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Chair

Mr. Andy Fillmore

Standing Committee on Indigenous and Northern Affairs

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• (1530)

[English]

The Chair (Mr. Andy Fillmore (Halifax, Lib.)): Good afternoon, everyone. We'll come to order.

This is the House of Commons Standing Committee on Indigenous and Northern Affairs. We're continuing our study of suicide among indigenous peoples and communities.

Welcome, everyone. We're meeting today on Algonquin territory, for which we're very grateful.

We have two panels. In the first panel in the first hour from 3:30 to 4:30, we have the Mental Health Commission of Canada and the Canadian Association for Suicide Prevention. I think we've arranged that each organization will have 10 minutes to present. We thank you very much.

Getting right into it, I'd like to invite Louise Bradley, president and CEO of the Mental Health Commission of Canada, and Ed Mantler, VP for programs and priorities, to take the floor for 10 minutes.

Ms. Louise Bradley (President and Chief Executive Officer, Mental Health Commission of Canada): Thank you very much for inviting us here today. It's really a privilege to appear before this committee.

I think it's doubly important to acknowledge the Algonquin people, who are the traditional custodians of this land. I'd also like to pay respect to their elders past and present and recognize the strength, resilience, and capacity of indigenous peoples in this land. I think this is particularly important, given the recent tragedy in northern Saskatchewan. I'd like to acknowledge that today.

I want to begin first by stating very clearly that I am not an expert in this area. I am not an indigenous person. You've heard from Dr. Rod McCormick and Dr. Mike DeGagné and other indigenous thought leaders. They've talked to you about restoring families and providing healing. You've heard that the answers lie in communities, something that the Mental Health Commission of Canada very much agrees with.

I can attest to this, having learned a great deal in visiting the Esketemc First Nation in June. I had the privilege of meeting Chief Charlene Belleau, who has initiated healing within her community that is very impressive.

I have with me today a commitment stick that I was honoured to be presented with. It was part of my reconciliation journey. Having spent time with her and also listening to the stories of elders within her community, I think the sweeping transformation that has taken

place under her leadership is an inspiring example of reconciliation. As I said, I learned a tremendous amount. The community was very generous and gracious in welcoming us. It isn't an exaggeration to say that my experience was nothing short of life-changing. I spent a couple of days there, and it really was very enlightening.

I took away from that visit three key understandings that have really reshaped my world view, both personally and as a leader of a national organization.

Firstly, my commitment to reconciliation has been strengthened. Like all Canadians, I bear a responsibility to play a role in the healing of our country. As the leader of the Mental Health Commission of Canada, I'm learning what it means to be a partner in this unique context. I've come to understand that being invited to the table is a privilege and that the best thing we can bring is an open mind and a willing spirit. We've set aside our past attempts in favour of a nuanced understanding, born very much from humility.

Secondly, I recognize that the work that lies ahead must be undertaken by indigenous peoples, and they have the capacity, regionally and nationally, to lead this effort. Research tells us that intergenerational trauma and its effects are the legacy of residential schools and the relocation of Inuit in our northern communities, and it means generations affected by poorer health outcomes.

I often liken the stigma associated with mental illness to an iceberg—being from Newfoundland, I'm quite familiar with those—and what we see is really only the very tip of the problem. I think it might be fair to say that the same is true when it comes to assessing the damage incurred by indigenous peoples through decades of colonialism and cultural subordination.

There are ways and means to support indigenous peoples as they action their own solutions to the crisis they now face. Layers and layers of research and evidence support this work, and, as an external entity, the commission, for example, waits to be invited to align and partner with indigenous organizations, as we were privileged to do with the ITK this past summer around the Inuit suicide prevention strategy, in the launch of that strategy in northern Labrador. Our knowledge as an organization was enriched by this experience. We understand that it can take years to build a foundation of trust and that this foundation will likely remain delicate for quite some time.

•(1535)

Finally, I recognize that chronic underfunding has ill-served indigenous peoples and harmed Canada's overall health and reputation. That is why the federal government should support sustained, long-term funding of non-political indigenous organizations like the former Aboriginal Healing Foundation, organizations that deliver evidence-based, strength-based community development and culturally based initiatives.

I specify non-political, because any efforts must be undertaken with a view to a long-term solution. Critical health outcomes cannot be dictated by the political will at the time. To echo my colleagues, Dr. McCormick and Dr. DeGagné, direct service provision should never be politicized.

To conclude, I would like you to consider some of the small successes of which the commission is very proud. We are working on implementing the Truth and Reconciliation Commission's calls to action. One step we are taking—this very week, as a matter of fact—is implementing reconciliation dialogue workshops, which are now mandatory for every staff member in the commission, and our board of directors is also undergoing that training.

As part of our commitment, and in our role as a convener, we have invited HealthCareCAN and the Canadian Centre on Substance Abuse to join us on our journey.

Finally, I would be remiss if I didn't take a moment to personally thank Senator Murray Sinclair; Chief Charlene Belleau; Natan Obed, president of ITK; and Joe Gallagher, CEO of the First Nations Health Authority, all of whom have become trusted advisers to me and everybody at the commission on this journey.

Thank you very much.

•(1540)

The Chair: Thank you very much for that.

Mr. Mantler, are you adding anything at this time?

Mr. Ed Mantler (Vice-President, Programs and Priorities, Mental Health Commission of Canada): Not at this time.

The Chair: Thank you.

We'll move right along to the Canadian Association for Suicide Prevention. We'll hear from Jennifer Ward, who is director and survivors chair, along with Ed Connors, director.

You have 10 minutes to divide as you see fit.

Ms. Jennifer Ward (Director and Survivors Chair, Canadian Association for Suicide Prevention): Thank you very much for having me here today.

In April, May, and June of this past spring, I was humbled to be a part of Ontario's emergency medical assistance team, EMAT. The EMAT deployed to Attawapiskat, Ontario, in the wake of its youth suicide crisis. It was the only time in history that the team had been deployed to a first nations community and the deployment of almost 60 days was the longest in the team's history.

As a psychosocial member of the EMAT, I provided risk assessments, safety planning, clinical supports, psychoeducation,

and resources to the existing community staff and community members.

I will speak today about some the experiences and knowledge that are informed by what I refer to as the "survivor's lens". As a survivor of suicide loss myself—I am the survivors chair for the Canadian Association for Suicide Prevention—my focus is always on postvention.

At CASP when we use the term "suicide prevention" we inherently mean suicide prevention, intervention, and postvention. We have made significant strides in raising awareness and public dialogue about suicide prevention and education, but clearly much work lies ahead.

In Attawapiskat, I learned a great many things. Namely I learned that although the media at times may have suggested otherwise, that community and its people have a great many strengths, strengths that in the context of suicide prevention deserve our focus and deserve to be celebrated.

On many occasions in Attawapiskat, I was aware that I was not the best person to be providing support to that community. Although I am an ally and I embrace first nations' learning, I am not from them. I am an outsider. There were many occasions when in working with an individual or family we would make every effort to bring in a local resource or a person to provide additional support and continuity, knowing that our team would be leaving. It was more often the case than not that we learned that the resource person was profoundly impacted themselves. So I am reminded that we must not forget that the caregivers are also hurting.

From the literature we know that each suicide death leaves in its wake a number of survivors who are deeply impacted following a suicide death. Traditionally we have reported that number to be between seven and 10 survivors for each suicide loss. New research tells us that it is much more likely to be 25 people per suicide death who are profoundly impacted. In smaller and remote communities when a suicide occurs, virtually everyone is impacted, including the first responders and the emergency personnel.

We also know that suicide-related grief and loss is a significant risk factor in suicidality for those survivors who are bereaved by a suicide loss. However, clinically or on the front line, we often fail to recognize or address the suicide-related grief, which may have been the very experience that brought somebody to thoughts of suicide or suicidality in the first place. We must not forget the healing that must occur after a suicide has happened. Postvention is prevention.

During my time in Attawapiskat, I was lucky enough to have been included in several experiences that promoted not only healing, but life promotion and a celebration of culture: arts-based workshops including painting, drum making, and a gathering of youth in a music recording session. The youth of Attawapiskat are truly amazing. Although these types of gatherings are not traditionally viewed as suicide prevention interventions, we have to make room for this to be so.

In Attawapiskat and all of Canada the focus is on youth. There was also much involvement and concern for the elders and older adults in that community. But what about that generation in between, those who are mothers and fathers and also daughters and sons? We know that the middle-age demographic is among the highest risk demographic across Canada, although not specifically for first nations communities. We do know that all individuals and entire communities must be engaged in reconciliation and holistic life promotion practices. This critical age group are most often caregivers for aging parents and for children and youth. How then are we reaching and engaging them in life promotion? This is an important question that begs our attention.

Since 1985, the Canadian Association for Suicide Prevention has attended to the critical public health issue of suicide across our nation. As an unfunded volunteer organization, we rely on the strength of our partnerships with national partners such as the Mental Health Commission of Canada and the First Peoples Wellness Circle.

●(1545)

In addition, we also work closely with many community-based organizations, and many successes in the field of suicide prevention are both community driven and innovative.

I have some more to say about that, but I'm going to leave some space for my colleague.

Dr. Ed Connors (Director, Canadian Association for Suicide Prevention): Thank you.

I'm Dr. Ed Connors. I'm of Mohawk-Irish ancestry. I'm a band member of Kahnawake Mohawk Territory.

As a psychologist, I've worked across the country in our first nations communities for the past 35 years. In those 35 years I have been intimately involved with the experiences of suicide in our communities.

I'm going to share with you now a synopsis of what I've shared with you in the form of a document that you'll find in your package. I apologize to the French members of the committee that I did not have time to have this fully translated for you because we were just recently notified of the invitation. We will ensure that it will come to you in full translation, as required.

I'm going to make a few comments here with regard to this paper. I'm going to begin with an acknowledgement. Thank you, Louise, for acknowledging the first nations indigenous peoples of this territory and their lands. I will also acknowledge that these are in our territories as well in more, what we call, modern time.

I will begin by giving a comment as an opening, which we do when we open any gathering and when we come together. It's the opening of the thanksgiving prayer. When we begin, we begin in this

way, and I think it's significant as an opening to my remarks. What we say when we open in the thanksgiving prayer is that we are now gathered and we see as we gather the cycles of life that continue. As we see those cycles of life as they continue, we recognize that we've been given the duty to live in balance and harmony with each other in all of life. As we do this, we bring our minds together as one, and we give greetings and thanks to each other. Now, as we have done so, we acknowledge that our minds are as one.

I am going to make comments regarding not just our indigenous populations of Canada, because my involvement has been worldwide. I've acknowledged and recognized the similarities in the patterns of suicide globally. The indigenous populations worldwide are at the highest risk of suicide. While indigenous communities worldwide generally present the highest rates of suicide, there are many examples of indigenous populations, such as the Sami people of Norway, and communities in Canada, the B.C. first nations that have been reported by Chandler and Lalonde as having extremely low suicide rates, and in many cases no suicide.

In Canada, high suicide rates range from five to seven times that of suicides among non-indigenous populations. In extreme cases, suicide rates have exceeded over 800 times those of non-indigenous communities. Suicides in indigenous communities globally are overwhelmingly overrepresented among our youth. I draw that to your attention because I think it's an important question and a focus that we need to have about why our youth have such high suicide rates, not just in Canada, but indigenous populations globally.

There are no-to-low suicide rates in many of our communities, and that has been accounted for in many of the studies that have been done. Some of the most recent works show that in those communities we can account largely for the low suicide rates to no suicide rates as being connected to strong self-governance and strong cultural renewal.

Elevated rates of suicide in indigenous communities have also been linked globally to colonization, colonialism, and acculturation. Indigenous world views as expressed through languages, cultures, beliefs, values, and lifestyles have been disrespected, suppressed, and oppressed through the process of colonization.

I share with you at this moment a wampum belt. It is the way that we made treaties in the past, and we made treaties with my ancestors. As I pointed out to you, I am both of indigenous ancestry, Mohawk, and Irish ancestry.

●(1550)

My ancestors came together in the formation of this treaty. This treaty was made in 1613, with the Dutch and the Haudenosaunee, or the Mohawk people. When this treaty was made, it was made to identify the fact that we were of two different world views, two different cultures, two different languages, and different ways of understanding ourselves, the world around us, and all of creation.

It said that we will live together in peace and harmony on this land, but to do so we need to be able to respect each other's cultures, each other's ways of knowing, understanding, and believing, and that we need not only to respect each other's ways, but to recognize that they are equal, that they are not one greater than the other. I believe today that we are faced at this time.... There are many things that tell us today that we're at a time in our history where we can actually come back full circle to this treaty. We can fulfill the vision of our ancestors, of my ancestors and yours.

We talk about today as a time of reconciliation. What is reconciliation? Reconciliation, in many ways, has to do with re-establishing this vision, re-establishing the true relationship of equality and respect.

In our communities today, indigenous world views that have been repressed are now being expressed again and being renewed. As they are being renewed in our communities, and I've seen this happen in many of our communities—as is now being shown within the research—and as that renewal occurs, the rates of self-harm...and the process of healing is taking shape.

The renewal of indigenous world views and associated lifestyles serves to protect against the negative effects stemming from the trauma and losses associated with colonialism. Cultural renewal enables our youth to answer four questions known to be important for healthy development, especially during the period of childhood to early adulthood: Where do I come from? Who am I? Why am I here? Where am I going? This knowledge also relates to recent insights provided through the First Nations Mental Wellness Continuum Framework. It identifies meaning, purpose, belonging, and hope as core concepts underlying the state of wellness or health within our people.

First nations communities have known that cultural renewal is primary to the recovery of healthy indigenous people's families and communities. This has been the core of our effective healing programs for many years. Twenty-seven years ago, I was part of the development of the sacred circle, providing a way of life within the Ojibway Tribal Family Services in Treaty 3, northwestern Ontario.

This was one of the earliest examples of cultural renewal within our communities as a process of healing. It was the first time that we really spoke to the experiences of life promotion, as opposed to suicide prevention. It was the first time that we supported cultural renewal and healthy community development. It was discontinued, and this is an important point, and I'll close on this note. That work that was done, and many of the pieces of work that we've done in the past that we've proven to be effective, were discontinued across the nation. Programs that were focusing on this at one point in time, which were once federally funded, moved from federal funding to provincial funding. When that happened, there was a change from what we called family support programs and cultural renewal to a process of child protection and child welfare agencies. When that happened, we moved from the process of cultural renewal and the healing of our communities to where we are today.

I challenge you in your thinking about this to consider that we know what works. We have seen what works, and we have had many examples of that. We know this within our communities.

I hope that we are able to gain the support of your committee as we continue to come together in the process of reconciliation and of healing within our communities.

Thank you.

• (1555)

The Chair: Thank you to both organizations and all panel members for their testimony.

We'll move right into questions now. The first round of questions is seven minutes in duration, and I'll use the cards again. That seven minutes will allow both questions and answers.

The first question is coming from Michael McLeod, please.

Mr. Michael McLeod (Northwest Territories, Lib.): Thank you to all of you for your presentations. I'm the member of Parliament for Northwest Territories.

Since the study was undertaken, we've experienced quite a few suicides. In under five months, we've had four. When you start adding the people who are passing from drug overdoses, because drugs have hit the north too and are in the small communities, we're really seeing the impact on our communities. I find it really interesting when you say 25 people per suicide death are impacted, and maybe that number is even a little low. I know in our communities that people are all pretty much connected. People are related, and when somebody passes away, it's significant and it takes a long time to recover. Some people never recover.

We have had a chance to study this issue for a while now. We've gone to several communities and a lot of the facts that you've raised here today we've heard in most places.

I represent 33 communities and in some of our smaller communities, especially the ones that are made up of larger aboriginal populations or predominately aboriginal, we have real issues with trusting and using the health centres or the RCMP. We have limited capacity and we have very few programs that address some of the issues that need to be dealt with as a result of the residential schools or trauma or how they've been impacted. We virtually have no infrastructure to house programs or offices.

We heard in some of our testimony, mostly by the youth, that there should be a recommendation that investment be made in community-based youth facilities to be used for recreation, for reconciliation, for healing, for hunting, and for sports. We do have some facilities such as friendship centres or cultural centres, but I haven't heard anybody speak to actual infrastructure, so I'd like to ask that question.

We also heard lots about the issue of housing and how that's impacting people in the communities and causing a feeling of despair, because there's no place to stay. There's no place for people who are homeless. It's a growing issue.

Maybe I could ask the two organizations to touch on those two areas.

Ms. Louise Bradley: I'll start off with some general remarks. I think you're absolutely right when you look at the issue of housing, which is a huge social determinant of health. The Mental Health Commission of Canada did a five-year research demonstration project on homelessness and the mentally ill, but it did not do that in any northern communities. However, I think what we learned from that research can apply. We studied a housing-first approach, which means housing along with a basket of services. It doesn't mean housing only; it means housing first. Certainly, it can have a huge impact in terms of the mental health outcomes of people in general. That's what our research told us.

I don't think I'm an expert in terms of speaking about the infrastructure part of it. I do know that the Aboriginal Healing Foundation certainly had community programs, if you want to refer to those as infrastructure, and I understand that they were very successful. When that funding was removed and the supports were taken away, things reverted back and the numbers increased.

Do you want to add anything?

• (1600)

Ms. Jennifer Ward: Certainly I can only speak to my experience in Attawapiskat, and infrastructure was an absolutely glaring issue in my time there. My full-time job is on a police-based crisis team in Peel Region, Ontario. I have a natural inclination to find the officers in whatever community I'm in. I spent a lot of time with the police in Attawapiskat as well.

I said to them, "What's one simple thing that we could do to make it easier for you to do your job and serve this community?" They gave a simple example that had never even occurred to me. They don't have street names, addresses, or numbers on any of the homes. So they get a report that there's a suicide in progress or somebody is at risk of suicide, and they're trying to respond, and they cannot locate the house. That's a very simple infrastructure issue that had real and profound consequences in the daily duties of the officers. That's one point I can make.

The other is, again around the youth, not having a youth centre, not having a dedicated space where they could gather. Then, some of the spaces that did exist in the community were unsafe, condemned really. The arcade in particular was one building that was not available. Then when some of the buildings did exist, it was difficult or challenging for the youth to have access to them on a regular basis or to find adult volunteers who were able to regularly contribute to safe practices and safe gatherings for them.

The Chair: There are 30 seconds remaining, Michael, if you can make use of it.

Dr. Ed Connors: I think you're correct. You're identifying the basic needs. We know already that in the north, for example in many of our communities now, the infrastructure of our housing is

collapsing. As we have global warming, and the changes are occurring, we're basically losing housing.

When we start to think about health, we have to start with the basic needs. That's what you're pointing to, I think.

A lot of these other things that we're recognizing are factors that add in to the complex picture of creating a healthier life. We have to start at the beginning, which is the basic needs. Housing is only one of those. We can talk about the social determinants of health. What about the food issues?

The Chair: I'm sorry, we'll have to leave it there and move on. I'm sure you will have an opportunity to get the remainder out.

The next question is from Cathy McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you, witnesses.

I think everyone on this committee, with the recent very tragic suicides in Saskatchewan, is feeling a very heavy burden in terms of where we're going to go with this particular initiative and how we're going to actually make this matter. It was all the more powerfully brought home in the last week.

I can understand, Dr. Connors, the picture that you talked about.

I'm going to start by focusing on Jennifer. I've always sort of wondered how effective these deployment teams can be as a response. Of course, we have another crisis. Tell me a little bit more about who was on your deployment team, what you did, how you did it, and if you think it made a difference.

• (1605)

Ms. Jennifer Ward: The EMAT team consists largely of critical-care paramedics, nurses, nurse practitioners, and the psychosocial team, primarily graduate-level social workers, which is my profession.

We did also have a number of individuals on our team who were first nations identified, aboriginal social work practitioners. We were lucky to have them. I would say they were the most valuable members of our team because of course they were able to connect with community.

Mrs. Cathy McLeod: So the group goes into the community that already doesn't have housing. Keep going, but I'm wondering about some of these technical details.

Ms. Jennifer Ward: We stayed in a hunting lodge, and it took time to develop a rapport with community members. We weren't certain if we would be welcomed. Initially it was a 30-day deployment and those 30 days were exclusively hospital-based. We were providing respite relief to the clinical staff in that community who were simply burned out from responding to this crisis in the week prior to our arrival, and many of them left the community to go and attend to their self-care elsewhere.

We were brought in for respite services originally. The second phase of our deployment was much more community-based, and we participated in some of the practices that I mentioned around arts-based healing and drum making that we had done with some local elders. We had brought in music sound recording artists to work with the youth, as well, and then we worked with many of the clinical care providers within the community around community crisis response models and some things that we know have worked elsewhere. It was really a delivery of resources and ideas, and saying, "These are some things that we know have worked, some of them perhaps will work for you", and then we would learn as well from that group.

Did it work? Was that your question? Was it effective over time? I would say there have been many good outcomes from that deployment. One in particular that Ed and I had the privilege of being a part of was the Sounding Echo Youth council in Attawapiskat that had been overwhelmed with a response that was media-led. Many organizations reached out to this youth council, and one in particular was the Jays Care Foundation from the Toronto Blue Jays.

The Jays Care Foundation is still involved in that community, so many of the outreach efforts are long term. They have now created—Ed and I have been involved a bit in the creation of it—a three-year program in co-operation with the Ontario Ministry of Child and Youth, called Girls at Bat. It's for the eight first nations around the James Bay coast, and it specifically targets young females in that community. It is a life promotion program, and I do think that it will have a longer-term and positive impact.

Mrs. Cathy McLeod: Dr. Connors.

Dr. Ed Connors: Just adding to that, I think what you're concerned about, which I've been concerned about, is the fact that many of our crisis responses are just that. They're just crisis only, and then we pull out. The experience I've seen in our communities quite consistently is that we continue to get the message that people care at the moment, but once they leave we get the message that people don't care, because why did you come and then disappear?

What's happened now, and what is happening, as Jennifer was talking about...the difference is we're keying in on that now and saying that it's not enough. We have to have consistent long-term responses. When she went in and they started to identify children who were at high risk and needing more services, the question became not only what are we going to do while we are here, but how are we going to help these young people to get services beyond this?

That is one of the responses, but there are other issues that need to be attended to in order to ensure that consistency of care is followed through. What is happening is that we have now identified through other programs that they connected with...for example, in the

Enaahitig Healing Lodge and Learning Centre we did work with the kids from Attawapiskat. We began, and worked with them for a month. Then after that month we went back to the community and we've begun a relationship working with the community.

We now have an ongoing...and the youth who were in that program now connect with art workers through the Internet, and they've started to develop relationships. In addition to the program they're talking about there, we're starting to evolve other forms of relationships with the community to ensure there is a long-term response and not just a crisis response.

• (1610)

The Chair: Thank you.

We're just about out of time. Thank you very much for that.

The next question is from Charlie Angus, please.

Mr. Charlie Angus (Timmins—James Bay, NDP): Thank you very much for coming here. I have enormous respect for your work, and I want to thank you for your work with EMAT. I don't know if we met at the emergency ward, but I went there a couple of times to see the work.

I want to talk about suicide contagion and clusters, because when we had the Attawapiskat state of emergency and we had to fly in an emergency team, across Canada that same month, there were states of emergency declared in Neskantaga and Cross Lake, and three in Saskatchewan. Imagine three non-native communities declaring a state of emergency because their kids were killing themselves. The government would turn itself upside-down, but we get an emergency response.

No offence to the great work that was done, but this crisis didn't just happen. None of these crises happened accidentally. They are clusters.

I just want to walk you through this. In 2008-09, we lost 13 kids in James Bay in a winter, and they were laying off the front-line staff. The government was going to come in with a program to get kids to play, but they were cutting off the front-line workers. In 2012, they cut them off. When Sheridan Hookimaw died, we couldn't get her home for four or five months. The contagion started then. They were surprised that all of these children were starting to self-harm? I find that shocking.

I want to ask you this. If we know that suicide is a contagion, and if we know that we have to move in, and if we know that we have to have those supports, then why now when a 10-year-old girl has killed herself in Saskatchewan are we still scratching our heads at the federal level and saying, "Oh, my God, what are we going to do? Maybe if we got a program. Maybe if we got them to fill out a form to get some of kind of youth thing happening, they'd be better off"?

It's a band-aid after a band-aid.

I would like to hear what you, given your experience on the ground at Attawapiskat, see as a long-term solution so we don't have to fly in emergency teams anymore.

Ms. Jennifer Ward: I think that one of the most critical things we're missing in Canada is a national response around postvention. We know that suicide is going to occur. With Sheridan Hookimaw, many of the individuals I was able to meet when I was in Attawapiskat were profoundly affected by her death personally, and they had little or no formalized supports around that. When I say "formalized", I don't mean in my traditional clinical sense, but even on a community level.

Many communities, including Ottawa, have a post-suicide support team. As soon as a suicide occurs, that team goes in. It's local, on the ground, and connected to resources. That is something I think we need in Canada. It exists in the United States, Ireland, Scotland, and many other countries.

I think we need to understand that suicide is a circle. There are prevention, postvention, and intervention, and they all work together. One way I think we could get in front of that would be to recognize that the risk is going to go right through the roof as soon as that occurs.

Mr. Charlie Angus: With Sheridan, we had the warning bells going off, but we couldn't get youth out to get treatment. We have been told that treatment, in a lot of the areas, just doesn't happen. I got an email from a young girl in the James Bay region who said that she was so glad that all the emergency teams were flying in, and she asked if we could drop one of them off in her community. So that's the issue.

In the time I have left, I want to talk about the trauma of the front-line workers.

You talked about the NAPS police. The work that EMAT did in just giving them a break was enormous. These are front-line battle statistics in terms of what they were dealing with on a nightly basis, and they're dealing with those among their own family members. Then people leave, and our front-line workers are dealing with severe trauma, not just with the children but in their own families. How do we ensure a national support so that the communities are not left on their own to deal with this trauma?

NAPS officers say that they're the ones who have to go in and cut the children down; they're the ones who are expected to get up the next day and go to work; and they're the ones who end up killing themselves as well. How do we deal with trauma for the front-line workers?

• (1615)

Dr. Ed Connors: That's what Jen was talking about in terms of providing the services that are necessary to help them with grieving and bereavement. That's the initial service that needs to be provided to them. I do a lot of that work with a lot of the police services that are serving our northern communities. That's happening, and we are trying to do that, but we don't have a sufficient amount of resources to respond to the need. Part of it is actually a funding issue in terms of ensuring we can provide those services to those people.

There's another point, Charlie, that is important to recognize in terms of your question about how we change the system. You're right. These figures that I quoted have been the same for 35 years. The same conditions have continued to repeat themselves. What can we do differently, though? We have learned over that time, but we

haven't been utilizing a lot of what we've been learning. That's particularly the knowledge that Louise was referring to, saying that we do have the knowledge within our first nations communities about what can work.

I gave you an example of one that was working really well, but then it was gone. We had 12 communities that we were working with, and huge change was occurring. We were addressing the true needs, and then all of a sudden the funding changed. Priorities change and the resources and the services that are needed, that you're looking for and that you're asking about, are gone. I did that work over 25 years ago. We do learn, but sometimes we don't pay attention to what we have learned that works. I say that first nations people know what has been working.

The other point that I think is really important is the systemic point, and that has to do with the borders. In this country, we've created borders that are not first nations borders; they're the provincial borders and the federal borders. Then, as you know, the politics of it all becomes wrapped up in how children are treated, or how they're not treated. I've got an example of one of the young people from Attawapiskat. We identified the need for that child's services as being immediate and extremely high-risk. A lot of those children were at extremely high risk. She was the highest. We identified where those services were that were culturally appropriate, but they were across the border. They were in Manitoba, so what happened? We couldn't access those services for her. They ended up placing her into a southern Ontario psychiatric facility for adults, where they had virtually no understanding of that child's cultural background, what her needs were, or what was happening in the community.

How do we help? We think we're helping, but we're not. As first nations people, we recognize that. We know that's happening, and we try to educate people and share that. This is where we need to bring together and start sharing that knowledge, listening to each other, and giving some credence to the knowledge that's there within our communities.

The Chair: Thank you, Dr. Connors.

The next question is from Mike Bossio, please.

Mr. Mike Bossio (Hastings—Lennox and Addington, Lib.): Thank you, Chair.

Thank you, guests, for being here today and providing this valuable information. I apologize to you up front because I have a number of questions and I want to try to get through them. If I cut you off, I'm really sorry, but I want to try to get through them.

Can you tell me what per cent of the Mental Health Commission are indigenous members?

Ms. Louise Bradley: Do you mean on staff?

Mr. Mike Bossio: Yes.

Ms. Louise Bradley: We have increased our numbers just recently. We're trying to get representation in each of our program areas. Currently I believe we have about four indigenous people on staff.

Mr. Mike Bossio: What about board members?

Ms. Louise Bradley: We have two indigenous board members.

Mr. Mike Bossio: Out of how many?

Ms. Louise Bradley: The board is currently 14.

Mr. Mike Bossio: You're on the Canadian Association for Suicide Prevention. How many indigenous members are part of it?

Dr. Ed Connors: We currently have four.

Mr. Mike Bossio: Out of how many?

Ms. Jennifer Ward: We're on a board of 15.

Dr. Ed Connors: There are 15 on the board.

Mr. Mike Bossio: Is there an indigenous crisis team?

• (1620)

Ms. Jennifer Ward: Not that I'm aware of. One of the challenges that we had was finding appropriate services for the community in Attawapiskat that were able to connect with the native youth crisis line that operates out of B.C. They have a 1-800 toll-free line, and that was the resource that we were able to offer that was specific to native youth crisis.

Mr. Mike Bossio: Right now you have no direct federal funding for your program. Are you aware of any federal funding program or provincial funding program that goes toward any of these mental health-related programs?

Dr. Ed Connors: There are. I couldn't name them all off to you at this point, but there are programs that are—are you asking specifically about indigenous—

Mr. Mike Bossio: Yes. Yes, sorry. Specifically indigenous, yes.

Dr. Ed Connors: For mental health, the ones that I'm familiar with are ones that I consult with currently. There are programs like the Enahtig Healing Lodge and Learning Centre, which is in the Simcoe Muskoka region. It's a fairly large organization. It has funding from the province as well as federally.

Organizations like that exist throughout the country.

Mr. Mike Bossio: We had some organizations come and speak to us. But, once again, the funding model is precarious at best. Here one day, gone the next. One-year program, five-year program.... There's really no long-term stable funding that has been dedicated to this area.

Would you agree with that?

Dr. Ed Connors: Yes.

I'm also a board member for the First Peoples Wellness Circle, which used to be referred to as the Native Mental Health Association of Canada. We did have some support from federal funding at one point, and then it was taken away.

And then, I also consult with the Thunderbird Partnership Foundation, which used to be NNAPF. It receives federal funding.

Mr. Mike Bossio: Are there any programs that provide training for indigenous peoples? And once again, is it just a very precariously funded program? Are there any training institutions specifically for indigenous mental health workers, social workers, or nurses?

Ms. Jennifer Ward: The Mental Health Commission of Canada has indigenous versions of mental health first aid. So, that would be the first that comes to mind. LivingWorks offers both safeTALK and

ASIST, which is applied suicide intervention skills training. They're working on adaptations of that model as well.

There's a suicide prevention program that's tailored and developed by first nations communities that operates out of the Centre for Suicide Prevention in Calgary, and it's called the River of Life.

The training is available, but it is expensive and requires someone on the ground to implement it.

Mr. Mike Bossio: Most of the witnesses we've heard so far have all pointed to the issue around long-term stable funding for many of these programs, that it just doesn't exist. I see heads shaking, so I assume that you all agree with that, the underfunding of those programs.

There are two very quick questions, and I'm running out of time.

The Canadian Indigenous Nurses Association were here earlier this week. They pointed to the fact that we should be, from an education standpoint, starting at grades 3 and 4 to move indigenous students in the direction toward social, mental health, nursing, and medical areas.

Would you also agree with that statement?

Ms. Jennifer Ward: Absolutely, and all helping professions.

Mr. Mike Bossio: Finally, we talk about all the different issues around housing, health, cultural funding, mental health funding, policing, education, and the list goes on and on. Priorities, some at different levels, are required in different indigenous communities. Would you agree that the best people to determine where the priorities are and where the funds need to go are indigenous peoples themselves so, therefore, self-governance? Not only do we need long-term stable funding, we need self-governance to enable them to provide those priorities.

Would you all agree with that statement?

Please say yes. Head nodding isn't recorded. I need it all recorded.

Ms. Louise Bradley: Absolutely.

• (1625)

Ms. Jennifer Ward: Yes.

Dr. Ed Connors: Yes.

Mr. Mike Bossio: Really, once again, it's overwhelming in some communities like Attawapiskat. Where do we start? It's always the outside looking in and saying where we need to start. Right? It's time for them to be on the inside looking out and saying where they need to go and the level of funding they need to get there.

Dr. Ed Connors: I think that's a point I made when I gave you a summary of my paper, and you'll see more of that reflected in the paper.

Mr. Mike Bossio: Thank you so much for your help.

The Chair: I'm afraid to say we're out of time for this panel.

Thank you very much for your thoughtful and thorough testimony.

I also want to let you know that the committee has created an online portal. If you feel there is more you'd like to add, there's a way to provide up to 3,000 words on this web portal.

Further to that, there is also an online survey for health care and mental health care providers that we're trying to push out very broadly. Michelle, our committee clerk will help you get connected with that. I would also ask if you wouldn't mind sharing that broadly within your support networks. We're trying to build a lot of really good data from that questionnaire.

With that, I say thank you very much.

Did you want to say—

Dr. Ed Connors: I was just going to say that we do intend to submit a brief to the committee.

The Chair: Good. Thank you very much. I'm very grateful for that.

We'll take a short break to disband.

•(1625)

(Pause)

•(1630)

The Chair: We're resuming now. I invite the Assembly of First Nations witnesses to take their seats. Thank you very much.

This session will go until 5:15 p.m., so we have about 45 minutes.

Representing AFN is Will Landon, National Youth Council representative.

Could you introduce the elder who is with you?

Mr. Will Landon (National Youth Council Representative, Ontario, Assembly of First Nations): Yes. This is Annie St. Georges. She is an *Anishinaabe*, *gichi-anishinaabekwe*, an Algonquin elder from this area. She just joined us outside to smudge and make sure that we started off in a good way before we came in here, especially with the content matter that we're discussing.

The Chair: Wonderful. I'm very happy to turn the floor over to you for 10 minutes to use as you would like.

Mr. Will Landon: I wanted to start off with my own thing.

[Witness speaks in Ojibwa]

I asked the spirit to forgive me, as I use English. I can only speak a little bit of my language, but I'm still learning. I acknowledge all of you and thank you for giving the time to hear me today.

My true identity is Standing White Bear. I come from Rat Portage First Nation just inside Treaty No. 3 territory, and I belong to the Lynx clan. Today, I am here representing the AFN to discuss our calls to action and discuss the grim circumstances that are facing our communities. Before I even really get into it, I'm sure you are aware that a 10-year-old girl took her own life earlier this week.

As we're sitting here talking today, these issues are very real and they're happening every single day, whether they be an attempt or a successful suicide. Our calls to action that I'll be presenting today reaffirm our treaty rights and their sacred relationship between the crown and our people. Our calls to action also communicate our ideas supporting life and reducing risks for suicide attempts among first nations children and youth.

I've been an Anishinaabe youth leader. It pains me. It absolutely crushes me to my core that there are children as young as 10 years old committing suicide. It pains me to know there are young mothers and fathers taking their own lives and leaving children behind with questions as to why their mom and dad are no longer with them, why they chose to leave that way, much like my sister-in-law who left behind my niece and nephew.

I attempted suicide in January 2016. These are things that are not happening to at-risk youth; they're not strictly related to them. These things are happening to people like me, with a strong cultural background, who grew up in a home with my family. There are deeper issues at work than the simple surface issues that we continue to look at, and that's what we need to try to address.

The responses from the previous government have really left me frustrated, and even now, as the youth councils across this nation try to work as hard as they can to address this issue. Because these suicides are nothing new. They've been affecting our nation for quite some time now, and these crises happen in cycles. With the lack of address from previous governments, and more understanding as to how or why these things are happening, it's easy to see why our relationship with the crown is as tense as it is now.

But, I will say there is hope, hope that we can come together and begin to realize that treaty relationship that our elders had envisioned many years ago; to not renew our partnership, but to get to that level of partnership where our people all across this nation, including the Canadian people, are strong. It's going to be the passion for our young people, the care for those young lives. They are going to help us get there.

The way forward requires a first nations' social determinant of health to be addressed. Health outcomes cannot be assessed by the health institutions alone. First nations people need to take a lead, and we are taking a lead in addressing these issues, but what we really need to start seeing is being able ourselves to control the resources and to have the freedom to develop the programs, using our framework of wellness and our frameworks of healing.

The way forward also requires a full implementation of the first nations mental wellness continuum framework. The framework outlines opportunities to build on community strengths and control of resources in order to improve existing mental wellness programming for first nations communities.

•(1635)

There is clear evidence that pride in one's identity can reduce suicide rates. I've picked up a lot of my language, more than I ever did. I'm starting to learn my ceremonies. I carry this with pride, to the person that I am: strong, healthy, and positive. My healing began in January 2016, and it's only October 2016. With my experiences I never thought I'd ever be in this position, or have these positive emotions back again. Yet, here I am, and I credit it to this most importantly. Because, as we all know, colonialism, residential schools, the sixties scoop, have left us disconnected from our lands, our identity, and our culture. When you look through our calls to action, you will see that we ask for those specific resources and programming to be allocated to supporting youth to reconnect with their culture, to find a way to reconnect with their language, their spirituality, and who they are, so that when they have that pride and that identity, that pride in themselves, they won't believe suicide is an option. They'll know where to go. They'll know that our lodges and our elders are our true mental wellness people, our healers, just like your psychologists and doctors. That is where we go, and that's where I went, and that's clear evidence that I'm doing much better.

I want to go through our calls to action with you point by point because I would do a disservice to the experiences of the youth who contributed to this if I just simplified it or bullet-pointed it or anything like that, so please bear with me.

One, a priority should be placed on taking immediate action to address growing inequities in education, employment, income, and healthy living environments. In keeping with a social determinants perspective, first peoples must control, design, and define their systems of health, education, and child welfare with funding that is at least equal to what all other Canadians receive.

Two, adequate and sustainable funding should be provided to ensure that a comprehensive range of culturally safe prevention, health promotion, and mental health treatment services are made available to all first nations communities.

Three, regular and accessible training opportunities should be made available to youth who want to learn how to be supportive peer mentors to other young people in their communities, such as safeTALK or ASIST training.

Four, adequate funding should be provided to enable young people to attend regional gatherings related to life promotion and suicide prevention. Young people need spaces to come together, be heard, and develop their helping skills.

Five, support should be provided to first nations communities so that elders and cultural advisers can provide cultural teachings that will enable young people to know where they come from, who they are, what their purpose is, and where they are going. This will help to re-establish the strengths of first peoples' cultural identity that are vital for reconciliation.

Six, culturally appropriate, land-based teachings and educational programs should be made available for all first nations children, youth, and young adults, including traditional language revitalization opportunities, since valuable ways of knowing come from speaking one's own language.

Seven, all government departments should work closely with indigenous leaders and local, provincial, and territorial governments to implement recommendations 6 to 17, outlined in the TRC report.

Eight, specific efforts be made to re-establish relationships of equity and respect between first peoples and the crown. These forms of relationships are crucial to sustain and advance healthy communities. This is the foundation of reconciliation and health upon the land, *Manitu-wakhi*, Mother Earth.

Nine, education for first nations students should be inclusive of the values and beliefs of first nations communities as determined by first nations communities themselves. In this regard we envision a Canadian public education system that is inclusive and respectful of all Canadians' beliefs and values, as cultural safety dictates.

Ten, all Canadian children should learn about Canada's colonial roots and indigenous pre-contact history to advance the restoration of peaceful and equitable relationships between first peoples and the people of Canada.

Eleven, give programs that are proving to be successful in communities, of which there are plenty, and on our nations, increased and enhanced flexible funding.

In closing, as we sit around this table we must not only talk about our partnership on a nation-to-nation level, we must also begin acting on it. That sacred relationship must be re-established for the sake and well-being and health of our nations' young people.

•(1640)

As you look at our calls to action, keep this in mind. It was 143 years ago that Treaty 3 was signed. I'm a descendant of those signatories, here today talking about a crisis for our youth in our communities. For as long as I can remember, it's always been the young people who have faced the brunt of colonialism, when you look at residential schools, sixties scoop, suicides. It's been our young people in our communities who have faced the most hurt and have had to deal with that.

In keeping with that, my parents are survivors of a residential school. I am a father of a six-year-old girl. They apologized to me for not being the best parents that they could be. How could I have accepted that apology when I knew it was not their fault? It was that system.

I say that, keeping this in your minds. When we make decisions, when we come together as nations and leaders, we effectively make change for generations ahead. I say that in 143 years from now, when it's our future sitting in these chairs, let's not make them come here to talk about another cycle of suicide. When they come to this table again, let them say that we came together—the crown, our leaders, our youth, our elders—that we established a solid foundation of healing and well-being for the future generations, and that we did that together.

I leave that with you. Now that's up to you to come to us and determine, along with us, how that's going to look in the immediate future and in the long term. I thank you. *Gichi meegwetch*, again, for giving your energy and hearing these opening statements.

The Chair: Mr. Landon, thank you very much.

We're going to go into questions now from members of the committee. Each questioner has about seven minutes. When we get to the sixth minute, I'll hold up the yellow card, and that just means we're about to move on. That's all that means.

The first question is coming from Gary Anandasangaree, please.

Mr. Gary Anandasangaree (Scarborough—Rouge Park, Lib.): Thank you very much for joining us this afternoon.

Thank you for presenting the calls to action by AFN. Certainly many of the suggestions and recommendations are not new. I think they've been around for a very long time. I think the real issue is how they're implemented, and if they're implemented.

I want to just probe a couple of issues. You mentioned the prospect of healing. Many of the people we've met over the past several months have indicated that it's intergenerational. It's not something that can happen in a generation or is likely to happen in a generation; it will take several generations.

In your opinion and your experience, what needs to be done to the individual, in the sense of the support system? I know you outlined a number of the government factors. However, what needs to be done to the individual who can get us on the right path—I'm not saying the end goal per se, but the right path—toward that process?

• (1645)

Mr. Will Landon: I believe it's going to start with the education system.

Every Canadian, indigenous or not, has to deal with the education system, from three or four years old, all the way until they're 18. We have to start putting efforts into identifying at-risk youth, to get them the help they need, so that as they go through the school system they have the right supports to become a healthy person.

Whether it's in the public school system...that's going to include elders. It's opening the doors and relaxing legislation to have elders there. Or it's going to be within our own communities and our own school communities, to get them more funding to have those professionals come in and make sure that these youth, who might not have the best supports at home, have support and a safe place to go.

That's what I believe.

Mr. Gary Anandasangaree: The second part you mentioned is about identity. It's about connection to the language, to the culture, to the people.

My understanding, at least with respect to Anishinaabe, is that it's not a language that is spoken in the school system, or it's not available in the school system. Please correct me if I'm wrong on this.

What needs to be done in order for us to have, starting at the primary school level, introduction of more languages, so that the

young people can learn and then progress toward high school as well as post-secondary education?

Mr. Will Landon: Again, that's having to look at the colonial framework that the public school systems are already set upon.

As I said before, legislation needs to be relaxed to allow elders to be able to enter schools more easily to start teaching that language. They are our true keepers. They have a hard time going through university to get an education degree. But I've been taught by people with education degrees in Ojibway classes, and I hate to say it, but they were white people. That makes no sense. They're not experts in it, and we're not getting anything out of it. Our real language keepers are experts in that language. They need to be able to enter those areas and teach us.

Mr. Gary Anandasangaree: With respect to the school system itself, right now many of the schools are run by local communities, right? For example, in Ontario, is it a matter of changing the requirement for teaching, to be accredited as a teacher but to look at alternative ways in terms of elders, for example, having the ability to teach within the school system?

Mr. Will Landon: Again, it could even be as simple as elders working with teachers to develop a proper curriculum and being in the classroom along with the teacher to make sure the standards are still maintained but that we still have that framework in place. Again, with first nations communities and their schools, it's no secret that they're just extremely underfunded and understaffed. They don't have the resources. Those basic funding things need to be addressed in terms of our communities.

Mr. Gary Anandasangaree: With respect to young people increasingly taking on leadership roles within the communities, we have seen it in a number of different communities. A number of young people have come forward and have taken on leadership roles. What do we need to do to empower that and to encourage more young people to come forward, like you, who can take this on? You indicated rightly that the people who are most affected are the young people. What do we need to do to empower them to take on more leadership roles and to support them as they progress?

Mr. Will Landon: In all honesty, I think it's just going to be about re-establishing a respectful relationship with our leaders, first and foremost. A lot of our young people have a cynical outlook on government and their relationship with our leaders.

Once they start to see that there's a respectful relationship between their leaders, and once they know there are these opportunities such as the AFN youth council or even their PTO youth council, and that they will have respect and will be heard, and that it's going to be demonstrated by our leaders and the leaders who sit around us today, then they'll be more encouraged and more inclined to take up these roles and speak up on their own behalf.

Mr. Gary Anandasangaree: As a young leader, what's the biggest challenge you face right now in terms of getting your message across and getting access to government and advocacy and so on? What are some of the challenges you face?

Mr. Will Landon: One is just being new to this whole thing. I got elected to the Treaty No. 3 youth council by the youth just six months ago, and I just got appointed to the AFN from the OFNYPC in July.

From what I can see from there, it's going to be.... I hate to keep going back to the resource thing, but that is just going to have to be how it is. We don't have the resources to travel everywhere, or to always attend these things, or even to be able to hear our youth so that we bring their voices to you. Again, as youth leaders, we're not specifically working from our own ideas and our own agendas. It's the young people behind us telling us what to tell you, so we need to be able to hear those voices. That's the biggest challenge: to have the resources to host events to hear their voices and make sure that the ideas of our nations are what we're communicating to you.

• (1650)

Mr. Gary Anandasangaree: Thank you, Will, and congratulations on your new role.

Mr. Will Landon: Thank you.

The Chair: Thank you.

Our next question is from David Yurdiga, please.

Mr. David Yurdiga (Fort McMurray—Cold Lake, CPC): Thank you for being here today. It's an honour for us to hear from the youth. Obviously, the youth are our future, and what we do now will determine the future of the next generation.

I've been going through your handout. Under "Youth Leadership & Wisdom", you say, "Create meaningful opportunities for youth to take action on issues of importance to them." Can you expand on types of opportunities this document is referring to?

Mr. Will Landon: Again, that's going to be about having the ability for our grassroots youth to travel around, to at least open up the doors for them to come to these types of events, conferences, or training sessions in order for them to expand their horizons and to leave the community, and also to empower themselves to, again, expand that leadership mind and to understand where they would fit in this whole advocacy area. That's where that comes from. We need more support in order to make sure these types of things are accessible for them.

Mr. David Yurdiga: Does it refer also to the economic climate? Everything takes money, so the future for youth.... Do they have jobs? What's their future? How important are education and job creation to the youth?

Mr. Will Landon: It's very important. The way I see it, I have to walk two roads. I have to keep my identity, but I also need to make sure that I'm educated in the current system that we have in order to benefit, to get a job, to hold a job, and to make money to support my family. That's very important for our youth. You see, a lot of suicides can be linked to low economic opportunity. They don't feel there's a lot for them out there. Sitting on welfare is not a great option for them and it gets depressing.

In terms of creating jobs, we are also going to have to invest in infrastructure, because it's tough to even start thinking about developing jobs in a lot of the places in the north like Attawapiskat that are isolated and alone. That's just what I think. It's very important, but it's tough.

Mr. David Yurdiga: I'm glad you mentioned being trapped between two worlds.

In Iqaluit, a young gentleman said that he's trapped between two worlds. He can't go back, and he cannot move forward. Is this a common sentiment among indigenous youth?

Mr. Will Landon: It's tough to find balance. A lot of youth will go too much into one world, and they might get lost. I think that's where things like addiction come into play. On our side of things, alcohol, drugs, and all that stuff are not supposed to be abused in that way. That's where I find my strength in terms of staying sober, and things like that. It's why I'm able to function better on the other side of the coin in terms of holding a job, being in places like this, and doing my work. But, yes, I think it's a very common sentiment among the youth.

Mr. David Yurdiga: Thank you for that.

I heard from a lot of witnesses regarding cultural renewal. How is this incorporated into the calls to action?

Mr. Will Landon: In the call to action number six, in my presentation notes, culturally appropriate, land-based teachings and educational programs are made available for youth and young people, so that's already incorporated.

Call to action number five recommends that support be provided to first nations communities so that elders and cultural advisers can provide cultural teachings that will enable young people to know where they came from and who they are. So that's already incorporated within these calls to action. I hate to say "reclaiming" or "refinding" our identity, because it's who we are. I think it's just most focused on unlocking who we truly are as a people.

• (1655)

Mr. David Yurdiga: We heard from a lot of people, especially youth, who would like to see more cultural things incorporated into the education system, such as having elders come in. Do you feel that having elders be a part of the education system is very important to this cultural renewal?

Mr. Will Landon: Yes, and in our public school board we have an aboriginal adviser. I believe a lot of school boards have something like that. I think that even the provincial level needs to start looking at having advisory circles from elders to come together—even just on a school board level—to make sure that the proper programming and the proper services are being provided for our youth in a culturally safe manner.

Mr. David Yurdiga: What challenges do you face in getting youth to take on leadership roles? What role do mentors play in developing our youth for the future?

Mr. Will Landon: There's definitely a lot more youth stepping up to the plate in terms of leadership than when I was a young person.

There are some of the challenges out there, as I said. It's tough for a lot of our youth who, because of social media, are very aware of what's going on in our world and within Canada. It's tough for a lot of them to feel that they can make a difference.

I've asked some youth if they might take my position in three years, because that's how long my term is, and they feel that even if they did, they question what they could accomplish. They feel we're still hitting our heads against the wall. There's already such a cynical outlook as to the relationship between our two peoples and our two ways of being. They just feel that they're not going to make a difference.

I think the biggest challenge is to encourage them to realize that the government is going to be open to hearing us and working with us, but again, that's going to have to be demonstrated.

Mr. David Yurdiga: Thank you.

There are so many things that aboriginal and indigenous youth face on an ongoing basis. What measures can the government take to address youth suicide specifically?

Mr. Will Landon: You're going to have to meet, at the nation-to-nation level, PTOs...unceded territories. You're going to have to meet them and see what their needs are and where you can provide the support. We're already doing the work on the ground with the very few resources we have. We're already taking those roles and steps into healing. Where we're going to need you to come in is to decide where our resources need to be allocated, what needs more support, and things like that.

Again, that's just going to have to be with you guys coming to the nations and asking them and seeing their unique issues and their unique assessments.

Mr. David Yurdiga: Thank you.

The Chair: Thanks.

The next question is from Charlie Angus, please.

Mr. Charlie Angus: Thank you.

I want to thank you for that excellent presentation. I also want to tell you that I take great hope in my work, because I see the power of young people in the communities who are speaking up and taking leadership. I'm very confident that the future will be better because of leadership like yours.

What we need to do, however, is address the deep-seated, systemic denials of rights that are still in place. Last night I and my colleague from Thunder Bay saw Gord Downie's incredible performance of the Charlie Wenjack story. It was very moving, but I kept thinking, through that, that Canadians still don't get it. They think the Charlie Wenjack stories are 50 years old, when the Charlie Wenjack stories are happening to this generation of young people who have to leave home at 13 and 14 to go to school.

I thought of Shannen Koostachin. She was 13 when she had to leave Attawapiskat. That's way too young to go to school. She lived with my family, and she was an incredible warrior for education. We were told that her parents had to sign her guardianship over to us to go to school in a provincial system. That was such an attack on the power of the family, but it was just considered perfectly normal by the federal Indian affairs department, by the white school board: "Hey, that's how things are done in 2016."

I want to ask you, as a youth, about confronting this system that is still very much in place. For all the positive talk, the system of

Duncan Campbell Scott and the denial of rights to young people is still very much in place. What will it take for us to start to dismantle this so that education and health and the decision-making of your generation are decided to your benefit?

• (1700)

Mr. Will Landon: That will just have to be our commitment to the long battle. At the end of the day, I think most first nations people want to see the Indian Act taken away, but there's already so much legislation within the education legislation that it makes it very tough. There are a lot of things entrenched, from the Indian Act, into other legislation. It will have to be that long battle in working with people who have experienced this legislation, people who have experienced things like those attacks against the family, to figure out which parts of legislation need to be taken away, need to be chiselled away, in order to start creating that empowerment within our families and within our communities.

That's where I think we have to settle in for the long battle. We have to understand that we're not going to see the end of it in our lifetime, but we can start a process in which maybe two or three generations from now things like that won't be as commonplace.

Mr. Charlie Angus: Thank you. I hope we'll see it in our lifetime, but I think the system has to be dismantled.

I have thousands and thousands of pages of access to information documents to figure out how this system could be as dysfunctional as it is. I have it all back to Duncan Campbell Scott's notes on ripping off the Cree people after signing Treaty No. 9. In all the years, from the 1920s and Duncan Campbell Scott to the Pierre Trudeau government, all the documents right up to today, I've never, ever once seen a bureaucrat say they were really concerned about the children, never once.

Now, they're good people. They do good work. They're soccer moms and soccer dads. But it seems that the system from the beginning was focused on downloading the costs so the feds didn't have to pay—that's what they did in the residential schools and that's what they're still doing in education—limiting liability of government, and negating treaty obligations. The people who are running the education and health systems are not educators. They don't have backgrounds in schooling. So we have a non-system, federally, unlike the provincial systems. In the provincial systems, everything is done for the benefit of the children.

Can we even reform this system? You speak so well about the need to take control of education. How can we reform a non-system as opposed to taking the power away from the bureaucrats who are trying to limit their own responsibilities and liabilities? How do we transform it so that the communities and the families and the parents are in charge of making the decisions about what is best for the well-being of young people?

Mr. Will Landon: We already see that within the NAN territories where they are beginning to set up their own school board and their own ideas of what education should look like within their areas. There has to be a support system for all PTOs or even just right down to sovereign nations to take that approach.

We have the word *inaakonigewin* in our language; that's like law. We have to be able to support these communities to come up with their own education or *inaakonigewin*, making sure that's the part that's being respected so that we have a framework to be able to point to and say this is exactly what we want and what we need. I think the government can help that by making sure we have the resources to hire the experts and the technicians and making sure our elders are included in establishing such a framework.

Mr. Charlie Angus: I want to go back to the issue of education in terms of accountability nation to nation. I don't know what nation to nation means all that much except it must mean being truthful. In terms of education, in terms of health care, the documents are always impossible to find. How much is actually being spent on the health continuum, \$350,000? What's the rest? Where is it going? I don't know. We're always plunged down rabbit holes with the departments.

If we're going to have a nation-to-nation relationship—and I encourage you as a youth leader with the AFN to call for this—we need to have the books of Health Canada opened so we know how the decisions are being made and why they're being made.

I would like to ask you, in terms of your experience with other youth out there, about youth stepping up. I see the articulate and confident nature that you have. I see it in the NAN youth council, and I see it in the other youth leaders. You're actually saying that you don't want to come here anymore just to be heard, and then we make our report. You want to be part of the decision-making because it's about your life. Do you see a way that we could do that?

Mr. Will Landon: A way in which we are included in the decision-making?

Mr. Charlie Angus: That the youth are being heard and actually can start to help develop the policy of what is good for the youth.

Mr. Will Landon: I think the best way to do that is to.... I'm new to all this, again. It would be nice to see how long it would take for our council, or even the AFN organization, to hear back and to see, once the report is written, how quickly we can get together again and start seeing what actions we can implement immediately, and then continue to meet to see what happens in the long term.

Again, it's just going to have to be coming together with all parties involved. That's going to be our youth council. That's going to be all our leaders, and it's going to be our elders.

• (1705)

Mr. Charlie Angus: Thank you.

The Chair: Thank you very much.

We have time for just one more question, and that question is coming from Don Rusnak, please.

Mr. Don Rusnak (Thunder Bay—Rainy River, Lib.): Hi, Will. I believe I met you before in Treaty No. 3 territory. I've been around there a little bit. Our ancestors both signed the treaty with Canada, since I am from Lac des Milles Lacs first nation.

I've worked in the area quite a bit and have seen the problems regarding the youth, not only the youth, also problems with elders and people who are troubled right from young children to the elderly. People from our first nations around the area tend to go to either

Kenora or Dryden as service centres. A lot of what they need in terms of health and other services are provided in those centres.

In terms of your upbringing, were you brought up on a reserve in the Treaty No. 3 territory near Kenora, or were you brought up in Kenora?

Mr. Will Landon: I was brought up on Rat Portage First Nation, which is just outside of Kenora. But yes, I grew up on a first nation.

Mr. Don Rusnak: Did you go to Beaver Brae high school?

Mr. Will Landon: Yes.

Mr. Don Rusnak: One of the things we've been talking about.... That's how complex this issue is. You grew up on a first nation. You went to a high school that was in the adjoining community, and the provincial government and the school boards have authority over those schools.

I know my friend from the NDP often talks about underfunding of first nations schools, and I agree with him for the most part. A lot of first nations education, especially on reserve, has been chronically underfunded for far too long.

The education we're providing to our first nations youth—and all of our youth, I think, in this country in this day and age—is doing a great disservice in not teaching the whole history of Canada. Was that your experience, especially at Beaver Brae where there's a high percentage of first nations students? Were you learning about the history of the treaty?

I went out to where they were signing the treaty when I worked for Grand Council Treaty No. 3 on the lake. We did a feast ceremony. Are the students learning about that?

Mr. Will Landon: I think they're learning a bit of the basics as to what those treaties mean. Again, a lot has to do with the respect of our culture. In the Treaty No. 3 area especially, we're very sacred and very spiritual, and it's tough to give full teachings on the treaty because, to us, the treaty is of a spiritual nature and you only talk about what you know.

What I think needs to happen, and I always make this comment, is that the Canadian public school systems will have to teach the Canadian public youth what it means to be in a treaty relationship, because each and every one of us in this room is a treaty person. We're all treaty people, because we all live in a treaty area or on treaty land, unless you live in an unceded territory. However, young people still need to learn about the treaties. They never learned about them.

In fact, actually, I faced a lot of racism in Beaver Brae and in middle school. I was bullied a lot just for being an aboriginal person and in very brutal, violent ways. In fact, when I was in grade 8, even a teacher told me I wouldn't make it to university because I was aboriginal. When I was in grade 10, a teacher told me I didn't belong to that academic class because I was aboriginal.

It's different now, but we have to capitalize on what seems to be this more accepting nature of our schools, to start encouraging that incorporation into all aspects of education. Even in something as simple as a geography course, you can start mapping out where Treaty No. 3 is, where we live, part of that land, and maybe where Treaty No. 3 was signed, and how important that is. Even those classes that might not seem important to treaty dialogue can be if it's incorporated properly.

Mr. Don Rusnak: In a community like Kenora, in the high school you went to and the community you grew up in, would it be more advantageous to have a separate school for first nations students coming from the nearby first nations or to turn Beaver Brae into an accepting school that really teaches the history and teaches the culture to all students in the district?

• (1710)

Mr. Will Landon: That's an interesting thing. It's something I talk about a lot with my mother, who works for the public school system. I think there is a benefit to both.

I think if there were a school separate from the public school system for the younger ages, to instill in them a pride in their identity and who they are, and to make sure they're ready, and then starting in public schools like Beaver Brae or middle schools or high schools they would be integrated to take grades 7 and 8, that would be really beneficial. Then you'd have kids going into these already-accepting schools with a strong sense of identify and who they are and the ability to absorb the realities of the country they're in and the ability to take in the skills they need to—I hate to say the word “function”—essentially benefit from the world that we live in today.

I think that would be a good area for compromise. That's a thought that just came into my head. Both of them have their strengths and their weaknesses. It's going to take a few years, and Kenora would be a really good case study to look at to see what would be more beneficial and what might be more disadvantageous.

Mr. Don Rusnak: Often at this committee when witnesses are here, I say that I see this as a long-term solution. Of course, we have to deal with the crises right away, and the government's doing that, sending in crisis teams that are hopefully appropriate. We're learning about that as we go along. The government's responding to these issues.

There's a long-term problem here. You said earlier that there shouldn't be a committee in 150 years studying the same thing, and I don't want to see that either. I don't want to see a committee in 10 years or five years studying suicide among indigenous people again, but we have to separate the immediate and the crisis from the long

term. Through some of the long term, I believe that we can start communities and first nations people, indigenous people, down the right path.

In the Treaty No. 3 area have you seen any positive examples of communities taking a positive approach to their economy, their culture, and their society?

Mr. Will Landon: I think Rat Portage within its location, with the marina and all that stuff, they already have a bit of a base for economic development. They need to have the support to continue building on it.

There are quite a few communities that have their own businesses. In the past there were fisheries and there was a fur-making factory in Whitefish or something like that. These communities already have experience in building economies. They need to be able to adapt to the stronger things.

When it comes to the healing, I agree that there does need to be an immediate response. There is always this comparison that with mental health you don't see the wound. It's inside. It can still be treated the same way, because if someone faces a significant trauma you still have to stop the bleeding before you can start focusing on the long-term healing. That's what we really need to do if you think of it in that sort of way.

As to what some communities are doing, we see a lot of elders taking more of an active role. Gilbert Smith in Fort Frances is a prime example of an elder who has gone above and beyond the call of duty to continue to provide healing to a lot of people in their communities, with very specific programs that are really effective.

There needs to be more work within the service organizations, such as KCA and other things like that. The KCAs in the other territories and provinces have to start opening their dialogues and see which strengths they have and what they're doing right. A lot of communities are doing a lot of things right, but there's not a lot of communication as to what we're doing, and that needs to change.

The Chair: Thank you very much, Mr. Landon, for your remarkable testimony today. You've been a tremendous help to the committee.

Thank you also, Elder Annie St-Georges, for being with us as well. We are very grateful indeed.

We're going to take a very short suspend and come back for committee business.

[Proceedings continue in camera]

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