

## Mental Health Policy Briefing

# We'll bring the fiddle

Life promotion, which can be as simple as bringing people together around a fiddle, addresses mental wellbeing by strengthening our connections to life and to each other.



Métis fiddler Olivier Boulet holds a fiddle in August 2017. *The Hill Times* photograph by Jake Wright

Reagan Bartel

Opinion



The fiddle sings tunes of wellness. Métis youth laugh as they dance the Red River Jig's changes. The tunes speak our connections to our ancestors and to our present-day kin. They speak of hope and continuity. The laughter spreads to aunts, to uncles and to Elders. Life is present in these moments, and we are well.

The music ends. In such moments of silence, rare at a Métis gathering, I am reminded that despite advances, we continue to

struggle to meet the same benchmarks for mental wellness that our non-Indigenous neighbours take for granted. Métis men die, on average, five years younger than their non-Indigenous counterparts (health status of Canadians; projections of the aboriginal population in Canada; aboriginal statistics at a glance). In my own community, Métis Albertans are twice as likely as non-Métis people to engage in self-harm.

The current system, with its continued paternalism and prioritization of narrow biomedical approaches to mental wellbeing, is failing Indigenous Peoples in Canada. It has failed us from the beginning, and it is failing us now. We need a reset—one marked by

truly equitable investments in self-determined, strength-based life promotion strategies.

Life promotion, which can be as simple as bringing people together around a fiddle, addresses mental wellbeing by strengthening our connections to life and to each other. Rather than focusing on individual problems, life promotion brings the strengths of the community to the fore, often in the face of oppressive policies and conditions (Wise Practices). It fosters connections to community, culture, and identity by developing experiences, relational resources, and social conditions that re-engage people with the joy of life, offering a powerful sense of vibrant belonging, meaning, and hope (Of the Heart).

A key principle of life promotion is that programming is driven by the community. I am reminded of my community's wisdom. For decades, Métis people have said that fostering a sense of pride in Métis identity, leveraging our culture as a source of strength, celebrating our diversity, and connecting people to community are sources of healing for us. These things will save more Métis lives than any hotline that the federal government is willing to provide.

Canadian governments and society have been slow to recognize the healing power of an intergenerational community gathering, of cultural teachings, or of a dedicated beading circle. Although recognition of life promotion has

increased over the past five years, funding remains unpredictable and deeply inequitable. Indigenous communities are relegated to petitioning racist systems for short-sighted grants to fund one-off life promotion activities with no hope for stable investment or the tracking of long-term outcomes. Yet our people know that these gatherings and cultural activities have kept self-harm from our communities since time immemorial.

As we reflect on Sept. 30, a National Day of Reconciliation, I offer these thoughts: until Canada is willing to match existing investments in the current and Indigenous health systems with equitable investments in community-based life promotion, the gap in life expectancy for Métis and other Indigenous people will continue to widen. Come to the table and sit with us, Canada. We'll bring the fiddle.

Reagan Bartel (MPH, BScN, RN) (she/her) is a proud Métis-settler woman with more than 16 years of critical care nursing experience delivering front line care in amiskwaciwâskahikan (<math>\langle \Gamma^{\circ} b^{\wedge} \langle \Gamma^{\circ} b^{\wedge} \Delta b \rangle >>>), commonly known as Edmonton, before moving into population health as the director of health for the Métis Nation of Alberta (MNA). In her role, Bartel focuses on ensuring that Métis stories, experiences, and perceptions gifted to the MNA are incorporated into health advocacy, policy, programs, and services. She values leadership, culture, community, growth and transparency in her life and work.

*The Hill Times*

## Access to mental health care must remain a priority for all governments

When it comes to supporting the mental and substance use health of Canadians, failure is not an option.

Ellen Cohen, Florence Budden & Glenn Brimacombe

Opinion



With the crescendo of the 2023 10-year health agreement coming and going, the heavy lifting still remains for all governments to improve and expand timely access to accessible and inclusive mental health care and substance use health-care services in Canada.

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) found that 47 per cent of those accessing care over the

past 12 months gave their provincial government a rating of "F" in this year's Mental Health Report Card. When it comes to supporting the mental and substance use health of Canadians, failure is not an option.

Notwithstanding the Trudeau government's failure to deliver a Canada Mental Health Transfer valued at \$4.5-billion over the next five years, there is plenty of work for both levels of government to pick up their game when it comes to ensuring the people of Canada have access to mental health and substance use health care when in need.

The federal government can do more in three areas. First, it can pass a Mental Health and Substance Use Health Care For All Parity Act that enshrines in legislation timely access to mental health and substance use health programs, services and supports that are equally valued to those for physical health. The act would include a clear set of objectives and accountabilities (e.g., guiding principles, performance indicators, national standards) that need to be adhered to by the provinces and territories in order to receive ongoing federal funding.

Second, meeting the act's objectives will require sustained investment from the federal government, along with additional financial support from the provinces and territories to ensure the people of Canada have timely access to the mental health and substance use health care they need, when they need it. Recent publicly available data suggests that Canada's public mental health investments account for five per cent of its health budgets, which falls significantly below the recommendation of 12 per cent by the Royal Society of Canada. There is plenty of room to do more.

Third, all governments need to work towards developing a clear set of pan-Canadian mental health and substance use health system metrics. As it stands, the work undertaken by the Canadian Institute for Health Information is not adequate, nor does it provide the people of Canada with a clear sense of how their provincial or territorial health system is performing in this sector. Much more needs to be done to develop: a national, community-based, and private health expenditure data series; comprehensive health system performance indicators; and a

comprehensive and ongoing mental health and substance use health workforce sector analyses to identify gaps and project future needs.

As stewards of their own health systems, the provinces and territories must do more to improve and expand timely access to accessible and inclusive mental health and substance use health-care programs, services, and supports. While some important and innovative steps are being taken in a number of jurisdictions, CAMIMH strongly encourages all jurisdictions to expand access to publicly-funded integrated and coordinated team-based delivery models of care.

As part of the federal government's 10-year funding agreement with the provinces and territories, CAMIMH was pleased to see \$25-billion earmarked to four priorities, of which one is mental health and substance use health. However, it remains unclear how the provinces and territories will invest these funds given that the bi-lateral agreements have not yet been made public. We look forward to reviewing each agreement.

If the past is a predictor of future performance, previous federal funding agreements have

come and gone without significant transformation of our health care system. Now is not a time for governments to pat themselves on the back and move on to other priorities. Rather, it is a time for us all to roll up our sleeves and commit to working together to give the people of Canada what they need when it comes to timely access to care to mental health and substance use health care services. They deserve no less.

Given the composition of CAMIMH—which includes organizations representing people with lived and living experience, their families and caregivers, and health care providers—we stand ready to work with all levels of governments, employers, and others to make this a reality.

Our entire health matters...and health includes mental health and substance use health.

Ellen Cohen is co-chair of CAMIMH and CEO of the National Network for Mental Health, which advocates, educates and offers expertise and resources to increase the health and well-being of Canadians with lived and living experience. Florence Budden is co-chair of CAMIMH and represents the Canadian Federation of Mental Health Nurses. Glenn Brimacombe is CAMIMH chair, Public Affairs Committee, and director of policy and public affairs at the Canadian Psychological Association.

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