



The National Inquiry into Missing and Murdered Indigenous Women and Girls

Supplemental Overview of the First Nations and Inuit Health Branch, October 9, 2018

1.0 INTRODUCTION

1.1 Written Submission as set out in the Practice Directive

During her testimony before the National Inquiry May 30-31, 2018, Dr. Valerie Gideon provided an overview of the Health Services delivery context for First Nations and Inuit in Canada, the role and mandate of Indigenous Services Canada (ISC)'s First Nations and Inuit Health Branch (FNIHB), and key services relevant to the issue of violence against First Nations and Inuit women and girls, and the greater vulnerability to violence.

The Commission, in the lead up to Dr. Gideon's testimony, requested a focus on (1) primary care services, which prevent or respond to the health issues of First Nations people, including women and girls who have been victims of violence or are at risk of violence; and (2) mental wellness services that reduce individual, family and community risk factors, increase individual, family and community protective factors, and support individuals, families and communities to advance mental wellness. A written Overview, with a focus on these areas, was provided and entered as an exhibit to Dr. Gideon's testimony.

This supplemental Overview provides additional information to capture the scope of the FNIHB's programs relevant to violence against Indigenous women and girls (see Annex A for relevant program descriptions).

1.2 Additional Information

Although not designed specifically to address violence, FNIHB supports community-based programs and services that work upstream to prevent violence or support victims of violence to reduce further harms.

- Social Determinants of Health, Healthy Child Development and the work of FNIHB on pre-natal nutrition, Fetal Alcohol Spectrum Disorder, Maternal Child Health and Aboriginal Head Start on Reserve
- Sexually Transmitted and Blood Borne Infections
- Suicide Prevention
- Regional promising practices that relate to these topics.

2.0 COMMUNITY-BASED PROGRAMS AND SERVICES

In recent years, First Nations and Inuit health has improved; however, gaps remain in the overall health status of First Nation and Inuit when compared to other Canadians. These gaps in health outcomes are often connected to the underlying social determinants of health, and to the ongoing impacts of historical trauma. Both the underlying social determinants of health and the ongoing impacts of historical trauma must be addressed to restore individual, family and community wellness. FNIHB works with numerous partners to carry out many activities aimed at helping individuals and families stay healthy and promoting wellness.



In establishing ISC, the Prime Minister directed the Minister of ISC to “take an approach to service delivery that is patient-centred, focused on community wellness, links effectively to provincial and territorial health care systems, and that considers the connection between health care and the social determinants of health.”¹

2.1 Social Determinants of Health and Collaborative Planning with First Nations and Inuit

Healthy child development is a key determinant of health that lays the foundation for lifelong well-being. The years from conception to age six have the most important influence of any time in the life cycle on brain development and subsequent learning, behaviour, and physical and mental health.²

ISC is working with First Nations, Inuit, and provinces and territories to advance collaborative models of health and health care that support individuals, families and communities from a holistic perspective, while respecting jurisdictional roles and responsibilities.

Most First Nations and Inuit health programs are delivered by First Nations, Inuit, or territorial governments via multi-year contribution agreements involving variable levels of flexibility. Approximately 76% of First Nations and Inuit communities have assumed greater responsibility for health care resources through flexible funding approaches. This allows First Nations and Inuit communities to design and deliver their own holistic programming.

We are also advancing shared priorities with First Nations, Inuit, other federal departments, provinces and territories, and other partners through culturally-appropriate collaborative planning and coordinated initiatives to improve health and wellness outcomes.³

2.1.1 Healthy Child Development Programming

FNIHB’s **Healthy Child Development (HCD)**⁴ cluster of programming includes the Aboriginal Head Start On Reserve Program (AHSOR), Fetal Alcohol Spectrum Disorder Program (FASD), Canada Prenatal Nutrition Program and Maternal Child Health Program (MCH) and other related programs and services. The goal is to support community-based services along a continuum of care from pre-conception and pregnancy through to birth, infancy and early childhood development. The areas of focus include prenatal health, postnatal health and newborn care, nutrition, early literacy and learning, and physical, emotional and mental health.

ISC invests approximately \$100M annually in services that support healthy pregnancies, births and child development for First Nations and Inuit families. Budget 2017 included \$21.1 million over five years (2017-2022) for MCH, \$10.5 million for FASD, \$45.5M for the Children’s Oral Health Initiative (COHI), as well as \$6 million to support Indigenous midwifery demonstration projects that return birthing to the

¹ <https://pm.gc.ca/eng/minister-indigenous-services-mandate-letter>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3448539/>

³ <https://www.sac-isc.gc.ca/eng/1523374573623/1523904791460?wbdisable=true>

⁴ <https://www.aadnc-aandc.gc.ca/eng/1513089555917/1513089649764#chp1>



community, with a priority on rural, remote, isolated or northern communities, where there is no local or culturally safe birthing option. These services are delivered through the following cluster of HCD programming:

The MCH Program (base funding of \$25 million annually plus \$21.1 million over five years announced in Budget 2017) provides home visiting by nurses and family visitors to pregnant women and families with young children in 309 First Nations communities (excluding BC where First Nations Health Authority funds these services). Program components include case management; screening, assessment and referrals; health promotion strategies to improve maternal child health and identify risk factors for issues such as gestational diabetes, maternal and infant mental health issues, and family violence. In the North, funding supports health promotion and disease prevention programming provided by the territorial governments. Family visitors often screen and identify gender-based violence and provide counselling and referral of victims of violence to relevant service providers.

The AHSOR⁵ Program (base funding of \$47.4 million annually) supports the healthy growth and development of First Nations children from birth to age 6 living in 356 communities (excluding BC for the same reason as above). Components include: culture and language; nutrition; education; health promotion; social support; and parental and family involvement. Programming can be centre-based, delivered through outreach/home-visits, or a combination of the two. Language, culture and learning are crucial elements of resilience and impact Indigenous peoples' ability to thrive, to be healthy and well. AHSOR provides culture and language services and supports that allow children to develop a sense of belonging and identity as a First Nations person, and to learn and retain their First Nation languages. AHSOR supports community-based health promotion, mental wellness activities for children and families, as well the development of parenting skills, which all contribute to the prevention of violence.

The **Canada Prenatal Nutrition Program**⁶ (CPNP) (base funding of \$12.7 million annually) – **First Nations and Inuit Component** supports improved maternal and infant health through activities relating to nutrition screening, education, and counselling; maternal nourishment; and breastfeeding promotion. The program supports women in 395 First Nations and Inuit communities (once again, excluding BC).

The COHI⁷ (base funding of \$4.5 million annually plus \$45.4 million over five years announced in Budget 2017) focuses on the prevention of dental disease and the promotion of good oral health practices for First Nations and Inuit children and their families, including pregnant women. The initiative currently supports preventive oral health services in 249 First Nations and Inuit communities (excluding BC).

The FASD⁸ Program (base funding of \$14.2 million annually plus \$10.5 million announced in Budget 2017) supports First Nations and Inuit communities to undertake activities that will educate and raise

⁵ <https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/family-health/healthy-child-development/aboriginal-head-start-reserve-first-nations-inuit-health-canada.html>

⁶ <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/canada-prenatal-nutrition-program-cpnp.html>

⁷ <https://www.canada.ca/en/health-canada/corporate/about-health-canada/activities-responsibilities/strategies-initiatives/first-nations-inuit-health-strategies-initiatives.html#cohi-isbde>

⁸ <https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/family-health/healthy-pregnancy-babies/fetal-alcohol-syndrome-fetal-alcohol-effects-first-nations-inuit-health-main-page.html> and: <https://www.canada.ca/en/public-health/services/diseases/fetal-alcohol-spectrum-disorder.html>



awareness about the impacts of FASD; supports women in stopping or reducing alcohol use while pregnant; facilitates earlier diagnosis; and builds capacity in front-line staff to develop successful prevention and intervention programs and services for families. Funding has established 29 home-visiting mentoring programs and 23 community coordinator projects.

Indigenous Early Learning and Child Care⁹ (IELCC) Framework (up to \$1.7 billion over 10 years starting in 2018–19); led by Employment and Social Development Canada, and co-developed with Indigenous partners, allows for the current approach to funding programs to be reoriented towards a comprehensive system of diverse, high-quality services designed and delivered by Indigenous partners and stakeholders.

Indigenous Midwifery care that “brings birth home” to Indigenous communities has been identified as a pathway that improves health and supports the regeneration of strong families. Budget 2017’s investment of \$6 million over five years for Indigenous midwifery was the first ever federal investment in midwifery. To date, \$360,000 has been spent on regional engagement. The remaining funding will mainly be used to support:

- Three First Nations demonstration projects, each valued at \$1.2M over four years, starting in 2018-19;
- \$1.2M over four years to support Inuit midwifery; and
- \$600K over four years in developmental funding to support First Nations regions.

The **Victims of Family Violence**¹⁰ Program seeks to enhance access to mental health counselling for victims of violence and \$1.5M for community-based programming to improve and strengthen access to trauma-informed and culturally-relevant health care services for First Nations and Inuit victims of violence and their children.

FNIHB works with partners to increase First Nations and Inuit control over the design, delivery and evaluation of community programs and services, including healthy child development and mental wellness programs. This is consistent with the Government of Canada’s commitment to a renewed nation-to-nation relationship with Indigenous Peoples that is based on recognition of rights, cooperation and partnership. As with other community-based services funded by FNIHB, Healthy Child Development (HCD) programming is supported by a National Office and seven Regional Offices that work with First Nations and Inuit communities and organizations in the delivery of HCD programming. The establishment of national and regional partnerships is essential to support the work delivered by First Nations and Inuit communities and organizations.

HCD Regional Offices, each with their own structure of regional partnerships, are based on varying regionally specific structures and mechanisms. Some Regional Offices are supported through formal Regional Partnership Tables such as the Alberta Health Co-Management Table; Atlantic Health Partnership; Ontario “HCU” (Health Coordination Unit led by Chiefs of Ontario). These partnerships vary across the country and can include Regional, First Nations, Inuit, provincial, territorial or other

⁹ <https://www.canada.ca/en/employment-social-development/programs/indigenous-early-learning.html>

¹⁰ <https://www.canada.ca/en/health-canada/services/publications/health-risks-safety/first-nations-inuit-component-victims-family-violence-investments.html>



representatives. Through these partnership tables, Regional Offices engage in joint decision making and set regional priorities for planned activities. Regarding First Nations communities in British Columbia, the First Nations Health Authority supports the implementation of HCD programming.

Nationally, FNIHB works in a formal partnership with the Assembly of First Nations and Inuit Tapiriit Kanatami (ITK), while also collaborating with other federal departments and agencies.

A key priority for FNIHB is the implementation of proactive measures to ensure service access and enhance service coordination for First Nations children so they receive the care and support they need: **the aim of FNIHB's Jordan's Principle Child-First Initiative**¹¹ is to ensure all First Nations children can access the products, services and supports they need, when they need them. It can help with a wide range of health, social and educational needs.

2.2 Sexually Transmitted and Blood Borne Infections

FNIHB's Sexually Transmitted and Blood Borne Infections program focuses on prevention, education, awareness, community capacity-building, facilitating access to culturally-appropriate testing, and cultural teachings related to care, treatment, and support, including HIV/AIDS. The program goals include preventing the acquisition and transmission of Sexually Transmitted and Blood Borne Infections, increasing the early detection and treatment of Sexually Transmitted and Blood Borne Infections, and improving the quality of life for Indigenous Peoples Living with and Affected by HIV/AIDS (IPLWHA) and other Sexually Transmitted and Blood Borne Infections including hepatitis C.

FNIHB also works with other programs such as Mental Health and Substance Use, and Environmental Health to identify key areas of collaboration to address Social Determinants of Health that may impact the risk of Sexually Transmitted and Blood Borne infections such as Intravenous Drug Use (IDU) including the misuse of Opioids, inadequate housing, poverty and non-consensual sex and sexual violence.

FNIHB collaborates with First Nations communities on various community-based, community led initiatives such as the "Know Your Status (KYS)" project in the FNIHB Saskatchewan region.¹² This project has demonstrated exemplary concrete actions and strong leadership towards decreasing the burden of Sexually Transmitted and Blood Borne Infections and promoting wellness through prevention harm reduction, Sexually Transmitted and Blood Borne Infections testing and special nursing services/case management to coordinate services, integration and referrals to other services, as required. Two Saskatchewan communities have seen a significant reduction in new infections since its inception and it has been expanded to most Saskatchewan First Nations communities through the access to full or partial components of the Know Your Status model. The expansion of the KYS project aims to enable more First Nations communities to reach global 90-90-90 HIV targets and stop the transmission of HIV and other Sexually Transmitted and Blood Borne Infections. Global HIV 90-90-90 targets are recognized by UNAIDS as 90 percent of all people living with HIV will know their status, 90 percent of all people diagnosed with HIV will receive sustained treatment and 90 percent of all people receiving antiretroviral therapy will have viral suppression.

¹¹ <https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html>.

¹² <http://knowyourstatus.ca/>



FNIHB is also supporting the Canadian Aboriginal AIDS Network's DRUM project¹³, working in partnership with the University of Victoria and led by three First Nation communities in [Alberta](#), which focuses on developing a community-specific shared care model that brings together local, regional and provincial health services and explores ways of providing them to Indigenous peoples living with and affected by HIV/AIDS and/or Hepatitis C with a focus on First Nations living on reserve.

FNIHB supports various National Indigenous Organizations, such as Pauktuutit Inuit Women of Canada in their work in creating an Inuit Sexual Health Network¹⁴ with the goals of:

- establishing a network of Inuit sexual health experts;
- providing an opportunity for these experts to share promising practices;
- developing initiatives to address the high rates of Sexually Transmitted and Blood Borne Infections; and,
- preventing an epidemic of HIV and hepatitis C from occurring within the Inuit population.

FNIHB supports the Native Women's Association of Canada (NWAC) in their efforts to establish a trauma-informed approach to culturally-specific & gender-based Sexually Transmitted and Blood Borne Infections interventions for Indigenous women and girls. NWAC aims to create gender-based culturally-appropriate trauma-informed interventions. As Indigenous women and girls are often over represented in HIV/ AIDS and other Sexually Transmitted and Blood Borne Infections, more mainstream services need to be designed to ensure they are culturally-relevant, gender-based, and trauma-informed and are readily accessible including for individuals who have a history of abuse. A trauma-informed approach would provide holistic interventions to assist in addressing the underlying causes that may be associated with the social determinants of health that make Indigenous women and girls vulnerable to Sexually Transmitted and Blood Borne Infections such as; poverty, housing insecurity, mental health and addictions, adverse childhood experiences, racism and unresolved intergenerational trauma as a result of colonialism and the legacy of the residential school system.

The Native Woman's Association of Canada's trauma-informed approach will focus on¹⁵:

- creating trauma-informed Sexually Transmitted and Blood Borne Infections resources;
- encouraging trauma-informed relationships between service providers and Indigenous clients;
- increasing the effectiveness of the provision of Sexually Transmitted and Blood Borne Infections services;
- increasing the number of Indigenous women and girls getting tested and linking them to care (treatment) and ultimately reducing the burden of Sexually Transmitted and Blood Borne Infections for Indigenous women and girls.

FNIHB supports the Canadian Aboriginal AIDS Network (CAAN) Voices of Women (VOW) Standing Committee that provides:

- strategic policy advice on current and emerging HIV and AIDS issues related to the specific needs of Indigenous women. This policy advice is based on, "**Aboriginal Women – Specific**", research

¹³ <https://caan.ca/en/drum-project/>

¹⁴ <https://www.pauktuutit.ca/health/sexual-health/>

¹⁵ <https://www.nwac.ca/home/policy-areas/health/stbbis/>



that is based on a social determinants health framework to address high prevalence rates and incidences of communicable diseases including Sexually Transmitted and Blood Borne Infections that impact Indigenous women and girls;

- a safe space for the voices of Positive Indigenous Women (PIW);
- advice on key Indigenous issues related to the implementation of programs;
- advice on key policy issues to improve the health of Indigenous women who are at risk of or affected by HIV/AIDS; and,
- an atmosphere of mentorship for women to build capacity as individuals, or in families and communities.

2.3 Suicide Prevention

FNIHB supports a number of initiatives to address gaps in mental wellness services including initiatives implemented through the National Inuit Suicide Prevention Strategy (NISPS) developed and led by ITK. NISPS funded initiatives include support for youth programs, student and family support workshops, an Inuit men's program and an Inuit counselor's program.

Since its launch on October 1, 2016, the **Hope for Wellness Line** has received 6,782 calls (up to August 2018). One challenge was that this service could only be accessed through telephone. To overcome this challenge, an online chat counseling service was launched on April 16, 2018 with the goal of providing additional options for accessing help line services, and to reach more youth and individuals through an online service versus the telephone. Since its launch the online chat counselling service was accessed 293 times (up to August 2018).

2.4 Regional Examples of Promising Practices funded by FNIHB

As indicated in the FNIHB Overview submitted in May 2018 as part of Dr. Gideon's testimony, "FNIHB has been working with partners to increase First Nations and Inuit control over the design, planning, delivery and evaluation of community programs and services. The aim of increased First Nations and Inuit control is a better fit between programs and services and community needs in order to improve health outcomes. In this way, communities have supports to customize or develop new services, leading to the emergence of more and more community-based promising practices (e.g., holistic approaches; culture and land-based programs)." The following examples are intended to highlight selected innovative promising practices across the country and is in no way intended as comprehensive or a ranking of projects.

Theme 1: Healthy Child Development

Atlantic

The Sheshatshiu Innu First Nation's Centering Pregnancy is a prenatal care group bringing women in the same stage of pregnancy into a comfortable group setting and giving 10 times more time with their care provider. In addition to a physical check-up, moms participate in discussions and interactive activities designed to address important and timely health topics including: nutrition, common discomforts, stress management, labour and delivery, breastfeeding, and infant care. It is expected that this initiative will indirectly reduce stress in family relationships and strengthen the family unit.



Alberta

Home Visitation program in 32 First Nations communities offer parents and parents-to-be support in raising children to be healthy, safe and secure. Home visitation focuses on strengthening and supporting families by building relationships, teaching problem-solving skills, encouraging positive parent-child relationships, and supporting early child growth and development. Participation in the program can be intensive and long-term depending on the needs of the children and family.

Theme 2: On the Land Programming

Northwest Territories

Project Jewel offers a culturally-sensitive, locally designed on-the-land program that helps create a safe environment for women victims of violent trauma. It encourages personal growth, personal connections to culture and land, and a sense of pride in one's heritage. The project brings the service providers and Elders to the program participants and provides practical skill-building tools (e.g., family, financial planning) that they can use throughout their lives.

The Kwanlin Dun First Nation Jackson Lake Wellness Team and Land-Based Healing Programs offer prevention, treatment, outreach and aftercare to individuals with substance abuse issues. The on-the-land sessions and community circles for men and women provide aftercare support for those who have completed the four-week program, integrating First Nations cultural ways of healing with clinical approaches. They also provide additional community-based collaborative programs as well as community crisis response services.

Ontario

Choose Life is a two-year project designed to expedite access to mental health services and supports. The project is geared to First Nations children and youth in Nishnawbe Aski Nation communities who are at risk of suicide. The goal is to implement a simplified process to access funding for mental health services under the Jordan's Principle Child-First Initiative. Choose Life supports land-based camps in Ontario. Camp activities include hunting, fishing, gathering medicines, traditional teachings and mental health supports. Choose Life also supports land-based detox.

Theme 3: Support for Vulnerable Populations

Atlantic

Healing Our Nations¹⁶ is a health promotion program that supports work in HIV/AIDS education, including some aspects of harm reduction and infection prevention/control related to sexually transmitted and blood borne pathogens. The program contributes to community-led activities such as workshops for women and girls on building self-esteem, healthy sexuality and other topics. The program may contribute to greater self-esteem and resilience for women and girls.

¹⁶ <http://www.hon93.ca/index.php>



Quebec

Through collaboration with the Native Women's Shelter of Montreal, FNIHB helps fund services to extremely vulnerable Indigenous women who make use of this organization. The Open Door is one of few organizations in Montreal that will receive intoxicated clients. By providing a psychologist on a part-time basis on-site, the program is able to reach the most vulnerable women, who are least able to access services on their own.

Manitoba

Ndinawe Youth Resource Centre in Winnipeg operates 24/7, providing youth with a safe and supportive environment as an alternative to the streets, helping to reduce the serious threats to their health and well-being. Through their connection to the Ndinawe Youth Resource Centre, youth are supported to develop positive relationships within their community and to have a sense of connection and belonging. This may help reduce the social isolation they otherwise experience. Through their connection to the Centre, they are connected to supports and resources to assist them in addressing risk factors in their lives.

Theme 4: Family Violence

Ontario

The Fort Francis Health Authority has a program called Connecting Our Bundles, a toolbox of knowledge which is inclusive of traditional and mainstream practices in capacity building, resource development and forming partnerships. The project focuses on increasing trauma-informed care and culturally competent health care services in agencies that work closely with victims of family violence.

Ganohkwasra Family Assault Support Services project provides services to individuals who have directly experienced violence and abuse, incorporating traditional ceremonies, activities and supports and also capacity building for community counsellors.

Manitoba

The Improving the Quality of Life project provides mental health service providers to four Manitoba First Nation Shelters: Mamawehetowin Crisis Centre, "Together in Unity", located in Mathias Colomb Cree Nation; Wechin Waskigan Crisis Centre, located in Shamattawa First Nation, First Nations Healing Centre, "Break the Cycle, Create a Circle", located in Fisher River Cree Nation; and Jean Foster Shelter, located in Norway House Cree Nation.



Theme 5: Capacity-Building and Partnerships

Ontario

The Chiefs of Ontario Task Group is developing community healing models to address sexual abuse in Ontario First Nations. A framework is being developed that will enable discussions to occur in communities. The framework will look at models that can assist communities in exploring community healing. One outcome of the framework will be a document to inform leadership of a process to address sexual abuse at the community level. Another outcome will be a tool to help communities formulate local strategies. The framework will also be a tool for leadership to advocate for resources for addressing the issue of sexual abuse.

Manitoba

Manitoba Keewatinowi Okimakanak Inc. supports Mobile Crisis Responses Teams, that provide holistic, culturally sensitive and safe crisis response and trauma intervention to Manitoba's First Nations communities; Mental Wellness Teams, that provide mental health support, awareness and training that addresses violence against women, children and families; and Navigators, that provide frontline awareness for where First Nations clients can access medical and mental health services.

Atlantic

First Nations communities in Nova Scotia are increasing their access to population health surveillance data from provincial data holdings. First Nations communities in Nova Scotia are using their population health data to advocate for resources based on health needs, and to more effectively plan and deliver services in their communities. Having data on the social determinants of health will enable communities to more effectively prevent and respond to violence against women and girls. This work has resulted in a data sharing agreement between the Chiefs of Nova Scotia and the Nova Scotia Department of Health and Wellness, signed in 2016.

3.0 CONCLUSION

FNIHB works with First Nations, Inuit, other federal departments and provincial and territorial partners to support healthy First Nations and Inuit individuals, families and communities.¹⁷ Working with partners, we strive to make a positive difference through upstream health promotion and prevention programs, including maternal and infant health, healthy child development, youth suicide prevention and healthy living programs, as well as health and mental wellness services.

¹⁷ <https://www.aadnc-aandc.gc.ca/eng/1479910817225/1479910878106#chp2>



Annex A:

Relevant Program Descriptions

Program	Description	Service Providers	Eligibility Criteria
Healthy Child Development	Funds community-based and culturally relevant programming, services, initiatives and strategies that aim to improve health outcomes associated with First Nations and Inuit maternal, infant, child and family health. The areas of focus include prenatal health, nutrition, early literacy and learning, physical, emotional and mental health, and children’s oral health.	Health child development programs are delivered primarily by community-based workers, community health workers, community health nurses, community health representatives, and local project coordinators. In some cases, service providers may include dietitians, nutritionists, lactation consultants, early childhood educators, community volunteers and Elders. In the case of oral health, service are provided by oral health professionals including dentists, dental therapists, dental hygienists, dental assistants, community health nurses, and community-based dental support staff.	Primarily for First Nations people living on reserve and, depending on the program, Inuit living in Inuit communities. The secondary target group includes First Nations and Inuit women living in the North.
Mental Wellness Services (excluding Non-Insured Health Benefits)	The mental wellness program administers contribution agreements and direct departmental spending that supports culturally appropriate, community-based programs, services, initiatives, and strategies related to mental wellness of First Nations and Inuit (e.g., health promotion, addictions prevention, treatment and after care, and mental health counselling.)	Mental wellness services are delivered primarily by First Nations and Inuit organizations who hire a mix of regulated and unregulated service providers to meet their needs. In the case of the Indian Residential Schools Resolution Health Support Program (IRS RHSP), the professional mental health component, FNIHB provides eligible clients with access to fee-for-service professionals in private practice (e.g., social worker, psychologist).	Primarily for First Nations people living on reserve and, depending on the program, Inuit living in Inuit communities. A secondary target group includes First Nations and Inuit women living in the North. There are other exceptions: The First Nations Hope for Wellness Line is available to all Indigenous peoples regardless of place of residence and the IRS RHSP is available to all former IRS students and their families regardless of place of residence.