History and Background on the Development of the FNMWC framework

While federal, provincial, and territorial mental wellness programs and services seek to address the mental wellness challenges faced by many First Nations communities, there is a lack of coordination in services, limited cultural safety in available services and gaps in the continuum of services. As a result, First Nations communities and leadership have encouraged the development of a coordinated, comprehensive approach to mental health and addictions programming. In response, the Assembly of First Nations (AFN), The First Nations and Inuit Health Branch (FNIHB), and Indigenous mental health leaders have embarked on a joint process to work towards the description of a First Nations mental wellness continuum through the development a First Nations Mental Wellness Continuum Framework.

This document outlines the history and process to the development of the FNMWC framework.

Principles

The process for developing the FNWMC framework were guided on the following principles:

• Sustainability & Integration – services and resources integrating provincial, territorial, federal and First Nations partnerships to ensure more long term sustainability.

• Use What We Know and Address the Gaps – guidelines for regional engagements reflected previous initiatives where First Nations people provided direction. This was a key priority in the process to ensure clarity about the existing gaps that required further discussion. Guidelines were developed to provide common parameters to each region for facilitating discussions with their identified stakeholders and partners.

• Always Validate what is collected – regions analyze their own results and as other collections of information are processed and regional results are collated, the draft results were always shared back through networks for comment, edit and further direction.

• Allow the framework to emerge through a consensus building process lead by and driven by First Nations – as the process of feedback, editing and direction was taking place across regions, consensus on the synthesis was also being developed. Once First Nations were finished with the editing process, then the draft document was sent out to partnership networks, including province and territories for collaboration and feedback how they could support implementation.

• Ensure we talk about implementation of the framework as the framework is developed – how, when, why and what will be priority for action must be part of every conversation to ensure there is readiness for action on implementation of the framework. This will also ensure we are ready for windows of opportunity for additional resources.

• Facilitate engagement & ownership... everyone is responsible for implementation.

History

The original timeline outlined a process from the Spring of 2012 with a final framework being delivered in the Summer of 2013. This timeline was adjusted to honour regionally defined processes for engaging First Nations and their partners, as well as to accommodate new processes that were added based on the learning from the development of the Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations in Canada; those are:
1. Invite the Territories of NWT and Yukon to participate
2. Review Federal Government policy for impact and support of the FNMWC
3. Ensure the entire process attends to priorities and strategies for implementation

Process for a Collaborative Framework Development

The First Nations Mental Wellness Continuum Advisory Committee was created in the Spring of 2012 to provide oversight and guidance to this work. The advisory committee, this work has involved:

- **Mapping of existing information (Spring to Fall 2012)** on First Nations mental wellness (including programs and services offered by FNIHB, and promising practices underway in regions and communities);

- **Regional engagement sessions (Fall 2012 to Fall 2013)**: with over 600 participants across 10 Regional Discussion Sessions engaging community members, regional experts and provincial and territorial partners in mental wellness designed, facilitated and organized by First Nations in partnership with FNIH. The First Nations Health Authority in BC and the NWT were exceptions. The FNHA had already developed a 10-year mental health and addictions strategy and mental wellness model and the Health and Social Services Ministry of the Greater Northwest Territories was in the process of facilitating a discussion on mental wellness already. The FNHA was invited to participate in the advisory committee and the Dene Nation of the GNWT were invited to teleconference calls and webinars to inform them and hear their feedback on the FNMWC framework development;

- **Strategy session with First Nations leadership (AFN SCA, 2012)**, in which First Nations Chiefs confirmed their role as leaders in facilitating change in perspectives and reinforced the critical role of youth in leading this change. Engagement and strategy sessions continued through the AFN Special Chiefs Assemblies, presentations made to the AFN Tri Council, and presentations to the AFN Health Technicians network;

- **National Gathering (June 2013)** that brought together over 100 participants that had been engaged in regional processes, to present findings of their regional engagement sessions and to map out key national themes for inclusion in the framework (some P/Ts participated in this gathering). The outcome of this meeting was the synthesis of regional discussion to create a draft framework and there was consensus on using Hope, Belonging, Meaning, and Purpose as central outcomes of the FNMWC Framework. The concepts of Hope, Belonging, Meaning and Purpose were drawn from the Indigenous Wellness Framework created as a knowledge translation tool from the CIHR funded research on using culture as an intervention to promote wellness. At this meeting several models were put forward to prompt discussion on a model for the FNMWC framework including: the AFN Public Health Policy model, the FNHA Wellness Model, and the HOS Renewal Framework model. The consensus was to combine these models to ensure it reflected: a population health approach, continuum of care, supporting infrastructure to a continuum of care, clearly linked mental wellness across government, industry and social determinants of health sector;
• **Synthesis (Summer-Fall 2013)** of all input received to date followed the national gathering, including the development of a draft model, the essential basket of services, populations, supporting infrastructure, and key themes for implementation. Drawing from the reports produced at the regional and national discussions, a preliminary draft Framework was written;

• **Federal Discussion Session (Sept. 2013)** which brought together members of the Advisory Committee, along with senior level representatives from across federal departments, to strategize about how these departments can help support implementation of the framework. The draft material coming from the national gathering were presented for discussion on how the different federal departments could align their strategies and initiatives with the key themes;

• **Validation and Implementation Meeting (Nov. 2013)**, which was a check in with contributors to the process to make sure we were on the right track with the draft framework. 46 participated in this sessions, including: The FNMWC Advisory Committee & Secretariat, FNIHB Health Canada, AFN, NNAPE, Yukon, NWT, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia, New Brunswick, and PEI. BC First Nations Health Authority was not able to participate. A key outcome of this session was a table of 87 implementation opportunities with relevant timelines and priorities identified across each of the 5 themes of the FNMWC framework.

• **Implementation Opportunities** circulated to all regions through email primarily and feedback received from First Nations networks. Various generic presentations and communication briefings were prepared to support a discussion of the implementation opportunities and of the FNMWC framework overall.

• Preliminary discussions with potential partners on implementation of the framework, with a specific intent to ensure ongoing **Provincial/Territorial engagement**.

• **40 Implementation Opportunities** validated through this a process of communication through regional networks, province and territorial partners, and the advisory committee members and their networks, AFN Health Technicians

• **Development of Draft Framework** occurred through writing taken on by the secretariat members;

• **Circulation of draft framework** and model through regional and national networks for feedback;

• Endorsed unanimously by Chiefs at the July 2014 AFN General Assembly, the FNMWC promotes:
  ➢ Development of a coordinated, comprehensive approach to MW programming, in partnership with First Nations, that takes into account the important role of their culture, traditions, and language  
  ➢ Flexibility for communities to build on their priorities and tailor programs to their unique circumstances, culture and history

• **Final graphic design and printing** (November 2014)

• **Launched** on January 28, 2015 by the AFN the First Nations Mental Wellness Continuum Framework is a shared vision for First Nations Mental Wellness.