Healing Residential School Trauma The Case for Evidence-Based Policy and Community-Led Programs

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Abstract

The paper outlines the emerging theory of historic trauma and its relevance to residential school experience. Recent research on suicide and economic development is cited to demonstrate the importance of restoring the bonds of community to achieve change in various sectors. Key findings of research and evaluation conducted by the Aboriginal Healing Foundation (AHF) are presented to identify healing strategies that are having an effect. The congruence between the AHF findings and recommendations of reports on mental health spanning the past decade is underlined. The article concludes with the argument that the evidence base for policy to support culturally adapted, community-led programming is well established. The time has come to translate knowledge into action.

Prologue

This paper is about the healing journey being walked by Survivors of the Indian residential school system and their relations, and the learning journey that has been walked by Board members, staff and supporters of the Aboriginal Healing Foundation (AHF) over the past eight years. The paper is also about my personal journey as researcher and writer of the AHF Final Report (2006), wrestling to find words that would convey the depths of insight opened up to me. My challenge was to bring together the stories shared by community members and the concepts developed by researchers to communicate effectively with Aboriginal readers of the Report and the policy-makers who would look for an evaluation of outcomes.

During the eighteen months when I was researching and writing *A Healing Journey,* Volume 1 of the *Final Report of the Aboriginal Healing Foundation* (2006) I was intensely involved in learning about the pain and dislocation in First Nation, Inuit and Métis individuals, families and communities. I was also learning about reservoirs of resilience in troubled communities, that are being revealed and deepened by community-led healing interventions. That resilience remains untapped in many of the helping interventions launched from outside our communities, from the base of western scientific expertise.

Holistic approaches to maintaining and restoring health have been advocated by Aboriginal people for many years. This means attending to physical, mental, emotional and spiritual dimensions of persons, across the life cycle for children, youth, adults and elders. It means addressing social and environmental conditions including education, housing, and a compromised natural environment. Holistic thinking is now being embraced in approaches to population health and recognition that determinants of health lie outside of the conventional medical domain, but practice is still firmly rooted in the medical model of treatment. The spiritual dimensions of healing remain mysterious and neglected.

Practitioners and observers of healing and mental health have heard reports over the years from people who grew up on the streets of Canadian cities or who wandered for years after release from residential school and

were transformed when they heard the ceremonial drum or went into the sweat lodge. Something shifted, fell into place, and they experienced a profound connection to Mother Earth or the ancestors or their own fragile spirit. Those momentary experiences often mark the beginning of a life-long quest for knowledge and a commitment to serving the people.

Theory of collective and historic trauma says that we carry the hurts of past generations as well as the pain we have experienced in our own time. I believe that what we are witnessing in these accounts of culture-based healing is historic healing, awakening knowledge and wellness that have been dormant and layered over with personal and collective trauma that dulls our capacity to know who we are and to draw on our innate resiliency.

Some Aboriginal people speak of Blood Memory – the spirit within that carries ancestral knowledge that we don't even know we have until it is called forth by ceremony or dreaming or the stories of an Elder. Certainly it is beyond words and therefore inaccessible to talk therapies by themselves. Perhaps it is tacit knowledge acquired through touch and gesture and sound and smell when we were too busy learning words to notice.

We are only beginning to find the language to express what we mean by holistic healing, bridging the universe of our traditions and the world of western science and medicine. This paper is draws on the work of many people who contributed to the preparation of the *Final Report of the Aboriginal Healing Foundation* (2006), with the goal of making those connections clearer.

In the following pages I outline the emerging theory of historic trauma and its relevance to residential school experience. Recent research on suicide and economic development is cited to demonstrate the importance of restoring the bonds of community to achieve change in various sectors. Key findings of research and evaluation conducted by the AHF are presented to identify healing strategies that are having an effect. The congruence between AHF findings and recommendations of reports on mental health spanning the past decade is underlined. The article concludes with the argument that the evidence base for policy to support culturally adapt-

ed, community-led programming is well established. The time has come to translate knowledge into action.

Historic Trauma

Maggie Hodgson is a residential school Survivor who has been a pioneer in culture-based treatment and training in the field of alcohol and addictions and more recently an advisor on residential school redress and healing. Speaking at a hearing of the Royal Commission on Aboriginal Peoples in 1993 Maggie said:

> At one time I used to believe the myth that if our people sobered up, our problems would be solved. Now I know that all it does is take one layer off the onion…We are dealing with a number of different issues…related to our people's experience over the last 80 or 90 years…I believe that the whole issue of residential school [and its effects] is an issue that's going to take at least a minimum of 20 years [to work through] (Royal Commission on Aboriginal Peoples, 1995:75).

We have seen the powerful attraction that protests over lands have had recently at Caledonia, Ontario and, before that, at Oka, Quebec. The young and not-so-young individuals who don camouflage dress and camp out on disputed lands, recklessly defying police intervention, tend not to be the formal leaders of the community but they have the tacit support of many others who feel the injustices of the past. Why does the loss of land that happened generations earlier touch today's youth so deeply, rousing them to respond to a rallying cry? How does a people's history impact on present experience?

Native American psychologists working in clinical practice have shed light on these questions. Eduardo Duran and his wife Bonnie in California wrote in the early 1990s about the soul wound of Native American patients that was more than individual trauma, that was rooted in dislocation that affected the entire tribe and the community's collective sense of order and meaning (Duran & Duran, 1995). Maria Yellow Horse Brave Heart (1998) developed a theory of historic trauma based on research specifical-

ly with Native Americans of Dakota background. Historic trauma refers to responses to stress that are transmitted from one generation to another. The responses sit on a spectrum between adaptive and maladaptive.

The Aboriginal Healing Foundation commissioned a study that was published in 2004 titled *Historic Trauma and Aboriginal Healing* (Wesley-Esquimaux & Smolewski, 2004) which reviews the literature and, following Brave Heart, argues that Aboriginal communities have suffered successive traumatic events of huge proportion - epidemics, starvation as a result of destruction or depletion of food sources, confinement on tiny reserves, relocations for administrative convenience or to make way for development projects, removal of children to residential schools and child welfare placements, stereotyping and racism when they stepped outside of their reserves.

Television reports convey a sense of how large-scale disasters like the 2004 tsunami in Southeast Asia and hurricane Katrina in New Orleans affect whole communities. For Aboriginal communities, what they have experienced is akin to a flu epidemic followed by a hurricane followed by occupying forces on their lands, followed by disappearance of half the children in the community.

It is not readily apparent to Canadians in general why residential school experience has been traumatic for so many Survivors, why former students are in need of healing, and why the need for healing extends to the children and grandchildren of those who attended.

The fundamental violence of residential schools derived from their civilizing mission. They were established with the express purpose of detaching Indian, Métis and Inuit children from the savage or backward influence of their parents. These were not the equivalent of English boarding schools where children are sent to instill the values and replicate the connections of their privileged parents. Children were recruited with coercion, when they were as young as five years old. They were taken by rail and boat and plane to places entirely alien to them. Their hair was cut and subject to de-lousing whether they needed it or not. Their familiar clothing was replaced by quasi-uniforms or used clothing that arrived

in bales from distant congregations. They were forbidden to speak their native languages on pain of punishment. It was common practice to keep the children at the schools for ten months of the year or longer, and their parents were discouraged from visiting even if they lived close enough to do so. Children were bombarded with messages that everything they had come from was worthless and pagan. They had to deal with being wrenched from their families and thrust into a bewildering environment where the core of their identity was under assault.

Beyond the emotional trauma of separation from family and the assaults on cultural identity the stories of residential school Survivors that circulate in families tell also of persistent hunger and punishment. In the last decades of the 20th century these accounts found their way into publications where the extent of humiliation, isolation, and physical abuse were brought to light. The stories of Survivors also documented their often failed struggle to find a place in either Aboriginal or mainstream society, burdened as they were with minimal education for survival in white society and no skills to contribute to their home communities.

According to the theory of historic trauma, these experiences have become imbedded, verbally and non-verbally, in the shared memories of Aboriginal communities and are major contributors to normalizing dysfunctional behaviours including violence, direct and indirect suicide and substance abuse. If we accept the hypothesis that the source of ill-health resides in the community, it has enormous implications for efforts to restore well-being. The question for practitioners is: How does this help us do a better job of assisting people-at- risk to make life-affirming choices? Recent research on the incidence of suicide and the success of economic development initiatives indicate the potential for positive change.

Cultural Continuity and Community Well-being

Based on studies of the incidence of youth suicide in British Columbia First Nations, Chandler, Lalonde and Sokol (1999) noted that:

> Among the 30 some Tribal Councils that organize British Columbia's 196 aboriginal bands, the rates of suicide turn out to be extremely variable. Over the 5-year window of the study (1987-

> 1992), more than half of the province's native bands suffered no youth suicide at all and, consequently, have overall suicide rates well below the national average. Others have suicide rates that are 500 to 800 times that of Canada as a whole (Chandler, Lalonde & Sokol, 1999).

Earlier work on youth identity development by the researchers had led to conclusions that while there were variations within study groups, non-Aboriginal youth tended to locate their personal continuity inside themselves, looking for some core characteristics or experiences that provided a common anchor for who they were and who they would become. First Nations youth, on the other hand, tended to anchor their continuity in a narrative of events involving themselves and others over time, in a story that became more stable and coherent as the adolescent matured.

Chandler and Lalonde (1998) theorized that if the narrative of community was disorganized as a result of repeated assaults, including residential school experience, then adolescents would be more at risk in their own development and this could manifest in higher rates of suicide. They constructed a scale to test the theory, charting evidence along six lines: action to assert title to traditional lands, assuming rights of self-government, control over education, health, police and fire protection, and establishing cultural facilities. Each of the markers of cultural continuity was found to be associated with a clinically important reduction in the rate of youth suicide and the observed 5-year suicide rate fell to zero when all six of the identified protective factors were in place in any particular community.

The researchers hypothesize that the markers chosen are not the fundamental features of cultural continuity but a subset of a larger array of protective factors that may hold real promise of reducing the epidemic of youth suicide in First Nation communities.

Can self-determination and self-government serve as a hedge against suicide? The evidence is not extensive enough to make generalizations, but it has been extended in further work by Chandler and Lalonde and it is sufficiently provocative that others are seeking to validate the findings in other settings and studies.

Research on what influences community well-being also comes from the field of economic development. The highly regarded Harvard Project on American Indian Economic Development led by Cornell and Kalt reported on research in fifty projects over a five-year period. The project attempted to determine why economic ventures in some tribes succeed and others fail. The findings, confirmed in subsequent studies, were that effective governance is a critical factor in fostering economic development. The characteristics of effective government were identified as: 1) having power to make decisions about their own future; 2) exercising power through effective institutions; and 3) choosing economic policies and projects that fit with values and priorities, that is, the culture, of the community (Cornell & Kalt, 1992, 8-10).

One interpretation of the findings of these studies is that what leads to improved well-being is not self-government, or fire and police protection in themselves. What is happening in particular British Columbia tribal councils and the successful subset of fifty American Indian tribes is the re-creation of communities bound together by shared values and ethical rules of behaviour. Through the assertion of self-government Aboriginal communities are reaching back into their traditions and outward with analysis of current realities to reconstitute the bonds of community. They are creating safe environments for adolescents to work out their identity as valued and valuable persons and bringing people together to pursue shared economic goals and strategies.

Turning over the reins of power and the resources to install self-government is not a panacea. If a community is detached from its ethical and spiritual roots, more power can actually mean more risk to vulnerable members of the population. Reports on the practical initiatives supported by the Aboriginal Healing Foundation confirm that community initiative can be found and nurtured in widely diverse circumstances, with responsible leadership operating as one of several conditions that foster community well-being.

The Aboriginal Healing Foundation, 1998-2005

The AHF was created in 1998 with a one-time grant of $350 million from the federal government to support healing of physical and sexual abuse in residential schools, including intergenerational impacts. The AHF was required by its funding agreement to commit the entire fund within a five-year time frame, although actual disbursement of the allocations could extend for an additional five years. In fact the original grant was committed by October 2003 with termination of all project funding scheduled for 2007 and closure of the AHF planned for 2008. The federal government announced an interim grant of $40 million in 2005 which allowed for extension of 88 projects but did not alter the projected closure date.

The Indian Residential School Settlement (2007) approved by Survivors, Christian churches who were partners in operating the schools and the federal government, provides for compensation to former students of residential schools and earmarks $125 million over five years for the Aboriginal Healing Foundation. In the latter half of 2007 efforts to secure bridge funding, to maintain 148 functioning projects until the settlement agreement was implemented, were finally successful. No further extensions past 2012 have been granted.

The three-volume *Final Report*, released in January 2006, provides detail on the activities and impacts of the AHF during its first mandate. The Foundation received close to 4,600 proposals of which about 40% or 1775 fell within the mandate and funding criteria relating to physical and sexual abuse and intergenerational impacts. 1,346 projects were funded in 725 distinct organizations and communities. The AHF did not prescribe the nature of healing activities that could be funded. The basic criterion for approval was that the proposal had to relate to physical or sexual abuse in residential schools or intergenerational impacts of such treatment. Beyond that, projects were required to demonstrate community support and reasonable prospects of achieving their goals through a project workplan and appropriate personnel.

Data for the Final Report were collected through a review of project files, three national mail-out surveys (2001, 2002, 2004), telephone interviews with AHF board members and personnel, five national focus groups, thirteen in-depth case studies, and 1,479 individual participant questionnaires that captured information about individuals' experiences in the therapeutic healing process. Twenty-seven research studies were commissioned and a questionnaire on promising healing practices was distributed to 439 projects in October 2002, yielding 103 detailed responses.

Projects set a priority on involving Survivors and employing Aboriginal persons, with the result that 90% of project staff were Aboriginal and, of these, 30% were Survivors. Staff effort was supplemented by volunteers who were contributing an estimated 13,000 service hours per month in 2001, effort that would add value of $1.5 million dollars per year if it were compensated at the rate of $10 per hour.

The data indicate a huge pent-up demand for healing involvement that is driven by community priorities, and a large, previously untapped capacity of community members to lead their own healing.

Evaluating Impacts of the Aboriginal Healing Foundation

The AHF Board initially wished to gather data on social indicators, such as rates of physical and sexual abuse, children in care, incarceration and suicide, to track changes brought about by funded interventions. It quickly became evident that this would not be possible in the limited time span of AHF funded projects.

As communities came forward with their own definitions of healing needs, and strategies that reflected their own views of what was appropriate to their situation, there was great variation in proposals presented. Individuals and communities started their healing journey from different places, with different levels of resources and experience to plan interventions.

The evaluation approach adopted was to look for evidence of individual progress along a healing continuum and increased capacity of communities to facilitate that progress. Two sources were particularly helpful

in framing analysis of data: Judith Herman's seminal work: *Trauma and Recovery: The Aftermath of Violence -from domestic abuse to political terror (1992),* and the report of a national consultation funded by the Solicitor General Canada and the AHF: *Mapping the Healing Journey*. (Lane, Bopp, Bopp & Norris, 2002)

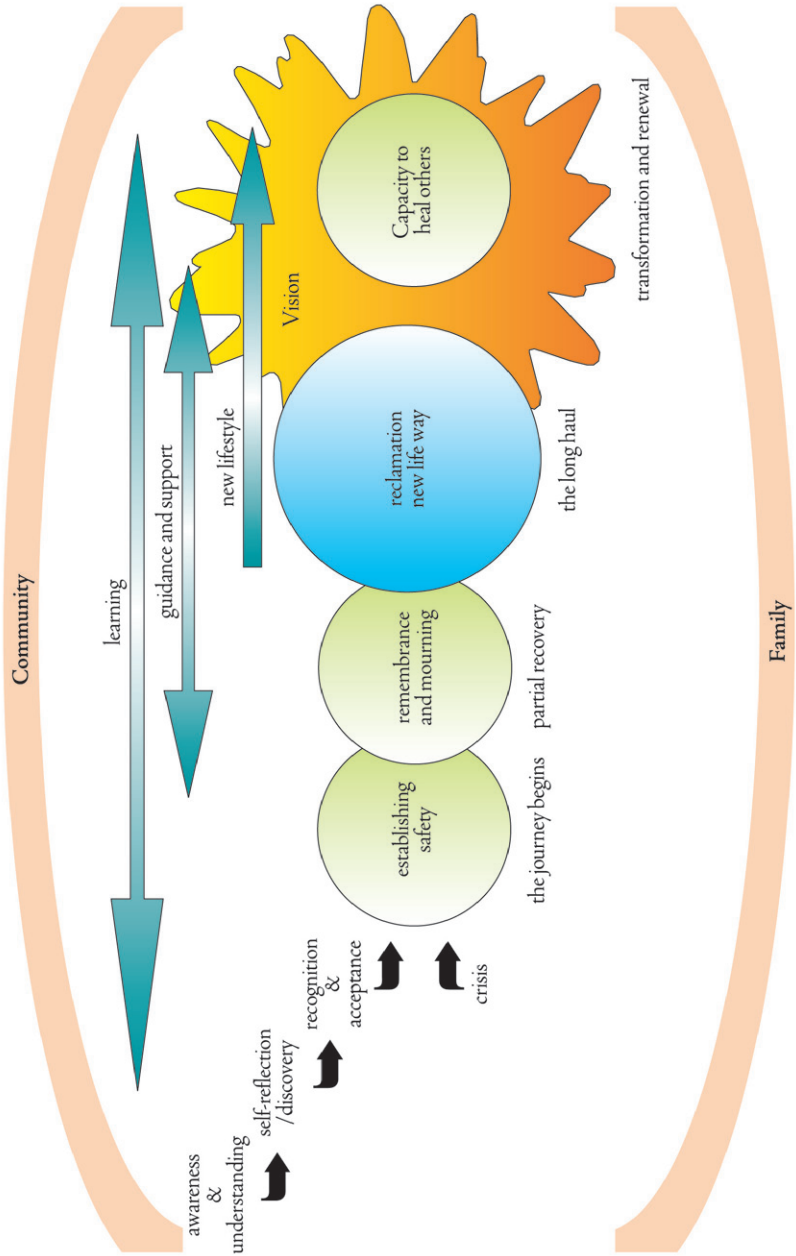
Evidence indicates that the individual Survivor's healing journey proceeds through four stages as represented in Figure 1: A Survior's Healing Journey [see page 22].

Individuals who have suffered trauma in childhood vary in their ability to integrate their experiences into the narrative of their lives. Reports from project participants confirmed that healing from painful or suppressed memories begins with awareness of barriers to a satisfying life and beginning recognition of the sources of distress. Awareness can develop gradually or be precipitated by a crisis such as a health problem, breakdown of a marriage or being charged with an offence. Projects typically found Legacy education about the history and impacts of residential schools, along with group events centered on cultural activities, supported readiness to engage in therapeutic activities and relationships.

In the first stage of their healing journey Survivors need to feel safe. Establishing *cultural safety,* affirming identities which had been forcibly suppressed, was an important feature of most projects. In stage two, sharing stories in talking circles fostered relationships among Survivors and encouraged remembrance and mourning of what had been lost. Mentoring by Elders, especially those who had survived comparable experiences, often helped to pave the way for entering stage three, the long haul of reclaiming a healthy way of life. The reclamation phase takes considerable time and discipline as well as support and guidance from family and community to establish stability. As personal healing progresses many Survivors feel motivated to share their emerging vitality with family, friends and community. Most Survivors would say that they are still progressing toward stage four in which they can mentor others on their healing journey.

The resilience of residential school Survivors is evident in the leadership provided by such individuals as Chief Billy Diamond in politics and

Figure 1: A Survivor's Journey



[Source: Aboriginal Healing Foundation]

economic development and Maggie Hodgson in the healing movement. Some exceptional individuals such as Garnet Angeconeb, an AHF Board member, are asserting that finding the capacity to forgive the perpetrators of abuse is the final liberating stage of personal healing (Aboriginal Healing Foundation, 2006, 1:157).

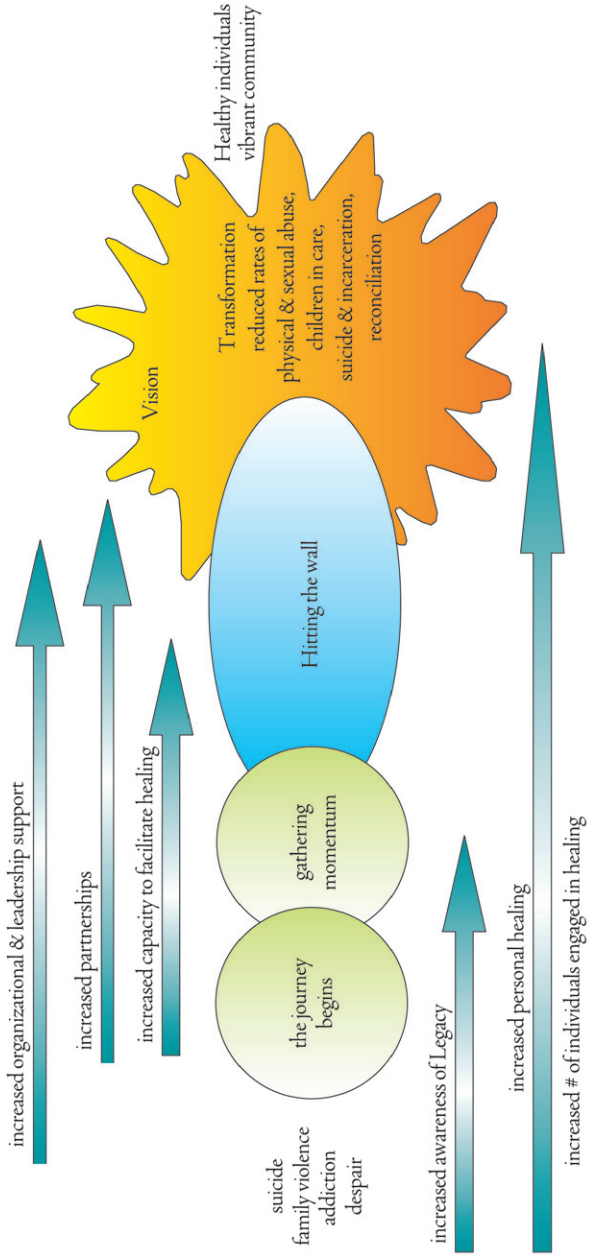
The most frequently used interventions to support personal healing were: healing/talking circles, Legacy education, workshops and ceremonies. The promising practices survey indicated that western therapeutic approaches were employed in 60 per cent of projects, almost always in conjunction with cultural interventions and/or Legacy education. Effectiveness of projects in reaching persons with unmet needs is indicated by evidence from individual questionnaires that two-thirds of participants had not previously participated in healing activities.

The path of community healing is also seen to follow four stages as represented in Figure 2: Community Healing Journey [see page 24].

Stage one is characterized by a prevailing sense of crisis or paralysis. The majority of people in the community are locked in destructive behaviours and there may be an unspoken acceptance that this state is somehow 'normal.' The possibility of a better tomorrow is sparked by a core group that is engaged in personal healing, forming support networks and seeking help for problems such as addiction. In this early stage, there is a beginning awareness of the Legacy of residential schools and increased disclosure of physical and sexual abuse, past and present.

The second stage sees the healing movement gathering momentum. More people are participating in healing activities and volunteering their assistance. There is a growing sense of hope, and determination to overcome obstacles of scarce resources and services, lack of trained staff and continuing denial in the community. People reach out to involve friends and elders and the numbers of children at risk are perceived as falling. Referrals from mainstream services to community-based healing initiatives escalate and healing teams may be inundated with requests to share promising practices.

Figure 2: Community Healing Journey



[Source: Aboriginal Healing Foundation]

Stage three, described in *Mapping the Healing Journey* (Lane Jr et al., 2002) and validated in project reports, is called 'hitting the wall.' Visible progress has been made but momentum is beginning to stall. Hope and excitement evident in the second stage has dulled and frontline workers are beginning to burn out. While more adults are pursuing healthy lifestyles more participants are approaching projects for help with violence, life-threatening addictions and suicidal tendencies. Previously undisclosed abuses such as gambling, prescription drug use or youth crime may be revealed in the community.

Achieving the transformation envisaged in stage four, where healthy individuals are functioning in a vibrant community, will require sustained energy and resources and integration of healing with other dimensions of community development including employment and economic opportunity. Two-thirds of respondents in the 2004 survey credited AHF-supported projects with moderate or entire influence on enhancing mutual support systems, access to healing services, tools to teach and learn about the Legacy of residential schools and collaboration between helping agencies. Perceptions of reduced risk to children were more variable but approached statistical significance.

Healing the Legacy of residential schooling, whether at the individual or community level, is not a linear process. The stages identified above are only approximate models of complex real-life events. Survivors progress and then circle back on earlier stages when confronted with recurrent challenges. Community change was described as 'like ripples unfolding in a pool, where each new circle contains the previous one' (Lane Jr et al., 2002, 63).

Implications for Mental Health Services

The axiom has often been repeated that resolution of resistant social problems in Aboriginal communities must come from the people themselves. Research detailed in the *Final Report of the Aboriginal Healing Foundation* begins to map the ground of healing from the Legacy of residential schooling (Aboriginal Healing Foundation, 2006: 1:151-173). Conclusions are formative, based on self-reports from community projects and participants and point-of-time rather than longitudinal data. On

the positive side, survey responses were obtained from close to two-thirds of the organizations receiving funding, including a cross-section of every region, type of project, community size and Aboriginal sub-group, and data from multiple sources was triangulated.

Some of the most significant findings presented in the AHF *Final Report* are summarized here.

1. *Culture is good medicine.* Individuals who had previously resisted interventions responded to culture-based outreach. Healing facilitated by residential school Survivors who had started on their healing journey, leadership of local personnel including Elders, use of Aboriginal languages, and spaces displaying cultural images and symbols helped to create a climate of safety. In such a climate, responsiveness to western therapies, adapted to the community context, also increased.

2. *Spiritual healing, involving community-specific features, is a critical element in reclaiming wellness.* Sometimes, for some people, spiritual healing is a mystical awakening that happens in a ceremonial setting, but it happens also in many ordinary ways. For residential school Survivors who were forcibly divested of their language, recovering their language was a profoundly healing experience. One participant exclaimed: "In residential school we were punished for speaking our language; now we are rewarded for it. It's like residential school backwards!" For Inuit, going out on the land and engaging in traditional survival and harvesting activities was often key to healing. In Métis projects people researched their history and found that making contact with their relations was transforming. Women who had been isolated sat in a quilting circle and shared stories that opened up new awareness of themselves, their past and their common experiences. Fathers came reluctantly to parenting workshops and discovered how awesome it can be to look at the world through the eyes of a child. Sharing circles and healing circles facilitated by Elders and residential school Survivors created bonds of trust and mutual care. Looking for common threads in the healing that people referred to as "spiritual", it seems that they were talking in different ways of making a connection to something greater than themselves and their individual griefs. The experience that *I am a part of it* was triggered in multiple ways, connecting with the natural world, the stream of history, family and

community, or in some cases, with a spiritual Being who is friendly. In different contexts any of those experiences could be pivotal in awakening an internal awareness of Being that was liberating, that touched people and created the sense: *I am alive and I can do something with this life.*

3. *It takes time to heal.* In virtually all projects the initial phase of outreach to dismantle denial had to be traversed, either at the outset or circling back after a therapeutic initiative had been launched. Because of the lead time required to develop trust in individuals and communities and the additional time necessary to consolidate learning and change, the AHF proposes that interventions should be supported over a ten-year span. Only a fraction of AHF-funded projects extended to 60 months Sixty-six per cent of projects surveyed in 2004 reported that they had accomplished a few goals but much work remained as AHF support was winding down.

4. *Community healing must complement individual healing.* The healing needs uncovered in the course of the AHF's work make it clear that one-on-one therapies delivered by mental health professionals are by themselves inadequate to respond to the pervasiveness and depth of trauma that continues to reverberate in Aboriginal communities. Because of the diversity of community characteristics local involvement in identifying needs and strengths is essential.

5. *Community capacity already exists in varying degrees.* Even in the most troubled communities a core of individuals who are working on their own healing can be found. Programs intended to build community capacity do not need to begin from ground zero. Locating sources of strength requires flexibility and time to build trust between potential animators and program personnel. Exchange of experience between communities through regional gatherings or user-friendly communications media is an effective means of stimulating involvement.

6. *Service infrastructure and continuity are necessary to consolidate individual healing and assist communities who are 'hitting the wall' in their healing journey.* Projects emerging from community initiatives typically operate on the margins of core and professional services and are of limited duration. The AHF encouraged collaboration with existing

services and funding that flowed to the community helped to promote partnerships where the leadership and expertise of community personnel were respected.

7. *As individuals and communities heal, the depth and complexity of needs become evident, generating demand for training.* We are learning about ways of healing from deep-seated trauma, ways of restoring the bonds of ethical community that provide an anchor for individual and collective well-being. It is important to note that community-driven, locally staffed healing initiatives did not create a cultural ghetto to pursue their healing goals. Fully 60% of projects reached out to engage western therapies and professionals, in equitable, respectful partnerships. Project personnel regularly identified a need to acquire training to deal with complex needs uncovered by culture-based interventions.

8. *Community personnel are ready to make a strong commitment to research to improve effectiveness of services.* Collaborative research undertaken by the AHF, applying professional standards of evaluation, elicited an extraordinary level of response. Hundreds of communities have demonstrated readiness to pursue longitudinal evaluation and further development of promising practices through research and training.

Toward Evidence-Based Policy

Empirical evidence assembled by the AHF indicates that services utilizing local capacity and Indigenous knowledge are effective and that such approaches also deliver significant economies (Native Counselling Service of Alberta, 2001). The administrative record of the Aboriginal Healing Foundation from 1998 to 2005 as detailed in the *Final Report* and summarized in a companion article (DeGagné, 2008) provides evidence that cultural fit between the services of a nation-wide Aboriginal institution and the diverse environments of Aboriginal communities can be achieved while concurrently meeting high standards of public accountability.

The approach to Aboriginal healing services endorsed by the Aboriginal Healing Foundation in practice and its *Final Report* is not new. The Royal Commission on Aboriginal Peoples in *Choosing Life, a special report on suicide among Aboriginal People* (1995) recommended setting a

national priority on suicide prevention supporting community-led action. Further recommendations on integrating currently fragmented services were elaborated in *Gathering Strength*, Volume 3 of the *Report of the Royal Commission on Aboriginal Peoples* (1996).

The Mental Health Working Group of Health Canada, the Assembly of First Nations and Inuit Tapirisat of Canada in 2001 prepared a Comprehensive Culturally Appropriate Mental Wellness Framework that placed natural caregivers in the individual's immediate environment as the first line of support, followed by community-based wellness services and, as needed, specialized services (The framework is reproduced in: Aboriginal Healing Foundation, 2006, Appendix Q).

Out of the Shadows at Last, (The Standing Senate Committee on Social Affairs, Science and Technology, 2006) a Senate committee report on mental health, mental illness and addiction, recommended resolving jurisdictional questions that impede the development of sustained and coordinated services targeted to the varied sectors of the Aboriginal community. In line with general recommendations in the Senate committee report, community involvement in the development and delivery of services was endorsed, along with clear targets and regular reporting within a wellness framework. Independent community comment on the impacts of Aboriginal Healing Foundation project support was noted and renewal of the AHF mandate was recommended.

The evidence exists on which to establish policy parameters for a strategic, high priority mental wellness strategy serving Aboriginal people. Community engagement in promoting wellness has been stimulated through hundreds of projects supported by the Aboriginal Healing Foundation. The time has come to make the transition from short-term, fragmented, demonstration projects to sustainable, community-led programs supported by evidence-based policy.

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