions. We have to often advocate with other partners to get citizens what they need and push back on funding restrictions and such” (MNO, 2024).

All GMs emphasized an ongoing concern regarding the TIC initiatives that were implemented. As the TIC funding was a pilot project, GMs had to implement initiatives that both met community needs and minimized their potential harm should they end with the culmination of the funding period. This significantly limited the community impacts GMs were able to build

into their programs. Without guaranteed stable funding, GMs are concerned that program discontinuation, especially TIC program discontinuation, will result in community harms. In the quote below, MNBC explains the traumatizing impact short-term funding has on their citizens:

“In the long run it is our citizens getting hurt, especially when we set up a program and then next year the [funders] cut it. We created hope and desire, and then it’s cut. We become the bad guys to our citizens, not the funders” (MNBC, 2024).

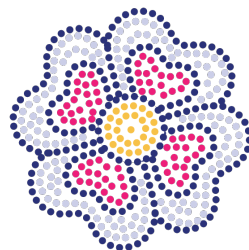
In MNBC’s case, its concerns are so significant that they have had to turn down funding for important programs such as Métis midwifery (MNBC, 2024). This is not because the community did not want or need such a program; rather, the timeline and amounts did not allow for proper community engagement so that an effective proposal could have been written. This is further compounded by the potential harm MNBC anticipated citizens would face at losing the midwifery program after only 1-2 years of operation.

MN-S also echoed the stress and pressure felt by the short funding timeline, noting how inappropriate it was particularly for TIC programming:

“We received the funding in March 2023, two-year fund to get a program up and running. With that time frame, it is not enough time to create a program or support system for communities; you need more time than that. There are approval processes that we have to go through to ensure it is within community needs, then there’s the budgeting, operation, staff training, etc. Then we’re given such a short time frame to do the program, then we’re expected to provide a report on how great the program is, but it’s not enough time. Any Indigenous program, you need to be respectful of the Indigenous ways to design and deliver. It takes time to build and to see the impact” (MN-S, 2024).

GMs also spoke of concerns with funder reporting expectations when the funding period is over. As touched on by MN-S, the funding timeline can add significant stress to GMs as they strive to demonstrate the impact of their programs. Moreover, the nature of trauma itself poses a challenge in presenting positive program outcomes in the short term. MNO states:

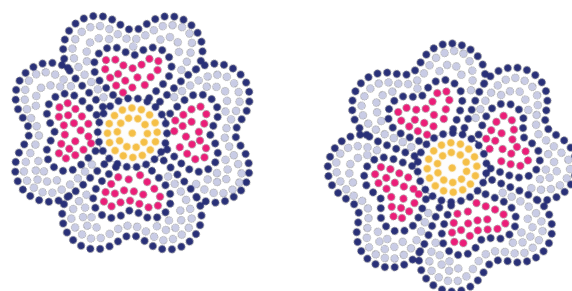
“What does success look like? It can seem so minor to our funders. Anyone who is in any kind of recovery knows how there is an ebb and flow in that process. It is not a linear, clear, beautiful path like so many people might expect” (MNO, 2024).



Additionally, GMs found the amount of information required to demonstrate outcomes to continue funding was “very paternalistic” (MNO, 2024) and “not trauma-informed” (MNBC; MNA; MN-S; MNO, 2024). Despite this, MNO reported that the TIC funding reporting requirements were not as bad as provincial partners’, and that its flexibility in how GMs could report back, such as submitting a community video to document impacts rather than a written document, was much more effective and respectful of the GMs. It was also a success that the GMs have since been able to carry forward their TIC funding to “allow the work with community to continue in a good way” (MNBC, 2024). Other times, all the GMs repeated sentiments of feeling as though “they have to beg” (MNO, 2024) for the funding, only to hardly receive enough to do more than administrative reporting and negotiating.

GMs stated that to be able to offer programs and services that are truly trauma informed, funding programs themselves need to be trauma informed as well. Trauma informed funding programs would entail long-term project timelines, sustainable and renewable amounts of money for communities, and flexible expenditures and budget lines. Such funding would also be distinctions-based, not pan-Indigenous in nature. Each GM spoke of the potential for exclusion that Métis communities face when seeking funding that is pan-Indigenous. MNBC shared multiple accounts of how funding in the province continues to be delegated to the First Nations Health Authority (FNHA); no additional funding is available to MNBC to run Métis-specific programming since there is no regional arm of Indigenous Services Canada nor a First Nations and Inuit Health branch in British Columbia. Instead, all the province’s Indigenous-specific funding is approved and administered by FNHA. Since FNHA’s mandate is First Nations only, their funds and programs consistently exclude Métis citizens and government. GMs urged that for project funding to be trauma-informed, its criteria must allow GMs to outline the terms by which they support their communities and associated needs “because they [GMs] know what they [their citizens] need” (MNO, 2024).

The GMs expressed gratitude for the TIC funding repeatedly. The GMs recognized that without the TIC funding, much of their work and the positive impact it has had on their citizens would not have been possible. Although the funding period was short-term, the GMs made significant strides to bring healing and promote wellness within their communities. Moreover, the GMs experienced several challenges to the TIC funding that continued to restrict the initiatives they could create and offer to their citizens, further restricting the positive impacts that may have been achieved. For transformational change, the GMs identified that funding needs to be sustainable, have flexible criteria for expenditures, flexible timelines, and less administrative burdens (e.g., proposals, reporting), and GMs must have agency around identifying processes for defining and measuring program impacts.





Recommendations, Needs and Priorities

Question 6: What are the current gaps in trauma-informed or specific care for Métis people (e.g., programming, funding, education and training, healthcare system, clinical services, etc.)?

- What are the key needs?

Question 7: Are there specific initiatives or programs you believe should be implemented or developed to address trauma within the Métis community?

With the TIC funding, GMs have made significant strides in responding to, and preventing, trauma in Métis communities. Still, given the short timeline and limited funding amounts provided for TIC initiatives, GMs felt they have only begun their work. The need for TIC persists and GMs have additional ideas for programming to further support their citizens. The following section describes GM recommendations, needs, and priorities for further TIC work across key population groups, program areas, and various social and healthcare systems.

Population Needs

TIC work needs to continue reaching subpopulations of citizens within the Métis Nation (i.e., Métis 2SLGBTQQIA+ peoples, Elders, youth, etc.). When asked about any specific Métis subpopulations' needs, GMs emphasized that it is sometimes difficult to single out one specific group as needing the most assistance, as many citizens are in need of support. GMs identified that Métis families and communities are interconnected and share many common experiences, thus their needs frequently overlap. The need for more collective healing was discussed by MN-S, who shared they regularly see and help the same families who have experienced repeated losses and trauma due to unaddressed intergenerational trauma. Overall, however, GMs agreed that select populations have specific needs due to their lived experiences and positionality. GMs emphasized the need to move beyond single interventions and to instead provide support that heals family units and communities as a whole. Figure 3 is a summary of the many various subpopulation groups the GMs identified as being in need of support. The following section summarizes additional points GMs offered during the engagement sessions. Notably, there are many subpopulation groups identified in Figure 3, however,

The quote below emphasizes some of the pressures survivors' may face to share their stories prematurely, with little to no available supports:

“Reconciliation is a word [survivors] don’t understand, and they are so not there yet, and they are being forced to deal with reconciliation when they are just really opening the doors into their own truth. Now people want a survivor on September 30th, they want to hear stories now. We are forcing them to get to this end result to make [non-Indigenous people] feel better and [survivors] are just here at the beginning ... It takes courage to keep your story inside. Truth is loud but silence is also loud. So, we have to be respectful when we say survivors are so brave for sharing their story, we’re leaving out the people who keep their story inside of them” (MNA, 2024).

MNA (2024) acknowledged that the Elders who do not publicly discuss their past experiences in residential, day and boarding schools are in need support. Thus, the mental health and wellness of Elders is a significant concern for GMs.

Youth. GMs are also increasingly concerned about Métis youth. GMs are reportedly seeing the intergenerational impacts of trauma in unique ways, such as increased rates of illness and disabilities among children and youth, and requests from parents seeking assistance with assessment and diagnosis so that their children can access school supports. GMs additionally expressed concern around youth mental health, specifically substance use and suicide. That said, GMs described youth as more likely than older generations to recognize and label their experiences as trauma. Still, more preventative and intervention level support is needed to help youth cope with intergenerational and ongoing forms of trauma.

Parents and Grandparents. In addition to Elders and youth, GMs spoke to the unique experiences and needs of parents and grandparents. MNBC spoke of a clear gap in both programming and funding for those aged 30-65: “it is still a challenge to get funding for children and youth, but it is easier to get funding for youth than that gap between becoming an Elder.” MNO stated that more than half of those aged 30-64 who access MNO’s wellness programs present with difficulties related to adjustment to trauma, indicating that action is required to address these mental health concerns. GMs also indicated that parents and grandparents are commonly less aware of trauma, and that they are less likely to be comfortable discussing their adverse experiences. Many GMs expressed an organizational priority to build more supports for parents. MNA is specifically prioritizing providing more support for young and single mothers. MNO is prioritizing supporting grandparents who are raising their grandchildren with the rationale that “there are many grandparents raising grandchildren. If the grandparents can receive care, there is an opportunity to help break the cycle of intergenerational trauma [Métis families face]” (MNO, 2024).

Caregivers and Service Providers. Métis people who provide care was another key subpopulation discussed by GMs, whether these individuals informally provide care as loved ones or formally as healthcare providers. All the GMs have developed toolkits or information guides about various illnesses such as cancer or substance use recovery. The aim of these resources is to provide knowledge to Métis citizens, including equipping loved ones and caregivers with information. When funding is available, the GMs also hold support groups or education sessions for those caring for loved ones with illness, disease, disability, mental health and substance use issues. The GMs shared that there is continuous need for more information and support for caregivers and service providers who are working with Métis citizens in trauma-informed ways.

GMs are concerned about the compassion fatigue and burnout that Métis service providers experience due to the lack of organizational TIC in other organizations or healthcare settings. GMs noted that Métis service providers report experiencing racism and discrimination internally within the healthcare system, which contributes to their experiences of trauma. This then compounds the stress and trauma associated with their caregiving roles. In the quote below, MNA described the challenges Métis service providers experience:

“... If we are not being supported by our employers to do our work effectively, we are not going to do that work effectively. And we may, inadvertently, be the cause of retraumatizing our clients, simply because we do not have the capacity to take on their trauma. And ... the community deserves no less than to have someone who is able to provide them with trauma-informed care” (MNA, 2024).

GMs particularly spoke about how traumatizing and unsafe accessing healthcare services can be for Métis people, especially when they do not see themselves in these spaces. Therefore, there is a clear need to support Métis people who work in service provider and/or caregiver roles so they can continue to provide trauma-informed and culturally safe care for Métis citizens. This may be achieved in part by advocating for standards that require trauma-informed practices at an organizational level.

2SLGBTQQIA+ Peoples. GMs also expanded on more supports that are needed for 2SLGBTQQIA+ youth and adults. GMs described Métis 2SLGBTQQIA+ trauma as “very specific and important to understand” (MNO, 2024). GMs described a lack of culturally safe gender-affirming spaces and supports for Métis members of the 2SLGBTQQIA+ community, noting that Métis spaces and non-Indigenous spaces may lack safety and may not be stigma-free for this population. Coupled with additional forms of unsafety, such as culturally unsafe care, trauma within the healthcare system may become compounded, for instance, for 2SLGBTQQIA+ citizens, thus requiring additional and specialized forms of support and care to enhance well-being.

Other groups which GMs advocated more support for included Northern, rural, and remote citizens, those who are unhoused, those with disabilities, and those re-integrating into community settings after being incarcerated. Many more subpopulation groups were further identified, as shown in the Figure 3. Further engagement with GMs is needed to obtain further input and direction around how to best meet the needs of these Métis subpopulations and citizens.

Program Needs

During engagement sessions, GMs spoke to the need for additional TIC tools, resources, and programs to better support their citizens. GMs' suggested priorities for TIC initiatives were organized around community-led mental health and trauma services, cultural programs, educational resources and training, and research and evaluation.

Community-led Mental Health and Trauma Services. GMs shared that they frequently hear from Métis citizens who express a desire for more Métis and community-led services. Many citizens reportedly struggle with needing to access mental health supports outside of their communities. These citizens report receiving care that is not only unsafe but also 'piecemeal', which in effect fails to address their needs for wrap-around wellness supports. GMs identified as a priority the development of "holistic programs that are grounded in Métis culture and ways of knowing, and that can address complex needs, rather than employing a more siloed approach to care" (MNO, 2024). This includes enabling GMs to support citizens' basic needs such as securing housing, food security, and transportation so that they may begin to attend to mental health needs. Each GM also spoke of the need and desire to develop a Métis-specific mental health and substance use treatment and recovery centre. Other identified supports needed in – and led by – community included a Métis mental health counselling team, land-based healing programs, and restorative healing processes for service providers to rectify harms caused to citizens by their practice and work. A cultural wellness hub was also described by GMs as a critical space needed for citizens to access the resources or care required **to address** Métis social determinants of health. MNO described such a space as:

“A safe space for individuals that they can come and go into freely as they want. If they can meet workers casually and freely, then they will be more inclined to speak with individuals before they are in crisis ... when there is an open space people can sit, have coffee, chit chat, we are more likely to be able to work through things before issues arise. Then it is also less of a scramble for people to find resources and supports they need when in crisis too” (MNO, 2024).

The need for such a space was echoed by MN-S, who described additional cultural aspects and how this space would centre Métis wellness:

“Having access to language keepers, Elders, and smudge, and being able to visit or host ... [A staff person]’s success is because they are approachable and have a fabulous way of being. Often around food is also how you connect. Teach people things like flower bead work, quilt making, and ribbon skirts as well.” (MN-S, 2024)

The value of community-led programming was highly emphasized amongst GMs. When asked what TIC-specific needs and priorities GMs had, MNBC (2024) replied: “anything by and for Métis citizens.” MNBC and MNA discussed a clear difference between initiatives that are Métis-led versus ones that have a Métis-lens. Métis-led initiatives are grounded in Métis traditional knowledge and culture, with TIC principles and practices woven throughout. Meanwhile, a Métis-lens was described simply as “slapping a sash on something and calling it Métis” (MNBC, 2024), a common approach observed by GMs among Western service providers that has failed to serve Métis people effectively.

Cultural Programming. Similarly, a strong need for more cultural programming was identified by GMs when discussing supporting citizens. GMs spoke of constant requests from citizens to be connected to cultural programming. GMs shared that when cultural programs are offered, program registration fills up quickly. MNA and MNO reported that within their mental health and substance use programming, citizens’ continued participation was largely due to the impact that cultural teachings and activities had on their healing and wellness journeys. GMs noted that Elders and Knowledge Keepers are frequently sought out by Métis citizens. However, GMs need more resources to support such roles, including funding for honoraria in addition to cultural and language revitalization tools for the next generation of Elders. Many GMs also identified a need to be able to support Chartered communities in mobilizing their own cultural activities and hosting and promoting more community gatherings. MNO spoke to the importance of community gatherings and cultural programming:

“We have seen an erosion over the past decades of congregate gathering; we have an obligation as a Nation to make sure that there is a place for citizens to be in a good way with people of the same culture, doing the same things and of the same heritage...we need somewhere for them to go and we need some sort of hope, horizon and path for healing journeys to open up” (MNO, 2024).

Education and Training. All GMs spoke of a need for more educational tools and resources related to trauma and TIC. This includes specific resources and tools that describe Métis history and Métis ways of knowing and being, as well as culturally grounded education about trauma. MNO shared an example of what a ‘trauma toolkit’ might look like:

“Sometimes we can see the signs of trauma before a client can. We have made a few resources with other agencies [on] cancer and chronic disease, but to have a

toolkit in an easy and gentle way [to] show exactly what trauma looks like, different types of trauma, understanding that everyone's trauma looks different ... and how supports can be accessed ... I think it also needs to go further to also describe what the help would actually be and look like, to reduce the fear, let people know what they are going to walk into (MNO, 2024).

The need for more training for service providers was also heavily emphasized by GMs. They suggested that such training should specify what TIC is and distinguish it from service providers merely being kind. This training should also include teachings on Métis experiences and offer education on how to be trauma-informed with Métis clients. GMs noted that TIC training should not just be for non-Métis service providers, but also for Métis Nation staff and peers so that GMs can increase citizens' felt "security in knowing that Métis people have a voice and will be heard by service providers, systems, and individuals" (MNO, 2024).

Métis TIC Knowledge Exchange & Directory. GMs wished for a trauma-informed knowledge exchange forum that brings all the GMs together to share their TIC initiatives and successful practices across the Nation. To facilitate referrals for citizens, GMs also suggested the development of a directory for all mental health and TIC programs and resources available to Métis citizens.

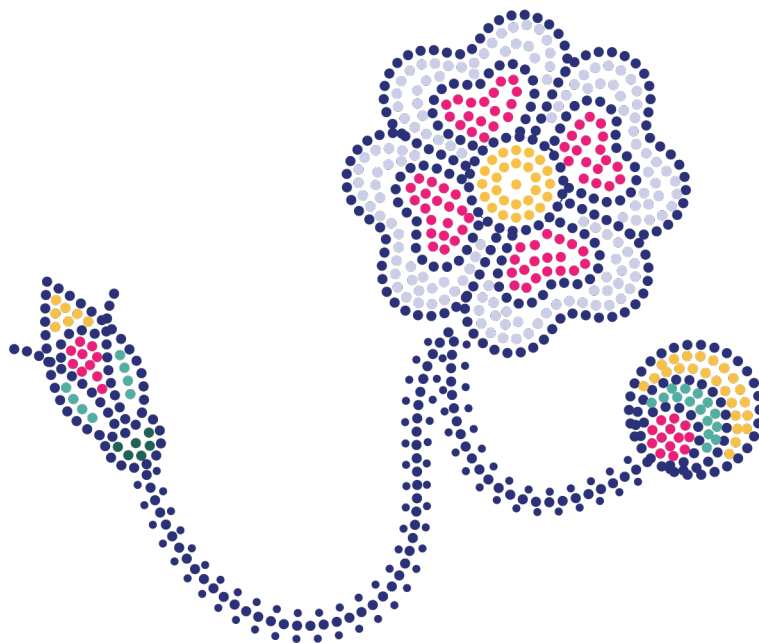
Research and Evaluation. GMs identified a need for more research initiatives "that examine the prevalence, determinants, and impacts of trauma within Métis communities, as well as the effectiveness of trauma-informed interventions" (MNO, 2024). Research that documents Métis ways of knowing and being, and the efficacy of Métis culture and Métis-specific TIC in promoting Métis healing and wellness, is necessary to support advocacy efforts for policy, programs, and resource allocation.

System Needs

As described in earlier sections of this report, the lack of guaranteed, continuous funding for TIC initiatives impedes GMs' ability to implement TIC at all levels and facilitate healing and wellness for their citizens. The primary needs all GMs emphasized throughout engagement sessions and across discussion topics was the clear need for more (and more stable) funding. Funding that is flexible, sustainable, and unencumbered will support the GMs' self-determination more effectively in creating resources and programs that "are grounded in community needs" (MNBC, 2024) and address traumatic experiences directly. This funding must be long-term so that citizens are given the time to process their traumatic experiences and commit to the extensive process of healing. Guaranteed sustainable funding will support GMs in moving beyond reactionary, time-limited service delivery to offering preventative services and health promotion initiatives. Such funding will also enable organizations to staff programs adequately so that programs may continue to be delivered in a trauma-informed manner and build critical

infrastructure and capacity for Métis people to access supports within their communities. Moreover, a sustainable funding model more effectively aligns with the principles of TIC and trauma-informed organizations as outlined in the literature on trauma and well-being. As MNBC (2024) stated, “there is no shortage of gifted and talented people willing and desiring to expand. Funding is the problem.”

If the TIC funding continued, each GM outlined what their next steps would be. MNBC described the desire to use additional TIC funding to establish a support and advisory group for those who have lost family members, develop a Métis-specific TIC service delivery model, establish a Métis recovery and wellness centre, provide more cultural gatherings, and create more cultural trauma-specific programs such as Elder teatime and ceremonial sweats. MNA expressed hopes to offer more support to Northern community members and integrate more Elders and Knowledge Keepers into mental health services. Additionally, they envision building their capacity, increasing administrative support, and continuing to improve the current services they provide. MN-S aspires to develop a research project called “Where are you from?” that would inform a Saskatchewan Métis-specific TIC service delivery model and to lead more community-based healing initiatives that would include individualized treatment plans guided by Métis culture and ways of being. With additional funding, MNO would expand their mental health support network by increasing the number of system navigators on staff and broaden its mental health team to offer healing work in community settings (e.g., hiring Métis therapists and social workers).





Impact of Métis Traditional Knowledge and TIC

Question 8: How can Métis traditional knowledge and culture-based approaches be integrated into trauma-informed and specific care for Métis individuals and communities?

The following section describes the connections between Métis traditional knowledge and TIC. During engagement sessions, GMs repeatedly expressed feeling a need to prove that Métis ways of being and doing, such as providing food at a community gathering, or offering singing and dancing, were in fact related to trauma-informed care. Despite colonialism and its systemic attempts to erase Métis people, Métis culture has persisted and proven to be a key contributor to Métis resilience (Auger, 2021). Not only does cultural resurgence interrupt ongoing systemic violence but it also provides the opportunity for cultural reconnection, thus increasing resiliency among Métis people. As the GMs repeatedly expressed “there is a [observable] correlation between reclaiming one’s culture and identity and experiencing health and well-being”, and that a big part of one’s healing journey is often in “discovering one’s cultural identity” (MNBC, 2024). All the GMs shared in-depth stories demonstrating the significant role culture plays in their citizens healing journeys, and the ways in which Métis traditional knowledge is a central component of TIC.

In one of MNBC’s wellness gatherings, where healing workshops with both Western and cultural approaches were offered, citizens more frequently reported on the powerful healing they experienced as a result of the cultural teachings and activities offered:

“The feedback was incredible. The main takeaway we got was that there was such power and healing when you bring a community together and then incorporate our Métis-specific teachings and culture and identity ... We did jigging, had music and fiddling, did sashing, it was incredible. Sage and smudging was offered. There was an Elders room where you could sit and talk with a wise one. That was a share and win of what happens when you incorporate those things and we heard about the need for more of that to [be] incorporated into communities lives” (MNBC, 2024).

MNBC staff further stated that “citizens don’t always know where their trauma is from but as they come to lean into their identity, they find healing, and then it also heals their culture” (MNBC, 2024).

With respect to their land-based healing program, MNA emphasized the unique role and impact various cultural aspects have had on the healing journeys of their citizens. For instance, MNA shared about the impact of Métis role-models on children who attended a retreat:

“We invited children with the moms at the women’s land-based retreat. We facilitated children’s activities and were just present for the children. [Staff member’s] son came too and was an amazing mentor to the boys in the retreat. The moms said it was very powerful to have a male mentor to show what it really means to be a good Métis man” (MNA, 2024).

This story illustrates the value the retreat provided children by observing Métis men actively participating in cultural practices and demonstrating to them the traditional roles and functioning of Métis families.

In the quote below, MN-S explains the ways in which understanding one’s trauma often intersects with understandings around Métis identity:

“There’s a lot of Métis who didn’t know what their culture was, they kind of hid it from the rest of society based on fear of losing children, land, property. A lot of people grew up without understanding what their culture and identity was. People are saying I am Métis, what does this consist of, then trying to address their trauma. We need pathways back in to support them coming back and to learn their culture and language” (MN-S, 2024).

MN-S also shared stories of the direct healing, growth, and resilience they saw in the youth who participated in one of their land-based healing programs:

“Youth are too focused on devices and technology, and you really see a shift in things with our youth when you take their phone away for a week and put them in a bush camp ... They come out so much wiser, more confident, they are able to do a lot. I would have students teach each other how to do things, and you see that confidence grow. They are showing younger kids how to snare and skin animals ... It’s amazing to see youth flourish and grow” (MN-S, 2024)

This was further echoed by another MN-S staff person who explained how Métis cultural and way of life practices, like being on the land and with community, is inherently linked to healing

from trauma: “it can be very intimidating to reconnect and to talk about trauma, but being on the land helps people open up ... land and connection between community members is really important” (MN-S, 2024).

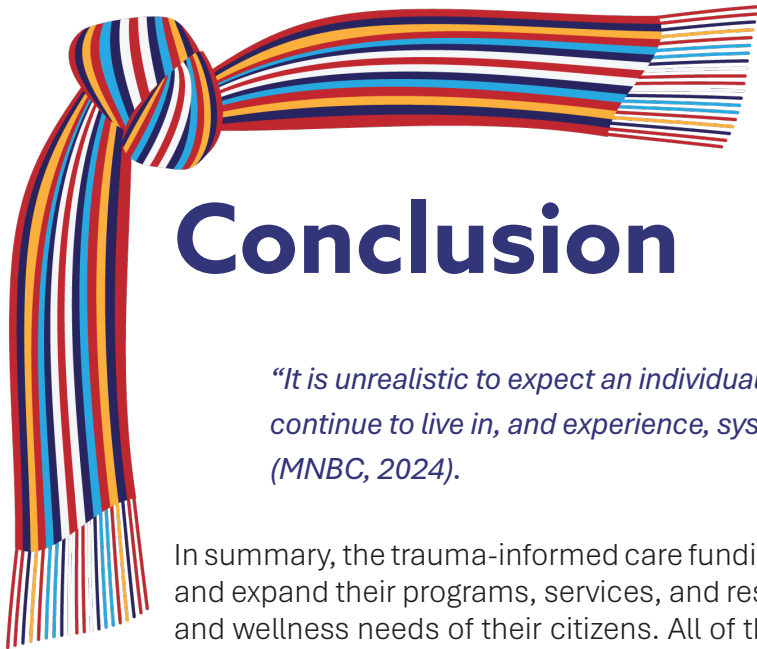
Finally, within their community-based intensive addiction program, MNO observed considerable rates of program completion and reduction in substance use among their citizens compared to citizens’ past experiences in other programs. Based on feedback from participants, MNO stated:

“In our substance use program, we found that the cultural revitalization program we held each Friday was the gem. That was the piece that kept clients coming back, kept them in community, not using substances, and returning to community” (MNO, 2024).

MNO also stated that to be “trauma-informed is to have cultural knowledge at the core” of programming and emphasized that Métis culture is distinct and might look different for each individual.

GM initiatives and efforts have demonstrated that programs that brought Métis people together in community settings with Métis cultural practices and knowledge available resulted in significant and transformational impact for Métis citizens. Métis culture, including connections to land, community and traditional knowledge, all play important roles in both responding to and preventing trauma within support services. As discussed throughout this report, traditional knowledge is a central component of TIC within a Métis context. Trauma-informed care must also be culturally specific and grounded in order to beneficially impact the healing journeys of Métis citizens.

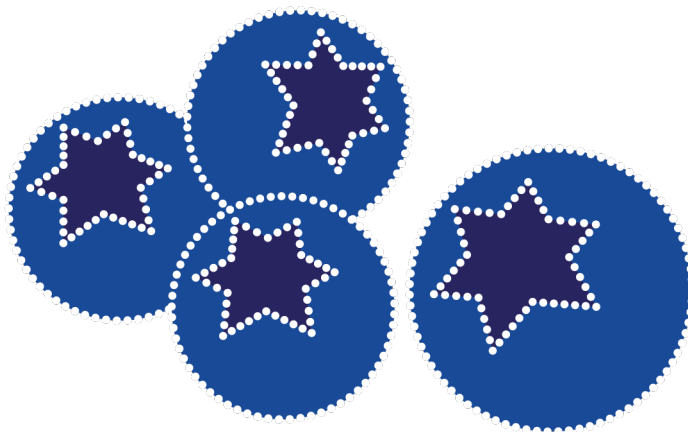


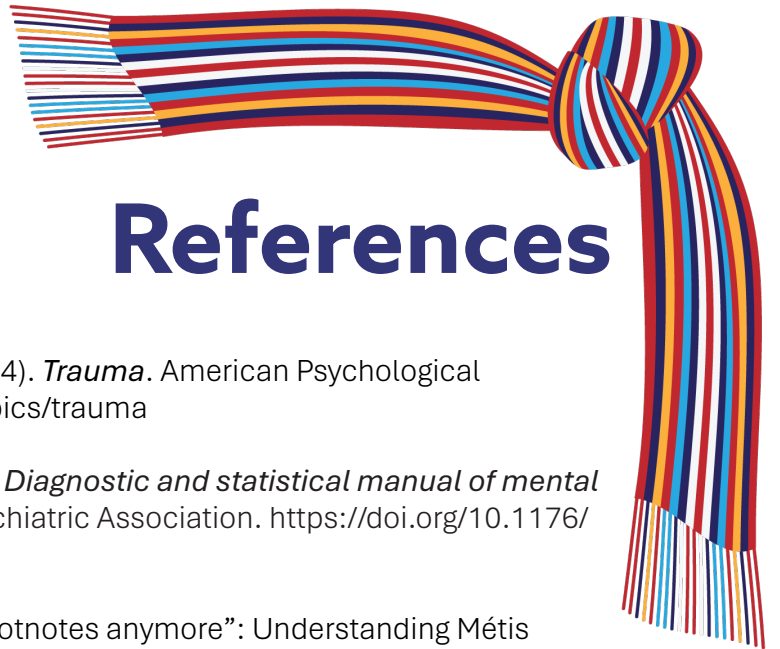


Conclusion

*“It is unrealistic to expect an individual to heal from colonial trauma if they continue to live in, and experience, systemic racism, and lack of resources”
(MNBC, 2024).*

In summary, the trauma-informed care funding has enabled the MNC GMs to implement and expand their programs, services, and resources to meet the mental health, healing, and wellness needs of their citizens. All of the GMs apply a Métis-specific approach to TIC that is grounded in culture and community and reflective of the academic literature’s definitions of TIC. Within their TIC initiatives, GMs have seen the most transformational impact for citizens, families, and communities from culturally embedded programs such as land-based healing, Elder mentorship, regular cultural sessions, and community gatherings. GMs have observed increased confidence and leadership amongst youth, decreased substance use from citizens, familial reconnection, and overall, increasingly strengthened Métis communities. For GMs to continue advancing the important work that has begun, ongoing TIC funding is required. Continuous efforts are needed to prevent traumatization from occurring within existing health and mental health services, and to also address historical colonial trauma and intergenerational trauma among citizens and communities. Métis people know what their needs are, and GMs have demonstrated strong leadership in their ability to meet those needs in innovative ways, despite funding and administrative challenges. Embodying Métis practices and ways of being will result in further healing for communities that continue to navigate the ongoing impacts of colonialism and intergenerational trauma. The Métis Nation is constituted by a resilient and self-determined people who continue to demonstrate great bravery and courage as they travel pathways towards healing.





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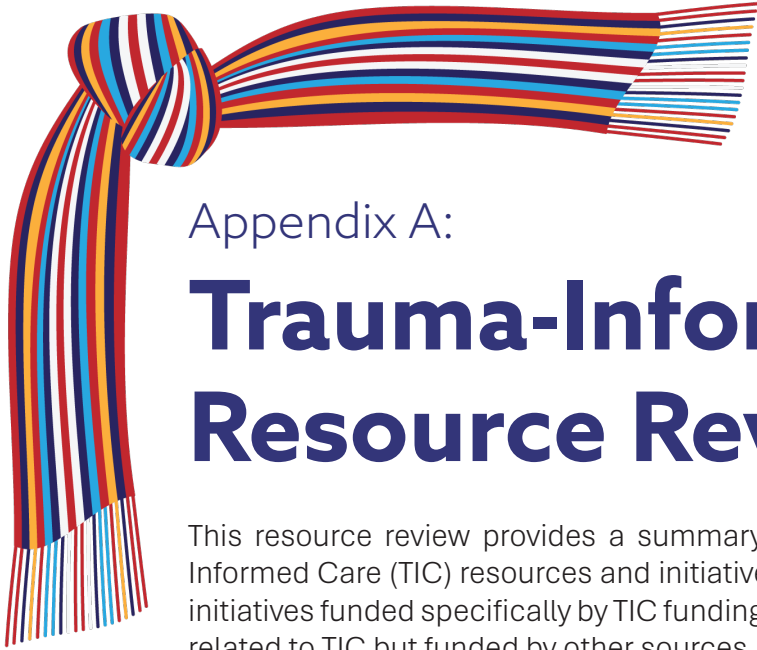
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Appendix A:

Trauma-Informed Care - Resource Review

This resource review provides a summary of each Governing Member’s Trauma-Informed Care (TIC) resources and initiatives. It provides a detailed summary of the initiatives funded specifically by TIC funding, and also highlights additional initiatives related to TIC but funded by other sources.

Otipemisiwak Métis Government of the Métis Nation within Alberta

Resources & Initiatives

The Otipemisiwak Métis Government of the Métis Nation within Alberta [MNA] has developed a wide range of innovative programs, resources, and initiatives to support Métis people within Alberta. MNA’s TIC initiatives are primarily led by the Department of Health. The Department of Health is structured around two key pillars: Community Wellness and Health Research and Advocacy. Community Wellness includes the Community Wellness Advocate, Wellness Program, dental clinics, cancer care resources and supports, opioid awareness and support, medical travel, and tobacco reduction programming. Health Research and Advocacy includes ongoing public health monitoring, strategies, infographics, and key research projects across health topics including, but not limited to, chronic disease, cancer, mental health, maternal and perinatal health, long-term and continuing care, and life promotion. There are also additional health and wellness promotion programs and services within the Department of Children and Family Services, Truth and Reconciliation, and Youth Programs and Services that are not captured within this document due to the scope of this review.

Trauma-Informed Care Funded Initiatives

With the TIC funding received, MNA has primarily used the funds to host land-based healing retreats for those impacted by residential schools, as well as expanding their Community Wellness Advocate Program to support Métis Albertans in accessing mental health and wellness supports.

Land-based Healing Retreats

MNA has hosted three successful land-based healing retreats, one dedicated to residential school survivors, another dedicated to men, and a third dedicated to women and girls. Each retreat has been held in a Métis community, including Smoky Lake, Fishing Lake, and most recently, Métis Crossing. Over the course of three days, citizens had the opportunity to connect and build relationships with each other and themselves. The days were structured with a mix of psychoeducation and traditional knowledge teachings on trauma and wellness, alongside cultural and wellness activities. Elders and Knowledge Keepers were available to provide cultural teachings, mentorship, and support, alongside an Art Therapist, Massage Therapist, and Psychologist to meet holistic wellness needs.

Community Wellness Advocate Program

Some of the TIC funding, alongside additional funding from other funding sources (e.g., Alberta Blue Cross) has also gone towards expanding their Community Wellness Advocate Program. This program is all-encompassing and includes financial support for up to 12 sessions of counseling from a provider of one's choice. MNA has also partnered with Alberta Blue Cross and Homewood Health who provide and fund 12 sessions of counselling alongside an array of mental health and wellness resources for Métis citizens, using alternate funding. MNA has also hosted a variety of virtual wellness sessions on cultural and wellness topics, such as dot art, traditional plants and tea making, land-based healing storytelling, mental health, and yoga. Intake data and participant surveys are collected.

Other Initiatives related to Trauma-Informed Care

MNA has been innovative in accessing alternative funding to respond to additional citizen needs for mental health, wellness, healing, and trauma-informed care. Additional programs *not* funded by TIC include a life promotion guide and a community wellness advocate and advocacy framework for Métis people to utilize and take ownership of their own wellness. As part of their life promotion initiatives, MNA hosts an annual Alberta Métis Fest that consists of two action-packed days of celebrating Métis culture with activities such as a jigging competition, artisan market, and more. These resources also serve as a reference point for other partners and governments to adapt and design programming that is better suited to Métis people. In addition, MNA has recently hired a social worker to support Métis citizens with complex social needs. Further, MNA has developed various substance use supports including a peer-led addictions support program, *Shakiwayniwayhk* opioid wrap around support program (e.g., funding and system navigation for recovery journeys), opioid awareness training (e.g., naloxone training), and other support and system navigators. Lastly, MNA has recently introduced a 'survivor sash' to increase awareness of Métis peoples' lived experiences with residential school, to show support and honour survivors, and elevate the stories of survivors. Many of these initiatives have been conducted in partnership with external agencies and organizations, including 211 Alberta, Homewood Health, Alberta Blue Cross, Alberta Health Services, and the University of Alberta. Funding has primarily come from the Public Health Agency of Canada, Alberta Health

Services, and Health Canada’s Anti-Indigenous Racism in Healthcare System (AIR-HS) funding program.

Other initiatives related to TIC include:

- **Life Promotion Guide:** a guide for developing, implementing, and evaluating programming for Métis young people that promotes health, wellness, life and living, and suicide prevention. This guide was developed with support from Alberta Health Services and University of Alberta, with funding from Public Health Agency of Canada and Alberta Health Services research grants.
- **Social Worker/Complex Case Manager:** a dedicated role to support those with complex social needs and additional vulnerabilities.
- **CWA Cultural Safety Training:** an MNA-specific led presentation and training for non-Métis organizations to learn more about Alberta Métis history, culture, and what is safe/unsafe care.
- **Peer-led Addictions Support Program:** a weekly peer-led addictions support group.
- **Shakiwayniwayhk: Opioid-Wrap Around Support Program:** financial support for MNA citizens to support their recovery journey and needs after a residential treatment program (e.g., housing, counselling, etc.)
- **Opioid Awareness Training:** online modules detailing the nature of opioids, harms and risks of opioid use, and Naloxone training.
- **Survivor Sash:** an initiative to raise awareness of Métis peoples’ experiences with residential schools, and to honour and show support for survivors with an orange Métis sash.
- **Support and System Navigators:** health care, mental health, and addiction system and service navigators to help connect Métis Albertans to necessary supports and resources.
- **Community Wellness Advocate and Advocacy Framework:** a guide, resource, and advocate to help Métis Albertans with their mental wellness goals. The guides and resources have been developed with support from 211 Alberta and AIR-HS funding.

Métis Nation British Columbia – Resources & Initiatives

The Métis Nation British Columbia (MNBC) has developed a wide range of innovative programs, resources, and initiatives to support Métis people within British Columbia. Within MNBC, TIC initiatives are primarily provided through either the Ministry of Health and/or the Ministry of Mental Health and Harm Reduction. The Ministry of Health primarily leads programs such as the Métis Health Experience Program (MHEP), cultural safety training and gatherings, and includes key staff such as the Health Equity Manager, regional health coordinators, advocates, navigators. Whereas the Ministry of Mental Health and Harm Reduction primarily leads the wellness gatherings and produces a Métis mental health and wellness magazine. Additionally, this Ministry is responsible for mental health-specific navigators, wellness workers, the MNBC-led crisis-line, and other mental health, substance use, and life promotion-related programming. Both Ministries work together to provide programs such as the Métis Counselling

Connection Program. In short, many of the AIR-HS initiatives are managed by the Ministry of Health, and many of the TIC initiatives are managed by the Ministry of Mental Health and Harm Reduction. However, there is often overlap between anti-Indigenous racism in the healthcare system and TIC programs and services across both Ministries.

Trauma-Informed Care Funded Initiatives

MNBC has primarily used their TIC funding to hire two *Miyooayaan* Wellness Workers (e.g., social workers) who support citizens with their mental health and wellness needs. Some of the funds have also gone toward monthly health and wellness circles, providing citizens the opportunity to come together, connect, and share their stories and experiences with the healthcare system. This has further informed MNBC's own planning and advocacy work to transform the healthcare system. Much of the TIC funding is also currently allocated to the early stages of community engagement to better understand what MNBC citizens and communities want and need for TIC programs, services, and/or resources. This is a critical first step for MNBC and ensures that the funds are being well utilized to address the diverse needs and priorities of Métis citizens.

Monthly Métis Health and Wellness Circle

The Métis health and wellness circles are virtual circles held monthly for MNBC citizens to come together and share about their health experiences. The intent of these circles is to provide a safe space for individuals to share their stories for personal healing, while also helping to inform healthcare system transformation and MNBC's programs and services.

Miyooayaan Wellness Workers

The *Miyooayaan* Wellness Workers and registered Social Workers provide mental health support to MNBC citizens, particularly survivors of residential school and colonialism. Based on feedback directly from citizens, the social workers are titled '*Miyooayaan*', or wellness workers. They provide a range of supports from mental health system navigation, advocacy, counselling supports, and facilitate regular wellness programs and circles for citizens.

TIC planning and engagement

Given the relatively recent introduction of TIC, MNBC continues to use some of the TIC funding to engage community members and assess their interests and needs around trauma-informed care. MNBC has spearheaded a 2-3 year knowledge-exchange initiative with the community to better understand the unique needs and perspectives of citizens around mental wellness, substance use, and harm reduction. This work, in addition to a literature review, will be used to inform responsive and strengths-based programming. MNBC is also working with regional health authorities to create health and wellness work plans that apply to MNBC's needs and interests.

Other Initiatives related to Trauma-Informed Care

With the use of alternative funding sources, such as the Public Health Agency of Canada (PHAC) and Health Canada's Substance Use and Addictions Program (SUAP), MNBC has been able to develop a range of support teams and programs to respond to the most vulnerable MNBC citizens. For example, innovative suicide prevention work in the forms of a Nation-led crisis line, cultural adaptations to a suicide prevention course and resource app and working directly with MNBC regional communities to train communities in identifying and responding to those at risk of suicide. MNBC has also worked to reduce barriers to accessing mental health and wellness supports by offering financial support for counselling sessions as well as additional tools and services, such as assessments and specialized equipment (e.g., hearing aids). There is also a range of life promotion resources and programs including a course and magazine to provide citizens with more information about wellness and resilience. MNBC has also demonstrated leadership in the establishment of a mental health and harm reduction sash, as well as additional substance use related support programs and wellness gatherings for women, girls, 2SLGBTQIA+ peoples, survivors of residential school and Elders, and those struggling with alcohol use and self-harm. Many external partners have been involved to support these additional initiatives including Kuu-us Crisis Services, Lifeguard Digital Health, LivingWorks, Fraser Health, Interior Health, University of British Columbia.

- ***Miyoopimaatishihk Program***: provides financial support to assist families with wellness services, programs, and products including but not limited to mental health, respite care, speech therapy, assessments, and specialized equipment.
- ***MNBC Crisis-Line***: in partnership with Kuu-us Crisis Services, a crisis line is available to assist BC citizens with problem solving, support services, developing safety plans, and conducting suicide risk assessments, referrals, and safety monitoring.
- ***Lifeguard app***: adapted the Lifeguard Digital Health crisis line and resource support app with Métis specific materials and resources.
- ***safeTALK suicide prevention course***: course for communities to learn how to support those struggling with mental health and reduce the stigma of suicide.
- ***Kaa-wiichihitoyaahk (We Take Care of Each Other)***: capacity building in and with regional communities, working together to prevent suicide and provide mental wellness programs. This work is in partnership with LivingWorks and funding by PHAC.
- ***Life Promotion for Métis Youth***: series of free online modules focused on life promotion as a means of suicide prevention for Métis youth.
- ***Wellness Gatherings***: when funding is available, annual gathering for community members dedicated to wellness promotion.
- ***Métis Counselling Connection Program***: financial support for up to 10 counselling sessions for those with financial barriers.
- ***Regional Mental Health Navigator and Provincial Mental Health Coordinator***: provides mental health navigation supports within Métis peoples' respective health authorities.

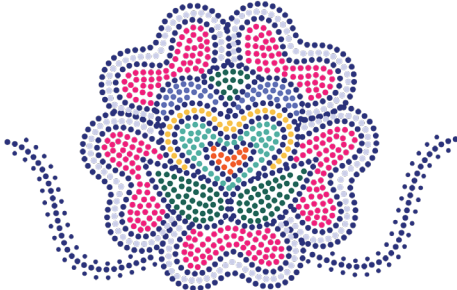
- *Peer Support Worker program*: supports individuals struggling with substance use on their healing journeys. Funded by SUAP.
- *Cessation and Addictions support*: various programming to support citizens in tobacco cessation and other substance use and addiction support.
- *Mental health and wellness sash*: a distinct Métis sash is used to represent Métis resilience, wellness, and the strengths of Métis culture and community, in response to the impacts of colonialism and the resulting harm it has caused to mental health and wellness.
- *Métis Perspectives of Cannabis Use*: a community-based research project on Métis people in BC’s perspectives, experiences, and needs related to mental health and cannabis use. BC Interior Health, Fraser Health and the University of British Columbia have been involved, with some funding from the Mental Health Commission of Canada and the Canadian Centre on Substance Use and Addiction.
- *Resilient Roots - Métis Mental Health and Wellness Magazine*: a magazine on topics of mental health and wellness, which spotlights Métis voices and perspectives.

Métis Nation – Saskatchewan – Resources & Initiatives

The Métis Nation – Saskatchewan has created and implemented a range of programs, services, and resources to support citizens struggling with illness, disease, mental health, and addictions. They have also implemented several cultural programs and supports to promote life and holistic wellness. Much of the work related to TIC is provided through the MN-S Ministry of Health. The Ministry of Health also includes the Department of Health and the Department of Mental Health and Addiction. There is often overlap between the two departments, although the Department of Mental Health and Addiction provides more of the programs and resources related to TIC and mental health, substance use and addiction, including a mobile outreach program, treatment model, and mental health care (e.g., counselling, cultural healing programs). There is also some collaboration within the TIC programs and resources provided through the Ministry of Early Learning and Child Care.

Trauma-Informed Care Funded Initiatives

With the TIC funding, MN-S (2024) has primarily allocated it to financial support for the Chartered communities to implement and provide their own land-based programming to increase individual, familial, and community wellness. Some of the funds have also gone toward a guidebook to support those recently diagnosed and receiving treatment for cancer to feel prepared and equipped with the necessary knowledge and tools to navigate the healthcare and social system, as it relates to their cancer journey. Such work both promotes health and wellness and works to prevent reoccurring traumatic experiences within communities and systems.



Wellness Through Our Lands

To ensure that citizens residing in rural and remote communities in Saskatchewan have access to wellness programming, MN-S (2024) is providing their own grant program to their communities to implement their own land-based healing activities. MN-S is providing up to \$10,000 to any MN-S community who applies. These land-based healing activities have been shown to support the mental health and wellness of individuals, particularly those affected by trauma, by bringing community members together, reconnecting with the land, their culture, and Knowledge Keepers, and participating in wellness activities. Métis Local communities can apply for funding once each year.

Peer Support Circles

MN-S used the TIC funding to establish a land-based Peer Support Network for Métis citizens. The intent of the network is to connect citizens, Elders, and youth and to establish a community of peer support through social activities at the community level. The program aims to ensure access to ongoing culturally appropriate, trauma-informed community-based healing and wellness activities for Métis citizens and communities, led by Métis peers, and supported and coordinated by MN-S health staff. Within the network, MN-S works to build citizen capacity to respond to key health and wellness needs in their community through regular education and discussion around topics such as chronic diseases, sexual and reproductive health, or general discussions around what wellness means for Metis people, families, and communities.

Other Initiatives related to Trauma-Informed Care

Additional programs and resources related to TIC, but not exclusively funded by TIC, include a range of supports that seek to promote mental health and wellness in community as well as meet vulnerable citizens where they are at. This includes a mobile outreach program that supports citizens to meet basic needs (e.g., food, housing), as well as cultural and emotional support. MN-S has also demonstrated its commitment to leadership and innovation by developing a Métis specific 90-day treatment model that is grounded in Métis culture, knowledge, and traditional teachings alongside evidence-based interventions for mental health and substance use treatment (MN-S, 2024).

MN-S's Mental Health and Addictions Program offers a range of supports from counselling to financial support for recreation, and a mental health systems specific navigator and support workers (MN-S, 2024). In addition, MN-S is organizing a unique mental health and substance use conference to bring diverse audiences together, share information, and work toward responding to community needs.

MN-S (2024) is also actively pursuing funding opportunities to expand services, including the hiring of a reintegration support worker, someone dedicated to supporting those transitioning

out of institutionalization (e.g., incarceration), and to offer dog therapy for those needing additional supports within institutions (e.g., incarceration, healthcare system). Additional funding has come from PHAC and SUAP.

Other initiatives related to TIC include:

- **90-day Treatment Model:** a distinct model for substance use and addictions care that is based on Métis traditional knowledge and cultural teachings alongside the 12-step recovery model, Saskatchewan's Clinical Principles for Alcoholic and Drug Misuse Services, and other up to date research and emerging trends from the field. This work involves the Métis Addictions Council of Saskatchewan Inc (MACSI).
- **Mobile Outreach Program:** provides outreach and social, emotional, and cultural supports to vulnerable community members (e.g., those who are houseless), funded by PHAC.
- **Cancer care guidebook:** a comprehensive guidebook to support Métis individuals and families in their cancer journeys. The guidebook was developed with support from Saskatchewan Cancer Agency, University of Saskatchewan, CPAC, Saskatchewan Health Authority.
- **Medical travel assistance:** financial support and accommodations for Métis citizens to attend medical appointments outside of their home community.
- **Patient Advocates:** provides support to those who have been treated poorly in a medical appointment or received substandard care due to racism or prejudice. Funded by the AIR-HS funding program.
- **Dog therapy** (in progress): offering dog therapy through the St Johns Ambulance Canada program to those needing additional emotional support within the healthcare and justice systems, and community settings.
- **Mental Health Navigator:** support MN-S citizens, including children, youth, and families, in accessing mental health and/or substance use services and supports.
- **Mental Health Support Workers/MHTs:** offer citizens necessary mental health supports and activities.
- **Mental Health and Addictions Program:** provides a range of mental health and addiction supports from case coordination, assessments, counselling, behavioural addiction support, legal consultations, and financial counselling.
- **Crisis Line:** 24-hour support line in partnership with MNO, for Saskatchewan citizens experiencing crisis
- **Amachiwayhaataak (Let's Soar) Program:** financial support for children (0-8) with additional or specialized needs.
- **Maatawaytaak (Let's Play) Program:** financial support for children's recreational programming, including clothing, equipment, and activities.
- **Re-Integration Support Worker:** supports citizens exiting from incarceration to access housing, mental health, and physical supports, funded by the AIR-HS funding program.
- **Transitional safe home:** MN-S led transitional home for women, children, and 2SLGBTQIA+ citizens fleeing domestic violence.

- *Harm reduction expansion*: MN-S is actively expanding harm reduction resources and supports across the regions.
- *In-Home Detox support*: in progress to provide detox supports at home for those who struggle with substance use.
- *Ma Faamii hub*: a community hub located in Saskatoon that offers a place for citizens to connect with others and obtain necessary supports for themselves and their families.
- *MHSU Conference*: MN-S led conference to bring citizens, knowledge holders, service providers, etc. to discuss and share knowledge around mental health and substance use care.

Métis Nation of Ontario – Resources and Initiatives

The Métis Nation of Ontario has developed and implemented a wide variety of programs, services, and resources to support citizens holistic health and wellness. The MNO’s TIC work is primarily led by the Community Wellbeing branch and the Healing and Wellness branch (MNO, 2024). While there is some overlap across branches, the Community Wellbeing branch leads most of the TIC initiatives. Many of the TIC initiatives provide direct services to promote the holistic wellness of citizens, as well as directly respond to and support those struggling with mental health, addictions, interpersonal violence, human trafficking and other vulnerabilities.

Trauma-Informed Care Funded Initiatives

MNO’s TIC funding has gone towards the implementation, maintenance, and evaluation of several programs, resources, and services. A significant portion of the funding has gone towards MNO’s Mental Health and Addictions program (MHA), providing a variety of supports for citizens with mental health and addiction concerns including counselling, parenting coaching, assessments, and case management. Additionally, MNO’s TIC funding has also gone towards job creation for dedicated navigator positions focused on supporting citizens in navigating services and wider systems (MNO, 2024).

Mental Health and Addictions Program (MHA)

The MNO’s Mental Health and Addictions Program consists of a wide range of supports for Métis children, youth and adults. Supports include case management, mental health and addictions assessments, individual counselling, couples and family therapy, and parenting coaching. Supports are offered in person, over the phone, and by video conference (MNO, 2024).

Mental Health and Addictions Navigators

The Mental Health and Addictions Navigators play a central role in supporting individuals who are navigating systems and seeking mental health care. Navigators work to address client needs and provided appropriate resources and supports. They assist the MNO healing and wellness staff in care planning, referrals, and liaising with other service providers within the province (MNO, 2024).

Other Initiatives related to Trauma-Informed Care

MNO provides many other programs, services, and supports related to TIC. Much of these include programs where staff work with citizens to provide access to information, resources and support for various health and wellness needs (MNO, 2024). These programs include mental health, addictions, anti-human trafficking, nutrition, babies and children, and aging. Much of MNO's work includes community-based health promotion programming, as well as staff to support citizens in navigating complex systems to meet needs. MNO provides these programs and supports from an inherently trauma-informed lens that seeks to meet clients where they are at and adapting interventions to address client needs (MNO, 2024). The province of Ontario's various Ministries have been involved in several of these initiatives. Additional funding has come from Province of Ontario, Indigenous Health and Wellness Strategy, Ontario Ministry of the Attorney General, Crown-Indigenous Relations and Northern Affairs Canada, SUAP, and COVID funding.

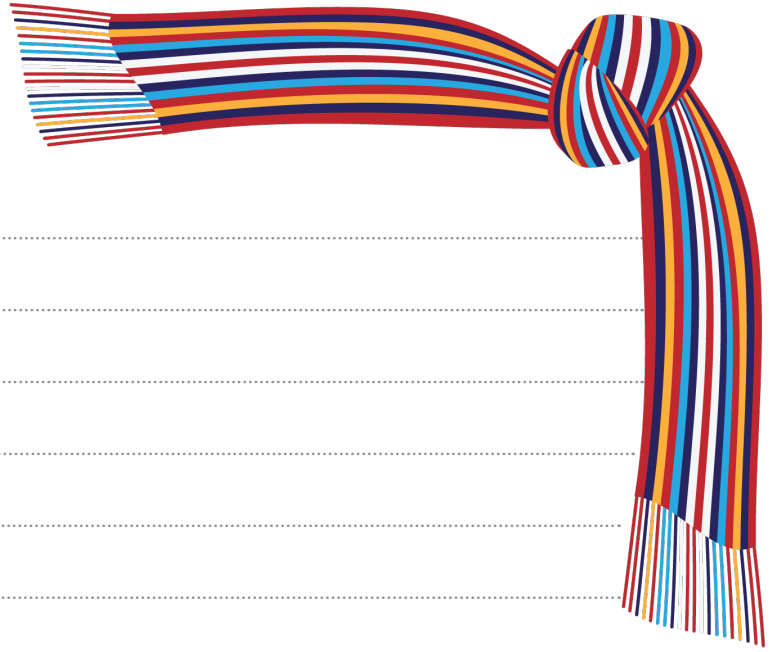
Other initiatives related to TIC include:

- **TIC Service Delivery Framework:** a service delivery framework for client services, with a client-directed lens, that adapts intervention plans according to client needs.
- **Crisis Line:** 24-hour mental health and addictions support line for adults, youth, and families over the phone or video. The line also includes connecting individuals and families to relevant supports and programs that are offered over the phone, video, or in person. It is also provided to Saskatchewan citizens in partnership with MN-S.
- **Community Wellness Workers:** assists clients in identifying concerns and developing associated action plans. This has been partly funded by the Province of Ontario, Indigenous Health and Wellness Strategy.
- **Community Development Support Worker Program:** provides workshops, presentations and team building activities specific to Métis cultural teachings for front line workers to enhance their skills and capacity.
- **Métis Youth Wellness Connection:** an online hub for Métis youth to interact, share, and exchange knowledge related to health and wellness.
- **Tobacco Cessation Program:** information, tools, and group support for those wishing to quit smoking.
- **Gambling Awareness Program:** interactive workshops, training, assessments, brief counselling, and other mental health supports for those struggling with gaming and gambling addictions.
- **Advocacy Program:** offers workshops, resources, and seminars to increase legal literacy among citizens as well as a justice liaison coordinator to support citizens' and communities' decision making and self-advocacy.
- **Victim Services:** provides mental, physical, emotional, and spiritual supports to those who have experienced violence, including women, children, youth, older adults, Two-Spirit, and those living with disabilities. These supports are funded by Ontario Ministry of the Attorney General.

- ***Anti-Human Trafficking Program***: supports communities to prevent and respond to human trafficking by creating new partnerships, tools, training, and resources to increase knowledge and raise awareness about human trafficking. Within Ottawa, it also includes direct programming, drop in, and client supports for those at risk of human trafficking.
- ***Métis Health Babies Healthy Children Program***: parenting, pre-natal, and post-natal courses, resources, and supports for Métis families and children. Also includes home visits, service coordination, and referrals. This program is funded by the Province of Ontario, Indigenous Health and Wellness Strategy.
- ***Canada Pre-Natal Nutrition Program***: provides access to knowledge, skills, and healthy foods that support healthy pregnancies and early infant nutrition. Funded by Health Canada.
- ***Community Action Program for Children***: provides training, support, and access to cultural teachings and community development to help at risk children lead better and healthier lives. These supports are funded by Crown Indigenous Relations and Northern Affairs Canada (CIRNAC), Mental Health and Addictions (MHA), and COVID-19 federal funding.
- ***Community-Based Intensive Addiction Program***: a community and culturally based treatment program that provides wrap-around culturally grounded addictions recovery supports. Includes case management, group sessions, traditional practice sessions, individual counselling, psychiatry, community supports, and transition supports.
- ***Cultural Connections Program***: regular sessions held virtually for citizens to learn more about culture and wellness.
- ***Youth Diversion Mentorship Program*** (in progress): Elder mentorship program for youth at risk.
- ***Community Support Services Program***: information, advocacy, and practical support that allows individuals to remain in their homes as long as possible as they age or become ill, funded by the Province of Ontario.
- ***Community Support Services Coordinator***: provides support for filling out social assistance forms, navigating social service systems, and working with other programs to deliver workshops and community events. Also includes friendly visits with clients, medical transportation services, and caregiver supports.

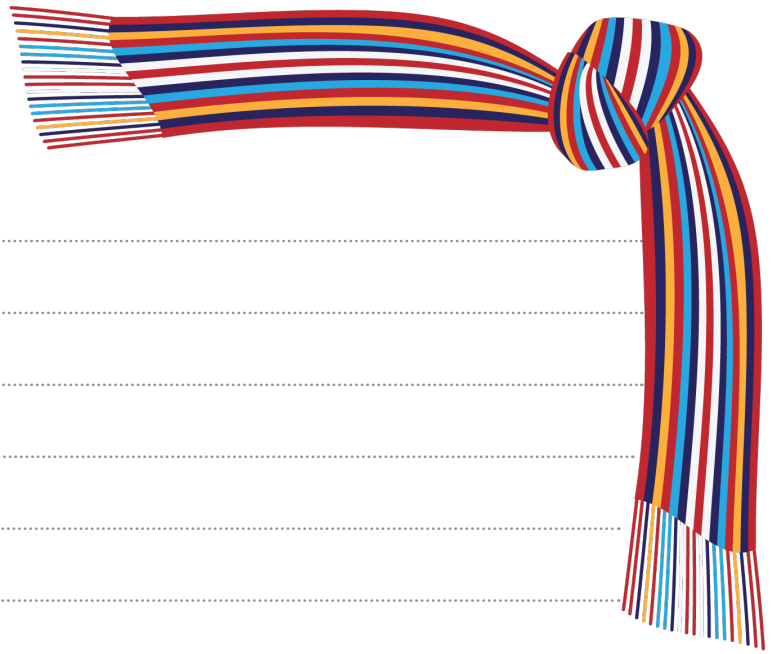


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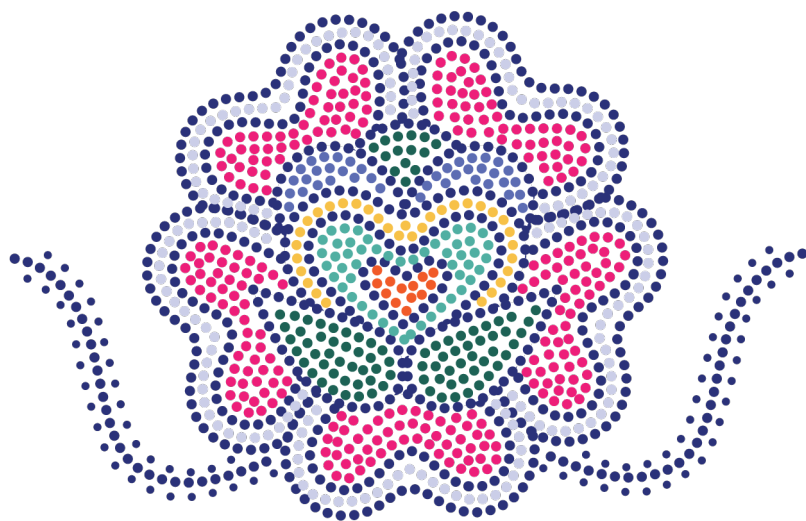


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