

## Brief Guide for using the FNMWC Framework model:

	<p>Four Directions (outcomes)—Hope, Belonging, Meaning, and Purpose.</p> <p>13 Indigenous Wellness Indicators:  <b>Hope:</b> Values, Belief, Identity  <b>Belonging:</b> Relationships, Family, Community, Attitude towards life  <b>Meaning:</b> Rational thought, Intuitive Thought, understanding that comes from integrating rational and intuitive knowing  <b>Purpose:</b> Unique way of Doing, Unique way of Being, Wholeness</p>	<p>The center of the wheel are the outcomes of HOPE, BELONGING, MEANING AND PURPOSE. These outcomes have 13 indicators that were validated as contributing towards these outcomes. For the purpose of using this model, you might consider how these indicators inform your use of the FNMWC model in: strategic planning, program design &amp; delivery, evaluating services, monitoring efficacy of culture in program and services, research, governance, human resource planning and management, broader community development initiatives, and coordination across the indigenous social determinants of health sectors or across governments.</p> <p>The 13 indicators can also be used as determinants of community health – communities can define and interpret the meaning of the 13 indicators within the context of the FN community history, experience, current context. See Appendix A for definitions of the 13 indicators.</p> <p>These indicators were developed from Indigenous Knowledge and therefore are strengths based. These can work collaboratively with indicators that are focused on health issues.</p>
	<p>Community—Kinship, Clan, Elders, and Community.</p>	<p>As you progress outward from the center, you will see the primary facilitators of wellness, who are community, family, Elders, and cultural identity, i.e., Clans. As you think about all the ways the FNMWC framework can be applied towards mental wellness, you must also think about how your investment impacts on family and community... that is, beyond the impact of the policy, program or service inputs for the individual.</p> <p>Think about the current context of First Nations communities and their capacity, their strengths, and the role of relationships within community, Elders, and cultural relationships defined as clans. It will be important to think beyond current crisis, challenge and issues to identify the strength of the community – and how strength is grounded in and comes from the culture of the people. This will also help you to</p>



		identify the cultural strengths and resources that can be brought forward to be more integrated as “culture as the foundation”
	Populations—Infants and Children, Youth, Adults, Gender-Men, Fathers and Grandfathers, Gender-Women, Mothers and Grandmothers, Health Care Providers, Community Workers, Seniors, Two-Spirit People and LGBTQ, Families and Communities, Remote and Isolated Communities, Northern Communities, and Individuals in Transition and Away from Reserve.	Who are the populations being served or thought of in your strategic planning, policy development or program design?  The FNMWC framework is meant to address mental wellness for the full life span, across unique populations, and specific to geographic environments.
	Specific Population Needs—Intergenerational Impacts of Colonization and Assimilation, People Involved with Care Systems and Institutional Systems, Individuals with Process Addictions, Individuals with Communicable and Chronic Diseases, Individuals with Co-occurring Mental Health and Addictions Issues, Individuals with Acute Mental Health Concerns, Crisis, and People with Unique Needs.	What are the specific needs of this population?  Are there specific needs of this population that you have not considered?  Have you considered the different factors influencing mental wellness for this population, for example, the needs of people with chronic health needs and how these needs are linked with addiction or mental health needs?
	Continuum of Essential Services—Health Promotion, Prevention, Community Development and Education; Early Identification and Intervention; Crisis Response; Coordination of Care and Care Planning; Detox; Trauma-informed Treatment; and Support and Aftercare.	What essential services will address the specific needs of the population within their identifying and geographic context?
	Supporting Elements—Performance Measurement, Governance, Research, Education, Workforce Development, Change Management and Risk Management, and Self-determination.	What are the gaps that currently exist or the key things that need to be in place to support the needs of this population, in the essential service?  What infrastructure will ensure the essential services can operate in way that contributes towards the mental wellness outcomes?



	<p>Partners in Implementation—Non-governmental Organizations, Provincial and Territorial Governments, Federal Government, Regional Entities, Nations, Communities, and Private Industry.</p>	<p>Who are your partners now?</p> <p>Who are the partners that need be engaged, across government jurisdictions and private industry?</p> <p>What is the role of government? Some say it's about influencing change, finding ways to respond to the voice of FN needs by changes to policy, reporting, funding, supporting FN lead initiatives, and facilitating engagement across government departments.</p> <ol style="list-style-type: none"> <li>1. Influence policy – potential funding opportunities, promoting awareness with colleagues within government</li> <li>2. Use the FNMWC to influence program and service delivery</li> <li>3. Education and Awareness</li> </ol>
	<p>Indigenous Social Determinants of Health—Environmental Stewardship; Social Services; Justice, Education and Lifelong Learning; Language, Heritage and Culture; Urban and Rural; Land and Resources; Economic Development; Employment; Health Care; and Housing.</p>	<p>Who are the other sectors that are also working towards or have a mandate for mental wellness?</p> <p>What other services across the indigenous social determinants of health have a role to play?</p> <p>Who can you engage across the indigenous social determinants of health to pool your resources toward common goals?</p>
	<p>Key Themes for Mental Wellness—Community Development, Ownership and Capacity Building, Quality Care System and Competent Service Delivery, Collaboration with Partners, and Enhanced Flexible Funding.</p>	<p>What is the key theme that your initiative is addressing or how do these themes help you to identify gaps in your current initiative?</p> <p>What are some examples where these themes have been addressed and should be</p>



		shared more broadly?
	Culture as Foundation—Elders, Cultural Practitioners and Kinship Relationships, Language, Practices, Ceremonies, Knowledge, and Land and Values.	<p>How does culture play a role in every aspect of this conversation?</p> <p>Are First Nations playing a leadership or governance role?</p> <p>Are cultural practitioners part of your workforce?</p> <p>Does your research or programs and services align with First Nations worldview, knowledge, evidence, and values?</p> <p>How is your initiative measured by / contribute towards Hope, Belonging, Meaning, Purpose?</p>

## Appendix A

The following are brief descriptions of the 13 indigenous wellness indicators.

**SPIRIT** – aspect of a whole and healthy person (wellbeing) is expressed through 1. BELIEF (comes from the spirit and belief creates reality, perception and vision); 2. VALUES (belief causes us to value life and to value all aspects of life in a certain way); 3. IDENTITY (is a way of knowing ourselves and a way of being, includes, spirit name, clan, nation)

The broad outcome or result of the Spirit aspect of wellness is HOPE

**i.e., Belief + Values + Identity = HOPE**



**EMOTIONAL** – The Heart Level of a whole and health person (wellbeing) is expressed through 1. Attitude (which is the central desire to live and to be); 2. RELATIONSHIP (relatedness to every being in Creation, Clan, Family); 3. Family/Community (is central to connection)

The broad outcome or result of the EMOTIONAL aspect of wellness is **BELONGING**

**i.e., Attitude + Relationship + Family & Community = BELONGING**

**MENTAL** – aspect of a whole and health person (wellbeing) is expressed through 1. Intuition is heart level knowledge, often referred to as “blood memory” because it comes from spirit ; 2. Rational (cognitive knowledge); 3. Understanding (integration and balance of emotion and cognitive knowledge)

The broad outcome or result of the mental aspect of wellness is **MEANING**

**i.e., Intuition + Rational + Understanding = Meaning**

**PHYSICAL** – aspect of a whole and health person (wellbeing) is expressed through 1. WHOLENESS (the physical body is the vessel for the other 3 aspects of self and all aspects of being are interdependent to create wholeness); 2. WAY OF BEING (describes the expression of identity as it is influenced centrally by spirit); 3. WAY OF DOING (the expression of values)

The broad outcome or result of the PHYSICAL aspect of wellness is **PURPOSE**

**i.e., wholeness + way of being + way of doing = Purpose**

