

16 May 2000



**Statement of the Siksika Nation of the Blackfoot  
Confederacy Treaty 7, Alberta, Canada.**

**To the first session of the United Nations Permanent Forum  
of Indigenous Issues, New York, 13 May – 24 May 2002**

Presentation: Chief Adrian Stimson, Siksika Nation

\*Thank you Mr. Chairperson:

1. ***Greetings***, on behalf of ALL FIRST NATIONS from Canada and in particular, the Siksika Nation of the Blackfoot Confederacy.
2. ***Concerned*** that historically, First Nations in Canada have undergone multiple and intergenerational trauma's and abuses and stressors associated since the arrival of Europeans and the subsequent policies imposed by the Canadian government.
3. ***Welcoming*** the opportunity to come here today before the Permanent Forum on Indigenous Peoples, we report Mental Health of First Nations in Canada is in a poor state due to the neglect and the lack of fiduciary responsibility by our Canadian Government for Mental Health care. Health Canada does not provide sufficient/adequate mental health funding for our First Nations peoples. In the Non-Insured Health Benefits (NIHB) 2001 Annual Report, only 3% of the total health care budget is allocated to mental health programs. According to the Health Canada 2002 report, neither services nor resources exist to combat the highest rates of mental illness and diseases faced by Canada's First Nations. Given their findings, why are First Nations neglected in the area of mental health? The environment in which most Indian people live is more stressful than any other environment in Canada. This

greatly impacts their overall health. There is a growing awareness that grief and trauma or Post Traumatic Stress Disorder can be transmitted through the generations. In the research literature, it indicates that even through offspring of survivors of traumatic and catastrophic events did not have direct experience of persecution but are more vulnerable to trauma than offspring of non-traumatic survivors. This helps us understand the many offspring of Indian people who suffered the many atrocities of the government are still affected by those traumas, today even though they are three or four generations removed from actual experiences. This is the backdrop that heightens Native people's susceptibility and potential vulnerability to the consequences of other kinds of stressors that often pervade the world in which we live.

4. ***Recognizing*** furthermore, it is not surprising that on most First Nations reserves, there is a high prevalence of suppressed pain through alcohol, drug and numerous other mental health problems including high rates of major depression at various parts of their lives. There is an ever-increasing rate of domestic violence and child abuse and neglect as well as elder abuse and neglect.
5. ***Bearing in mind***, this is not a statement about moral or character weakness of First Nations peoples but a comment about the stressful nature of the social environment in which we live. We as First Nations are incredibly resilient, vibrant, optimistic and spiritual and this speaks to our strengths.
6. ***Recalling*** the Minister of Health Canada, Allan Rock stated in his address to the 26<sup>th</sup> congress of the World Federation for Mental Health – World Assembly for Mental Health, July 23, 2001 that “an area where the Government of Canada does have direct responsibility is delivering health care services in Aboriginal communities. And I’ll be frank and say, it’s an area where we do not do the job as we should. The rates of suicide, substance abuse and depression among the First Nations and Inuit

communities in this country are unacceptably high and there remains a disturbing disparity between the overall health status of First Nations and Inuit Canadians and the population at large". (Allan Rock, 2001).

7. **Considering** Canada has failed miserably, the 2000/01 resources within the First Nations and Inuit Health Branch Programs, 52.8% went directly to management of health programs, which includes Health Canada management/support at the zone, regional and Head Quarters levels. While the lion's share of the health care funding has been for government personnel our First Nations Peoples are in a state of survival mode and many of our people continue to die at alarming rates. The First Nations in Alberta join in overwhelming support, along with the Assembly of First Nations, Canada to voice our concerns with the lack of mental health services overall. We attach our supporting documents: Siksika Band Council Resolution and the Alberta Chiefs Summit Resolution.
8. The Siksika Nation of the Blackfoot Confederacy in Treaty 7, Alberta, Canada attempts to offer quality holistic programs including our traditional cultural and alternative methods of healing. However, the miniscule funds that filter to the grassroots from Health Canada are not sufficient to develop any sustainable intervention for mental health. To date the Siksika Nation has begun to provide solutions for the mental health of the community by endorsing culturally related Mental Health intervention programs. Mental Health care can make significant contributions to our nation's healthcare. The stressful lifestyles and poor socio-economic status of all First Nations in Canada have led to high rates in diabetes, cancer, etc. Consequently, we need to establish suitable First Nations Mental Health resources, such as specialized Mental Health psychiatric and psychological services, training for Mental Health professionals, First Nations

intervention and long-term care, educational awareness, as well as, First Nations accreditation for Mental Health services.

9. ***In accordance*** with Article 25 of the Universal Declaration of Human Rights, First Nations peoples have the right "...to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." Our vision is to empower Siksika Nation by encouraging and supporting healthy lifestyles. However, Mental Health in First Nations in Canada is non-existent, especially when each province in Canada makes significant contributions to mental health care to their Canadian citizens while First Nations are consistently and constantly reminded that we are not eligible to access mental health services because of jurisdiction issues. This is blatant discrimination.
10. ***Call for*** urgent and immediate action to protect and preserve the integrity of First Nations peoples in Canada to their inherent Treaty Rights (Articles 22, 23, 24 & 35 Rights of Indigenous Peoples) to mental health services including psychiatric and psychological health care. This will also include direct training for culturally appropriate mental health services on reserves, training for First Nations peoples at all levels, from preparatory to advanced. First Nations peoples in Canada do not require further research in the area of mental health, there are adequate statistics to affirm our need for mental health care.
11. ***Call for*** the promotion and implementation of mental health awareness, intervention and diagnosis and long term care follow up accessible to all First Nations peoples to address their individual mental health care needs.

12. ***Call for*** Government of Canada to immediately resolve issues of responsibility and jurisdiction in the area of mental health care for First Nations peoples where Treaties exist and that the original spirit and intent of these Treaty agreements be honored, respected and implemented.
13. ***Call on*** the United Nations Permanent Forum on Indigenous Peoples to support First Nations need for Mental Health Care in Canada.
14. ***Call on*** our Creator, our Ancestors and Indigenous Peoples here today, to create a healthy path for our First Nations and future generations.

Thank you.

BCR # 02-06

P. 01