RORN INDIGENOUS ADVISORY PANEL

REPORT ON ALTERNATIVE APPROACHES TO CRISIS RESPONSE FROM INDIGENOUS PERSPECTIVES

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A healthy emergency response service creates opportunities for peoples in need to access the care they require.

The following report has been written by members of the Indigenous Advisory Panel for the Reach Out Response Network (RORN). Our position is a united belief that to provide safe and equal access to healthcare for Indigenous peoples living in Tkaronto (Toronto). There must be deep changes and paradigm shifts made to the current crisis response model. Such transformative advocacy work elevating the voices of Indigenous peoples is needed; culminating in the creation of a new Crisis Response Service with dedicated services for Indigenous peoples.

The Indigenous Advisory panel of RORN in such advocacy seeks to improve the health and well-being of Indigenous urban community members alongside non-Indigenous people in Tkaronto through a detailed examination of multiple elements which promote reconciliation, trust, equity and Indigenous culturally safe and appropriate healing practices within alternative crisis response service.

Introduction

We of the Indigenous Advisory Panel for the Reach Out Response Network (RORN) are members of the Tkaronto Indigenous community and bring together diverse backgrounds and perspectives. We are in support of the RORN proposal to develop a community-led crisis response as a healthy emergency response service which creates opportunities for all people in need to access the care they require. As Indigenous peoples, we are often disproportionately impacted negatively by the attempts of untrained police to intervene in crisis situations. For Indigenous peoples, these situations must be viewed through the lens of colonization as they are regularly experienced as part of the legacy of historical state practices that were intended to eliminate Indigenous cultures and disrupt communities through forced assimilation. The deep mistrust felt by Indigenous peoples negatively affects the legitimacy of institutions that serve the public, rendering them less effective.

Background

Indigenous peoples have been living in the Tkaronto area for thousands of years and evidence has shown that the Tkaronto area was an important stopping-off point along a major migration and trading route and that permanent settlements have been in place for centuries. Historically, the area was important for fishing, hunting and served as a centre for trade and through a series of informal treaties and land acquisitions, non-Indigenous people acquired control of the land in and around what is now known as Toronto. It is important to recognize and acknowledge that the Tkaronto area is part of the traditional territory of the Mississaugas of the Credit. The inclusion of an Indigenous person on the Coat of Arms of the City of Toronto in 1834 is a recognition of the Mississaugas place in the history of the area.[1]

Tkaronto currently has the largest Indigenous population in Ontario and the 4th largest in Canada. According to Canada's 2016 Census Metropolitan Area statistics, the Indigenous population in Tkaronto went from 36,995 to 46,315, an increase of 25%.[2] In the largest urban Indigenous population health study in Canada called, Our Health Counts (2016), where Indigenous organizations owned and controlled the data, the total Indigenous population in Tkaronto was estimated to be from 54,000 - 87,000. The Study showed that Indigenous peoples are undercounted by the national census as it often depends on a fixed address and that many Indigenous peoples move frequently or are homeless. There is also a reluctance among Indigenous peoples to fill out censuses. Our Health Counts also reported that over 90% of Tkaronto's Indigenous population lives below the (before tax) low income cut-off.[3]

Furthermore, a key finding of the 2011 Toronto Aboriginal Research Project (TARP) report is that, in spite of overall improvements in education and employment levels for Aboriginal peoples living in Tkaronto and the emergence of a minority Aboriginal middle class, a significant number of community members continue to struggle with poverty and the related challenges of inadequate housing, poor health, addictions, unemployment, racism and social exclusion.[4]

The TARP report found that a disproportionately large number of homeless peoples in Tkaronto are Indigenous and are mostly men. They tend to be between the age of 25 and 44 and were born outside of the city, with many living in Tkaronto for more than 10 years, and who came to Tkaronto looking to access services, find employment, and have a 'fresh start' in life. Also, the majority of Indigenous peoples who are homeless have a high school education or less and have been homeless for less than five years. The report demonstrates that this group faces some of the most serious social problems of any Indigenous group in Tkaronto, including substance abuse, poor physical and mental health, an unstable housing situation and a lack of employment. Homeless participants stated that even transportation to get to services was a major problem. Many have experienced dysfunctional family lives growing up with heavy involvement with foster homes and conflicts with the law.[5]

The 2018 Toronto Street Needs Assessment (SNA) found that 38% of outdoor respondents identify as Indigenous and 16% of all respondents identify as Indigenous while Indigenous peoples represent between 1 to 2.5 percent of the Tkaronto population. Their length of homelessness in the past year was also higher, with an average length of nine months (258 days) compared to seven months (210 days) homeless for non-Indigenous respondents. Over half of Indigenous respondents reported experiencing homelessness for six months or more in the past one year, which was higher than for non-Indigenous respondents. Indigenous homelessness is a significant issue not only in Toronto but across Canada and should be understood as the direct outcome of ongoing colonization, structural and institutional racism, cultural genocide and the effects of intergenerational trauma.

It is important to recognize that the definition of homelessness for the purposes of the SNA does not adequately capture the multi-dimensional nature of Indigenous homelessness as articulated in the recently released Definition of Indigenous Homelessness:

"Indigenous homelessness is a human condition that describes First Nations, Métis and Inuit individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing. Unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous peoples experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships (Aboriginal Standing Committee on Housing and Homelessness, 2012)." [6]

Using this broader and culturally-based definition would likely produce an even greater overrepresentation of Indigenous peoples in the homeless population.[7] Additionally, Toronto's First Indigenous Health Strategy reported that 14% of Indigenous mental health patients in hospitals reported being homeless in contrast to 8 percent being from the general population.[8]

The Our Health Counts study also found that almost half of Indigenous adults in Tkaronto have been diagnosed with a psychological and/or mental health disorder and 72% of them said that their condition(s) limited the amount or kinds of activities that they could do. It was also noted that these rates may be higher due to issues related to access to health professionals. Of Indigenous adults who have been told that they have a psychological or mental health disorder, 87% live below the low-income cut off line and 71% are unemployed. 1 in 4 Indigenous adults have experienced discrimination from others because of an emotional or mental health problem and over half of them faced discrimination because of their condition and prevented or delayed them from getting the care or support that they needed. Half of Indigenous adults have had a close friend or family member die by suicide and these rates were high across all age groups, especially between the ages 35 to 54, and almost half have harmed themselves on purpose. Comparatively, over 5 in 10 Indigenous adults have thought about dying by suicide

compared to 2 in 10 adults in Ontario and 36% of Indigenous adults have attempted to die by suicide. Two-Spirit peoples are more likely to harm themselves and consider suicide and over 3 in 5 have harmed themselves on purpose while over half have attempted to die by suicide. Of the Indigenous adults that reported that they had good, very good, or excellent ability at handling stress participated in traditional Indigenous ceremonies, had a strong sense of belonging to the Indigenous community, and felt good about their Indigenous heritage. Almost half of the Indigenous adults who rated their ability to handle stress as good, very good, or excellent used traditional Indigenous medicines or practices to maintain their health and wellbeing. 37% of Indigenous adults in Tkaronto thought there are inadequate mental health services available to Indigenous peoples and 41% thought there are inadequate services for suicide prevention available to Indigenous peoples.

In addition to a number of TRC Calls to Action, the following recommendations were made specifically to the City of Toronto, provincial and federal policy makers to work in partnership with urban Indigenous peoples and organizations to:

o   Develop, fund, and implement an Indigenous specific mental health human resources strategy to increase the number of Indigenous mental health providers, traditional counsellors, healers, and ceremonialists.

o   Address barriers to the access of mental health care including stigma, financial, accommodation, and transportation barriers.

o   Expand the number of and accessibility of dedicated safe spaces for the practice of ceremonies, healing and traditions that promote mental health and wellbeing.[9]

Context Historical and Contemporary Impacts of Colonial and Lateral Violence

To be effective at addressing the urgent need for an alternative crisis response from the position of Indigenous peoples, we must acknowledge the impacts of historical and contemporary Colonial violence on Indigenous bodies, mind, spirit and emotional well-being.

Urban Indigenous peoples experience many social barriers that are often concurrent to one another such as poverty, housing, and unemployment. Peer Support and mentorship programs from community members with lived experience can be invaluable and have a positive impact within the community. The health care system and legal system

can be alienating and burdensome for the Indigenous community. As a means to develop and reshape historical power relations, it is imperative that the Indigenous community be heard, empowered, and included in the development of new strategies as they relate to the Indigenous community. This is a fundamental component of the reconciliatory process as outlined in the TRC *'Calls to Action'.*

Mental health is a complex issue within the Indigenous community which requires understanding of Indigenous definitions of health and wellbeing rooted in cultural traditions of whole body wellness; spirit, mind, body, and emotion.

In the urban setting the impacts from the loss of culture and identity play a key role that affect many community problems which include homelessness, addiction, and mental health challenges.

It is important to understand what Indigenous peoples have been through and continue to experience. While the degree and proximity to the effects of trauma vary amongst Indigenous peoples, we nonetheless all feel the intergenerational loss from these harms. For healing to be possible the Indigenous community in Tkaronto needs a true alternative crisis response service.

Summary Acknowledgment of Trauma and Social Determinants of Health

The impacts of colonial violence and trauma are widespread. Active engagement with Indigenous peoples can aid in the understanding of contemporary and on-going lived experiences which are vital in establishing a new crisis response system. Acknowledgment provides the critical lens needed to address the breakdown and lack of appropriate emergency response services available to Indigenous peoples.

Social determinants of health are defined in the World Health Organization's Commission on Social Determinants of Health report as "the conditions in which people are born, grow, live, work and age – conditions that together provide the freedom people need to live lives they value". [10] In Social determinants of health and the future well-being of Aboriginal children in Canada, Margo Greenwood and Sarah Naomi de Leeuw acknowledge the multiple ways Indigenous peoples face additionally complex health challenges due to inequality and gaps in access to these critical factors influencing physical and mental wellness. [11]

Colonialism intersects with trauma and influences all social determinants of the health of Indigenous peoples. The impact builds to a legacy affecting individuals, families and communities. UNICEF reports that Aboriginal children fall well below national health averages for Canadian children [12]. Such health inequities experienced by Indigenous peoples stem from dissolution of identity, displacement, racism, social and political exclusion. Further disparaging Indigenous peoples and perpetuating trauma.

The Indigenous peoples of Tkaronto need a new crisis response service and the service must provide a distinct Indigenous approach and services to Indigenous peoples to address the many proximal and distal impacts on Indigenous health.

Recognition of the Truth and Reconciliation Commission Report

In order to redress the legacy of residential schools and trauma that Indigenous communities face today. The Truth and Reconciliation Commision makes the following calls to action pertaining to the well being of on reserve and off reserve Indigenous peoples.

Supporting Truth and Reconciliation Calls to Action:

#22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients (peoples) in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients (peoples).

#20. In order to address the jurisdictional disputes concerning Aboriginal peoples who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

#23. We call upon all levels of government to:
i. Increase the number of Aboriginal professionals working in the health-care field.
ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
iii. Provide cultural competency training for all healthcare professionals.

#40. We call on all levels of government, in collaboration with Aboriginal peoples, to create adequately funded and accessible Aboriginal-specific victim programs and services with appropriate evaluation mechanisms.

#44. We call upon the Government of Canada to develop a national action plan, strategies, and other concrete measures to achieve the goals of the United Nations Declaration on the Rights of Indigenous Peoples.

Section 57 of the TRC addresses this call to which the City of Toronto should respond:

#57. We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Critical Need for Change
In the Current Approach to Crisis Response

You cannot serve those without a seat at your table.
There is an absence of emergency response models, services and teams by Indigenous people available to Tkaronto's Indigenous Community.

Emergency response services are vital components to support and enhance community wellness and safety. Emergencies by their nature are not planned events. The premise behind requests for emergency response is the need for help. If barriers exist that prevent support and help from being achieved, changes to crisis models, operations and services are required.

Indigenous peoples face unique healthcare barriers as a result of racism, oppression, and intergenerational trauma that are compounded by long term impacts increasing incidences of mental and physical illnesses amongst the Indigenous population. A key feature needed to redress barriers to how the health care system responds to Indigenous peoples is the provision of a new crisis response service and model that at a fundamental level designed, operated and led by the Indigenous peoples it serves.

The current model for crisis response used to address Indigenous peoples in crisis employs solely Western biomedical-based interventions and response models that are

culturally inappropriate and ineffective in terms of de-escalation and remediation of disparities preventing equal access to care. Within exists colonially-rooted power dynamics that are neither culturally sensitive nor culturally supportive.

When such an approach is provided through the inappropriate use of Police response to mental health calls the efficacy and support needed by people in crisis only deteriorates further. As such, it is imperative to build a strong understanding of cultural sensitivity and safety into the new service. This detail is significant since it will help to ensure that a crisis team is providing a functioning, effective emergency response service.

Many Indigenous peoples have a valid fear and scepticism of emergency response involvement because of the resulting police presence. For this reason, they will avoid calling for help as long as possible, or not call at all. Indigenous peoples should not be fearful of systems that are supposed to provide health care aid. The current approach to providing crisis response comes from systems where trust does not exist within the Indigenous community Thus the current approach and reliance of police to respond to mental health calls has by design denied safety and wellness to Indigenous peoples.

Given the extensive unique challenges, requirements and needs it is clear that a new service be created. Crisis response services cannot be serviced by Police or put solely on the shoulders of current social programming. This will be too insufficient to improve care. Existing research has identified the service and structural barriers to Indigenous mental health and wellness as experienced through the current crisis response service are a result of inadequate, ineffective practices, policy and service. Police are ill-equipped to respond to mental health calls and an inability to understand impaired stress-coping skills of people in crisis often only increases the risk of otherwise avoidable complications.

Such dynamic and transformative changes require more than amendments to the existing model of crisis response or allocating funding to existing social programs available in the City of Toronto. Providing a crisis response emergency service is not within the scope of existing social services or programs currently in place. This is especially true for Indigenous peoples.

The complexity of emergency mental health calls are only amplified in consideration of Indigenous peoples in Tkaronto. Many Indigenous peoples and their families have tragic histories, affecting them over several generations.

Recognizing the unique needs of the Indigenous community will allow for true healing on both an individual and community level as those in need of help will receive it without the conditioned fear of existing systems/services. This will thereby allow more Indigenous community members to access support.

Without an alternative crisis response service our path of healing and access to care is missing this vital step toward improving access to care through crisis response services.

Outline Overall Approach of a New Crisis Response Service
With Indigenous Focus

In order to create the opportunities needed to respond to indigenous peoples with care, we must consider how we, as individuals and communities, are defining our relationships with Indigenous peoples.

Service as a table, we all must have a seat
Response as a bridge; connecting in all directions

Part of transforming how the health care system responds to Indigenous peoples is rethinking what informs the provision of new services and models to respond to crisis. At all levels in its development a new crisis response service we should aspire to expand the imagination of what a crisis response service can be in order to better match the needs expressed by the Indigenous and non Indigenous peoples in Toronto.

The vision is to make available a community focused crisis response model that is designed, operated, led, and delivered by Indigenous peoples to Tkaronto's Indigenous Community. Designing a holistic, collaborative, Indigenous community driven response to crisis.

As a service it should strive to improve and restore, through deep transformation and change to crisis response models and paradigms, the mental health and support available to Indigenous peoples; reimaging crisis services, approaches to intervention, assessments and care during crisis response, policy evaluation and accessibility through an Indigenous lens.

Inclusivity, Harm Reduction and Community engagement would be paramount to help empower the rights of Indigenous peoples to access crisis response and supports when needed.

There must be a thorough redress of barriers and their impacts, both proximal and distal, to Indigenous health and wellbeing through all aspects to crisis response services for Indigneous peoples. This should include the following:

- Address racial and gender discrimination against Indigenous community

- Address Mixed-race cognitive dissonance and bias prejudicing the person in need of care

- Recognize the impaired stress-coping of Indigenous peoples in crisis as a symptom of dissolution and trauma on Indigenous bodies and identities and

- Work to dismantle barriers perpetuating further trauma

The loss of identity creates many heavy burdens such as; shame, guilt, fear and suffering, all contributing to the increased incidence of substance use, domestic violence, low self-esteem, grief, incarcerations, general dysfunction and a host of physical and mental health conditions.

The model, using cultural evidence-based Indigenous approaches to improve mental wellness and access to crisis response services, should utilize traditional knowledge, culturally safe and relevant practices and Indigenous science with respect; regarding these as equal to Western approaches to crisis. Treated as equal, Indigenous methods and knowledge are more than buzzwords or token gestures.

Respected in this way, both Indigenous and non-indigenous knowledges can work together to support greater diversity in the ways response is provided to a person in crisis. This will provide people in crisis with broader choice in their crisis response.

Applied and operating in chorus, Indigenous and non-indigenous practices can be offered to people in a connected manner where it is beneficial to do so and desired by the individual.

Bridging a diversity of perspectives on health and wellness allows for people to access all the elements of care they need and promotes balance and efficacy in crisis response services. It creates a spectrum of services for people to choose from.

An emergency crisis response service should be capable of accommodating choice and self determination when responding to a call. This spectrum of response services underpinning a coordinated strategic crisis response system positions service responders to meet the diverse needs of Indigenous peoples in crisis; providing the appropriate services.

Allowing space for all people to stand along that bridge, choosing the form of response that they need, being met where people are at in life.

An emergency crisis response service should be capable of fulfilling the needs voiced by a person in crisis. Crisis response services have the potential to be a vital lift up from the depths of crisis to stable footing. A hallmark of its efficacy is the ability to connect someone in crisis to wherever along that bridge a person feels they need to be.

Meeting people where they are at; a crisis response answers to an emergency connecting to that bridge from where someone once in crisis can create a path to healing.

Considerations Bridging with non-Indigenous services and staff

In bridging Indigenous and non-indigenous approaches and staff to provide crisis response services there must be a high degree of cultural understanding and humility.

For this service to properly operate from a framework of cultural safety, service providers must have an understanding of the needs of Toronto's urban Indigenous community and the multiple barriers that they face. In this understanding, the goal is not to take the existing emergency response system and 'indigenize' it. Instead, the goal is to

create a service that is truly rooted in an understanding of the Indigenous community, both its uniqueness and diversity.

Non-indigenous staff Service staff must have an understanding of the populations they support in order to cultivate relationships based in trust and solidarity with Indigenous peoples. This trust, once present, then provides the foundation needed to calm individuals in a state of crisis.

It is important that crisis response service staff coming from a non-indigenous backgrounds and Western cultural based approaches and experiences be aware they represent the systems that they are from. They must be aware how they represent when engaging with Indigenous peoples and how this impacts their ability to respond to Indigenous peoples in crisis.

Professional skills and formal education from non indigenous perspectives are a positive contribution to crisis response services and a collaborative approach to crisis response that provides a full spectrum of approaches across Indigenous and non-Indigenous methods has important benefits. However, responders must be aware that the knowledges and skills may already exist in a different form within the Indigenous community and held by the Indigenous person being responded to. An example is sharing circles. In a sharing circle, all are equal from an Indigenous perspective. However Western methods to such a community interaction try to facilitate with authority over the conversation.

Considerations Involving Community

For the service to be relevant and responsive to peoples' needs the approach must include the involvement of community led engagement in incident response. At the core of its design the model should prioritize authentic relationships and creation of safe spaces, building this priority into the structure underpinning its services. With this at the core it would allow for the promotion of resiliency within communities throughout its approach and the effective utilization of individuals trained to support people during times of need. The language used to develop such an approach must reflect this normalcy of self-care and support. It must also elucidate the important role for ongoing relationship building. To

achieve full participation and engagement in an alternative approach these required elements need to involve thorough planning and consideration to implement. If there is not clear, compassionate language used or the model employed is not centered on having good relations it will not be effective in addressing the stigma faced by people trying to access support in their time of need.

Recommendations

In the process of developing a transformative alternative crisis response model and service the Indigenous Advisory panel has identified the following recommendations for consideration in ensuring the service is capable of providing care for the Indigenous community in Tkaronto.

Summary List of Recommendations

Recommendation #1 A new service must be implemented as part of the reconciliation process to address the unique needs of Tkaronto's Indigenous community for support with mental health that is both culturally safe and culturally appropriate.

Recommendation #2 The principles of the new service must be grounded in equity and social/ justice. Identity and ancestry are complicated issues imposed on the Indigenous community, which is rooted and reflected in colonial legislative policies, such as the *Indian Act* as only one example. Providing an effective crisis response service demands active and direct involvement of Indigenous peoples at every level of design, decision making, operations, and delivery.

Equity, equality, and reconciliation must ground the design and implementation of the new service. There are still very present issues of *erasure, assimilation and elimination currently affecting the Indigenous community. Without entrenching the roots of this service in reconciliatory action this service will continue to fail Indigenous peoples and perpetuate harms.

Within the Truth and Reconciliation Commission (TRC) Calls to Action, it is clear that without the creation of meaningful opportunities for the Indigenous community to be directly involved at all points to address systemic issues then the actions being undertaken are not in the true spirit of reconciliation.

Recommendation #3: The foundation of the new service should include the outlined key principles and features in the creation and operation of its service to respectfully honour and include Indigenous perspectives.

Key Principles of a Crisis Response Service

- **Policies, procedures, practices contribute to the wellbeing of someone in crisis** Policies and practices truly meet the clients needs and truly guide the service being provided

- **Response is appropriate for the individual being responded to and addresses needs throughout the Emergency response**

- **Be Transparent and Authentic** (clear for all parties-nothing is hidden) Authentic (what you see is what is happening, it is real and carries a meaningful attachment.)

- **Remove shame and blame from the assessment process**

- **Respect of boundaries of individuals or parties in crisis**

Drawing on Indigenous peoples' knowledges and methods to crisis response requires careful considerations in designing practices.

Key Features of Best Practices
The following is a summary of Best Practices of an alternative crisis response service to serve Indigenous peoples:

- **Impact awareness:** Know that we often are not just treating the person in front of us. We are treating their role in community, their present and future relationships and the people in their lives.

- **Incorporate different communication styles (ie. motivational, empathetic, etc.)**

- **Resiliency and Strength based focus during crisis response** Every person in crisis is first a person and member of the community, not defined by or lessened by their need for care. Each person has gifts to bring to the community and a healthy crisis response service can connect to strengths and love when meeting a person in crisis.

- **Connection based focus in response:** Considering connection as it relates to crisis response from Indigenous perspectives. Examining Responders connection to the individual and the broader Indigenous community.

Recognizing Indigenous peoples as Community based people and connection is very important - recognizing the impact of our services go beyond the person in front of us.

- **Emphasis on Treating the Person not the disease. Redress stigma and harmful language while taking a human centered approach to care in response.** Treating past hurt and generational trauma

- **Clear Honest Communication,** Language needs to be direct, subject matter focused and Authentic (mean what is communicated and expressed it clearly)

- **Be Culturally Humble**, observing hulimility during interactions with individuals in crisis

- **Cognizant of Representation,** having knowledge or being aware of how they are presenting to an individual in crisis including Indigenous and non-Indigenous interactions

- **Focus on High Engagement** Empowers engagement between responders and individuals in need, shifting the toxic paradigms like 'high-risk' to high engagement.

- **Service Rebuilds/Opens opportunities for restoring trust (for both the individual to healthcare services and to the community.** Holistic / Collaborative care, Inclusive and culturally competent service

Cultural relevance is complex involving barriers, solutions all grounded in our relationships. In practice we must recognize we need to be direct in verbal communications and all the non-verbal messages at play during an interaction and that the context informing how those messages will be understood will vary Nation to Nation, from community to community and to the individual when service providers respond to a crisis.

Identity issues are vast. The inclusion of cultural practices, ceremonies and teachings in crisis response services for Indigenous peoples is a critical warm invitation, made open to an Indigenous person experiencing a crisis, to engage in a safe trauma informed way with those Indigenous approaches that may be most beneficial to their wellbeing, immediate needs and concerns. Improving the ability of Indigenous crisis responders to connect with the individual in crisis on a deeper, authentic level, restoring a sense of balance and de-escalating the crisis.

Indigenous peoples responding to a crisis experienced by an Indigenous person will often be better at understanding the various coping mechanisms, various contexts and existing resources needed to answer a call.

Community focus Crisis Response involves expanding what informs the provision of services to include meeting needs that are not traditionally offered through Western approaches to crisis intervention.

- Crisis response service providers must design responses that meet community needs
- Address What will the community need in response to crisis: food, gathering, etc.
- Community response is inclusive, specific to needs and culturally relevant
- Community involvement and community faced engagements play a role in service delivery and development

If those services are not informed by the community and individuals being serviced they will not be as effective as intended.

Networking and anchoring with a diverse list of service agencies (Indigenous and non-Indigenous) to bridge the crisis response service with the broader community. A crisis response service is a form of outreach; it can be the first point of contact an individual has to address a problem and they may be at an urgent point in their need. In responding to a person experiencing a crisis, service staff would benefit from the ability to connect with and recommend services during a crisis response where the need is helpful and the information is welcomed by the individual in need.

Summary

When service provision is culturally relevant, safe, competent and cognizant to reflect the complex contexts at play during the interactions in a crisis response the potential benefits are numerous. The beauty, resonance, power and support such a level of care can provide can be invaluable to an Indigenous person experiencing a crisis.

Recommendation #4 The service provides a Human-Centred Approach to Crisis Response

A human centered approach must be at the core of the new service. It creates an opportunity to allow service providers to see the person they are responding to, identify their immediate need(s), and facilitate the creation of a safe space for support. Engaging the person in distress in the process of identifying their immediate needs and always allowing them to have a voice in the conversation.

It goes beyond subjective or personal relation; from an Indigenous perspective we are all interconnected. Relationships are acknowledged as a fundamental recognition of the rights and identities of the people being responded to that is needed.

Lack of person in crisis to responder engagement contributes to lack of visibility experienced by the person in crisis, deteriorating trust and impaired stress coping. This lends to escalation of an emergency situation instead of responsive harm reduction.

Autonomy and genuine relationships should inform the framework of an effective crisis response; normalizing and improving access to care while removing stigma faced by Indigenous peoples with mental health issues. Autonomy and self determination creates a sense of agency to improve outcomes from both the response to the immediate crisis and ongoing in building up foundation to access further care

Elements of a human centered crisis response service for Indigenous peoples in Tkaronto include Trauma informed practices and importance placed on relationality. Emergency crisis response isn't just a responder-to-someone in crisis; It is human to human interaction. Interconnectedness and good relations are important concepts to understand.

In addressing the core principles of a new crisis response service and in formulating a Human Centered Trauma Informed approach the following are critical components:

- Safety (psychological, social, emotional, physical, cultural)
  - Teach and embody all forms of safety
- Trustworthiness and Transparency
  - Both services provided by staff and the individuals that service is responding to have boundaries and those are to be clear and understood
  - Clear boundaries, they can see when entering into an interaction
- Peer to peer support
  - Give opportunity to get support from those who have gone through similar experiences
- Collaboration and Mutuality
  - Clients need to have the ability to weigh in on what is going with their request for response to their crisis
- Empowerment, Voice, and Choice
  - Focus is not saving the individual in crisis
- Responsive care for Cultural, Historical and Gender issues
  - Service provision is informed by community

Responders need to be able to relate and connect with the people reaching out. Broken relations, fear, and prejudice are based in distrust. This distrust is fully justified with extensive data and lived experience speaking to the ongoing violence and racism, demonstrating a serious systemic barrier to accessing emergency services in the event of a crisis or need. These barriers come into play the moment an interaction with emergency service providers begins. There is an immediate labeling that takes place and this sets up a harmful interaction that could possibly escalate and create further crisis rather than addressing the needs of the person.

A response to a crisis that is centered on the human being in crisis will better serve the individual and whole community. Everyone has the right to a sense of belonging when emergency crisis calls are being responded to. Currently Indigenous peoples are not afforded this right and they are often subject to further harm through the current approach to crisis response and mental health calls.

A human centered approach is needed to redress the absence of trust and broken relations disconnecting Indigenous peoples from their community and right to access crisis response services. In effecting change trust must be restored and honoured as a living agreement that is nurtured through collective strength and relationships. It needs to be present to connect with a person in crisis and this does not happen at the point of a crisis. It can be rebuilt in the many ways emergency response teams continually interact with the whole community every time they respond to a mental health call or provide crisis response services.

In entrenching a human centered trauma informed approach crisis response services can fulfill a critical role in rebuilding trust and improving access to care by authentically meeting the people it is called on to respond to during their time of need.

Recommendation #5 The new service must normalize the need for care.

Emergencies are not planned by nature and responses to incidents directly impacts the trajectory of how events transpire. Normalizing the need for care will lead to better outcomes. In normalizing such needs we are reducing the associated stigma and effectively mitigating future needs through the promotion of mental health maintenance and the accessing of supports.

Individuals supported by proper access to mental health crisis response benefit in the maintenance of their mental health in a manner that allows them their dignity.

Part of the issue with current responses to mental health calls is the immediate association that a person has done wrong for being in crisis or reaching out. Needing care is not a criminal act. It is a reality of life. Meeting people where they are at in any particular moment in their life is a vital part of effective crisis response. Punitive measures are not an effective response to someone in crisis, who is vulnerable and or may be feeling ashamed.

The current approach to crisis and mental health calls creates a serious conflict by enforcing negative associations with needing care.

Recommendation #6 The new service must build trust and relationships with the Indigenous community to allow for successful implementation and execution.

Trust is essential in every relationship, regardless of context. Without trust, there is no communication. Words may be exchanged, but without a safe space to communicate and the commitment to listen and seek to understand, the words exchanged will be devoid of meaning. Both sides will be unwilling to share openly and both sides will be unwilling to listen in the absence of this basic, common agreement.

There is an ongoing lack of trust evidenced in daily interactions with emergency and police response to crisis for the Indigenous population. This lack of trust can only worsen in moments of crisis. In tandem with a human centered approach a connection based focus in crisis response includes all the ways intersectionality and interconnectedness informs our relationships, to ourselves, each other and community.

The ability to connect is key for trust. This is not a simple matter of subjective or personal relation but embedding a fundamental recognition of the rights and identities of the people being responded to that is needed.

In the absence of this basic, common agreement responders cannot effectively de-escalate a situation and interactions are not based in good relations. Trust must be established before a crisis event in order for the service to be effective.

The City of Toronto must plant the seeds of trust early in their relations with the urban Indigenous communities and water them regularly. This requires the involvement of Indigenous community members and requires a commitment to authentic relationship building.

It is essential we practice and master the art of authentically communicating and relating with each other in advance to support and positively influence one another in moments of crisis.

Recommendation #7 Service responders and staff are strongly encouraged to attend training in cultural competency; a standard across the City of Toronto

In order to support and better understand the community service staff should attend cultural competency training. This is vital to working directly with Indigenous groups to understand how Indigenous peoples connect, communicate, and collaborate with one another day to day and during moments of tension and crisis.

As much as we would like to view our city as a multicultural, diverse metropolis, Tkaronto is effectively a city of many, smaller communities within tight boundaries. Members of law enforcement and similarly uniformed, trained professionals are therefore members of their own smaller social circles with similar perspectives, stories and shared experiences.

Such shared experiences result in centralizing views and how life is experienced and do not leave room for others' lived experiences and realities. Care must be taken to approach such views and experiences and seek to validate the experiences of others as they view them even if they conflict. What is an expression of joy or anger to one may be one of simple agreement or minor annoyance to another individual. Service staff must be culturally competent in their approach and responses. Cultural competence goes beyond tolerance and requires that each and every individual practice impartiality and neutrality in each and every situation.

Our current model and method of response does not prioritize relating to one another. We must relate to one another if we want to affect change and save lives. In relating to one another, we affirm the unique challenges experienced, we normalize and forgive expressing emotions in unintended and undesirable ways, and we acknowledge the spirit and the desire to be heard and belong.

Without this ongoing education there is no understanding for the necessary trust to survive and the relations between service providers and people reaching out will deteriorate.

Recommendation #8 Indigenous community members' engagement is active, direct and ongoing, with involvement at all levels of the crisis response service.

Include diverse Indigenous staff at all levels of the organization's services, including Métis, Inuit, 2-Spirit, young and old, to reflect Tkaronto's Indigenous communities, including all levels of the governing structure. Inclusion of community members who are impartial if not neutral in position to other Indigenous organizations currently operating in Tkaronto/GTA is vital. This will ensure that Indigenous peoples see themselves represented in the mental health system within Tkaronto/GTA.

The priorities, moral ownership and guiding principles should be a living agreement shared amongst all the people such as an emergency service would serve. This critical role is to maintain that agreement from within the structure that cannot be overlooked. It must involve members of the Indigenous community. The Indigenous members included must come from different areas of the city and from different Indigenous led organizations.

It should be mandatory not just to involve Indigenous members but to include multiple perspectives from different Indigenous led services and organizations at that table. Not impossible to have Executive Directors from other agencies attend meetings within solidarity of the crisis response service and in the interest of building with Tkaronto as a whole. However, this must remain impartial.

Ensuring ongoing Indigenous community led development of this crisis response service requires attention to Indigenous sovereignty. Representation matters and Cultural stewardship (involvement of Elders, cultural protocols and teachings) is a required element of Indigenous response to crisis. It's involvement is inevitable in servicing the Indigenous community and thus is vital to the core functionality of the emergency response service.

Recommendation #9 Incorporate access to healing lodges, traditional medicines and relationships with Elders into the response to crisis.

In providing crisis response it is critical to acknowledge and respect the distinct knowledge of Indigenous community members to respond to emergencies and de-escalate crisis situations. This must involve an updated network of community connections between existing Indigenous led and operated services and organizations in Tkaronto. This bridging

within the urban Indigenous community will only serve to build trust amongst the people being responded to and the service providers.

A space for sweatlodge in the event of crisis and teams that include Elders will allow the new emergency response to better restore balance and provide care to all Indigenous peoples in crisis in a culturally appropriate manner.

The need for Healing Lodges is imperative. Healing Lodges are our safe place. We need healing programs that address issues related to domestic violence, child sexaul abuse/child neglect, and spiritual abuse.   We need to follow and maintain the same structure with Healing Lodges within the City as they are addressing the Intergenerational Trauma that we face as Indigenous Peoples. Current Healing Lodges throughout Ontario address the following with programs:

- Breaking the Silence
- The Heart of Responding
- Longing for Mom and Dad
- Innocence Stolen
- Living Without Safety
- The Cost of Shame
- Living Angry
- Relational Styles
- Building Trust

We need to implement these services with the direction of our Elders who are our knowledge keepers and know best on the needs of our community. This would also include the reintroduction of the Four Sacred Medicines.

The Four Sacred Medicines are used in everyday life and in ceremonies. All of them can be used to smudge with, though sage, cedar and sweetgrass also have many other uses. It is said that tobacco sits in the eastern door, sweetgrass in the southern door, sage in the western door and cedar in the northern door. Elders say that the spirits like the aroma produced when we burn tobacco and the other sacred medicines. Traditional people say that tobacco is always first. It is used as an offering for everything and in every ceremony. "Always through tobacco", as the saying goes.

Recommendation #10 Calls should be responded to by a team that combines professional and peer-support workers and ensures those responding are appropriate to provide the desired level of care and support needed by the individuals or parties in crisis.

It should be possible include through responding teams access to Elders, medicines and cultural practices bridged with Non-Indigenous care to offer a fuller spectrum of options to best meet people's needs. By responding as a team and taking a human centered approach to meet people where they are at in the moment of crisis will ensure they do not feel alone in the struggle with a mental health crisis. A strength based approach should be used and utilize Trauma Informed care in the response.

We can form a network of non-police led mental health support where the person would have immediate access to the appropriate services that they need. First Response to crisis situations should be centered on the person in need and be a part of advocating for their care. Oral intake and Indigenous sign language should also be available.

Recommendation #11 Reports are needed to ensure the ability to address changing community needs and keep the service relevant.

Reports and service review should be built into the operations of such a service at the outset. Reports should be conducted annually if not quarterly to improve responsiveness and inclusive, diverse feedback from the Indigenous community in Tkaronto is critical to this process.

A community focused crisis response service needs to build forward walking the path with people to best serve the people accessing it. Data should empower adaptive praxis through the service. Reflecting on data to inform the implementation of change in policy and practice encourages community engagement and service efficacy. Observing trends and hearing community feedback improves the ability to be reflexive in adapting its services to grow with the Indigenous community.

In conducting the collection of information Indigenous protocols, respect and reciprocity should be observed. Analysis and reports should utilize Indigenous centered evaluation metrics. These reports should be made available to the public; empowering future engagement and accountability in the service. All the above is necessary for trust and transparency vital to sustained success.

Considerations on Accessibility

Accessibility refers to being able to gain access to and actually use available services. The availability of relevant services to serve the mental health needs of the Indigenous community in Tkaronto are necessary to address the nature of the concerns Indigenous peoples may be seeking to address.

This includes the ease with which individuals meet criteria to qualify for receiving services, the length of time and the location from which services are delivered. Accessibility also includes access to services through language including Indigenous ASL and respect for oral intake.

The appropriateness of the services to Indigenous peoples with respect to his or her concerns should be acceptable given their values, beliefs, and traditions. A culturally-based, holistic, and well integrated and coordinated service delivery system that deals with the whole person, focusing on both short and long term change is the most effective and will have some bearing on the acceptability of services to those who may want to utilize them.

Closing statement

No one should be afraid to ask for help. It is not a crime to be in crisis. We need validation, support and commitment from our community leaders. We need a new path forward in crisis response.

The Indigenous Advisory Panel members agree that to improve the health of Indigenous peoples in urban centres, communities will have to lead and administer their own, culturally relevant health programs and related services. This will empower the urban Indigenous community to strengthen its sovereignty as well as establish healthy communities and improve their social environments.

This report was written with the recognition that Indigenous peoples hold a unique legal and constitutional position in Canada as reflected in section 35 of the Constitution of 1982.

The City of Toronto has affirmed this unique position of Indigenous peoples in its vision statement on Access, Equity and Diversity: "The City recognizes the unique status and cultural diversity of the Aboriginal communities and their right to self-determination." The City reaffirmed this position in adopting the Statement of Commitment to Aboriginal Communities of Toronto on July 6, 2010. The Statement acknowledges the need to develop an Urban Aboriginal Framework and that:

> "Aboriginal Communities have the knowledge and experience to work with the City to develop strategies for assisting Aboriginal issues and expanding Aboriginal opportunities.
>
> The City understands the value in initiatives that are both led and delivered by Aboriginal peoples. The City commits to the development of an action plan in partnership with Aboriginal communities in Toronto." [13]
>
> https://www.toronto.ca/legdocs/mmis/2015/ex/bgrd/backgroundfile-85951.pdf

In beginning this process of creating an alternate crisis response, the City of Toronto has acknowledged the urgency of its need to respond to mental health calls. Critical requirements and recommendations have been laid out in response and it reasons that the necessary actions should follow; in the form of both the development of a distinctly new service and one that is adequately equipped to serve the Indigenous community.

In summary review of evidence, Indigenous knowledges and experiences, while diverse, share numerous facts that speak to the efficacy and benefits of recommendations highlighted above. Restorative and healing benefits of an alternative crisis response service include marked reduction in harm, escalations during a response or interaction and overall decline in violent occurrences and negative engagements faced by Indigenous peoples living in Tkaronto.

It is the position of the Indigenous Advisory Panel the current crisis response model and services available are not fit to serve the Indigenous peoples of Tkaronto. This must be changed.

For Indigenous peoples who experience daily struggles there is a clear need for an alternative crisis response service; one designed, delivered, operated and powered by Indigenous peoples. The cost of not having an appropriate crisis response service is a high risk for the City of Toronto impacting Indigenous and non-indigenous people.

Deep, dynamic, transformational change is imperative to provide what the people living in Tkaronto need in a crisis response service.
By working together this level of change is possible.

Such transformation will mark Tkaronto as a leader in alternative crisis and mental health response services; to the ultimate benefit of all people living in the City, Indigenous and non-indigenous alike.

APPENDIX

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