

Study Tour of Indigenous Child Mental Health Services Alberta, Canada

Creswick Foundation Report



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OUTLINE

The following report will outline the experiences, learnings and outcomes of the study tour of Indigenous Child Mental Health Services in Alberta, Canada undertaken from 14th September to the 20th of October 2016. The tour was preceded by my attendance and participation at the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP) Congress, held in Calgary, Alberta, from 16th to the 20th September. I presented at a forum with representatives from other Indigenous communities to discuss mental health needs of Indigenous children around the world.

I spent three weeks engaging with Indigenous Child Mental Health Services in Calgary and wider Alberta province with a particular focus on services and communities located in Lethbridge AB, and on surrounding reservations in Stand-off, Siksika and Brocket Reservations. This included attending a two-day Indigenous Healing and Trauma- Intergenerational Solutions Conference with Indigenous leaders from the province. I met with clinicians working in Alberta Health Services: Healthy Minds Healthy Children (HMHC) Outreach Services, the Independent Schools Advisory Committee (ISAC) a regional education support program and the First Nations Information Governance Centre.

Since my return from the study tour, I have presented my findings ¹ to the Mental Health Youth and Families Victoria (MHYFVic) group, to the Koori Kids Program and the Victorian Aboriginal Health Service (VAHS) Family Counselling Service. The outcomes have been communicated to the Tangata Whenua (Indigenous) President of the New Zealand Association of Occupational Therapy (NZAOT) and will contribute to an upcoming Indigenous gathering to review the *“Te Umanga Whakaora: Accelerated Maori OT Workforce”* document which I have been invited to attend as part of the steering group. I have had an abstract accepted to present at the upcoming NZAOT Conference Workshops in September 2018 titled *“Ko To Whakaora, Taku Whakaora, Ko Taua Ano Taua; Your Healing is My Healing, For We Are The Same- A Tangata Whenua (Indigenous) Centred Therapy Practice Model In Indigenous Child Mental Health”* ². The theme for this year’s clinical workshops is *Ko Nga Tapuwae Tuku Iho, Ko Te Huarahi Manawapou: Nurturing and Enabling Resilience and Sustainability* with a specific focus on working with Tangata Whenua (Indigenous).

I have submitted four abstracts ³ (including the abstract detailed above) to present the work of VAHS programs at the upcoming Healing Our Spirits Conference in Sydney, Australia in November 2018 which have all been accepted. I intend to co-present 2 of the papers with a Koori community Elder to discuss therapeutic programs for Koori children and Survivors of the Stolen Generation. All presentations are focussed on the use and value of Indigenous processes and practices alongside clinical understandings toward the healing and restoration of Australian Indigenous communities.

The learnings from the study tour also encouraged and informed my participation in clinical governance processes at VAHS resulting in leading and supporting quality improvement initiatives most notably a.) Creating and enhancing healing spaces for the VAHS Family counselling clinic, b.) Increasing supports for Indigenous Elders and identifying ways to increase their participation in service delivery at VAHS and c.) Developing programs to enhance cultural identity for children and youth. Study tour findings have also informed areas of service delivery in the Koori Kids Program to focus on family preservation and reunification for children in out of home care.

In terms of my own practice, the experiences in Alberta have provided many new insights and reaffirmed existing understandings of the work I do in Indigenous Child Mental Health at VAHS. I have come to a new understanding of myself and the reasons I have chosen to undertake this type of work and how impactful my own healing journey and that of my family and community has been to my professional identity.

1. Indigenous Children, Youth and Families: A Cross Cultural Experiences of Mental Health Services
2. See Appendix 2: Ko To Whakaora Taku Whakaora, Ko Taua Ano Taua; NZAOT Clinical Workshops Abstract
3. See Appendix 3: Healing Our Spirits Conference 2018 Abstract Submission Outcome

PURPOSE

The purpose of the study tour was to:

- Extend and deepen my experience of cultural traditions in Indigenous communities and how they influence child development and the mental health of children and young people
- Explore challenges and stresses facing Indigenous communities and how these impact upon the young
- Identify ideas around healing and education, and particularly how traditional understandings can be brought together with mainstream approaches to preventive and intervention work in mental health with the young people
- Understand any similarities and contrasts in relation to the traditions among Indigenous communities, particularly their concepts of child development, the roles of families and the wider community
- Enrich my insight into how to integrate traditional cultural practices of Indigenous peoples, including those in Australian Aboriginal communities, with the scientific approaches to Mental Health that have emerged in Western society.

PROCESS

- 3 weeks to engage with up to five health services relating to Canadian Aboriginal children and youth
- Observe practice at several levels e.g. clinical practice with clients and clinical supervision of that work, service organization and management of clinical practice
- Consultation to other community bodies such as schools, general health, out-of-home care and legal services for the young
- Visiting sites and meeting with workers involved in the interface of clinical case work with young Indigenous people
- Connect with Indigenous community members and participate (where appropriate) in community activities and events

OUTCOMES

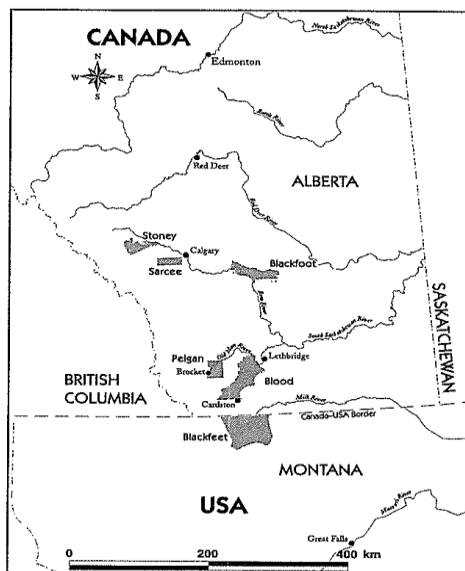
- Write up findings of the study tour in a report to the trustees
- Present at professional meetings, with the aim of communicating directly with both Aboriginal workers in this field and with mainstream Child and Youth Mental Health workers (MHYFVic), Koori Kids, VAHS Family Counselling Service)
- Present findings and outcomes of study tour at conferences (Healing our Spirits Nov 2018, NZ Occupational Therapy Conference Workshops Sep 2018)
- Contribute to service delivery at the Victorian Aboriginal Health Service Koori Kids Program and Family Counselling Service

STUDY TOUR

The visit to Alberta commenced with attending the IACAPAP congress and presenting at a forum of Indigenous workers in Child Mental Health. This provided the opportunity to meet with several of the local Indigenous workers that I would be connecting with during the study tour. Discussions and presentations by Indigenous workers at the congress and Indigenous forum highlighted historic and current challenges for First Nations people including the effects of colonisation and transgenerational trauma following dispossession, invasion, and loss of traditions and identity. Indigenous presenters across the congress illustrated the impact of these events on their lives and their communities.

Being in Alberta on the land of the Niitsitapi (Blackfoot) people, I was able to connect with community and country to gain deeper insights into past and current experiences for First Nations people and gauge a more subjective understanding of their way of life (Niitsitapiisinni). Stories were shared by Elders and community members about traditional ways and social structures and the ceremonies and practices that are being revitalised today to improve the health and well-being of Indigenous communities.

The Blackfoot people once thrived on the land and developed sustainable practices with natural resources including the Iniskii (Buffalo) which was the economic base of survival. From the early



1800's the first serious pressures on the land occurred due to colonisation and the Blackfoot way of life began to deteriorate with the introduction of alcohol, dwindling resources, dispossession of land, population decline and introduction of acts inhibiting the practice of traditional ways. One Elder spoke of the separation of her ancestral tribal lands when the Canada-United States border was instituted which divided her tribe; separating family and bands and effecting social relationships and trade within the tribe.

Dr Reg Crowshoe (former Blackfoot Chief) of the Pikani Nation spoke of the importance of embracing the Indigenous worldview and oral traditions as a process of healing. He described a traditional theory that the 'Creator' created everything equally, which nullified the sense of ownership people could have over land and

resources. Dr Crowshoe described the relationship Indigenous people have with their surroundings more as 'stewardship' rather than ownership, and when the colonisers arrived with the intent to take control of the land, the concept of owning the land was inconceivable to the native people. This and many other misrepresentations and differences in worldview offset events to devastating effect for Indigenous nations.

From 1920 the establishment of residential schools had devastating effects on Indigenous communities as children as young as 5 were forcibly removed from their homes. 150,000 Indigenous children attended the residential schools until they were finally closed in 1996. Children suffered horrific abuse, torture, nutrition experiments and other acts of assimilation. Approximately 3000 children died while in the residential schools and 98% of residential school survivors experience mental health issues and substance abuse issues today. The residential school system has had a negative effect on subsequent generations, and was a dominant feature and point of reference with many First Nations people I met during the study tour.

The establishment of the Truth and Reconciliation Commission of Canada (TRC) is a component of the Indian Residential Schools Settlement Agreement. Its mandate is to inform all Canadians about what happened in residential schools and to document the truth of survivors, families, communities and anyone personally affected by the experience. Many references were made by Indigenous leaders to the TRC and its recommendations in honouring those affected, and ways to heal and rebuild as First Nations people.

The many negative impacts of colonisation from the mid 1800's through to present day have culminated in poor outcomes for health and well-being for the Blackfoot people. 50% of First Nations children live in poverty and are 6-8 times more likely to be taken into Child Welfare than non-Indigenous children. There is less child welfare funding and education funding for First Nations children. Indigenous people make up 25% of the prison population despite making up 4.3% of the total population and the youth suicide rate for Indigenous is 5-6 times higher than the non-Indigenous population.

I met with Indigenous workers from Alberta Health Services that provide mental health treatment to their communities on their respective reservations. Dr Deborah Pace is an Indigenous clinical psychologist from the Kainai Nation (Blood Tribe). She is based in Calgary and at Standoff reserve where she provides services to her Blackfoot community. On reserve these services are provided out of the Kainaiwa Children's Health Service.



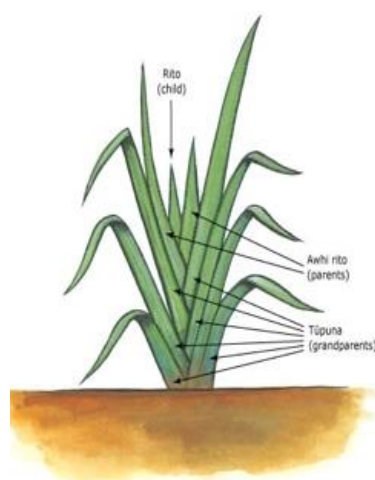
Kainaiwa Children's Health Service

The Kainaiwa Children's Health Service provides mental health supports to local Indigenous children and youth living on and off reserve. Co-located on the reserve is an Adolescent Youth Ranch which provides a combination of respite and temporary accommodation to children and youth under child welfare, and also serves as a residential unit for assessment and treatment of mental health and addictions. At the time of my visit the ranch was under construction due to a third arson attack.

The Kainaiwa children's service provides supports to families including parenting programs, cultural connection activities and camps, youth specific programs to develop social skills and self-development, parent-child therapy, and therapeutic intervention and healing to parents and individuals. Dr Pace provides supervision and consultation to other Indigenous workers in the service and offers direct therapy to children and families. The majority of staff at the service are Indigenous and in discussion with staff, their knowledge and understanding of their clients and families as a community member brings a deeper understanding and way of relating to families. Consequently this comes with additional personal and professional demand due to a shared experience of trauma and a sense of responsibility to their community.

As an Indigenous worker, Dr Pace describes her role as dynamic as she draws on both her cultural knowledge and clinical knowledge as a psychologist. She recognises her position in the community as an Elder and how this can facilitate different ways of engaging with children and carers. Dr Pace described the traditional social structures in Indigenous communities in which extended families share care of children as bands and tribes living collectively. She described in her professional role how she engages in the therapeutic space as a clinician but often relates to the client as a family member (e.g. aunt, mother, grandmother) as this is a familiar role for both herself and the client. She described children in her practice who are raised in unstable or vulnerable family systems and sees her role as being part of that system to bring some stability and nurturance similar to traditional ways.

In traditional Maori culture we view the role of raising the young as the responsibility of the *Hapu* and *Iwi* (sub-tribe and tribe). In contemporary times this is illustrated with the Harakeke (flax) plant



which shows 'Te Rito' the new growth (child) in the centre of the fronds with the outer growth providing protection and nurturance. In the Koori Aboriginal community there is a similar approach to kinship and family arrangements in raising children. Dr Pace extends this understanding further to include herself as part of that child's support system (frond in the Harakeke plant) tasked with responsibility to protect and nurture the child.

Dr Pace describes significant problems with substance abuse in her community. Young people who have experienced trauma, domestic violence, family separation and unstable home living can be drawn to drugs and alcohol to escape or cope. Indigenous youths have access to elementary and secondary schooling on the Stand-Off reservation but must travel off reserve if they wish to pursue higher education. Many encounter bullying and racism and have difficulties engaging in the classroom due to learning problems or social and emotional difficulties and other stressors.

Don Andrews from the Independent Schools Advisory Committee (ISAC) provides outreach to schools to support Indigenous students to engage academically and socially. His work involves collaborating with local First Nations groups to assist engagement of Indigenous youths into schools on and off reserve. The ISAC program work alongside youth and families to provide advocacy and assessment to support school inclusion and academic achievement. Mr Andrews describes challenges for Indigenous students being understood and supported in mainstream learning institutions and his role includes supporting and educating teachers and school staff to support their learning and social emotional well-being in the school. Dr Pace states many youths in her community face the dilemma of moving off reserve to attend university which can be difficult due to their sense of responsibility to family. Moving away from the protection of their communities and adjusting to a different often larger city and mainstream culture are compounding factors and many youths are left with little choice but to remain on reserve. Employment options for youth who remain on reserve are limited as 80-90% of people living on the Stand-Off reservation are unemployed.

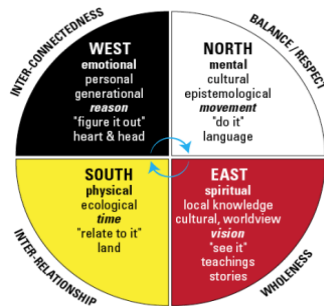


Children's Services

Located on the Siksika Reserve is the Siksika Children's Service which provides a range of programs to young people and families. Programs offered on-reserve are based in traditional ways to support cultural identity, youth independence, family strengthening, child development, education and vocation supports and social supports.

Programs focus on grief recovery, anger management, parenting support and bully prevention. In partnership with the National Youth Solvent Abuse Program of the First Nations and Inuit Health Branch, the Siksika Medicine Lodge Youth Wellness Centre provides services to young people aged 12-17 years with solvent abuse or substance abuse problems. The program includes an Equine Therapy Centre, therapy dog, educational programs and recreational activities for young people engaged in residential treatment. Tanya Sleigh a community member of the Siksika Nation leads the team and described the importance of Elder involvement in consultation and facilitation of programs. The Elders hold the knowledge and esteem that enhances youth engagement and ensures cultural safety for staff and clients.

Elders provide input to many programs including Cultural Awareness, Traditional Teachings, the Sons of Traditions Curriculum Program and the Equine Therapy Centre. The Wellness Centre utilises the Medicine Wheel as a cultural framework for the services they provide. This encompasses emotional, physical, mental and spiritual health similar to Indigenous health models from Australia (Social-Emotional well-being wheel) and New Zealand (Te Whare Tapa Wha model).



Medicine Wheel

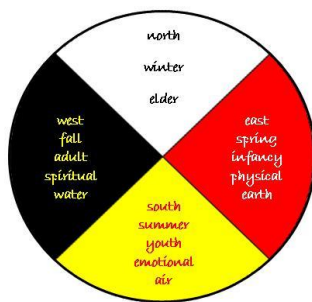


Social Emotional Well-Being Wheel



Te Whare Tapa Wha

The Medicine Wheel was a feature across several services visited and in discussions with community members. A Siksika Elder utilised the Medicine Wheel model to describe life cycles and stages of growth from an Indigenous viewpoint. He described the role of the mother as primary for the child



from age 0-4 years, then from 4-8 years the grandparents assume their role in guiding the child to understand traditional and community ways. From age 8-14 the father's influence is dominant over the early adolescent phase in which the child is inducted further into cultural practices such as the sweat lodge and vision quest. At 14-19 years peer and other social influences are prevalent that support the young person into adulthood and independence. Marriage, family life and raising one's own children punctuate the third life cycle and finally the fourth life stage shows the person reaching Elder status and taking up the responsibilities to guide and teach the younger generation with

the knowledge they possess. In later years the Elder becomes reliant on the younger generation to care for them, thus closing the loop.

At Brocket Reserve on the land of the Pikani Nation, a range of cultural and clinical services are available to the community through the Pikani Nation Child and Family Service (PCFS). Constable



Cindy Provost of the Pikani Nation is an Aboriginal Liaison officer with the Calgary Police Department. She described the use of traditional practices in the treatment and support of Indigenous people in the youth justice system. The practice of cultural ceremonies such as talking circles, healing circles, pipe ceremonies, smudging and sweat lodge are utilised to rehabilitate and strengthen young people attending Aboriginal Justice Camps. The need for community and individual healing was a regular theme in my engagements with Blackfoot community members.

Constable Provost describes strengthening identity for young people as key to growth and healing. Supporting the young person to know who they are, who they are descended from and where they belong. At PCFS, Elders are strongly involved in service design and delivery, facilitating the Pikani Traditional Knowledge Program which utilises ceremony, dance and drum showcase, mini pow wows and art, language and stories.

Traditional stories, creation stories and Blackfoot legends such as Napi and the Turtle and Poia the Star Boy featured in various settings I visited and in discussions with Blackfoot people. Creation stories and traditional stories are preserved and maintained across Indigenous nations such as Bunjil the Eagle and Tiddalick the Frog in Koori culture and Te Ika A Maui (the fish of Maui) which tells of how Maui fished up the great sting ray (the North Island of New Zealand). These stories all serve to strengthen connection to culture and identity and preserve Indigenous beliefs, values and perspectives.



Napi and the Turtle



Bunjil the Eagle



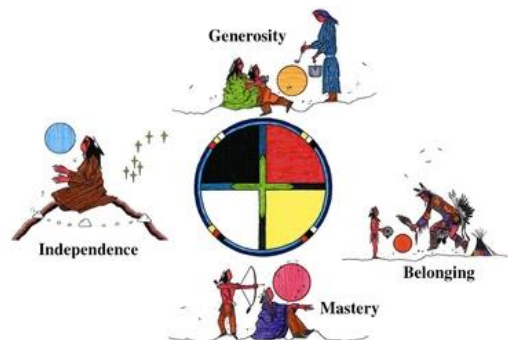
Te Ika A Maui

Located south of Calgary in the township of Lethbridge is the Opokaa'sin Early Intervention Society: Family Preservation Centre which offer a range of family services including advocacy, child welfare liaison workers, child and youth programs to support culture and social-emotional well-being, family therapy, a transport service, after school programs and a day care centre.



Workers in the Family Preservation Team describe their role primarily as keeping Indigenous families together and keeping children connected to culture and community. For children in out of home care this involves supporting parents with parenting programs, cultural strengthening, mental health support, social supports with housing and other means to provide for the child. The Family Preservation Program also provides a space to facilitate access visits for parents whose children are in care, in order to build family connections in a culturally informed environment.

The programs at the Opokaa'sin Centre focus on building cultural identity to develop resilience and strength in the younger generations. This is done through the use of cultural dance and song in daily processes and using traditional language and cultural motifs, artwork and imagery. The majority of workers in the centre are Indigenous and provide mentoring and counselling supports in their various roles. The Opokaa'sin Centre adheres to the Circle of Courage Model of raising children based on the Medicine Wheel with core values of Belonging, Mastery, Independence and Generosity.



Opokaa'sin Circle of Courage Model

Opokaa'sin Centre staff organised the first 'Orange Shirt Day- Awareness Walk' that commenced from the Centre to Lethbridge City Hall to acknowledge the 20th anniversary of the closing of the last residential school in Canada. Staff, volunteers and children from the Opokaa'sin day care centre made placards to commemorate survivors. A community member said they were showing the wider community the importance of past events and how they are still relevant to current generations. She felt it was important to teach the children the awareness and respect of their Elders and to recognise that even at their young age they have a role in the community and can bring about change and healing. The group arrived at city hall where the children performed a circle dance with traditional instruments and a community member lead the group with traditional song. The event mustered much support from people in the town and featured in the local news.



Orange Shirt Day 2016 – Awareness Walk – Opokaa'sin Children, Staff and Volunteers had a great time showing their support for Residential School Survivors and supporting Truth and Reconciliation! (Photo Credit: Blood Tribe Kainai Nation website)

The Indigenous Healing and Trauma Conference was held at the University of Calgary where community members gathered to share information about programs and research relating to the health and well-being of First Nations communities. Most notably there was an open floor opportunity for residential school survivors to stand and speak about their experiences. One Elder recounted how traditional language was prohibited at the school but in his resolve to retain his cultural identity, he sang to himself in bed each night. Children were forced to fight each other, they were told their parents didn't want them anymore and that they had nowhere else to go. Another Elder said children were taken from their dorm rooms and classrooms at any given time and never seen again.

As an adult, one survivor confronted his mother about being taken away to a residential school believing she had a choice in letting him go. The Elder cried as he retold the conversation and described the despair in his mother's eyes as she said to him "I couldn't stop them". This was the only time he and his mother ever spoke of it. The resilience and determination of these survivors is recognised as a crucial factor in the retention and survival of Blackfoot culture and custom. On the final day of the Healing Conference, attendees were invited to join in a traditional round dance and a male community member offered a traditional song to close. He explained the traditional style of singing uses only vowel sounds and specific tones that resonate with the earth and environment.

CONCLUSION

The experiences in Alberta, Canada have influenced me significantly in my personal and professional life. Being Indigenous myself and experiencing directly and indirectly the effects of colonisation, deculturation and dispossession, I felt an accord with the people and place during my visit. Hearing the stories of the Blackfoot Elders, particularly those that survived the residential school system was a privilege and an emotionally provoking experience.

The Blackfoot people are fervent in their aim to improve health outcomes for their people. They have worked to streamline services in their communities for better access and utilise community members in a variety of roles from leadership to service delivery. There is a strong focus on enhancing cultural identity and cultural knowledge to support healing and change for children youth and families. Elders are strongly involved in program design and service delivery and the communities are active in self-determination and development at many levels.

Cultural models are used in practice and there is a complimenting of cultural and clinical paradigms. The need for individual, family and community healing is evident and prioritised in service delivery. The 'healing space' as described by Dr Deborah Pace is to do with environment, place, location, design and resources but also about the space shared between two people.

Remarkably the Blackfoot community have retained and revitalised cultural knowledge and practices. The Blackfoot people are very active in the restoration and strengthening of their communities and have an awareness and regard for the Indigenous people of Australia and New Zealand. Bonnie Healy a Blackfoot member and the Executive Director of the First Nations Governance Centre recounted Indigenous child policies impacting the Maori and Australian Aboriginal communities that have inspired the work she has undertaken for her community.

I would like to conclude with an image I put together that depicts the three Indigenous Nations as animal totems representative of each culture: Bunjil the Eagle (Koori deity), The Great Turtle (Blackfoot creation story) and Te Ika A Maui- The Fish of Maui (Maori creation story). The three animals are enveloped by a 'koru' design that symbolises growth, new life and strength. In this image the koru also represents traditional ways and knowledge that shape and guide us, enhance connection, identity and purpose. The three animals are in motion, gliding on the same current, supporting and encouraging the other while maintaining the momentum of the current; each nation striving toward self-determination, reclamation and prosperity.




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APPENDIX 1

**INDIGENOUS
CHILDREN, YOUTH
AND FAMILIES**
CROSS CULTURAL EXPERIENCES OF
MENTAL HEALTH ISSUES

RIWAI WILSON, NGATI POROU
OCCUPATIONAL THERAPIST
MENTAL HEALTH CLINICIAN
KOORI KIDS TEAM
VICTORIAN ABORIGINAL HEALTH SERVICE



**PA MAI TO REO AROHA
(SPEAK WITH LOVE)**

PA MAI TO REO AROHA
KI TE PA O HIKURANGI
E NGA IWI O AOTEAROA
HAERE MAI HAERE MAI

TITIRO KI NGA HOEA
KUA WEHE NEI
AUE TE AROHA ME TE MAMAE

TAHI E TE TORU E TE TAE
E TE MARUMARU
WHARE TAPU TETTEI
TE AO KOROWHITI
HAERE MAI HAERE MAI

YOUR VOICE OF LOVE REACHES TO US
AT OUR SACRED HOMELAND
ALL PEOPLE OF AOTEAROA
COME TOGETHER, COME TOGETHER

LOOK AT ALL OUR PEOPLE DEPARTING
THESE SHORES
ALAS THE LOVE AND THE PAIN

WHEN ONE STANDS, THREE WILL FOLLOW
TO PROTECT THE SACRED HOMELANDS
THROUGHOUT THE WORLD
COME TOGETHER COME TOGETHER

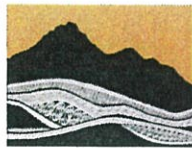
**MIHI WHAKATAU
WELCOME &
ACKNOWLEDGEMENT**



- ACKNOWLEDGEMENT TO
 - THE CREATOR
 - OUR ANCESTORS AND ALL WHO HAVE PASSED
 - THE LAND AND ITS RIGHTFUL OWNERS
 - THE PRESENT/THE LIVING
 - PEPEHA/INTRODUCTION
 - WAIATA/SONG

Tukutuku panel, ornamental woven lattice work panels used for decoration, particularly on the walls of a Maori meeting house. The Poutama (stairs/ascent) design depicts the growth of man striving ever upwards.

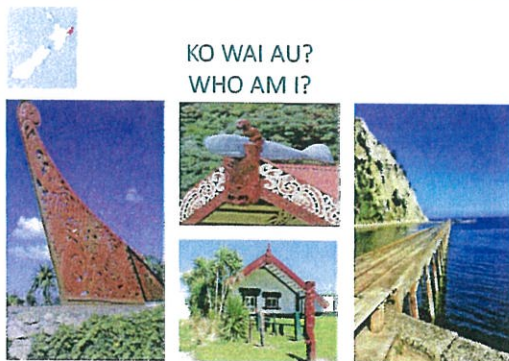
**PEPEHA
INTRODUCTION**




- MY MOUNTAIN IS HIKURANGI
- MY RIVER IS WAIAPU
- MY WAKA IS HOROUTA
- MY MARAE ARE TE AO WERA & WAIAPARAPARA
- MY SUB-TRIBE IS TE AITANGA O MATE
- MY TRIBE IS NGATI POROU
- MY HOME IS TOKOMARU BAY & TURANGA NUI A KIWA (GISBORNE)
- MY FAMILY IS PAHAU, TAKURUA AND MCLEAN
- MY NAME IS RIWAI ERUERA WILSON

Hikurangi, the sacred mountains for East Coast iwi Ngati Porou, is the first place on mainland New Zealand to greet the morning sun.

**KO WAI AU?
WHO AM I?**



**INDIGENOUS
CHILDREN, YOUTH
AND FAMILIES**
CROSS CULTURAL EXPERIENCES OF
MENTAL HEALTH ISSUES



"NGA KETE TUATORA"
THE 3 BASKETS OF KNOWLEDGE

HE KAAKANO
MAORI CHILD AND ADOLESCENT
MENTAL HEALTH
WHIRINAKI CAMHS
SOUTH AUCKLAND,
NEW ZEALAND

KOORI KIDS
SOCIAL EMOTIONAL WELL-BEING
VICTORIAN ABORIGINAL HEALTH SERVICE
MELBOURNE, AUSTRALIA

BLACKFOOT NATION
FAMILY PRESERVATION
SOUTHERN ALBERTA, CANADA

HE KAAKANO MAORI CHLD & ADOLESCENT MENTAL HEALTH

STH AUCKLAND, NZ



HARAKEKE (FLAX) TRADITIONALLY USED FOR WEAVING MATS, BASKETS, ADORNMENTS AND CLOTHING.

TRADITIONAL WAYS

- CULTURE AND CUSTOMS**
 - POWHIRI/WHAKATAU
 - HAKA
 - HONGI
 - MOKO
 - TE REO MAORI
 - TAPU/NOA
- SOCIAL ORGANISATION**
 - MARAE LIVING
 - TRIBES
 - SUB TRIBE/EXTENDED FAMILY
 - KINSHIP SYSTEM
 - KALUMATUA (ELDERS)
 - ROLES FOR MEN AND WOMEN
- MAORI SPIRITUALITY**
 - LIFE FORCE IN ALL THINGS
 - CONNECTION TO LAND AND ANCESTORS
 - CREATION STORIES/MAORI MYTHOLOGY

HE KAAKANO MAORI CHLD & ADOLESCENT MENTAL HEALTH

STH AUCKLAND, NZ




HARAKEKE (FLAX) TRADITIONALLY USED FOR WEAVING MATS, BASKETS, ADORNMENTS AND CLOTHING.

- EARLY CONTACT**
 - EUROPEAN SETTLERS
 - FORCED REMOVAL OF LAND
 - DISEASE
 - ALCOHOL AND TOBACCO
 - DECULTURATION
 - ASSIMILATION
 - SUPPRESSION OF TOHUNGA, TE REO
 - TREATY OF WAITANGI
- MAORI CHILDREN AND YOUTH**
 - DISCONNECTION
 - LOSS OF CULTURE, IDENTITY
 - TRAUMA, DISRUPTION
 - LOW INCOME
 - POOR HOUSING, OVER CROWDING
 - CHILD PROTECTION INVOLVEMENT
 - OUT OF HOME CARE/KINSHIP CARE
 - DRUGS & ALCOHOL IN THE HOME
 - BEHAVIOUR ISSUES (ODD/CD)
 - ATTACHMENT PROBLEMS
 - LEARNING AND LITERACY

HE KAAKANO MAORI CHLD & ADOLESCENT MENTAL HEALTH

STH AUCKLAND, NZ



PIHAU (FANTAIL) IN MAORI MYTHOLOGY THE FANTAIL PLAYS AN IMPORTANT ROLE IN THE LEGENDS OF MAUI

TRADITIONAL PROCESSES USED:

- MIHU WHAKATAU/POWHIRI (GREETING)
- WAIATA (SONGS)
- KARAKIA (PRAYER)
- MANAAKITANGA (SUPPORT)
- WHANAUNGATANGA (BECOMING FAMILY)
- KOTAHITANGA (SELF ACTUALISATION)


'FAMILY KNOWLEDGE IN ACTION'

- FAMILY/PARENT WORK
- SOCIAL SUPPORTS
- ADVOCACY
- HEALING


INTERVENTIONS INCLUDE:

- INDIVIDUAL AND FAMILY HEALING
- RE-CONNECTION TO CULTURE/PROCESS
- WHAKAPAPA/GENEALOGY/PEPEHA
- LEGENDS/CREATION STORIES
- TE REO MAORI LANGUAGE
- LEARNING WAIATA/SONGS
- MAORI ART THERAPY
- ACTIVITY/LIFE SKILL BASED GROUPS


MAORI MODELS OF HEALTH



TE WHARE TAPA WHA
HINENGARO- MENTAL HEALTH
TIRANA- PHYSICAL HEALTH
WAIKUA- SPIRITUAL HEALTH
WHANAU- FAMILY HEALTH



HARAKEKE MODEL
TE RITO (CHILD)
AWHI RITO (PARENTS)
TIPUNA (GRANDPARENTS)
WHANAUNGA (EXTENDED FAMILY)




TE WHEKE
MAURI- LIFE FORCE I ALL THINGS
MANA AKE- UNIQUE IDENTITY
HA KORO MA- CONNECTION TO ANCESTORS
WHATUMANAWA- EXPRESSION OF EMOTION


MAORI LEGENDS AND CREATION STORIES



RANGI AND Papatuanuku




PAIAKEA AND THE WHALE



TE IKA A MAUI

KOORI KIDS SOCIAL EMOTIONAL WELL-BEING TEAM

MELBOURNE, VICTORIA




BUNJIL THE EAGLE IS A CREATOR DEITY AND ANCESTRAL BEING AND CULTURAL HERO. IN THE KULIN NATION HE WAS REGARDED AS ONE OF TWO MOIETY ANCESTORS, THE OTHER BEING THE TRICKSTER CROW

TRADITIONAL WAYS

- CULTURE AND CUSTOMS**
 - ROLE OF ELDERS, MEDICINE MEN AND SORCERERS
 - ART, LITERATURE, SONGS AND DANCING
 - CEREMONY AND RITUAL: SMOKING
- SOCIAL ORGANISATION**
 - LANGUAGE GROUPS
 - LOCAL DESCENT GROUPS
 - BANDS, FAMILIES, SKIN GROUPS
 - KINSHIP SYSTEM
- ABORIGINAL SPIRITUALITY**
 - THE DREAMING
 - TOTEMS
 - CONNECTION WITH LAND

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EARLY CONTACT

- INVASION OF BRITISH SETTLERS, WARS AND MASSACRES
- AUSTRALIA DECLARED 'TERRA NULLIUS'
- INTRODUCTION OF DISEASE AND SMALLPOX
- IMPOSITION OF POST COLONIAL LAWS AND PRACTICES
- DISPOSSESSION OF TRADITIONAL LANDS
- FORCIBLE SEPARATION, REMOVAL AND SEGREGATION AND ASSIMILATION - 'STOLEN GENERATIONS'
- FORCED DEPENDENCE ON CIGARETTES AND ALCOHOL
- RESIGNED TO MISSIONS, DEPENDENCE ON THE STATE

KOORI KIDS SOCIAL EMOTIONAL WELL-BEING TEAM

- KOORI CHILDREN AND YOUTH 0-18
- KOORI CHILDREN IN OUT OF HOME CARE AND DISCONNECTED FROM FAMILY, COMMUNITY AND CULTURE
- VULNERABLE KOORI CHILDREN WHO HAVE EXPERIENCED TRAUMA
- KOORI CHILDREN NEEDING ASSESSMENT AND THERAPY FOR A RANGE OF MENTAL HEALTH, BEHAVIOURAL AND ATTACHMENT ISSUES
- KOORI FAMILIES WHO CHOOSE AN ABORIGINAL HEALTH SERVICE FOR CULTURAL REASONS
- KOORI CHILDREN WHO ARE TOO OFTEN DECLINED A SERVICE FROM MAINSTREAM MENTAL HEALTH SERVICES
- PARENTS, KINSHIP CARERS AND NON-KINSHIP CARERS OF ABORIGINAL CHILDREN

Parenting
(1.4 EFT 0.5 AHW & 0.5 Clinicians)

Therapeutic Programs
(0.4 EFT)


Koori Kids
(1 EFT Team Leader & 1.8 EFT AHW)

Complex Care (under 12s)
(1.4 EFT AHW, Speech Therapist & MHI Clinician)

0.3 EFT
Primary Clinical Time

Community Programs
(0.2 EFT)

ABORIGINAL MODEL OF HEALTH



KOORI KIDS PRACTICE MODEL

- UNDERPINNED BY SOCIAL EMOTIONAL WELL BEING WHEEL
- COLLABORATIVE MODEL, CLINICAL AND CULTURAL
- ABORIGINAL HEALTH WORKERS SUPPORT CONNECTION TO FAMILY, CULTURE, COMMUNITY, COUNTRY
- MULTIPLE SERVICES IN VAHS AVAILABLE TO ASSIST WITH ALL ASPECTS OF WELL-BEING IN THE WHEEL


SOCIAL AND EMOTIONAL WELL-BEING MODEL

- CONNECTION TO SPIRITUALITY
- CONNECTION TO BODY/PHYSICAL
- CONNECTION TO MIND/EMOTIONS
- CONNECTION TO FAMILY
- CONNECTION TO COMMUNITY
- CONNECTION TO CULTURE
- CONNECTION TO COUNTRY
- SOCIAL AND HISTORICAL DETERMINANTS


DREAMTIME STORIES AND LEGENDS



BUNJIL THE EAGLE





YURLUNGGUR IN ALCHERINGA



TIDDLICK THE FROG



NIITSITAPI BLACKFOOT NATION FAMILY PRESERVATION

SOUTHERN ALBERTA, CANADA

NIITSITAPI BLACKFOOT NATION FAMILY PRESERVATION

SOUTHERN ALBERTA, CANADA

THE FOUR BLACKFOOT NATIONS

- SIKSIKA- BLACKFOOT
- KAINAI- BLOOD TRIBE
- APUTOSI PIKANI- NORTHERN PEIGAN
- AMASKAPI PIKANI- SOUTHERN PEIGAN (MONTANA)

NIITSITAPIISINNI OUR WAY OF LIFE



IN SMALL GROUPS, BLACKFOOT MEN WOULD CHASE THE BUFFALO HERDS TOWARDS LARGE CLIFFS. IN FRIGHT THE BUFFALO WOULD JUMP OFF FALLING TO THEIR DEATH

TRADITIONAL WAYS

- HUNTERS 12,000 YEARS AGO CAME FROM ACROSS THE BERING STRAIT
- NORTH AND SOUTH PIKANI TRIBES SEPARATED PRIOR TO 1855
- SOUTH PIKANI NOW RESIDE SOUTH OF USA-CANADA BORDER
- PLAINS CULTURE LIVING PRIMARILY ON BUFFALO
- CREATION STORIES/LEGENDS- NAPI, APISTOTOKE, STARBOY & SKY WOMAN

DOG DAYS

- BEFORE HORSES AND GUNS USING DOGS WITH TRAVOIS FOR TRANSPORT
- BUFFALO WERE ECONOMIC BASE OF SURVIVAL- FOOD SHELTER, RAW MATERIALS FOR TOOLS, CLOTHES AND CONTAINERS AND TRADING

HORSE DAYS

- GUNS WERE TRADED BY NEIGHBOURING CREE & ASSINIBOINE
- HORSES ALLOWED GREATER PHYSICAL MOBILITY
- CHANGES TO HUNTING CAUSED SHIFT IN BALANCE BETWEEN THE SEXES

NIITSITAPIISINNI OUR WAY OF LIFE



THE MOST SIGNIFICANT GROUPS WERE, AND TO SOME EXTENT STILL ARE, THE FAMILY, EXTENDED FAMILY, BAND, TRIBAL GROUPS AND SOCIETIES

SOCIAL STRUCTURES

- FAMILY AND EXTENDED FAMILY
- MALE HEAD OF THE HOUSEHOLD
- OLDER AND YOUNGER RELATIVES INCLUDED
- IMPORTANCE OF SENIORITY IN BLACKFOOT CULTURE
- BANDS, TRIBE, SOCIETIES
- ROLES FOR MEN AND WOMEN

BLACKFOOT RELIGION & CEREMONY

- SPIRITUAL CONNECTION TO LAND
- ALL THINGS EMBUED WITH A LIFE FORCE: PLANTS, ANIMALS, PLACES, LANDMARKS
- MEDICINE BUNDLES
- SWEAT LODGE
- VISION QUEST
- SMAUDING
- SUN DANCE
- CIRCLE DANCE

KSIITSITS-KOMM THUNDER



HORSES ALLOWED GREATER PHYSICAL MOBILITY, WHILE GUNS GAVE SUPERIORITY OVER NEIGHBOURING TRIBES.

EARLY CONTACT

- FIRST CONTACT WITH WHITE PEOPLE DURING HORSE DAYS
- FIRST SERIOUS PRESSURES ON THEIR LAND AROUND 1830
- BLACKFOOT CULTURAL BEGAN TO DETERIORATE (1830 TO 1877)
- ALCOHOL INTRODUCED
- LOST INHERITANCE
- WILD LIFE AND BUFFALO DWINDLING
- BLACKFOOT MOVED TO RESERVATIONS TO 'CIVILISE' & 'PACIFY'
- 1876 INDIAN ACT
- BY 1879 BUFFALO HAD DISAPPEARED

THE EARLY TWENTIETH CENTURY

- POPULATION DECLINE
- TRADITIONAL SOCIAL INSTITUTIONS VANISHED
- RELIGIOUS ACTIVITY FORBIDDEN
- FORCED SELLING OF LAND
- STARVATION
- EPIDEMICS

NIITSITAPI POKAIKSI BLACKFOOT CHILDREN



Native American tribes recognized the wolf for its extreme devotion to its family, and many drew parallels between wolf pack members and the members of the tribe

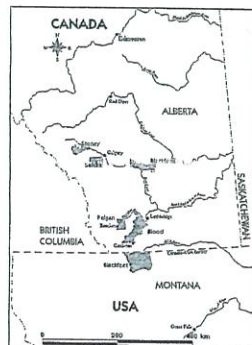
RESIDENTIAL SCHOOLS

- 1920 RESIDENTIAL SCHOOLS OPENED TO ASSIMILATE FN
- CHILDREN AS YOUNG AS FIVE FORCED FROM FAMILIES
- NUTRITION EXPERIMENTS (1942 TO 1952)
- 3000 INDIGENOUS CHILDREN DIED IN RESIDENTIAL SCHOOLS
- 150,000 CHILDREN ATTENDED
- CHILDREN HAD A NUMBER NOT NAME
- LAST SCHOOL CLOSED IN 1996
- 98% OF RESIDENTIAL SCHOOL SURVIVORS HAVE MENTAL HEALTH ISSUES: PTSD, DEPRESSIONS, ANXIETY, ALCOHOL DEPENDENCE

21ST CENTURY

- CANADA'S CHILD POVERTY RATE IS 17%
- FN CHILDREN'S POVERTY RATE IS 50%
- FN CHILDREN 6-8 TIMES MORE LIKELY TO BE TAKEN INTO CHILD WELFARE CARE THAN NON-ABORIGINAL CHILDREN
- FIRST NATIONS CHILDREN RECEIVE 30% LESS EDUCATION FUNDING
- 22% LESS CHILD WELFARE FUNDING
- FN YOUTH SUICIDE RATE 5-6X HIGHER THAN NON-ABORIGINAL YOUTH
- FN MAKE UP 25% OF PRISON POPULATION
- FN ARE 4.3% OF TOTAL POPULATION

NIITSITAPI POKAIKSI BLACKFOOT CHILDRENS SERVICES



KAINAIWAI CHILDREN'S SERVICES COOPERATION

STANDOFF RESERVE, SOUTHERN ALBERTA



THROUGH GREAT PRIDE IN OUR HISTORY, TRADITION, CULTURE AND LANGUAGE, KAINAIWA CHILDREN'S SERVICES COOPERATION IS DEDICATED TO THE DEVELOPMENT AND PROTECTION OF OUR CHILDREN AND FAMILIES AS WE CREATE OUR NATIONS FUTURE

PROVISION OF STATUTORY SERVICES AND CASE MANAGEMENT TO BAND MEMBERS ON AND OFF THE BLOOD TRIBE RESERVE

KAINAIWA CHILDREN PROGRAM

ENHANCE SPIRITUAL, EMOTIONAL AND PHYSICAL AND INTELLECTUAL DEVELOPMENT, POSITIVE SELF IDENTITY

BLOOD TRIBE CHILD PROTECTION

ASSESSMENT, FAMILY ENHANCEMENT, PROTECTION, PARENTING, COUNSELLING, MEDIATION, CHILD DEVELOPMENT

YOUTH WELLNESS CENTRE (12-17)

FOR YOUTH AGED 12-17, PROVIDES INDIVIDUAL AND GROUP COUNSELLING, CULTURAL DEVELOPMENT, EQUINE-ASSISTED LEARNING

BLOOD TRIBE YOUTH RANCH

12 BED RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AGED 13-17 WITH CHILD WELFARE STATUS

PREVENTION, PROTECTION AND SUPPORT PROGRAMS

- WOMEN'S WELLNESS LODGE
- FAMILY CONNECTIONS PROGRAM
- INNIPOOKA (BUFFALO CHILD) (NORTH)
- NIITSITAPIA'PII (SOUTH)

BLACKFOOT LEGENDS AND CREATION STORIES



NAPI AND THE TURTLE



POIA STAR BOY



THUNDER BIRD

THREE BASKETS OF KNOWLEDGE LEARNINGS FROM INDIGENOUS NATIONS



KEY THEMES

- HEALING THROUGH CONNECTION
- CULTURAL KNOWLEDGE AND PRIDE
- TRADITIONAL PRACTICES, LANGUAGE
- ELDERS AND COMMUNITY
- SELF DETERMINATION
- ROLE OF FAMILY WELLNESS AND REUNIFICATION
- SUPPORTING THE USE OF MORE CULTURAL PRACTICES
- LATERAL KNOWLEDGE SHARING
- RECOGNISING OWN INDIGENOUS WAYS AND HEALING
- VALIDATING PRACTICE INFORMED BY CULTURAL AND FAMILY KNOWLEDGE

NIITSITAPI BLACKFOOT NATION FAMILY PRESERVATION

SOUTHERN ALBERTA, CANADA



BLACKFOOT NATION ELDERS AND LEADERS

DR REG CROWSHOE-FORMER CHIEF OF THE PIKANI TRIBE- BLACKFOOT CULTURAL AND SPIRITUAL ADVISOR, AUTHOR

DR DEBORAH PACE- CLINICAL PSYCHOLOGIST, KAINAIWA CHILDRENS HEALTH COOPERATION & ALBERTA HEALTH SERVICES- BLOOD RESERVE-STANDOFF

TANYA PACE-CROSCCHILD- OPOKAA'SIN FAMILY PRESERVATION- LETHBRIDGE

MARGARET SHALE- CLINICAL PSYCHOLOGIST ALBERTA HEALTH- PIKANI RESERVE

NICOLE ESHKAKOGAN- MANAGER ABORIGINAL HEALTH PROGRAM- EDMONTON

AMELIA CROWSHOE- ALBERTA FIRST NATIONS INFORMATION GOVERNANCE CENTRE



TE WHANAU E (OUR FAMILY)

TE WHANAU E E KARANGA E TE IHI E
EUA ERE MAI ERE KARANGA TE MAHAI E

(KARANGA ERE)

KARANGA ERE TE WHANAU E TE IHI E

(TE WHANAU ERE)

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(TE WHANAU ERE)

TE WHANAU ERE KARANGA E TE IHI E

(TE WHANAU ERE)

OUR FAMILY IS CALLING TO YOU ALL
AND US! WATERED HERE IN PLACE

BRING WITH YOU THE TREASURED MEMORIES
OF LOVED ONES PASSED
BRING YOUR MANY TEARS
LET OUR TEARS FALL TOGETHER

LOOK AT OUR PEOPLE WORKING
FAR AND WIDE ACROSS THE LAND
MY TEARS AGES IN YOUR ADVICE
THEY AGES BROTHERS WHERE YOU ARE FROM

THE GROUND SHALES AND THE SEA QUIVERS
WITH THE LOVE AND PAIN INSIDE THE

THE GROUND SHALES AND QUIVERS



APPENDIX 2

KO TŌ WHAKAORA TĀKU WHAKAORA, KO TAUA ANO TAUA: YOUR HEALING IS MY HEALING, FOR WE ARE THE SAME
A TANGATA WHENUA (INDIGENOUS) CENTRED THERAPY MODEL IN INDIGENOUS CHILD MENTAL HEALTH

Riwai Wilson

Riwai Wilson (Ngati Porou, Te Aitanga-A-Mahaki) is a Maori Occupational Therapist currently working in Melbourne with Aboriginal children and families in the Koori Kids Social Emotional Well-Being Team at the Family Counselling Service VAHS (Victorian Aboriginal Health Service). Riwai has worked predominantly in indigenous child and youth mental health settings in New Zealand and Australia and was a 2016 recipient of a Creswick Fellowship Award to undertake a study tour of indigenous child mental health services in the Blackfoot Nation of Southern Alberta, Canada.

Abstract

Many comparisons can be made to present day challenges for indigenous peoples of New Zealand, Australia and Canada including histories that echo a similar painful tone. Although three distinctly different nations, we share in each other's pain and loss but are equally fortified by steps we each take toward indigenous self-determination and reclamation.

As a Maori OT based in Australia, *kei waho te kupenga whakaora ngangahau (away from Maori networks and outside the NZ OT net)* I hold tight to my identity as a Kaiwhakaora Ngangahau Maori (*Maori practitioner/OT*) which forms the whariki (*mat*) and foundation of my practice. This whariki is comprised of three recurrently interwoven strands: My professional identity, My cultural identity and My-self. Understanding and honouring these parts of my identity and how they blend together and inform my practice has allowed for a meaningful cultural clinical practice framework to emerge. Within this tangata whenua centred practice model, *te haerenga whakaora (the healing journey/the way to resilience)* for clients and therapeutic practitioners is possible.

My own haerenga whakaora (*healing journey*) lead me to walk alongside other indigenous communities where I made many new discoveries and many familiar ones also. From these experiences, exchanges and learnings, my whariki was not only reinforced but adorned with new design and purpose. This knowledge and its application in practice (particularly in indigenous child mental health) is what I hope to share to inspire and strengthen our individual and collective identities as indigenous practitioners and therapists working with tangata whenua (*indigenous*).

APPENDIX 3

Dear Riwai,

Healing Our Spirit Worldwide - The Eighth Gathering

Abstract Submission Outcome

Thank you for submitting an abstract for Healing Our Spirit Worldwide - The Eighth Gathering (Our Knowledge, Our Wisdom – Our Promise, For Our Grandchildren's Grandchildren) being held at the International Convention Centre on Gadigal Land in Sydney, Australia, from the 26th to the 29th November 2018.

The Eighth Gathering is all about the resilience of First Nations peoples around the world, sharing the experiences, resilience and challenges confronting Indigenous peoples and learning from this knowledge to ensure the future for our grandchildren's grandchildren. In keeping with the Covenant of Healing Our Spirits Worldwide we gather to recognise that the health and wellbeing of our people and nations is built on our ability to maintain compassionate functioning relationships within ourselves, with the earth, each other, our families and communities.

Following a rigorous review we are pleased to confirm that the following abstract has been accepted for presentation at the conference:

Title	Healing Our Children Through Culture and Connection: A Culturally Designed Program for the Social and Emotional Well-Being and Healing of Koori Children and Youth
Paper Status	ACCEPTED
Presentation Type	Oral Presentation
Theme	Healing/Health
Presenting Author	Mr Riwai Wilson
Presenting Author	Ms Daria Atkinson

Title	Healing Through Inclusion: Bringing Home The Stolen Generation
Paper Status	ACCEPTED
Presentation Type	Oral Presentation
Theme	Healing/Health
Presenting Author	Mr Riwai Wilson
Presenting Author	Ms Daria Atkinson

Title	Lore and The Law: Cultural Practices in the Healing Journey of Aboriginal Youth Justice Clients
Paper Status	ACCEPTED
Presentation Type	Oral Presentation
Theme	Lore/Law/Justice
Presenting Author	Mrs Joanne Holo

Important Caveat

If your abstract has been accepted and you are not Indigenous, or co-presenting in a support capacity with an Indigenous person, then it is very important that you withdraw your presentation. Indigenous people and their allies are all welcome to the Gathering, however, being presented to 'on' or 'about us' is not acceptable in this space.

Confirmation of Presentation

As per the abstract submission conditions, all presenting authors are required to register and fund their own attendance to the Gathering. A discounted presenter registration rate of \$1,016 AUD is available and can be accessed by entering the invitation code **HOSWPRESENTER18**.

For your convenience, please use the following personalised link to complete your registration:

[Riwei Wilson's Personalised Registration Form](#)

All abstract submitters are required to register within two weeks of acceptance. Program allocations will not be assigned nor published in the program until registration and full payment has been received.

If you are no longer able to present and attend the gathering, please email contact@hosw.com as soon as possible and your submission will be withdrawn.

Online Indigenous Journal

If you are interested in submitting a full paper of your abstract for inclusion

in the Journal of Indigenous Wellness, Te Mauri – Pimatisiwin - The Eighth Gathering Special Issue, please follow this link - [Te Mauri -Pimatisiwin Indigenous Journal](#) - for submission contact details. The Eighth Gathering Special Issue will be released to coincide with the Sydney Gathering in November.

All accepted papers will be eligible for the inaugural **Maggie Hodgson Our Vision Keeper Award**, recognising the most outstanding paper submitted to the Gathering.

Healing Foundation Key Elements of Healing Framework

Attached to this email is a copy of the Healing Foundation's 'Key Elements of Healing' framework. In the spirit of the Gathering as a healing space and a space that invites community from all over the world to meet, share and learn from each other, the Healing Foundation are sharing their framework for successful healing. We look forward to being able to connect and share with your ideas and practice at the Gathering in Sydney.

Organising Committee Co-Chairs

Richard Weston
Chief Executive Officer
The Healing Foundation Australia
Services

Professor Juanita Sherwood
Acting Deputy Vice Chancellor
Indigenous Strategy and

University of Sydney