

Coming Together: Health Emergency Management and Mental Wellness

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Introduction

Health Directors and Mental Wellness Team leads were invited to a gathering in Saskatoon (February 25-27, 2025) to engage and collect feedback from First Nations communities and organizations on health emergency and mental wellness needs at the community level.

The gathering consisted of presentations tailored towards Health Directors and Mental Wellness teams within First Nations communities and organizations.

Topics included climate change, opioid substance use, mental wellness, safety & security, and partnerships. The gathering concluded with a documentary, 'Singing Back the Buffalo' by Tasha Hubbard.



Purpose

The purpose was to share knowledge, understand current capacities, and identify needs in health emergency management and mental wellness during natural disasters, public health emergencies, community safety threats, and mental wellness crises.

Morris Interactive has developed a report based on engagement surveys on various HEM/MW topics.

Data Collection



The gathering spanned three days of sessions, each with interactive survey questions, followed by an overall evaluation survey.



Total attendance of 114 participants. 73 participants responded on Day 1, with slightly fewer on subsequent days.



The surveys included a mix of quantitative questions (yes/no, check-all-that-apply, Likert scales) and qualitative prompts.

Data Collection - Respondents

Participants represented a broad cross-section of organizations and roles involved in First Nations Health Emergency Management and Mental Wellness.

About two-thirds of respondents identified as representing an individual First Nation, with most of the remainder coming from Tribal Councils and a few from government or other organizations.

On the morning of Day 1, which had the highest number of respondents, there were 51 from First Nations Communities, 17 from Tribal Councils including Tribal Council run Health Centers, and 5 from Provincial or National bodies.

30 out of 73 were from northern communities/Tribal Councils and 38 out of 73 were from central and southern communities/Tribal Councils. The remaining 5 were from provincial or national organizations.

First Look at Results – Mental Wellness Focused

Data shows that Mental Wellness was a large focus of all responses, no matter what the topic.

Problematic substance use and mental health events such as clusters of suicides or mental health crises were of greatest concern for respondents.

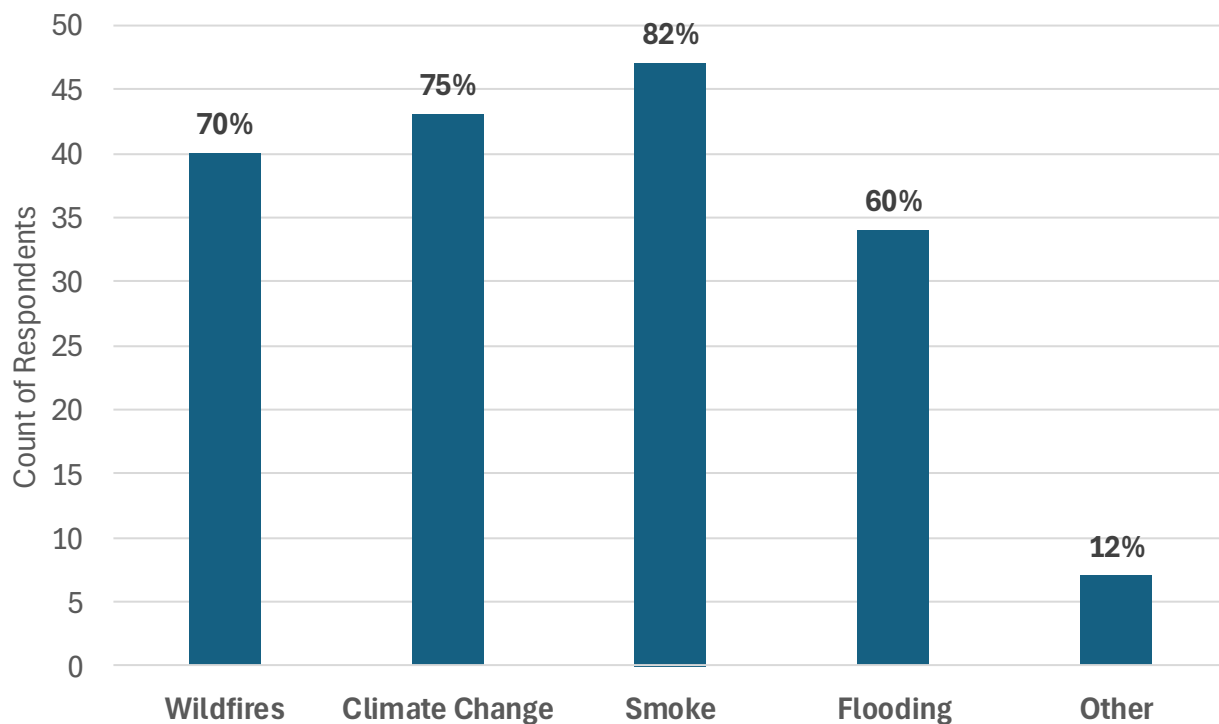


First Nations communities in Saskatchewan face significant and unique challenges in managing health emergencies, with a high frequency of incidents specifically regarding mental health concerns and addictions.

Climate Change and Natural Disasters

Natural Disaster and Climate Change Risks

(57 Respondents)



The Day 1 afternoon session focused on natural disaster and climate change risks facing communities.

The most cited hazard was smoke from wildfires; Wildfire smoke can travel far and cause health emergencies even in communities not directly touched by flames.

Climate change impacts on the land, plants, and animals were the next most widespread risk (43 mentions), followed by wildfires (40 mentions).

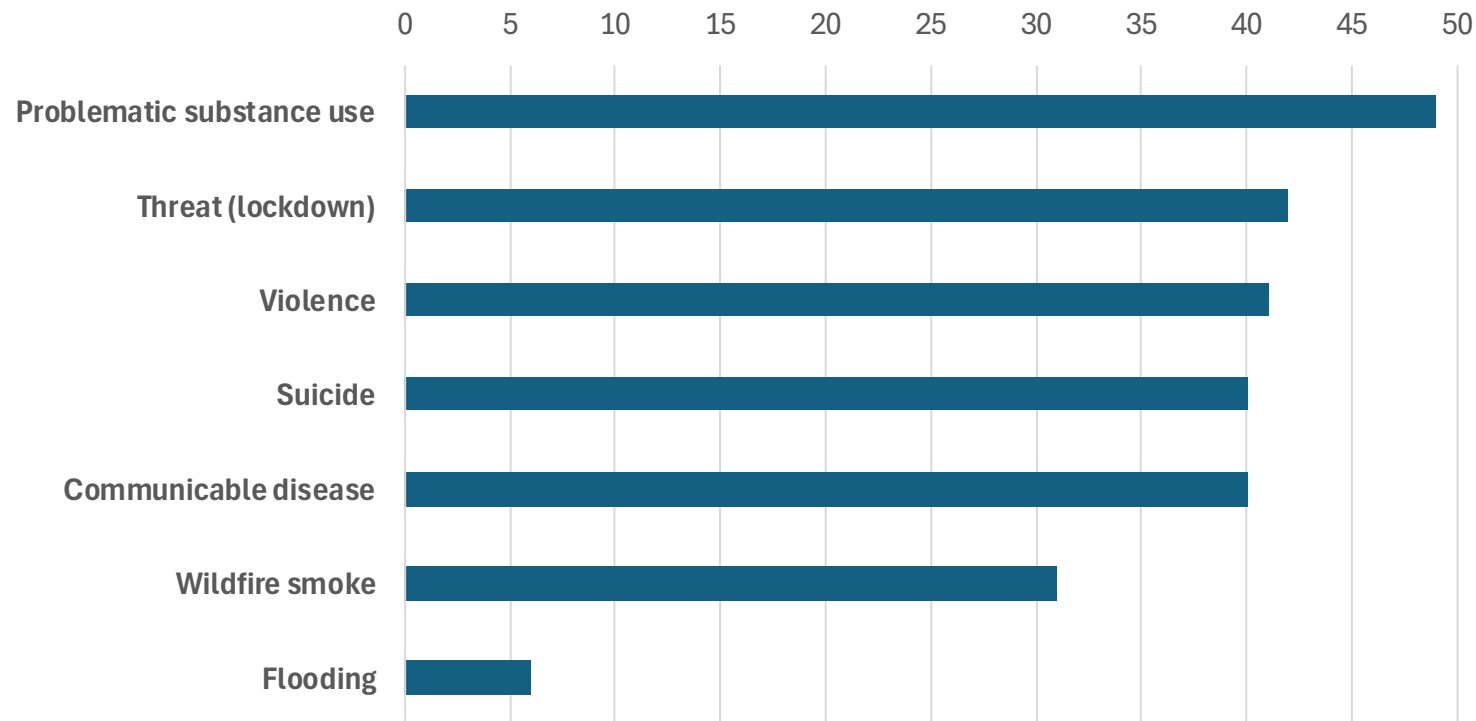
Flooding was also significant concern for respondents (34 mentions, roughly 60% of respondents).

Mental Wellness – Health Emergencies

Health Emergencies Experienced in the Past Two Years

(73 respondents)

Count of Respondents



Substance overdose crises were the single most reported health emergency in the past 2 years with 49 out of 73 respondents.

This was followed by threat (lockdown), violence and suicide, highlighting that mental health-related emergencies were widespread.

Mental Wellness - Mental Health Strategies

Day 2's morning session shifted focus to mental health emergencies.

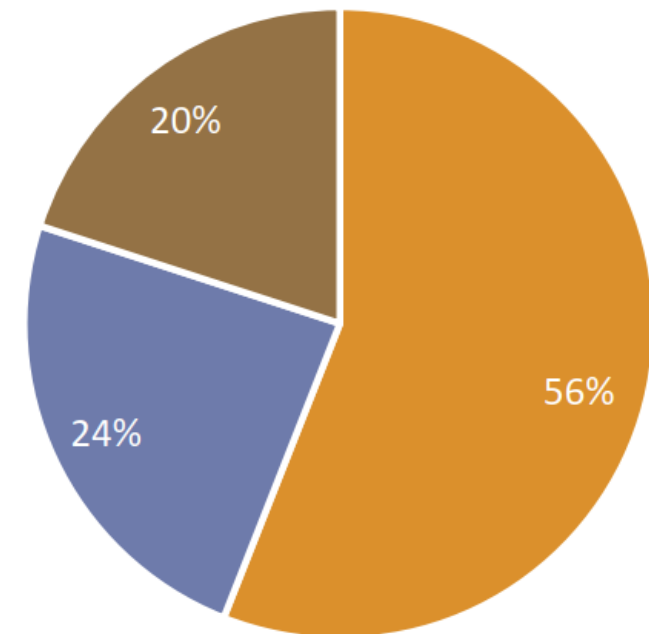
Participants first reported on the status of their community's mental health strategy.

Just over half (56%) of First Nations have a Mental Health Strategy in place, according to respondents.

About a quarter (24%) said they do not have such a strategy, and 20% were unsure/unknown.

Does Your First Nation Have a Mental Health Strategy?

(55 Respondents)

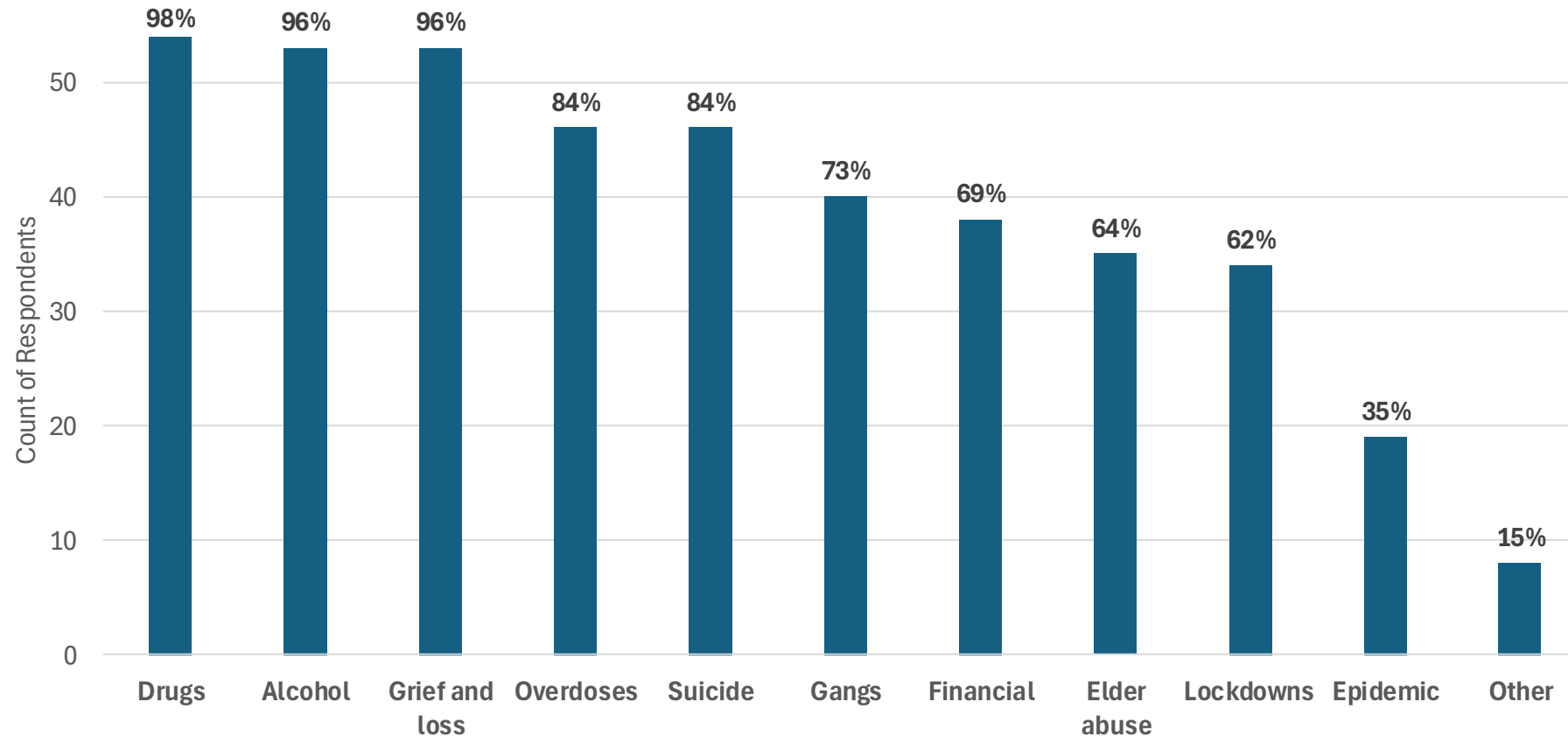


■ Yes ■ No ■ Unknown

Mental Wellness – Risks Experienced

Mental Health-Related Risks Experienced

(55 respondents)

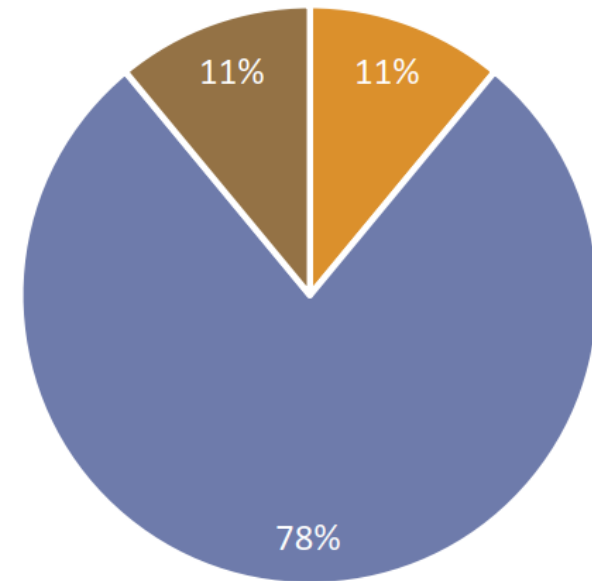


Mental Wellness – Elders' Safety

Are There Adequate Resources for Elders' Safety in First Nations?
(55 respondents)

Many elaborated that while Elders are respected, there is a lack of formal supports - for instance, insufficient safe housing or assisted living for Elders, not enough home care or mental health support geared toward Elders, or no specific Elder abuse prevention programs.

Some noted the absence of an 'Elder safety strategy'.



■ Yes ■ No ■ Unknown

Mental Wellness - Summary

Addictions and Mental Health Crises: A Province-Wide Emergency

The near-universal reporting of substance use and alcohol crises (98-96% of respondents) signals that addiction-driven emergencies are pervasive in all regions of Saskatchewan. This province-wide prevalence points to an urgent need for mental health strategies and resources in every community.

Tribal Council representatives and individual First Nations alike flagged substance use, overdoses, and suicides as top emergencies. In a planning exercise, many participants ranked “mental health crisis including addictions, suicide, and self-harm” as the number one threat to address.

Many First Nations are working on or have a Mental Health Strategy, but as one survey revealed, the vast majority feel current supports are inadequate as 43 of 55 respondents said there are not adequate resources in place for elders’ safety and mental health support in their community.

Community Safety and Threat Assessment

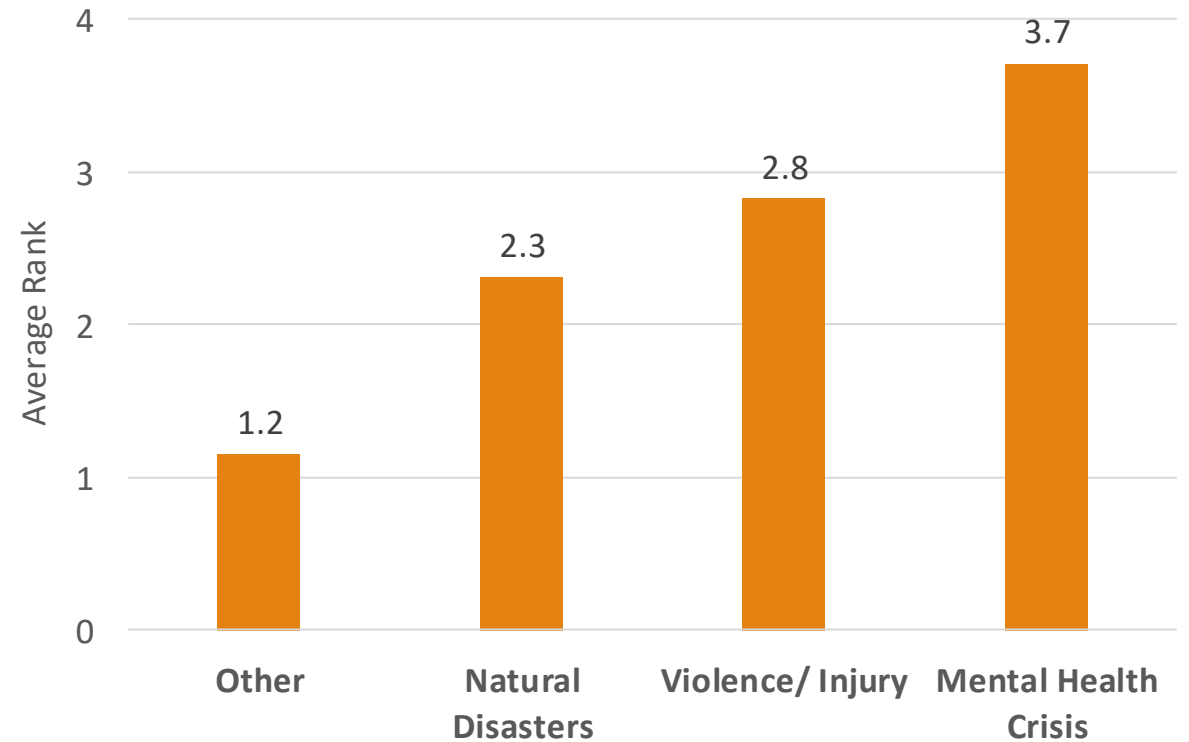
In the Day 2 afternoon session, the focus shifted to threats to community safety, identifying top threats.

Participants were asked to rank the four most likely threats to their First Nation that they should be planning for, in order of priority.

The average of the ranks was calculated across the respondents to see the biggest threat.

Therefore, mental health crisis was deemed to be the biggest threat, followed by violence/injury, natural disasters and other.

Top Prioritized Threats that First Nations Communities should be planning for
(45 respondents)



Community Safety and Threat Assessment

Respondents were asked to indicate the level of concern for each type of health emergency.

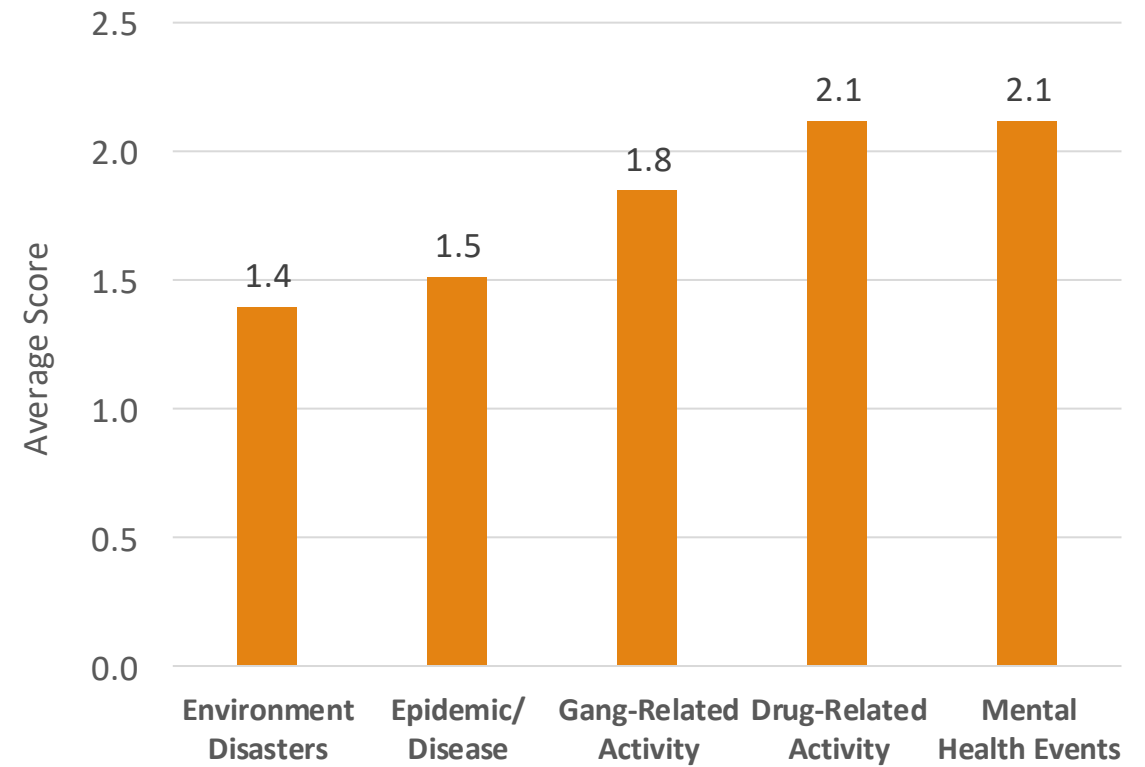
The levels were – Fearful, very concerned, somewhat a concern, not a concern. They were scored based on the severity of concern as follows:

Category	Score
Fearful	3
Very Concerned	2
Somewhat a concern	1
Not a concern	0
Unknown	N/A

The average score for each type of health emergency was calculated across the respondents and the higher the score, the higher the concern for the health emergency.

Concern Levels for Various Threats

(45 respondents)



Community Safety and Threat Assessment

Beyond health issues, respondents indicate that violence and security threats compromise safety.


Survey results show that these issues are prevalent in communities. These numbers highlight those violent emergencies, whether external threats causing school or band office lockdowns, or interpersonal/community violence, are a common occurrence.

Elder abuse was another safety issue raised by a significant portion showing that vulnerable members of the community are at risk in some cases. Additionally, an 'Other' category in one session revealed that at least 15 respondents wrote about domestic violence as a key concern, underlining the impact of family violence on community safety. These safety threats are not isolated to one region.


Both northern and southern First Nations reported problems such as gang presence, violence, and abuse. Tribal Council representatives, who oversee multiple communities, reinforced that multiple First Nations under their care are grappling with these issues simultaneously.

Thematic Analysis: *Mental Health*

Urgency of Mental Health and Addictions: A dominant theme is that mental health crises and problematic substance use are at the forefront of community concerns. Participants frequently referenced suicides, overdoses, and trauma throughout the survey.



The qualitative feedback calls for integrated mental health strategies, culturally appropriate healing (e.g., land-based or involving Elders), and immediate training in suicide prevention and addictions response.




In short, mental health is not separate from health emergency management, rather it is central. Any recommendations or programs must treat mental wellness and addiction response as core components of emergency preparedness.

Thematic Analysis:

Resource gaps, training and capacity


Resources and Funding gaps: Across all topics, participants highlighted resource gaps. Similarly, human resources are thin. Health staff wear multiple hats and there are few dedicated health emergency personnel. Participants also reported lack of infrastructure (e.g., no safe house for Elders, no treatment center for addictions locally) as a barrier.



Need for Training and Capacity Building: A very consistent theme is the desire for more training and skill-building opportunities. Building local capacity through continuous training will reduce reliance on outside help and improve health emergency outcomes.

Thematic Analysis: *Communication gaps and culturally appropriate approaches*


Communication and Collaboration Gaps: Many of the issues identified stem from poor communication or siloed efforts. By improving information flow between agencies and between leadership and community members, communities can respond more cohesively to emergencies and ensure everyone knows roles and resources.



Importance of Culturally Appropriate Approaches: The presence of Elders and culture at the gathering and the call for including Elders more in strategies highlight that cultural context is key. Some noted issues like lateral violence and the legacy of colonization as underlying factors, point to needing culturally informed healing and emergency planning.

Thematic Analysis: *Preparedness and proactive vs. reactive balance*

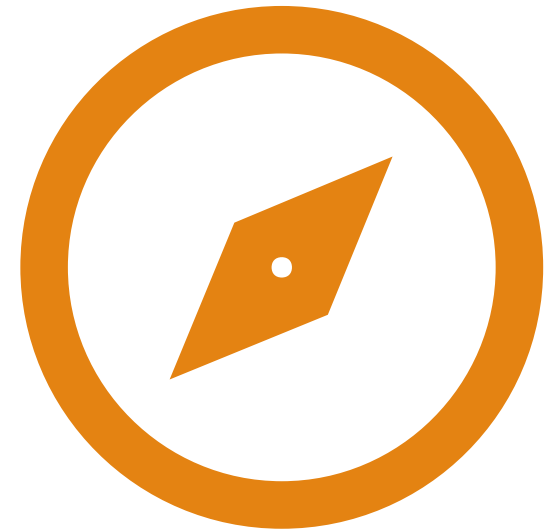
Preparedness Variability: Some communities are further along in emergency preparedness than others. Those communities with robust practices can mentor those that are under pressure. A network or forum for First Nations to regularly exchange health emergency and mental wellness experiences could address this gap.



Proactive vs. Reactive Balance: Another subtle theme is shifting from reactive emergency response to proactive planning and prevention. The heavy emphasis on prevention training and on having strategies (mental health strategy, safety plan) indicates people want to get ahead of emergencies, not just react after the fact.

Thematic Analysis

In summary, the thematic threads can be woven into one overarching narrative. First Nations communities are facing intense health and social emergencies, often with insufficient support, yet they are eager to build their capacity and integrate their cultural strengths to protect their people. They call for more resources and training, better coordination, and inclusion of mental wellness and traditional knowledge in health emergency management.



Recommendations

Based on the detailed findings and recurring themes from the report, Morris Interactive proposes a set of strategic recommendations.

These are divided into short-term (immediate to 1-year horizon) and long-term (multi-year) actions.

Short-Term Recommendations

Short-Term Recommendations (Next 6-12 months):

- Improve HEM Program Outreach and Communication
- Conduct Training Workshops on Priority Topics
- Establish an Interim Interagency Working Group if Not Already Present
- Enhance Elder Support Immediately During Emergencies
- Facilitate Peer Networking and Best-Practice Sharing
- Quick Update of Emergency Contact Lists and Basic Drills

Long-Term Recommendations

Long-Term Recommendations (1-5 years):

- Develop Comprehensive Community-Based Mental Health and Emergency Wellness Strategies
- Strengthen and Formalize Health Emergency Management Capacity at the Regional Level
- Increase Funding Streams Specifically for First Nations Health Emergency Preparedness
- Integrate Traditional Knowledge and Cultural Safety into Health Emergency Planning
- Establish Wraparound Support Systems for Vulnerable Populations
- Continuous Community Engagement and Public Education
- Monitor and Evaluate Progress

Recommendations


By implementing these recommendations, both in the immediate term and through sustained action, First Nations and their partners can significantly bolster Health Emergency Management and Mental Wellness capacity.

The surveys from this gathering have illuminated the path. Address the critical gaps in mental health response, invest in people and plans, improve how everyone works together, and do so in a culturally grounded way.


In conclusion, these steps will move communities from being constantly in crisis mode toward a future where they are resilient and prepared, able to protect the health and wellness of their people no matter what emergencies arise.

Next Steps

Responses further reinforce the interconnected nature of mental health crises with health emergency management in First Nations communities.



Addressing these issues requires a holistic, long-term approach that goes beyond immediate crisis management to include prevention, education, stable resources, and community-driven healing initiatives.



Results will be shared from the information collected at the gathering with partners in the coming months.

Next Steps

While services may at times become overwhelmed, it's crucial to acknowledge the effective work being done and see this moment as an opportunity to build and strengthen those successful programs.



Focus on how we can bolster our collective capacity and mitigate the risk of becoming overwhelmed. Will help ensure the continued delivery successful programs.

Thank you for
being here on
our journey.