



# ANISHINABEK NATION

---

## Mental Health, Addiction & Opioid Summary Report

---

### EXECUTIVE SUMMARY

January and February of 2023 the Opioid Strategic Planning Specialist and Mental Health and Addiction Systems Specialist hosted Roundtable discussions in 5 regions; the Southeast, Southwest, Lake Huron, Northern Superior and Manitoulin Island. This included inviting our 39 communities, their leadership, and frontline workers.

The purpose of the roundtables was to discuss how Anishinabek Nation can assist frontline workers and health services staff who are currently offering programs and services targeting mental health, addictions and opioid crisis. Some of the discussions included training opportunities, increased support in existing programs and services or new opportunities for community members to begin/maintain/improve their healing journey.

### BACKGROUND

In May 2022, leadership passed the Anishinabek Nation Long Term Healing Strategy to:

Direct the Anishinabek Nation to create and implement a long- term health strategy that is guided by Anishinabek values and principles and led through engagement and direction from our member communities; To seek funding for this initiative from the provincial government; To increase awareness around overdoses and legislation which encourages and protects those who seek assistance; to lead and coordinate the creation of a Long-Term Advisory Group; and report back to the Anishinabek Special Chiefs Assembly on progress and initiatives.

### CONSIDERATIONS:

With over 39 communities invited to the discussion, participation was relatively low for frontline workers in a handful of the communities, while Chippewas of the Thames had the largest number of attendees.

The following breakdown is a representation of the 39 communities:

In the Southeast region, 5 out of the 8 communities had representation present and engaged in the discussion.

In the Southwest region, frontline worker representation from 3 of the communities were absent.



# ANISHINABEK NATION

---

In the Manitoulin region, 4 of the 8 communities had representation present and engaged in discussion.

In the Lake Huron region, 4 out of the 10 communities (not including Manitoulin Island) had representation present.

In the Northern Superior region, 4 out of the 9 communities were present and active in the discussion.

Participation in the roundtable discussions was not where we would like to see as only 18 communities participated. That being said, the conversations were incredibly insightful. Giving us an inside look as to what each community has implemented or is working on, if services are lacking and in what way, also what is needed to improve/assist in creating a program or service that best facilitates growth and healing in members utilizing services.

Communities have been working diligently to create and implement programs and services that would create a circle of care. Of the communities we spoke to, most of them have implemented harm reduction strategies such as clean kits and meeting people where they're at in their journey. These services would significantly impact individuals struggling with their mental health and addiction in a positive way. What is lacking is community participation. It was mentioned time and time again through these discussions that workers aren't seeing community access these services for a number of reasons. One of these reasons included confidentiality and stigma. When talking about lack of confidentiality it's very clear it's not due to worker indiscretion but, in fact due to community stigma and judgement when someone seeks out services.

Roundtable discussions led to an important conversation of worker burn out, staff working in their home communities while also dealing with mental health and addictions within their own families or family members. The need for worker holidays, days to attend ceremony that they're not using their annual leave and more opportunities for healing themselves. A lot of the talking points were about grief, for workers and community members. All of our communities have suffered great loss over the last 10 or so years due to mental health, addiction and opioids, grief and trauma healing was strongly recommended as a way to move forward. Our workers need support and days to solely focus on self care to reach and maintain their full potential.

Another important topic was funding and budget allocations. An increase in the amount of funding communities receive would assist Anishinabek Nation community's the ability to create permanent full-time positions and hire more staff. Both of these are significantly impacting the work needed in communities. Current contract positions don't allow for tenure, necessary paid vacation and/or sick time and do not allow for fair wages. This has an impact on worker turnover, which is typically high in our communities. In terms of budget allocations, communities spoke to the strictness of eligible expenses hindering the scope of practice. Reducing the rigidity of eligible expenses will allow frontline workers the ability to assist community members in a more holistic, cultural approach.



# ANISHINABEK NATION

---

The final topics of discussion for this report, that was really important was police involvement, lack of treatment options for those willing and wanting treatment and a lack of support or services for the family. When we spoke to communities about police services, a lot of the conversation was about lack of willingness to assist communities in the management of dealers within their communities. We did invite police services to the discussion but only saw one representative from one community. We are looking into furthering the discussion with police services throughout our territories. Treatment services for individuals wanting to make changes has been the most difficult for communities. The unfortunate element is that individuals that are seeking out treatment are ready to go on the spot. However, there aren't any beds available in that moment and typically result in a waitlist. When a bed does become available the individual has unfortunately turned back to their addiction and will change their mind about attending treatment. This has unfortunately been the case for many of the frontline workers we spoke to. Family support for those who have loved ones struggling with their mental health and/or addiction also need services and support. Not only while their loved one is actively engaged in their mental health and/or addiction, but while they are attending treatment or services. Often times what we see is an individual receiving services and the family is left to deal with the consequences on their own because those services just aren't available.

## RECOMMENDATIONS

1. Highlight and focus on participation from communities to further the discussions. This will provide a thorough depiction of the needs within communities.
2. Significant increase in Mental Health and Addiction positions that include more permanent, full time positions.
3. More training and healing opportunities for front-line workers
4. Reduce stigma through campaigns and information sessions, including individuals returning from treatment.
5. Communication with police services to create mutual understanding and good working relationships.
6. Advocacy to increase funding to already existing programs and services with less of a budgetary restriction. Communities need dollars allocated to mental health and addictions without the restrictions that ISC put in place.
7. Advocacy for permanent funding to mental health and addiction programs/services.
8. Advocacy for more treatment options that align with our beliefs and ways of being.

**Katie Pine**  
**Opioid Strategic Planning Specialist**  
[katie.pine@anishinabek.ca](mailto:katie.pine@anishinabek.ca)

**Tim Ominika**  
**Mental Health and Addiction System Specialist**  
[tim.ominika@anishinabek.ca](mailto:tim.ominika@anishinabek.ca)