MENTAL WELLNESS PROGRAM ANNUAL REPORT

DCI number/Fiscal year: HC-P133 (2024-2025)

NOTE: This document is a representation of the reporting requirements for DCI HC-P133. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your regional office. Please contact your ISC-FNIHB regional office if you have not received a copy of the documents, if you have questions, or require assistance.

Purpose:
Indigenous Services Canada has an obligation for Treasury Board Secretariat of Canada reporting on investments. These obligations are met when funding recipient reporting is received and rolled up to tell a program level performance story. Additionally, this reporting is being collected to:

- better understand what supports are available in communities;
- inform policy and program decisions to support improvements in services and supports available to communities;
- respond to enquiries concerning successes and gaps in services; and

help inform new investments.

Program reporting requirements:

Name of Recipient / Community:	
Reporting Period:	
Contact Person:	

Instructions: Recipients are only expected to report on those activities that the recipient delivered, as identified in the Program Plan or their workplan. **Any questions that do not relate to a recipient's programming can be reported as "not applicable". When completing questions that require numbers as answers, be sure to enter "0" when the answer is none. Do not leave any answers blank.** Please see Definitions at end of document for explanations of terminology used below.

A. Recipients reporting on **community-based programs and activities** shall include the following information:

a) The number of addictions community-based workers employed on the last day of the fiscal year	Certified	Non-certified

Note: Certification refer only to those completed through one of these three certification bodies: Indigenous Certification Board of Canada (ICBOC), Canadian Addiction Counsellors Certification Federation (CACCF), or Canadian Council of Professional Certification (CCPC).

b) Please populate the following tables regarding the mental wellness services/activities offered by your community.

Type of service/activity	Offered by community (Y/N)
Substance Use	
OAT site wraparound services	
Harm Reduction (other than OAT)	
Mental Health/Wellness	
Life Promotion / Suicide Prevention	

Crisis Response	
Other (please specify)	

Were any services/activities targeted specifically to….	Y/N
Children	
Youth	
Families	
Men/boys	
Women/girls	
2SLGBTQQIA+	

Were any services/activities delivered….	Y/N
Virtually or through telehealth	
On-the-land	

c) If you provided OAT site wraparound services, please provide the total number of client interaction with OAT site wraparound services in 2024-25:_____

d) If you provided Harm Reduction activities, please list the types of harm reduction activities provided in 2024-25.

e) Please provide the number of referrals to treatment centres and/or other specialized services/supports.

Type of referral to treatment centres and/or other specialized services/supports	Number of Referrals in 2024-25
federally-funded youth treatment centres	
federally-funded adult treatment centres	
federally-funded family treatment centres	
provincial youth treatment centres	
provincial adult treatment centres	
provincial family treatment centres	
psychiatric services	
social worker services	
medical specialist services	
other (please specify)	

f) Please populate the table below with the training activities offered to health care workers (regulated and/or non-regulated) on trauma-informed care.

Title of Training Activity

g) Have any of your community's/organization's Mental Wellness programs and services been evaluated in the past year?

- ☐ Yes
- ☐ No
- ☐ Don't Know

If yes, please list the programs and services that were evaluated in the table below. If you are willing to share, please include a copy of the evaluation when submitting this report.

h) Please provide a **description** of successes, challenges, and gaps in mental wellness services and supports as well as impacts, and/or unanticipated developments that occurred during the course of the fiscal year

B. Recipients reporting on behalf of **Mental Wellness Team(s) projects** shall include the following information:

i. Please list all of the communities with access to the mental wellness team (i.e., the catchment area). Please indicate which communities received services this fiscal year.

Communities	Community received services in 2024-25 (Y/N)

ii. Total number of health care workers (non-regulated and/or regulated) working as members of the mental wellness team	

Note: If the number of workers has changed over the course of the year (e.g. due to retirement, staff turnover at the time of reporting), please provide a response from the time during the year when the number of workers was the greatest.

iii. Please populate the table below with respect to services offered by and/or provided by your mental wellness team

Activities	Offered by Team		Provided by Team	
	Yes	No	Yes	No
Professional counselling				
Crisis Response				
Cultural supports/approaches				

iv. If your team provided crisis response services, please provide the total number of crisis response related deployments made by the team, by type of crisis.

Type of Crisis	Total # Deployments
Suicide	
Substance Use	
Natural disaster	
Intentional violence and harm	
Family disruption/disturbance	
Other (please specify)	

If your team provides cultural approaches/supports, please populate the following two tables:

Number of mental wellness team workers that are able to provide cultural approaches/supports to individuals, families or communities.	

Note: If the number of workers has changed over the course of the year (e.g. due to retirement, staff turnover at the time of reporting), please provide a response from the time during the year when the number of workers able to provide these approaches and supports was the greatest.

Type of culture-based activities provided

v. Please populate the table below with respect to training activities offered to health care workers (regulated and/or non-regulated) working as part of the mental wellness team on trauma-informed care.

Type of Training Activity

vi. Please populate the table below with respect to total number of deployments including home community, within catchment area, regionally, or nationally. Including number of clients served.

Type of deployment	# of Deployments	# of Clients Served
Home community (if applicable)		
Within catchment area		
Regionally		
Nationally		

vii. Please provide a **description** of successes, challenges, gaps in services, outcomes, or unanticipated developments that occurred during the course of the fiscal year.

DEFINITIONS	
Term	**Definition/Explanation**
Certified	Refers to certification of workers. Certification is a process by which an independent third party assesses and acknowledges an individual's level of knowledge and skill relative to a set of pre-determined standards. This is typically accomplished by means of collecting and presenting information related to educational background, work/life experience, and specific skill sets. Membership fees, ethics codes, and yearly reviews are also a common part of the certification process. Certification is achieved by a combination of specific addiction education and direct counselling work experience. Certification bodies include: 1. Indigenous Certification Board of Canada (ICBOC) (previously the First Nation Wellness/Addictions Counsellor Certification Board) 2. Canadian Addiction Counsellors Certification Federation (CACCF) 3. Canadian Council of Professional Certification (CCPC)
Community-based workers	In this context, community-based workers (also sometimes referred to as non-regulated workers) would be any mental wellness workers who are not covered by a professional body. For example: NNADAP workers, outreach workers, mental health workers, trauma workers, etc.
Cultural approaches/supports and activities	Any activities or supports that are cultural in nature. This can include, but is not limited to traditional/cultural teachings, traditional healing, on-the-land activities, community feasts, etc.
Deployments	While the word deployment is often used by the military for sending troops into duty, it can also be defined as *the action of bringing resources into effective action*. So in the context of a mental wellness team, it would be the act of responding to a crisis in a community. So for each crisis you respond to, this would be counted as one deployment.
Harm Reduction	Harm reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping. Included in the harm reduction approach to substance use is a series of programs, services and practices. Essential to a harm reduction approach is that it provides people who use substances a choice of how they will minimize harms through non-judgemental and non-coercive strategies in order to enhance skills and knowledge to live safer and healthier lives.[1]
Health Care Worker	Any individual providing health care services. This could include cultural support workers, Elders, social workers, psychologists, etc.

[1] https://ontario.cmha.ca/harm-reduction/

Home Community	Home community refers to the community in which the mental wellness team is based. This may not be applicable to mental wellness teams operated by a tribal council or Indigenous organization.
Mental Wellness Team(s)	Mental Wellness Teams (MWTs) are community-based client-centred, multi-disciplinary teams that provide a variety of culturally-safe mental wellness services and supports to First Nations and Inuit communities using a wide diversity of service models which may include crisis response, capacity-building, trauma-informed care, land-based care, prevention, early intervention and screening, after care, and care coordination with provincial and territorial services. All MWTs are defined and driven by the community and can include Indigenous traditional, cultural and mainstream clinical approaches to mental wellness services, spanning the continuum of care from prevention to after-care. Each mental wellness team serves a community or cluster of communities and can include a variety of community-based and clinical professionals. The combination of services provided and composition of the team reflects community needs and priorities. The MWTs are delivered either by First Nations and Inuit communities, tribal councils or organizations.
Non-regulated health care worker	Is any health care worker who is not covered by a professional body. (Previously referred to as para-professionals.) This can include community-based workers, cultural support workers, Elders, youth workers, etc.
Opioid Agonist Therapy / Opioid Replacement Therapy wraparound services	Opioid Agonist Therapy (OAT) / Opioid Replacement Therapy (ORT) involves taking opioid agonists such as methadone or buprenorphine-naloxone to prevent withdrawal and reduce cravings for opioids. Wraparound services work to address underlying or associated issues through counselling and traditional practices. Counselling helps to position community members to address a multitude of issues and challenges related to the social determinants of health and create opportunities to improve their health outcomes and health status. Furthermore, the continuum of care permits the integration and coordination with other health resources in the community.
Regulated health care worker	Is a registered member in good standing with the regulatory college applicable to the worker's profession and that the worker is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided. (Previously referred to as professionals.) This can include social workers, psychologists, nurses, etc.
Specialized services/supports	In this context, specialized services/supports refer to those that are outside of the community or tribal council and include substance use treatment centres. Services/supports that would be included here could include psychiatric services, social worker services, medical specialist services, federally-funded adult/youth/family treatment centres, provincially-funded adult/youth/family treatment centres, private adult/youth/family treatment centres, etc.

Trauma-informed care	Given the number of adverse experiences and the history of trauma in First Nations communities, a trauma-informed approach to care is highly recommended. With trauma-informed care, the service provider or frontline worker is equipped with a better understanding of the needs and vulnerabilities of First Nations clients affected by trauma. This knowledge increases their sensitivity to viewing trauma as an injury and their ability to support healing based on compassion, placing priority on a trauma survivor's safety, choice, and control. A trauma-informed approach can include building trauma-informed systems, assessing and treating trauma, addressing secondary trauma in caseworkers, and providing trauma training. It can also mean developing trauma resources for caseworkers, caregivers, and families.