



## Mental Health Policy Briefing

# National Summit on Indigenous Mental Wellness: moving beyond gestures to real action

If we're truly committed to advancing reconciliation, supporting Indigenous workers, and building a robust economy, reinstating Canadian Certified Counsellors in the NIHB program in unregulated provinces is key.

Anangkwe Charity Fleming

Opinion



Minister of Mental Health and Addictions Ya'ara Saks, pictured on the Hill on Sept. 27, 2023. *The Hill Times* photograph by Andrew Meade

I was honoured to attend the National Summit on Indigenous Mental Health in October 2023, hosted by Indigenous Services Minister Patty Hajdu, and Minister of Mental Health Minister Ya'ara Saks. However, a critical question lingers one year later: is this event a genuine effort to address Indigenous mental health needs, or merely another performative gesture that ultimately harms Indigenous Peoples?

Gathering with Indigenous leaders, workforce, elders, and youth to honour our heritage and discuss mental health needs across Turtle Island was enriching. Yet, after voicing our concerns, we are left wondering: will these needs be prioritized in

federal policy and budgets? For Indigenous workforce members like me, the silence that follows such discussions can be deafening.

I am the Indigenous-relations lead of the Canadian Counseling and Psychotherapy Association (CCPA), which includes over 15,000 members and a strong Indigenous circle chapter. Our members provide grassroots, innovative, and Indigenous-specific mental health care nationwide.

For decades, Indigenous Peoples have shared lived experiences illustrating how historical trauma continues to burden our communities. The

summit highlighted these persistent challenges: alarming rates of suicide, homicide, and overdoses, alongside mental health needs such as anxiety and depression, and hospitalization for acute mental illness that are twice the national average. These numbers reflect the ongoing suffering that perpetuates disparity.

My own family history reflects these deep-rooted traumas. My great uncle died shortly after escaping residential school, and the scars from my grandparents' experiences at McIntosh Residential School affect my family today. My mother and her siblings were

part of the Sixties Scoop, and my auntie was a missing Indigenous woman who was later found dead. Mental health struggles, PTSD, addiction, and suicide have devastated my family and community.

Despite decades of calls for change, I wonder: should we embrace hopelessness just to cope?

While the summit inspired hope, it also evoked a sense of urgency. A key issue I raised was the critical need to reinstate Canadian Certified Counsellors (CCCs) under the Non-Insured Health Benefits (NIHB) program in unregulated provinces. Provinces that have yet to

regulate the counselling/counselling therapy/psychotherapy professions include Alberta, Manitoba, Saskatchewan, and Newfoundland and Labrador.

In 2015, the NIHB program quietly delisted CCCs—qualified, master’s degree-trained professionals, many of whom are Indigenous women serving their communities. The CCC designation certifies psychotherapists and counsellors, regardless of whether a province has regulatory legislation or a professional regulatory body, which is about half of the provinces across Canada. Ironically, this exclusion occurred as the Truth and Reconciliation Commission’s Calls to Action were being released. This decision has contributed to workforce burnout, and has forced skilled professionals into lower-paying positions, despite their qualifications.

The exclusion seems particularly unjust considering the Public Service Health Care Plan and Veterans Affairs Canada include CCCs as approved providers. Additionally, British Columbia’s First Nations Health Authority recognizes CCCs in its mental health program, previously part of NIHB. Why don’t First Nations and Inuit under NIHB receive the same access to health care as non-Indigenous People across Canada and Indigenous Peoples in British Columbia? Have we made this issue visible enough?

The CCPA has long advocated for reform of the NIHB program. We presented to the House Indigenous and Northern Affairs Committee in May 2022, which led to a recommendation for the “immediate reinstatement” of CCCs in INAN’s December 2022 report. Our

advocacy has continued at national summits and the Assembly of First Nations dialogue sessions, most recently in October 2023. The AFN made a formal recommendation in support of reinstating CCCs in their summary report. Influential voices, including Senator Mary Jane McCallum, echoed our call: CCCs must be reinstated in unregulated provinces without delay.

Reinstating CCCs is not just a health issue, it’s also an economic one. Doing so could enable approximately 2,000 CCCs to serve an estimated 140,000 more Indigenous people annually, strengthening the Indigenous workforce, and fostering sustainable, community-driven solutions. This aligns with this year’s Mental Illness Awareness Week theme—Access for All: Time for Action, Time for Change—providing a clear

opportunity to promote both health equity and economic growth.

If we are truly committed to advancing reconciliation, supporting Indigenous workers, and building a robust economy, reinstating CCCs in the NIHB program in unregulated provinces is essential. I urge policymakers to act now—to reinstate CCCs in unregulated provinces to the list of NIHB approved service providers and take meaningful steps to improve health outcomes for Indigenous peoples across Canada.

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