

Aboriginal Health—The Overlap Among Child Maltreatment, Mental Health, and Addictive Behaviours—The Way Forward

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Developing community systems of services for Aboriginal children and youth in care with special health care needs and/or addiction and mental health needs represent a significant challenge for families, communities, pediatricians as well public and private agencies providing services to these populations. At the provincial level, First Nations child and family service agencies are vested with the responsibility of planning and developing systems of care for children with special health needs who may come into contact with the child welfare system. However, during the last half-century, service systems have become increasingly complex as a result of health, education, and social policy changes, as well as changes in the epidemiology of child health, including increases in the number and proportion of Aboriginal children coming into the child welfare system with chronic conditions and disabilities (Bennett and Blackstock 2007). These changes have resulted in gaps in many service areas (both health and child welfare related) as well as fragmentation in the way service systems are organized and accessed (Shangreux 2004).

For First Nations children living in First Nations communities, in particular, access to services for health related matters, is simply not available in their communities and depending upon their circumstances, many are voluntarily placed into child welfare care so they can access the services they need to address physical, mental and or addiction related needs (Lavallee 2005). Very little research exists within Canada about the nature and extent of the incidence of First Nations children with special needs (i.e. physical, cognitive, learning,

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mental or addiction related), particularly within a child welfare environment. Furthermore, the existing research does not appear to address the importance of addressing the service gaps to First Nations children with special needs who may be in the care of either Aboriginal and/or non-Aboriginals systems of government care (Wright et al. 2005).

There are substantial knowledge gaps in health and child welfare services to First Nations children and families with special needs, disabilities, mental health and addiction concerns. The starting point for this International Journal of Mental Health and Addiction's Aboriginal Health Special Issue was a Canadian Institutes for Health Research-funded knowledge translation conference where the lead organizers were the First Nations Child and Family Caring Society (www.fncfcs.com), partnering with university academics, and delivering evidence-based research to the Aboriginal community in Winnipeg, Manitoba, Canada.

This conference was initiated by the life—and death—of an Aboriginal child who did not live one day in his home on reserve, despite being medically cleared for his special needs. The federal and provincial negotiations outlived little Jordan's life. A press to put children first developed into an initiative called Jordan's Principle (see First Nations Child and Family Caring Society website). The Canadian research needs that needed to be addressed were identified at this conference. These include:

- (1) The **incidence of First Nations children with special needs** (physical, cognitive, mental health and/or addictions) particularly within a child welfare environment;
- (2) **Service gaps** for First Nations children in care with special needs in both the on-reserve and off-reserve context;
- (3) **Service gaps** to First Nations children with special needs (FASD/disabilities) in care and in the efficacy of **differential response models to address these needs**;¹
- (4) Understanding **mental health issues** for First Nations families and/or children that become involved with First Nations child and family service agencies;
- (5) **Treatment programs** for First Nations families and youth with addiction issues who are involved with child welfare;
- (6) **Educational approaches** to understanding the issues and challenges of First Nations families and children dealing with special needs (health and disabilities), mental health and addiction issues when involved with the child welfare system;
- (7) Showcasing **innovative child welfare and health partnership initiatives** with First Nations populations both on and off reserve.

Beyond this conference, International Journal of Mental Health and Addiction sent out a public notice for the special issue and invited submissions. The final product is a combination of those authors who responded to this invitation and authors who presented at the Canadian "Bridging the Gaps" conference.

As a guest editorial group, we determined it important to follow Canadian CIHR Guidelines for research with Aboriginal Peoples, and ensure that each article included authorship of an Aboriginal practitioner, policy-maker, or scientist. We are enthusiastic about the future scholarship as more Indigenous researchers are initiating a wide range of culturally competent and appropriate—hence, culturally safe—research projects. We need new knowledge and new researchers. Together, in this issue, we have a chance to learn and

¹ The Differential Response service model (Wekerle, Leung, Waechter & Chen, 2010) provides an alternate investigative response that is more customized and less adversarial in approach to reports received by a CAS rated moderate to low in severity while maintaining the importance of the child's safety and well-being as a first priority.

discuss the issues and challenges around health and child welfare service gaps particularly as it affects First Nations families and children dealing with special needs (i.e. physical, cognitive, learning, mental or addiction related) when faced with a family crisis. Our ultimate goal is universal, a human rights perspective that supports the health of the populace.

We hope that this journal is a beginning to a way moving forward. We thank all contributors and the anonymous reviewers for the time and efforts. Moving forward, we hope to continue to achieve important objectives to science-based advocacy and evidence-based practice and policy. These issues remain for our continued joint attention:

- Increase knowledge on why and where service gaps exist across many service sectors;
- Better understanding of the challenges faced by families who have children with special needs, disabilities, mental health or addiction issues;
- Better understanding of the issues and the challenges faced by the health sector in servicing First Nations children with special needs, disabilities, mental health or addiction issues;
- Increase knowledge on the issues and challenges faced by the child welfare system in servicing children and families grappling with special needs, disabilities, mental health or addiction issues;
- Assist in a paradigm shift of thinking toward collaborative practices on how child welfare and health services systems can best begin working together to fill gaps in services to First Nations children;
- Become involved in building a network of researchers who may, in the long term, work toward a more permanent network dedicated to more cross-sectional/collaborative approaches in addressing the service gaps to First Nations children across the child welfare and health service sectors;

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