

NO CHILD LEFT BEHIND

Recommendation Monitoring Report

November 2024



Table of Contents

Introduction	2
Forward from the Advocate.....	3
Call To Action 1: Language Recognition.....	4
Call To Action 2: Culturally Relevant Services.....	7
Call To Action 3: Healthcare Structures And Processes.....	14
Call To Action 4: Tripartite Forum.....	15
Call To Action 5: Transparency Of Federal Health Funding	21
Call To Action 6: Funding Through Tripartite Forum	22
Call To Action 7: Indigenous Youth Mental Health Services.....	23
Call To Action 8: Culturally Inclusive Education Policy	24
Call To Action 9: Co-Develop Education Success Indicators	25
Call To Action 10: Re-Invest First Nation Education Enhancement Dollars	26
Call To Action 11: Re-Instate First Nations Ministerial Advisory Committee	27
Call To Action 12: Cultural Training For Judges And Crown Prosecutors.....	28
Call To Action 13: Present Indigenous Guidance Team Recommendations	29
Advocate’s Comments and Recommendations Going Forward	31
Summary of Issues	33
Recommendations	34
Conclusion.....	35
Appendix A: Recommendation Monitoring Framework.....	36

Introduction

It has been over three years since the release of *No Child left Behind*. The report issued a series of calls to action intended to address the issue of suicide among Indigenous youth. The office of the Child and Youth Advocate requested that the relevant authorities provide an accounting of the actions taken and progress made to implement these recommendations. These are reproduced below with commentary from the Advocate along with scoring. The scoring scheme can be found in Appendix “A.”

The progress of government departments to implement the recommendations has been, at best, lacklustre. Many of the responses do not meaningfully address the substance of the recommendations. In several cases it appears that authorities are providing unrelated or tangential responses as a means to avoid rejecting the recommendations. This indicates both a failure of the authorities to address the issue and a failure to take accountability for their inaction. In some cases, authorities have offered a response to the effect that “work is ongoing;” given the timelines involved and the lack of detail as to the status of the work, this raises serious questions as to the sincerity of the responses. We note that authorities were given multiple opportunities to provide additional detail and amend their responses.

No Child Left Behind contained thirteen recommendations, some of which were subdivided for the purposes of recommendation monitoring into a total of twenty monitorable recommendations. Of these, none were ranked as being “Fully Implemented,” none were ranked as “Significantly Implemented,” eight were ranked as “Somewhat Implemented” meaning that some progress was made in implementing the recommendation but it is not yet satisfactory, and twelve were ranked as “No Action Taken” meaning no or minimal progress was made in implementing the recommendation. Scores of “Fully Implemented” and “Significantly Implemented” are considered positive outcomes while “Somewhat Implemented” and “No Action Taken” are considered negative outcomes.

Full Implementation	Significant Implementation	Somewhat Implemented	No Action Taken
0	0	8	12

Forward from the Advocate

The recommendations monitoring program began as a way to answer one of the challenges that faces independent officers all over the country – how do we make sure that our reports lead to more than just a weekend of headlines in a lifetime of dust upon a shelf? By returning to our recommendations, we hope to create a culture where departments understand that a response must be meaningful and sustained, aimed at changing the reality for children and not surviving a communication cycle.

In some monitoring reports we have had some good news to report. After all, things eventually do get better when seen through the broad arc of time. In many reports we are able to sound some helpful notes.

This report has been, unfortunately, different. At a basic level, the province of New Brunswick has not accepted that the depth and causes of the crisis and that First Nations mental health among young people requires a distinct strategy. While the recommendations from the *No Child Left Behind* report are broken down one by one, this obscures a larger truth – New Brunswick has not seen fit to have a truly distinct approach to the unique challenges and causes affecting children in First Nations communities.

As always, we have been clear and blunt with our assessments. This office takes its charge seriously to give unfiltered advice to the legislative branch of government and we do so in this report. We have also made a few additional recommendations aimed at restarting what has been three years of near complete inaction on this front.

Being blunt is not the same as being without hope. New Brunswick has been a leader in using bilateral and trilateral agreements to move issues forward in collaboration with our partner First Nations governments. It is well within our capacity to do so again. We remain hopeful that by sharing our blunt observations in this report that we will assist the legislative branch of government in doing its job – to continuously challenge and question the executive branch about whether or not it is delivering results.

One of the fastest-growing segments of New Brunswick's population is the next generation of First Nations children. We cannot easily separate our collective fate from their individual one. What impacts those children today will someday impact us as a province. We urge the reader to keep this in mind when considering the contents of this report.

To the First Nations leaders, whether they lead governments or step each day into a classroom or come to work every day ready to work directly with children and make a difference in their lives, we want you to know that you are seen. Your work is invaluable. We hope with this report to inspire changes that will give you the partnerships and resources you need, ones worthy of the important work you have chosen to make your professional calling.

Kelly Lamrock

Advocate

CALL TO ACTION 1: LANGUAGE RECOGNITION

The Mi'gmaq, Peskotomuhkati and Wolastoqey languages be formally recognized and supported by provincial legislation which:

- a. **Recognizes that these languages are the original languages of this territory, that Indigenous language rights are part of the Peace and Friendship Treaties and that these languages are currently endangered;**
- b. **Recognizes Indigenous languages as fundamental and valued in New Brunswick culture and society;**
- c. **Actively supports Indigenous language revitalization through funding and programs provided by the provincial government and/or in partnership with the federal government;**
- d. **Affirms that the reclamation, preservation, revitalization and protection of Mi'gmaq, Peskotomuhkati and Wolastoqey languages are best undertaken by these Indigenous peoples and communities.**

Departmental Response

Provincial legislation which would formally recognize and support Mi'gmaq, Peskotomuhkati and Wolastoqey languages is not currently being worked on; however, the preservation and revitalization of Indigenous languages is supported by GNB through programs, funding, agreements, and existing legislation:

Office of First Nation Education

The mission of the Office of First Nation Education (OFNE), at the Department of Education and Early Childhood Development (EECD), is to promote the academic success, personal well-being, citizenship and career preparedness of First Nation students in New Brunswick provincial schools, and to educate the public at large about First Nation cultures, histories and current realities. The role of the OFNE also includes developing Wabanaki language learning opportunities, embedding First Nation content across the K-12 curriculum, and providing experiential learning opportunities virtually and in person. OFNE and EECD work with First Nation educators, curriculum writers, consultants, community members and Elders in the development of curriculum and resource bundles to support the individuals who are teaching the languages.

In New Brunswick Anglophone Sector Schools

Mi'gmaq and Wolastoqey language courses are available at the elementary level as well as in middle and high schools in some locations. Over 500 students have enrolled in these courses using a provincial course code. However, in some high schools, most middle schools, and all elementary schools offering language programming, Mi'gmaq and Wolastoqey language courses are done through enhancement programming. This programming provides additional resources towards these courses offered to First Nations students, so the true number of students learning Indigenous languages is higher. Additionally, since 2017, there are students enrolled in four high school online courses.

L'Nu Tell Me a Story - In the Anglophone Sector, the L'Nu Tell Me a Story program was initiated to honour and commemorate Indigenous culture. Through working in collaboration with an Indigenous Elder, educators, children and their families learn about music, songs, food and items of cultural significance to the Wabanaki people.

Department of Indigenous Affairs (DIA) Grants Program and Initiatives Fund

DIA offers funding to Indigenous individuals, communities and organizations through the department's Grants Program and Initiatives Fund. These funds support a variety of initiatives including those that support the revitalisation of Indigenous languages.

Other Initiatives

Wabanaki Wholistic Learning Framework 2022: The Wabanaki Wholistic Education Framework was developed based on content provided by the EECD First Nation Elders Council and was informed and refined through co-construction and consultation with First Nation communities. This framework helps to de-center dominant perspectives and honour Wabanaki education.

Wabanaki Bachelor of Education: EECD partnered with the University of New Brunswick to create a language component within the Wabanaki Bachelor of Education, which is a four-year program in elementary education specializing in Wabanaki languages, cultures and worldviews.

New Brunswick Public Library Services - Indigenous Library Services: Public libraries actively partner with Indigenous organizations and communities, and provide collections and programming relating to Indigenous cultures, languages, and peoples. Materials are written by Indigenous peoples in the Mi'gmaq, Wolastoqey, and Peskotomuhkati languages.

Education Support Services: This branch within EECD has provided documentation and videos to First Nations families in their mother-tongue. It is also working on having its Essential Skills program in the 13 most common languages spoken in New Brunswick as well as the Mi'gmaq and Wolastoqey languages.

Memorandum of Understanding Respecting First Nations Education

In June 2017, GNB signed a Memorandum of Understanding respecting First Nations Education with seven First Nation communities. This MOU responds to the TRC Calls to Action, respecting that First Nations have a right to language and culture.

Education Act

Section 7 of this legislation addresses programs and services in relation to Indigenous education, stating:

The Minister shall prescribe or approve programs and services which

(a) respond to the unique needs of Mi'kmaq and Wolastoqey children, if the Minister has entered into an agreement with a council of a Mi'kmaq or Wolastoqey First Nation under subsection 50(1) or paragraph 50(2)(b), and

(b) foster a better understanding of Indigenous history, culture and languages among all pupils.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments

The response here misses key points. While often goals can be achieved without formal legislative changes, that the recommendation enshrines language rights in legislation is important here; it is indicative of a level of protection that cannot be offered through other means. The response cites several documents that predate the recommendation by years or even decades, as such, they cannot be said to be a meaningful response to the recommendation. The government does appear to have taken some action in line with 1 (c) Indigenous language revitalization through funding and programs provided by the provincial government. That said, concerns have been expressed that this programming is not universal, that some programming is discretionary in nature, and that there are gaps between the intent of this programming and the implementation. The Authority has made some progress in implementing the recommendation but it is not yet satisfactory.

CALL TO ACTION 2: CULTURALLY RELEVANT SERVICES

Culture as Foundation and a Two-Eyed Seeing approach should be used as the basis for implementing mental wellness, health and addictions services for Indigenous youth. Culturally relevant services and programming should be available for Indigenous youth and families through:

- a. **Co-development with Indigenous peoples and communities;**

Departmental Response

The Indigenous Guidance Team (IGT) is in place to inform as well as co-create potential solutions to service gaps with a focus on equity.

- The IGT is a group of 12 Indigenous people whose mandate is to aspire to provide services through an interconnected continuum of services for children, youth and their families, the Indigenous Guidance Team (IGT) was assembled to help guide planning for enhancing child and youth services in the province. These services are primarily provided through Government of New Brunswick (GNB) Departments, the two Regional Health Authorities (Horizon and Vitalité), School Districts, community organizations, First Nation services and band operated schools. Enhancing efficiency and effectiveness of services entails not only the direct connection with clients and families but also integration amongst partners and service providers.
- The IGT will provide information and guidance to GNB to assist the planning and enhance the delivery of the continuum of mental health and addictions services regarding Indigenous children and youth throughout New Brunswick. Key GNB departments involved in youth mental health and addictions services are the departments of Health, Education and Early Childhood Development (EECD), Justice and Public Safety (JPS) and Social Development (SD).
- In discussions and guidance, the IGT will take into consideration:
 - The unique history, circumstances and jurisdictional issues associated with this group;
 - Developments in the health, education, child welfare and justice sectors as these pertain to services for Indigenous children and youth on and off reserve. For example, some of these developments include, but are not limited to, the implementation of Jordan's Principle and the aggregation of First Nation child welfare services; Cultural competency and cultural safety in service provision.
 - Consequently, the IGT brought a range of expertise and experience in these four areas (health, child welfare, education and justice). As well, since Indigenous people in New Brunswick come from different cultural groups and live in different situations (e.g., on/off reserve; small/medium/large First Nation communities), the composition of the IGT also reflected this diversity of experience.
- IGT members were recruited and selected with the input of First Nation Directors and off-reserve Indigenous organizations. Recruitment took place through outreach and information via First Nation Directors of Health, Education and Child and Family Services; off-reserve organizations; social media; the Mi'kmaq/Maliseet Bachelor of Social Work program; First Nation schools and health centres; and email networks. Interested Indigenous individuals and service providers applied to be part of the IGT and a Selection Committee comprised of

Directors from First Nation communities and off-reserve organizations selected the IGT members. The process was supported by a selection tool in the form of a matrix which included the diverse experience and background that the IGT members should possess as a whole.

- The IGT members held a series of meetings to adopt Principles to guide the Team's work and services provided for Indigenous children through addiction and mental health services; learn about Integrated Service Delivery (ISD), its philosophy, approach and services; and develop recommendations to ensure the GNB would provide culturally safe services for Indigenous children in New Brunswick. The sessions were supported by the Project Lead from Social Development, the Project Manager and the ISD Director who acted as resources for the IGT.
 - GNB departments are working with various First Nations communities in the co-created development of Indigenous led multidisciplinary Child & Youth teams.

Services for First Nation communities require a unique treatment lens which is Indigenous led and grounded in the Two Eyed Seeing Framework. Two Eyed Seeing was developed in 2004 by Mi'kmaq Elders, Albert and Murdina Marshall. Elder Albert describes this guiding principle as follows: to LEARN ... to see from one eye with the best in Indigenous knowledges and ways of knowing, and from the other eye with the best in Western (or mainstream) knowledges and ways of knowing ... and LEARN to use both these eyes together for the benefit of all.

All First Nation communities in New Brunswick but one are firmly establishing First Nation led Child and Youth Teams. As will be construed, projects are as diverse as the communities themselves.

The Elsipogtog Youth Wellness Circle (EYWC), or Maoiapôgenmolgig Gigemanag in Mi'kmaq, began Phase One of its First Nation led Child and Youth Team in May 2021 with a press release announcing funding from the Department of Health.

- Phase One involved the hiring of a project lead, or L'Nu Community Coordinator, as well as a cultural lead. Funds were also used for training, and to develop culturally based assessment and case planning tools with the assistance of a community Elder.
- Phase Two funding from the Department of Health was provided. In addition to operational costs associated with the model, funds are being used to cover the salaries of the Community Coordinator, Cultural Coordinator, Social Worker, and five Cultural Support Workers to the end of the current fiscal year.
- The Elsipogtog Wellness Committee comprised of Department of Health and ISD representatives along with project and community leaders have been meeting regularly to assist in support of implementation planning.
- Elsipogtog Youth Wellness Circle has been operational since September 2023. After engagement sessions amongst the L'Nu Operations Team, ASD-N, and ISD officials pertaining to privacy and information sharing, a pathway was cleared for EYWC staff to meet with clients wherever they are, whether in school or community.

Neqotkuk First Nation awaits funding for their First Nation led Child and Youth Team to be known as Mawi Wicuhketimok (The Ones who are Helpers).

- Drawing upon the Two Eyed Seeing (Nisaptomon (niz-ub-doh-mn)) Framework, Neqotkuk received consulting fees from ISD to draft a proposal submitted in May 2022 and requesting funding to begin Phase One of their project.

- Proposal has been approved, funding agreement is in development to acquire resources in support of initial coordination and cultural guidance to develop the tailored community-based model of care.

Anko'tasik is the **North Shore Mi'kmaq Tribal Council's** (NSMTC) First Nation led Child and Youth Teams. The NSMTC is a coalition of seven Mi'kmaq communities: Fort Folly (AmlamkukKwesawe'k), Bouctouche (Tjipogtotjg), Indian Island (L'nuiMenikuk), Natoaganeg (Eel Ground), Metepenagiag (Red Bank), Ugpi'Ganjig (Eel River Bar), and Pabineau (Ke'kwaspukuk). They are in the process of developing three First Nation led Child and Youth Teams to serve these communities.

- Phase one begins with hiring a Project Lead to assume responsibility for continued rollout of Anko'tasik from leads working on the project from the side of their desks.
 - o As such, ISD has provided NSMTC funding for consultant fees, which in part are being used to complete community service mapping as well as developing practice standards around privacy and information sharing. Multidisciplinary/multidepartment team members from NSMTC and GNB have partnered to form a working group with the goal of having a formal information sharing agreement amongst the parties.
 - o ISD has also contributed funds to cover salary and MERCs, allowing NSMTC to prepare and post a competition for Project Lead.

The **Wolastoqey Tribal Council Inc.** (WTCI) is a not-for-profit organization whose role is to provide capacity building opportunities for its member communities within the traditional Wolastoqey territory in New Brunswick. Its member communities are: Matawaskiye (Madawaska), Bilijk (Kingsclear), Sitansisk (Saint Mary's), Welamukotuk (Oromocto) and Wotstak (Woodstock). Wassisok Tomk will draw on both Western and Wolastoqey knowledge and strategies, thereby offering integrated services that are both contemporary and culturally grounded. Both Wolastoqey knowledge and practices as well as Western ones will be recognized and valued.

- Phase One involves foundational activities consisting of establishing a Wolastoqey Regional Operational Committee, researching promising and emerging practices in ISD, and developing/strengthening new/existing partnerships. Funding came in the form of a Grant Agreement from the Department of Education and Early Childhood Development.

Esgenoôpetitj has commissioned the services of a proposal writer to assist in drafting their community's initial proposal.

Indigenous representation is present within the decision making and planning committees in relation to **Stepped Care implementation.**

- The Stepped Care Implementation Steering Committee mandate is to provide oversight, support, and guidance during the co-design initiative by:
 - Understanding and supporting goals, objectives, and outcomes of the initiative, including engaging with the Core Project Team and Integrated Working Groups, when required.
 - Voice opinions on services, needs, and gaps in local areas.
 - Share information and facilitate learning.
 - Engage in co-designing the model.

- Work together on developing solutions as it relates to accessing and navigating of addiction and mental health services.
- Make recommendations to improve process pathways among and between partners.
- Work together to achieve consensus.
- Facilitate shared learnings with operations and directions setters, where required.
- Act on opportunities to communicate positively about the initiative.
- The committee includes representation from three First Nations mental wellness teams: Oeliangitasoltigo Mental Wellness Team, Neqotkuk Health Center / Wolastoqey Mental Wellness Team, and Mawlugutineg Mental Wellness Services. Additionally, the First Nations Regional Access Coordinator(s) from Regional Health Authorities.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments

The government seems to have taken a number of steps to engage in co-development with Indigenous peoples and communities. While the work of the IGT is valuable, there are reports of ongoing issues with integrating the IGT into services. There are concerns that the approach here is to tokenize rather than meaningfully co-create and co-design services. Further, while the work of the community driven agencies mentioned is valuable, this does not meaningfully reflect the work of the authority to fulfill the recommendation.

b. Indigenous-led community-based services as part of the continuum of services;

Departmental Response

The services of Dr. Andrew Dutcher, an Indigenous Psychiatrist, have been acquired to provide child psychiatry services, but also assist other service providers and clinicians in the provision of culturally safe services.

Grant agreement was provided to the Neqotkuk Health Centre in support of the acquisition of a Social Worker and 2 Peer Support workers for 2 years, as interim support while the above-mentioned projects progress.

Elsipogtog Health and Wellness Centre continues to receive annual support from the Access Open Minds program in the form of funding for 3 Peer Support workers.

The integrated service approach of Youth Wellness Hubs is being developed within the communities of Elsipogtog and Neqotkuk. This type of service provision will incorporate rapid access to addictions, mental health, primary care, income assistance, and housing all in one youth friendly location.

Each NB First Nation community has or is in the process of receiving funding either as a collective or individually to:

1. Identify their community specific youth addiction & mental health needs
2. Develop a proposal outlining their suggested approach to address the identified challenges in a culturally appropriate manor
3. Implement the approach outlined within the proposal
4. Provide continued support in the sustainability of these community led programs and resources

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments

The response here indicates some efforts to implement Indigenous-led community-based services, however, they appear to be extremely limited in scope. It is not clear that these limited programs form a meaningful part of the continuum of services.

c. Provincial health and mental health programs and services that meet the mental wellness needs of Indigenous people;

Departmental Response

- Ongoing efforts continue to ensure relevant cultural teachings are provided. All Child & Youth team members and partner youth-serving departments received cultural awareness training co-created and co-facilitated with Indigenous leaders.
- There have been three blocks of two-day training sessions, including Elder Albert Marshal, co-founder of the Two Eyed Seeing concept, to provide training on cultural competency and Two Eyed Seeing to youth-serving providers from many departments, including law enforcement.
- 200 participants comprising clinicians and mental health support staff throughout the province from various departments participated in the 2-day Two Eyed Seeing training.

All GNB part 1 employees are required to complete the 10 Indigenous Awareness Training Modules developed by the First Nations University of Canada in partnership with the Department of Indigenous Affairs.

Each NB First Nation community has or is in the process of receiving funding either as a collective or individually to implement a culturally safe approach to address youth addiction and mental health needs.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments

The ongoing efforts are limited in scope. While there appears to be some effort to increase cultural competencies, this is distinct from ensuring services meet the mental wellness needs of Indigenous people, and the response does not seem to meaningfully address that element of the recommendation. Updated service standards or similar would be helpful in attaining a higher ranking.

d. Enhanced collaboration between provincial health services and First Nation communities and Indigenous organizations to ensure that Indigenous youth have a culturally safe and seamless experience when using health and mental health and wellness services.

Departmental Response

Two ISD First Nations Coordinators have been hired to enhance Indigenous relations with all Indigenous related groups as well as provide regional direct system navigational support and assistance.

A First nations Youth Project Lead's salary is funded via a community organization to ensure equitable representation regarding amplifying youth voice in NB.

DH has engaged in service contracts with two community agencies that are leaders in youth engagement to serve as experts and work in collaboration to form an Ally Working Group to support the assembling of the Youth Advisory Committee. The two contracted organizations are La Fédération Des Jeunes Francophones based in Moncton, and Partners for Youth based in Fredericton.

- Each agency is engaged in a service contract which awards funding to support their participation in the activities of the Ally Working Group in the form of assigning a project lead. The 3-year term commenced in April 2021 and concludes on March 31, 2024. A 2-year agreement renewal is underway. Additional funding was awarded to Partners for Youth to ensure Indigenous representation for a 3-year term to enable the hiring of an Indigenous Adult Ally to provide a First Nations perspective from all aspects of planning. Once again, a 2-year agreement renewal is underway.

Protocols have been co-created with Elders to assist youth serving providers on how to appropriately access the services of Indigenous Elders throughout the province whenever requested by youth during their wellness journey. Protocols are being reviewed prior to implementation.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments

While efforts indicated in the response appear to be indicative of a good faith effort to enhance collaboration and promote a culturally safe and seamless experience they seem limited in scope. In order to attain a higher score, the Department would need to demonstrate meaningful change to policy and practice.

CALL TO ACTION 3: HEALTHCARE STRUCTURES AND PROCESSES

The Province of New Brunswick and Indigenous communities and organizations work together to effect changes in healthcare structures and processes, such as service design, policy, human and financial resources, program and service delivery with the longer-term goal of cultural safety and improved mental health outcomes for Indigenous people.

Departmental Response

The ISD support team is working with the Indigenous Guidance Team to incorporate Indigenous leaders at decision making tables throughout the ISD governance structure. Several committees now have Indigenous inclusion at regional levels, however more work needs to be done to achieve further equitable participation.

First Nations Individuals have been identified and have accepted their roles of participating within the decision-making committees associated with Integrated Service Delivery and Stepped Care.

SCORE: NO ACTION TAKEN

Advocate's Comments

As the response notes, more work needs to be done. We would rank this as "No action taken" given the minimal nature of the response.

CALL TO ACTION 4: TRIPARTITE FORUM

Establish a Tripartite forum and an ongoing process involving Indigenous leaders, Directors and organizations, provincial and federal governments to:

- a. Develop a framework for culturally appropriate, competent and safe mental health and wellness services for Indigenous people;**

Departmental Response

Through the efforts of developing and establishing the Elsipogtog Child and Youth team the Elsipogtog Youth Wellness Circle Program, an integrated L'nu model of care for First Nations youth seeking wellness support was developed. It is anticipated that other communities will develop similar models unique to their communities.

We are working with each community to support the development and implementation of a model of care "Framework" that meets the communities specific needs.

Each NB First Nation community has or is in the process of receiving funding either as a collective or individually to:

1. Identify their community specific addiction & mental health needs
2. Develop a proposal outlining their suggested approach to address the identified challenges in a culturally appropriate manor
3. Implement the approach outlined within the proposal
4. Provide continued support in the sustainability of these community led programs and resources

SCORE: NO ACTION TAKEN

Advocate's Comments

The response here does not seem to meaningfully address the recommendation and what work has been done is extremely limited in scope.

b. Improve access, provision and cultural competency and safety of mental health and wellness services for Indigenous youth;

Departmental Response

Access to One at a Time Therapy provides much improved access to talk therapy services for all youth.

- The main goal of One-at-a Time Therapy is to provide an easily and rapidly accessible, person-centered service by walk-in or appointment. Services are available without a lengthy assessment process, and a person can talk with a mental health counsellor about what is currently troubling them. After the initial counselling session, the person can return if more services are needed or other services along the continuum of addiction and mental health services can be explored with the counselor. Child and Youth teams across NB are now offering One-at-a-Time Therapy through various points of service in all seven New Brunswick Health Zones.

A subsequent effect of offering a rapid access service option, is reducing wait times for those seeking medium to longer-term therapeutic interventions. Individuals requesting brief interventions can receive services quickly and thus reduce overall waitlist volumes

Implemented rapid access mental health counseling supports is offered through all 44 child and youth teams. 26.5 FTEs were added to child and youth teams to assist in the delivery of this service. This service has contributed to:

- Reduce waitlists for child and youth teams services by more than 60%,
- Provide mental health and addiction counseling at the front door with a median wait time of five days.
- More than 400 clinicians from the Education and Health sector have been trained.
- Since December 2022, more than 5000 individual mental health and addiction counseling sessions were provided as a part this program.

The ISD First Nations Coordinators work to ensure seamless equitable service provision to Indigenous youth by providing case coordination and system navigation

GNB has implemented a rapid access A&MH option for all youth, provided 2 Coordinators that serve the role of case managers/navigators specifically for indigenous youth, and is working with each community to implement required resources to staff the model of care chosen by them.

Each NB First Nation community has or is in the process of receiving funding either as a collective or individually to:

1. Identify their community specific youth addiction & mental health needs.
2. Develop a proposal outlining their suggested approach to address the identified challenges in a culturally appropriate manner.
3. Implement the approach outlined within the proposal.
4. Provide continued support in the sustainability of these community led programs and resources

SCORE: NO ACTION TAKEN

Advocate's Comments

While improving access for all youth does logically entail improving access for Indigenous youth, this does not appear to meaningfully address the substance of the recommendation or the issue which the recommendation is intended to address. We would rank this as "no action taken."

c. Include First Nation input and oversight on the Indigenous portion of funding and aspects of the Canada-NB Agreement on Mental Health and Addictions;

Departmental Response

Consultation and funding allocations to First Nation initiatives are considered within the context of the Department of Health's overall budget and Regional Health Authority priorities. The bilateral agreement contributes federal funding to the Department's overall budget. There is no specified allocation to First Nations.

SCORE: NO ACTION TAKEN

Advocate's Comments

While the department is correct that there is no specified allocation to First Nations, the response is possibly misleading and does not meaningfully address the substance of the recommendation.

Section 1.1 of the agreement enumerates key principles of the agreement including "Reconciliation with Indigenous Peoples, recognizing their right to fair and equal access to quality and culturally safe health services free from racism and discrimination anywhere in Canada, including through seamless service delivery across jurisdictions and meaningful engagement and work with Indigenous organizations and governments." Section 6.1 deals with the reporting indicators for the agreement.

Section 6.1 (b) provides that New Brunswick must "Work to identify additional common indicators that are mutually agreed upon, including indicators focused on the health of Indigenous populations with acknowledgement of the role for Indigenous partners in this work." Section 6.1 (d) provides that New Brunswick must "Share available disaggregated data with CIHI and work with CIHI to improve availability of disaggregated data for existing and new common indicators to enable reporting on progress for underserved and/or disadvantaged populations including, but not limited to, Indigenous peoples, First Nations, Inuit, Métis, official language minority communities, rural and remote communities, children, racialized communities (including Black Canadians), and LGBTIQ2S+."

It is clear that at least some of the funding in the agreement is intended to improve outcomes for Indigenous people and that there are Indigenous aspects to the agreement. As the response does not acknowledge these aspects of the agreement, this must be rated as No Action Taken.

d. Establish site(s) as Indigenous-led healing centre(s), (e.g., Lonewater Farm) and enable success with provincial property tax reform and long-term core funding for programming, staff training support, etc.

Departmental Response

Focus has been primarily on establishing culturally safe practices in existing services.

In recent years partnerships with neighboring First Nation communities have been established to provide more culturally safe services for the inpatient treatment centre in Restigouche. Engagement has been held on topics including dedicated indoor and outdoor spaces prayer and celebration, as well access to Elders. The same is planned for the provincial youth treatment centre currently in the planning stages.

The Department of Health is not currently engaged in any projects specifically addressing the establishment of an Indigenous-led healing centre however, is always open to pursue discussions on this topic. Planning for the design of Provincial Youth Treatment Centre has been inclusive of traditional healing practices. This Centre will provide services to all New-Brunswickers. We aspire to develop a model of care that will be co-developed with an elder and in consultation with the ISD first nation coordinators with the purpose of embedding traditional healing and culturally safe practices.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments

While the work of the authority in improving existing services is recognized, the lack of a dedicated facility means that the recommendation has not been fulfilled. Being "open to pursue discussions" cannot be considered action in response to the recommendation.

e. Provide integration of the provincial ISD teams and the Jordan's Principle staff to better serve the needs of Indigenous children and to create a cohesive jurisdictional approach to ensuring no gaps exist in services to Indigenous children.

Departmental Response

The Indigenous Guidance Team continues to review and monitor current membership to include subject matter expertise in various areas as well as relevant Indigenous partners (i.e., Jordan's Principle).

School based Education Support Service teams and community-based Child and Youth teams work collaboratively with Jordan's Principle representatives.

SCORE: NO ACTION TAKEN

Advocate's Comments

While the work of Indigenous Guidance Teams is laudable, the response does not indicate that any consideration whatsoever has been given to addressing gaps in services. As such this is rated as "No Action Taken."

CALL TO ACTION 5: TRANSPARENCY OF FEDERAL HEALTH FUNDING

Increase transparency on federal health transfer dollars to New Brunswick and expenditures as these pertain to Indigenous mental health services.

Departmental Response

The bilateral agreement and action plan are posted on the Health Canada website as a commitment to transparency. It is important to recognize that the overall Department of Health budget is estimated to be 3.8 billion dollars for 2024-2025. The bilateral funding is only a portion of those funds. The attached table represents an accounting of federal funds associated with the bilateral agreement. It is not intended nor required to be an illustration of the Department's overall investments in mental health services.

Please follow this link that is inclusive of details regarding the bilateral agreement:

<https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities/working-together-bilateral-agreements/new-brunswick-improve-care.html>

SCORE: NO ACTION TAKEN

Advocate's Comments

The response here does not meaningfully address the substance of the recommendation. While providing publicly available information on expenditures does provide a degree of transparency, this does not speak to the impact or results of the funding. Further, this does not speak to the Indigenous aspects of the agreement and how these expenditures are addressing those aspects of the agreement.

CALL TO ACTION 6: FUNDING THROUGH TRIPARTITE FORUM

Flow the First Nation portion of funding from the Canada-NB Agreement on Mental Health and Addictions through the Tripartite Forum.

Departmental Response

The bilateral agreement funding allocation does not include a dedicated portion for First Nation communities. Indigenous-led services and programs operated outside of the Regional Health Authorities are being funded directly with the First Nations communities or Indigenous-led organizations. It is the intent of the Department of Health to work with the Health Transformation committee to establish a process moving forward for continued discussions on health funding approach.

NO ACTION TAKEN

Advocate's Comments

As noted above, this response is misleading and does not meaningfully address the substance of the recommendation. As such this is rated as "No Action Taken."

CALL TO ACTION 7: INDIGENOUS YOUTH MENTAL HEALTH SERVICES

Fund a separate review of Indigenous youth mental health services, including a scan on a) jurisdictional gaps in service delivery and integration and b) adequacy of funding and services.

Departmental Response

There currently is not an independent provincial evaluation of existing services planned as outlined in the recommendation, however there is an independent multi-year research project planned to include two indigenous communities which is in early development.

It is also to be noted that each Child and Youth multidisciplinary team proposal is expected to contain an evaluation component of services provided and outcomes. Funding has been provided through ISD to support each individual, or group of first nations currently developing proposals to develop a first nation led child and youth team(s). Their proposal development includes community engagement and a jurisdictional scan of service gaps for Indigenous youth and integration with the provincial system. Funding will be determined once their needs assessment and service model has been identified to improve service delivery.

- To improve the mental health outcomes for Indigenous people, we are working to include Child and Youth Teams within First Nation communities that provide service delivery from a two-eyed perspective. Currently there is a service delivery team in Elsipogtog. The Departments have been working with First Nation communities and organizations in the development of an ISD model that is culturally safe for other communities. A team will commence service delivery in the fall to five of the Wolastoqey First Nations Both Neqotkuk and North Shore Mi'kmaq Tribal Council are in the final stages of finalizing their needs assessment and conceptualizing their respective Teams delivery model unique to the Indigenous population they serve.

NO ACTION TAKEN

Advocate's Comments

The response is clear that no action has been taken and is therefore rated as such.

CALL TO ACTION 8: CULTURALLY INCLUSIVE EDUCATION POLICY

Institute Wabanaki culturally inclusive education policy and legislation at the early learning, secondary and post-secondary levels that upholds the Provincial Government's Constitutional obligations to Indigenous children to provide quality education and includes First Nations people in New Brunswick as residents of New Brunswick with a right to equitable provision of services that is free of systemic racism throughout their education.

Departmental Response

At the early learning level, the Department of Education and Early Childhood Development has recently hired a First Nations expert to ensure the provision of culturally-appropriate services and awareness.

- At the k-12 level, the Education Act holds that "the Minister shall approve programs to respond to the unique needs of Mi'kmaq [sic] and Wolastoqey children." Furthermore, Wabanaki content is being incorporated throughout the curriculum. The k-12 system is also implementing mandatory professional learning for educators on First Nations histories and realities, including a focus on the Peace and Friendship treaties.
- Numerous additional resources are available for training educators on First Nation realities and on issues of systemic racism.
- Materials presented throughout the system clearly state that First Nations people in New Brunswick are not only residents of New Brunswick, but also that their presence here goes back many millennia (at least) -- and that they are the original peoples of this territory.
- At the post-secondary level, B.Ed. programs at UNB and STU now require all teacher candidates to take an Indigenous Education course.

The department has also been working with indigenous partners to develop an early learning and childcare strategy for Indigenous children. Results of this work will be published in the Canada-Wide Action plan to be released in the upcoming months.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments

The response indicates that some progress has been made in addressing the substance of the recommendation. As above, programs in place prior to the recommendation cannot meaningfully be said to be in response to the recommendation. There are concerns that while tools are being made available to educators, their use is discretionary and it is unclear how extensive their adoption is in practice.

CALL TO ACTION 9: CO-DEVELOP EDUCATION SUCCESS INDICATORS

Co-develop success indicators with Indigenous people for Indigenous youth in the education system that measure not only academics, but also the holistic needs of Indigenous youth, including their cultures, languages, access to ceremonial practices and mental wellness.

Departmental Response

This committee is still in the process of forming. It is being co-developed by the Department and First Nation communities. All parties are highly committed to these indicators being holistic and culturally informed.

NO ACTION TAKEN

Advocate's Comments

The response is clear that no action has been taken and is therefore rated as such. We note that it has been over three years since the recommendation was made. It strains credulity to suggest that the process of forming a committee would take longer than three years.

CALL TO ACTION 10: RE-INVEST FIRST NATION EDUCATION ENHANCEMENT DOLLARS

Re-invest 100% of the New Brunswick-First Nation Education Enhancement Agreement dollars to provide programming and services for Indigenous children.

Departmental Response

Requests from First Nation communities have been made to increase the percentage of Enhancement Agreement dollars reinvested from 50% to 60% further meet the needs of Indigenous students. The Enhancement Agreement was signed with communities with a reinvestment funding of 50% but with a commitment to get better data to inform decision makers in the future.

NO ACTION TAKEN

Advocate's Comments

The response is clear that no action has been taken and is therefore rated as such.

CALL TO ACTION 11: RE-INSTATE FIRST NATIONS MINISTERIAL ADVISORY COMMITTEE

Reinstate the First Nations Ministerial Advisory Committee that was part of the original Enhancement Agreements but has ceased to exist for the past eight years so that recommendations to the Minister will be heard and acted upon.

Departmental Response

Work is continuing to re-form this committee in partnership with First Nations communities so that First Nations communities will have a mechanism in which to address and resolve any concerns they may have about First Nation education.

NO ACTION TAKEN

Advocate's Comments

The response notes that “work is continuing” but does not make any indication of the status of the work. We must therefore infer progress is minimal. The response suggests that no action has been taken and is therefore rated as such. We note that it has been over three years since the recommendation was made. It strains credulity to suggest that the process of forming a committee would take longer than three years.

CALL TO ACTION 12: CULTURAL TRAINING FOR JUDGES AND CROWN PROSECUTORS

Judges and Crown Prosecutors receive training on Indigenous intergenerational trauma and culturally relevant options for Indigenous youth who are in conflict with the law so they can better identify appropriate extrajudicial sanctions and sentencing options for Indigenous youth.

Departmental Response

In relation to Crown Prosecutors, this topic will be discussed with education group to pursue including relevant programming during the next meeting. The education of Judges, however, is overseen by an independent body.

NO ACTION TAKEN

Advocate's Comments

The response is clear that no action has been taken and is therefore rated as such. Where an independent body must be engaged, the expectation is that authorities will make, at very least, an attempt to communicate with that body.

CALL TO ACTION 13: PRESENT INDIGENOUS GUIDANCE TEAM RECOMMENDATIONS

Present the Indigenous Guidance Team recommendations on the Network of Excellence to Indigenous leadership, First Nation Directors of Health, Child Welfare and Education and Indigenous organizations.

Departmental Response

Through the work of the ISD First Nations Coordinators a robust communication plan including all of the groups mentioned was developed and executed over the previous year.

Goal

- To inform Indigenous and Government of New Brunswick partners and provincial stakeholders about the IGT and its report.

Communication Objectives

- Inform audiences about First Nation involvement in the NOE.
- Inform audiences about the IGT Report, Ankweyaqtjik Knijanaq –Wolankeyuwane Wasisek-Caring for Our Children, and its recommendations.
- Inform audiences about collaborative work by the IGT and GNB since the release of the report and GNB progress on recommendations.

Key Messages

- Recommendations for making addictions and mental health services accessible and culturally safe for Indigenous children, youth and their families have been developed by the Indigenous Guidance Team, comprised of a diverse group of Indigenous individuals with a range of expertise relevant to addiction and mental health services for Indigenous youth and their families.
- The IGT Principles are the foundation for the relationship between Indigenous peoples and the Government of New Brunswick with respect to service provision for Indigenous children, youth and their families through ISD and its partners.
- The IGT and GNB are collaborating to prioritize the recommendations, developing and implementing action plans for their implementation.
- In the mid- to long-term, these efforts are to ensure that addictions and mental health services will be accessible and culturally safe for Indigenous children, youth and their families in the province and indeed, for all children. No child left behind.
- The IGT Principles are the foundation for the relationship between Indigenous peoples and the Government of New Brunswick with respect to service provision for Indigenous children, youth and their families through ISD and its partners.
- The IGT and GNB are collaborating to prioritize the recommendations, developing and implementing action plans for their implementation.

- In the mid- to long-term, these efforts are to ensure that addictions and mental health services will be accessible and culturally safe for Indigenous children, youth and their families in the province and indeed, for all children. No child left behind.

Actions

- Continued multidepartment meetings in partnership with IGT members to monitor progress of IGT's 35 recommendations contained within the Caring for Our Children report.
- Email distribution of introduction Letter, Context, IGT Report and GNB Status of Recommendations to Chiefs and Band Managers. Follow up presentations to Councils, most of which were conducted virtually given the pandemic circumstances at the time.
 - Chiefs and other members of the Wolastoqey Tribal Council Incorporated which represents Madawaska, Woodstock, Bilijik, St. Mary's, and Oromocto First Nations
 - First Nation Education Directors
 - First Nation Child and Family Services Directors
 - North Shore Mi'kmaq Tribal Council
 - Fort Folly Chief and Council
 - Miramichi Regional Operations Committee

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments

While the authority merits some credit for developing and implementing a communications plan, there are concerns around the reach and effectiveness of the plan as articulated here.

Advocate's Comments and Recommendations Going Forward

As stated in the foreword, either government accepts that there is a need for First Nations-specific planning in the mental health field, or does not. The responses above qualify as “not”.

When one cuts through everything above, certain facts stand out:

- Over three years ago, several recommendations asked simply for committees or training to occur. Forty months later, a government Department with a budget over \$3 Billion is still claiming that it has every intention of getting around to those committees. Presumably, we are being asked to take this at face value.
- There is still no acknowledgement of any moral responsibility on the part of the Department of Health to account for how federal dollars earmarked for improvements to First Nations mental health have been used towards that goal.
- Questions regarding the provision of programmes for First Nations youth and the support of First Nations governments are answered by adding a couple of positions to what is being generally done across New Brunswick.

Where there is limited progress shown on initiatives herein, it is generally simply expanding progress on the mental health file generally and assuming it reaches First Nations youth, or there is a pilot project mentioned.

On the pilot projects, it must be noted that these are largely the same pilot projects the Department cited in its responses regarding our monitoring report on *The Best We Have To Offer*, my predecessor's look at the overall mental health system for youth. We would note again our strong recommendation on pilot projects. At some point, a pilot project must lead to a decision. The Department of Health has shown a willingness to fund pilot projects but has not shown any capacity to establish clear indicators for their success or to make decisions about their future. For example, the pilot project in midwifery has gone on for years now without being truly expanded or even having any clear public indicators as to what would constitute success. This leads to a great deal of scepticism on our part that pilot projects are increasingly becoming what happens when someone has no idea what to do about the problem. They are helpful to point to, but they really do not offer any hope for systemic progress unless there is a plan to scale them if they prove successful.

We still see no evidence that the pilot projects cited by the Department on a few of these issues are truly designed to be scalable. There does not seem to be any forethought into what success would look like, or any infrastructure around sharing and promoting the idea in other contexts. We have made this point broadly to government in the *How It All Broke* report and we make it here again in the hopes that the Department will be willing to develop standards for pilot projects in terms of advance definition of Key Performance Indicators and forethought as to scalability.

With regards to committees, while one can grant that the bare minimum of consultation does occur, there does not appear to be genuine integration of First Nations governance and leadership with decision-making in the mental health space. Of the fact that a committee is apparently taking three

years to even be formed, the less said the better. Even when committees are meeting, they largely appear to be meeting opportunities, as if First Nations governments were simply another stakeholder. Not only are First Nations governments rights holders, which grants them a different status than traditional stakeholder groups. Experience has taught us that without integration with First Nations governments, provincial bureaucracies are unlikely to navigate the space successfully and to run successful programs.

The case for a First Nations-specific mental health plan could be made in a number of ways. There are two clear points of distinction which are persuasive to us. First, statistics consistently show a more acute and pervasive problem in First Nations communities and among First Nations individuals when it comes to mental health outcomes. The differences in suicide rates alone should constitute a genuine sense of emergency. Secondly, while family trauma and cyclical poverty are factors everywhere, one cannot ignore the fact that in many First Nations communities entire generations were denied any real education and were instead steered into residential schools and day schools that offered only rote memorization combined with a toxic mix of abuse and indoctrination. For all the publicity around the schools, it is likely beyond the imagination of many policymakers to understand the devastation that comes when an entire generation knew only cruelty instead of a proper education.

There is a need to move beyond symbolism and into collaboration. We have heard proposals that amount to little more than placing a symbolic canoe in front of a mental health facility. This is not true collaboration.

Our recommendations in this report will be aimed at resetting New Brunswick's efforts at a functional mental health system for First Nations youth. We believe that such an effort is both possible and urgent.

Before moving on to recommendations, a point must be made about the quality of answers in this case. It has been noted that in this, and in other reports done by the Advocate, the quality of the answers has been extremely low. This is happening often enough that one suspects the answers are not deliberately evasive, but speak to a way of answering questions that has permeated government to an alarming degree.

It is common when answering questions from the public, or from stakeholders, for members of the public service to craft responses which aim to avoid public embarrassment to the elected officials in government who rely upon public confidence for their continued presence. We appreciate that this is a real pressure. The result is often answers that follow a pattern – when asked a direct question, there is a retreat to restate the question as a broad issue that the questioner is concerned with and then to list everything that government could conceivably be said to be doing which is positive. When there has not been action on a file, there is an effort to find anything remotely related and to list all of those efforts. Where there is disagreement or an alternate approach being taken, the default style of answering questions tends to list all the things that are being done despite that disagreement in a hope to find common ground.

The Advocate understands very well the political imperatives that lead to this approach. The Advocate is also very experienced in spotting it. When these answers are given to a Legislative Officer, this approach is completely inappropriate.

The Advocate is an Officer of the Legislative Assembly. That means that when the Advocate asks Departments questions, the Advocate is fulfilling a role designed by statute to be an independent source of information to the Members of the Legislative Assembly themselves. While day today it is easy to mistake the executive branch of government for the actual government, in a parliamentary democracy the legislature is still supreme. The legislature itself sets budgets and passes laws empowering Departments to act. When the Advocate asks what is being done with those laws and budgets, that has the same legal status as a request from the legislative branch of government as a whole.

Attempts to spin or obfuscate are not appropriate in this context. They likely do not thrill the public either, but it is not the Advocate's job to offer advice in this area. What is the Advocate's job is to ensure that questions are answered directly and without evasion. The provision of written questions and the opportunity to answer in writing is both a courtesy to the Department and (if done correctly) a timesaver for the Advocate. However, there have now been several reports where repeat questions have been necessary because the first set of answers are clearly evasive and obfuscatory. There are other, more invasive, methods for Legislative Officers to get answers, including direct examination under oath and seizure of documents. These are not ideal for busy public servants or for the team at the Advocate's Office and it is hoped that there will be an effort by Departmental leadership to better guide team members in how to appropriately answer questions in the quasi-judicial method employed by the Office of the Advocate.

Summary of Issues

The flaws with the existing approach on First Nations mental health can be summed up by these points:

1. No one is accountable.

One cannot see a clear line of responsibility or clear communication protocol between the Departments of Health, Education and Early Childhood Development, Social Development, and Indigenous Affairs. This has led to confusion and finger-pointing on individual files and even systemically.

2. Funds are not clearly or transparently provided.

As part of recommendation monitoring of the *The Best We Have to Offer* report, we noted that there was no clear delineation in the multibillion-dollar budget of the Department of Health for either mental health funds or First Nations mental health funds. At that time the answer was that some accounting of those funds could be provided. It never was, and now the Department is simply claiming that it has no responsibility to account for those funds as a separate line item. We do not agree. While we acknowledge that provincial governments may differ in how they break down funds provided, when a federal provincial agreement clearly sets areas for improvement the province should be able to state the funds they have chosen to dedicate to improvements in the targeted area. We recognize that sometimes overall administrative costs exist in this area, but the Department knows full well that they can be accounted for in that process. After all, they consistently require NGOs with far smaller staff components to do exactly this kind of accounting. Having a clear and transparent global budget for improvements in this area is essential.

3. First Nations governments are not meaningfully engaged.

There are very minimal signs of integration of First Nations governments, leadership, and Departmental staff with a specialty in First Nations issues with the overall mission of the Departments. There have been many opportunities that have been not followed up upon with anything approaching urgency. This must change. Happily, New Brunswick has a unique, made in New Brunswick, solution to engaging First Nations governments. While not without headaches and disagreements, the trilateral agreements in the area of education made in 2008 remain a success story. In that case, a clear amount of money earmarked for the education of First Nations students was placed into a process co-managed by school districts and First Nations impacted by those funds. The results in the immediate aftermath were a significant increase in First Nations literacy rates – around 20% – and numerous collaborative success stories followed. The agreements have been renewed several times since. A bilateral process in the priority area of reducing negative mental health outcomes among First Nations youth with a clear budget and clear processes for collaboration would not be hard to achieve, and the federal government might well be willing to look at a trilateral arrangement – if New Brunswick shows any ability to honour its word on past agreements to improve First Nations mental health.

4. There are no transparent definitions of success.

As noted in the *How It All Broke* report, that which can be measured usually inspires creativity and effort among government Departments. Financial targets are clear, and this tells us that government prioritizes staying within budget. Social outcome targets should be equally clear and just as revealing as to shortfalls in efforts and resources. If they are not, one can hardly be surprised if one has precise financial statements and indifferent social results. Pilot projects should have clear Key Performance Indicators and timelines for decision-making around scalability. The system itself should have a few key measurables it is expected to improve upon – it hardly takes a revolutionary imagination to conclude the suicide rate among First Nations youth is a number worthy of accountability. The point is not to be bogged down creating balanced scorecards – an effort that appears to have completely flummoxed the Department of Social Development in meeting its legislative mandate of two years ago on child welfare indicators – but to have a few clear targets for which government as a whole will be accountable.

Recommendations

While the overall recommendations in *No Child Left Behind* remain operative and should guide follow-up efforts, there is a clear need to kickstart this process after three lost years. The Advocate therefore makes the following recommendations to the Government of New Brunswick to restore a sense of good faith and engagement on these vital issues.

- 1) That a clear line item, consistent with both the availability of federal funds and New Brunswick's own commitment to First Nations mental health, be provided in the Departmental Estimates of the Department of Health in the 2025-26 budget process.
- 2) That the Departments of Health and of Education and Early Childhood Development be tasked with and resourced to meet clear indicators in the area of mental health for First Nations youth, and that these outcomes be assigned to the trilateral process on Education for follow-up.
- 3) That the Department of Indigenous Affairs, in consultation with the Department of Health, commence forthwith good faith negotiations with First Nations governments to establish a

bilateral process for the management of funds dedicated to improved mental health outcomes among First Nations youth.

- 4) That pilot projects currently underway in First Nations communities be provided with clear Key Performance Indicators for evaluation and a timeline for scalability by fall 2025.
- 5) That by fall 2025 programs offered by the Departments of Health, and Education and Early Childhood Development aimed at the general improvement of youth mental health develop Key Performance Indicators for both reach and effectiveness for First Nations youth, and that core funding be provided to an Indigenous Advisory Team to ensure effectiveness.

Conclusion

In our extensive follow-up work with the leadership in First Nations communities, we have heard a great deal of frustration expressed. It is very hard for professionals to see the impacts upon the next generation of First Nations children and not develop a sense of urgency. When that urgency is not reciprocated, it is natural to question whether or not the province collectively sees First Nations children as true equals. If the rates of suicide and mental health challenges we see in First Nations communities were visited upon, say, three or four high schools in a distinct geographic region there would be an immediate outcry. The silence reflected in this report is deafening in comparison. We urge the province to act with urgency – the kind of urgency which reflects the speed at which children age from trusting toddlers into lost teenagers – in kickstarting the process as described in these recommendations. It is not beyond our capacity or our imagination to do so. We trust it will not remain beyond our will.

Appendix A:

Recommendation Monitoring Framework

