IMPROVING ACCESS TO MENTAL HEALTH AND ADDICTIONS SERVICES AND SUPPORTS FOR OLDER INDIGENOUS ADULTS, USING A CULTURAL SAFETY AND EQUITY LENS

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CHILD, YOUTH, AND FAMILY HEALTH

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EXECUTIVE SUMMARY

Older Indigenous [1] adults residing in off-reserve urban population centres face unique and complex challenges and barriers to accessing mental health and addictions services and supports because of such factors as past and ongoing colonialism, racism, poverty, and a lack of culturally safe and relevant care. The purpose of this policy report is to review and contextualize the current evidence base with the aim of identifying evidence-informed policy recommendations on how to rapidly improve access to culturally safe and relevant mental health and substance use services for older Indigenous adults (45+) residing in urban population centres. As the findings of the report highlight, facilitating access to mental health and addictions services and supports for older urban Indigenous adults necessitates considerations of accessibility, availability, and acceptability. The report highlights opportunities to improve older Indigenous adults' access to mental health and substance use services and supports by putting forth three interrelated policy recommendations:

- Move away from short-term, competitive funding to flexible, stable, and integrated funding models to enhance the capacity of urban Indigenous community-based organizations to deliver equity-oriented mental health and addictions services and supports that are accessible and culturally safe.
- Enhance existing and support new Indigenous community-directed mental wellness and substance use services and supports for older urban Indigenous adults (45+) through Indigenous-led health service partnerships with urban Indigenous community-based organizations.
- Recognize and promote the crucial roles of Elders, Knowledge Keepers, and Traditional Healers within the planning and delivery of Indigenous-led, community-directed mental health and addictions services and supports through adequate resourcing and compensation.

[1] The term 'Indigenous' is used in this report to refer to First Nations peoples, Inuit, and Métis peoples collectively. The terms 'First Nations,' 'Inuit,' and 'Métis' are used when referring to specific populations.

Terminology

Elders, Traditional Healers and Knowledge Keepers

Traditionally, Indigenous "Elders are respected leaders in the community and support the transmission of tradition, culture, language, and knowledge. Not all Indigenous senior community members are Elders. Elders share ancestral knowledge and provide guidance on personal and community issues. In many cases, Elders are the holders of knowledge that needs to be passed along to future generations. Traditional Knowledge Keepers are leaders who possess talents or knowledge that they pass onto future generations" (Mashford-Pringle et al., 2021, p. 6). Many Elders are also recognized as Traditional Healers (Hill, 2003). Recognizing that there is no single agreed-upon definition of Traditional Healer, Traditional Healers can be understood "as an Indigenous Cultural Practitioner, Elder, Medicine People or Knowledge Keepers who provide traditional medicine, traditional teachings and ceremonies all the while serving as mentors and teachers to people in the community" (Manitoba Keewatinowi Okimakanak Inc. [MKO], 2019, p. 8). Traditional Healers are usually identified by the community (Hill, 2003; MKO, 2019).

Indigenous Peoples

Constitutionally, Canada recognizes three groups of Indigenous Peoples: First Nations (Indians), Métis, and Inuit (Government of Canada, 1982). The collective term "Indigenous Peoples" is used in recognition of these three culturally distinct groups.

Reserve

"A reserve is land held by the Crown for the use and benefit of a First Nation" (Place, 2012, p. 6).

Urban Indigenous Peoples

The term "urban Indigenous Peoples" is used to collectively refer to First Nations (status or non-status), Métis, or Inuit who reside in off-reserve population centres outside of Métis settlements, First Nations, or Inuit communities (British Columbia Association of Aboriginal Friendship Centres [BCAAFC], 2020). Statistics Canada distinguishes between three sizes of urban population centres: small (1,000 to 29,999), medium (30,000 and 99,999), and large (100,000 or more) (O'Donnell et al., 2017).

BACKGROUND

Access to health care is a widely recognized determinant of health (National Collaborating Centre for Indigenous Health [NCCIH], 2019; Solar & Irwin, 2010). As Canada's population ages, equitable access to culturally safe mental health and addictions services and supports for older adults is becoming an increasingly pressing concern for Canadian governments (Mental Health Commission of Canada, 2017). Older Indigenous adults, one of the fastest growing demographics in Canada (O'Donnell et al., 2017), face not only a disproportionate burden of poor mental health and trauma (Corrado & Cohen, 2003; Elias et al., 2012; Schill et al., 2019; Truth and Reconciliation Commission [TRC] of Canada, 2015a), but also unique challenges in accessing mental health and addictions care stemming from colonialism – the forced disconnection of Indigenous Peoples' from lands, cultures, families, and communities, anti-Indigenous racism, stigma, and discrimination (Habjan et al., 2012; Hillier & Al-Shammaa, 2020; Schill et al., 2019; Smye et al., 2011; Webkamigad et al., 2020). Despite this, governments and health authorities have largely overlooked the distinct mental health needs and challenges of older Indigenous adults, especially those living in urban (off-reserve) communities.

According to the 2016 census, the number of older Indigenous adults (aged 65 and older) has more than doubled since 2006 and is expected to double again by 2036 (Press, 2017). These demographic trends towards aging are paralleled by an increase in urbanization, with over half of older Indigenous adults (52%) living in off-reserve population centres in 2012 (O'Donnell et al. 2017). These trends have important implications for the delivery and accessibility of mental health and substance use services for older Indigenous adults. For urban Indigenous Peoples, access to mental health services is a complex function of geography, past and ongoing colonial policies and practices, racism, and the continued dominance of a biomedical model of care (Allan & Smylie, 2015; BCAAFC, 2020; Moroz et al., 2020). For example, due to complex jurisdictional issues, Métis, non-status First Nations, and status First Nations who have moved off-reserve are excluded from many Indigenous-specific mental health and addictions services and supports that are available to First Nations community members on-reserve (Allan & Smylie, 2015; BCAAFC, 2020). As residents of a province or territory, mental health care for urban Indigenous Peoples has primarily been under the purview of provincial and territorial governments, who provide universally accessible and publicly insured health services to all residents, including First Nations, Inuit, and Métis (Indigenous Services Canada [ISC], 2021). Yet, the historic exclusion of non-physician provided services from Canada's universal healthcare system has created major gaps in and barriers to mental health and substance use services, with the scope of available services, their level of coverage, and their eligibility criteria varying widely from one province or territory to another.

The COVID-19 pandemic, poverty, widespread racism and discrimination against Indigenous Peoples within and outside the mental healthcare system, stigma related to mental health and substance use, and limited access to traditional healing practices and social support networks further exacerbate inequities for older

For urban Indigenous Peoples, access to mental health services is a complex function of geography, past and ongoing colonial policies and practices, racism, and the continued dominance of a biomedical model of care

(Allan & Smylie, 2015; BCAAFC, 2020; Moroz et al., 2020).

urban Indigenous adults both in terms of access and mental health outcomes (Arriagada et al., 2020; BCAAFC, 2020; Browne et al., 2011; Canadian Mental Health Association, Ontario, 2010; Moroz et al., 2020; Schill et al., 2019). For example, many older Indigenous adults are residential school survivors and are reluctant to seek and access Western institutions of care and/or care designed within a strictly biomedical paradigm (Abraham et al., 2018; Habjan et al., 2012; Hillier & Al-Shammaa, 2020; Tonkin et al., 2018). Rather than focusing on illness, Indigenous concepts of mental health and wellness tend to be relational and emphasize wholistic ways of knowing and being (Mussell, 2014; Vukic et al., 2011). In many Indigenous paradigms, mental wellness results from "a balance of the mental, physical, spiritual and emotional dimensions of self and the ability to live in harmony with family, community, nature and the environment" (Atkinson, 2017, p. 1). Colonialism and self-determination (or the lack thereof) are therefore considered to be among the most profound determinants of Indigenous mental health and wellness (Greenwood et al., 2015; Halseth & Murdock, 2020). Research shows that the effects of past and ongoing colonial policies and practices (for example, residential schooling, Indian hospitals, the Sixties Scoop, and present-day child welfare practices), in the form of historic and intergenerational trauma, continue to shape the collective mental health and wellness of Indigenous populations today (Allan & Smylie, 2015; Bombay et al., 2014; Greenwood et al., 2015).

Numerous Canadian commissions and reports have documented and called upon governments to recognize and address the distinct health care needs of off-reserve, urban Indigenous Peoples.[2] Call to Action #20 by the Truth and Reconciliation Commission of Canada (2015a) urges "the federal government to recognize, respect, and address the distinct health

[2] See for example, BCAAFC (2020), Congress of Aboriginal Peoples (2020), Environics Institute (2010), National Association of Friendship Centres (2020), National Inquiry on Missing and Murdered Indigenous Women and Girls (2019), Place (2012); Royal Commission on Aboriginal Peoples (1996), and TRC (2015b).

needs of the Métis, Inuit, and off-reserve Aboriginal peoples" (p. 3), while Article 21(2) in the United Nations (UN) Declaration on the Rights of Indigenous Peoples (2007) calls for "particular attention … [to] be paid to the rights and special needs of Indigenous elders, women, youth, children and persons with disabilities." Yet, longstanding jurisdictional debates over where responsibility for urban Indigenous Peoples' health service delivery lies (Royal Commission on Aboriginal Peoples [RCAP], 1996; TRC, 2015), combined with a lack of urban Indigenous voices in mental health policy and planning (Josewski, 2012; Josewski et al., 2021; Kurtz et al., 2008; Snyder et al., 2015), have left many urban Indigenous populations – including older adults – with unmet needs (BCAAFC, 2020; Josewski et al., 2021; Schill et al., 2019).

These factors compound to produce accelerated aging, higher rates of disabilities and chronic medical comorbidities at lower ages, and shorter life expectancies for Indigenous Peoples compared with the general Canadian population (Arriagada et al., 2020; Webkamigad et al., 2020; Wilson et al., 2011). One Canadian study found that seven percent of the Indigenous participants aged 55–64 lived with three or more chronic conditions compared to only two percent of their non-Indigenous counterparts (Wilson et al., 2011). Another study showed that Indigenous Peoples experience levels of frailty at ages 45–54 that are comparable to that of people aged 65–74 in the general Canadian population (Walker, 2020). Such disparities underscore the need for an expanded definition of older adults from 65 to as early as 45 years of age and older when planning for mental health and wellness services and supports for older Indigenous adults (Habjan et al., 2012; Hillier & Al-Shammaa, 2020).

While a focus on older Indigenous adults is missing, Canadian governments and health authorities have made clear policy commitments to improving equitable access to health and mental health services that are culturally relevant and safe for Indigenous Peoples, including older Indigenous adults (BC Ministry of Mental Health and Addictions, 2019; First Nations Health Authority [FNHA], 2019; FNHA et al., 2013; Government of British Columbia, 2021). In the context of the COVID-19 pandemic in 2021, the Liberal federal government committed to an unprecedented $4.25 billion in mental health funding to be transferred to provinces and territories over five years. This election promise came with an additional $2 billion commitment to work together with First Nations, Inuit, and Métis Nation partners to expand and improve access to culturally grounded, Indigenous-led, and trauma-informed mental health care for Indigenous Peoples (Liberal Party of Canada, 2021). To realize such commitments, governments and health authorities require access to high quality, timely, accessible, and relevant evidence on how to rapidly improve access to mental health and substance use services that are responsive to the unique and evolving needs, challenges, and contexts of older Indigenous adults. Therefore, the purpose of this policy report is to review and contextualize the current evidence base with the aim of identifying evidence-informed policy recommendations on how to rapidly improve access to culturally safe and relevant mental health and substance use services for older Indigenous adults (45+) residing in urban population centres.

RESEARCH APPROACH

The methodological approach for this policy report included an environmental scan to explore and identify specific barriers and potential solutions for rapidly improving access to mental health and addictions services and supports for older Indigenous adults living in urban (off-reserve) population centres. Environmental scanning included a jurisdictional scan on existing policy reports and programs, a review and synthesis of the peer-reviewed and grey literature, as well as consultation with a small number of policy stakeholders. Wherever possible, literature by Indigenous authors and/or Indigenous community-based participatory research was emphasized to amplify Indigenous voices and perspectives. Specifically, the report is informed by the findings of a larger qualitative study examining urban Indigenous providers' experiences of cultural safety and equity in mental health and addictions care (Josewski, 2020; Josewski et al., 2021).

This study, which received ethics approval from Simon Fraser University, used Indigenous and critical theoretical perspectives that foreground Indigenous voices. It was conducted in partnership with seven Indigenous and one non-Indigenous community-based organizations located in one medium urban and two larger metropolitan centres in British Columbia, Canada. The study contextualizes the findings from the environmental scan and includes participant quotes.

Potential policy options were analyzed in relation to three key dimensions of health care access – accessibility, availability, and acceptability – using health equity (Browne et al., 2015) and cultural safety (Smye & Browne, 2002) as analytical lenses.

DATA LIMITATIONS

Despite the dramatic increase in older Indigenous adults, health data on this population remains limited (Brooks-Cleator & Giles, 2016; Jervis, 2010). Current empirical research with this group is scarce, especially in relation to mental health and substance use, and significant gaps exist in data specific to Métis and First Nations peoples living off-reserve (Trevethan, 2019). Moreover, much of the evidence discussed in this report comes from smaller, community-based studies, which may have limitations due to sampling and information bias. In addition, given the continuing emergence of new evidence, periodic updating of the review will be warranted. Despite these limitations, the existing published evidence provides a solid foundation that supports the recommendations put forward in this report.

KEY FINDINGS

Improving equitable access to culturally safe and relevant mental health and addictions services and supports for older urban Indigenous adults necessitates considerations of accessibility, availability, and acceptability. Accessibility of services is defined as people's ability "to obtain the services when they need them" (Evans et al., 2013, p. 546), whereas availability refers to "the physical existence of health resources with sufficient capacity to produce services" (Levesque et al., 2013, p. 6). As stated above, older Indigenous adults residing in urban (off-reserve) population centres experience unique challenges in relation to mental health and addictions service accessibility and availability because of differences and discrepancies in funding and programs for First Nations, Inuit, and Métis peoples, jurisdictional complexities, and discriminatory organizational policies (NCCIH, 2019). Inequities in access are compounded by issues related to the acceptability of mental health and addictions services and supports, in other words, "people's willingness to seek services" (Evans et al., 2013, p. 546). In relation to older Indigenous populations, acceptability denotes the extent to which older Indigenous adults perceive services and service environments to be culturally safe and responsive to their needs, concerns, priorities, and contexts (Browne et al., 2016; Halseth et al., 2019). For many, the dominance of biomedical models of mental health care and a lack of trust, rooted in both historical (e.g., many older Indigenous adults are survivors of residential schools) and lived experiences of racism, stigma, and discrimination, act as key barriers to accessing mental health care services (Auger et al., 2016; Jervis, 2010; Ward et al., 2021).

Strategies and innovations for improving older Indigenous Peoples' access to equity-oriented mental health and addictions services and supports

Cultural safety, trauma- and violence-informed care, and contextually tailored care constitute key dimensions of equity-oriented care (Browne et al., 2012; Browne et al., 2016; Ford-Gilboe et al., 2018). Growing evidence demonstrates that equity-oriented health care delivered by primary health care clinics is effective in improving access and wellness outcomes in populations affected by health and social inequities (Browne et al., 2016; Ford-Gilboe et al., 2018; Horrill et al., 2022).

Figure 1 provides a schematic overview of the key dimensions of equity-oriented health care in relation to mental health and addictions care for older Indigenous adults. Contextually-tailored approaches require that mental health and addictions services are responsive to local needs, priorities, and the contexts of demographic trends of older Indigenous populations and the communities they live in. Culturally safe practices are respectful of Indigenous knowledge(s) and healing systems. They deconstruct power imbalances inherent within health care by addressing the effects of historical and ongoing colonialism, anti-Indigenous racism, and discrimination (Auger et al., 2016; Browne et al., 2016, Curtis et al., 2019; Halseth et al., 2019). Applying the principle of trauma- and violence-informed

Improving equitable access to culturally safe and relevant mental health and addictions services and supports for older urban Indigenous adults necessitates considerations of accessibility, availability, and acceptability.


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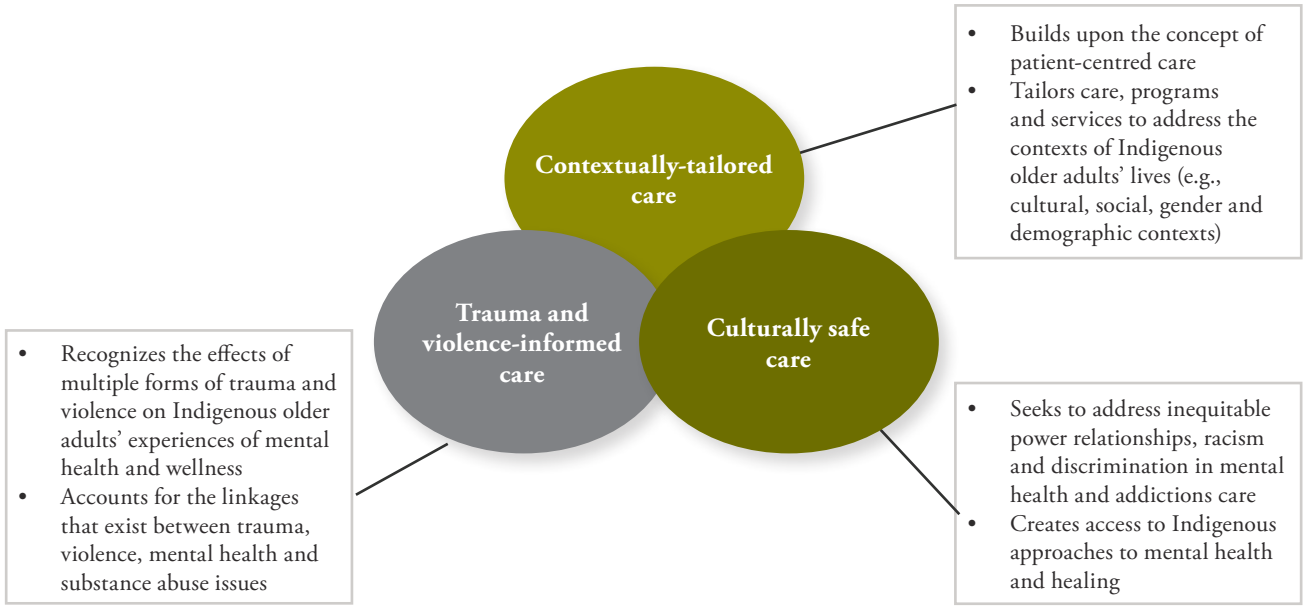
care (Browne et al., 2015) to the delivery of mental health and addictions services and supports means considering the multiple sources of trauma and violence in the lives of older Indigenous adults and the ways in which they impact on mental health and care experiences. This includes the ongoing effects of historic and intergenerational trauma and structural violence. Trauma- and violence-informed approaches would therefore emphasize the need for strengths-based responses that support older Indigenous adults' self-determination and address the social determinants of their health.

FIGURE 1. EQUITY-ORIENTED MENTAL HEALTH AND ADDICTIONS CARE FOR OLDER INDIGENOUS ADULTS. ADAPTED FROM BROWNE ET AL. (2015).



Urban Indigenous-led community-directed mental wellness services and supports

Evidence shows that Indigenous-led partnerships with local Indigenous community-controlled organizations improve both access to services and service utilization, and, as a result, wellness outcomes for Indigenous Peoples (Allen et al., 2020; Auger et al., 2016; Campbell et al., 2018; Efimoff et al., 2021; Gottlieb, 2013; Gross et al., 2016; Lavoie et al., 2018; O'Neil et al., 2016). Indigenous community engagement in, and the resulting sense of ownership over, health care services has been found to improve not only the accessibility and utilization of services but also responsiveness and continuity of care (Baba et al., 2014; Bath & Wakerman, 2015; Campbell et al., 2018; Davy et al., 2016; Gross et al., 2016; Harfield et al., 2015; Johnston et al., 2013; Lavoie, 2013; Lavoie et al., 2007; Lavoie et al., 2010; Maar, 2004; Tenbensel et al., 2014; Venugopal et al., 2021). For urban Indigenous (off-reserve) communities, access to Indigenous-led, community-directed mental health and addiction services can be improved through the development of Indigenous-led health care partnerships with urban Indigenous community-based service organizations such as Friendship Centres and Indigenous health centres and clinics (Browne et al., 2012; Browne et al., 2016; Campbell et al., 2018; Lavoie et al., 2018).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Because of their community-based governance structure and explicit commitment to meet the needs of the communities they serve, urban Indigenous community-based service organizations are uniquely positioned to tailor services to the distinct priorities of their respective communities, as well as to identify and respond quickly to new and emerging population needs and contexts (BCAAFC, 2020; Lavoie et al., 2018), such as those of a growing urban Indigenous population of older adults. These organizations also foster community acceptance and trust (Browne et al., 2016; Campbell et al., 2018; Maar, 2004; Maar et al., 2009; Maar & Shawande, 2010), and they increase health care-seeking behaviour among Indigenous populations by offering welcoming spaces that celebrate Indigenous culture(s) (Baba et al., 2014; Campbell et al., 2018). What is more, by grounding their approach to service delivery in Indigenous culture(s) and ways of knowing, and by employing a high percentage of Indigenous frontline staff – including Elders and Knowledge Keepers – these organizations successfully mitigate the ongoing impacts of colonial health care and racism (Schill et al., 2019). Their success is evidenced in the findings of the Urban Aboriginal Peoples Study, which indicated that in 2010, more than half of Indigenous Peoples living in urban centres in Canada reported utilizing local Indigenous services and organizations (Environics Institute, 2010). Of these, older Indigenous adults living in urban areas were particularly likely

to access and utilize services provided by Indigenous agencies.

Qualitative studies exploring Indigenous Peoples' experiences of health care supply further support for this finding. In these studies, Indigenous people cited a culturally appropriate model of care, trust, and relationships with staff and an Indigenous health care setting to be key factors in making Indigenous community-directed services more accessible (Campbell et al., 2018; Ward et al., 2021). However, Indigenous community-based organizations, especially those serving urban Indigenous populations, face considerable challenges that constrain their capacity to ensure the accessibility, availability, and acceptability of services. A lack of core funding, the widespread use of short-term and competitive funding arrangements, and highly prescriptive accountability frameworks make it difficult to recruit and retain experienced qualified staff. They also limit opportunities for community-led and long-term program planning and, by extension, the local tailoring of programs and service environments (Josewski et al., 2021).

> *"How can we … use the resources to work more efficiently? And maybe we can find a way of working that is more effective. … There's still discrimination … within the system … historical issues from the past … and I think it's all created by … the funding system … [I]t's caused from … everybody fighting for the same pots [of money]." (Elder and mental health provider with an Indigenous-led organization)*

Traditional Indigenous healing and wellness approaches

A growing body of evidence shows that approaches informed by Indigenous healing practices and Indigenous knowledge are another important strategy for promoting access to equity-oriented mental health and addictions services and supports for older Indigenous adults (Allen et al., 2020; Browne et al., 2016; Graham et al., 2021; Lewis & Myhra, 2017; Maar, 2004; Maar et al., 2009; Maar & Shawande, 2010; Rowan et al., 2014; Tu et al., 2019; Ward et al., 2021). In addition to improvements in mental health and addictions outcomes (Tu et al., 2019), research shows that where such service models are implemented, clients report very high levels of satisfaction and cultural safety, as well as improved access to a continuum of care (Browne et al., 2016; Campbell et al., 2018; Maar, 2004; Maar & Shawande, 2010; Maar et al., 2009; Yeung, 2016). While not all Indigenous people choose traditional healing approaches, a growing number of Indigenous people, specifically Elders (Brooks-Cleator & Giles, 2016; Collings, 2001; Schill et al., 2019; Tonkin et al., 2018; Ward et al., 2021) want more access to traditional healing and culturally relevant services (Allen et al., 2020; Campbell et al., 2018; Graham et al., 2021). Compared to younger generations, older Indigenous adults are also more likely to follow traditions (Brooks-Cleator & Giles, 2016). Based on the findings of the Urban Aboriginal Peoples Study, nearly three quarter of older Indigenous adults living in urban areas consider access to traditional approaches to health care as or more important than access to Western health services (Environics Institute, 2010).

The use and/or integration of traditional wellness approaches can be supported locally through a collaborative service model and partnerships with Traditional Healers, Knowledge Keepers, Elders, and Indigenous agencies (Allen et al., 2020; Browne et al., 2016; Maar et al., 2009; Maar & Shawande, 2010). Elders, Knowledge Keepers, and Traditional Healers play vital roles in designing and delivering culturally safe care that integrates culture and Indigenous healing practices into mental health and addictions services (Allen et al., 2020; Browne et al., 2016; Graham et al., 2021; Maar & Shawande, 2010; Tu et al., 2019); yet, their contributions are often not adequately recognized, as funding dedicated to Elders' services and cultural resources

remains problematically lacking (Josewski et al., 2021; Wise Practices Research Group, 2018).

> *"They want us to work in a culturally appropriate way with the clients so it will be right in the contract but in some contracts, like our addictions contract, it doesn't have extra money built in for elder honorariums or paying part of the spiritual advisor's salary; it's just two counselors." (Mental health provider with an Indigenous-led organization)*

Community-based, integrated, comprehensive, and collaborative models of mental health and addictions care

Community-based, integrated, comprehensive, and collaborative care "emphasizes inter-professional collaboration as the bedrock for improving access, an expanded menu of services, and delivery of more appropriate mental health and substance use care" (Jeffries et al., n.d., p. ii). Evidence suggests that integrated, comprehensive, and collaborative models of community-based care can improve the accessibility of mental health and addictions services – especially for people who live with multiple chronic health conditions – by overcoming service siloes, improving coordination of care, and reducing stigma (BCAAFC, 2020; Browne et al., 2009; Browne et al., 2012; Browne et al., 2016; Landry et al., 2019; Lewis et al., 2017; Maar, 2004; Maar et al., 2009; Maar & Shawande, 2010; Place, 2012). While research in this area as it relates to Indigenous populations is scarcer, studies suggest that integrated and collaborative care, when designed and delivered in partnership with urban Indigenous communities, Traditional Healers, and Elders, can be effective for improving access, cultural safety, and continuity of care for Indigenous populations (Browne et al., 2012; Browne et al., 2016; Campbell et al., 2018; Lewis et al., 2017). Conceptually, integrated, comprehensive, and collaborative models of care fit well with Indigenous Peoples' views on mental health and addictions issues (BCAAFC, 2020; Josewski, 2012; Josewski et al., 2021; Maar, 2004; Maar et al., 2009; Maar & Shawande, 2010; Ontario Local Health Integration Network, 2011).

Indigenous views tend to emphasize the need for wholistic approaches to mental health and addictions that directly respond to the social determinants of Indigenous health, such as "intergenerational trauma, poverty, unemployment and lack of housing that occur alongside the consequent mental health issues" (Smye & Mussell, 2001, p. 24). In line with this perspective, many urban Indigenous community-based organizations engage in integrated and comprehensive care planning to increase access to services and supports that address the connections that exist between mental health, trauma, substance use, the cultural foundations for healing, and the wider social and historical contexts of Indigenous Peoples' lives (BCAAFC, 2020; Browne et al., 2016; Josewski, 2020).

However, short-term, competitive, and inflexible funding arrangements create structural barriers to delivering integrated, comprehensive, and collaborative mental health and addictions services (Josewski, 2020). They

also create unintentional harms, such as potentially generating retraumatizing situations by routinely disrupting relationships of care (Josewski, 2020). Highly fragmented and jurisdictionally complex funding and policy environments have produced a maze of community-based services that are difficult for older Indigenous adults to navigate and access, and that create unnecessary administrative burdens for Indigenous organizations that are working to offer wholistic mental health and addictions services by piecing together single contracts (Josewski et al., 2021).

> *"We have to have four contracts pieced together to have a counseling program ...". (Mental Health Program Director with an Indigenous-led organization)*

Telemental health

Telemental health is the use of communications technology to facilitate access to and delivery of mental health and addictions services and supports (Jeffries et al., n.d.). Research demonstrates that telemental health is cost-effective, improves access to care, and enhances care experiences for a wide variety of populations, including rural and remote communities and older adults (Egede et al., 2018; Hilty et al., 2013; Langarizadeh et al., 2017). However, research in Indigenous settings is scarce, and there is little evidence to guide a rapid shift to telemental health and substance use services for older Indigenous adults (Goodwill et al., 2021). This is particularly the case with respect to ensuring cultural safety and addressing the social inequities that limit many Indigenous people's access to and use of communications technology (Jones et al., 2017). For example, findings from the 2017 Aboriginal Peoples Survey show that many older Indigenous adults (42.4%) in Canada do not use the internet, especially those who reside in the North and who report a strong cultural identity (Ali-Hassan et al., 2020).

In addition to concerns about cultural safety in telehealth services (Jones et al., 2017), many Indigenous people, especially those living in more rural and Northern areas, do not have reliable access to the internet and/or information communication technologies, and if they do, they might experience technical difficulties using certain types of technology (Ali-Hassan et al., 2020; Toth et al., 2018). Access may, however, be enhanced in situations where telemental health services are provided in culturally safe and supportive environments in collaboration with Indigenous community-based organizations and providers (Caffery et al., 2018), and when they are developed with Indigenous leadership and input (Jones et al., 2017; Povey et al., 2016). Overall, while increased access to and use of information communication technologies by Indigenous communities may help to provide greater access to mental health and addictions services and supports for older Indigenous adults, more work is needed to better understand the perspectives and experiences of older Indigenous adults and Elders using telehealth technology for mental health services and supports.

> *"I think Indigenous people want to be … innovative … innovative in the way they do things because they're imagining a new way of being". (Elder and Indigenous policy stakeholder)*

POLICY RECOMMENDATIONS

This policy report highlights the pressing need for governments and health authorities to improve access to mental health and addictions services and supports for older Indigenous adults living in urban areas. The three interrelated recommendations below are aimed at health authorities and provincial/territorial and federal governments, and they amplify Indigenous calls for action and strategic priorities, including the 2015 Truth and Reconciliation Commission's Calls to Action, the BC Association of Aboriginal Friendship Centres' Urban Indigenous Wellness Report (2020), and the First Nations Mental Wellness Continuum Framework (Assembly of First Nations [AFN] & Health Canada, 2015). In addition, they provide a direct response to Indigenous Peoples' health care rights, as articulated by the UN Declaration on the Rights of Indigenous Peoples (2007), which clearly states that "Indigenous individuals have the right to access, without any discrimination, to all social and health services," as well as "an equal right to the enjoyment of the highest attainable standard of physical and mental health" (p. 18).

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...health authorities and governments need to recognize Indigenous self-determination in the form of Indigenous control over the design and delivery of health services as a key dimension of reconciliation (TRC, 2015a) and also of equity and cultural safety in mental health service delivery

(NCCIH, 2019; O'Neil et al., 2016).

Policy recommendation 1

Enhance existing and support new Indigenous community-directed mental wellness and substance use services and supports for older urban Indigenous adults (45+) through Indigenous-led health service partnerships with urban Indigenous community-based organizations.

According to Article 23 of the UN Declaration on the Rights of Indigenous Peoples (2007),

> *Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions (p. 18).*

In alignment with this, health authorities and governments need to recognize Indigenous self-determination in the form of Indigenous control over the design and delivery of health services as a key dimension of reconciliation (TRC, 2015a) and also of equity and cultural safety in mental health service delivery (NCCIH, 2019; O'Neil et al., 2016). Within an off-reserve context, this can be achieved through Indigenous-led health service partnerships between urban Indigenous communities, health authorities, and governments (Allan & Smylie, 2015; Allen et al., 2020; Bath & Wakerman, 2015; BCAAFC, 2020; Davy et al., 2016; Firestone et al., 2019; Lavoie et al., 2010; Smye et al., 2020).

Urban Indigenous community-based organizations are uniquely positioned to tailor mental health and addictions services and supports to the local needs, concerns, and contexts of older Indigenous adults and thus improve the accessibility, availability, and acceptability of mental health and addictions services and supports for this population. As the largest urban Indigenous service-delivery infrastructure in Canada, Friendship Centres play a critical role in improving access to mental health and wellness services and supports for older Indigenous adults living in urban, rural, and off-reserve areas (Schill et al., 2019), regardless of where they choose to live or whether they identify as status or non-status First Nations, Inuit, or Métis (BCAAFC, 2020; NAFC, 2020). Other examples include the Aboriginal Health Access Centres (AHACs) and Aboriginal Community Health Centres (ACHCs) in Ontario. These centres offer a blend of traditional Indigenous approaches to mental health and wellness to Indigenous Peoples both on- and off-reserve, in urban, rural, and Northern locations. However, Ontario is the only jurisdiction with a comprehensive policy framework for ensuring engagement of urban Indigenous communities in health care planning and delivery.

To improve access to mental health and addictions services and supports for older urban Indigenous populations, health authorities and governments need to recognize the pivotal role that urban Indigenous community-based organizations play in the provision of mental health and addictions care in urban Indigenous communities. Given their notable contributions to innovative service delivery models and culturally safe and relevant mental health and addictions services and supports, urban Indigenous community-based organizations could also provide insights into the use of telemental health. Consequently, more resources, time, and strategic efforts should be invested in expanding established and building new formalized Indigenous-led health service partnerships with urban Indigenous community-based organizations that are rooted in policy and backed-up with substantive financial commitments. This includes increased investments to mental health program funding to match the needs of an increasingly urbanized aging

Indigenous population, as well as organizational wages, infrastructure and core funding support to community-driven program planning, policy development, and advocacy (Allan & Smylie, 2015; BCAAFC, 2020; Josewski, 2020).

Policy recommendation 2

Move away from short-term, competitive funding to flexible, stable, and integrated funding models to enhance the capacity of urban Indigenous community-based organizations to deliver equity-oriented mental health and addictions services and supports that are accessible and culturally safe.

Even though increases in funding are urgently needed, on their own they will be insufficient for ensuring the accessibility of mental health and addictions services and supports for older Indigenous adults. Rather, governments and health authorities must change how funding is provided. A focus on and commitment to more stable, integrated, and flexible funding models by all health authorities and levels of government is urgently needed to ensure: (1) continuity of care and maintaining relationships of trust between community members and providers; (2) community-driven care planning; and (3) access to comprehensive, integrated, and collaborative models of mental health and addictions care that address the wholistic determinants of mental wellness for older Indigenous adults and recognize the connections between trauma, violence, mental health, and addictions (Dwyer et al., 2014; Dwyer et al., 2011; Josewski, 2020; Josewski et al., 2021). Alternatives to competitive, short-term funding models include relational funding and block-funding arrangements (Browne et al., 2012) and integrated contracting models (Pomeroy, 2007) that integrate resources across jurisdictions and create spaces of engagement between different funders, levels of governments, and the Indigenous organizations in order to foster a shift away from current supply-oriented funding models to more demand-focused bottom-up approaches.

Policy recommendation 3

Recognize and promote the crucial roles of Elders, Knowledge Keepers, and Traditional Healers within the planning and delivery of Indigenous-led community-directed mental health and addictions services and supports through adequate resourcing and compensation (Josewski, 2020; TRC, 2015; Wesley-Esquimaux & Calliou, 2010; Wise Practices Research Group, 2018).

This recommendation is in direct response to the Truth and Reconciliation Commission's Call to Action #22, which states, "We call upon those who can effect change within the Canadian health care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients

in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients" (TRC, 2015b).

Significantly, and as emphasized by the UN Declaration on the Rights of Indigenous Peoples (2007), for Indigenous Peoples, access to traditional medicines is not merely a matter of policy; rather, it is a human right (p. 18).

As a primary source of cultural and healing knowledge, Indigenous Elders, Knowledge Keepers, and Traditional Healers play an important role in the planning, development, and delivery of Indigenous community-led, culturally grounded services and supports (AFN & Health Canada, 2015; Josewski, 2020; Viscogliosi et al., 2020), and as such, they need to be recognized for and supported in their contributions through adequate compensation and resourcing. In addition to providing an additional source of income for older Indigenous adults, doing so might also strengthen older adults' sense of belonging, purpose, hope, and meaning – thereby, further enriching mental wellness across the individual, family, and community levels (AFN & Health Canada, 2015; Collings, 2001; Jervis, 2010). In many cases, monetary compensation for the services being offered is appropriate, but compensation may also take the form of "gifts (such as tobacco or blankets), paying travel expenses, costs of ceremony (such as materials), ensuring ongoing self-care for Healers, or paying for the cost of medicines, among others" (Wise Practices Research Group, 2018, p. 4). In addition, health authorities and governments should, in consultation and collaboration with Indigenous organizations, plan for and develop budgets that ensure the appropriate allocation of resources to culture-specific activities and healing practices, and they should ensure compensation for Elders, Traditional Healers, cultural practitioners, and spiritual advisors in their capacities as program planners and service providers (TRC, 2015a; Wesley-Esquimaux & Calliou, 2010; Wise Practices Research Group, 2018).

As a primary source of cultural and healing knowledge, Indigenous Elders, Knowledge Keepers, and Traditional Healers play an important role in the planning, development, and delivery of Indigenous community-led, culturally grounded services and supports

(AFN & Health Canada, 2015; Josewski, 2020; Viscogliosi et al., 2020)

EXAMPLES OF URBAN INDIGENOUS-LED INNOVATIONS

A number of urban Indigenous-led innovations are underway in Canada. Rooted in Indigenous knowledge(s) and culture(s), these innovations offer successful examples of Indigenous models of mental health and addictions care. Examples of a few of the innovations are listed below.

Aboriginal Health Access Centres (AHACs)

Aboriginal Health Access Centres (AHACs) in Ontario are a unique network of 10 Indigenous community-led, primary health care organizations serving Indigenous Peoples both on- and off-reserve, in urban, rural, and Northern locations. AHACs offer programs and services that are designed and delivered by Indigenous Peoples for Indigenous Peoples. Programs and services are oriented to promote healing of intergenerational trauma and individual, family, and community wellness. The Centres use a blend of Indigenous and Western approaches that range from addictions counselling and mental health care to traditional healing, youth empowerment, cultural programs, community development initiatives, and social supports.

allianceon.org/aboriginal-health-access-centres

Wabano Centre for Aboriginal Health

The Wabano Centre for Aboriginal Health, located in Ottawa, Ontario, is an award-winning example of an AHAC that provides a multitude of culturally rooted services and serves Indigenous people of every background and stage of life. Wabano's approach to mental health and addictions is unique because it merges Indigenous practices with contemporary therapeutic methods.

wabano.com

Anishnawbe Health Toronto

In Toronto, Ontario, Anishnawbe Health Toronto (AHT) is an example of an Aboriginal Community Health Centre. It serves the urban Indigenous community at three locations across the Greater Toronto Area, using both Western and traditional approaches to health care. AHT takes a multi-disciplinary, long-term approach to mental health and substance use services, taking into consideration the spiritual, mental, emotional, and physical needs of every individual and involving both Traditional Healers and Western-trained professionals, including mental health and addictions counsellors, psychiatrists, psychologists, social and outreach workers, nurses, and physicians. New clients can self-refer to the program for intake, and no appointment is necessary.

aht.ca

Elders in Residence Program, Vancouver Costal Health (VCH) Authority

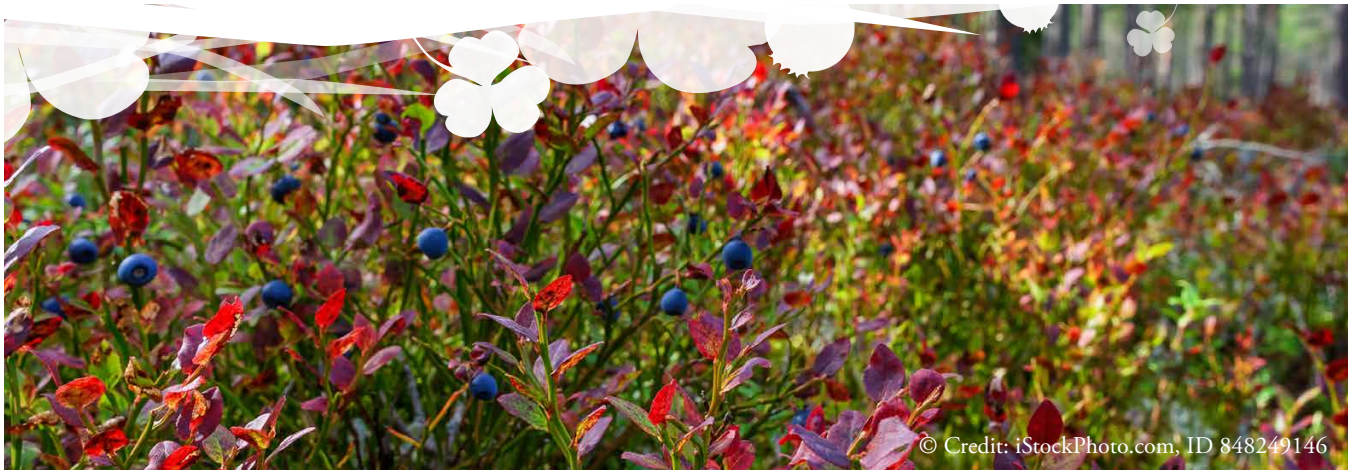
In alignment with VCH's commitment to accessible and culturally appropriate health care, this program provides Indigenous patients and families with access to Elders and Knowledge Keepers and culturally specific medicines and healing methods. Elders and Knowledge Keepers provide health care staff and physicians with culturally-specific consultation. Currently, Elders and Knowledge Keepers are in place at a number of acute and community health care sites.
vch.ca/your-care/indigenous-health/programs-and-initiatives

Kílala Lelum

Located in Vancouver, British Columbia's Downtown Eastside, Kilala Lelum is an innovative model of care which addresses the mental health needs of Indigenous seniors by combining traditional Indigenous and Western approaches to wellness. Indigenous Elders and Healers provide up to 50% of the care provided. Kílala Lelum (Urban Indigenous Health and Healing Cooperative) aims to partner Indigenous Elders with physicians and allied health professionals to provide physical, mental, emotional, and spiritual care to the Downtown Eastside community. The organization's cultural programming includes Indigenous Elder one-on-one visits, Elder-guided community circles, and culturally-focused community outings aimed at strengthening mental wellness through positive identity development and connection to Indigenous teachings, medicines, songs, and culture.
kilalalelum.ca/

Prince George Native Friendship Centre

The Prince George Native Friendship Centre (PGNFC) services the needs of Indigenous (and non-Indigenous) people residing in the urban area. The PGNFC provides culturally appropriate programming to meet the community's unique and diverse needs, offering a wide variety of health and social services, including a range of mental health and addictions services and supports. This includes the Native Healing Centre, a wholistic and culturally safe program for people affected by trauma, addictions, grief, and loss. The program is grounded in Indigenous values, employs both traditional and non-traditional techniques for healing, and involves the individual and their family, as well as the whole community.
pgnfc.com/index.html



CONCLUSION

This report provided a contextualized review of the current evidence base on culturally safe and relevant mental health and substance use services for older Indigenous adults (45+) residing in urban population centres, with the aim of identifying evidence-informed policy recommendations on how to rapidly improve access to these types of services. As the findings of this report make clear, any meaningful discussion of how to facilitate access to mental health and substance use services and supports for older Indigenous populations requires careful consideration of the wider historical, political, cultural, and socio-economic factors that shape Indigenous Peoples' mental health outcomes and access to care – most notably, the ongoing effects of past and contemporary colonialism, anti-Indigenous racism, and Indigenous self-determination.

The available evidence, as discussed in this report, points to four equity-oriented strategies and innovations for improving the accessibility, availability, and acceptability of mental health and substance use services and supports for older Indigenous adults. These include:

1. urban Indigenous-led community-directed mental wellness services and supports;
2. Traditional Indigenous healing and wellness approaches;
3. community-based, integrated, comprehensive and collaborative models of care; and
4. telemental health.

However, current literature and research centered on the perspectives, experiences, and concerns of Indigenous policy stakeholders and community-based agencies, providers, and Elders also emphasize challenges with current funding structures and processes. The recommendations put forward in this report directly build upon these results. They are designed to provide guidance to Canadian governments and health authorities on how to rapidly improve access to equity-oriented mental health and addictions services and supports for older Indigenous adults residing in urban areas in ways that are consistent with Indigenous Peoples' human rights (including Treaty and inherent rights), as well as Canada's obligations and espoused commitments to uphold these rights.

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National Collaborating Centre for Indigenous Health

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