

2018-2019

# ANNUAL REPORT



*Miyupimaatsiun*  
CHISASIBI WELLNESS

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## INTRODUCTION

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During the period 2007 through 2013, Health Canada through its National Anti-Drug Strategy has been working with First Nations and Inuit communities in the implementation of Mental Wellness Team (MWT) pilot projects.

This important work in the area of mental wellness is informed by the Mental Wellness Advisory Committee (MWAC), established in 2005. The goals of MWTs align with the five priority goals of MWAC's Strategic Action Plan which are:

1. To support the **development of a coordinated continuum of mental wellness services** for and by First Nations and Inuit including traditional, cultural and mainstream approaches.
2. To **disseminate and share knowledge** about promising traditional, cultural and mainstream approaches to mental wellness.
3. To **support and recognize the community as its own best resource** by acknowledging diverse ways of knowing, and by developing community capacity to improve mental wellness.
4. To **enhance the knowledge, skills, recruitment and retention of a mental wellness and allied services workforce** able to provide effective and culturally safe services and supports for First Nations and Inuit.
5. To **clarify and strengthen collaborative relationships** between mental health, addictions and related human services and between federal, provincial, territorial and First Nations and Inuit delivered programs and services.

These Mental Wellness Team pilot projects each comprise **unique models** which **respond to their respective community needs** but nonetheless share the goal of demonstrating the 5 pillars of the MWAC strategy.

The Chisasibi Mental Wellness Team (CMWT) received a three year (2013-2016) funding envelope of \$250,000.00/year, this funding was extended for another two years (2016-2018).

**During the 2017-2018 fiscal year the CMWT began and completed transition towards a flexible funding model. A three-year health plan (2018-2021) was submitted in May 2018.**

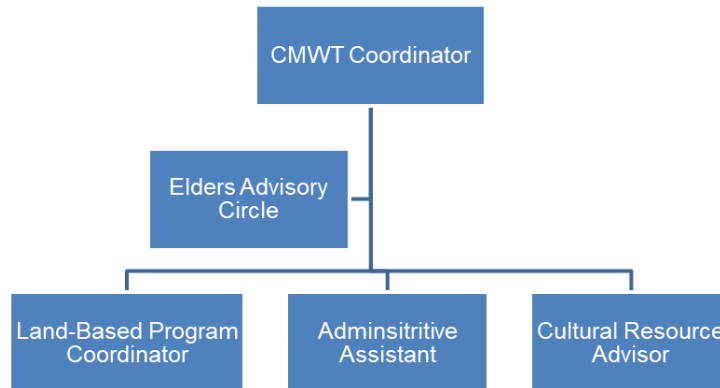
The CMWT is comprised of:

Larry House, CMWT Coordinator  
Beverly Cox, Chisasibi Heritage and Cultural Center liaison  
Eddie Pashagumiskum, Cultural resource advisor and Land-based program coordinator  
Emily Sam, Financial reporting  
Ioana Radu, Research Associate

## INSHIYUU MIYUUPIMATISIUUN – A NEW STRUCTURE FOR THE CHISASIBI MENTAL WELLNESS TEAM

The Transitional Funding Model enabled the CMWT to enhance and expand culture-based services in the community, to formalize a local health governance model, and integrate federally and provincially funded health and social services, as well as streamline other Cree Nation Government, Chisasibi Council, and private funding programs. The existing governance structure in the community ensures that the process is in line with the members’ needs and priorities while increasing access to culturally safe programs and services. The CMWT now makes the central link between community-based programs and services and the local and regional provincial health network, while managing risk issues through its newly incorporated non-for-profit entity - **Inshiyuu miyuupimatisiun** - Chisasibi Wellness.

**Figure 1.** Inshiyuu miyuupimatisiun – Chisasibi Mental Wellness Team Management Structure



The Three-Year Health Plan was submitted in May 2018 and a new Health Funding Contribution Agreement was signed for the 2018-2021 period. For details on the health plan, please refer to the appendix 1.

The new non-for-profit governance structure is as follows: Lawrence House , President (and MWT coordinator); Eddie Pashagumiskum , Vice-President (and MWT Cultural Resource Advisor); Beverly Cox, Corporate Secretary (and Elders Advisory Circle liaison); and Emily Sam, Administrator (and MWT Administrative Assistant). The Land-Based Program coordinator is a shared responsibility between Mr. House and Mr. Pashagumiskum with casual help hired as the need arises.

A service contract was concluded with Serene Accounting (March 2018) for financial reporting, payment system and year end financial report.

Budget was not sufficient to reach goal #4 - Enhance mental wellness and allied services workforce (training – see challenges section).

## INSHIYUU MIYUUPIMATISIUUN

The following describes the work of the CMWT for the year 2018-2019 (April 2018 to March 2019). This year the CMWT focused on finalising the process for the flexible funding model with Indigenous Services (Health Canada). Some challenges were faced in terms of cash flow during the year as well as some health issues for the team coordinator, but we have nonetheless maintained most of the planned activities. Please see the challenges section for more details.

Goal # 1	<i>Coordinated continuum of mental wellness services</i>		
Objectives	Activities	Schedule of Activities	Outcome Measures
<b>Improve access to culture-based wellness services</b>	Land-based program delivery	Once (October 2018)	Number of participants: <b>8</b> ; Number of casual help: <b>4</b>
	Cultural week	Once (March 2019)	Number of participants: <b>50</b> ; number of participating elders: <b>8</b>
	Traditional Healing Gathering	Once a year (August 2018)	Number of participants: <b>150</b> ; number of traditional healers: <b>4</b> ; number of interventions: <b>15</b>
	Parenting workshop	Once (February 2019)	Number of participants: <b>15</b> ; number of participating elders: <b>8</b> ; number of clinical staff CBHSSJB: <b>4</b>
	Canvas Making Workshop	Once (July 2018)	Grandmothers teaching the young women how to cut and sew different canvas for different types of shelters. Also teachings about how to care for a Michuap, firewood and food preparation. Number of participants: <b>6</b> ; number of participating elders: <b>3</b> .
	Group & individual interventions (community sweats)	Every other month ( <b>12</b> )	Community sweats are open to any member in collaboration with NAADAP – women and men specific. Number of participants: <b>72</b> (in total, may be repeat clients); Number of traditional healers: <b>2</b> ; Number of causal help: <b>6</b> .
Residential School Gathering at Fort George	Once (July 2018)	Yearly gathering for two days. CMWT covers the costs of traditional healers for group and individual interventions. Number of participants: <b>150</b> ; Number of traditional healers: <b>4</b> .	

			<b>TOTAL Participants: 300 (some are repeat clients and community members)</b>
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<b>Goal # 2</b>	<b>Disseminate and share knowledge</b>		
<b>Objectives</b>	<b>Activities</b>	<b>Schedule of Activities</b>	<b>Outcome Measures</b>
Participation at local and regional gatherings	Southern Chief's organization Land Based Conference	August 2018	Participants: 2
Presentations at Chief & Council Meetings	Update reports	Three throughout the year	CMWT Coordinator presented updates and proposes resolutions as the need arises
Participation at national and other events	Mental Wellness Team's Comprehensive Needs Assessment Validation & Networking Meeting	April 2019	CMWT Coordinator & reporting Ioana Radu and Beverly Cox.

<b>Goal # 3</b>	<b>Support and recognize community as its own best resource</b>		
<b>Objectives</b>	<b>Activities</b>	<b>Schedule of Activities</b>	<b>Outcome Measures</b>
Engage elders in the design, delivery and evaluation of wellness programs and services	Grandmothers Teachings Planning Sessions	Three times a year (April, September, October 2018)	One day planning session (x3) with the grandmothers for the parenting workshop (participating elders at each meeting: 11)
Increase local capacity	Hire local resources/casual help (traditional healers, land-based camp helpers, cultural resources, elders, etc.)	Ongoing (as needed)	Number of hired help (seasonal, part-time): 30-40

## CHALLENGES

We faced two main challenges for the 2018-2019 period: CMWT coordinator health leave and delayed payment transfers. In the late spring early summer 2018, the CMWT coordinator took a health leave for 3 weeks and had to travel south at various times for follow-up appointments. Some planned activities had to be postponed or cancelled.

One of the main challenges for 2018-2019 was the cash flow. The transition period needed to conclude the flexible funding agreement was lengthier than expected. Discussions and preparations for the transition began in the fall of 2017, and the three-year plan was submitted in May 2018. Since a new non-for-profit organization was created the last amount for the CMWT through the Cree Nation of Chisasibi in the amount of \$93,057.69 was spend by October 2018.

The CMWT made a request to the Cree Nation of Chisasibi (CNC) to bridge the funding and \$50,000.00 were secured in the fall (October 2018) and was repaid to CNC in February 2019.

The initial payment scheduled for November 2018 was not made due to a system error. In May 2019 we received an amended payment schedule (see attached in the appendix). The delays in the payments created some financial strain for the CMWT and some activities had to be postponed.

A second challenge for the CMWT is the limited funding for training. The CMWT has prioritized service provision and supporting local capacity by maximizing opportunities for casual employment to support the planned activities in the community. As such, the Budget as submitted with Indigenous Services (Health Canada) could not include funds for training. Having to choose between maintaining and enhancing culture-based services OR securing training has been a difficult challenge, and given the urgency of psychosocial issues in the community, we feel that support for our members is our main priority. As such we could not meet the forth objective of the MWT program - Enhance mental wellness and allied services workforce. Ideally the CMWT would require at least an **additional funding of \$103,265.00** over three years to provide the following training in the community:

Training	2018-2019	2019-2020	2020-2021	Total	Notes
Trauma Informed Counselling	\$ 3,060.00		\$ 13,060.00	\$ 26,120.00	Includes training fees (\$5625.00), materials (\$485.00), trainer travel (\$4075.00), catering, and room rental
Care Facilitation	\$ 9,990.00		\$ 9,990.00	\$ 19,980.00	Includes training fees (\$3000.00), materials (\$615.00), trainer travel (\$4075.00), catering, and room rental
Pharmacology	\$ 11,305.00	\$ 11,305.00	\$ 11,305.00	\$ 33,915.00	Includes training fees (\$4500.00), materials (\$430.00), trainer travel (\$4075.00), catering, and room rental
Culture as Foundation	\$ 11,625.00		\$ 11,625.00	\$ 23,250.00	Includes training fees (\$3075.00), materials (\$925.00), trainer travel (\$4075.00), catering, and room rental
<b>Total</b>	<b>\$ 45,980.00</b>	<b>\$ 11,305.00</b>	<b>\$ 45,980.00</b>	<b>\$ 103,265.00</b>	

We are nonetheless in communication with the Cree Health Board (CBHSSJB) regarding a joint training agreement based on the above plan. As of July 2019, no specific commitments have been made.

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## OTHER MATTERS

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Finally, under the initial activities plan, the CMWT was planning to establish a community kitchen that would provide pre- and post-natal traditional food and nutritional support to young mothers and their children. The community kitchen was to be developed and delivered in collaboration with Chisasibi elders, and was intended to also provide traditional parenting and support to young families from a Cree culture perspective. A final objective of the community kitchen was to address issues of food security in the Community. Unfortunately the budget did not permit to establish the community kitchen and only one (1) parenting workshop has been held in 2018-2019 fiscal year. The CMWT has submitted a preproposal for the community kitchen under the Cree Nation Government's Elders Program, but due to the high number of submissions received, we were not selected for funding. The total budget submitted was \$74,900.00 (see attached application).

**The total number of participants at various activities and event for the 2018-2019 fiscal year was 300** (some are repeat clients and community members).

We co-organized, with the Cree Board of Health and Social Services of James Bay (CBHSSJB) Rehabilitation Team, a 3-day land-based retreat to support skills development of the clinical team in cultural safety. Eddie Pashagumiskum participated in the retreat as CMWT collaborator and cultural resource (see attached the executive summary report and this video <https://www.youtube.com/watch?v=rS5nG8fDjT4>).

## HIGHLIGHTS ACTIVITIES

Traditional Healing Gathering, August 2019. Photos: Bertie Wapachee.



Canvas Making Workshop, July 2018. Photos: Christine Chewanish





**Southern Chief's organization Land Based Conference - August 2018 (Collaboration with Chisasibi Heritage and Cultural Center). Photo: Beverly Cox.**



**Three planning sessions with Grandmothers: April, September, October 2018. Photo: Beverly Cox.**





# Land-based program: a pilot project in the rehab team in Chisasibi

## Executive summary

Anne-Marie Belley, Caroline Desforges, Virginie Lubino, Céliane Trudel – October 2018

### Context of the project

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#### Life skills group

In 2016, the Community Miyupimaatisiun Centre in Chisasibi had a long waiting list in Occupational therapy (OT) for youth with various challenges and the clinicians were not able to answer their needs due to a lack of time and resources. As they truly believe in the therapeutic effect of a group, one nutritionist, one OT and one community health representative (CHR) decided to work together and created a Life skills group at the multi-services day center, where the goals are to improve autonomy and communication skills. Today, two CHRs, two OTs and two nutritionists are involved in facilitating the Life skills group.

#### Land-based program

Traditional healing and Cree culture has a central and significant role in the Cree Board of Health and Social Services of James Bay (CBHSSJB). The orientation 3 of the organization's [strategic regional plan 2016-2021](#) (SRP) focuses on the access to traditional medicine and land-based healing in a timely manner. Following this orientation, the Life skills group team has also a mandate to ensure culturally safe services to clients and to provide land-based healing and bush programs (ref. specific objectives 41 and 42 from the SRP). Moreover, the team believe in the healing power of the Land and in the therapeutic effect of the Cree way of life and the Cree traditions.

In July 2018, the Life skills group participated in a 3-day land-based program. A report of this pilot project was done in order to explore and discuss the benefits of this 3-day land-based activity on the participation, communication and autonomy of a group of young adults experiencing psychosocial challenges and presenting with mild to moderate level of functional autonomy. This project also aimed at improving the skills of local clinicians and CHRs in offering land-based interventions.

### Objectives

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The main objective was to explore the impacts of the participation to a culturally safe land-based program amongst young adults experiencing psychosocial challenges and presenting with mild to moderate level of functional autonomy. We wanted also to improve the skills of CHR, OT and nutritionists in offering land-based interventions.

## Discussion

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Results have shown that an overall positive impact amongst the youth was observed on their level of participation, communication and autonomy skills.

The objective of improving land-based interventions and bush skills according to the Cree way of Life was largely achieved by the clinicians, as shown by the results, in a wide range of skills.

The Elder reported that this project is what the youth need. He mentioned that the youth need to know what their ancestors used to do, they need to know which traditions are not done anymore. They have to feel more often what it feels like to be in the bush.

The entire staff reported that relationships have become stronger with everyone involved in the outing. They feel stronger as a team and reported feeling more connected to each other, and also closer to the youth. The Cree Elder reported that he felt supported by the team and relieved not to be the only one in charge of the intervention and safety. The clinicians have seen, felt and experienced a change in their therapeutic relationships with the youth. According to them, the therapeutic relationship is stronger and even more meaningful than before.

A strong spiritual connection is born between the rehab team, the Elder and the Weesapou Group home team. On many occasions, the three parties expressed the motivation to continue the partnership and to work in collaboration in order to repeat land-based interventions with the young adults. This solid team spirit and collaboration represent an asset in the future to organize more land-based activities. This has a direct positive impact in serving the clients. Land-based interventions have the potential to fill a gap in the services and the care provided to youth who have challenges in their autonomy and community integration, for various reasons.

## Limitations & Recommendations

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This pilot-project is the result of a long process, involving multiple local and external entities. Some limitations were raised throughout its implementation and recommendations were discussed and designed by the staff, based on their experience, as ways to facilitate the replication of land-based program in other communities. The recommendations should be reviewed and elaborated furthermore by the team and managers. The details are included in the report.

## Conclusion

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This land-based program is a promising way to ensure culturally safe services to clients and provide land-based healing and bush programs (ref. specific objectives 41 and 42 from the [Strategic Regional Plan 2016-2021](#)). Its positive and long-lasting impact is undeniable and is a concrete example of a successful integration and collaboration with Cree Helping methods. In the future, it will be very important to discuss the possibilities of replication and adaptation of a land-based program in all communities.