

FNHA'S POLICY ON MENTAL HEALTH AND WELLNESS



First Nations Health Authority
Health through wellness

OUR VISION FOR MENTAL HEALTH AND WELLNESS FOR FIRST NATIONS IN BC



The FNHA, through our relationships and partnerships, will ensure that all First Nations people have access to a culturally safe, comprehensive, and coordinated continuum of mental health and wellness approaches that affirms, facilitates and restores the mental health and wellness of our people, and which contributes to Reconciliation and Nation rebuilding.

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OUR VISION FOR MENTAL HEALTH AND WELLNESS FOR FIRST NATIONS IN BC

This policy¹ provides the First Nations Health Authority's (FNHA) view on mental health and wellness². Our organization's collective vision is based in the First Nations Perspective on Health and Wellness³ as well as extensive community and individual feedback received through: reviews of FNHA mental health and wellness programs and services⁴; regional mental health and wellness forums; regional health and wellness plans; journey mapping; and surveys. As a result, hundreds of recommendations have shaped this document.

First Nations communities, families and individuals in BC have clearly and consistently indicated that mental health and wellness is a top priority.

- » We heard that the resiliency and wellness of our people must be promoted, facilitated and celebrated and that we must not focus only on the treatment of illness.
- » We heard that mental health and wellness approaches must be designed based on an understanding of the deep and ongoing impacts of colonialism, including experiences of intergenerational trauma and racism (see Annex B for Context for BC First Nations Mental Health and Wellness).
- » We heard that First Nations' self-determination is a critical determinant of mental health and wellness and needs to be at the foundation of all work aimed at improving well-being.
- » We heard about the need for better access to a full continuum of supports from mental health and wellness literacy and promotion through to acute care.
- » We heard that all services, whether delivered by health system partners or First Nations communities and organizations, need to be culturally safe and trauma-informed, free of all forms of racism and stigma, and include cultural supports and interventions.
- » We heard about the importance of expanding mental health and wellness programs and services designed and delivered by community and Nations and of advancing stronger partnerships and collaborations.
- » We also heard about the need for a wide range of service delivery and planning supports, including more capacity building and care for the mental health and wellness workforce (caring for our caregivers, both "professional" care-providers and those who provide care without any compensation—Aunts, Uncles, Grandmothers, Grandfathers) and better and more wholistic⁵ sources of evidence on population needs and wise practices.

These and the many other recommendations and priorities shared by individuals and communities all speak to a common vision. This vision is for First Nations self-determined approaches that promote and nurture our mental health and wellness in the places where we live our lives—including in homes, families, communities, Nations, territories, work, and school. Equitable and stigma-free access to a full continuum of care further supports the mental health and wellness of individuals, families and communities.

1. This policy should be understood as a living document and will be reviewed, updated and refreshed at regular intervals as needed.
2. The use of the phrase 'mental health and wellness' in this document is meant to include substance use considerations.
3. Figure 2 on page 18.
4. National Aboriginal Youth Suicide Prevention Strategy (NAYSPS), National Native Alcohol and Drug Abuse Program (NNADAP), Indian Residential Schools program (IRS), Brighter Futures, Building Healthy Communities.
5. This spelling is deliberate as it implies "whole," as recommended by Mi'kmaw Elder Murdena Marshall. Wholistic health includes supporting the whole person, i.e., the physical, mental, emotional and spiritual aspects of their well-being.

OUR POLICY STATEMENT FOR MENTAL HEALTH AND WELLNESS FOR FIRST NATIONS IN BC:

THE FNHA, THROUGH OUR RELATIONSHIPS AND PARTNERSHIPS, WILL ENSURE THAT ALL FIRST NATIONS PEOPLE HAVE ACCESS TO A CULTURALLY SAFE, COMPREHENSIVE, AND COORDINATED CONTINUUM OF MENTAL HEALTH AND WELLNESS APPROACHES THAT AFFIRMS, FACILITATES AND RESTORES THE MENTAL HEALTH AND WELLNESS OF OUR PEOPLE, AND WHICH CONTRIBUTES TO RECONCILIATION AND NATION REBUILDING.

Realizing this vision will require collaborative and coordinated effort between all system partners, including First Nations, the FNHA, First Nations Health Directors Association (FNHDA), First Nations Health Council (FNHC), the federal and provincial governments, and others. To this end, we remain firmly committed to working with all of these partners through the established First Nations Health Governance Structure⁶.

Ensuring supportive contexts for First Nations individuals, families and communities to be mentally healthy and well requires whole-of-government and whole-of-society approaches that: make progress on the social determinants of health; remove the stigma around mental health and wellness; address chronic under-funding in this area; are grounded in First Nations cultures; and incorporate community-driven and Nation-based decision-making.

An important part of a more supportive context for mental health and wellness is a continuum of care that brings together the best of traditional and cultural approaches with western approaches and encompasses a range of fully integrated programs and services⁷ including but not limited to:

- » Culture and traditional healing;
- » Health and wellness literacy, promotion, prevention, capacity-building, education;
- » Early identification and intervention;
- » Wrap-around supports, including aftercare;
- » Harm reduction;
- » Crisis response;
- » Trauma-specific services;
- » Withdrawal management/detox;
- » Trauma-informed person/family-centred treatment/services; and
- » Coordination of care and care planning.

6. www.fnha.ca/Documents/HG_Placemat.pdf

7. In addition to the engagement that FNHA has been involved in on mental health and wellness, this articulation of the full continuum of programs and services, along with other aspects of this policy, builds on the First Nations Mental Wellness Continuum framework (AFN and Health Canada, 2015), a framework that is the result of a wide range of regional and national engagement events with First Nations communities and members across Canada.

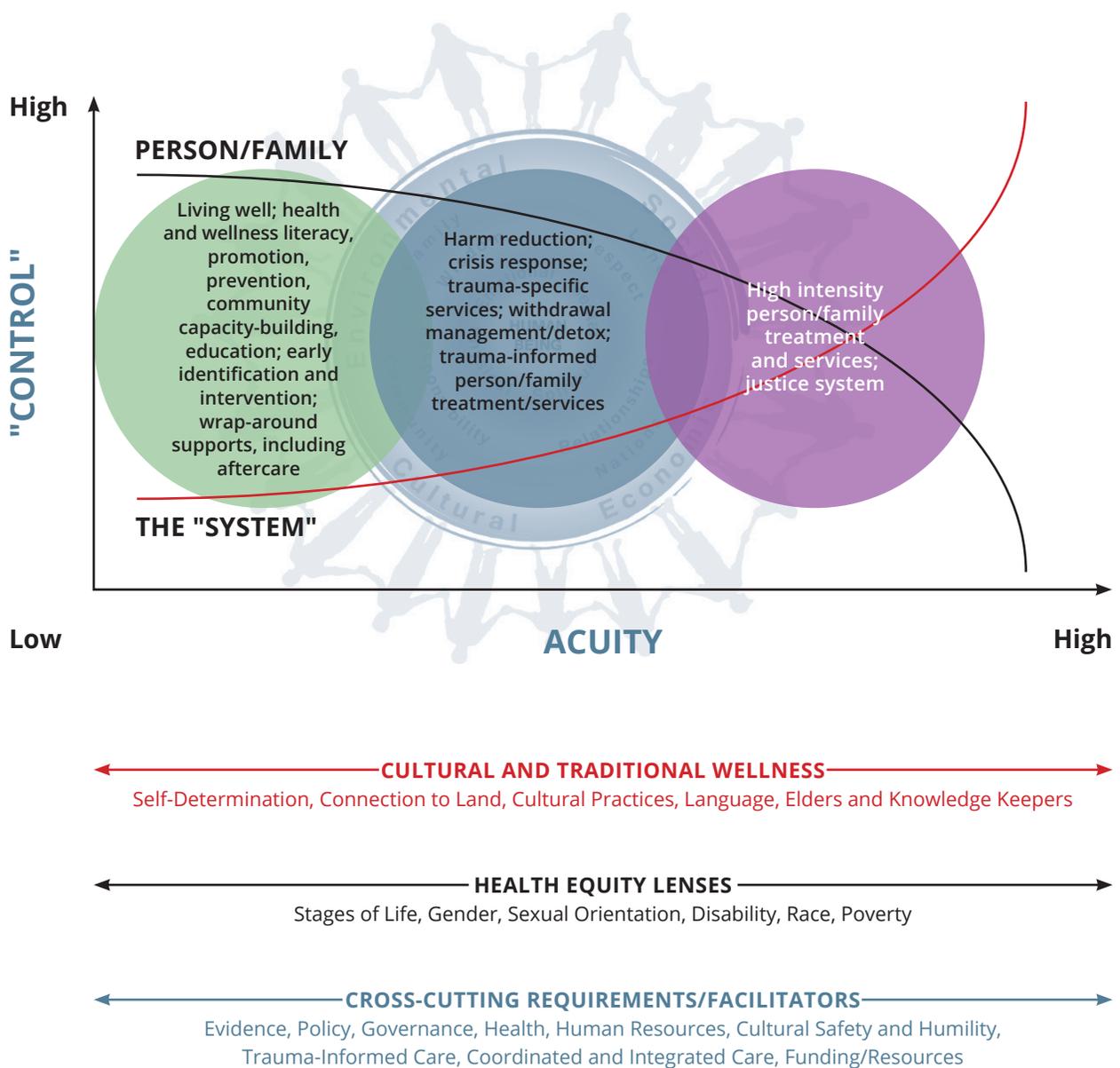
OUR VISION FOR MENTAL HEALTH AND WELLNESS FOR FIRST NATIONS IN BC

While not all programs and services can be locally delivered, every First Nations individual should have access to a full range of programs and services, regardless of whether the individual lives in community, away from home, or in rural, remote or urban areas. Access can be supported through coordinating and collaborating with partners; using options such as virtual and mobile care; and incorporating both mental health and wellness, and traditional healing supports in primary care settings.

The figure below depicts key features of a comprehensive continuum of mental health and wellness approaches:

FIGURE 1: MENTAL HEALTH AND WELLNESS CONTINUUM

(Adapted from Douglas Eby of Southcentral Foundation)



OUR VISION FOR MENTAL HEALTH AND WELLNESS FOR FIRST NATIONS IN BC

The range of programs and services for a comprehensive continuum of mental health and wellness approaches outlined above are grouped in this image according to level of acuity and/or involvement with the health care system⁸. The green circle represents a range of mental wellness promotion, prevention and aftercare activities, approaches where the health care system has less direct involvement with individuals and families but which are critical for supporting people to be well, stay well and thrive. The blue circle represents the range of programs and services that should be available when people are seeking support for specific mental health and substance use concerns — often a first or main point of contact with the health care system. The purple circle includes higher acuity situations where the “system” (health system through hospitals for example, or justice system) has a much higher level of involvement and often control over health care decisions.

Key to this model is the application of the First Nations Perspective on Health and Wellness across the entire continuum. This means we are working towards approaches centered on First Nations ways of knowing and being regardless of the level of involvement with the system or intensity of health concerns. These ways of knowing and being include the fundamental importance of relationships — with self, family, community, nature, spirit — to well-being and care. This approach requires programs and services to be relational, person and family-centered, supportive of self-determination, and reliant on methods that are holistic, contextually aware and responsive, strengths-based, and grounded in culture.

Some of the more specific manifestations and facilitators of this perspective are outlined in more detail via the three bi-directional arrows at the bottom of the image. Here the foundational requirement for cultural and traditional wellness across the entire continuum is highlighted as is the need for health equity approaches across life stages. The bottom arrow depicts a range of foundational requirements and facilitators for the realization of this continuum, including strong governance systems such as the First Nations Health Governance Structure, adequate funding, and availability of well-trained and well-supported health human resources.

Collaboration between all partners is vital to the realization of this continuum (Figure 1). Facilitating supportive environments for individuals, families and communities to enjoy positive mental health and wellness and ultimately to thrive⁹ requires working not just with health system partners but also with partners spanning social and environmental sectors and beyond.

Furthermore, ensuring that a comprehensive continuum of mental health and wellness programs and services is available to all when needed requires overcoming gaps that have been created due to a patchwork of responsible service agencies compounded by jurisdictional wrangling related to First Nations populations. Regardless of who delivers the programs and services, all partners have a responsibility to ensure that First Nations' self-determined approaches are centred and that each partner effectively deploys their part of the health system. This includes making sure that services are designed and resources are allocated to meet the needs of First Nations, consistent with the principle of reciprocal accountability¹⁰.

8. It is important to note that in practice, as the overlapping circles depict, the divisions between different levels of service will often not be clear-cut. For example a primary care team that includes a traditional healer, Elder and mental health clinician is likely to play a role in supporting individuals, families and communities in mental wellness promotion (green bubble) as well treatment of mental health concerns of varying levels of acuity (blue bubble and potentially up to purple).

9. Concepts captured in green bubble and cross-cutting arrows in Figure 1.

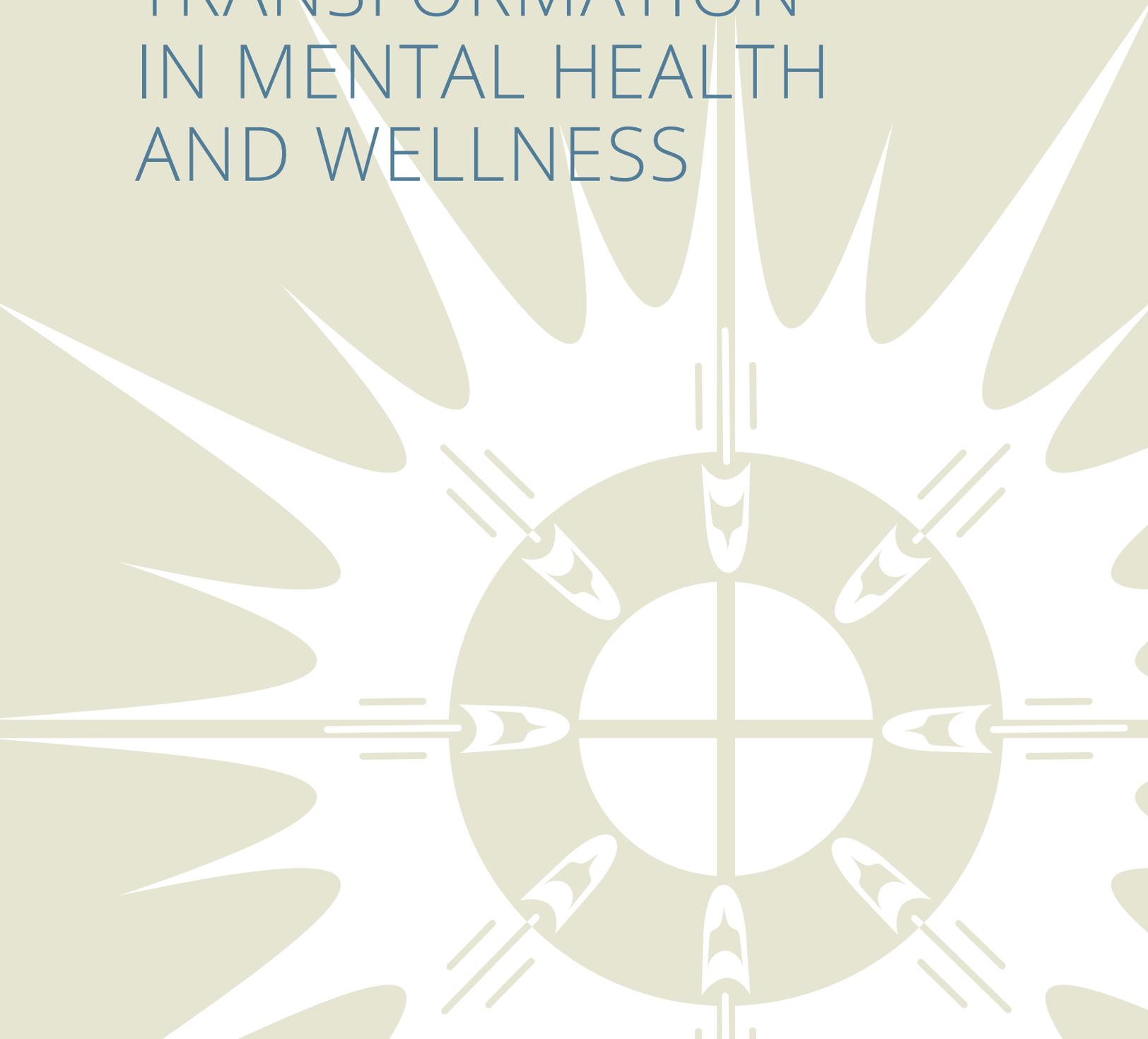
10. First Nations traditional social systems were founded on the concept of reciprocal accountability — that all members of the community were accountable for their decisions and actions and for their contributions to the community's wellness as a whole. These ancestral teachings provide the foundation for our definition and processes for reciprocal accountability.

OUR VISION FOR MENTAL HEALTH AND WELLNESS FOR FIRST NATIONS IN BC

This document is one tool to support upholding these responsibilities as articulated in numerous bilateral and tripartite commitments including:

- » Transformative Change Accord, which emphasizes programs for mental health and addictions care for youth;
- » Transformative Change Accord: First Nations Health Plan, which commits to working towards a more seamless and responsive health care system, prioritizes a mental health and wellness strategy, and confirms that provincial services are available to all people who reside in BC, including First Nations;
- » Tripartite First Nations Health Plan, which confirms a vision for effective and coordinated services; and
- » Health Partnership Accord, which commits to work towards a more integrated health system with better integration across all levels.

SHIFTING THE PARADIGM FOR TRANSFORMATION IN MENTAL HEALTH AND WELLNESS



SHIFTING THE PARADIGM FOR TRANSFORMATION IN MENTAL HEALTH AND WELLNESS

A systems-wide paradigm shift is required for significant progress to be made toward a vision where all First Nations experience support for positive mental health and wellness where they live their lives, while accessing a full continuum of wholistic and culturally safe programs and services when needed. This paradigm shift requires transforming how resilience and struggles are understood, what kinds of programs and supports are invested in, who has ownership and involvement in these interventions, and how relationships and partnerships are forged throughout. When done right, this collective transformative work can become part of the healing process.

THE FOLLOWING ARE FIVE KEY AREAS IDENTIFIED FOR FOCUSED EFFORT AND EARLY AND ONGOING ACTION IN SUPPORT OF THIS PARADIGM SHIFT.

- 1. Prioritize wellness across the continuum and shift the focus to enhancing the conditions for mental health and wellness and addressing root causes:** This means focusing on strengths and a new way of looking at promoting mental health and wellness. It requires a shift from looking to “cure” mental “diseases” to finding ways to build on strengths and meet the needs of the whole person, in both their family and community context.

At a program level this can look like facilitating strengths-based, proactive and contextually relevant health and wellness literacy or it can look like shifting the focus from “don’t do drugs” to “become the Elder you are meant to be.”

At a community or Nation level, this can look like responding to crisis situations by drawing on cultural protocols and healing practices, engaging in longer-term mental wellness planning and capacity building, or taking steps together to heal from the colonial legacy that has many manifestations including sexual abuse, lateral violence, disconnection, and feelings of helplessness.

At a system level, this can look like planning for mental health and wellness — rather than merely responding to crisis or illness — by investing in what people, communities and Nations know will keep them well, such as connection to land, control over decision-making, cultural practices and language or opportunities for healthy relationships. Shifting the focus to enhancing the conditions for mental health and wellness also means explicitly focusing on First Nations children and youth, building tailored approaches with them to foster their resilience and ensure that they are able to thrive.

The development of meaning and identity across the lifespan is also a critical aspect of enhancing conditions for mental health and wellness and can be supported by programs and initiatives that help individuals develop healthy relationships — with nature, spirit, self, family, community and culture.

FOCUSING ON STRENGTHS AND A NEW WAY OF LOOKING AT PROMOTING MENTAL HEALTH AND WELLNESS.

- 2. Culture and Traditional healing and wellness approaches as foundation:** This means shifting from a privileging of a Western, biomedical approach to a "two-eyed seeing" approach¹¹ that brings together the best of Western and traditional perspectives. Because cultural practices have been directly attacked through colonial policies, and traditional healing and wellness approaches have been largely excluded from dominant Western approaches, particular attention must be given to ensuring that these ways are fully integrated into service models as well as supported and honoured in community-based and resilience-oriented interventions. This includes making concerted efforts to eliminate all regulatory barriers and ensuring that Elders and traditional healers are included and compensated as part of the circle of care. It also means supporting proactive wellness and healing approaches that connect people with land and language and other elements that are foundational to their cultural identity.

A TWO-EYED SEEING APPROACH THAT BRINGS TOGETHER THE BEST OF WESTERN AND TRADITIONAL PERSPECTIVES

11. Two-eyed seeing encourages the bringing together of the best of Western and traditional approaches. Two-eye seeing is "to see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together" (Bartlett, Marshall, M., & Marshall, A., 2012, p. 335).

3. Improved quality of programs and services: This means shifting away from First Nations people experiencing sub-standard services, long waitlists or a complete lack of services to equitable access to quality, culturally-safe, trauma-informed and de-stigmatized mental health and wellness care wherever they live — rural, remote, urban, in community, or away from home. This shift to quality care will require significant, ongoing additional investments in mental health and wellness, including strong and seamless linkages with primary care. These linkages will be supported by concerted action to operationalize service principles jointly adopted by the FNHA, Ministry of Mental Health and Addictions, Ministry of Health and Ministry of Child and Family Development (*full joint principles in Annex A*). Those principles are:

- Person- and family-centred
- Wellness-focused and recovery-oriented
- Trauma-informed and responsive
- Culturally safe and humble
- Culture- and community-centred

These principles should be understood as responsive with the expectation that they will be implemented based on unique community and Nation contexts. It is also important to note that it is not enough to simply ask direct service providers to practice according to these principles. Implementation of these principles requires focused change management efforts such as implementing actions to increase cultural safety and humility and provide ongoing integrated supports and capacity building for care providers. This includes supporting providers' personal wellness and creating incentives for longer appointments to allow for the additional time needed to practice in a way that is true to these principles.

Sharing wise practices, along with developing service standards, policy documents and measures for tracking progress that articulate how these principles are to be operationalized, will support ongoing, evidence-based, quality improvement. Attending to the unique needs of First Nations people in urban and rural settings is essential. For example, for those living in rural and remote communities, expanding telehealth and mobile service options will likely be integral. Nation or sub-regional shared services will also support increased access (further discussed below).

**EQUITABLE ACCESS TO QUALITY, CULTURALLY SAFE,
TRAUMA-INFORMED AND DE-STIGMATIZED MENTAL
HEALTH AND WELLNESS CARE **WHEREVER THEY LIVE****

- 4. Integrative system design and service delivery:** This means shifting from approaching mental health and substance use as separate, sometimes overlapping “conditions” to an integrative mental health and wellness perspective that works to address and prevent the root causes of both. We need to honour cultural teachings around the need for balance in mental, emotional, physical and spiritual health by moving away from siloed mental health and wellness services to integrative service models, wellness-promoting interventions, and partnerships across sectors (e.g. housing, health, social development).

Integration needs to happen at a systems-level (within and between care providers and sectors), and at a program and service level (creating wholistic and comprehensive services, including ensuring mental health and wellness supports are included in primary care services). Until a more fully integrated system has been achieved, the burden of system navigation must rest with care providers - not those receiving care - so that every door is the right door.

**WE NEED TO HONOUR CULTURAL TEACHINGS
AROUND THE NEED FOR BALANCE IN MENTAL,
EMOTIONAL, PHYSICAL AND SPIRITUAL HEALTH**

- 5. First Nations self-determination including Nation-based and Nation-rebuilding approaches:** This means First Nations individuals and communities are directly engaged in and leading planning around mental health and wellness in a manner consistent with their cultural and Nation identity, and in a way that supports Nation rebuilding and Nation-based models of care.

Community ownership and Nation-based approaches are facilitated through enhanced flexible funding, community capacity enhancement, and a meaningful First Nations' role in health governance regardless of who delivers services. Addressing the health inequities in First Nations mental health and wellness requires investment for interventions and also investment to support the dialogues, planning, healing, Nation rebuilding and capacity enhancement necessary for self-determined and Nation-based approaches.

**COMMUNITIES ARE DIRECTLY ENGAGED IN AND
LEADING PLANNING AROUND MENTAL HEALTH AND
WELLNESS IN A MANNER CONSISTENT WITH THEIR
CULTURAL AND NATION IDENTITY**

ANNEX A

JOINT PRINCIPLES DEVELOPED AT THE MENTAL HEALTH AND WELLNESS WORKSHOP WITH FNHA, MINISTRY OF HEALTH, AND MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT, AUGUST 2016

1. PERSON- AND FAMILY-CENTRED: Person- and family-centred care fosters respectful, compassionate and competent care that responds to the needs, values, beliefs, language, culture and preferences of people seeking care and their family members. Services should:

- a. Be person-centred and relationship-based, focused on establishing a therapeutic alliance that recognizes the person's strengths and goals;
- b. Welcome and involve families in services to the greatest extent possible, based on the choice of the family member receiving service, the families' desires and capacity for involvement, and any relevant considerations related to individual and/or family health and safety;
- c. Partner with people in planning, assessing and delivering their care; and
- d. Recognize that while people's recovery journeys are unique and individual, they take place within social, familial, political, economic, cultural and spiritual contexts.

2. WELLNESS-FOCUSED AND RECOVERY-ORIENTED: Wellness-focused care strives to proactively keep people well, while acknowledging people's resilience, ability to heal, and inherent capacity for mental wellness. Resilience and recovery are key components of wellness-focused care, and are reflected in the international best practice of psychosocial recovery, which promotes wellness-oriented, strengths-based, individualized and self-directed care. Key elements include:

- a. A focus on people's ability to self-manage and decide what wellness means to them;
- b. Collaborative care planning;
- c. Shared decision-making between service providers, service users, and families;
- d. Peer involvement; and
- e. A wholistic understanding of health as involving physical, mental, emotional, and spiritual dimensions, which are all influenced by context.

3. TRAUMA-INFORMED AND RESPONSIVE: An approach to care that considers the need for services to respond to an individual's intersecting experiences of trauma, mental health and substance-use concerns. The principles of trauma-informed care include:

- a. Trauma awareness among service providers and acknowledgement of how trauma has impacted the wellness of the person receiving care;
- b. Emphasis on safety and trustworthiness: physical, emotional, spiritual, and cultural safety;
- c. Emphasis on choice, collaboration and relational connection;
- d. Emphasis on a strengths-based approach to care.

4. CULTURAL SAFETY AND HUMILITY: An approach to service planning, organization and delivery that supports an environment free of racism and discrimination where people feel safe receiving health care. It is also an approach to care that develops and maintains respectful relationships based on mutual trust by reflecting on personal and systemic biases. Key elements include:

- a. Recognizing the role of history and society and past traumatic experiences, and their impacts on shaping health, wellness and health care experiences;
- b. Health care professionals' self-reflection on their own assumptions and positions of power within the health care system;
- c. Humbly acknowledging oneself as a life-long learner when it comes to understanding another person's experience;
- d. Understanding that we cannot assume we know about another person's cultural experience, including that culture is an important part of a person's identity and important to discuss in relation to health care; and
- e. Awareness from health care professionals of how their own cultural experience shapes their perspective and recognition that every person is the expert on their own unique experience.

5. CULTURE- AND COMMUNITY-CENTRED: This is care that focuses on promoting health and well-being in community and cultural settings. Community can be understood in many ways including home community, chosen community, place of residence, cultural group, or social identity.

- a. Care providers work with, rather than for communities, on goals and needs that are identified by the communities themselves;
- b. Services are provided as close to home as possible;
- c. Care reflects the local context, e.g., for First Nations, connection to the land, Nations, language and culture;
- d. Meaningful partnerships are developed to shape how care is provided, recognizing that sincere community engagement takes time and needs to be approached as an ongoing relationship and not simply focused on a particular output;
- e. Care providers recognize the ways culture impacts health, by affecting the perceptions of illness and/or death, how illness and pain are expressed or experienced, and stigmas;
- f. Care is respectful and inclusive of traditional healing and cultural practices around wellness and healing; and
- g. Responsive to context—care recognizes that people's physical and mental well-being is an outcome of the context of their lives and thus addresses the social determinants of health including family income and food security, early learning and education, child safety, and connectedness to family, community, culture and language.

ANNEX B

CONTEXT FOR FIRST NATIONS IN BC MENTAL HEALTH AND WELLNESS

First Nations have a rich history of wellness that extends back in time for thousands of years. First Nations practiced a mix of hunting, fishing and gathering foods and enjoyed good health and wellness due to a lifestyle that was active, based on healthy traditional diets and enriched by ceremonial, spiritual, and emotional healing practices. However, the arrival of Europeans marked a change of course in the First Nations wellness journey.

First Nations health and wellness has been interrupted through a process of colonialism including aggressive tactics and policies such as the *Indian Act*, Indian Residential School System and Indian Hospitals, to name a few. These policies and institutions were part of an oppressive colonial agenda designed to eliminate First Nations culture, autonomy and self-determination. The result has been the significant degradation of First Nations health and wellness, practices, beliefs, and values, creating a legacy of trauma and health and social inequities. First Nations self-determination was undermined and decisions about health and wellness were made for First Nations, not with them.

The historical colonial legacy and ongoing impacts of colonialism manifest as present-day social, political and economic inequities including experiences of poverty, over-representation in the child welfare system, loss of self-determination, threats to cultural identity and well-being, land dispossession, stigma and discrimination, and institutional¹² and internalized¹³ racism, with many implications for mental health and wellness outcomes (Reading & Wien, 2009). Some of these implications include suicide, depression, anxiety, substance use, and despair for First Nations (Smye et al., 2010; Loppie et al., 2014). Many survivors of residential schools experienced emotional, sexual and physical abuse within these institutions and continue to suffer ongoing symptoms of post-traumatic stress disorders as a result (Bellamy & Hardy, 2015).

The impacts of abuse and other trauma and efforts to destroy First Nations cultural ways are experienced at personal, social and cultural levels. Trauma experienced by one generation can also be transmitted to subsequent generations, resulting in intergenerational impacts, including learned violence, loss of language, loss of emotional security and family connections, and a loss of respect for First Nations culture (Aguiar & Halseth, 2015). Many children of parents who attended residential school did not experience healthy role modeling and as a result, parenting capacity was often diminished over generations. As a consequence of these diverse personal, familial, social, economic and cultural challenges, First Nations encounter adverse childhood experiences that have lasting negative effects on health and well-being (Bombay et al., 2009). The loss, grief and trauma that have occurred over generations for First Nations individuals, families, and communities signify an unresolved burden that must be addressed individually and systemically.

12. Systemic racism, also known as structural or institutional racism, is enacted through societal systems, structures and institutions in the form of “requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups” (Paradies et al., 2008).

13. Internalized racism refers to the “acceptance and internalization of negative, stereotypical beliefs, attitudes or ideologies about the inferiority of one’s racial group” (Paradies et al., 2008).

The need for a systemic approach to facilitating and restoring the mental health and wellness of Indigenous people is emphasized in Canada's Truth and Reconciliation Commission (TRC) and the United Nations Declaration on the Rights of Indigenous People (UNDRIP) that both BC and Canada have now committed to implementing. The UNDRIP names colonization and land-dispossession as threats to self-determination, and asserts the right of Indigenous peoples to the highest attainable standard of physical and mental health, the right to traditional medicines and healing practices, and the right to access to social and health services without discrimination. The state — such as provincial and federal governments — is named as responsible for facilitating the realization of these rights.

The TRC Final Report discusses how the trauma experienced at residential schools is “a pain that has been handed down to the next generations” (p.363). In recognition of the need to reconnect and heal from this pain across generations, the TRC calls upon the federal government to fund healing centres that address these physical, mental, emotional and spiritual harms. Working toward restoration and promotion of mental health and wellness care can thus be understood as key features and facilitators of reconciliation.

First Nations people continue to demonstrate remarkable resilience despite the ongoing impact of colonialism and oppression and the dominant Western individualistic and biomedical approach to health care that has negatively impacted First Nations health and wellness.

Over the past several decades, First Nations in BC have made efforts to reclaim wellness through the development of strategic partnerships and increased control over decision-making. Working together with the federal and provincial governments, First Nations in BC developed a series of political, legal and operational agreements outlining tripartite (First Nations, federal and provincial) commitments to improve First Nations health and wellness. These include an examination of policies that are not conducive to First Nations wellness, commitments to action on the Social Determinants of Health, and focused efforts to improve access to quality health services for First Nations people in BC.

This work is guided by the First Nations Perspective on Health and Wellness, which recognizes that health and wellness journeys belong to each individual while being shaped by wholistic understandings of well-being, shared values and the broader social, economic, cultural and ecological determinants of health and wellness.



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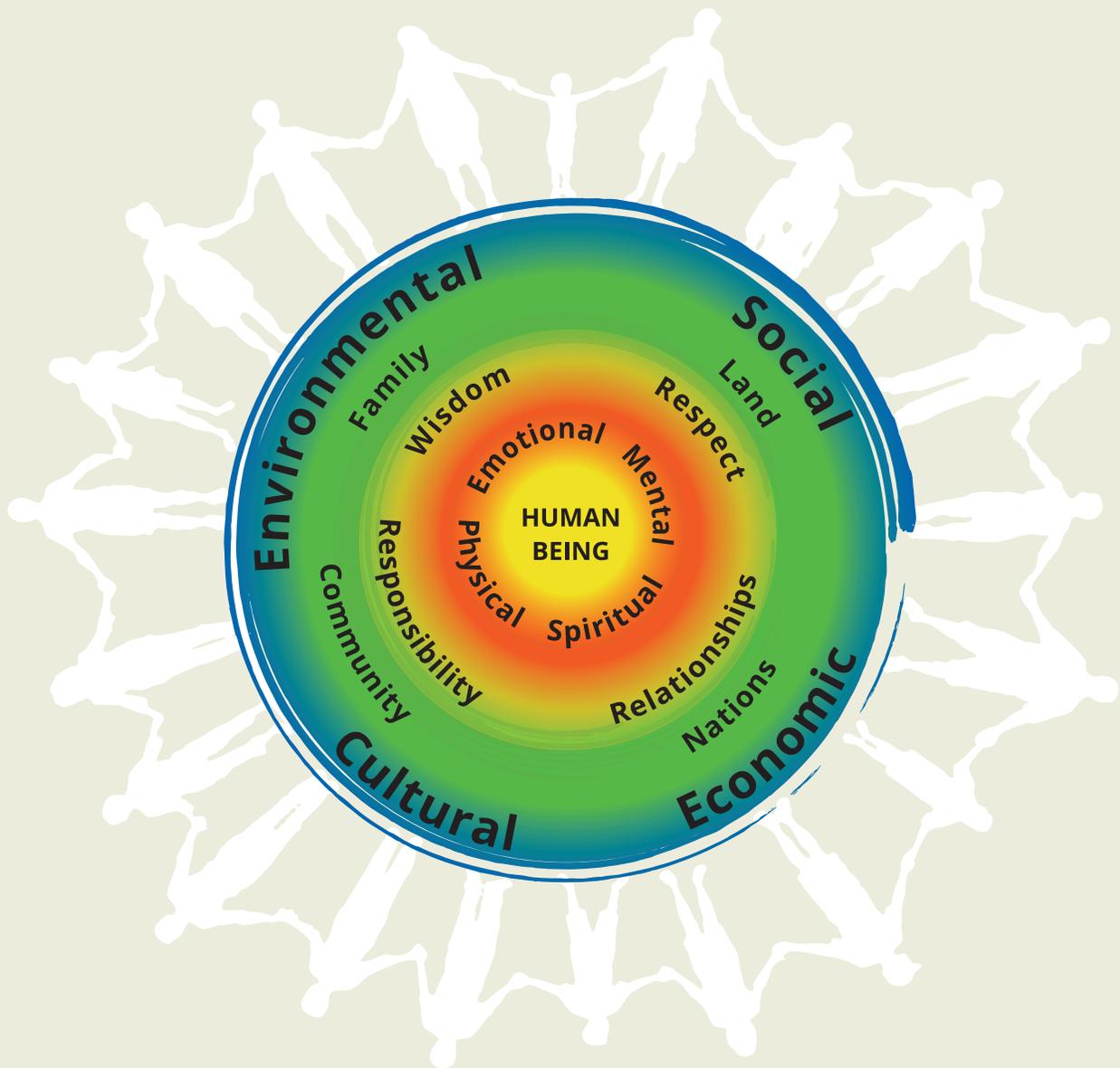
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FIGURE 2: FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS





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