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Final Report

Urban Aboriginal Wellbeing, Wellness and Justice: A Mi'kmaw Native Friendship Centre Needs Assessment Study for Creating a Collaborative Indigenous Mental Resiliency, Addictions and Justice Strategy

UAKN Atlantic Regional Research Centre

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The Urban Aboriginal Knowledge Network, the UAKN, is a community driven research network focused on the Urban Aboriginal population in Canada. The UAKN establishes a national, interdisciplinary network involving universities, community, and government partners for research, scholarship and knowledge mobilization. For more information visit: www.uakn.org



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**Urban Aboriginal Wellbeing, Wellness and Justice: A Mi'kmaw Native
Friendship Centre Needs Assessment Study for Creating a Collaborative
Indigenous Mental Resiliency, Addictions and Justice Strategy**

A UAKN Project

September 2014

Submitted by:

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Abstract

Urban Aboriginal Wellbeing, Wellness and Justice: A Mi'kmaw Native Friendship Centre Needs Assessment Study for Creating a Collaborative Indigenous Mental Resiliency, Addictions and Justice Strateg

Research Team (Identify PI) L. Jane McMillan, PhD StFX University (PI) and Pamela Glode-Desrochers Executive Director of Mi'kmaw Native Friendship Centre Halifax, Nova Scotia. Research assistants: Janelle Young and Killa Atencio

Intro: This project is community driven, grounded in the priorities of the Mi'kmaw Native Friendship Centre (MNFC) in Halifax, Nova Scotia and follows the cultural and research protocols of the Indigenous participants. The Mi'kmaw Native Friendship Centre wished to undertake capacity building research to assess its roles in the social developmental determinants of mental resilience and wellbeing for urban Indigenous populations in Halifax. The purpose of the research was to conduct a culturally relevant needs assessment in order to understand the characteristics of resilient communities that foster wellbeing and to facilitate and promote the creation of Indigenous frameworks and tools for mental resilience assessments and action plans for urban Indigenous populations. This research asked:

Research Question/Goal/Objectives

1. What are the determinants of wellbeing of urban Indigenous peoples as identified by the clients of the Mi'kmaw Native Friendship Centre in Halifax, Nova Scotia?
2. How do Indigenous populations access mental resilience supports and wellness services in the Halifax Regional Municipality?
3. Are the current Nova Scotia Provincial Mental Health and Addictions Strategy culturally inclusive and relevant for urban Indigenous populations?
4. Are there obstacles to Indigenous experiences of wellbeing, wellness and justice that could be overcome by community collaborations?
5. What services could the Mi'kmaw Native Friendship Centre provide to facilitate wellbeing, wellness and justice for the members of Indigenous communities in the city?
6. How do urban community-based reintegration services for Indigenous peoples support mental resilience and wellbeing effectively post incarceration?
7. Can a holistic, culturally grounded prevention, intervention and reintegration strategy help Indigenous clients navigate the Canadian health and justice systems?
8. What collaborations are necessary for a community-driven approach to improve urban Indigenous experiences of wellbeing, wellness and justice?
9. What capacity building exercises will best disseminate findings with urban Indigenous communities, service providers, researchers and academics?

Methodology

The research process engaged front line service providers and clients of the Mi'kmaw Native Friendship Centre in the Halifax Regional Municipality (HRM) in a series of focus groups, sharing circles and pathway building exercises. The themes discussed were Indigenous traditional knowledge and wellness, cultural healing and service provision, encounters with Canadian criminal justice and mental health systems, and promising practices for reintegration and supporting resilience within families. A series of ethnographic and semi-structured interviews took place with people identified as knowledge carriers by the collaborative research network. Focus group participants voluntarily completed surveys that asked questions about their wellbeing, resilience and wellness needs and priorities.

Findings/End Products

A community-driven approach to research ensures that knowledge is translated into action by building capacity among participants. This research was undertaken to assist the Mi'kmaw Native Friendship Centre in responding more effectively to the mental resilience, wellbeing and justice needs of the urban Indigenous populations they serve. The findings enhance the MNFC's ability to deliver vital navigational tools for beneficiaries of mental resilience, wellness and addictions programs and help build the cultural competency/safety capacity of non-Indigenous service providers in assisting Indigenous clients in the Halifax Regional Municipality. Additionally, the

findings suggest that the MNFC is an important site for cultural reconciliation and for building alliances to break down the systemic discriminatory barriers that interfere with opportunities for and experiences of wellbeing among urban Indigenous populations. Throughout this research the participants positively identify the MNFC, its staff and programs, as culturally significant sources of hope, healing and belonging. These elements are recognized as essential to their wellbeing, wellness and self-determination.

- Urban Indigenous experiences of wellness, wellbeing and justice are complex, gendered and diverse;
- Kinship is important for wellbeing in the city;
- Friendship Centre serves critical kinship functions;
- Friendship Centre is a “safe” and “healing” place;
- Friendship Centre is both bridge and anchor, roots and limbs;
- Service gaps are exacerbated by compartmentalized approaches to healing;
- Problem of access to culturally meaningful services in the city;
- Single parent residences and wellness rooms will assist family wellbeing;
- Service providers are not connected with Indigenous communities;
- Services providers want to connect but do not know how;
- Trust takes time;
- Significant need for education programs and experiential learning opportunities to engage with Indigenous ways of knowing and being;
- Holistic trauma and post residential school supports are lacking;
- Culturally relevant assessment / mapping tools are critical to building effective navigation support services;
- Insufficient funding and poor long-term inclusion planning are detrimental to the wellbeing of Indigenous peoples in urban centres;
- People crave culture, spirituality, elder advice and the basic need for human kindness and support;
- Accessing mental health services difficult without a family doctor, long wait times, heavy reliance on Emergency access;
- Systemic discrimination, racism, stereotypes and stigma are prevalent in justice and health services;
- Collaborative, comprehensive assistance is urgently needed to address lack of basic necessities of life (food, shelter, safety);
- Indigenous peoples want their rights and identities respected and reflected in the city;
- The MNFC is a site of reconciliation between settlers and Indigenous peoples through its cultural exchange and healing programs and these programs need ongoing support;
- Dire need for Indigenous services providers and long term Indigenous – centered facilities for substance misuse and wellbeing.

Discussion To address Indigenous alienation from health care and wellbeing services, cultural competency and safety training are needed in the western approach to health care so that service providers are receptive and understanding of cultural contexts of Indigenous peoples. Participants in this UAKN research agreed that service providing environments free of racism and stereotypes, that are inclusive of Indigenous spirituality and populated with Indigenous health care providers, are urgently needed.

Take Home Message(s) The Urban Aboriginal Wellbeing, Wellness and Justice project provided an excellent opportunity for new scholar research training by employing two graduate students who participated in every step of the research process. Under the direction of the co-principle investigators, the students helped design the community engagement process, created the needs assessment tools, coordinated research activities, gathered, organized and analyzed data, prepared information packages, and disseminated findings. Students also gained experience in grant writing; a tool they can give back to the urban Indigenous community by assisting programs in writing applications for much needed funding.

Dissemination Strategy

The intended audiences for this research included the clients of the Mi'kmaw Native Friendship Centre, urban Indigenous communities, academics, researchers, the general public and government service providers, and the members of UAKN. The final report was distributed to the research partners. Dissemination is ongoing, academic publications are forthcoming. The report is being used to leverage project funding to address the needs identified through the research.

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Project Summary

This project is community driven, grounded in the priorities of the Mi'kmaw Native Friendship Centre (MNFC) in Halifax, Nova Scotia and follows the cultural and research protocols of the Indigenous participants.¹ Our collaborative team used methods that are designed to protect and respect Indigenous knowledge through engaged community approaches to direct research relevance and practical applications.² All research was conducted under the guiding ethical principles of the Urban Aboriginal Knowledge Network and the Tri-Council Policy Statement regarding research involving First Nations, Inuit and Métis peoples of Canada.³ The Mi'kmaw Native Friendship Centre wished to undertake capacity building research to assess its roles in the social developmental determinants of mental resilience and wellbeing for urban Indigenous populations in Halifax.⁴ The purpose of the research was to conduct a culturally relevant needs assessment in order to understand the characteristics of resilient communities that foster wellbeing and to facilitate and promote the creation of Indigenous frameworks and tools for mental resilience assessments and action plans for urban Indigenous populations. This research asked:

10. What are the determinants of wellbeing of urban Indigenous peoples as identified by the clients of the Mi'kmaw Native Friendship Centre in Halifax, Nova Scotia?
11. How do Indigenous populations access mental resilience supports and wellness services in the Halifax Regional Municipality?
12. Are the current Nova Scotia Provincial Mental Health and Addictions Strategy culturally inclusive and relevant for urban Indigenous populations?

13. Are there obstacles to Indigenous experiences of wellbeing, wellness and justice that could be overcome by community collaborations?
14. What services could the Mi'kmaw Native Friendship Centre provide to facilitate wellbeing, wellness and justice for the members of Indigenous communities in the city?
15. How do urban community-based reintegration services for Indigenous peoples support mental resilience and wellbeing effectively post incarceration?
16. Can a holistic, culturally grounded prevention, intervention and reintegration strategy help Indigenous clients navigate the Canadian health and justice systems?
17. What collaborations are necessary for a community-driven approach to improve urban Indigenous experiences of wellbeing, wellness and justice?
18. What capacity building exercises will best disseminate findings with urban Indigenous communities, service providers, researchers and academics?

The research process engaged front line service providers and clients of the Mi'kmaw Native Friendship Centre in the Halifax Regional Municipality (HRM) in a series of focus groups, sharing circles and pathway building exercises.⁵ The themes discussed were Indigenous traditional knowledge and wellness, cultural healing and service provision, encounters with Canadian criminal justice and mental health systems, and promising practices for reintegration and supporting resilience within families. A series of ethnographic and semi-structured interviews took place with people identified as knowledge carriers by the collaborative research network. Focus group participants voluntarily completed surveys that asked questions about their wellbeing, resilience and wellness needs and priorities.

Participatory-action research seeks to answer important wellbeing and resilience questions while serving the needs of a particular population (NAMHR website). A community-driven approach to research ensures that knowledge is translated into action by building capacity among participants. This research was undertaken to assist the Mi'kmaw Native Friendship Centre in responding more

effectively to the mental resilience, wellbeing and justice needs of the urban Indigenous populations they serve. The findings enhance the MNFC's ability to deliver vital navigational tools for beneficiaries of mental resilience, wellness and addictions programs and help build the cultural competency/safety capacity of non-Indigenous service providers in assisting Indigenous clients in the Halifax Regional Municipality. Additionally, the findings suggest that the MNFC is an important site for cultural reconciliation and for building alliances to break down the systemic discriminatory barriers that interfere with opportunities for and experiences of wellbeing among urban Indigenous populations. Throughout this research the participants positively identify the MNFC, its staff and programs, as culturally significant sources of hope, healing and belonging. These elements are recognized as essential to their wellbeing, wellness and self-determination.

Background

The Indigenous peoples of the Maritimes share a long and complex history. The archaeological record places the first inhabitants of the region approximately 14,000 years ago and demonstrates how cultures change in response to different environments throughout time.⁶ Europeans arrived on the East Coast of Mi'kma'ki as early as 1000, and in the 1500s and the French, with generous support for their wellbeing from the Mi'kmaw, established the first permanent settler community in 1604.⁷ Archaeologist Stephen Davis (1997) identifies three major threats to Mi'kmaw culture as result of settler incursions: deaths from epidemic diseases, disruption of their subsistence and economic systems, and the consequences of the French defeats at the hands of the British.

The British signed five separate treaty agreements with the Mi'kmaw between 1726 and 1779.⁸ In 1726 the British promised that the Mi'kmaw would not be interfered with in their planting, hunting and fishing grounds and that British settlements would be lawfully made. In 1749, newly appointed governor of British Nova Scotia, Edward Cornwallis, and a flotilla of British ships sailed into Kjiptuk (Chebucto Bay). The 2,547 passengers on board transformed the landscape, cut down the trees, and within six weeks the land was divided into lots for homes. The following year forts with palisaded walls were built and settlement expanded along the harbour front and inland. They replaced the Mi'kmaw name for the area, Kjiptuk, and called it Halifax. Mi'kmaw families lived along Chebucto Bay for centuries, but were not consulted when the town was built. The Mi'kmaw's dissatisfaction with the founding of Halifax led to, "years of instability in the region, with the British seeking to establish their physical control over the land and the Mi'kmaq attempting to stop them" (Wicken 2002: 171). British policy responses to Mi'kmaw opposition to the founding of Halifax were brutal and aggressive. The Nova Scotia Council issued a proclamation offering rewards for Mi'kmaw scalps or prisoners. "Ten guineas were offered for 'every Indian killed or taken Prisoner' – a reward that was increased to 50 guineas in June 1750" (Wicken 2002: 181).

In attempting to encourage the Mi'kmaw, and other tribes in the Atlantic region; Abenaki, Maliseet, Passamaquoddy and Penobscot, to live peaceably with the British, the 1726 Peace and Friendship treaty was renewed in 1749 and 1752, and ratified again in Halifax in 1760 and 1761.⁹ Colonization of Indigenous lands undermined extended families' abilities to support themselves due to non-

Indigenous peoples interference with Mi'kmaw farming, fishing, and hunting and kinship networks were forced to move.¹⁰ During the later 1700s and 1800s Indigenous peoples seeking assistance in Halifax were noted in the British records as "indigent Indians". Historian L. F. S. Upton observed, "this term involved an important new concept, for it fitted the native people into a recognized segment of white society: the very poor whose maintenance was traditionally a charge on the community" (1979:71). Indeed many Indigenous people visibly lived in abject poverty in Halifax, while others were made less visible under presumptions of their assimilation into settler society because they actively participated in the labour force and market economies. By the 1830s in Nova Scotia the British Empire stressed integrating Indigenous peoples into mainstream economies, but they were also constructed as in the way of development and in need, and thus reserves were created to manage assistance and assimilation.¹¹

The Mi'kmaw resisted the policies directed toward the erasure of their existence. Despite the failure of the Crown to honour treaty obligations, the Mi'kmaw leaders continuously petitioned the monarchy and government. In 1849, The Acadian Recorder (Halifax, 24 February 1849) noted:

Our city has just been visited by the Chiefs of the Micmac Nation, who assembled last week for the purpose of applying to the Legislature for aid. Their meeting was held in Dalhousie College, from whence, accompanied by Dr. Gesner, the commissioner for Indian Affairs, they proceeded to Government House, where their petition was presented to the Lieutenant Governor, who, we understand, received it in the kindest possible manner. The appearance of the ten Chiefs and Captains, dressed in their gay and ancient costume, and decorated with medals received by the tribe from different ancestors of Her Majesty – in former time, when the Indians outnumbered the British inhabitants of the country – was at once novel and interesting... From the residence of the Lieutenant Governor the whole party proceeded to the House of Assembly and Council Chamber, where they were also received with much attention. The appearance of the representatives of the ancient

Lords of the Soil, to urge their claims, recall to our minds the melancholy fact that the whole tribe is fast fading away, or, according to the striking expression of the petition, "like a withering leaf in summer's sun." We trust, however, that their visit to the Authorities will be productive of much good to the remnant of the Micmacs... (In Whitehead 1991: 238-239).

The excerpt above is indicative of settler perceptions of Indigenous peoples of the time as noble and ancient, but suffering and disappearing. These views contributed to the foundational stereotypes that perpetuate the apparatuses justifying colonial practices and policies. The colonial state removed Indigenous peoples from their territories, relocated them to largely infertile pockets of land, precipitating their increased dependence upon imperial authorities and embedding racial typologies that viewed Indigenous peoples as inferior to settler society. The passage of the Indian Act in 1876, by the newly created Canadian government, fortified the processes of assimilation carried out by Indian agents and the churches. Significantly the Indian Act became the vehicle for controlling determinations of Indigenous identity, creating hierarchies of distinctiveness and bureaucratized dependency.

By the 1900s the Canadian government was having trouble getting Indigenous communities to surrender lands that were deemed necessary for settler economic development, particularly those in urban locales. The Indian Act was amended in 1911 to expedite the relocation of reserves away from new urban areas.

The amendment stipulated:

In the case of an Indian Reserve which adjoins or is situated wholly or partly within an incorporated town or city having a population of not less than eight thousand, and which reserve has not been released or surrendered by the Indians, the Governor in Council may, upon the recommendation of the Superintendent General, refer to the judge of the Exchequer Court of Canada for inquiry and report the question as to whether it is expedient, having regard to the interest of the public and

of the Indians of the band for whose use the reserve is held, that the Indians should be removed from the reserve or any part of it (1-2 George V Cap 14, s. 2, 'An Act to amend the Indian Act,' 19 May 1911, in Wicken 2012:218).

Clearly the marginalization and removal of Indigenous communities from urban settings that began shortly after the arrival of Europeans, was well entrenched by the 1900s.

In 1929, the government opened the Shubenacadie Indian Residential School about 50km away from Halifax, Nova Scotia. Mi'kmaw, Maliseet and Passamaquoddy children from across the Atlantic region were forced to attend one of the most insidious institutions of assimilation. The schools, framed as benevolent establishments of settler society, worked to destroy kinship networks and the transmission of Indigenous knowledge and cultural practices through vigorous religious proselytism. The school closed in 1967.

Thousands of families were impacted throughout the 38 years of operation of the Shubenacadie Indian Residential School and many feel the consequences of intergenerational trauma today. According to psychiatrist Peter Menzies, "the trauma of state-enforced separation has affected the ability of many Aboriginal people to achieve balance in their physical, mental, emotional and spiritual well-being" (2014:62). Menzies defines intergenerational trauma as, "when subsequent generations continue to be affected by government policies that erode individual, family and community well-being, the ensuing trauma experienced by members of one generation affect the health and well-being of the next generation" (2014:62). Although not yet well documented, students upon leaving the school did not necessarily return to their home communities.¹² No longer able to communicate

with their families due to the destruction of language, spirit and the trauma of abuses perpetrated by the nuns and priests running the schools, some former students moved to the city.

After the First and Second World Wars Indigenous presence in cities increased. Anishnawbe scholar Peter Dinsdale (2014) associates this increase in large part with veterans. Indigenous veterans who experienced relative freedom while fighting, not wanting to live in the confines of a reserve and those promoted to officer, who had subsequently lost their registered Indian status and could no longer live on reserves, chose instead to live in cities. In the 1950s, Indigenous communities experienced the post-war baby boom that outstripped the already limited resources on reserves.¹³ Seeking employment, higher education, and better life conditions, people travelled to the cities to live fulltime or in some cases part time, returning to home communities periodically throughout the year. Reasons for migration to the city were and remain complex and diverse. Contrary to popular stereotypes that equate urban life with assimilation, Indigenous urban migrants have an interest in sustaining Indigenous values in the face of mainstream urban ways. Anthropologist Wayne Warray (2007) argues that, “Aboriginal urbanization, rather than defining the success of assimilation, has provided the conditions and means for the rebirth of Aboriginal culture and identity”.¹⁴

In the 1950s, as the number of Indigenous peoples moving into larger urban areas increased, the need was apparent for specialized services to aid newcomers to the city. The first Friendship Centre was established in 1951, in Toronto. The first Friendship Centre agencies provided referrals and offer counseling on matters of

employment, housing, education, health and liaison with other community organizations.¹⁵ As the number of migrating Aboriginals increased, so did the number of Friendship Centres across the country. The 1960s mark a time of increasing Indigenous resistance to oppressive policies and inadequate social conditions. Under the Trudeau's Liberal government in 1969, the Minister of Aboriginal Affairs Jean Chrétien introduced a White Paper that sought to treat Indigenous peoples as equal to other Canadians. Indigenous advocates criticized the White Paper for its assimilationist stance and argued that they have all of the rights of Canadian citizens plus additional rights related to their status as the original or first peoples.¹⁶ In the early 1970s tribal organizations representing both on reserve and off reserve Indigenous peoples formed to lobby for recognition of Indigenous rights. Indigenous activism was partially recompensed by the inclusion of Section 35 in the Constitution Act, 1982, which provides protection of Aboriginal and treaty rights, but does not define what are Aboriginal rights.

By 1968, there were 26 Friendship Centres operating across Canada. In the late sixties as the demand grew, Friendship Centres began organizing into provincial/territorial associations and by 1972, the Friendship Centres relied largely on volunteers and their ability to fundraise for operating costs and obtain small grants from foundations and provincial/territorial governments. Also in 1972, the Canadian Government recognized the viability of Friendship Centres and implemented the Migrating Native Peoples Program (MNPP), which provided core funding to Friendship Centres across the country and by 1975 the National Association of Friendship Centres was incorporated as a not-for-profit organization.

It was at this time that Friendship Centres started moving away from simply referring clients to outside services and began delivering front-line social services. A year later in 1976, an evaluation was conducted by the MNPP that showed the vital roles that Friendship Centres played in the urban communities they served and also showed the wide support base they established from these communities.

In 1983, after negotiations between the NAFC and the Department of the Secretary of State, the Native Friendship Centre Program, which evolved from the MNPP, officially recognized Friendship Centres as legitimate urban Aboriginal agencies responding to the needs of urban Aboriginals.¹⁷ In 1988, the NFCP became the Aboriginal Friendship Centre Program (AFCP) securing its permanent funding status from Department of the Secretary of State. In 1996, a fundamental change and transfer in administrative responsibility for the Aboriginal Friendship Centre Program turned the funding over from the Department of Canadian Heritage, formerly the Department of the Secretary of State to the National Association of Friendship Centres. This new agreement allowed operational funding from the Aboriginal Friendship Centre Program to be administered by the National Association of Friendship Centres for Friendship Centres and Provincial/Territorial Associations.¹⁸ Early government support for the Friendship Centre and the Migrating Native Peoples' Program "were designed with the intent of encouraging urban migrants to assimilate to mainstream life".¹⁹ Much of the early efforts focused on individual adjustment to the urban life and thus focused on individual social problems. Governments took a labour economic approach to the issues. As Newhouse and Peters point out, "the problems that Aboriginal peoples were

experiencing were problems of “lack”: lack of education, lack of training, lack of job experience, lack of industrial cultural experience. The solutions then were to fill the individual deficiencies” (2003:8).

The Royal Commission on Aboriginal Peoples (RCAP) was established in 1991 by Order in Council with the mandate, “to investigate the evolution of the relationship among aboriginal peoples (Indian, Inuit and Métis), the Canadian government and Canadian society as a whole. It should propose specific solutions, rooted in domestic and international experience, to the problems which have plagued those relationships and which confront aboriginal peoples today” (The Commission 1996).²⁰Volume 4 of the RCAP report includes a section on “Urban Perspectives” (1996) with findings gathered from a National Roundtable on Urban Aboriginal Issues, consultations with urban Métis, non-status Indians and Aboriginal peoples, friendship centres and service providers. The RCAP report made clear that the “critical issues included the challenges to their cultural identity, exclusion from opportunities for self-determination, discrimination, and the difficulty of finding culturally appropriate services” (1996:384). The report stated:

“Constant interaction with non-Aboriginal society in the urban environment presents particular challenges to cultural identity. Aboriginal people want to achieve an adequate standard of living and participate in the general life of the dominant society, while at the same time honouring and protecting their own heritage, institutions, values and worldview. Sustaining positive cultural identity is particularly important for Aboriginal people in urban areas because of the negative impact of their often troubled contact with the institutions of dominant society. Maintaining identity is more difficult because many of the sources of traditional Aboriginal culture, including contact with the land, elders, Aboriginal language and spiritual ceremonies, are not easily accessible” (RCAP 1996: 385).

Warry states that, “urban Aboriginal peoples are caught in a jurisdictional quagmire and need culturally appropriate services and institutions that can serve to

facilitate rather than impede self-determination” (2007:118). These jurisdictional conflicts are reflected in how different provinces respond, or not, to the needs of urban Indigenous peoples. The RCAP report identifies three significant inequities arising from government jurisdictional conflicts: urban Aboriginal people do not receive the same level of services and benefits as their counter-parts on reserve; they have a difficult time accessing any services because service providers often do not know who is entitled and because provincial authorities operate on the principle that the federal government should take responsibility for providing services to them. Even where urban Aboriginal people are eligible for federal and provincial services and programs, there remains a lack of culturally appropriate services (1996: 400).²¹ Throughout the RCAP hearings people described experiences of racism, confusion over their identity, and the impacts of discrimination within health, justice and educational institutions of the dominant society. They identified the importance of cultural practice, spirituality and the need for connecting with other Indigenous peoples as significant to their quality of life in urban environments. There was also a clear desire for self-determining urban Indigenous governments. RCAP identified urban populations as potential “community of interest”, in other words, as governments with formal relationships to other governments.²²

In response to the RCAP report the federal government, through what is now called Aboriginal Affairs and Northern Development Canada (AANDC), created an Urban Aboriginal Strategy in 1997 to improve policy development and program coordination across governments. The Urban Aboriginal Strategy provides flexible

seed funding and seeks to partner with other levels of government, Aboriginal and community organizations, and the private sectors to increase economic participation of Indigenous peoples living in urban centres.²³ In 2012, the Government of Canada extended the Urban Aboriginal Strategy and transferred three urban Aboriginal programs from Canadian Heritage to AANDC – the Aboriginal Friendship Centres Program, Cultural Connections for Aboriginal Youth and Young Canada Works for Aboriginal Urban Youth programs. In February 2014, the Minister of AANDC announced the renewal of the funding “as part of an improved consolidation and streamlined Urban Aboriginal Strategy” (AANDC).²⁴ Four programs were consolidated into two new programs Urban Partnerships and Community Capacity Support. A new delivery model, in focused collaboration with the National Association of Friendship Centres, aims to streamline support and reduce administrative burdens to enhance program delivery to increase the participation of urban Aboriginal peoples in Canada’s economy.

There is a growing recognition of the contribution of Aboriginal people to the social and economic future of urban areas in Canada. There is evidence that strong and diverse Aboriginal identities exist in cities as well as in rural reserves and communities. Some Aboriginal people experience marginalization in urban areas, others experience success. Many Aboriginal people maintain strong connections with their rural communities of origin, but many do not. There is an emphasis on self-determination and self-government in cities, as well as in communities defined by reserve or Métis settlement boundaries. There are strong, semi-autonomous urban Aboriginal organizations representing urban Aboriginal communities, as well as an increasing interest in urban residents by national and provincial Aboriginal political bodies. There are attempts to co-ordinate government responses to the situation of Aboriginal people in Canada (Newhouse and Peters 2003:9).

In sum this section provided a brief background of the history of Indigenous urban experiences and policy strategies in Nova Scotia. Currently 56% of all Aboriginal peoples in Canada live in urban areas.²⁵ Colonialism, oppression,

systemic discrimination and cultural discontinuity are linked to socioeconomic marginalization, individual self-harm and collective suffering in Indigenous communities. Indigenous peoples continue to be poorly represented and marginalized within Canadian health, education and justice systems. Experiences of systemic subjugation and racism are linked to rates of depression, substance misuse, suicide and violence within Indigenous communities. When discussing the mental resilience issues of Indigenous people in urban settings it is essential to note that the majority of Indigenous respondents perceive wellbeing in a much broader manner than traditional western indicators. For example, access to Indigenous knowledge, traditional medicines, Elders, spirituality and ceremony along with the need to feel connected to a culturally centred home and family are priorities for wellbeing. Against wellbeing the participants reported substance misuse, unemployment, homelessness and family violence as the top health problems facing Aboriginal people (Urban Aboriginal Task Force – OFIFC 2007).

According to the National Collaborating Centre on Aboriginal Health (2012) socioeconomic marginalization and loss of self-esteem are well-documented impacts of colonial policy, however the literature documenting specific information on mental resilience in Atlantic Canadian urban Aboriginal populations is lacking. While the challenges encountered in the lives of urban Indigenous peoples cannot be ignored, this research moves away from the deficit model by framing urban Indigenous experiences as progressive rather than insufficient and by focusing on aspirations of the people engaged in this project. By understanding the diversity of characteristics of resilient communities, we aim to facilitate and promote

community-driven approaches to wellbeing, wellness and justice through collaborative cultural empowerment of urban Indigenous populations and to foster the capacity building prevention, intervention and reintegration services of the Mi'kmaw Native Friendship Centre.

Recent trends in Aboriginal wellbeing research indicate a need for community-driven approaches to reflect the unique circumstances of First Nations in Canada (Adelson 2005, Nelson 2012, Place 2012, Vukic and Rudderham 2006). Anthropologist James Waldram, in his study on Aboriginal health in Canada, noted that a high demand for culturally relevant services are needed, especially those dealing with mental resilience issues (Waldram et al. 1995). Fiske and Brown (2006) argue that mainstream health policies are removed from the experiences of Indigenous peoples. "Public policy development approaches that ignore the active consistent informed participation of Aboriginal peoples have proven to be difficult and unworkable" (Newhouse and Peters 2003: 282).

Contemporary Indigenous Experiences in Halifax

Conducted by the Environics Institute, the Urban Aboriginal Peoples Study (UAPS) examines the values, experiences, identities and aspirations of First Nations peoples, Métis and Inuit living in Canada's major cities.²⁶ The Halifax study found that of the 5000 Indigenous peoples currently living in the city, it has a larger than average proportion of first generation residents. From 2001 to 2006 the Aboriginal population in Halifax grew by 51%, representing one of the fastest growth rates for the UAPS cities (2011: 17). "Compared to non-Aboriginal residents, the Aboriginal population, in addition to being younger, has higher unemployment rates, and lower

education and income levels” (2011:17). Aboriginal youth are more likely to live in a single parent household. The Indigenous residents are among the most positive about life in the city, although they are among the least likely of any UAPS participants to believe they can make their city a better place to live. “There is strong Indigenous pride among Aboriginal peoples in Halifax. Most are very proud of their specific First Nation/Métis/Inuk identity and of their collective Aboriginal identity. They are also more familiar with their ancestry than those living in most other UAPS cities” (2011 – Executive Summary).²⁷

The Halifax respondents indicated a strong sense of cultural vitality and higher than average participation in Aboriginal cultural activities. Due to political mobilization in the 1980s by the Mi’kmaq Grand Council, the traditional governing body of Mi’kma’ki, the Mi’kmaq and other Indigenous signatories to the Peace and Friendship Treaties engage in yearly Treaty Day celebrations in Halifax on October 1st.²⁸ Festivities include a treaty-day march down a main thoroughfare, flag raising in parade square, speeches by local political and Mi’kmaq dignitaries at Province House, the awarding of prizes for outstanding contributions of Elders and youth members of the Mi’kmaq nation, a traditional exchange of gifts between the Province and the leadership of the Mi’kmaq Nation and a feast. Treaty Day events kick off the beginning of Mi’kmaq Heritage month which lasts throughout October and includes many public events recognizing the Indigenous peoples of the territory, their contributions to society, and celebrating the resiliency of their cultural beliefs and practices.

In June 2010, the first modern four-day powwow was held on the Halifax

Common, a large, open-access, public space for sporting and recreational activities. The occasion marked the 400th anniversary of the baptism of Grand Chief Membertou. Reactions to such celebrations reveal the diversity and complexity of the Indigenous population. Some people were concerned with celebrating Mi'kmaw conversion to Christianity, as it is a history fraught with conflict and trauma and yet for others it was important to acknowledge the dedication and commitment of the many devout Catholics living in Mi'kma'ki. Coordinated by the Mi'kmaw Association of Cultural Studies, a Mi'kmaw village of 16 wigwams housed cultural demonstrations including Waltes games, basket weaving, drum making, traditional medicines, storytelling and other activities. Concerts, traditional food and international powwow drumming and dancing competitions attracted thousands of people. Queen Elizabeth and her Royal entourage also visited the festival site. This successful event was nominated for a national tourism award and provided a significant opportunity for Indigenous knowledge exchange, fostered pride and afforded layered symbolic opportunities for public celebration of Indigeniety in an urban setting.

In October 2011, Halifax hosted one of the seven national events of the Truth and Reconciliation Commission. The theme of the Atlantic National Event, was "It's About Love: A National Journey for Healing, Families and Reconciliation". The Commissioners heard public and private testimony from residential school survivors and their descendants. Education forums about the history of residential schools were held with students who gathered from across the province. Public apologies from institutions directly and peripherally involved in the residential

school legacy were given daily. Seven Indigenous knowledge mobilization circles on themes of justice and law, governance, health and wellness, research ethics, Aboriginal student advisors, and language were open to the public and well attended.²⁹ Each evening of the four day gathering people were called together to share the experiences of the day, to celebrate the birthdays of survivors who never had birthday parties while in the schools, to listen to local Indigenous talent and to find solace and healing in common knowledge. From these events a momentum for awareness of Indigenous experiences and reconciliation between settler and Indigenous societies regarding intergenerational trauma and the impacts of colonization was initiated. Most recently the new public library in Halifax announced the inclusion of a permanent Indigenous reading circle in its modern architectural design. These opportunities are invaluable for increasing visibility, generating positive self-esteem and feelings of inclusivity against the tide of systemic discrimination and racism that often permeate Indigenous lived experiences both on and off reserve.

The Halifax Aboriginal Peoples Network (HAPN) is a community-driven network that serves the interests of all Aboriginal people in the HRM. Mandated to work with services providers and the community to identify the needs of urban Aboriginals in Halifax, the goal of HAPN is “to improve the quality of life and to establish a sense of community among the Aboriginal people in the Halifax Regional Municipality while respecting their cultural beliefs and ideals” (HAPN, 2013). Community groups, made up of Aboriginal organizations and Network members focus on the areas of health, communications and culture, social and community

services, justice, and educational, employment and training and work to identify priorities and the needs of Halifax's Aboriginal population. A steering committee then works to facilitate potential projects.

*What we did was we had a community gathering back in 1999 and we asked our local members what were the barriers that they faced living in an urban environment. What they come up with was barriers they faced were: in the justice system, the health, cultural and communication, social, and education and training. So we developed five working groups of people throughout the community and they have meetings and they work in those groups and come up with problems that have occurred and ways to try and fix the problem so that's what we're working on. For example in justice it was lack of cultural awareness and communication that was a problem among the Halifax Regional Police so for the past few years we've been working with Halifax Regional Police and are now going to be giving cultural awareness to every single police officer throughout HRM.*³⁰

The Coordinator of the Urban Aboriginal Peoples Network describes herself as a navigator for people who recently arrive in the city. *"Here's where you go if you need housing, here's where you go if you need health. I do a lot of cultural awareness, things like that. We network throughout the city where I have contacts or people can come to us if they have an Aboriginal client that needs help. We've developed really good working relationships."*

Funding for HAPN was provided through the Urban Aboriginal Strategy (UAS), a project of Aboriginal Affairs and Northern Development Canada (AANDC). Through the UAS, AADNC partnered with urban Aboriginal communities to address the socio-economic needs of Indigenous peoples living in urban centres (AANDC, 2005). After the streamlining of funding programs in 2014 the future funding for HAPN is uncertain. Yet people are coming into the city from reserves without certain life skills and require unique support systems to facilitate their wellbeing.

I think it's because they've come into the city and there's nothing here to help them with that. If you come off of the reserve that's not taught there and you need funding to

be able to help people to learn those kinds of things. You know, that light bills have to be paid, and how to run a banking account or you know people that have come from families that are in residential school. I mean there are so many different reasons why people have these issues and there are financial resources, human resources, building resources that are not available to help these people. They are leaving the reserves because there is nothing there for them either so they come from one impoverished area into another impoverished area and unfortunately if you move into the city and you don't know how to maneuver your way around throughout HRM you get lost and fall in through the cracks. I blame a lot on society because they paint everybody with the same brush and you don't have those advantages that other people get. People assume that if you are Aboriginal either you have these addictions or with all the stuff going on with the Shale Gas and all that stuff I find people assume that I'm this crazy environmentalist, but really I just care about the planet and I care about what's left for our children. Even if we don't agree on what they're doing I'm educated enough to have that discussion whereas someone that might not have that some confidence wouldn't be able to do that you know what I mean? I see it myself even when I sit in meetings with all non-Aboriginals, like "oh she's our Aboriginal girl.' The token Indian, she's here to represent the Aboriginal people of the city." Well, are you here to represent the white people? But that's ok because I am there to represent them but it's just funny because they're not saying, "she's here to represent this culture." But, "oh, she's here to represent the Aboriginal people." ³¹

The Urban Aboriginal Peoples Study Halifax Report (2011) found that "Aboriginal Haligonians are among the most convinced of the need for Aboriginal-specific services in addition to mainstream services" (2011: 10). The study found that Mi'kmaw Native Friendship Centre was of particular value for the urban Indigenous population and served a key role in delivering wellbeing and resilience services for all Indigenous peoples living in the Halifax Regional Municipality. The Friendship Centres are vital locations for building policy based on Indigenous knowledge and for providing Aboriginal-specific services.

The Mi'kmaw Native Friendship Centre

Being Indigenous and urban are not mutually exclusive. Growing urban Indigenous populations are actively promoting Friendship Centres and cultural activities as part of an urban Indigenous resurgence. The Mi'kmaw Native

Friendship Centre (MNFC) is located in the inner city area of Halifax, Nova Scotia. Its location helps service hard-to-reach street people who fell prey to addictions. The exterior of the three-story building is aluminum siding and concrete painted white. On either side of the front doors are murals painted in 1990, by the late Mi'kmaw artist David Brooks, depicting a stylized eagle in a medicine wheel and an eagle flying toward a sun. Just before his death in 2014, Mr. Brooks refreshed the mural, which has now become a memorial site in his honour. On a sign over the door Pjila'si, the Mi'kmaw word for "welcome", is written in large red letters on a yellow background. A series of posters listing events, and pictures asking for help in finding missing people are posted on the front glass doors. Upon entering there is a receptionist's office behind a glass partition and two access controlled doors leading into the offices and gathering spaces of the centre. The building is old and tired, but tidy and colourful. The scent of sweet grass and smudge medicines, burned daily to cleanse the building and the people within, it produces an aura of calm and comfort. Throughout the building laughter is often heard any time of day.

The Mi'kmaw Native Friendship Centre (MNFC) provides support services, referrals and programming to all urban Indigenous peoples. It is a non-profit, community elected board-governed society that operates as a Friendship Centre and as a service provider for Mi'kmaq Child Development Centre, the Kjiptuk Aboriginal College and a Connections Career Centre for employment support. Eight core programs are operated through the Centre. The programs of the MNFC serve the cultural distinctiveness of the urban Indigenous population and all have components of Indigenous knowledge and practices incorporated within their

delivery models. The mission of the MNFC is to provide structured social-based programming for urban Indigenous peoples in Halifax and to serve as a safe gathering point for the urban community for cultural exchange events. The MNFC practices an open door policy; services are available to all people regardless of their background or cultural affiliation. It first opened on September 17th 1973, and it is now one of the one hundred and nineteen Friendship Centres with affiliation to the National Association of Friendship Centres across Canada. The Mi'kmaw Native Friendship Centre Society was incorporated on June 2nd, 1975.

In 2013, the Board of Directors celebrated the 40th Annual General Meeting with community members and clients. The core executive and program staff of the MNFC has a remarkably low turnover when compared with other Indigenous service providers in the region. The former executive director held the position for over 30 years; the receptionist has given thirty-one years of service and is still the smiling face that greets everyone who enters. Many of the program leads have extensive employment histories within Centre, which is organized to allow people to advance and expand their careers. This model contributes to sustainability and consistency, two characteristics critical in service delivery designed to foster resiliency within Indigenous communities.

The Mi'kmaw Native Friendship Centre has spent the past several years creating a healthy, safe, and comfortable environment for its more than 1500 clients.³² The Centre secured funding to redo the roof, replaced the furnace and removed mold from the back entrance. One of the goals of the Mi'kmaw Native Friendship Centre is to help urban Indigenous peoples access support and guidance

in areas such as social, health and education that will meaningfully contribute to a safer, healthier and more vibrant urban Indigenous community. Information about the Centre and events are posted on its Facebook page.

According to the UAPS, the people surveyed identified employment and education opportunities as the primary reasons for moving to the city (2011: 19). Individuals moving from reserve communities into cities do so for a variety of reasons, including employment and educational opportunities, or to meet their health-care needs. In our research some people identified familial and social problems on reserves as their impetus for moving to Halifax, while others cited jobs, housing and school as the pull factors. Unfortunately, once in the city, many are faced with discrimination as well as political, social and economic experiences of marginalization³³, all of which can undermine their initial motivations for emigrating towards an urban area. Jurisdictional controversy between federal and provincial governments over the responsibility of service coverage for Indigenous peoples in urban areas is an ongoing issue, resulting in confusion and gaps in services.³⁴ In addition to its education and employment programs, the Mi'kmaw Native Friendship Centre operates a variety of significant healing and health promotion services including a Mainline Needle Exchange and Direction 180 Methadone Program, as well traditional spiritual counseling.

This research process engaged front line service providers and clients of the Mi'kmaw Native Friendship Centre and other members of the urban Indigenous population in the Halifax region in a series of interviews, focus groups, sharing circles and pathway building exercises on the themes of Indigenous traditional

knowledge and wellness, cultural healing and service provision, encounters with Canadian criminal justice and mental health systems and promising practices for reintegration and supporting resilience within families. During the focus groups and interviews, the participants revealed experiences of stigmatization by health care providers and reported avoiding mainstream health care services in the Halifax Regional Municipality. Negative stereotypes of Indigenous peoples are deeply rooted in Canadian society and must be addressed in order for reconciliation between settler society and Indigenous communities to be realized. All participants highly valued the Friendship Centre family, the network of programs and the strong connection with culture as determinants of health and factors positively influence their quality of life in the city.

For many Indigenous communities, family is at the root of health, wellbeing and justice. Within cities individuals identified the necessity of family networks to teach, to guide, to judge, to acknowledge identity, and to protect. Family interconnection, whether biological or newly found, is vital to wellness among the Indigenous peoples who directed us in this research. Indigenous resiliency is fortified through its communalism, the shared experience of adversity and the shared celebration of survival. The Mi'kmaw Native Friendship Centre is the institutionalization of Indigenous resiliency within Halifax through the communities it creates, nurtures and those engaged with the MNFC benefit from the families that are formed within its programs and day-to-day activities.

Family, Parenting and Youth in the Urban Indigenous Community

From a personal point of view I can see where some people might think this operates like a band office because this is like a band office for urban Aboriginal people. I can

*remember a few years ago when they said there is no urban Aboriginal community and there is a great deal. I have seen a number of families over the last 14 years. I probably could not count how many.*³⁵

Kinship in the City

One of the greatest resources provided by the Mi'kmaw Native Friendship Centre is access to an urban Indigenous family. The MNFC is a place that connects Indigenous people with each other and their culture. At the heart of Indigenous cultures is kinship. Familial and cultural bonds are at the root of wellness and wellbeing according to the participants in this study. For over twenty years the MNFC has offered a number of programs to help individuals produce healthy families and as a result, the programs and people, have created a healthy urban Indigenous kinship network with the MNFC as its home base. Generations of families have entered the Friendship Centre and many continue to be active in the urban community.

*We see what their culture is like, and we see them come into the city, you know what they're coming from. It's a huge culture shock. You don't live next door to your mother because your whole family lives with you there. You don't need a break from your kids, because someone's always there. So when they're here (in the city) and they're all alone that's a culture shock, even just coming from any reserve because you don't have your mom just right there or family right there. Even when I started, I had to figure out who was related to whom because everyone was everyone's auntie even though they weren't related. In native communities, when you're close to someone and see them as family they're automatically just seen as an "auntie".*³⁶

The Mi'kmaw Child Development Centre is a non-profit Native Family Resource Centre that consists of an Aboriginal Head Start Program plus a Community Action Program for Children and a provincially funded daycare centre. It is located on Gottigen Street directly across the main building of the Mi'kmaw Native Friendship Centre. The Mi'kmaw Child Development Centre, known as

“across the street” to those working inside the Friendship Centre, was created to provide quality culturally appropriate programs and resources for Indigenous individuals and their families who are residing off-reserve. It was a service that emerged out of the RCAP Roundtable on urban Aboriginal peoples. Some of the sub-programs offered include: Parent Support Group, Prenatal, Postnatal, Aboriginal Head Start, Collective Kitchen as well as monthly family events. Every Wednesday night for the past twenty years there is a parent support group. The support group focuses on spiritual, physical, mental and emotional wellbeing. The group participates in sweat lodges, drum making, singing, traditional foods and different cultural activities. They host guest speakers, play sports, and hold educational workshops.

The pre-natal programs started as social program because a need was identified that pregnant Indigenous women, often isolated and alone, needed nutritional and cultural kinship supports in the city. Soon after the program began public health joined in to contribute a medical perspective. The post-natal program began several years later when it was realized there was a gap in services for new mothers and their babies.

Our ideal goal is to have people come to us when they are pregnant and we have programs for maternity and post natal and programs for young children right up through to Elders. I would like people who are not involved to become aware that there are more resources there than they are probably aware of. Ideally we go from babies to Elders and everything in between. For First Nations people moving to the city I think they may not realize how many services are provided here. One of the wonderful things about the centre is whether you have lived on reserve all of your life or never stepped foot on a reserve and you are native; it is a great melting pot here. And everyone fits in. I always try to encourage everyone who is new to come because everyone can find a home here. I have had the opportunity to be involved in many resource centres. Although there are many similarities in other family resource centres I think one of the big differences about ours is the big sense of community. At our

Centre we have Mi'kmaq, Maliseet, Soto, Dene, Inuit, Cree, Mohawk, Ojibwa. So we have one of the most diverse communities, but I think one of the strongest senses of community.³⁷

The post-natal program helps reduce post partum seclusion and is particularly valuable for women who are struggling sole providers. Effective outreach brings in the most vulnerable families to the kinship web of the MNFC.

Because I think what happens a lot is they come here and they feel that disconnect from the culture because when you're at home it's a part of everyday living so you don't realize how important it is until you have it so when they come here (to the city) and they're not smudging and they're not doing the prayers or take the medicine wheel into effect and those kinds of things. They aren't living the life they were at home here. They get so frustrated and they think they stick out or that they don't belong. I think if they knew to come to the Friendship Centre then they would probably be 50% better. Just for the sake of having people around that are the same. Like you think of those young moms, like that's scary enough all on it's own, but that's why I always suggest across the street (the Child Development Centre) because they have daycare, they have family programs so it helps them with their mental health that way so they are not feeling so isolated and alone and sixteen and a new mom, because that's our world right? They're young.³⁸

The excerpt below speaks to the diversity of experiences of the urban Indigenous community.

This particular lady she had only grown up on reserve and she was kind of isolated, and she came from a past of abuse and when she came here she was used to being isolated so she found it very intimidating here. She wasn't comfortable with buses, just an urban setting that she was unfamiliar with. I find it cycles, like we have people who come here for university who have it all together and we have people here who think moving to the city is going to be the answer to everything and it often isn't. We have people who are in their Masters programs sitting next to someone else who are illiterate and it's quite a mosaic. We also have people here who are 100% fluent Mi'kmaq and we have other people who when Grandad died, they found out he was in residential school and didn't talk about it and they have not a word of language. I find it's been a real melting pot and mosaic here. A lot of people have found strength here. That would be our primary thing is to try and find community away from our own (reserve) community.³⁹

With the growth of the urban Indigenous community demands for services are also growing and gaps in services become more apparent. Currently the Child

Development Programs offer spaces for 0-6 years old and the youth programs offer services for 13 and up. For people with children aged 7-13 there is a need for regular and consistent programming. The Community Action and Head Start programs have been running for close to 20 years. The Child Development Centre is open days, evenings, weekends providing many resources to families.

Sometimes people come because they desperately need help, but other times people come because they've been there and now they can give help. We have people whose kids are past six years who stay on as volunteers, people who find reasons to stay. We're now seeing like this next generation. Our last pre-natal program had two mothers, who were in our daycare program. It's not something that changes quickly in the city. We have mothers with nine kids and five kids. It's been twenty years so I think it's made huge impacts but there's so much more to do. Now we're getting inundated with the Qalipu⁴⁰ band, we're getting lot of people here who want to keep their kids here. We don't define Aboriginal, but we do define Aboriginal community, which includes anyone who is involved in the life of the Aboriginal child and they're all welcome here. Anybody who is in the life of an Aboriginal child here is considered family here. We love when people say they're in Tawaak (urban Indigenous housing), because when you're in there you've had to prove ancestry so it makes it easier for us. We don't like to exclude people, but we try to keep the resources for the people who need it. We haven't had an increase in seventeen years, and we want to keep it about the culture and about the community as much as we can.⁴¹

The staff of the Mi'kmaw Child Development Centre identify their clients' challenges to wellness and wellbeing as including poverty, domestic violence, displacement, histories of foster care and encounters with children's services, addictions, unemployment and homelessness. In Nova Scotia 22.5% of the children in care are of Indigenous ancestry, a very high number given that they make up 2.7% of the total population.⁴² The ordeal of child apprehension is well engrained in the local public consciousness and many of the participants have had some contact with children's services within their lifetimes. The ability of the MNFC to provide a family for people from fragmented households becomes all the more important to their wellbeing in this context.

Even in that one pre-natal class, where we had the mom on methadone, we also had a mother that had lost two children (to child services), and she was pregnant again, and they would have great talks and support each other. This young girl who lost her children said she would look back and wished she had us around when she lost her first two because it would have never happened, and she said she would never lose this one. She finished high school, she's moving on to secondary education and she's doing fantastic.⁴³

They deal primarily with women and mothers, many of whom have experienced sexual abuse. Many of the clients are descendants of residential school survivors who face unique parenting challenges.

We deal with parents who come from abusive upbringings, they're in abusive relationships now or in the past, I deal with parents who've had their children apprehended, and a lot of domestic violence. We've dealt with some FASD and drug addiction in some of our kids, babies who were born addicted. We work with the Progress centre (speech and child development monitoring) and we make referrals to them and they come here and work with us. We have the mothers freak because they think they're going to take their kids right away. That's the thing they think is that if anyone outside is coming in then they're taking their kids. I have families that have left here in the middle of the night under darkness so that children's aid couldn't find them the next day. So we have to be really careful with how we deal with the parents and with situations like that because we don't want them to run, that's not getting them any help. So yeah, they're very untrusting of people coming in. The people they trust are like, the people here (name) she's been here over 20 years and they put all their trust in her, so they would rather have her work with them than anyone else, but sometimes we have to bring in outside agents, but there's not a great understanding from them of what we do.⁴⁴

The reality of Indigenous intergenerational trauma resulting from residential school, the threat of child apprehension and colonial systemic discrimination is very evident to the staff running parenting programs.

I think it ultimately goes down to the residential school. Like for me personally my mother went through it and I didn't realize the impact it was having on me until I got older and started parenting myself. So when I started parenting I started to realize, "wait a minute why am I doing that?" and I realized I saw it done with my mother and my aunties and my uncles and it's just like...it's the way you learnt how to do it. Personally I think that's where it stems from, the majority of it because they saw their parents doing it, I saw my parents and I'm sure my mom saw my grandparents so it's this cycle of what's their reality right? If that's all you know than that's how you think the world is until you get out there.⁴⁵

They attribute the distrust of outside services to those experiences. There is often a collective distrust that can be quickly mobilized when people share their bad encounters with mainstream with one another, resulting in the avoidance of particular services.

Just the way they were brought up, you know like residential schools. A lot of our parents are probably 4th generation, 5th generation and that's something that they've been taught...to only trust your family connection and anybody else who comes into it is not to be trusted. It takes a long time for them to trust us. We have people who have been coming here for 20 years and when they come they usually don't leave because this is the one place they know they can have their breakdowns, and they can come in and talk to Lee about their issues and know that the kids aren't going to be swept away and taken. It's a very safe space for our parents.⁴⁶

The following excerpt clearly delineates the generational impact of residential school on parenting:

Personally I didn't even realize the extent of it, we had a secretary at the time and she herself lived in residential school for 8 years. She was talking about her grandkids one day and how her daughter is having a hard time with the grand kids, and she said "I just wish I could have taught her how to be a mother." She said, "I didn't know how to be a mother. I was 5 when I was taken and then by the time I was out, I was having babies and I knew nothing other than physical violence". She said she passed that on to her daughter and now she sees her daughter passing it on to her children. You see some generations are really trying and then there's some that's still where they are and they haven't gone beyond that.⁴⁷

Social Services and Community Services do not have a strong comprehension of the complexities and dynamics of intergenerational trauma. The barriers of silence surrounding residential school experiences took many decades permeate. The Truth and Reconciliation Commission has instigated a great deal of conversation for some survivors, but less so for descendants. Strategies for wellness and wellbeing in urban Indigenous communities must take this into account and be prepared for the work involved in confronting and healing from these traumas.

I would say it's probably wherever the healing started. Like I look at the successful ones, and I think a few generations before is when they had to start getting it and start healing and do a better job of parenting. Then I see other parents and their kids and think that the kids are going to be just like them, I don't see it going any other way unless someone teaches them. I would just love it if we had a single parent centre, where they all just lived in their little apartments, support group everyday, play groups everyday where we would go in and do activities and communication skills, just for them to live to see how someone else interacts with them, almost like a mentor. What they've never had before. Like one of the women here, her mom died when she was very young, and there's a lot of that or they just didn't know how to be parents, so they were sent out with different families and siblings are broken up.⁴⁸

The ability to build external networks of support for this population is difficult due to high turnovers in the Department of Children's Services and a lack of qualified therapists and social workers available to volunteer their time and services at the Centre. Interactions between Indigenous peoples and non-Indigenous services are infrequent, crisis oriented and tense. Lack of cultural competency and compounding fiscal restraint are significant hardships to breaking down barriers and building trust. The Public Health Canada agency has funded the Head Start program for seventeen years, but there has never been an increase in funds. As with other non-profit programs, much time and energy is directed to writing grant proposals. Even though the staff of the Child Development Centre do not have pensions, staff retention is relatively stable, but funding cuts cause attrition.

The non-profit sector is so unstable and money is just getting tighter and tighter. We're not political enough here, but who has time? I've been fortunate enough to be at 15 births, probably the highlight of my years here. We've been called when a dad overdosed in the basement, we do all these things and we're trying to write grants and there's just not enough time and now we're one staff down what we used to be. We try to meet every Monday morning with staff, because even mental health of staff is important. There's so many heavy things, a few weeks ago we were asked to move a dad out of a house and 8 hours later, by midnight, we were all just exhausted, but the next morning 8 am, we were here because it has to be done. I worry about staff too being able to keep sane.⁴⁹

As with many Indigenous service providing organizations, the staff are often on call twenty-four hours a day to provide crisis intervention assistance. This work is often excluded from program evaluations. According to this interview participant, one of the reasons for this oversight is gendered, “Probably because it’s largely women’s work and we’re caring for women and children and women and children are not particularly valued.”

Despite the challenges people are very optimistic about the future because of what they are witnessing in the families, children and youth who have grown up in the Mi’kmaw Native Friendship Centre Family. The parents group has been called a “saving grace”. Participants said, “that it is the only time they get to be with someone else, Aboriginal and who understands them, someone who has something in common with them”. There are people who will not miss a Wednesday night support group night. The sense of a cultural community at the Child Development Centre bodes well for countering intergenerational trauma because it is fostering new intergenerational wellbeing “*We have grandbabies in daycare of some of the parents who used to be in daycare here themselves. This is their community, when they think of the Aboriginal community they think of here and they’ve often said that to us.*” These programs reproduce resiliency by passing on Indigenous knowledge through traditional teachings, ceremony and drumming and dancing. Food and feasting are integral to community building and offer important sustenance for many families without the means to afford nutritious foods.

Ideally, I’d like to have them (single parent families) all living in the same building where we can do some parenting skills and life skills. We do collective kitchen where we teach them basic cooking skills. We had one mother come in who couldn’t make

macaroni, she burnt it and she has a child so you ask yourself “what are they eating?” And that is a skill that when they live with a large community, they’re usually taught all that but when you don’t have that, you don’t learn it and you don’t see it. So if we had that, even short term if they stayed with us for three months and we did the cooking skills, financial skills, and all that kind of stuff that they should have had and dealing with the children stuff, it would be great. But the Wednesday group like I said is so important to them, it’s fantastic. But it should be bigger.⁵⁰

From Christmas parties to sleepovers to parental support the Mi’kmaw Child

Development Centre provides vital kinship lifelines for a diverse cliental.

We have a lot that are here for school, who come off reserve. There are some that are very involved in their outside community, but for most of them, it’s here. Their events, dinners, holidays are spent with us. We’re the home that they come back to for every occasion. We do sleepovers, we take the kids to the pool and we keep like 40 kids here for the night. We’re family.⁵¹

Significant achievements of the Child Development Centre are evident in the multigenerational connections urban Indigenous families have with the staff and its programs. The knowledge translated through the Centre has helped cultivate sustainable cultural integration for Indigenous populations and has been an incredible resource of cultural translation for non-Indigenous peoples. Young people who are raised through the Child Development programs are rooted in Indigenous teachings and traditions and often maintain an attachment to the Centre to carry on practicing and living those teachings.

Wellbeing and Wellness of Urban Indigenous Youth

Indigenous communities across Nova Scotia believe the youth are the future and the communities in the city are no different. There is an increasing pride among Indigenous peoples fostering wellbeing and wellness that coincides with rising visibility of positive Indigenous presence in the city and an expanding mentor and role model base.

I believe in the next generation. I look at my kids and they were dancers and drummers, they're in university now. My husband didn't get to come here being proud of who he was, and my kids are exceptionally proud of who they are. A lot of this generation is going to make that jump from the historical traumas and dysfunction. You see that a lot in kids now too, is they're not willing to just take things and I think that's a real positive aspect.⁵²

I think you just see so much more things visible now to make you proud, like powwows. We go visit our 4+ kids at their schools in September and we bring our drums and the kids come up with us if they want and usually when we're doing and leaving, all the other kids go up to them and ask them questions. That just wouldn't have happened in the past without being hit with so much hatred, my husband recalls being stoned when he was a kid. When we had the Iroquois lacrosse team here one year, that Iroquois team gave their sticks, gloves and everything away and my son drummed the Honour song and after the last game, one of the players took off his jersey and put it on my son. He got to have a hero who was native and it's made such a difference. 25 years ago I don't think the average kid got to see a lot of heroes.⁵³

In order to comprehend the diversity of experiences of the Indigenous youth population in the city we spoke with the staff of the Kitpu⁵⁴ Youth Group and the Cultural Connections for Aboriginal Youth. The Kitpu Youth program was put in place to develop and nurture the urban Indigenous youth population by using First Nations teachings of the medicine wheel to increase awareness of the interrelatedness of all aspects of life: physical, spiritual, emotional and mental health. Under its latest incarnation the Kitpu youth program focused on healthy living. A central goal of the program was to engage youth through sports and recreational activities to increase their awareness of healthy lifestyles as well as to provide youth with skills for personal development and leadership to ensure they reach their fullest potential. The Kitpu youth coordinator first attended the Friendship Centre when he was six years old. He was the program coordinator for five years. The program also helped Aboriginal youth of HRM connect with their culture and with employment opportunities through job preparedness activities. In

order to cultivate a sense of belonging, build trust and familial connectedness, the coordinator emphasized the importance of consistency in program delivery.

For me it is a sense of belonging in community. The youth feel like they are accepted and have a place to belong and it is kind of like a little family. That is what I take the most pride in. It is hard to find a place where you can just be yourself and not worry about other peoples' opinions of you and here that is what we really try to foster. We have a regular schedule for the youth. Consistency is something that is awesome, here we have consistent programming and we have variable programming. Mondays we have a martial arts club from 4-6 on Tuesdays we do park war, which is really popular all over the city and we have all demographics all ages of kids that come to that program. Then we do a swim program after that. On Wednesdays we do our junior youth program for ages 10-13, it is really where we focus on the cultural component and every month we do various activities a talking circle for one night, dream catcher making, a lot of culturally based work, drumming and singing, but they also get to do outings. On Thursday we have a senior youth night for ages 14-24. It is cultural and there is a physical component where we try to get youth to experience things they have never done before; things that some of them might not have the capacity to do in their own lives. That is what I love about the Centre we can help youth experience things they would not have the opportunity to experience without this.

In addition to activities, the youth program helps nurture healthy relationships and emotional development.

The youth come here, some have nice loving families and some have no home and so they're all coming from many varied backgrounds but the idea that underlies them is emotional awareness or intelligence. That's one of the reasons they come, they come together because in this space they feel connected, they feel like they have a family and people they can talk to and each person has a meaningful role in their lives. As soon as another youth adopts that behaviour, there are now two. I love when the youth come back and say this is the best youth group they've ever had, and everyone's so nice and they hug each other. I take into account the importance of our emotions and it's not just doing stuff. Sometimes we don't even have an activity, it's just the youth need a place to come together and share their feelings. That's my big passion is our emotions and how that's been left out of our society and I feel that is a lot of the root of mental health issues. There's no denying the atrocities of Aboriginal people that happened in this country but the emotions aren't addressed. The Prime Minister can say 'Sorry' but then all these other things happen, pipelines, and violations of treaty rights but "he said sorry." One of the things I like to talk about to the youth is "sorry" and how to apologize properly because we are taught that our English words have power in and of themselves whereas in Mi'kmaq the meaning is more important than the words.⁵⁵

The excerpt below is from a young woman who describes the value of the youth program in helping her to make a healthy transition to adulthood by connecting her with the Friendship Centre family.

I started here in 2001 as a youth. I started out, my mom dragged me to the Friendship Centre and said you have to get involved in the youth centre. It kind of snowballed from there, being on the youth executive, working in the youth office and volunteer floating around the Centre, and then going to the national level with the Nation Youth Executive. If it wasn't for the Friendship Centre I truly would not be alive today. They are a good reason why I am still alive. From youth support to an adult and every aspect in between they have been there for me. They are part of the reason I have my current job. It was through them that I found my job through the employment office, but they also provide cultural support where in the city it is hard to find and here it is home. I found who I am. This is home. This is who I am. Because of my experiences in the youth centre and going national I have been very fortunate to experience First Nations culture across Canada and up north. It has combined into who I am and this is home. I am very much a Friendship Centre advocate, not only locally but nationally as well because of the fantastic things they provide and because of our important role that we provide to the community. Not only cultural support, work support, everything, we are here for the community. I am such an advocate because of the great work we do here. I have watched kids grow up. I have seen them go from tiny to having kids of their own. It is bizarre but kind of fantastic, I have had people here watch me grow up. I love it here. I am more than happy to share my experiences with the Friendship Centre to the greater community to show how wonderful it is.⁵⁶

Another young woman explains the significance of connecting with culture through the youth programs and the important attachment she has to the Friendship Centre.

I am community member of the Friendship Centre since I was born. I was one when I first started. They supported me in a lot of ways. So many different ways that I can think of. Everything. Like since I was a kid in day care. Like food and anything that we did not have. I have done many cultural experiences, I have done everything here. I was in the sweats and the dancing and drumming since I was little. Language classes, (name) did some classes with the youth group and the senior youth group now. The Friendship Centre is a great place for families, for people needing help with things. It is a very good environment and for people in need. It is fun. It is very welcoming here; it is a great place to be. I could not imagine it being terminated since I grew up here, it would be like a piece of me. It is a place for me to come back to. I moved to a lot of different places and never grew an attachment to anything but the Friendship Centre is like a home. So it is like an attachment. It is always consistent and I always know it is here when I need it.⁵⁷

The following lengthy excerpt reveals interpersonal challenges young people experience when making the transition from reserve to the city. Taken for granted notions of communication, for example, shift significantly from reserve to city. This young man would like to see an urban political entity develop to protect and represent his interests as an Indigenous person.

I would say that the Urban Aboriginal population is a growing population but only some reserves recognize off-reserve Aboriginals and that's been changing, but even now my reserve I have to fight for things because I don't live on-reserve even if we all have a right to certain things, like Christmas cheques. I also feel that there's no representation. Like the Friendship Centre is our representation but it's not officially states, there's no off-reserve city type band or group that brings aboriginals together, it's just sort of like pockets all over the place so I want to say it's disconnected, but that disconnect also doesn't have as many deep rooted issues that a reserve would have. Like my reserve has many issues, and everyone knows each other and everyone's connected, but in the city I don't know all the people who are Aboriginal in the city whereas on the reserve even if I don't know their name, I know their family and I see them enough that I know them that way. So that was a change for me, I also feel like a lot of us if we've lived on reserve we also experience a culture shock when we move into the city, like for me, I moved here when I was 17, and in Indian Brook we speak differently and when I came here I didn't speak for almost 6 months because where I come from when you hang out, I didn't value the communication and there's a natural flow to how you talk and everyone can tell, and another person will pick up and continue on the same subject and everyone will have a chance to talk but there's no order given, it's sort of just natural and flows. But it teaches you to wait for a pause to talk, and then moving into the city, I would say a few words and people would jump right in and start talking and I also learned things like on the reserve people listen better than they do in the city. Here, I can tell they don't care. They're just waiting for you to stop talking so that they can say what they want to say. It took a lot to deal with, I had to fight for space to speak. So not everyone deals with that culture shock in a positive way and so I know a lot of people who come here from the reserve for school and as soon as they're done they move right back to the reserve, and some of them can't even finish their education because it's such a different experience that they want to go home to safety. That's not addressed and not talked about. How do you deal with culture shock? Never talked about. It's kind of hit or miss on who's going to be successful in dealing with off-reserve life. So because of that there's a bit of a disconnect because you don't know if this other Aboriginal person will connect to you. There is some disconnected but I also value what we have here like the Friendship Centre. Like when I first came here, I felt like people were listening to me and I felt like I could talk, and they gave me the space to make a comparison between on and off-

reserve communication styles. To me it really bothered me that there was no flow in this urban environment. So that's what I try to cultivate in my own communication.⁵⁸

Even though there is great emphasis and community wide support for youth programming, the Kitpu Youth program was terminated due to a freeze in the funding envelope for general youth programs. As with many programs sponsored by AANDC funds shift from year to year. It is difficult to predict where and if funds will be directed, making sustainable, consistent program development and delivery almost impossible. This creates a sense of crisis and uncertainty amongst the most vulnerable youth population. When funding was cut from the Cultural Connections for Youth the community reacted:

Originally it was cut but then the community got together and protested and then they ended up changing the word in documents from cut to frozen. They did raise money and they ended up keeping programs (for a limited time). Yeah, the youth did a lot of fundraising where people donated and they got pretty large donations from some organizations. I think the youth kind of look at this place as a second home, a second family so when things go wrong they are really quick to try and help. All of our youth are like that, there's very few who would be like, "nahhh I don't really want to help fundraise to keep the programs going." Like almost all of our youth they want programming here, they want this stuff to happen. So they're really fantastic in helping keeping it going.⁵⁹

Sustainable funding is critical to provide services for urban Indigenous youth. Even the most basic service of being able to provide a snack for kids to help them have the sustenance to participate in activities becomes a challenge under fiscal restraint.

I think a lot of it does come down to money unfortunately. Because we get youth that as soon as they walk through that office are starving. So we always have granola bars because they're like, "I'm starving, can I have something to eat?" When we don't have the money to give them that...because then they're not going to be focused because they're starving. If we don't have food to give them, they don't want to listen to anything I have to say, they are just trying to get food. Most of it boils down to money. I mean if we had all the money in the world we'd be able to serve these kids awesome. We make do with what we have and the support that helps us everyday.⁶⁰

As with the Child Development and the other core Friendship Centre programs staff of not-for-profits work very long hours and conduct multiple duties. Many work weekends to provide feasts and ceremonies for clients in need and spend a great deal of time “chasing money” by writing grant proposals. Finding a work / life balance is challenging.

It's hard with youth programs. Like my program is now secured for 3 years, but in terms of the youth coordinator it's on a yearly basis. So I mean we don't know if we're going to have funding the next year and that's stressful not only for the youth but for the youth coordinator. And because it's not-for-profit, a lot of youth coordinators don't last here because it's a lot of work, it's a lot of time. You know people are working, we're supposed to work 40 hours a week and we're working 50, 60-65 hours a week. And you know they're like, oh just take that time off, and you're looking through your schedule and thinking, "I'm never going to take that time off, ever!"⁶¹

In 2013, the funding for the Kitpu Youth program was not renewed and after five years of commitment the youth director has to seek employment elsewhere. The Cultural Connections for Aboriginal Youth program that focused on employability and life skills is also at the end of its funding life. In order to fill the gap, or as some called it the “abyss” in services for youth, the MNFC embraced the opportunity to apply for funding for a youth focused Aboriginal Mental Health Awareness Program. The Aboriginal Mental Health Awareness Program received \$80,000 per year for three years. It is designed to educate urban Indigenous youth on mental health issues. Funds will be used for workshops on mental health education, coping skills, self-esteem, and self-awareness. Training will be available for parents and community members to do suicide and non-violent crisis intervention. The ultimate goal of the project is by the third year to have ten youth who have undergone a training process that they have designed and planned themselves.

In a focus group with participants of the Aboriginal Mental Health Awareness Program many of the youth identified anxiety, stress and depression as their main mental wellbeing issues. Indigenous youth continue to experience systemic discrimination, stereotyping and racism. The burdens of colonial relations have not yet fully lifted from their lived experiences.

Recognizing that anxiety and depression are really common especially in our communities because of colonization, because of the shame and guilt that we carry from generations of being taught that we're not valued to society as First Nation people. Strategies that work for me are things like prayer, having gratitude, grounding ourselves and by recognizing the things we have in common with our ancestors.⁶²

For this group one of the ways to combat anxiety and depression is to reconnect with cultural spirituality.

Teaching youth about spirituality but not just in a textbook way, it needs to be engaged in a way that's fun and interactive and educational. Bringing in your culture and spirituality to youth, but if they can't connect or apply it to today and modern times, they're not going to connect to it. You need to bridge that gap and show that even though it's so far before, there's a similarity of personal humanity that stays the same.⁶³

Youth understandings and experiences of depression are tied to exhausting intergenerational resistance against state and social oppression. A tone of conflict fatigue is tempered in these youth by their aspirations and strong beliefs in turning to culture for resurgence and liberation.

Internalized depression, I think that that's a major issue with Aboriginal people because of one thing I've noticed with on and off-reserve youth is this chronic "I don't give a crap" mentality where they see an obstacle in their way and they no longer pursue what they wanted. I think that behaviour stems from that internalized depression. Whether its my parents, their parents, have been fighting against this government for so long to just be recognized as humans who have rights and it creates a lot of internal depression and that needs to be addressed. One of the avenues where I've learned to deal with that stress is connecting with my culture and recognizing that the medicine wheel has a lot more in it than just the four directions, and there's a lot that those associations can really help Aboriginal youth specifically because it can give them direction and purpose by separating their experience in a way that is

manageable. So that by creating associations through the four worlds and you can categorize your experience and that way it lessens the burden and helps you bring about balance by checking those four aspects of experience. And internalized anxiety is the same, and needs to be addressed because it's never addressed in our society.⁶⁴

Youth are interested in separating themselves from intergenerational trauma but have to regularly combat bullying and racism linked to their Indigenous identities. They associate self-harm with deep-rooted anger that stems from historical marginalization and alienation but remains suppressed because there are few avenues to safely release that anger except in actions against oneself. Talk is critical. In Mi'kmaw culture it is through talk that laws are enacted, wrongs are righted, teachings are passed onto families and culture is sustained. Without talk, bonds of trust are hard to shape.

I think part of that internalized oppression also has a lot to do with anger. When its internalized racism, it's been happening so long and those emotions are there, but no one's talking about them and no one's asking themselves why they're feeling what they're feeling. Understanding the motives behind your actions is something that's not encouraged in schools. If someone keeps offering me help, but behind that is not genuine help, they just want to feel better about themselves, that's not helping.⁶⁵

Schools, governments, hospitals, Indigenous organizations, child care workers and foster parents need to be better trained in Indigenous culture, suicide and depression. There are few local in-patient mental health and addictions facilities for youth; those that do exist have long wait lists and virtually no cultural competency.

She was only in the Psych ward for a week and a half before they let her go because they are not a long-term facility and then they sent her home. This is a 15 year old who took almost 200 pills and wanted to kill herself and they're like ok go home, we don't have room for you. And then the only other option long-term was to send her to Boston, which was like \$30,000 dollars. So she's home and you know they just monitor her really closely and everything she does. But they tried to send her to go see a psychologist and they were all...she couldn't relate to any of them. You know one was a 60 year old man, one was a 70 year old woman. She was like, "no one can relate to me

in terms of my culture, how old I am, like high school." Like high school was not the same 40 years ago when you went. And that's like a lot of the youth I know who have gone to see counselors, is that there is no one for them to relate to. Especially with their culture and their age because a lot of those people are old.⁶⁶

Some Indigenous youth respond well to building and retaining ties to their cultures as they overcome early childhood loss, prolonged grief, violence, social isolation and mental health problems that contribute to suicidal activity.

Someone of the issues I see quite often are stress, anxiety, depression and what those lead to...suicide. The fact that there's also that stigma of suicide and no one wants to talk about it. It happens, unfortunately. And then you have these conversations with people, but they don't want to talk about it. Because of that it ties into depression, vicious cycle. Having proper support and having people open to having conversations with and knowing that if they're not comfortable talking about it, knowing who can get these people towards having that conversation and steer them in the right direction or to the proper resources, or someone who can help and having those avenues set up because suicide is a scary subject and no one wants to talk about it.⁶⁷

While people may be reluctant to talk about grief and suicide, the lives Indigenous youth population have little distance or insulation from multiple experiences of loss through the death of loved ones, friends, relatives from suicides, accidents, violence, overdoses, incarceration and child apprehension. Young people begin accumulating these losses at extraordinary rates very early on in their lives. Having a safe place to talk with people with similar experiences and similar beliefs is a source of solace and increases survival.

What works for me is to be comfortable with myself alone and really get in touch, because when everything is stripped down, that's what it boils down to. I lost a brother to suicide, sister in law to suicide, my nephew tried, so it is true it's not something you just talk about to your neighbour and I don't know why. Fortunately you can say it here, and you can get healing here. I've tried group, but that group was not healthy. I was lucky enough to have my husband who listened. It's almost like an epidemic, suicide...I don't know what aside from ill health could drive me to that. I guess we need to figure out some way to address that.⁶⁸

Access to Elders is very important to this youth cohort. Young people from fragmented families benefit from the sense of belonging they experience through the MNFC youth programs.

I didn't know my heritage I just knew I was different. I was bullied because of that, but then coming here felt like home right away. Speaking with elders, going to sweats just made sense and it's that feeling of home.⁶⁹

Many youth have trouble talking with their parents about personal issues at some point in their adolescence, but urban Indigenous youth are more likely to be isolated from their parents, particularly if their parents are not experiencing wellness. Some youth who access the MNFC have no one to turn to or few role models to emulate as they work through self-esteem and body image issues. Safe and critical use of social media may not be taught in homes where impoverished families do not have access to the technology, adding to the complexity of their lives and heightening young peoples' vulnerability.

We've had a lot of girls who are talking about the social media and the self-esteem and the body image. And I've also had a lot of parents come to me about the same things, thinking that their kids aren't saying anything about it when really their kids are also telling me about it. So then you know there's an issue. Anxiety is huge for a lot...especially the students that are in school and working part-time and trying to juggle things. And I've been there so I know where they are coming from and we've also had some youth who have just a whole mix of mental health. We've had youth who have been out on their own since they were 14, 15 years old and we also have youth who have no family who they can depend on so they're dealing with a lot of stuff and that's going to take awhile for them to untangle everything but for the most part a lot of the stuff that has come up just in the past few weeks is the media and then the body image and that type of stuff. Like we have youth whose parents have just up and left them and moved half way across the country and said "you can come if you want or you can find somewhere to live here," so a lot of our youth...we do have youth who have fantastic parents who are there and supportive but we have a lot who don't have those figures in their life regardless. Some of them don't even have any adult figures except for the people who are here.⁷⁰

Identifying as Indigenous in the contemporary urban context continues to be risky and complicated for some youth.

I didn't accept my Aboriginalness until I had a son and he started to see things and he was asking me and I started to be more...I was always brought up in the city I lived on the reserve until I was 5, went back and forth but have pretty much always been a city girl, but I didn't grow up in the culture as much as my cousins, but I always knew about it. When my son came in the picture and he started asking me things I started getting more involved. Growing up my mother told me not to tell anyone I was Indian and that's from the residential schools. "Don't tell anybody, don't tell anybody, you'll have a hard time" because that's how she remembers non-Aboriginals treating her so she didn't want us to go through that. She goes, "you're blonde hair and green eyes, don't tell anybody tu's nobody has to know" so I always thought ok don't tell anybody which is just sad now when I think about it. So I tell my son, you tell them, you be loud and you be proud. I think that's the difference. I grew up thinking it was bad to be Aboriginal and we didn't want people to know. And I was one of those outsiders because I didn't look Aboriginal and when we went to the Friendship Centre in Toronto I used to get beat up because I was a little blonde ringlet girl, "you ain't no Indian" so I got both sides. I got some discrimination when I went home and discrimination when they found out I was Aboriginal and racism exists in a huge way and I think they are ignorant if they think it doesn't."⁷¹

Claims to indigeneity are often challenged by those who link being Aboriginal with access to benefits. Misconceptions around entitlements abound in the city. The stories below demonstrate that not that much has changed in terms of settler society's lack of knowledge of Indigenous peoples and Indigenous rights.

We have people who are completely submerged in their culture 24/7 and then we have people who don't know anything about their culture and don't want to know anything about their culture. We have people who are proud of who they are, we have people who try and hide who they are. I know for me when I was in school when you tell people, they're like "no you're not," I got that all the time. I'm like "no I'm Mi'kmaq," and they're like "no you're not." Like I've had people, and this isn't even when I was younger this is like last weekend and people are like, "show me your status card," and I was like "excuse me what do you mean?" and they're like "no you're not," and I'm like "how are you going to tell me who I am and who I'm not."⁷²

Strikingly urban youth continue to encounter stereotypical assumptions, by their peers and others that "real Indians" only live on reserves.

Because people think that we just live on reserves. They still do. Like “oh so what reserve do you live on?” I’m like “no we live in Beaver Bank, I live in Sackville, I’m from Halifax!” and they’re like “oh.” And I mean like even now when I tell people I’m from Millbrook First Nations and they’re like “oh so you live there?” and I’m like “no I don’t.” And I think it is because it’s in the city and I think it’s still that lack of education that people have of our culture.⁷³

Indigenous students experience racism and discrimination in their schools. Some people talked about being ostracized for wearing braids in class, others were bullied as “wannbes” a term that denies people their heritage and delegitimizes self-perceptions because of societal rejection of self expression.

The ones who embrace their culture and the ones who are stereotypically looking they do and I mean they tell us about it. Especially the ones who do embrace their culture, that you know they want to take their drum in and they want to drum at school. And I mean you know it’s cool at first, but then they’re just like...and I don’t think that it’s so much in the younger grades but I know junior high and high school, it’s pretty bad still.⁷⁴

The Youth programs of the MNFC provided invaluable supports for young people. The staff are often sought for advice, but feel that sometimes they are not qualified to give the psychological counseling that their clients require. Repeatedly throughout this research people have identified an urgent need for in-house Indigenous counseling services at the Friendship Centre and the Child Development Centre.

I can give you advice, I can tell you what I think but it would be SO good for our sanity and for people who come in here to have somebody who’s qualified to do those things. Like a lot of the time, and we say it here all the time, it doesn’t matter what your job title is, a lot of the time you end up being a psychologist and a guidance counselor and all these things because there’s nobody else here that can deal with it.⁷⁵

The Youth group coordinators notice that quite a few youth who came to early childhood programs are returning. Some are doing very well and others are beginning to experience problems with substance misuse and conflicts with the law.

Youth are facing significant challenges and increasing access to hard drugs has been identified as a serious problem.

All kinds of things, from drugs to fights to stealing to having significant others who are in jail. We have one youth, who I'm not sure why, she is drawn to guys who are in jail. You know in the last few months she has two boyfriends who have been in jail. I can't even keep it straight now when she's talking I'm like, "so is he the one that did this?" Trying to get them out of that cycle, but again these are the youth that don't have anyone to go to. They don't have any family to go home to, they are living on their own, they're smoking you know...drugs are ridiculous now. And I think for a lot of them it's been a cycle. Their older brothers and sisters have done it, they've seen their parents do it, their cousins do it. That it's just part of their life cycle I guess. That's how they see it it's that, "oh that's how Mom got through, so I'm going to give it a try too." I don't know for sure if any of our youth are caught up in hard drugs. I know we have youth that smoke cigarettes and smoke weed and drank a lot but yeah. We have a few that have some run ins with the cops. A few have been arrested.⁷⁶

Generating and sustaining appropriate programming for youth is challenging in the city, but it is imperative to focus on the significance of access to cultural teaching in terms of successful outcomes. Program funds are tied to particular government criteria that often leave out the value of cultural content. Regular and consistent opportunities to connect with Elders, Indigenous knowledge and cultural teachings have the greatest success rates for improving mental resilience, wellbeing and wellness among the urban Indigenous population according to the participants in this study.

And it's hard because you lose a lot of trust in those youth. Luckily we have one youth who is extremely troubled who has started to come back to me. And she's telling me exactly how she feels about the programs, she's like "we used to come here and we used to learn cultural things. We used to do cultural things." Now a lot of the programs are physically based, like physically active. Like (name) does the martial arts and park tour and swimming and to a lot of them, especially girls, that doesn't appeal to them. Like I don't want to come and jump over shit, that's not what I want to do. So she's voiced these things to me, like we used to do youth exchange and there hasn't been a youth exchange.

We used to have the drum group and the dance group that went every week, which was a huge part of my life and a huge part of my little sister's life. That's just what we

would do and because of that we would go dance at shows and drum at shows and schools and all that type of stuff. I just got the drum workshop, we had a drum making workshop in the beginning of September and we just started drumming on Mondays, three or four weeks ago. So that's back up and running. But we used to do all kinds of stuff, we would do outings, there was a lot of culture stuff. The dream catchers, the medicine wheel teachings, and tobacco pouches and moccasins and all of these things used to take place and that's where when she came to me and was like, "things are different." That's kind of when I was like, "ok I need to sit down and look at this and what these youth want." And I mean he has a group of youth who are fantastic and who love the martial arts and the tai chi and the parktour which is fantastic, but there needs to be options.⁷⁷

Being loud and proud is an excellent message for the urban Indigenous youth of the Friendship Centre family. As Elder Doug Knockwood tells the children "believe in yourself because it is the most important thing. If you believe in yourself you can accomplish anything." The youth want the opportunity to embrace their culture and associate a strong connection with culture, having a place to talk and share kinship as fundamental determinants of their wellness and wellbeing. With an increasing youth population in the city, demand for wellbeing and wellness support services are growing.

Housing, Education and Employment

Housing

In terms of mental wellbeing challenges we see, this is their darkest day. I've seen people talk about suicide and I've seen people commit suicide because they feel like there is nothing else out there for them. There's nothing else beyond that piece. That's probably some of the more extreme stuff. Then I've seen people start using and that only adds to it. They think it makes them feel better but it only adds to it and then you still go down that dark path eventually. It may make them feel good short-term but then it leads down another very dark path. We have people begin drinking and then they can't keep their housing. It's a vicious circle over and over and over again and mental health is I think some of the most unassisted areas that we do because there is no resources available and yet I don't think you can fix one piece without the other piece. So yes we can house somebody, yes we can put somebody in school, yes we can do all of that but at the end of the day if you're not healthy mentally all of those pieces will fall away and they do fall away. Then we end up with people on the streets who would much rather be on the streets than in an institution. We have people here who

they know winter is coming so they do something to put them back in an institution. That's all they know and that's a very unhealthy way of life and that's a mental health problem because you're not addressing what is really wrong. You're just, for them it's band-aid, it's going to get them a hot meal. And you know what? At the end of the day what we need is a place to lay our head and food to eat and for some people that's how they see life and that's really sad.⁷⁸

In our discussions with the clients of the Mi'kmaw Native Friendship Centre the adult participants in the Adult Learning Program indicated that their determinants of wellbeing included the acquisition of adequate shelter, jobs, food, and building positive relationships with friends and families. The majority acknowledged that they have struggled with addictions and feel stress daily. All respondents agreed that having Indigenous elders and like-minded people to talk with was vital to their mental wellness. Accessing spiritual programs, traditional teachings, and physical fitness facilities were identified as priorities necessary for supporting resilience and achieving wellbeing and wellness. Once food and shelter needs are met and addictions are under control, the aspirations of the participants are aligned with educational attainment and employment goals to enhance quality of life and distance from poverty. Most participants require social assistance to survive and find the cost of living in the city challenging, but collectively they innovatively help each other by sharing knowledge about food banks, soup kitchens, clothing exchanges and free recreational activities. All participants in this study identified the Mi'kmaw Native Friendship Centre as providing a stable, secure home and family base where they feel accepted as who they are and celebrated as Indigenous people. The caring environment and kinship bonds generated by participating in the Centre help reduce the systemic obstacles to Indigenous

experiences of wellbeing, wellness and justice by nurturing positive feelings of belonging.

In our focus group with the Kijipuktuk College Adult Learners we asked “What does being well mean to you?” One woman who was in the process of applying for her status card to access educational programs indicated her challenges and frustration at having what she perceives as an ambiguous identity,

“My mental health and wellness would be shelter, finances, being in an environment where I feel safe to learn and achieve my goals and express my values and opinions... It is really difficult to be in that window and to have people tell you that they don’t perceive you as a native person because you don’t have a card to present to them. On top of that I would really like to see more recognition of this college and the students who are here achieving goals and continuing and striving regardless of our financial situation and our background... I have experienced racism, that I am not legitimately aboriginal until I have my status card. I find that very extremely offensive, not just for myself but for my father and grandfather. I find it outrageous.”⁷⁹

For others, the right to shelter is the priority for wellness and wellbeing. The Mi’kmaw Native Friendship Centre Housing Project was a response to the Homelessness Needs Assessment (2011) and is one of the newest programs offered at the MNFC. It offers assistance to help clients with their housing needs by providing referrals to shelters, local housing associations or individual landlords. Homelessness is a critical issue and many people come to the city in search of better housing because of overcrowding in homes or a lack of access to safe spaces on reserve.

It’s just a huge difference and I think that people come here with this idea that they’re going to go to school, they’re going to do this, they’re going to do that and when they get here it’s not as simple as just doing it, you have to actually work for it, and there’s little steps to do to get to where you need to be and I think people get frustrated with that and they don’t know before they get here what’s expected. It’s a very different world and to deal with non-Aboriginal people when you’ve grown up on reserve is hard. I’m good for this role because people can tell me things because they know I’ve lived in that world and if I didn’t personally live it then I know somebody in my family

*who has or are families know each other. People will come in and they'll be telling me their story and you realize that you have little connections with people and I think that goes a long way to building good relationships. I've have grown men cry in my office which is like, that's so bizarre, but it happens because they don't want to be homeless, they don't want to be cold, they are too old to live on the street and they've been doing it their whole lives and now they're just too old to do it.*⁸⁰

The Housing coordinator at the MNFC helps people who are seeking shelter. In the past two years they have served approximately 260 people. It's an issue for people who are arriving from Indigenous communities, it's an issue for Indigenous peoples that are exiting jail, it's an issue for people that are passing through who do not have any resources.

*I help them maneuver around Department of Community Services because that's a big stumbling block for a lot of Aboriginals especially when they come from reserve to the city because it's a completely different process. On the reserve everybody knows everybody so if you're on welfare it's just easy, you go to your uncle who tells his wife whereas here it's not like that. The process is difficult for a lot of my clients to understand that they just can't get it and the biggest stumbling block I have is you can't get social assistance without an address and you can't get an address without social assistance so I get a lot of people who need an apartment but without any income I can't help them find an apartment without an apartment I can't help them get an income unless they stay at the shelter and a lot of times the shelter is full. So it's tough.*⁸¹

For people with mental health and addiction issues, securing housing is extremely difficult. "It's hard to sell most people to landlords if you have mental health issues. You have bad credit most times. You probably don't have good tenant history and you are not capable to even understand how that is going to play a factor in five years."⁸² The MNFC hopes to build on their housing services by working with both Aboriginal and non-Aboriginal stakeholders to address urgent shortfalls in safe, secure housing for the growing urban Indigenous populations. The Mi'kmaw Native Friendship Centre recognizes the great need for emergency and

transitional residential units and has built such services into their short term and long term planning.

A primary source for Indigenous housing is the Tawaak Housing Association, which was founded in 1981. It is a private non-profit housing corporation that owns, operates and delivers socially assisted rental housing in six urban areas of Nova Scotia. The mandate of the housing corporation is to provide suitable, adequate and affordable housing to Indigenous peoples of low to moderate income who reside in urban areas of the province, but cannot attain housing through the regular housing market. Assisted by the federal and provincial governments, Tawaak's residential portfolio consists of fifty-four properties comprising one hundred and forty-five units, supported under the Urban Native Housing and Private Non-profit Housing programs. In addition, Tawaak Housing Association owns and operates two six-unit Supportive Housing apartment complexes for homeless Aboriginal peoples. There is a waiting list and rules of residency are strictly enforced. A number of the participants in this research commented on difficulties they experienced with Tawaak housing in terms of a lack of privacy, perceptions of favouritism, curfews, restrictions on visitors, and landlord interference. Two women identified their housing situations as stressful obstacles to wellbeing and shared their experiences:

I did not want to be in Tawaak. At the time when I had to be out of the halfway house I only had so much time to look for a place. At the time Tawaak was willing to take me in and help me. My plan was to only be in Tawaak a limited time, a month or month and a half. I have been in there since (month) trying to get another apartment. I have been putting up with all that (invasion of privacy) for months now. I am just waiting to hear back from another place so I will be out of there soon.⁸³

I wanted to apply for Tawaak but they will not let me have my daughter there. My daughter is 21 years old and she is pregnant and she will not live by herself and I would rather have her live with me. She is only 21, right.⁸⁴

Housing options that are not Indigenous specific are available in the city, including the Metro Non-Profit Housing Association. It is a private, charitable organization that provides permanent, secure housing and support to low income, single individuals. Their housing projects provide residents with a stable base and supportive environment and they offer tenants referral services, advocacy and employment when appropriate. For women there is the YWCA Halifax's Women in Supported Housing Program (WISH), a housing program serving a maximum of 24 single women ages 19 and older that have experienced chronic homelessness. Of the women served, many are mental health service consumers, a number are in recovery from addiction, and all have experienced abuse. The WISH program provides a variety of supports and services to the participants, such as financial management, home visitation, eviction prevention, case planning, advocacy, service navigation and 24-hour emergency on-call support. Barry House offers women and their dependent children emergency shelter services based on the harm reduction and housing first principles. Shelter spaces for families experiencing non-abuse related displacement, are uncommon.

For men the options include the Halifax Centre of Hope, a Salvation Army men's shelter, addictions centre, chapel, dining hall, and halfway house, offering various community programs to assist in those in need. While the men's shelter operates as a general sheltering service they are able accommodate both short and long-term residency if it is needed. Beyond offering a safe and secure environment, they offer home cooked meals and snacks on a daily basis, laundry facilities and clothing and transportation vouchers among other services for a small fee, however

accessing a bed is difficult because they are constantly full. The Department of Community Services will subsidize the fees, but clients must undergo intake first and many find this experience too daunting.

Metro Turning Point provides emergency shelter for men experiencing homelessness. They provide shelter services based on harm reduction and housing first principles enabling them to work with people experiencing multiple barriers to accessing services. Such barriers may include mental illness, addiction or concurrent disorders. Harm reduction intends to minimize the adverse effects related to behaviours associated with substance use and other high-risk behaviours. Individuals accessing the Metro Turning Point Centre may access shelter services while under the influence of intoxicants, provided that they are not an immediate risk to themselves or others. Clients of MNFC wanting to stay clean need to avoid the drug use and fighting common at certain shelters. Men's shelters are few and do not have welcoming reputations, but they do help facilitate transitions to the city by providing an address needed to access social assistance.

We've had a couple of people come in from the rez and they want to go to school and they have nowhere to live and they have no funding so in order to get welfare started they have to have an address, you can't apply for welfare without an address so they have to go to Turning Point and then welfare sends a guy over like twice a week to do intake and they have to be there until their cheque gets rolling and they can find an apartment.⁸⁵

The excerpt below is from a middle-aged male who explains his financial and housing challenges upon moving to the city and how he managed to survive. His story is similar to others in the group who moved from reserves due to family and political conflicts and those seeking employment and education opportunities.

Wellness to me is like, well living on the reserve growing up and moving to the city. I have seen a lot of life. Compared to living on the reserve and then moving to the city it is a lot different. I get things more done here and done better and people treating me better here than on the reserve. We learn from living on reserve you get your welfare every two weeks. You get everything paid for, but in the city you learn about going to the food banks, live once a month on city welfare. You have to manage the struggle and you have to budget your money in a month. It is hard. You learn a lot from going from one place to the other. I would like to see our people to do something about housing for Mi'kmaq people in the city of Halifax. They always claim that this is Mi'kmaq territory right... The first time I moved to Halifax three years ago my family used to tease me, seriously, I had to collect bottles to make \$20 or \$30 bucks a night. They were telling me, they ask what are you doing and I say I am going out tonight picking bottles, collecting bottles and they laugh at me. These guys don't want to help me. They cut me off on welfare as soon as I moved down here. That was not right. But I did not argue with that. So I applied for an apartment and city welfare. It has been a lot of struggle. When I got here I asked for help. That is how I learned from others and from what I learned I shared with the others. That is how we survive. I try to be a good mentor. Everyone has their good days and bad days.⁸⁶

Safe, secure, and adequate shelter is vital to experiences of wellbeing and wellness. The participants in this study clearly identified the hardships in finding and keeping housing that they encounter living in the city. The MNFC Housing Program, in conjunction with its other wellness programs is working hard to reduce the obstacles to wellbeing that are related to homelessness. Facilitating access to housing generates resilience by helping clients to navigate rental bureaucracy, gain independence and freedom and builds their urban literacy skills.

Education

Attending school facilitated experiences of wellbeing for many of the research participants. The Adult Learning Program offers structure and guidance and helps people recover from their past traumas. Students of the Kijipuktuk Aboriginal College (KAC) articulated the educational and employment aspirations of the MNFC clients. The Kijipuktuk Aboriginal College offers levels 1, 2 and 3 of the Adult Learning Program (ALP), which prepares the adult learner for level 4, a 12-

credit program of study that once successfully completed, will lead to the Nova Scotia Adult High School Diploma. Kijipuktuk Aboriginal College also offers Job Readiness Training (GAP) to adults who are either under-employed or unemployed due to lack of employment, education or life skills. The program includes level 3 ALP upgrading, life and employment skills training and a work placement experience.

One male summed up his experience:

I am enjoying school again, later on in life. I had a rugged up bringing and could not really get through school. Now I am still going. I overcame a lot of obstacles. I am pretty proud of myself. People that know me know what I have been through and I help a lot of people too.⁸⁷

A female participant shared her view:

...this is hopefully the last year I have here and I am going to go on to the community college. I am not really sure what I am going to take yet but I will figure it out through this year. I am at the point the in my life where I want to change my life. I have an addiction problems, alcohol and drugs since I was 12 years old so I am trying to switch things around in my life. I am here in school trying to do that. Hopefully I will succeed and maybe someday I will be helping people that are in my position, on the streets.⁸⁸

Another male speaks of his transition to the city:

I used to get \$585 treaty money and now I only get \$200 a month to survive for a whole month. Back at home I got that every 2 weeks. I had (name) help me show me where the food banks were and a couple of soup kitchens until I figured it out and learned how it budget my money. Other than that they only help me with my bus pass, and help me top off here (Adult Learning Program) with attendance. That helps me until I actually get into NSCC and take a trade and start a career in something. I thought I had it all right in fishing, I started in (reserve) and I am not even from there but I had a job and then I went to (reserve), I got two kids there, I was lobster fishing and I moved back to my own reserve fishing. So now I have my mind set on what I want to do. I want to work at the shipyard.⁸⁹

Even though there are many upgrading programs in the city, Kijipuktuk Aboriginal College is their first choice because at the Friendship Centre the students can get involved in cultural activities like sweats, and other services are housed there and people want those services.

Working here everyday is a cultural experience. There are always cultural activities taking place. With the students we make sure that they get lots of opportunities to take part in any cultural activities that are going on and of course we take part in those as well. We have tried to introduce cultural components into our program itself. We do smudges and talking circles, which we just started doing this year and it has worked out really, really well and we are pleased with that. We have a Mi'kmaq language course and we are hoping to expand on that. Everyday there is culture.

Ceremony is an important aspect of the MNFC culture. From daily smudging and cleansing ceremonies to graduation rituals, the daily and annual achievements of the students are recognized.

There is a significant demand for addictions counselors; almost all the clients have issues with addictions. A lot of them are recovering addicts, quite a few are currently on methadone programs but they are also trying to get back into their culture. The respondents told us that they feel more comfortable at the Friendship Centre than at the community college. One of the teachers in the Adult Learning Program details the challenges of the clients who are struggling with learning challenges and addictions:

There are other options, some write their GED, others go to Transition Year Program at Dalhousie University, some choose to go out and work. A lot of the students now plan on going to level 4. We also get a lot of students who come into level 2, and it's clear that they're not going to do well in level 3 and this is a real problem with organizations that offer the ALP. We recognize that there's a certain portion of students who for a number of reasons, that are just not going to allow them to be successful. If we put them in level 3 we set them up for failure. We have one student now who is in level 2, and who comes to school as more of a social thing. She's struggling with addiction and there are attendance issues, but if we dismiss her, there will be repercussions and she'll end up falling back into her old lifestyle. So we're dealing with problems like that and we don't have the answers and we've been telling the department that we don't have the answers. We have a lot of clients that have mental health problems.⁹⁰

One of the key gaps in service provision for adult learners is an individualized assessment tool to help determine the best mental health action plan

for incoming clients. The second major gap is accessing culturally relevant mental wellbeing and wellness services to help prepare people for educational and vocational training programs. Currently the Mi'kmaw Native Friendship Centre is finding that some students require special needs assistance, however they lack the capacity to diagnose learning disabilities and traits associated with Fetal Alcohol Spectrum Disorder. As one teacher states, the ability to assess cognitive impairments and build corresponding housing, education and employment plans will improve the quality of life and increase opportunities for success for the students:

What I've experienced is a lot of people that are coming off the rez have been exposed to what I think of as this toxic social cocktail of poverty, lack of education, lack of exposure to any kind of broader ideas of how the world works, often violence in the home, alcoholism. You know it's just a whole bunch of stuff and so we have people showing up here to school...I'm trained to teach, I'm not trained to analyze behaviors and determine whether or not there's a learning disability there or any other kind of mental health concern but I know it when I see it. I can look at a person and say this person is not functioning, there's either a cognitive impairment or there's a learning disability, there's something going on. We see the full spectrum, we see people in the class right now...first off half the class is on methadone so that's an impairment in itself. Then on top of that we've got FASD, we've got diagnosed FASD, diagnosed PTSD, diagnosed learning disabilities and then a whole pile of undiagnosed stuff. Like I said this is not working but we don't know what it is... We need a trained mental worker in this facility. Not just to serve our needs but clients that come in for all kinds of services and programs they need to be able to be assessed. Not just a counsellor, not just someone to talk to, because we all do that and most of us are pretty good at it, but we need PSYCH-ED assessments for probably 2/3 of the students that gain admission to the school so we're kind of shooting into the dark a lot of the time. You know classes are really wide ranging, we've got some fairly high functioning people and thank god they're patient because in the same class we've got people that are behaving like 4 year olds, literally. So you gotta understand what you're working with and be able to roll with that or it's...⁹¹

Another challenge at the school is accommodating the diversity of students' needs. Using culturally oriented communication tools, such as talking circles, students are able to express their concerns and identify the conditions they need to

feel safe to succeed. Due to the linkages between accessing social assistance and housing, enrolment and attendance in school is often a lifeline for people debilitated by their substance misuse. Students who are actively using disrupt some classes, making it very difficult for those students in recovery or those without substance use problems to focus and excel.

We do a circle every week and the last circle we did, I had two people in the circle say, "I just wanna say that I want people to stop coming up and asking me if I want pills because I'm trying to stay clean," so yeah it's an issue. We have people who are not on methadone but are maybe on prescription pills for pain or for neurological conditions, brain injury. Everybody is medicating all over the place for whatever reason, it's crazy. But the worse one is the methadone and the pills on top of it, those people are just zombies.⁹²

The education department is responsible for adult literacy. Anyone wishing to further their education, obtain a high school diploma, and prepare for further training consults with the staff. Assessments are conducted to determine where their academic journey will begin and its potential paths. The schoolteachers recommend that the current intake and assessment tools used by the educational programs at the MNFC be enhanced to delineate those students who require special needs services and addictions treatment, from those who do not. Additional resources in the classroom would enable different cohorts to work collectively at appropriate paces toward their scholastic goals, reducing frustration and fostering wellbeing for those further along in their academic and healing journeys. The staff takes a lot of pride in the fact that the programming they provide goes way beyond academics. It is this holistic and cultural approach to service delivery that facilitates student retention.

We try to help students in a lot of ways, not just upgrading their skills but in making important decisions about where they are going to go from here. Career decisions for example, to help them improve certain essential skills to help them get ready for whatever they want to do. We are more than teachers, we are counselors, we are there to help them with any issues they might have or direct them to someone that might help them deal with issues they have. It is much more than adult literacy; we do a lot more than that.⁹³

Educational aspirations are a high priority for many Indigenous peoples living in Halifax.⁹⁴ Students participating in the education system outside of the safety of the M'kmaw Native Friendship Centre experience multiple challenges.

I work as a youth worker in high schools and what I'm seeing is a lot of anger and self-hatred and stress. The pressure to conform is so high. And the youth start to police themselves... "you're not fitting into this norm, so I'm going to bully you" ...so there's a cycle. I see a lot of my students getting suspended because they're angry and lashing out because they're in a Eurocentric system that's not working for them. Strategies to help with that are having self-compassion and self-awareness. Understanding why you're feeling the way you're feeling.⁹⁵

I think the big thing is dealing with stress. Other than that the identity piece, not only self-identity, but cultural identity. It's a constant battle to educate people on you. People are completely ignorant to what's going around them, its being proud of who you are being able to educate people who don't know what's going on.

It's not just one thing. It's systemic, we're trying to survive in a system that doesn't reflect us and has been failing us for so many years. A lot of anger comes from that, the shame and guilt of being different. So having self-compassion and self-awareness is important and finding a place where you belong and don't feel different.

The education system is, albeit slowly, beginning to embrace indigeniety through recognition of the principles of the United Nations Declaration on the Rights of Indigenous Peoples and the efforts of Indigenous leadership across the country to secure First Nations governance over education. Key goals for systemic change include ensuring the reflections of Indigenous cultures and identities are present throughout the education environment.⁹⁶ Mi'kmaw Heritage month activities, Indigenous focused education programs such as the Indigenous Black and Mi'kmaq

Law program at Dalhousie University, an increasing number of Aboriginal Student Advisors at universities throughout the HRM, and the education outcomes of the Truth and Reconciliation Commission are beginning to address the colonial erasure of Indigenous peoples from education curricula however, it is well documented that the impacts of residential school, systemic bias, and racism persist.

For the majority research participants, the Kijipuktuk Aboriginal College “is a stepping stone to the future”. Its unique programming, the significance of the cultural content and the team approach to teaching, foster a family environment that counters the systemic discrimination at play for many in mainstream society. For the urban Indigenous populations we met, home and family are foundational to their wellbeing and the Mi’kmaw Native Friendship Centre education and housing programs are their launching pad and safety net. Importantly, the MNFC education programs also open the door for cultural exchange with non-Indigenous residents of the Halifax Regional Municipality. Indigenous and non-Indigenous persons attend Mi’kmaw language courses. Workshops, seminars and certificate courses offered at the Centre are open to anyone and provide invaluable opportunities for improving cultural competency, Indigenous knowledge exchange and reconciliation with settler society.

Employment

For decades the Friendship Centre had an employment program, but it had no money to support people as they trained or to subsidize employee wages. Due to the Urban Aboriginal Strategy, the program is now able to give to the community job opportunities and wages for highly trained, reliable employees. Employers find the

program attractive because of the wage incentives. People stranded by jurisdictional complications over funding eligibility, for example, if they left their First Nation and live in the city they could not qualify for band supported funding, can now access help. The Connection Career Centre open door policy allows them to work with all Indigenous peoples from on reserve, off reserve, status, and non-status, Métis and Inuit.

Many of the staff of the MNFC are former students of the Kijipuktuk Aboriginal College. For example the manager of the Connections Career Centre started out as a student at the Friendship Centre, obtained a job as an administration assistant for the college and then worked for the employment program. She took distance education courses and became qualified as the Native Employment Officer, a position she held for fourteen years. She then took over the management of the new Connections Career Centre program. Open for three years with an initial \$2.1 million budget, the Centre promotes and develops demand for the Indigenous peoples in the workforce by building relationships and partnerships with employers, communities and programs in the region. Indigenous clients can access employment and training opportunities. The program provides targeted wages for employers who employ Indigenous peoples within their organizations. The targeted wage program provides valuable, career building work experience for the Centre's clients.

The Connections Career Centre helps Indigenous clients overcome barriers that prevent them from being employed or attending school. The goal is to assist clients in successfully completing training and enter into the workforce. They

provide short-term certificate training and help students access the programs of the Nova Scotia Community College. The Active Partnership Strategy was put in place to enhance the participation of First Nations people in the workplace through promotion, partnerships, education and bringing awareness to employers regarding Aboriginal peoples' skills sets. The Strategy tries to implement non-redundant training as well as develop site tours, simulator testing, classroom audits, and employer needs assessments. Staff of the Active Partner Strategy meet with employers and do needs assessments, working with the employers to build programs to help MNFC clients better fit the employers' needs. They also work directly with the eligible clients who "walk-in" seeking employment or training. The Connections Career program funds tuition, living allowances, and coordinates the targeted wage work experience program. In partnership with the Native Council of Nova Scotia and the thirteen First Nations across the province, they are able to offer significant job training opportunities. Currently ironworkers and bricklayers programs are underway and sheet metal and boilermaker training sessions are planned for the future. With over 600 clients in its first three years the Connections Career Centre is very busy and with growing Indigenous urban populations the demand is expected to grow.

People are leaving communities and coming here to try and find opportunity. But the missing link is they come here thinking that they'll land the perfect job, and the perfect place to live and it's not like that. There's a transitional foundation that's missing from community to urban setting. There are not as many tools, supports and resources available to these individuals. Low literacy would be another challenge, no prior attachment to the labor market, so employers aren't as quick to invest when you're competing for mainstream positions. A lot of times we get people who have mental health problems and addictions. And mental health is huge.⁹⁷

The Active Partnership Strategy of the Connections Career Centre works with community members and with industry and larger scale employers to enhance participation of urban Aboriginal people in the work place. They take pride in providing the tools, supports and resources to ensure that urban Aboriginal people have a place in the current and future workforce. The Active Partnership Strategy is linked with the Adult Learning and the GAP (job readiness program) programs. In order to best provide for the clients, the Active Partnership Strategy conducts focus groups:

We do focus groups, information sessions and call-ins to see if there's a need. We have a database and we do an extensive needs assessment when we're working with clients so in doing that that will identify what their challenges and barriers are and what's put in place right now. If they're under community services and stuff like that, what tools and resources and supports they're eligible to receive. For our ALP program, for example, we're allowed to assist them with a maximum of \$150 before they get cut off their social assistance so there's different things like that, and that usually goes towards the overall cost of meals, travel and accommodations so a lot of individuals who are on community service use their bus pass money for food. Then I will support them with bus tickets, if their attendance is high then I will give them a bus pass per month, and if they're just a sporadic student then I'll provide them with bus tickets so they can get here and go home. It's just those supports to try and help them.⁹⁸

No matter the terrific success of the Connections Career Program for helping urban Indigenous peoples access and remain in the workforce, its reliance on grant based funding threatens sustainable service delivery and interrupts infrastructure and community capacity building. Employment service programs for this Indigenous population are not revenue generating for the MNFC and thus it is unrealistic of Service Canada to expect the program to become self-sustaining.

Together the housing, education and employment programs of the Mi'kmaw Native Friendship Centre are the foundation programs for improving wellbeing and

wellness of urban Indigenous populations, particularly for people making the transition to city life from reserve. As the research participants have indicated the liaison services are fundamental to successful navigation of the labour, housing and educational systems of settler society. The MNFC creates healthy options and expands the choices of the urban Indigenous peoples against those limited by racism and extreme poverty.⁹⁹

Mental Resiliency and Addressing Addictions: Engaging the Front Line

The Mi'kmaq have recently engaged in research to assess the health of its on-reserve population in Nova Scotia. The Atlantic Aboriginal Health Research Program research program released reports in 2007 and 2011 that acknowledged numerous mental health and addiction problems facing individuals. Urban Indigenous populations in Halifax experience many of these resilience issues. Obstacles to wellbeing noted in the report include depression, suicidal thoughts, and access to services to address the complexity of wellbeing related concerns of residential school survivors and their extended families. Some of the mental wellbeing issues that are present among the clients include:

Bipolar, schizophrenia, and depression, and it affects everything. It affects education, employment, childcare, self-discovery, and housing. Most often it's driven by abuse or addiction. Stories from some of the clients, you wouldn't believe what they've been through or seen in their lives and they tell us. It's like where do you go with that? There's never been any programming for it. We have housing now, but the problem with housing is if they've already gone through and they've burnt bridges then it's left on the housing coordinators shoulder. We don't even have somebody here who's trained to do needs assessments for them, it's that referral. The scariest thing is that turn-around time, where do they go at 4 o'clock when everyone has to leave?¹⁰⁰

Fetal Alcohol Spectrum Disorder (FASD) is another significant challenge facing Indigenous communities. Massoti et al. (2006) noted that current efforts to

curb rates of FASD among First Nations have been largely unsuccessful due to a “historically-grounded cynicism” surrounding outside researchers. By directly engaging with the urban Aboriginal community and the Mi’kmaw Native Friendship Centre in the design and execution of mental resilience needs assessments more relevant approaches to FASD prevention can be implemented. A significant majority of the crimes experienced and committed within Indigenous populations are related to substance misuse. At present, the Nova Scotia Mental Health and Addictions Strategy has not addressed the unique circumstances of offenders and victims of crime with FASD. There are gaps as detailed in the excerpt below. A next step is to consider pathways to reconcile the Nova Scotia Mental Health and Addictions Strategy with the needs of the urban Aboriginal population in Halifax. Given new legislation regarding mandatory minimum sentences and incarceration of mentally ill persons, the likelihood of Aboriginal incarceration rates increasing is alarmingly high. The challenge is to create holistically cultural prevention, intervention and reintegration supports to help clients navigate the education, criminal and mental resilience systems.

We’ve had clients who were bipolar, and there’s a lot of FASD and a lot of issues around the way they’ve lived their lives...drug addictions, abuse, residential school. They’re dealing with a lot of these problems that are interfering with their learning, but we’re doing the best we can but we don’t have the knowledge and skills to help and deal with these problems and we don’t have anyone here who can do that. We have (name) who deals with addictions and we have an elder that they can talk to but we don’t have a professional person that we can tap into to help us deal with those things. Sometimes we feel like we need to have more information about clients who come into the program, because someone they come in and we see all kinds of problems and we just don’t know what to do and if we had a better understanding of the person coming into the program we’d be able to work with them better. There’s a lot of learning challenges all over the place. We get the odd person who comes, who has done a psychological assessment, but it’s really an assessment of their learning disabilities. We have one student who brought in his assessment and because we knew what we were

dealing with we were able to formulate a plan and work with that. I'm sure that 75% of our students have learning disabilities, but they haven't been assessed or diagnosed and we don't have the knowledge to make that kind of call and it's a real problem for us. As a result, we don't know how to help them.¹⁰¹

The Mi'kmaw Native Friendship Centre has a Native Drug and Alcohol Addictions counselor on site to offer services and who is able to give referrals to Indigenous treatment centres such as Eagle's Nest and Mi'kmaw Lodge, which are located on reserve and other organizations in the city that may be able to help a client. The counselor has established a network of specialized resources to direct clients on the road to long-term recovery. There are two part-time caseworkers available to help non-status clients access anger management and therapy services.

Because you are using alcohol more than likely you're going to wind up in jail ok? A lot of my cases either come from jail and come see me or are in jail and they want to make a plan and they want some help in setting up a plan on how to function once they get out. I can refer them to housing, if they need education I can hook them up with Adult Learning Program, if they need transportation I usually talk to their bands or home communities. I am only allowed to help natives who have treaty or band numbers and health cards.¹⁰²

One of the key roles of the NADACA counselor is to provide cultural guidance for healing. As with many people, the counselor first engaged with cultural practices when he came to the city, *"I had to come to the city to learn about my own culture because my days were drinking, partying, work"*. Participants in this research indicated that they would like to have alcoholics anonymous and narcotics anonymous meetings at the Friendship Centre to ease access and improve their comfort in attending culturally attuned 12-step recovery programs. According to the NADACA worker many of the root causes of addiction stem from the intergenerational effects of poverty, traumatic family upbringing and residential schools. Students of the Adult Learning program talk about their wellbeing and

wellness issues with the staff and indicate that abuse is a significant trigger for self-harm.

There's certainly a lot of talk about abuse. I've had students come in and break down and tell me about things that happened when they were young and I can be sympathetic and understanding, but I'm not a professional and I'm not sure that I'm saying the things I should say. I try to be supportive but I often feel when someone does that with me, I often don't know what to say. What advice do I need to be giving? I don't know. I think as staff members there is a need for us to learn how to deal with some of the situations that we're seeing everyday...(Name from addictions services) has been coming in every Monday to work with students and she talks about mental health issues and they're doing it in a classroom setting and she's made it clear to them that she's available. She'll hang around after the session if anyone wants to talk but I'm not seeing many of the students take advantage of that. I'm not sure if it's because they're not comfortable. She's not Indigenous, so maybe that's the issue. But it doesn't appear that they're taking advantage of the service. They all have her card; they know how to contact her. But they're not doing so. The students are very open about their problems; they're not trying to hide anything. So I don't think it's that they're afraid of being ostracized, but it could be that she's not First Nations.¹⁰³

Many participants identified a double stigma that exists for Indigenous peoples with mental wellbeing issues and suggested that health care and service providers do not see them for who they are and consequently, they are not respected as humans with medical and social needs. Stories of dismissal and sometimes refusal of treatment is associated with this stigma. Respondents complained that service providers tended to see them as only addicts looking for another prescription to abuse, rather than acknowledging and legitimizing their health needs. Health care and social service provision is perceived as institutional, threatening and another force for eradicating culture amongst many Indigenous peoples. There is disconnect between western and Indigenous healing practices, and more often than not Indigenous approaches to wellness and wellbeing are marginalized.

Despite the stigma and experiences of discrimination, some Indigenous peoples migrate to the city to access services to combat their addictions. In order to address the gaps in addictions services for urban Indigenous peoples the Mi'kmaw Native Friendship Centre sponsored Direction 180, an on-site methadone clinic that has 275 clients with complex wellness, wellbeing and justice needs.

We've been under the umbrella of the Friendship Centre since the inception and had it not been for the Friendship Centre the program may not have opened because no one was willing to take a risk in sponsoring the low threshold model of methadone treatment. There are many advantages to being under that umbrella. One of them being the Aboriginal population that they serve and the fact that we can link them to specific services that are culturally appropriate and beyond that there are other services and supports that are open to all like the college, daycare, needle exchange. The other political piece that's helpful is that because it is an Aboriginal organization and our development and existence in this community was challenge and there were times when the District Health authority felt that we should fall under the Capital health district authority and because an Aboriginal organization allowed for us to be a part of, it's tricky. So in that sense there's a sense of security for us. We operate with a 'determinants of health' framework; we do provide some mental health services on site. We have a mental health nurse and access to a psychiatrist. Are we doing a great job at meeting the mental health needs and who have addictions? No, not really. We're doing our best and we try to mitigate some of the crisis but for the most part the issues that people are presenting with are so complex and there's so much vulnerability. For example, if you're homeless how are you going to improve upon your mental health? We're a door and point of contact for many in the community and with our outreach, mobile methadone. Since our inception, we've seen a number of Aboriginal people migrate to the city for treatment because of the challenges on reserves as it relates to harm reduction. A lot of the chiefs and elders are not supportive of that so as a result Aboriginal people are left to their own device, and they come to the city without any supports. There's a long history of abuse so overall the northern community (of Halifax) is a Mecca of social supports. If it hadn't been for the Friendship Centre, the Aboriginal needs would have gone unnoticed, or untreated or unsupported. We still have a lot of work to do especially around primary health care and mental health care for Aboriginal people.¹⁰⁴

Staff of Direction 180 identify a variety of structural constraints, including space, insufficient resources and systemic discrimination that prohibit their potential to assist with healing and wellbeing. Importantly these obstacles are

ameliorated by the incredible dedication of the staff and community members associated with the MNFC.

There's no doubt that the Friendship Centre, and our building are not that accessible, even just by looking at it. We're all stuck for space and it's very symbolic the space that we're working in of the issues of the people we are working for and with, experience. The stigma and discrimination, the fact that our facilities are run down, lacking and falling apart, they're unhealthy spaces and that speaks volumes. The good news is that there's committed people working in this field, the people that are working they wear many hats and do a lot of things. We try as best we can to pinch resources the from wherever they're available so that when someone comes to the door we can try to respond the best we can to whatever those needs are.¹⁰⁵

Funding is a constant contest for all of the MNFC programs. Chronically under resourced Indigenous service programs rely on project or grant based funding models. Such unstable funding models significantly limit the reach, consistency and efficacy of services. Competition over scarce resources creates silos that divide the ability of overburdened service providers to collaborate to safely meet the needs and demands of their communities. Accountability structures and policy incongruences create additional burdens fettering Indigenous institution building. Time for important client interaction and health support work is diminished when program staff must divert their attention to chasing money to keep program doors open and to do the work they know needs doing.

They wanted me to write a proposal, it's not one that I need. I don't need to trim this and make more work for myself. We just want to provide supportive services for people who have mental health issues. That could be maybe helping people that are living in some of the non-profit housing and just going in and teaching them how to clean, daily skills, helping them with their shopping or laundry, escorting them to appointments. Get them into the community rather than them coming here everyday, but of course they wanted a proposal. It takes so much more work and impacts us more financially. I just wanted an increase in the funding so we can provide more services. Besides, we're open here 7 days a week, on Tuesday 2 mainline staff go out into Dartmouth, on Wednesday we go out into Fairview, and Thursday we're with MOSH again and do Dartmouth again. Dartmouth is our biggest demand on our central outreach service. We do provide services as far as Yarmouth and as far as Amherst and New Glasgow, so

besides being here 7 days a week we also do provincial outreach. What we wanted to do within the Mental Health strategy, is maybe not just be here 7 days a week but do outreach 7 days a week and be more available to provide more supportive services 7 days a week outside of here. That's not what they want to do, they want a pilot project or program. What we just need to do is provide more services for people that have mental health issues that use drugs.¹⁰⁶

Direction 180 staff describes the urban Indigenous community as having greater access to services than on-reserve populations, but report that issues of confidentiality and trust are key to whether or not people will participate in healing programs. Demands for services are increasing as more people within the city identify as Indigenous and due to an increasing youth population.

It's changing, really different. This community has changed so much since we first opened. More people are coming from rural communities. More people are impacting our services, more people are younger now they've ever been. It's gone from like 900 young people to 1600 already this year and we're not even to March yet. I think people's needs are heavier than ever before. There's more people with mental health issues, more people aren't adequately housed, more people in shelters, more people needing food than ever before, more broken families. When we first opened in 1992 the majority of the clients we were seeing were opiate addicts, and they probably had their own apartments with family or at least had family support, but now we're seeing families of people, we're seeing the children with the parents and some with grandparents who are actively using. So they've never had what they had family supports, they just couldn't go home to parents. Many of the people we see coming in are losing their children because of drug use. A lot more than in the past.¹⁰⁷

As with all of the programs of the Mi'kmaw Native Friendship Centre, the excerpt below details the holistic approach of the Mainline Needle Exchange service.

We started going into the reserves throughout Nova Scotia and so people started out of that project and we interviewed people that were Aboriginal and were drug users and people became more comfortable with us because we started to build trust among them. So now we probably have more Aboriginal people coming in than we ever did before. Now when I say that, not every Aboriginal person that comes in here comes in for needles, some people just come in for food, or condoms, or maybe just to talk and bus fares. We're more than just a needle exchange, we're a support system and we're a referral agency. Maybe they need to go to the methadone program or to detox, to housing, legal and justice services, so if they need support going to court with their lawyers someone will go with them.¹⁰⁸

They also identify gaps in wellbeing related to poverty and isolation. Indigenous peoples living in the city with severe addictions are likely to have experienced the greatest social traumas and are the most marginalized. The compassionate nature of the Direction 180 program helps stem the suffering for people with HIV and AIDS.

I think in comparison to the rural communities, they're better off...than say Millbrook to Truro. There are more services in HRM but I still think they're faced with a significant amount of stigma and discrimination. I think that the autonomy and smallness of our province sometimes hinders their access to services because so and so's cousin is so and so's whatever, so when they come into the city, they fear that information wasn't confidential. It's a certain "Rez" mentality. Over time, we've managed to break that down and its taken time to separate those pieces and allow more confidence for people here. I think the Aboriginal people that are doing well are well connected and supported. I think we have a core group of folk who are the most marginalized that we're all scrambling to help. They should have a lot of resources, the good news is that there's acceptance for them and continuing to work around those behaviors that are hard to manage...We meet some of the needs, but we don't meet them all. We fall short. Specifically in housing, supports, peer programs like mentorship...someone who has made all those transitions, and can talk to others in that process. Because the last thing people diagnosed with HIV want to do is go to the hospital, so someone to walk with them and sit with them, because then they stay and we support them and those people have achieved health and functioning. Yeah, we need professionals; better diagnoses, better treatment but we also need the basic human kindness and support. ¹⁰⁹

In response to the question "Can you think of anything that can help serve your clients better?" the staff response was similar to clients' desires for greater access to cultural ways of living and the need for dialogue to promote wellbeing and wellness.

We need different housing models with more cultural models, where there would be a sweat lodge in the back, where animals are permitted. If drug use happens then there's things in place to mitigate the damage to the individual and community. It's done in a way that's not judged, that's supportive and not punitive. I think we need to do more professional development and education. But there's also a need for supportive roundtables around discussions for people who are working in the trenches on a day-to-day basis, and for them to just share the dialogue about what's happening. It's heavy stuff, there needs to be a safe place for people to debrief and talk about that and nurture solution based ideas so that we're continuing to be there, but we may have to change our approach.

In conjunction with Direction 180, the Mainline Needle Exchange program is also located at the Friendship Centre. It is a health promotion project dedicated to supporting current and former drug users through harm reduction programs. They are committed to supporting drug users to focus on their health and wellbeing through: raising awareness, education and empowerment. In 1989, a need arose from the Person's with Aids Coalition, which was across the street from the Centre, they had given out 1300 needles in eight months. The Person's with Aids Coalition, Stepping Stone Association, Friendship Centre and North End Community Health Centre and a support worker from Corrections Canada collaborated and negotiated funding for a specific needle exchange program. The Friendship Centre agreed to administer the program, which opened May 2nd, 1992 on Agricola Street. In 1996 space was made available at the Gottigen Street location of the Friendship Centre. The staff are people in recovery, familiar with the community and available to them.

Well what we say are we are people from real life experience. The majority of our staff are Hepatitis C positive, are recovering addicts, but we also have some HIV positive staff so that works well. We have people who come in and want to talk about HIV treatment, so they can talk to them. It gives people that idea that because you're positive you don't have to hide because of that stigma and discrimination. So we can share that with people, because of course when people find out they're Hep C positive they don't know what to do and where to go.

Through the years of operation the Mainline Needles Exchange and Direction 180 have witnessed a wide range of mental health needs. Capital Health operates hospitals, health centres and community-based programs throughout the Halifax Regional Municipality. They have over 12,000 employees, physicians, learners and approximately 1,900 volunteers. They provide medical and surgical care, mental health care, community health programs, addiction prevention and treatment and

environmental health services. In a focus group with the Parents Support Group of the Mi'kmaw Child Development Centre, one participant reported on her experience as a volunteer with Capital Health.

I volunteer with Capital Health and there is no First Nations voice, they are the "whitest meeting I've ever seen". The issues are different and complex within First Nation communities, especially issues like the residential school impact wouldn't come naturally to the health system in place.¹¹⁰

The health centre closest to the MNFC is the North End Community Health Centre. To assist people struggling on the street the Direction 180 and Mainline Needle Exchange staff consulted with the North End Community Health Centre to gain insights into mental health issues. Located on Gottingen Street, the North End Community Health Centre is in the heart of a unique and culturally diverse community. The North End Community Health Centre is funded by the Provincial Department of Health and through various grants and charitable donations. It is managed through the Capital District Health Authority, Medical Services Insurance (MSI Nova Scotia) and partners with many local community organizations and service providers to support community health. Additionally the North End Community Health Centre offers as an educational learning environment for students in the health profession. The Health Centre delivers a number of services, ranging from primary health care, including medical appointments, chronic disease management, and walk in for urgent care, as well as addictions and mental health services. Through the Mobile Outreach Street Health (MOSH), primary health services are provided to underserved and homeless community members (MOSH, 2013). NECHC's mental health program, *Shared Care Mental Health*, is a collaborative model of care that focuses on early detection and treatment of mental

health issues. With a community mental health nurse and social worker on site, *Shared Care* allows people who may normally have difficulty in obtaining services access them directly at the Health Centre. *Shared Care* provides mental health support for a variety of North End agencies, including Turning Point, Direction 180, and Mainline Needle Exchange. Available services include, assessment and diagnosis, health promotion, monitoring and treatment (NECHC, 2013).

In 2010, Capital Health released *Our Healthy Future Realizing Our Promise: A Community Health Plan for 2010-2013* identifying health inequities as a major barrier to accessing healthcare. Several years ago Capital Health held a community engagement session circle with the MNFC to identify needs and some initiatives were attempted to try and take action. According to Capital health staff, “One (initiative) was how to make services more culturally safe for First Nations and there were some efforts made but they never really went very far.”¹¹¹ One staff member was dedicated to engage the urban Indigenous community around diabetes care and prevention, but “she had a hard time engaging with the Aboriginal community. Community was invited but there wasn’t a lot of participation.”¹¹² When initial attempts to engage fail, people are often reluctant to try again and tend to lay blame on the intended recipient rather than the service delivery provider.

The Capital Health Cultural Competence, Diversity and Inclusion Strategic Plan is meant to respond to this finding by creating pathways to reduce barriers and ensuring culturally relevant care and more appropriate intervention strategies (Capital Health 2011, 6). Although a main goal of the Capital Health Strategic Plan is to strengthen their relationship with communities and “respond to explicit diverse

community needs” it provides no specific information for addressing the needs of the urban Aboriginal population (Capital Health 2011, 6). The strategy is a framework that addresses general issues around working with diverse populations rather than examining the specific needs of particular communities. Improving cultural competency among Capital Health staff members is a main priority in the strategic plan. The Diversity and Inclusion Committee began developing a cultural competence toolkit that will guide staff and serve as a framework for developing policies and programs that recognize the culturally diverse population served by Capital Health (Capital Health 2013, 2). A Diversity Council was formed in October of 2012, and its role is to provide Capital Health with guidance as it works to implement the strategic plan. As of September 2013, the council is comprised of 21 members including individuals from community groups. The Mi’kmaw Native Friendship Centre has a representative on the Diversity Council (Capital Health 2013b, 1).

The Nova Scotia Mental Health Strategy was released on May 31, 2012. The strategy is Nova Scotia’s first for mental health and addictions and resulted in an overhaul of the mental health system. The five year plan came out of the “Come Together” report, which involved two years of consultation with over 1200 Nova Scotians, including community groups and individuals who have faced mental health challenges. One of the main goals of the Mental Health Strategy is to respond to the unique mental health needs of First Nations and “remove barriers to care” (Department of Health and Wellness 2012,p.5). The strategy outlines five key priority areas: early intervention, reducing wait times for care, Aboriginal and

diverse communities, increasing collaborative care with other government agencies, and reducing stigma. Under priority area number three, “Aboriginal and Diverse Communities” Nova Scotia’s Mental Health Strategy acknowledges that there must be mental health and addictions programs that attend to the specific needs of Aboriginal peoples (Department of Health and Wellness 2012, 22). The strategy proposes two main avenues for improving services to First Nations: increasing the services available within communities and offering cultural safety training for all staff working with Indigenous clients. A collaborative group comprised of Capital Health workers and community members is responsible for developing programs that respond to these key recommendations (Department of Health and Wellness 2012, 23).

Two key initiatives aimed at Indigenous clients are derived from the Mental Health Strategy. One initiative is called “Give Us Wings” a program to integrate provincial mental health and addictions services into community-based services, and the second is the development of a cultural safety program. “Give Us Wings” provides mental health and addictions services for First Nations on-reserve and does not serve Indigenous peoples residing off-reserve or within the Halifax region. Community members and the service providers we spoke with throughout the course of our research acknowledged that mental health and initiatives for the urban Aboriginal population remain as gaps in the provision of care.

When we think of the Aboriginal community we tend to think of reserves and in that way I think urban Aboriginals really do miss out. I don't know a lot of what happens on the reserves as far as services are but I think in the city it's getting to service and the history with institutions for the Aboriginal community is such a big barrier and so in the city it's almost we need to work even harder at accessing services. You come to the city and you think of Capital Health and all you think of is the hospital and the

*institution you wouldn't even think of Capital Health as being a community program so I think we need to work even harder at the way we're looking at it.*¹¹³

It was suggested that a steering group be formed to begin addressing the needs of the urban Aboriginal community, however at the time of writing a group still has not been formed. In May 2013, a one-year progress report was released detailing the work undertaken to implement the Mental Health Strategy. According to the report, the federal First Nations and Inuit Health Branch will fund a study to examine the mental health and addictions services within the thirteen reserve communities as well as those offered through the district health authorities and the IWK (Department of Health and Wellness, 2013, p. 8).¹¹⁴

At present there is no dedicated mental health worker for urban Indigenous peoples. Services providers at the Friendship Centre are extended beyond capacity in their duties. Health providers, well intended in wanting to help improve services, but not fully culturally competent, may not recognize the additional burdens they place on staff – who need time and energy to educate health providers on the realities of their clients lived experiences and the cultural precepts in which they operate.

*Addictions has come here (to the Friendship Centre) and actually participated in conversations and tried to initiate action to respond to some of the requests that have come from those conversations. There's been a staff assigned directly to the Friendship Centre from Addictions Services. Mental health, the only work we've done is through the family resource centre. We did a series of education sessions on mental health issues. At that time the staff there felt they had enough on their plate and that was about as far as we could go in our partnership with them. They had enough demands and only two staff so they said thanks, but we have no more time to give to mental health specifically and that was a few years ago.*¹¹⁵

There is a Mobile Crisis Team (MCT). MCT is a phone line operated by mental health workers, mostly social workers. People can call and debrief. Depending on the

situation the workers may make a visit and if necessary police may be involved to help manage the crisis. The MCT staff connects the person with services or they might follow up with a crisis management plan so the person has more steps to take but it's crisis intervention approach. The central challenges of urban Indigenous peoples in crisis are the lack of a family doctor and the long wait times for intervention.

So I need help, the first stage of I need help is family doctors, because the Mental Health Program is a specialty medical system it is not a primary care system. Although we do take people that don't go to their family doctor but that is not really the preferred way of the system. We want you to go to your family doctor first and see if they can manage and it's only when there is a situation that can't be managed at primary care, so primary care would be the North End Community Clinic, we don't want people going to the ER because that means people need to get really bad or really sick or really in trouble and that is the hardest time to help people. So people can go to ER and if they are deemed sick enough they can go to the inpatient unit but we only have a small number of inpatient beds so inpatient services are for high-level acute illness. So most people get managed and served in the community. So you go through the MCT or the ER or your FP or the North End Clinic. Then from there you can go to a Community Mental Health Team (CMHT). If you're situation hasn't been addressed or can't be addressed in those ways you go to CMHT, there are five in Capital Health so people can call up and make an appointment. The way you get to them is you call up and say, I need an appointment for mental health and they book you. The appointments are usually within three weeks for the first appointment and at the first session they explore what is going on and what kind of help the person is looking for. From that point they may say, you don't need service or you might need to come in for further service.¹¹⁶

Sporadic interventions and connections with health service providers have resulted in pockets of work, but a cohesive and systemic approach would improve access to care and the cultural competency of service providers. With the new Mental Health Strategy there is an Aboriginal mental health initiative, but it is actually about funding positions in reserve communities so there's an outstanding question, what about the urban Indigenous community? There are numerous agencies providing mental health services in the Halifax region; however, few, if any,

have direct outreach with urban Indigenous communities and thus adequate interventions do not exist.

And they can't be sure of how they will be treated. It's not just founded on history; it's also on stories through the community and how people are really treated. That's what I worry about is that we have a big gap here. Then you wait to get to ER. The other thing is I would wonder if people are trying to help each other and how much help are they getting to help each other. We even have agencies like the Schizophrenia Society; we have community agencies that I don't think are very connected. We have the Healthy Minds Cooperative so there are other agencies as well that support people like the Canadian Mental Health Association so those agencies also give additional support as well as the formal system and I would hazard a guess that those agencies aren't engaged with First Nations.¹¹⁷

Health care providers participating in this research recognize the unique needs of urban Indigenous peoples and the problem of isolation in resolving mental health and addictions issues. They also identify that Indigenous perceptions and experiences of wellbeing and wellness may be different than those of settlers.

My understanding, from where I sit, from my perspective, I look at people without the supports of family, friends, so people have often moved in a transitional time to resettle into a city so I think lack of the support and coming into a city and facing the racism, prejudice, and uniqueness, and positive attributes of First Nations. I think, my understanding, is you come into the city and need to find one's place. Everybody moving to the city has to find one's place. I think there are mental health needs and then I think our understanding of mental health is different. So a white man's understanding of mental health and an Aboriginal person's is different and so we have to understand that difference and figure out how to connect them.

I think the western approach is very medicine, biological, based on brain and I'm just giving you a short version but diagnosis, putting things in categories, looking at symptoms, here and now symptoms and judging it and assessing from that perspective. My understanding, which is limited, of First Nations is a much more spiritual, historical, and over time so as a people, as a person I live my history and I live my future and I think the understandings of mental health may be rooted in more spiritual, I wouldn't say forces but lack of a better word, spiritual appreciation maybe. And I also think there are more social implications in the life of a person that the western approach does not always consider in the degree that it needs to. I think in western we do look at the environment and we do look at the social elements but not

as fully because we keep looking at the individual person. Western is very individual person not community, not culture, and not history. ¹¹⁸

According to the Capital Health employees, western medicine is considering Indigenous traditional knowledge and the significance of the interconnection of family, community and environment in nurturing wellbeing and wellness. This runs against the individualism that settler society has structured and coordinated its health, education and justice systems upon. As the program lead for the Capital Health and Mental Addictions strategy claimed, the uptake for communal approaches to healing is limited and people tend to shy away from the complexities of working with families.

The western approach is trying to broaden but mostly, like my work with families, people say no, no I just treat that person coming in for help, I don't look at the family. But everybody is affected and families don't know what to do. If your circle of support doesn't know how to help you or doesn't know what can be done...so I think my family work really does apply to the Aboriginal community...you know it helps broaden it from a community perspective.¹¹⁹

What is most evident in this work is the great need for improving connections with health support services that are culturally competent and culturally safe. Capital Health has expressed willingness and desire to participate in cultural education training programs. They understand that systemic change requires long-term investment, not a one-day workshop.

To me it's a journey; it's not just a one session. We've done full week straining. We've done full day training. We've done workshops; we've delivered workshops. To me it's a huge learning process and you just keep learning. So yes is it helpful? Absolutely, because you need to look at yourself and you need to appreciate our world in a bigger way than just from your view. Some people have taken little parts from that and some people have really taken a serious interest so there's a whole range of - do we have a whole system? I think it's a huge job to change around a whole system. But that's what we're trying to do. We're trying to get everyone aware and everybody interested but...so all the Community Mental Health Teams have had cultural competency training, yes. Is it changing their practice?¹²⁰

In considering the mental resiliency of urban Indigenous populations it is clear that addictions are a significant challenge to wellbeing and wellness. Systemic challenges within health care, education and employment are also present within the Canadian justice system. Front line service providers acknowledge that poverty, homelessness, mental health problems and addictions, contribute to interactions with the criminal justice system among some clients of the MNFC.

Wellbeing, Wellness and Justice

Justice was a topic of fervent discussion in Nova Scotia in the 1990s, as the conviction and life sentence of a Mi'kmaq man for a murder he did not commit culminated in the widely publicized report of the Royal Commission on Donald Marshall, Jr., Prosecution.¹²¹ The report dissected the legal processes leading to Marshall's wrongful conviction and challenged all facets of the provincial justice system.¹²² The case brought to light fundamental problems in policing, courts and the judiciary in Nova Scotia, and raised important questions regarding the legitimacy, authenticity and efficacy of the Canadian criminal justice system, particularly its treatment of Aboriginal peoples.¹²³ The Royal Commission provided 82 recommendations to correct systemic faults in the administration of justice.¹²⁴ Many of the recommendations dealing with the administration of justice and policing were taken seriously at the time.

Marshall's wrongful conviction epitomized systemic discrimination and racism experienced by Indigenous peoples during the 20th and now 21st centuries. Colonial processes and polices have disrupted and interfered with Indigenous traditional laws for hundreds of years. The release of the Royal Commission on the

Donald Marshall, Jr., Prosecution in 1989, was an empowering turning point for the Mi'kmaw to regain authority over all aspects of their lives, to counter colonization, and to govern themselves. The Marshall Inquiry reports made real the racism many Mi'kmaw experienced in the Canadian justice system.

The Marshall Inquiry Recommendations, particularly #20-#30, are read by Mi'kmaw people as providing the basis upon which to build a Mi'kmaw justice system. The Mi'kmaw Legal Support Network (MLSN), founded in 2002, is a collection of programs meant to “ensure fair treatment for all Mi'kmaw and Aboriginal people who come into contact with the Nova Scotia justice system (MLSN, 2012, 2). The Native Court Worker Program, Customary Law Program, and Victim's Services are the three main services running under the umbrella of MLSN. Victim's Services are currently only offered on Cape Breton. MLSN programs are available to both on-reserve and off-reserve Indigenous peoples. In their aim to bridge the gap between the court system and Aboriginal peoples, MLSN Court Workers accompany clients to court, provide information on community resources such as drug and alcohol counseling and educational and employment options, and facilitate communication between justice officials and clients (McMillan, 2013, 29). The purpose of the Customary Law Program is to increase Mi'kmaw ownership of justice initiatives in their communities (MLSN, 2011, 12). The main component of the Customary Law Program are justice circles which are designed to craft community service orders and assist in the management of disputes that are diverted from the court (McMillan, 2013, 36).

The Mi'kmaw Legal Support Network is recognized as the institution in the best position to support the creation of Indigenous courts and customary law processes. People are aware that the MLSN programs are under resourced, under staffed, and unable to reach all Aboriginal peoples before the courts. People are less aware of the availability of Mi'kmaw Victims' Service Support and Customary law programs although they do recognize and favour holistic approaches to justice that require opportunities for victim / offender reconciliation. Staff turnover, training and efficacy of services are all key concerns of community members. Generally people are not aware of the services of MLSN until they are in court and happen to encounter a court worker. There is an imperative demand for better coordination and expansion of services as people are falling through the gaps and strong desire for community interventions before matters get to courts. The employees of the Mi'kmaw Legal Support Network who are the front line workers serving Aboriginal peoples at all stages of the justice system in Nova Scotia, report numerous obstacles facing Indigenous peoples' access to justice and their equal treatment before the law.

Community demand for Indigenous services is increasing in all justice sectors including customary, criminal, civil, regulatory, mental health and family law. Many of these demands are emerging from legislative and policy responses to Aboriginal overrepresentation in correctional facilities in Canada. The sentencing provisions in Section 718.2(e) of the criminal code and landmark decisions of the Supreme Court of Canada in, for example, *R. v. Gladue* (1999) and more recently *R. v. Ipeelee* (2012), have made it clear that there is a positive duty on counsel to adduce

and judges to consider information related to the unique circumstances of Aboriginal peoples who come before the courts.¹²⁵ The *Gladue* decision caused courts to reconsider Aboriginal offender sentencing. The *Ipeelee* decision builds on the *Gladue* decision and has produced great interest in Aboriginal-specific courts and in *Gladue* reports applicability at all stages of justice from bail to sentencing.¹²⁶

Gladue rights apply to all Aboriginal people and to all crimes. Exercising *Gladue* rights is the choice of the Aboriginal defendant alone. Once defendants identify as Aboriginal, the judge must apply *Gladue* principles unless the defendant waives their *Gladue* rights. Judges, Crown Counsels, Defense lawyers do not have the right to say that it does not apply if the person before the courts has identified as status or non-status Indians, First Nations, Métis, or Inuit. It applies if the person lives on reserve or off reserve, in an Aboriginal or a non-Aboriginal community. *Gladue* also applies to people adopted by parents who aren't Aboriginal, or if raised in a foster home. If the person is a self-represented accused they can tell the court that they are Aboriginal and the judge must still apply *Gladue*.

As with health care services, people are very concerned with the lack of cultural awareness they encountered at every facet of the justice system and its attending social services and strongly appeal for readily accessible public legal information. Education and training were identified as key strategies within the Marshall Inquiry Recommendations for reducing systemic discrimination and experiences of racism.

It is frustrating to have to constantly remind justice service workers about cultural sensitivity. We raise awareness through our programs and we are having to remind police, probation, parole and victim service support workers about sensitivity. All staff are willing to do this but at what point does the agency take responsibility to make

sure that their staff are able to meet the needs of Aboriginals. Is it our job to do that? We come up against justice employees, even our funding agencies people at that level who fully do not understand the role of MLSN whether it is federal or provincial. We find that we have to remind them of what the mandate is and why MLSN matters when decisions come around for justice issues for Aboriginal people.¹²⁷

The Mi'kmaw Legal Support Network has a part time office at the Mi'kmaw Native Friendship Centre and they try to help the courts understand the unique circumstances of Indigenous offenders. Each week they hold intake days. The court worker assists all Indigenous peoples in the court process to bridge the gap and help navigate cultural differences. They help clients obtain lawyers, explain the law, translate legal language into words that the client can understand and facilitate referrals to customary law and *Gladue* reports or other services as needed. In serving the urban Indigenous population one of the court workers identified similar challenges affecting the wellbeing and wellness of other clients of the MNFC:

They come to the city and they get swallowed up by the city. I don't think they lose their identity but they lose the connection to their identity and that's a big issue and that's just as important as being connected to getting reconnected. I don't know since you've been here if you've seen some of them around but they are lost souls right? They know they're Aboriginal it's nothing like that but they've lost their connection. There is a big difference because on reserve they have more access to cultural stuff. We try to bring everything together and say off-reserve and on-reserve we don't discriminate, "you're not so much an Indian vs. you are" because there's a connection part of it and a reconnection part of it and the reconnection part of it is probably just as important. They face discrimination. It exists. Does everybody face it? No but obviously some do and when they come off they think they can make their lives so much better and they find out they can't because they don't have the structure and the tools on how to achieve those goals I guess. I have a lot of them that are homeless; most of them if not at are on subsidized living. You don't see anyone living in a three-bedroom house type of deal. They're struggling, I may have two or three that I was able to get a private lawyer for but other than that it is all legal aid because they can't afford it for whatever reason they couldn't make it in the city.¹²⁸

MLSN staff help the courts in understanding the unique circumstances of Indigenous offenders, particularly those experiencing the intergenerational impacts of residential school.

We're ensuring that the court's recognize...because you're dealing with a lot of residential school issues and everything and reserves and poverty and addictions and sexual abuse and physical abuse it's so rampant. I'm not saying it doesn't happen in the mainstream but it's systemically how reserves were created and where we are today because their existence.¹²⁹

In Halifax there is a specialized Mental Health Court Program that began in 2009. The court hears cases that have been recommended by a mental health team as eligible for the program. A team of mental health clinicians and lawyers at the courthouse assess clients and coordinate their counseling in order to treat people with mental disorders who commit criminal offences fairly and compassionately. The goal is to help improve mental health and reduce public safety risks.¹³⁰ The approach involves increasing accessibility to appropriate services through service collaboration in a timely way that is well monitored by the courts. It is recovery focused and education and support for participants, families and the public aim to increase awareness and acceptance of individuals with mental health needs.¹³¹ In order to access the Mental Health Court, offenders have to take responsibility for their actions. Once clients complete the programs as directed by the courts the judge will issue them a certificate and they will be freed. According to the MLSN court worker more Indigenous clients should be access the Mental Health Court.

I think there could be a lot more going through that aren't. I don't know if that's because we're still in the infancy stage of the Court or is it...you know it's fairly busy down there with everybody, but for me where my specific area is Aboriginals. When I see them in regular court I'm thinking, "why aren't they getting help through the Mental Health Court?" because that's what it's designed for to help them because their understanding of what's going on, the clarity of it isn't as good as let's say with you or

me. The charges exist but if they finish the programs the charges will disappear. When you go to Mental Health Court, "ok here's your charges, your charges are theft but we can tell you obviously need mental health" so they go out there and they start doing programs or whatever it is they have to do. The charges exist but they haven't ever been convicted on it yet. It's almost like an adult diversion in regular court.¹³²

What do you think are the barriers with them getting into the Mental Health Court?

It's both ways to be perfectly honest. They could end up going there and they go there and get assessed and then there's some that go religiously like they're supposed to and some that just go off and I think it has to do with their addictions. It's up to the judge and the Crown and then they go and see one of the caseworkers over in Dartmouth and they are assessed and they go through their criteria just like we do for Gladue reports or sentencing circles. It's a very friendly environment down at the Mental Health Court. The judges actually talk to them "like how is your life going? I'm very proud of you" versus the adversarial. It's not so stringent. If they miss meetings or that they get sent back to regular court.

Given new legislation regarding mandatory minimum sentences and incarceration of mentally ill persons who do not get access to the Mental Health Court, the likelihood of Aboriginal incarceration rates increasing is alarmingly high. Many clients felt their lawyers were not well versed in *Gladue* and *Ipeelee* protocols, or in Aboriginal rights and legislation in general and thus did not construct adequate defenses on behalf of their clients. Some lawyers acknowledge that *Gladue* reports and sentencing circles are time consuming and would prefer to avoid them. There are guidebooks for facilitators in customary law and sentencing circles protocols, but they are not widely made available. Increasingly law schools are making cultural competency a priority. Discussions are underway in Nova Scotia to include Aboriginal law content at the bar exams and Nova Scotia Legal Aid has recently established an Aboriginal Justice Strategy and is expanding service delivery which may include intake days at the MNFC.

According to the Mi'kmaw Legal Support Network staff, the MNFC is in a

good position to help assist clients with mental health needs.

The Friendship Centre staff can recognize there is a problem and then I can take that to the court and say that I actually have a professional saying there is something going on here and perhaps they need to go through Mental Health Court versus me going, "I think this person needs mental health help," "why?" "well he just doesn't seem all there." People might think it's just his addictions. I don't know about you but I think there is a big connection between mental health and addictions right? It's just trying to get the courts over that hurdle of "he's just an Drunken Indian."¹³³

Staying out of jail can be a challenge for urban Indigenous people who are not connected to the supports and services of the Mi'kmaw Native Friendship Centre to help them deal with the root causes of wrongful behavior. As one service provider indicates staying clean and staying out of jail requires support and a change of daily activities. Indigenous peoples are more likely to be (re) incarcerated for breaches of their conditions, while this in part is a problem of the justice system, it is also instructive for prevention and intervention tools to assist offenders as they transition out of institutions into society.

Another big thing is when people are sent to detox to get clean and then they plop them right back into the same situation. Like how is that helping because you haven't given them coping skills to deal with what got them there? You need to help them outside of the treatment because getting them clean is only part of the battle, they have to stay clean and you need to give them the tools to help them with that. I see a lot of people going back to jail for little silly things, I don't know it breaks my heart because you go through all that time with them. You get them housed, you get them in school, they're doing the right thing and then they do something so silly and they're back in jail because they breached something which in our world if we did something silly like that it would just be live and learn, but if you have a past and you have to watch everything you do you can't get away with it. It's just different.

The city and the Friendship Centre are gathering places for people who are unable to return to their home communities after being criminally convicted. In some cases, people escape to the city to avoid conviction. In either case the sense of home and connectedness is disrupted and needs repair and restoration.

We get a lot of people getting out of institutions, they can't go home...that's literally part of their punishment, not only shaming, but now with the system the way they do the sentencing circles, they are not allowed to go back to the reserve. I had one person who after she retired was allowed back, but she had been sentenced because she had been drinking and ran someone over and killed them. That was really hard on her. Not only did she have an addiction problem, she had no support.¹³⁴

In response to offender needs, the Mi'kmaw Native Friendship Centre participated in the creation and delivery of an innovative reintegration program. The Seven Sparks Healing Path is customary healing program for inmates from federal correctional institutions that provided Indigenous traditional knowledge teachings, spiritual counseling services and life skills development to help inmates reintegrate into society and reduce recidivism. Prior to the introduction of Seven Sparks Healing Path, the Mi'kmaw Native Friendship Centre found it to be a destination point for Indigenous offenders recently released from federal institutions. These individuals did not show up in great numbers, but created enough of a presence for the Knowledge Users to take notice of them as a group, and to notice the Centre did not have programming to meet their unique needs. The Centre was able to provide the men and women with employability services, educational upgrading, and drug/alcohol counseling services, but these clients were often looking for more.

Many of the men and women had grown up without a lot of direct contact with traditional Indigenous teachings, practices or ceremony, even if they had spent most of their lives on a reserve. Ironically, it was their experiences inside federal institutions that led them to their culture. In some cases it was a formal process, such as their participation in the 'Pathways' or 'Finding Your Warrior' programs offered in prison. In other cases it was through informal contact with inmates who

were involved with Elders working as cultural liaisons for Corrections Services Canada. Regardless of the impetus, the net result for many of these individuals was that this connection or re-connection with traditional teachings and activities became the vehicle for their commitment to sobriety, to a “straight” life, to an intention of reintegrating in a community in a healthy, positive way.

The Aboriginal Corrections Policy Unit (ACPU), a division of Public Safety Canada, funded Seven Sparks Healing Path as a demonstration project to be housed at the Mi'kmaw Native Friendship Centre in Halifax. Seven Sparks supported the healing and reintegration of Indigenous federal offenders upon their release and aligned with the objectives of the Aboriginal Community Corrections Initiative (ACCI) by reducing recidivism among Indigenous offenders and supporting individual, family and community healing processes (Hampton & Hampton 2012). The central goal of the ACPU and Community Logic Model for AACI is to contribute to the reduction in the disproportionate numbers of incarcerated Indigenous people. The program is designed to support community capacity building initiatives, training and implementation with the intermediate outcome of participating communities assuming greater responsibility and control over corrections; offender treatment in the context of community healing processes is supported; and frameworks for approaches to Aboriginal community corrections are developed with provincial / territorial governments. The stated intended impact of the model is: “the institutionalization of safe, timely and effective release of Aboriginal offenders from federal institutions or as an alternative to incarceration; healthier and safer participating Aboriginal communities; and reduced human and financial

costs of corrections related to Aboriginals and participating communities” (Lee et al. 2012, p.2).

The majority of Seven Sparks clients, had at the root of their criminal history, long term substance use, and very often substance abuse was directly linked to the crime that had put them in prison. The staff began to see this as the number one health and wellbeing issue. Under the guidance of the program’s Elder, a sweat lodge was built. Weekly talking circles and regular attendance at Alcoholics and Narcotics Anonymous meetings became staples of program activity. This was predicated upon the notion any ambitions toward positive developments such as employment, education and training, and violence free intimate relationships, would be thwarted and possibly destroyed, if the addiction was not first acknowledged and handled to some extent. In helping to maintain those aspirations, the most important ceremonial and healing element of Seven Sparks became the sweat lodge. The lodge was built and maintained by Seven Spark’s clients (Lekas 2014).

The case management of Seven Sparks’ clients began with a referral and intake process. Referrals to the program came by word of mouth, institutional staff, Elders, institutional and community parole officers, Aboriginal Liaison officers, or from healing lodges elsewhere in the country. Once they had made contact and expressed an interest in being associated with the program, an intake and assessment was conducted. The general assessment included what their criminal past looked like, what programs they had completed inside, reliance on drugs or alcohol, level of conversancy with traditional teachings and practices, interest in same, level of education, interest in training, education or employment. After intake

Seven Sparks participants were referred to any number of services including employment, education, training, personal and substance abuse counseling. Participants were encouraged to visit the Centre regularly, to take advantage of having a place to do ceremony, to seek the fellowship of other clients who were able to mentor and be role models for substance free living. The Seven Sparks Elder privately interviewed clients to assess drug and/or alcohol dependencies and to determine the next phase of appropriate activity.

Support Circles were at the centre of Seven Sparks programming. On a bi-weekly or monthly basis, the client, along with their parole officer, a staff person from Mi'kmaw Legal Support Network, the program Elder and Director, and anyone else determined to be a part of the client's support network, would meet in a circle at the Seven Sparks office to check in, review the client's goals and progress, and trouble shoot any problem areas. The support circle as an intervention activity made clear and measurable impacts on the success of client reintegration. The disorientation of returning to the community after a federal stint cannot be underestimated. The support circles created a tether that helped clients get grounded and return to their proper spirit in a safe, supportive and responsible process (Lekas 2014).

Some Seven Sparks clients chose to utilize the education and employment assistance programs offered at the Friendship Centre. There were notable successes where employment was maintained, or a GED achieved. In reality the vast majority of clients struggled with combinations of substance dependency, mental health and/or un-diagnosed learning difficulties, such as Fetal Alcohol Spectrum Disorder

(FASD), often exacerbated by social challenges related to their institutionalization and/or intergenerational experiences of family violence. These challenges severely limited their capabilities with regard to education or employment attainment. Trying to help the majority of clients with their efforts to stay sober, spiritually intact, and out of jail became the primary focus of the Seven Sparks program (Lekas 2014).

Set up as a pilot project, the Seven Sparks Healing Path completed its five-year funding allocation in 2013. New money to cover the costs of service deliveries has not been found. Consistency and predictability in program availability are critical to successful harm reduction, staunching recidivism and facilitating positive reintegration (McMillan 2011). At this point, a year after the program “officially” ended, sweats continue on a weekly basis for community members and Seven Sparks’ clients who remain connected to the Friendship Centre. The sweat lodge, as it exists, is the only one of its kind in the region. It was built on Department of National Defence property in a partnership with Seven Sparks. Along with the regular patrons, politicians, senior bureaucrats, visiting Elders, even the Admiral of the Maritime Fleet have participated in the ceremony. The Seven Sparks sweat lodge is not only a place of spiritual healing; it is a place of broader community fellowship, alliance building and knowledge translation. Medicine walks and Grandfather gathering are two related and popular ceremonial activities creating unique opportunities for interaction between the Elder, other program staff and clients in a natural outdoor setting. Fishing trips and other outings were undertaken by the program to accentuate an interaction with nature, land-based activities and reduce

isolation (Lekas 2014). The Seven Sparks program was not evaluated for its impact on wellness and wellbeing, but provides important insights to the complexities of underlying health issues and to the potential of cultural intervention activities for justice services.

Urban Expressions of Wellness and Wellbeing: The Need for a Collaborative Indigenous Mental Resiliency, Addictions and Justice Strategy

Community members and Mi'kmaw Native Friendship Centre staff articulated their understandings of mental wellness and knowledge of health concerns in a multitude of ways. The variety of opinions we gathered speaks to the diversity of Indigenous experiences in Halifax and the uniqueness of many of the mental health challenges facing the community. Information gathered during the focus groups, surveys and one-on-one interviews revealed multiple understandings of what constitutes wellness, wellbeing and justice. Participants expressed their views and concerns around mental health and resiliency in numerous ways. Many participants used medical terminology when speaking about wellness issues among First Nations in the Halifax region. Anxiety, stress, and depression were common responses that illustrate community concerns in regards to mental health. Other participants felt that medical definitions of mental illnesses were removed from their experiences as Indigenous peoples and that solutions were not to be found within western understandings of mental illness. The belief that “the diagnostic part, pills and medication are not the answer” and that there is “no dealing with underlying issues” in the current mental health care system were widespread opinions held among community members.

Balance was another popular concept used to measure one's mental wellbeing. The notion that "good mental health is a balance between your internal world and what is going on externally around you" suggests that for many, mental wellness is not only the absence of a mental illness, but rather having the supports necessary to navigate daily life and its challenges. A sense of community and "having people in my life that support me" were viewed by many participants as critical components of mental wellness and important in helping them achieve balance.

The idea of culture shock was used to convey the difficulties associated with making the move into Halifax from one's home community and to define a state of being mentally unwell. A staff member explaining culture shock stated that, "you don't have that connection with your community and you get lost and a wave comes in and you drown in it, you drown in your own situation, it's a huge shock for a lot of people coming into the city." Another Friendship Centre staff member spoke about culture shock in terms of the experiences of former inmates seeking reintegration into the Indigenous community in Halifax, "navigating socially is a huge challenge and that is where mental health comes into play." Culture shock describes the isolation and loneliness felt by many First Nations who make the move to the city, this is compounded for many participants by "not fitting and feeling like you don't fit anywhere."

Many participants spoke of an internalized oppression when describing the mental health of the urban Indigenous community. "I say there is an internalized oppression in most Aboriginal people, it's very vastly different than what this non-Aboriginal society considers mental health" was one staff member's response. The

majority of participants felt that colonization and the racism that many continue to experience in their daily lives have created mental health challenges that are unique to Indigenous communities. One focus group participant described internalized oppression as “the shame and guilt that we carry from generations of being taught that we are not valued to society as First Nations people.” We were told that “knowing who you are” and being proud of one’s identity as an Indigenous person were vital aspects of mental wellness.

During the focus groups and one-on-one interviews it was revealed repeatedly that the stigma surrounding mental health as well as the stigma surrounding being Indigenous in the city are significant concerns. Negative stereotypes of Indigenous peoples are deeply rooted in Canadian society and are possible sources for the ways Indigenous people are being unequally treated and the reason many do not trust or use mainstream health care services in the Halifax Regional Municipality.

There is racism in the city, absolutely without a doubt, I've had experiences myself. People think that we're all drunken Indians and that were all uneducated and that we don't know anything and that all we're all here for is a handout. I've experienced that first hand, the lack of knowledge of Aboriginal people, about our culture, about our heritage. Do I blame the people? Yes and no. I blame them yes because you don't judge people just by looking at them and no I don't blame them because all of society treats us that way. What we're trying hard to do is educate them on our culture and who we are. It's hard to be proud of your heritage when every time you turn a corner people are putting you down for one thing or another. So yeah that's the way I see it. I can honestly say that people are not accepting here of First Nations even the city itself. You see nothing in the city that says welcome to Aboriginal people, nothing that says we're in Mi'kmaq territory, nothing that says we welcome all types of people or nothing that honours Aboriginal peoples because we are the first peoples of this country. So it's hard to be able to be proud of who you are when you just keep getting downtrodden and beaten down every time you turn around. I wish there was a magic button I could push to make people understand that we don't want to be better than anybody else, we don't want to stand ahead of anybody, all we want is equal treatment that everyone else gets and we want to be able to walk in our shoes and be proud of who we are as

*First Nations peoples and not be looked down upon because we are First Nations people.*¹³⁵

The double stigma of being Aboriginal with a mental health issue generates a further distancing from wellbeing. Participants felt health care providers perceptions of Indigenous peoples are clouded by racism and disrespect. Friendship Centre clients shared stories of how Indigenous peoples are not being treated with dignity, citing that they are often characterized as addicts just looking for another prescription to abuse. One staff member of the Friendship Centre said that while “there are more services in the HRM, I still think they’re faced with a significant amount of stigma and discrimination. Our population is discriminated against. If they have legitimate chronic pain and need a narcotic, they’re dismissed.” This dismissal and resulting refusal of treatment perpetuates inequality. Stigma is “something that’s innate and difficult to explain. It just stays with you. It’s not so much fear, but it’s a comfort level.” Many people expect to be treated poorly and they discuss these experiences with each other. Fostering a strategy to communicate positive experiences may help people confront their fears.

A report on creating cultural safety for Indigenous people in urban healthcare published in 2012, by the Health Council of Canada stated that statistically, an Aboriginal person has poorer health and a shorter life expectancy than the average Canadian. This could be in part because, as many participants mentioned, the stigma and racism that they face, breeds a great deal of mistrust in any institution, including health care. As a result people avoid seeking professional help in urban centres until it is an emergency and thus health care providers tend to only witness Indigenous peoples within a narrow context of needing urgent care.

This notion holds true even before some Indigenous peoples access these services even though “there’s potential for it, but they’re not open to it” because they often feel uncomfortable, fearful or powerless as a result of this anticipated stigma.

The idea of a community approach to healthcare was discussed favorably by many of the participants because it is “less diagnostic”. Community members and Friendship Centre staff articulated that “we need to look at these issues as a whole, like the Medicine wheel and we need to include spirituality because it is so important to us.” Another participant in the Elder’s Focus group voiced that “we need alternatives to drugs and medicine” with the belief that there is more to healing than medication.

Cultural sensitivity / competency training is needed in the western approach to health care so that service providers are receptive and understanding of the diversity of cultural experiences and the impacts of colonization on ways of life when they present themselves. Participants agreed that a health care environment that is free of racism and stereotypes needs to be created where health care providers understand the effects of history on Aboriginal people to properly address their distinct needs. Policies and ways of treating patients need to be adapted because as one staff member said, “the assessment piece of mental health of an Aboriginal person is going to look completely different than that of a non-native person.” When asked if it was important for Indigenous people to be treated by a health care provider of Indigenous descent, and it was expressed that indeed they would feel more comfortable and that it would be a relief. There is a significant disconnect when looking at western versus Indigenous healing practices, and more

often than not Indigenous issues are subsumed or alienated. Many participants identified their discomfort for mainstream institutions as related to intergenerational trauma surrounding the Residential School system. The institutionalization of the health care and justice systems are perceived as authoritative and threatening. By including Elder presence, Indigenous knowledge and spirituality in a holistic approach to health care, many of these gaps can be closed.

I'm not aware of any mental health services just for the Aboriginal community. We have to go through the regular referral system, say through the IWK, which takes months just to get your initial appointment and then it's a process after that and I don't feel that things are addressed well. I'm hoping that a program that can be run through here, would be more relevant to our community to address the problems.¹³⁶

The IWK can be great but it is a long wait and not many people know about it. Yes they helped me greatly, but I was also medicated. My first appointment I was put on meds. Yes they can be great but a lot of people want to blanket the problem with medication. But coming to the Friendship Centre and just being accepted and having support made way more of a difference than the doctors did. The IWK services also stops at the age of 18, so after that you're in this whole environment and you're cut off at the worst time. So having different programs here is important. This program at the Friendship Centre is what saved me. Doing outreach and having support available is the biggest thing.¹³⁷

Community members and Friendship Centre staff shared their encounters with racism and stigma in urban health care and justice settings. The consistency of answers and testimonies we gathered speaks to the racism and stereotyping Indigenous peoples continue to face in Halifax. These experiences highlight the need for culturally competent health care and justice programs and services to address the suggested gaps in knowledge, understanding and experience of Indigenous people by health care providers and justice workers.

To me mental health is self awareness, recognizing that we live in a society where there's so many external things coming at us but internally its keeping ourselves shielded from all that and recognize the internal dialogue and conversation that

you're having with yourself. Recognizing that anxiety and depression are really common especially in our communities because of colonization, because of the shame and guilt that we carry from generations of being taught that we're not valued to society as First Nation people. Strategies that work for me are things like prayer, having gratitude, grounding ourselves and by recognizing the things we have in common with our ancestors.¹³⁸

Given the culturally permeated suite of programs offered by the Mi'kmaw Native Friendship Centre for building families, housing, education and employment and the fact that it provides a "safe haven", "comfort zone" and is "home" for many Indigenous people living in the city, it makes good sense to locate a variety of wellbeing and wellness supports within the MNFC framework. The holistic, spiritually centered approach present within the day-to-day workings of the MNFC offers an excellent environment for supporting outreach for urban Indigenous populations with the greatest needs. The intersection of the wealth of Indigenous knowledge with tailored psychological and social work interventions can create the greatest opportunities for choosing, navigating and advancing their healing journeys.

I think that Urban Aboriginal people especially coming from reserves where there so much support services in place that are tailored specifically to Aboriginals and coming into a city where we have to go to outside services is a big transition and a lot of times people don't access those services because they don't feel comfortable about it...or they aren't even aware that they're in place. So I think there needs to be more liaisons or connections for the Urban Aboriginal population to these outside services.¹³⁹

Safety and trust are critical to progressing from a vulnerable to secure and confident state. By bringing the resources of Indigenous and non-Indigenous knowledge together, in a safe way, the number of traumatic, discriminatory experiences should be reduced. The flexibility and adaptability of the MNFC

provides valuable instructions to non-Indigenous service providers on how best to engage and serve Indigenous communities.

Because this is already a comfort zone, this is a little embryonic sort of envelope for them. They feel safe here, I mean people hang out here all the time, who I don't even know why they're here. You know, they're not doing anything but it's just the Friendship Centre, they've been coming in and out for years. And for some people that is what it is, it's a place to come where they feel accepted and they have some social interaction and get a cup of coffee or whatever. This is a very important building and we make it really, really super clear that...everybody knows what the deal is with clients at the Friendship Centre, like all the staff. And so you know even though, for example we're a school and we're part of the province wide network, we run our operation a little differently because we know we have to make allowances. We can't say "oh no no these are the rules, I'm sorry that's too bad, good luck with your life," you know? We're here to help the native community and so if that means extending beyond what would normally be considered a natural threshold than that's what we do. So all staff, now we bitch and laugh and complain about it all the time amongst ourselves, you know you gotta have an outlet. But we really try and show a lot of respect and compassion to the clients, it's really important. So I think that that's...in most cases they feel that and I think that creates the comfort for them.¹⁴⁰

The inclusivity and welcoming nature of the Friendship Centre makes it a beacon of solidarity. As noted above central to urban Indigenous wellness and wellbeing is shelter and belonging. These excerpts capture the sentiments of people who benefit from the MNFC experience.

I'm from Northern Ontario and I move to Halifax and I want to reconnect with my culture and my people I come to the Friendship Centre because I know there is an Aboriginal community here, I know this is where I can come to chat about the culture or more cultural anything. This is the place to come and any person who is Aboriginal knows, you come to the Friendship Centre and you will get help. You will not get turned away and here they don't turn anybody away so this Centre is so important. This Centre is imperative to have. We're running out of space, we're in an old building. We can expand and do more.¹⁴¹

I walked through the door and it did not matter who or where I came from. Everyone was accepting of who I was. It became like a second home. It was because of this place that I survived and became who I am today¹⁴².

I didn't know my heritage I just knew I was different. I was bullied because of that, but then coming here felt like home right away. Speaking with elders, going to sweats just made sense and it's that feeling of home.¹⁴³

The Mi'kmaw Native Friendship Centre is home for people who were born and raised in the city, as well as for those arriving from elsewhere. The references to family were prominent throughout the research. The MNFC *"is like a family and gives you a connection when you are missing something."* At the Centre, *"everyone knows everyone. It doesn't matter about your lineage"*. The Centre, *"gives you a base away from home. It helps when you're lonely or dealing with stuff."*

It is a sense of belonging. I grew up off reserve my whole life. This is my family. This is where I like to be, my kids are a part of it; my mom and dad come into the elders' dinners. This is community, this is home; this is what the Friendship Centre is.¹⁴⁴

A most striking finding in this analysis of resilience is the sense of community that the Mi'kmaw Native Friendship Centre provides for all of its clients. Within the Adult Learning Program students identify the peer support network that emerges from going to class, from the shared lived experiences of being Indigenous in the city and from attending the other services of the Centre.

All of us together we try to support each other everyday. Like (name), not to be individual, but each person gives, gives, gives. It does not matter if it is food or money. Right now, I sort of feel like crying, because there is so much going on. Each one of us has our own stuff that we are holding. It is hard because you are like trying to do your academics in class and you can't read or focus on this math problem because you are so distracted from the atmosphere and she (name) takes a lot of stuff from us on her shoulders. She is a role model. I do not want to see her suffer from this.¹⁴⁵

Female: *we are dysfunction junction!* (Everyone laughs).

I just love being part of this community. I never felt so welcome in my life and I feel part of this family even though I'm not aboriginal. I think that helps in recovery, the feeling of belonging. The Friendship Centre welcomes everybody, white, black, aboriginal, it doesn't matter you're welcome at the Friendship Centre.

With remarkable consistency the people we spoke with told us the Mi'kmaw Native Friendship Centre was very meaningful to them because, "*You can get healing here.*"

Two-Eyed Seeing and Navigation Services

In a scan of the promising practices serving urban Indigenous communities across Canada two commonalities emerged. One is an increasing recognition of the efficacy of applying a Two-Eyed Seeing approach to wellbeing, wellness and justice that is inclusive of culturally based healing values and practices within western and Indigenous service domains. The second is the significance of social, health and community services navigation, advocacy and liaison programs, led by Indigenous peoples, for improving access to western and Indigenous services that help improve quality of life opportunities and positively influence experiences of wellbeing and wellness. For example, located in Timmins, the Misiway Milopemahtesewin Community Health Centre is a primary health care service organization for Indigenous people in northern Ontario. The Centre was established to provide quality programs and services that honour, respect and support Indigenous culture, values and healing practices, complimented by western approaches to primary health care. Through education, promotion and delivery of its services the Centre encourages individuals to integrate all aspects of the medicine wheel (physical, mental, emotional and spiritual) into their lives and to maintain each of their needs.

Since the Centre was established with the goal of integrating and respecting traditional Aboriginal knowledge and practices, the Misiway Milopemahtesewin Health Centre developed the Traditional Healing Program to create a more

comfortable experience and environment for Aboriginal clients. A coordinator, traditional healers and elders who serve as advocates in Aboriginal issues, trauma and traditional and non-traditional methods of healing and support carry out the Traditional Healing Program.

In the city of Whitehorse, Yukon Territory, the First Nations Health Programs (FNHP) at the Whitehorse General Hospital was established in 1992. The program was developed to promote quality, culturally driven, holistic health care to Indigenous people. Services provided through the FNHP include Health and Social Liaison Workers, Traditional Diet Program, traditional healing supports and cultural supports. The foundation of the FNHP and the services that are most extensively used are those of the Health and Social Liaison Workers. The six Health and Social Liaison Workers, who are trained in Indigenous health and social work, visit each First Nation, Inuit and Métis patient who is admitted to the hospital. One of these six workers is assigned to the emergency room to greet patients as they arrive, as it is believed many Indigenous people who need to access the emergency department avoid it because of the stigma and stereotyping attached to their indigeneity. The Liaison Worker acts as a support, an advocate and helps bridge communication between the patient and the hospital staff and its resources. The FNHP's Traditional Medicine Coordinator assesses patients to determine their ability to receive traditional medicines and if needed, assists patients with accessing them. The Coordinator also provides information and awareness on the traditional medicines, which are gathered from the land, and their uses to both patients and hospital staff. During their stay at the Whitehorse General Hospital, patients of every spiritual

background may also access the Na’Ku Healing Room to gather, pray or perform traditional ceremonies or other healing activities.

The city of Saskatoon has the Family Worker program which is a socially oriented service offered at the Saskatoon Indian and Metis Friendship Centre to address alcoholism, drug abuse, poverty, abuse and cross-cultural issues. All of these factors are crucial to the state of ones’ mental wellness and providing one-on-one counseling and guidance to clients may improve their mental and spiritual state therefore raising their standard of life. One of the objectives of the program is to enhance cultural and community awareness of the issues facing Indigenous peoples in an urban environment to help them understand and take pride in themselves and their community. The Family Worker advocates on the individual’s behalf if they are met with problems from agencies and do not know how to proceed with accessing services, if they feel they are being treated unfairly, or if they are not being informed of their rights.

To provide much-needed supports to help Indigenous peoples in the southern Vancouver Island, the Victoria Native Friendship Centre established various programs. Supplementing the Addictions Counselor and Elder and Addictions Worker, the Centre offers in-house Aboriginal Health Outreach Workers and Mental Health Liaison services. The Aboriginal Health Outreach Workers and Mental Health Liaison help with accessing health services for individuals and their families. The workers provide client advocacy with doctors, nurses, social workers within the hospital and healthcare system. The Outreach Workers are interpreters between non-Aboriginal and Aboriginal ways of knowing and being, helping

patients understand what is happening to them in the health care system. Help is also available for individuals seeking funding for services, equipment or medication through Federal Non-Insured Health Benefits. The Victoria Native Friendship Centre operates an in-house Aboriginal Health Clinic with physician services to reduce the number of patients that avoid seeking medical attention for fear of stigma or stereotyping typical in urban settings. As part of the Early Intervention team, the Victoria Native Friendship Centre offers services through an FASD Key Worker. The FASD Key worker assists families of all ethnicities who have children with a diagnosis or where there is a possibility of FASD. The Key Worker supports families by providing someone to talk to, advocate on their behalf and also provide outreach and assistance navigating and accessing resources, such as the Non-Insured Health Benefits Program.

Conclusion and Next Steps

In terms of the urban Indigenous population in Halifax, promising practices for a collaborative mental resiliency, addictions and justice strategy include building on the community ethos of the Mi'kmaw Native Friendship Centre using a Two-Eyed Seeing approach in case management and navigation services with health care and justice providers well versed in cultural competency and safety. In order to improve access to mental health care dedicated Indigenous health support workers will help build trusting relations with service providers.

There's a trust issue. Especially when it comes to institutions because that is how people see it right? People see that as an institution whether it's government or you know. So there's that trust issue. Aboriginal people in general we don't have a great trust in government and institutions, we don't. That's a hurdle and it's a relationship that needs to be developed and built I think within the organizations. But for

community members they have to have that trust and I think having someone who is familiar or versed in what is out there and going to a meeting with them or going to an appointment with them many times that is enough to bridge that gap. Maybe you have to go with them once or twice. But maybe there are some people that you might have to go 5 or 6 times until that trust is built up. But it's definitely a trust issue, there's no question, there's a huge trust issues. People don't want to go to the institutions and that is exactly how they see them. That's exactly how they see them. That position would definitely do community outreach, would build bridges with all the existing resources that are currently offered, and would actually do programming. Whether it's through the ALP, I can actually see that as being part of the program that we do for adult learners because 99.9% of them have some type of mental health issues that need to be addressed and I think you could go in and do it at a large scale and kind of an overview but then start building that rapport and building that one-on-one relationship with people that's needed, that's really needed. ¹⁴⁶

Core funding of programs must move away from the pilot project approach.

Wellbeing and wellness in vulnerable populations depends on consistent and reliable service delivery. Short-term projects limit opportunities to build the trust necessary to break the cycles of intergenerational trauma. The provision of in-house social workers and counsellors through the creation of Wellness Rooms for both the Mi'kmaw Native Friendship Centre and the Child Development Centre are key to fostering healthy relations. The MNFC serves as an ideal location for building and implementing a reconciliation strategy between urban Indigenous populations and settler society.

Any developments in mental health strategies need to be inclusive of the urban Indigenous population and plans for dialogue between mainstream institutions and the MNFC need to be regular and ongoing.

*There was very little engagement with the Aboriginal community. We did take part in one small piece and they were supposed to include us in some other stuff but we never heard back from them. I've already stressed that to them that there are huge gaps, you've missed the urban Aboriginal community and that the strategy looks great but you've missed a huge gap of services. I think they've recognized that and they've come out and said the Aboriginal community is falling through the gaps and I think they know that. But how do we take the next step and make it not so much a gap?*¹⁴⁷

Committed collaborations between the MNFC and non-Indigenous health services and government programs are critical to enhancing mental resilience, wellness and wellbeing.

An Indigenous Mental health worker would be huge, but a real true strategy put in place for urban Aboriginal people where there are real goals and objectives of where we need to get and that's part of a community plan. How do we really get from point A to point B and really make a difference for Aboriginal people whether they are currently residing in the HRM or off-reserve and whether you're new to the city, there needs to be some very clear results that we can gauge and work on to get us from point A to point B. I think that navigator is a very key position but there's a lot more that goes to it and I think that's building those relationships with those key organizations and I think it's very key that... I don't think this can be our solution it needs to be a group solution and it has to affect the community members, it has to affect organizations like the Friendship Centre but it has to include all levels of government to make a true difference. Whether it's HRM, provincial, federal, they all need to be part of the solution and I think a community plan can do that.¹⁴⁸

Thematically the research addressed human development in mental resilience needs assessments for individuals and families in order to produce programming to enhance social cohesion and community wellbeing through education and access to relevant services. The program of research created employment and capacity building opportunities for students. It potentially facilitated economic development through an expanded program base for the Mi'kmaw Native Friendship Centre clients. The research process and dissemination activities engaged government, academics and urban Indigenous community members in an ongoing dialogue on policy priorities and research needs in the area of urban Indigenous mental resilience, wellbeing and social justice support practices and services.

The staff of the Mi'kmaw Native Friendship Centre highlighted the urgent need for culturally relevant programs to support Indigenous boys' and men's

wellbeing and for increasing the Indigenous cultural competency and safety capacity of health service providers in the area.

Today many Indigenous males are struggling to find meaning in their lives with respect to individual, family and community roles and identities due to centuries of colonialist practices and policies that have eroded their senses of personal and cultural identity and belonging (McCormick et al 2014). Indigenous health research must consider the regionally unique experiences of colonization and the affects of the range of cultural, political and historical factors, including racism, loss of language, loss of connection to the land, environmental deprivation and spiritual, emotional and mental disconnectedness in the analyses of the social determinants of health (King & King 2014, King et al., 2009).

Indigenous males are more likely than non-Indigenous males to experience family violence. They are more likely to be incarcerated. Indigenous families are more likely to experience absent fathers (Ball 2013). Issues related to residential school traumas, barriers to accessing health care services, the erosion of cultural practices, and low employment and educational attainment rates, have further resulted in threats to the sociocultural health of individuals, families and communities. The health of Indigenous male youth in Nova Scotia continues to be undermined by high rates of trauma, substance misuse and discrimination (Loppie-Reading, Wien 2009). These factors undermine self-esteem and interfere with goal setting among youth, often leading to higher rates of risk taking behaviours and violence and thus perpetuate cycles of abuse. Indigenous males also face a number of health issues at higher rates than Indigenous females and non-Indigenous males

in Canada and are less likely to seek and receive help. In a five-year study of the characteristics of family violence in Mi'kmaw communities in Nova Scotia, the participants overwhelmingly indicated that poverty, addiction and a pervasive sense of cultural distance are the most significant factors perpetuating family violence. Community members and service providers alike, identified a great need for culturally relevant intervention programs for men and boys so that perpetrators of violence will have better opportunities to heal, break the cycles of harm, and become empowered by participating in the prevention of family violence (McMillan 2014).

In the city of Halifax, the Mi'kmaw Native Friendship Centre (MNFC) is a focal point of Indigenous community engagement, offering social and cultural programming to Indigenous community members. In this study of the wellbeing and resiliency needs completed at the centre, we identified that Indigenous men and boys who use Friendship Centre services have a wide range of complex health and social service needs. Men and boys who use the centre face a range of challenges, including physical and mental health issues, addictions, histories of trauma, criminality and violence, challenges in educational achievement and obtaining employment, and a general sense of disconnection from their cultural heritages. According to Newhouse and FitzMaurice (2012), there is a strong resistance to the idea that Indigenous peoples can live a good life in the city and still retain core elements of their Indigeneity. Often, the historical literature on urban Indigenous peoples is what they call “a study in lack”, which indicates an absence of desired characteristics in both individuals and communities. The focus on deficits, both

personal and communal, in Indigenous research, has directed government funding and policies to be largely predicated on the notion of “problem and solution,” but we are still witnessing growing disparities in health and wellbeing.

There is a clear and identified need in Eastern Canada, and nationally, for understanding Indigenous boys’ and men’s health experiences and requirements in the context of decolonization. In partnership with the Mi’kmaw Friendship Centre in Halifax and the Atlantic Policy Congress of First Nations Chiefs Secretariat, as a next step, our interdisciplinary research team will generate a community-driven collaborative strategy to design and implement an experiential learning program that engages Indigenous knowledges and healing practices to comprehend Indigenous males’ health issues and to address the problems of family violence. This research will examine the gendered determinants of resilience, wellbeing, and Indigeneity and assess the substantive impacts of engaging with Indigenous knowledges and cultural practices on health outcomes in urban settings.

This multi-pronged study will work with an Indigenous advisory circle and the clients of the Friendship Centre programs to design a curriculum based on the Seven Sparks Healing Path, the Aboriginal Cultural Safety Initiative, and the National Indian Youth Leadership Program Project Venture. The intent of the curriculum is to connect participants to promote positive internal asset development among Indigenous boys and men through culturally imbued experiential education, outdoor adventure-based activities and service learning, and then to share these experiences with their families and communities.

Utilizing a Two-eyed Seeing approach,¹⁴⁹ the program of research has knowledge translation at its roots through participatory action methodologies. All stages of the process, from ethics applications to the creation of the Indigenous advisory circle, from recruitment to the construction of the curriculum, from program implementation to impact assessments and knowledge dissemination, will be recorded and analysed using capacity building technologies and disseminated through the Indigenous Knowledge Mobilization Studio at StFX and our partner networks. Participants will be encouraged to document and share their experiences using video journaling, digital storytelling, photo voice, and writing. Qualitative data collection strategies include collecting promising practices from other regions, policy analysis, focus groups, talking circles, community ceremony, participant observation, life and oral histories and one-to-one and family interviews. Quantitatively, using a modified Project Venture model, we will conduct process evaluations and outcome evaluations, using intake and exit surveys measuring the protective factors and resilience traits in substance abuse prevention, violence prevention-perpetration, violence prevention-victimization, and internal and external assets of those participating in the program. Multidisciplinary training and mentoring opportunities will draw students from the Kqipuktuk Aboriginal College at the Friendship Centre, undergraduate and graduate students in universities and postdoctoral fellows locally, nationally and internationally.

Throughout the research design, implementation and analyses we will work with health care providers and educators to build collaborative health care

navigation strategies for Indigenous peoples and curricula featuring cultural safety and Indigenous determinants of health and wellbeing for teaching and practice.

The diverse composition of urban Indigenous communities and limited resources make the delivery of culturally appropriate services challenging for organizations. Research indicates that urban Indigenous communities prefer to access health and social services at Friendship Centres and are hesitant to access mainstream services due to experiences of discrimination, communication barriers and cold treatment by health care providers.¹⁵⁰

Below is a summary list of key findings:

- Urban Indigenous experiences of wellness, wellbeing and justice are complex, gendered and diverse;
- Kinship is important for wellbeing in the city;
- Friendship Centre serves critical kinship functions;
- Friendship Centre is a “safe” and “healing” place;
- Friendship Centre is both bridge and anchor, roots and limbs;
- Service gaps are exacerbated by compartmentalized approaches to healing;
- Problem of access to culturally meaningful services in the city;
- Single parent residences and wellness rooms will assist family wellbeing;
- Service providers are not connected with Indigenous communities;
- Services providers want to connect but do not know how;
- Trust takes time;
- Significant need for education programs and experiential learning opportunities to engage with Indigenous ways of knowing and being;
- Holistic trauma and post residential school supports are lacking;
- Culturally relevant assessment / mapping tools are critical to building effective navigation support services;
- Insufficient funding and poor long-term inclusion planning are detrimental to the wellbeing of Indigenous peoples in urban centres;
- People crave culture, spirituality, elder advice and the basic need for human kindness and support;
- Accessing mental health services difficult without a family doctor, long wait times, heavy reliance on Emergency access;
- Systemic discrimination, racism, stereotypes and stigma are prevalent in justice and health services;
- Collaborative, comprehensive assistance is urgently needed to address lack of basic necessities of life (food, shelter, safety);

- Indigenous peoples want their rights and identities respected and reflected in the city;
- The MNFC is a site of reconciliation between settlers and Indigenous peoples through its cultural exchange and healing programs and these programs need ongoing support;
- Dire need for Indigenous services providers and long term Indigenous – centered facilities for substance misuse and wellbeing.

The Urban Aboriginal Wellbeing, Wellness and Justice project provided an excellent opportunity for new scholar research training by employing two graduate students who participated in every step of the research process. Under the direction of the co-principle investigators, the students helped design the community engagement process, created the needs assessment tools, coordinated research activities, gathered, organized and analyzed data, prepared information packages, and disseminated findings. Students also gained experience in grant writing; a tool they can give back to the urban Indigenous community by assisting programs in writing applications for much needed funding. The intended audiences for this research included the clients of the Mi'kmaw Native Friendship Centre, urban Indigenous communities, academics, researchers, the general public and government service providers, and the members of UAKN.

To address Indigenous alienation from health care and wellbeing services, cultural competency and safety training are needed in the western approach to health care so that service providers are receptive and understanding of cultural contexts of Indigenous peoples. Participants in this UAKN research agreed that service providing environments free of racism and stereotypes, that are inclusive of Indigenous spirituality and populated with Indigenous health care providers, are urgently needed.

Abbreviations

AFCP- Aboriginal Friendship Centre Program
HRM – Halifax Regional Municipality
MNFC – Mi’kmaw Native Friendship Centre
MNPP - Migrating Native Peoples Program
NAFC – National Association of Friendship Centres
NFCP - Native Friendship Centre Program
RCAP - Royal Commission on Aboriginal Peoples
UAKN – Urban Aboriginal Knowledge Network

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² Principal Investigator: Dr. L. Jane McMillan (StFX) as primary author of this report any errors are my own. Thank you to our team members Principal Community Partner: Pamela Glode Desrochers (Executive Director of the Mi’kmaw Native Friendship Centre), Research Assistants: Janelle Young (BA Hons, MA Candidate Dalhousie University), Killa Atencio (BA Dalhousie University).

³ <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/>

⁴ Indigenous is an inclusive term used here to describe status and non-Status, on and off reserve Aboriginal, Inuit and Métis peoples. Direct quotes from respondents presented throughout this report include terms such as native, Indian, Aboriginal, and L’nu.

⁵ We are very grateful for the time, energy and knowledge the participants shared in this research project.

⁶ Stephen Davis (1997) Peoples of the Maritimes.

⁷ Mi’kma’ki is the name of the Mi’kmaw territory. See Trudy Sable and Bernie Francis (2012). The Language of this Land, Mi’kma’ki. Wicken defines Mi’kma’ki as, “the geographical area inhabited by the Mi’kmaq both at the time of contact and afterward. This land surface encompasses southern Newfoundland, Cape Breton, mainland Nova Scotia, Prince Edward Island, the eastern coast of New Brunswick from the headwaters of the rivers flowing into the Gulf of St. Lawrence to the coast, and the Gaspé peninsula of present-day Quebec” (2002:16).

⁸ See William Wicken (2002) Mi’kmaq Treaties on Trial for a detailed history and analysis of the treaty negotiations and texts.

⁹ See William Wicken for a full account of the founding of Halifax and the Peace and Friendship treaties (2002, 2012).

¹⁰ See William Wicken (2012) The Colonization of Mi’kmaw Memory and History, 1794-1928: The King v. Gabriel Sylliboy which details the history of the demography of Mi’kma’ki, the creation of reserves, Indigenous labour and treaty rights.

¹¹ Wicken (2012:98).

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- ¹² The Truth and Reconciliation Commission findings are expected to be released in 2015 and will illuminate the experiences of residential school survivors after leaving the institutions.
- ¹³ Brock Pitawanakwat (2008). *Bimaadziwin Oodenaang: A Pathway to Urban Nishnaabe Resurgence*. In Leanne Simpson (Ed.). *Lighting the Eighth Fire: The Liberation, Resurgence, and Protection of Indigenous Nations* (161-173).
- ¹⁴ Wayne Warry (2007) *Ending Denial* (112).
- ¹⁵ Wayne Warry (2007: 113).
- ¹⁶ Wayne Warry (1998) *Unfinished Dreams: Community Healing and the Reality of Aboriginal Self-Government*.
- ¹⁷ Newhouse and Peters (Eds) 2003:7.
- ¹⁸ Wayne Warry (2007: 113).
- ¹⁹ Wayne Warry (2007:113).
- ²⁰ <https://qspace.library.queensu.ca/handle/1974/6874>
- ²¹ See also Warry (2007) *Ending Denial* on this topic.
- ²² David Newhouse and Evelyn Peters (Eds.) (2003) "Not Strangers in These Parts: Urban Aboriginal Peoples" (283).
- ²³ <https://www.aadnc-aandc.gc.ca/eng/1389724611277/1389724670841>
- ²⁴ <http://www.aadnc-aandc.gc.ca/eng/1100100014265/1369225120949>
- ²⁵ <http://news.gc.ca/web/article-en.do?nid=817759>
- ²⁶ The cities in the UAPS include: Halifax, Montreal, Toronto, Thunder Bay, Winnipeg, Regina, Saskatoon, Calgary, Edmonton, and Vancouver.
- ²⁷ <http://www.uaps.ca/wp-content/uploads/2010/02/UAPS-Halifax-report.pdf>
- ²⁸ The late Grand Chief Donald Marshall established this celebration, which marks the Supreme Court of Canada affirmation of the validity of the 1752 Treaty in the *R. v. Simon* Decision [1985].
- ²⁹ I had the great privilege of organizing these knowledge mobilization circles in collaboration with the Outreach Residential School Atlantic Committee (ORSAC) in conjunction with the Atlantic Policy Congress of First Nations Chiefs and colleagues from various universities throughout Atlantic Canada.
- ³⁰ Interview transcript – Coordinator Urban Aboriginal Peoples Network. Friendship Centre, November 19, 2013 (Young & Atencio).
- ³¹ Interview transcript. Housing Coordinator. Friendship Centre 2013. (Young).
- ³² According to the executive director, the Mi'kmaw Friendship Centre serves approximately 1500 clients per year and those numbers are expected to rise as the urban Indigenous population expands.
- ³³ Richmond & Big-Canoe 2010
- ³⁴ Senese & Wilson, 2013
- ³⁵ Interview transcript – Manager Connections Career Program. Friendship Centre November 14, 2013 (Young).
- ³⁶ Interview transcript – Aboriginal Head Start Coordinator and Daycare Director. Friendship Centre, November 5, 2013 (Yong & Atencio).
- ³⁷ Transcript – AGM 40th anniversary film, 2013 (McMillan).
- ³⁸ Interview transcript Housing Coordinator, Friendship Centre, November 14, 2013 (Young).

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- ³⁹ Interview transcript – Coordinator Community Action Program for Children. Friendship Centre November 5, 2013 (Young & Atencio).
- ⁴⁰ The Qalipu Mi'kmaq First Nation Band was legally established by Order-In-Council in 2011 through the decades long efforts of the Federation of Newfoundland Indians. The first stage of the enrolment process in 2009 drew close to 25,000 applications, of which 11,000 were approved, but by 2012 there were over 100,000 applications. Currently a reassessment process is underway under 2015.
<http://qalipu.ca/>
- ⁴¹ Interview transcript – Coordinator Community Action Program for Children. Friendship Centre November 5, 2013 (Young & Atencio).
- ⁴² <http://www.cbc.ca/news/canada/nova-scotia/disproportionate-number-of-aboriginal-children-in-care-in-canada-1.2766287>
- ⁴³ Interview transcript – Aboriginal Head Start Coordinator and Daycare Director. Friendship Centre, November 5, 2013 (Yong & Atencio).
- ⁴⁴ Interview transcript – Aboriginal Head Start Coordinator and Daycare Director. Friendship Centre, November 5, 2013 (Yong & Atencio).
- ⁴⁵ Interview transcript - Housing Coordinator. Friendship Centre, November 14, 2013 (Young).
- ⁴⁶ Interview transcript – Aboriginal Head Start Coordinator and Daycare Director. Friendship Centre, November 5, 2013 (Yong & Atencio).
- ⁴⁷ Interview transcript – Aboriginal Head Start Coordinator and Daycare Director. Friendship Centre, November 5, 2013 (Yong & Atencio).
- ⁴⁸ Interview transcript – Aboriginal Head Start Coordinator and Daycare Director. Friendship Centre, November 5, 2013 (Yong & Atencio).
- ⁴⁹ Interview transcript – Coordinator Community Action Program for Children. Friendship Centre November 5, 2013 (Young & Atencio).
- ⁵⁰ Interview transcript – Aboriginal Head Start Coordinator and Daycare Director. Friendship Centre, November 5, 2013 (Yong & Atencio).
- ⁵¹ Interview transcript – Aboriginal Head Start Coordinator and Daycare Director. Friendship Centre, November 5, 2013 (Yong & Atencio).
- ⁵² Interview transcript – Coordinator Community Action Program for Children. Friendship Centre November 5, 2013 (Young & Atencio).
- ⁵³ Interview transcript – Coordinator Community Action Program for Children. Friendship Centre November 5, 2013 (Young & Atencio).
- ⁵⁴ Kitpu is the Mi'kmaw word for eagle, a sacred symbol representing core values of strength, loyalty and compassion passed on from the Creator. Eagle feathers are important ceremonial objects.
- ⁵⁵ Interview transcript – Kitpu Youth Coordinator. Friendship Centre, November 6, 2013 (Young & Atencio).
- ⁵⁶ Transcript – AGM 40th anniversary film, 2013 (McMillan).
- ⁵⁷ Transcript – AGM 40th anniversary film, 2013 (McMillan).
- ⁵⁸ Interview transcript – Kitpu Youth Coordinator. Friendship Centre, November 6, 2013 (Young & Atencio).
- ⁵⁹ Interview transcript – Kitpu Youth Coordinator and Director of Aboriginal Mental Health Awareness project. Friendship Centre, October 31, 2013 (Young & Atencio).

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- ⁶⁰ Interview transcript – Kitpu Youth Coordinator and Director of Aboriginal Mental Health Awareness project. Friendship Centre, October 31, 2013 (Young & Atencio).
- ⁶¹ Interview transcript – Kitpu Youth Coordinator and Director of Aboriginal Mental Health Awareness project. Friendship Centre, October 31, 2013 (Young & Atencio).
- ⁶² Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁶³ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁶⁴ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁶⁵ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁶⁶ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁶⁷ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁶⁸ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁶⁹ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁷⁰ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁷¹ Interview transcript - Housing Coordinator. Friendship Centre, November 14, 2013 (Young).
- ⁷² Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁷³ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁷⁴ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁷⁵ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁷⁶ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013 (Young & Atencio).
- ⁷⁷ Interview transcript – Kitpu Youth Coordinator. Friendship Centre, November 6, 2013 (Young & Atencio).
- ⁷⁸ Interview transcript – Executive Director Mi'kmaw Native Friendship Centre. November 4, 2013 (Young & Atencio).
- ⁷⁹ Interview transcript Friendship Centre Adult Learner Focus Group September 12, 2013 (McMillan).
- ⁸⁰ Interview transcript Housing Coordinator, Friendship Centre, November 14, 2013 (Young).
- ⁸¹ Interview transcript - Housing Coordinator, Friendship Centre, November 14, 2013 (Young).

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- ⁸² Interview transcript - Housing Coordinator, Friendship Centre, November 14, 2013 (Young).
- ⁸³ Interview transcript Friendship Centre Adult Learner Focus Group September 12, 2013 (McMillan).
- ⁸⁴ Interview transcript Friendship Centre Adult Learner Focus Group September 12, 2013 (McMillan).
- ⁸⁵ ALP Instructor and Director Seven Sparks, October 25, 2013. Friendship Centre, 11:00am (Young & Atencio).
- ⁸⁶ Interview transcript Friendship Centre Adult Learner Focus Group September 12, 2013 (McMillan).
- ⁸⁷ Interview transcript Friendship Centre Adult Learner Focus Group September 12, 2013 (McMillan).
- ⁸⁸ Interview transcript Friendship Centre Adult Learner Focus Group September 12, 2013 (McMillan).
- ⁸⁹ Interview transcript Friendship Centre Adult Learner Focus Group September 12, 2013 (McMillan).
- ⁹⁰ Adult Learning Program Instructor. AGM 40th anniversary of the MNFC film (McMillan transcript).
- ⁹¹ ALP Instructor and Director Seven Sparks, October 25, 2013. Friendship Centre, 11:00am (Young & Atencio).
- ⁹² Interview transcript -ALP Instructor, October 31, 2013. Friendship Centre (Young & Atencio).
- ⁹³ Adult Learning Program Instructor. AGM 40th anniversary of the MNFC film (McMillan transcript).
- ⁹⁴ <http://www.uaps.ca/wp-content/uploads/2010/02/UAPS-Halifax-report.pdf> page 57.
- ⁹⁵ Interview transcript Parent Support Group Focus Group – November 28, 2013. Friendship Centre (Young & Atencio).
- ⁹⁶ Assembly of First Nations, AFN Annual Report 2013. Education, Jurisdiction and Governance.
- ⁹⁷ Interview transcript: Director Active Partnership Strategy November 14, 2013 (Young).
- ⁹⁸ Interview transcript: Director Active Partnership Strategy November 14, 2013, 10:00 am (Young).
- ⁹⁹ Newhouse (2011). *Urban Life: Reflections of a Middle-Class Indian* in Howard, Heather & Craig Proulx (Eds.) *Aboriginal Peoples in Canadian Cities*. Waterloo: Wilfrid Laurier Press.
- ¹⁰⁰ Interview transcript: Director Active Partnership Strategy November 14, 2013 (Young).
- ¹⁰¹ ALP Instructor and Director Seven Sparks, October 25, 2013. Friendship Centre, (Young & Atencio).
- ¹⁰² Interview transcript - NADACA Counselor. November 7, 2013. (Young & Atencio).
- ¹⁰³ ALP Instructor and Director Seven Sparks, October 25, 2013. Friendship Centre, (Young & Atencio).

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- ¹⁰⁴ Interview transcript – Director – Direction 180, October 29, 2013 (Young & Atencio).
- ¹⁰⁵ Interview transcript – Intake Coordinator and Program Manager – Direction 180, October 30, 2013 (Young & Atencio).
- ¹⁰⁶ Interview transcript – Intake Coordinator and Program Manager – Direction 180, October 30, 2013 (Young & Atencio).
- ¹⁰⁷ Interview Transcript – Director Mainline Needle Exchange. November 4, 2013 (Young & Atencio).
- ¹⁰⁸ Interview Transcript – Director Mainline Needle Exchange. November 4, 2013 (Young & Atencio).
- ¹⁰⁹ Interview transcript – Intake Coordinator and Program Manager – Direction 180, October 30, 2013 (Young & Atencio).
- ¹¹⁰ Interview transcript – Parents Support Group. Friendship Centre, November 28, 2013 (Young & Atencio).
- ¹¹¹ Interview transcript. Capital Health Community Health Board coordinator and Program Lead for the Mental Health and Addictions Strategy. November 20, 2013 (Young & Atencio).
- ¹¹² Interview transcript. Capital Health Community Health Board coordinator and Program Lead for the Mental Health and Addictions Strategy. November 20, 2013 (Young & Atencio).
- ¹¹³ Interview transcript. Capital Health Community Health Board coordinator and Program Lead for the Mental Health and Addictions Strategy. November 20, 2013 (Young & Atencio).
- ¹¹⁴ Mental Health and Addictions Program of the IWK Children’s Hospital treats children and youth up until their 19th birthday within a patient and family centered context. The MHA Program provides services in schools, community clinics, day and residential settings, as well as inpatient setting for the most acutely ill children and youth. They offer more indirect services through consultation with family practice physicians as well as training with community partners to enhance skills to provide care in the community.
- ¹¹⁵ Interview transcript. Capital Health Community Health Board coordinator and Program Lead for the Mental Health and Addictions Strategy. November 20, 2013 (Young & Atencio).
- ¹¹⁶ Interview transcript. Capital Health Community Health Board coordinator and Program Lead for the Mental Health and Addictions Strategy. November 20, 2013 (Young & Atencio).
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- ¹¹⁹ Interview transcript. Capital Health Community Health Board coordinator and Program Lead for the Mental Health and Addictions Strategy. November 20, 2013, (Young & Atencio).

¹²⁰ Interview transcript. Capital Health Community Health Board coordinator and Program Lead for the Mental Health and Addictions Strategy. November 20, 2013, (Young & Atencio).

¹²¹ McMillan, L.J 2011 “Colonial Traditions, Cooptations, and Mi’kmaq Legal Consciousness” Eve Darian-Smith and Nick Buchanan (eds). *Law and Social Inquiry Journal of the American Bar Foundation*, Chicago. Winter 36:1

¹²² See also Hickman, A. 2004 Wrongful Convictions and Commissions of Inquiry: A Commentary. *Canadian Journal of Criminology and Criminal Justice* 46 (2) Wrongful Convictions Suppl: 183-187.

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¹²³ Clark, S. and Cove, J. 1999 Canadian Commissions of Inquiry Into Aboriginal Peoples and Criminal Justice. *IN Indigenous Peoples Rights in Australia, Canada and New Zealand*. Paul Havemann, ed. Pp. 302-316. New York: Oxford University Press. And also Proulx, C. 2000 Current Directions in Aboriginal Law/Justice in Canada. *Canadian Journal of Native Studies* 20 (2): 371-409.

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¹²⁴ Clairmont and McMillan 2006 Directions in Mi’kmaq Justice: Notes on the Assessment of the Mi’kmaq Legal Support Network. Atlantic Criminology Institute (140 pages).

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¹²⁵ The *Gladue* Supreme Court decision arises from Section 718(e) of the Criminal Code that states a court shall impose a sentence that takes into consideration that “all available sanctions or options other than imprisonment that are reasonable in the circumstances should be considered for all offenders, with particular attention to the circumstances of Aboriginal offenders.” This section of the *Criminal Code* was introduced in 1995 to deal with concerns about the overuse of incarceration as a means of addressing crime, particularly as it applied to Aboriginal peoples. Parliament recognized that the over- representation of Aboriginal offenders in prisons was systemic and race-related, and that the mainstream justice system was contributing to the problem. Since the enactment of this section of the *Code* in 1996, courts across Canada have been mandated to exercise restraint in imprisonment for all offenders, but particularly for Aboriginal people.

¹²⁶ Citing *Gladue* in *R. v. Ipeelee* (SCC, March 2012), the Supreme Court again called upon judges to use a different method of analysis in determining a fit sentence for Aboriginal offenders by paying particular attention to the unique circumstances of Aboriginal offenders. In so doing, Canada’s highest court called for culturally appropriate sanctions to be handed down for Aboriginal offenders. A reasonable interpretation of these decisions is that *Gladue* principles should be applied to all

areas of the criminal justice system in which an Aboriginal offender's liberty is at stake.

¹²⁷ McMillan (2014).

¹²⁸ Interview transcript – MLSN Court Worker. Friendship Centre November 21, 2013 (Young & Atencio).

¹²⁹ Interview transcript – MLSN Court Worker. Friendship Centre November 21, 2013 (Young & Atencio)

¹³⁰ http://novascotia.ca/just/mental_health_court.asp

¹³¹ http://novascotia.ca/just/global_docs/MHC_mission.pdf

¹³² Interview transcript – MLSN Court Worker. Friendship Centre November 21, 2013 (Young & Atencio).

¹³³ Interview transcript – MLSN Court Worker. Friendship Centre November 21, 2013 (Young & Atencio).

¹³⁴ Interview transcript – Housing Coordinator. Friendship Centre 2013 (Young).

¹³⁵ Interview transcript – Coordinator Urban Aboriginal Peoples Network.

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¹³⁶ Interview transcript – Kitpu Youth Corrdinator and Aboriginal Mental Health Awareness Program Director. Friendship Centre October 31, 2013. (Young & Atencio).

¹³⁷ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre October 24, 2013. (Young & Atencio).

¹³⁸ Interview transcript – Aboriginal Mental Health Awareness Focus Group. October 24, 2013, Friendship Centre. (Young & Atencio).

¹³⁹ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre, October 24, 2013. (Young & Atencio).

¹⁴⁰ Interview transcript – Adult Learning Program. Friendship Centre, October 25, 2013 (Young & Atencio).

¹⁴¹ Interview transcript – Coordinator Urban Aboriginal Peoples Network. Friendship Centres November 19, 2013. (Young & Atencio).

¹⁴² Transcript – AGM 40th anniversary of the MNFC film (McMillan).

¹⁴³ Interview transcript – Aboriginal Mental Health Awareness Focus Group. Friendship Centre October 24, 2013. (Young & Atencio).

¹⁴⁴ Transcript- AGM 40th anniversary of the MNFC film (McMillan).

¹⁴⁵ Interview transcript Friendship Centre Adult Learner Focus Group September 12, 2013 (McMillan).

¹⁴⁶ Interview transcript – Executive Director Mi'kmaw Native Friendship Centre. November 4, 2013 (Young &Atencio).

¹⁴⁷ Interview transcript – Executive Director Mi'kmaw Native Friendship Centre. November 4, 2013 (Young &Atencio).

¹⁴⁸ Interview transcript – Executive Director Mi'kmaw Native Friendship Centre. November 4, 2013 (Young &Atencio).

¹⁴⁹ See the work of Elders Albert and Murdena Marshall and Cheryl Barlett on Two-Eyed Seeing.

¹⁵⁰ Sookraj 2010

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