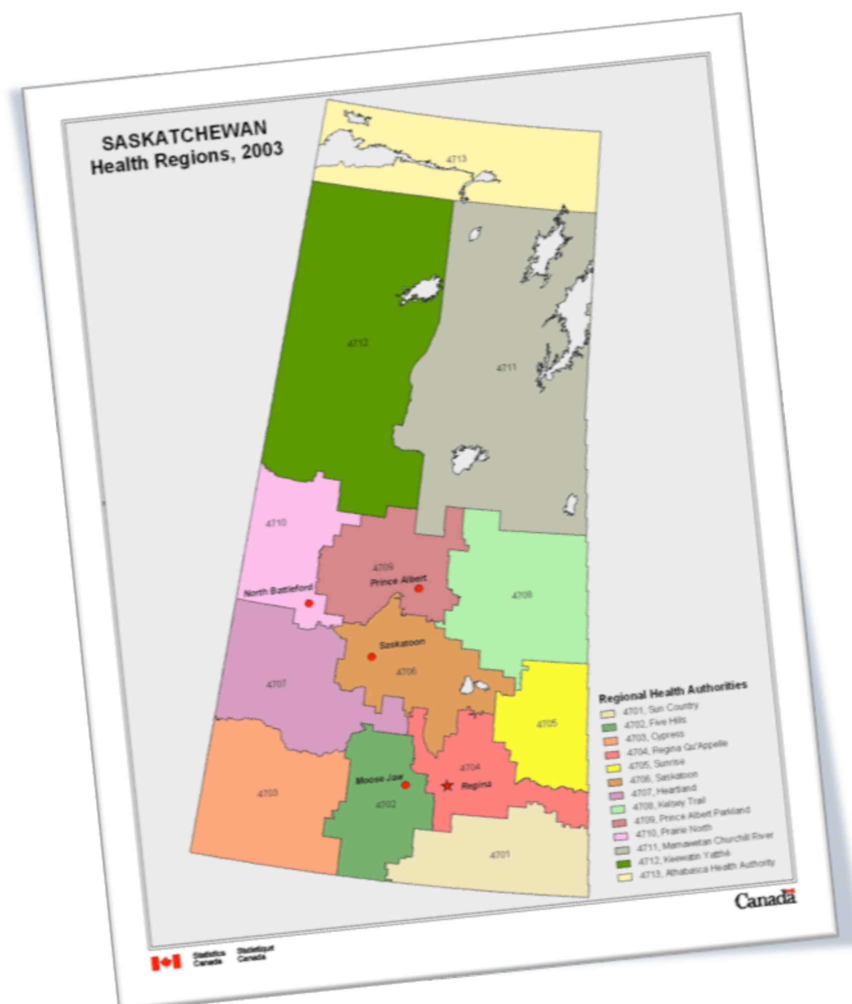
Towards Culture-Conscious Mental Health Services in Saskatchewan

A Review of Existing Legislation, Policies and Strategy Documents, October 2012



Sadeq Rahimi, PhD

Departments of Anthropology and Psychiatry, University of Saskatchewan

Executive Summary

The following report provides a basic review of Saskatchewan's health and mental health related legal, policy and strategy documents, with the objective of assessing the presence or absence of culture-conscious language and considerations in those documents. The term culture-conscious is used here to refer to the presence of a basic and general awareness of the role and significance of culture and cultural processes. Further, the notion of culture consciousness is used to avoid the range of political, practical and academic concerns and implications associated with such terms as cultural competence, cultural sensitivity, or cultural safety.

In the first decade of the 21st Century, the government of Saskatchewan introduced a series of new regulations that opened the doors to an influx of new immigrants to the province. The introduction of new migration policies coincided with a more general flourishing on the economic front, leading to a rapid development of new urban dynamics across the province.

Saskatchewan's adoption of an open doors approach to immigration was defined in the context of its economic boom, and justified along the lines of enhancing general prosperity in the province. Those strategies were indeed highly successful in their initial stage, so that by the year 2010 Saskatchewan gained the second highest population increase rate in all of Canada, a rank it has continued to hold since.

As the experiences of other Canadian provinces such as British Columbia, Ontario or Quebec have demonstrated, even gradual shifts in population demographics as a cumulative result of migration over time necessitate serious revaluation of issues of health, specifically mental health, not only at the level of available expertise, services, and models of delivery, but all the way to the fundamentals of the visions that govern how these aspects are structurally organized –namely at the level of strategies, regulations, and policies. Given the rapid pace at which migration-induced demographic changes have taken place in Saskatchewan, the need for multi-dimensional assessment of health and mental health services appeared obvious.

This report was produced in recognition of the lessons learned from other provinces, and in the context of a study of the recent waves of immigration to Saskatchewan and the short- and long-term implications of the ensuing demographic shifts for mental health services in that province. The research project was funded by the Mental Health Commission of Canada through the Multicultural Mental Health Resource Center.

This report is not intended to provide a detailed discursive, cultural, social or political analysis of the documents reviewed. The documents are reviewed for the basic purpose of

examining the presence or absence of culture-conscious language and formulations across Saskatchewan's thirteen health regions.

The primary finding of this review is a clear absence of culturally aware language and references in the development and formulation of the reviewed documents. Along with research findings indicating an acute need for culturally competent services and expertise across the province, this finding highlights the need for reformulation of those policies and regulations in a culture-conscious fashion.

A second intriguing finding of this review is a widespread confounding of the notion of "culture" across these documents. The notion of culture, when present, is typically used to refer to First Nation communities and their unique historic and social predicaments. While such implied reference may have made functional sense throughout the past century, it is clear that the usage, sense and implications of this term needs to be re-adjusted.

The implications of this report become yet stronger once set against research results that indicate a clear need for culturally competent health and mental health services and expertise in Saskatchewan. The need for a fundamental overhaul of health and specifically mental health related policies, regulations and strategies towards deeper and more accurate integration of cultural awareness appears urgent indeed.

It is therefore recommended that this general review be followed by in-depth research and analysis towards development of strongly culture-conscious policies, services and resources. Local investment of funds and attraction of external funding towards research and analysis on development of culture-conscious policy is strongly advised. The suggestion is also made towards studying and possible incorporation of experiences in policy overhaul from similar contexts including Canadian provinces, but also places such as the Australian province of Victoria, where a similar overhaul has been applied with remarkably successful results.

Table of Contents

Towards Culture-Conscious Mental Health Services in Saskatchewan 1

Executive Summary 2

Introduction 5

Review of Health Legislation for the Province of Saskatchewan 7

Department of Health Act 7

Public Health Act, 1994 8

Mental Health Services Act 9

Overview of Health Policies in Saskatchewan 10

- Aboriginal Health Blueprint - Saskatchewan Approach 11
- Saskatchewan Mental Health Sector Study – Final Report 12
- MotherFirst Maternal Mental Health Strategy: Building Capacity in Saskatchewan 12
- Healthy People, A Healthy Province: Saskatchewan Health Research Strategy 14
- A Population Health Promotion Framework for Saskatchewan Regional Health Authorities 15

Review of Strategy Documents for the Health Regions in Saskatchewan 15

The Vision for Health in Saskatchewan 16

- Athabasca Health region 16
- Mamawetan Churchill River Health Region 17
- Keewatin Yatthé Regional Health Authority 17
- Prairie North Health Region 18
- Prince Albert Parkland Health Region 18
- Kelsey Trail Health Region 18
- Heartland Health Region 19
- Saskatoon Health Region 19
- Sunrise Health Region 20
- Cypress Health Region 20
- Regina Qu'Appelle Health Region 21
- Five Hills Health Region 21
- Sun Country Regional Health Authority 22

Conclusion 22

Recommendations 24

References 26

Appendix A: Regional Health Authorities 29

Introduction

This report is intended to provide an overview of the legal, policy and strategic documents related to the health system in the province of Saskatchewan. The documents have been selected on the basis of and in the order of their relevance to any future changes and transformations that would occur in the healthcare system in the province.

In 2006 and in 2009 the government of Saskatchewan introduced series of new regulations that opened the doors to an influx of new immigrants; a move described by the responsible Minister as "new strategy" intended to "create greater prosperity and foster new jobs in Saskatchewan."[1] These strategies were highly successful in their initial stage, so that as a result in both 2010 and 2011 Saskatchewan gained the second highest population increase rate in all of Canada.

The results of a preliminary study by this author (Rahimi, upcoming) indicated, however, that the future of that spectacular success is seriously threatened by the province's lack of infrastructural capacities for addressing the newcomers' needs[2] The "lacking"culturally competent capacities range from services, training and expertise, specifically in the area of mental health of refugees and immigrants, to perceptions, policies and strategic directions. Considering the grim picture produced by those preliminary findings, it was clear that a review of existing legislations, policies and strategic directions would be an important component of a more realistic understanding of the possibilities and challenges of working towards culture-conscious mental health services in Saskatchewan. This report has thus been produced as a first step in establishing a clearer understanding of the current legislation and policy landscape across the province, with the specific objective of assessing the explicit and implicit presence of culture-consciousness in those official documents.

Health legislation is broadly defined as "encompassing the laws, ordinances, directives, regulations and other similar legislative instruments that deal with all aspects of health protection and promotion, disease prevention, and delivery of health care."[3] The health legislation in Saskatchewan is expressed through a set of Acts which govern the various services, service providers and the patients that are part of the health care system.

Health policy is defined as, "decisions, plans, and actions that are undertaken to achieve specific health care goals within a society."[4] The health policies in Saskatchewan cover a

---

[1] http://www.gov.sk.ca/news?newsId=cff28780-f5c1-4fd5-ab91-c848d027efa8

[2] Research project titled "Insuring Equity by Respecting Difference: Development and Evaluation of Resources for Multicultural Mental Health in Saskatchewan," funded by the Mental Health Commission of Canada through the Multicultural Mental Health Resources Center (MMHRC).

[3] World Health Organization Website, Health Legislation, http://www.who.int/topics/legislation/en/.

[4] World Health Organization Website, Health Policy, http://www.who.int/topics/health_policy/en/.

multitude of areas ranging from general health strategies to those affecting specific fields and subsets of the population. In the scope of this report, the policies reviewed are in the context of general health, with more specific attention to mental health policies. Health policies comprise strategic documents, which act as blueprints for the realization of the health policy.

In 1992, Saskatchewan was one of the first jurisdictions in Canada to implement a process of "regionalization" which had been proposed by the Conference of Ministers of Health as early as 1965 (Marchildon, 2005), a move defended primarily in terms of addressing a shifting population demographics resulting from increasing waves of migration of the youth from rural to urban areas, leaving a concentration of older clients in the rural areas (Saskatchewan, 1990). In fact the capacity to better respond to population diversity has been one of the major objectives in the original recommendation by the Conference of Health Ministers.

Saskatchewan is currently divided into 13 health regions or Regional Health Authorities which have been tasked with ensuring the health of the people in their region (see Appendix A). Each health region has its own strategic mandate to provide service and govern the health system for that region, depending on the specific needs of communities covered. But each also has to be in alignment with the provincial strategy. The diversity in the planning of the health systems of the health regions is apparent in their strategic documents, which reflect changes according to the requirements of the people in each health region.

Based on the following facts: 1) that Saskatchewan is in the process of a serious shift in its population demographics due to increase in new migrants, 2) that various authoritative sources, such as the American Surgeon General Report (Surgeon General, 2001) or the Mental Health Commission of Canada Report (2012) have emphatically asserted that in service and treatment of mental health "culture counts", and 3) that preliminary research has indicated a severe absence of culture-conscious infrastructure including services, expertise and even perceptions associated with mental health in the province, this report is intended to complement preliminary research findings by examining the legislation and policy underpinnings of existing services. The following will therefore review Saskatchewan's major health and mental health related legislation, policy and strategy documents to assess the presence or degree of culture-conscious language and considerations in the foundational levels of the Province's political structure.

The main interest of this report can thus be summarized as a search for and assessment of the presence or absence of "culture-consciousness" in both the word and the spirit of the guiding framework that informs provision of health and mental health services to the increasingly multi-cultural population of Saskatchewan.

Review of Health Legislation for the Province of Saskatchewan

The health legislation in the province of Saskatchewan provides the legal background for all the roles and responsibilities of the various factions of the health system in the province. Some of the major legislative documents were reviewed through a culture-conscious lens, and areas where change could occur are mentioned below.

Department of Health Act

The *Department of Health Act* is part of the Revised Statutes of Saskatchewan, 1978 and came into effect on February 26, 1979. It has undergone several revisions, and was last revised in the year 2003.

> The *Department of Health Act* for the province of Saskatchewan outlines the powers and duties of the Health Minister, the Deputy Health Minister, the staff and the guidelines for the health system and components of the health system (laboratories, alcohol and drug abuse programs, etc.). It also provides the legal authority to the Minister of Health in outlining expenditures, undertaking research, creating committees and conducting other activities for the benefit of the health system.
>
> If viewed from a culture-conscious perspective, the document does not provide distinctions between citizens of the province; Rather, it refers to the citizens in general terms without distinction for gender or ethnicity. The section on the powers and duties of the minister does not specifically acknowledge that people are culturally different. It only outlines the responsibilities of the Minister in generic terms and refers to all clients as 'people of the province.' [5]
>
> Some of the duties which could be considered from a culture-conscious lens and which could be positively impacted by this lens include:
>
> - "Alone or in co-operation with one or more persons or organizations, **provide institutes, seminars and other educational programs for the training of health service personnel**, and make agreements with regional health authorities, health care organizations, municipalities and any other persons, for any of those purposes."[6] This can be a point of entry to provide training to health professionals and staff not only in the regional health authorities, but also some of the community based organizations that may want to have some training in being more culture-conscious in the provision of health services to the growing immigrant and refugee population in Saskatchewan.

---

[5] Department of Health Act.

[6] Department of Health Act, p.4.

- "**Consult with and obtain the views of representatives of the providers** of health services **and the consumers of health services** in connection with the provision of health services and various matters related thereto…"[7] Consultation with the representatives and consumers, including immigrant and refugee population groups, will foster a way to create a more responsive and effective health service to the people.

- "Promote and assist in the development of **adequate health resources, both human and material** in the province."[8] The province of Saskatchewan has many projects in place to create equal work opportunities for the Aboriginal peoples of the province. This can be extended to include qualified immigrants and refugees, not only at the ground level but also at the level of policy decisions made within the Regional Health Authorities.

- "**Disseminate information** in any manner and form considered advisable for promoting the health and well-being of the people of the province, for suppressing disease and for informing the public with respect to the state of health facilities, services and personnel in the province and concerning any other matter relating to health."[9] This can be especially useful if the information about health related matters would be culturally-appropriate, available in multiple languages, and made accessible to immigrant communities.

Public Health Act, 1994

The *Public Health Act, 1994* has been outlined as Chapter P-37 of the Statutes of Saskatchewan, 1994. The *Public Health Act,* came into effect February 26, 1979, where most sections have been repealed. The *Public Health Act, 1994* has last been revised in the year 2010.

The *Public Health Act, 1994* details the powers, responsibilities of the minister, chief medical officer, coordinator of communicable disease control. The text is generic and pertains to all people living within a jurisdiction without any distinction for gender, age and ethnicity

On the section on reporting of communicable diseases of category II, it is mentioned that the physician or nurse should "provide counseling to the person concerning…." and "communicate in a prescribed manner with the contacts." [10] This would be an

[7] Ibid.

[8] Ibid.

[9] Ibid.

[10] Public Health Act, 1994, p. 18.

appropriate point to have a translator or someone from a similar culture to ensure that the message is received appropriately.

In the section on communicating to the public about epidemics using:

- " publishing the order in a newspaper having general circulation in Saskatchewan or in any area of Saskatchewan that is directly affected by the order;
- broadcasting the order on a television station or radio station the signal of which is received in Saskatchewan or in any area of Saskatchewan that is directly affected by the order;
- posting copies of the order in public places in the manner and to the extent considered necessary by the minister or the medical health officer; or
- in the case of an order directed to a large number of persons in a particular place, premises or vehicle, by making a public announcement in the place, premises or vehicle;"[11]

Here, the use of culturally-appropriate signs and language would be important to ensure effective communication and understanding is accomplished across all persons.

Mental Health Services Act

The Mental Health Services Act is outlined as Chapter M-13.1 of the Statutes of Saskatchewan, 1984-85-86 (effective April 1, 1986). The Act has undergone several revisions; the most recent was in 2004.*The Mental Health Services Act* for the province of Saskatchewan outlines the administrative powers and duties of the appointed minister and the Lieutenant Governor in Council in assigning the roles of directors, officers, chief psychiatrists and official representatives within regions and facilities of the province. The Act outlines eligibility of services, the general rights and obligations of patients, procedures for regulating assessment, treatment, admission and discharge. Further, it outlines appeal and review procedures, along with general specifications and definitions as relating to this Act.

From a culture-conscious perspective, the Act refers to people in the general sense, where the terms 'people of Saskatchewan' and 'persons' are used without specific reference to differences in language, culture, and/or ethnicity.

Specific examples from *The Mental Health Services Act* where a culture-conscious perspective could augment the interpretation and meaning of the Act include:

- Section 16(1) states that "**every person who is apprehended or detained**…(a) **shall be informed promptly of the reasons for his apprehension or**

[11] Public Health Act, 1994, p.24.

detention."[12] In order to respect every person's right to be informed, it would be crucial that persons have access to this discussion in a language that they are comfortable speaking, to ensure that the information is understood equally by all persons.

- Section 18(1) outlines the procedures regarding involuntary out-patient examination, where "…**any person who (a) in the opinion of an examining physician is suffering from a mental disorder…and (b) refuses to submit to the examination**…"[13] Here, it would be useful to have the physician, or another health professional present, to be familiar with the person's first language and culture to ensure that miscommunication regarding the examination is avoided.
- In Section 24.1(1), considering that an officer in charge may apply for a long term detention order when, "**as a result of the mental disorder the person is unable to fully understand and to make an informed decision regarding his or her need for treatment or care and supervision.**"[14] Circumstances where the person's first language is not English, and/or the person is an immigrant newcomer to the province could be assessed from a culture-conscious perspective to determine the degree to which a person's difficulty to understand results from language and culture differences and/or from a mental disorder.
- Section 24.3 outlines the procedures for a community treatment order. where several clauses discuss how the person's need for mental health treatment, care and supervision will be sought and provided for them from resources '**in the community.'[15]** The term 'in the community' is defined by this Act as "outside of an inpatient facility"[16] with no reference or mention to specific communities that may exist. A discussion of the diversity of cultural and ethnic communities within the province of Saskatchewan would be beneficial to assess what type of community resources are available to and appropriate for each person.

Review of Health Policies in the Province of Saskatchewan

Overview of Health Policies in Saskatchewan

The Government of the province of Saskatchewan has many drafts in progress to improve the health of the people in the province. Saskatchewan has one of the largest and fastest growing Aboriginal populations among Canadian provinces. First Nations and Métis residents made up 13.5 per cent of the provincial population as of 2001, and that figure is

[12] Mental Health Services Act, p.9.

[13] Mental Health Services Act, p.18.

[14] Mental Health Services Act, p.15.

[15] Mental Health Services Act, p.17.

[16] Mental Health Services Act, p.16.

rising with some projecting it will grow to 28 per cent by 2015.[17] Over the years, due to favorable immigration policies in the province, there has been a considerable growth in the number of immigrants and refugees choosing to settle in Saskatchewan. There are approximately 50,000 immigrants and refugees in the province of Saskatchewan representing 5 percent of the population.[18]

Aboriginal Health Blueprint - Saskatchewan Approach

The Aboriginal Health Blueprint document is the commitment by First Ministers and National Aboriginal leaders to develop an Aboriginal health plan which serves to improve the health and well-being of Aboriginal peoples. The Saskatchewan document is built on the discussions and priorities from the provincial engagement sessions and submissions. It identifies further actions that will be undertaken by the Province of Saskatchewan and the federal First Nations and Inuit Health Branch (FNIHB) – Saskatchewan Region in collaboration with Aboriginal peoples.

As in the national blueprint, the Province of Saskatchewan and FNIHB commit to recognize the unique rights, needs and health care context of each constitutionally recognized Aboriginal peoples - First Nations, Inuit and Métis.

The report has a number of pillars to provide the foundation of improved health and well-being of Aboriginal people in the province of Saskatchewan:

- Forming partnerships with First Nations and Métis organizations
- Increasing Aboriginal health care providers
- Addressing service delivery challenges
- Promoting and developing health research among Aboriginal people
- Developing initiatives to address Aboriginal specific health needs

This document addresses the issues of cultural competence in the working of the Ministry of Health and the health care system in the province and trying to incorporate the idea of a holistic health perspective of the Aboriginal peoples.

"In addition to health specific priorities, other issues came forward that addressed the manner in which services are delivered, and the participation of Aboriginal peoples in their development and delivery. Areas requiring attention include:

- communication and cooperation;
- jurisdictional barriers and funding; and

[17] Statistics Canada Website, Population projections by Aboriginal identity in Canada: 2006-2031, http://www.statcan.gc.ca/daily-quotidien/111207/dq111207a-eng.htm.

[18] Sask Trends Monitor, 2007, Target Group Profile: Immigrants in Saskatchewan, p. v.

• cultural competence and respect in institutions."[19]

Saskatchewan Mental Health Sector Study – Final Report

The Saskatchewan Mental Health Sector Study was drafted by John Conway in 2002 and was further updated in 2003.

> The Saskatchewan Mental Health Sector Study was conducted to assess the state of mental health in the province in terms of access, delivery of services and human resources. The report identifies mental health as "....the heart of a holistic understanding of the effects and the causes of both the social and the physical determinants of health…"[20] This is congruent with the notion of health as determined by other cultures as being part of the whole and not just a separate entity.
>
> Some of the findings of the report are:

- Identified gaps and needs in mental health delivery for First Nations and Métis People.
- Recommended representative workforce in the mental health sector.

The gaps identified in the report are mainly due to a lack of access to services and limited number of personnel working in the mental health sector. This study recommends that:

"Cultural sensitivity and 'evidence-based' treatment are not enough; our best professional efforts may cause more harm than healing. Healing must come from and be embedded within the local culture of Aboriginal communities, local control of health and mental health systems are needed. The mental health of individuals is linked to the health of Aboriginal communities and their sense of local control and cultural continuity."[21]

This study did not, however, address the issues associated with immigrant and refugee mental health. This part of the demographic has not been considered in either the population under study or in the final recommendations for all parts of the mental health sector.

MotherFirst Maternal Mental Health Strategy: Building Capacity in Saskatchewan

The Saskatchewan Maternal Mental Health Strategy was drafted by the *Mother First Working Group* in 2010. Dr. Angela Bowen (College of Nursing, University of Saskatchewan) is the chair of the working group. The report presents policy recommendations from this

[19] Government of Saskatchewan, Aboriginal Health Blueprint, 2005, p. 3.

[20] Conway J., 2002, p.7.

[21] Conway J., 2002, p. 27.

interdisciplinary group of stakeholders regarding how to improve maternal mental health in the province of Saskatchewan.

The report responds to the fact that there is no current provincial policy regarding maternal mental health in Saskatchewan. In part, the working group was brought together to address the issue of inconsistent identification and treatment of maternal health problem.

The report identifies 4 key policy areas to improve maternal mental health for women in Saskatchewan:

- Increase the awareness of maternal mental health (i.e. education and public awareness)
- Provide universal screening for anxiety and depression for pregnant and postpartum women
- Improve access to appropriate treatment options for women
- Develop a provincial strategy in order to provide consistent access to maternal health care services.[22]

The report indicates that its goal is to assist the Saskatchewan Ministry of Health, along with First Nations health leaders, in addressing the gaps in maternal mental health. While it does state that "ethnicity is also significant as Aboriginal women and newcomer or immigrant women are more likely to experience maternal depression,"[23] specific areas of the report could have been used to emphasize the importance of this statement. For example:

- Though not a specific recommendation, the report states that Aboriginal women would benefit from community-based and culturally-appropriate maternal mental health strategies. The report does not extend this statement to include women from immigrant/refugee communities.
- In Part Two 'Policy Priorities' the report highlights the importance of education and public awareness regarding maternal mental health. It indicates the need for printed materials to be circulated in settings where women and their families may frequent. The report does not address the issue of language difference, such as communication barriers that may arise for women whose first language is not English, or for people with low literacy skills.
- The experience and expression of anxiety and depression differ cross-culturally. Recommendation # 2 outlines the need for universal screening and suggests the use of the Edinburgh Postnatal Depression Scale, which is described as culturally-sensitive and the most commonly used scale

[22] MotherFirst, 2010, p. 2.

[23] MotherFirst, 2010, p. 7.

worldwide. However, some research suggests that specific immigrant/refugee communities may respond better to a screening tool that has been developed specific to their unique language and culture. From a culture-conscious lens, to ensure a screening tool is culturally-appropriate there must be measures taken beyond language translation – as specific concepts often times do not have a direct translation and can be misinterpreted.

It should be noted that the newcomer/immigrant group is included among the represented groups in the report's 'Proposed Accountability Structure,' which outlines the goals of the provincial and regional maternal mental health groups.

Healthy People, A Healthy Province: Saskatchewan Health Research Strategy

Through the Saskatchewan Health Research Foundation (SHRF), this strategy was published in 2004, and emphasizes the importance of health research in improving health for the people of Saskatchewan by addressing the areas of prevention and treatment, along with program and policy development.

The SHRF was established after the release of the Action Plan for Saskatchewan Health Care in 2001. In 2003, Saskatchewan's Minister of Health sought the guidance of the foundation with regards to developing a provincial health research strategy. The strategy was developed by the SHRF, based on consultation with a variety of members from health, government, community and private sectors. The research priorities identified by this strategy are listed below:

- "Specific population groups, including Aboriginal people and seniors;
- Rural and remote health care delivery;
- Health systems and policy research in areas including workforce planning, training and forecasting; quality management and improvement; primary and mental health care services; timely access to care; and innovative, cost-effective health delivery models.
- The determinants of health status, including early childhood health issues and chronic disease prevention (with an emphasis on diabetes, obesity and smoking);
- Public health, water safety and food safety; and
- Synchrotron-based health research."[24]

The need for health research to be conducted with regards to newcomers, immigrants and refugees was not addressed by the Saskatchewan Health Research Strategy.

[24] Saskatchewan Health Research Strategy, 2004, p.3.

A Population Health Promotion Framework for Saskatchewan Regional Health Authorities

Drafted in 1999 and revised in 2002, this framework was a collaborative project put forth as a resource to assist Saskatchewan's Regional Health Authorities in promoting population health. The document contains definitions, principles and strategies relating to this goal, and is suggested to be used in conjunction with other provincial resources.

While the document seeks to promote health equity for all of the people of Saskatchewan, the document seems inconsistent with other policy and strategy documents of the province, which state that immigrant populations are growing:

> "In contrast to the growing Aboriginal population, the number of immigrants arriving in Saskatchewan from other countries has fallen off dramatically in the last few decades, reducing the cultural diversity in our province. This also contributes to the aging of our population, since immigrants tend to be younger and to have children."[25]

However, the document does recognize the need for collaboration with community groups within the province regarding health policy and services, while making reference to unique cultural groups. The term 'community' is defined as: "a specific group of people, often living in a defined geographical area, who *share a common culture*, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time..."[26]

Review of Strategy Documents for the Health Regions in Saskatchewan

The documents that have been reviewed below are the strategic documents as presented by the Regional Health Authorities (RHAs). If the strategic documents were unavailable, strategic directions were reviewed from the Health Region's website or their most recent annual report.

Most of the documents are from 2005 to 2011 and were available on the websites for the particular RHA. The major themes discussed include : the overall vision, mission statement, values and goals where applicable. A specific theme that was mentioned in the provincial strategic documents was "representative workforce" and it was reviewed in this report if the RHAs have adopted this strategy.

---

[25] Saskatchewan Health, 2002, p.9.

[26] Saskatchewan Health, 20002, p. 25; emphasis added.

The Vision for Health in Saskatchewan

The Ministry of Health in Saskatchewan lists its mission as: "The Saskatchewan healthcare system works together with you to achieve your best possible care, experience and health" and the vision as "Healthy People. Healthy Communities"[27] in their Five Year and 2012-2013 Strategic Priorities for the Health Care System in Saskatchewan.

The values outlined in the strategic plan for the province include:

- **Respect** which comprises of valuing and honoring each other's' perspectives, diverse beliefs and choices; being compassionate and treating each other with dignity; honoring fairness and confidentiality and recognizing and celebrating contributions of others.
- **Engagement** speaks about collaboration and actively engaging clients in planning and delivery of health care.
- **Excellence** is defined as learning and improving as individuals and groups and achieving a high performing health system which works on evidence based decisions.
- **Transparency** is about open and honest communication between all stakeholders and clients.
- **Accountability** is meant as demonstrating stewardship, integrity, ethical behavior and assuming responsibility for actions and consequences.

The Regional Health Authorities (Appendix A) have adopted and modified the mission, vision and values as outlined by the Ministry of Health to adapt it to the specific features and demographics of their population.

Athabasca Health region

The mission statement for the Athabasca Health Region (AHR) is meant to reflect the composition of the people of the health region - "A place to heal northern people;" The vision also utilizes a culture-conscious lens regarding Aboriginal peoples living in the province: "....Traditional values, concepts and health practices are maintained, respected and understood in partnership with contemporary health care...."[28]

The values indicated include culturally-appropriate services and employing people from within the region and supporting local people in health careers which, reflect the Aboriginal demographic of the region.

In terms of representativeness of people in the workforce the AHR seeks to:

---

[27] Government of Saskatchewan, 2012, p. 2.

[28] Athabasca Health Region Annual Report, 2011, p. 6.

- Identify local potential health care workers
- Outline that the bands will provide services as outlined in the Indian Residential Schools Resolution Health Support Program which are culturally safe support services.

It has also been outlined in their strategic documents that they will hire workers in mental health who have been accredited by the First Nations Wellness/Addiction Accreditation Board.

Mamawetan Churchill River Health Region

The mission statement does not reflect the diversity of the population that may be present in the region: "Working together in wellness to promote, enhance and maintain quality of life." But the external vision is stated as the "…health region comprising of vibrant and diverse communities, rich in northern heritage, tradition and culture," which does reflect diversity. Also, the internal vision statement includes "a safe, respectful environment of teamwork, learning, and continuous improvement, representative of the communities they serve."[29] The values include wholism equity, accountability, competence, trust and a team approach which have been adapted from the Ministry of Health strategic direction.

The logo of the health region has been explained in detail as "representing the importance of new beginnings, choices for wellness, wholeness and good health made each and every day, beginning with the individual. Wellness is then reflected from this individual outward and continues on as an emotional, spiritual, mental and physical flow among the community itself."[30]

Workforce representativeness is maintained in the employment of Community Health Educators who are local workers.

Keewatin Yatthé Regional Health Authority

The mission statement speaks of "the wholistic health of Keewatin Yatthé Region residents"[31] while the website outlines their mandate as "from the people in the district but is defined to some extent in the unwritten traditional knowledge and principles of our people and ancestors."[32] This is reflective of the culture of Aboriginal peoples.

The goals and objectives carry the theme of empowering Aboriginal peoples and recognizing in their programs, services, and activities a significant component of wholistic

---

[29] Mamawetan Churchill River Health Region Annual Report 2009-10, p. 5.

[30] Mamawetan Churchill River Health Region Website, Logo, http://www.mcrrha.sk.ca/region/logo.php.

[31] Keewatin Yatthé Regional Health Authority Annual Report, 2005-2006, p.5.

[32] Keewatin Yatthé Regional Health Authority Website, Philosophy, Mandate, http://www.kyrha.ca/Philosophy/Mandate.html.

healing, supporting individual and family approaches to spiritual healing, encouraging the healing initiatives of Aboriginal peoples, families and local communities.

Representativeness of the workforce is explicitly mentioned: "We will utilize the skills, talents, and abilities of local people as much as possible in all initiatives, programs, and activities."[33]

Prairie North Health Region

The mission statement and vision are in alignment with the provincial mandate: "Working together to provide quality health services and to promote and support healthy living in diverse communities" and "Healthy people in Healthy communities."[34] The main values include respect, compassion, and dignity for all people, regardless of cultural, social and economic factors.

The strategic documents for the health region reflect an increased the number of Aboriginal employees in PNHR's workforce as a measure of the mandate for a representative workforce.

Prince Albert Parkland Health Region

According to their mission statement, "the Prince Albert Parkland Health Region (PAPHR) works with people and communities to promote health; prevent illness and provide safe, quality health services;" the vision for PAPHR is "Healthy Living in Healthy Communities." [35] The main values of the health region include compassion, respect for all people including people of ethnic diversity, service excellence, collaboration, innovation, stewardship, rewarding work life and healthy communities.

Their strategic documents outline goals from 2010 to 2014 and focus on patient centered care through effective communication but do not elaborate if communication involves use of other languages or translators/interpreters.

The plan for a representative workforce is outlined by the objective to promote and include workplace diversity within the community."[36]

Kelsey Trail Health Region

The mission statement and vision: "Working together to improve the health of people" and "Healthy people in healthy communities" includes all people in the region and is not culture

---

[33] Keewatin Yatthé Regional Health Authority Strategic Plan, 2005, p.1

[34] Prairie North Health Region, Strategic Plan 2007-2010, p. 3.

[35] Prince Albert Parkland Health Region Website, http://www.princealbertparklandhealth.com/menu_pg.asp.

[36] Prince Albert Parkland Health Region Strategic Plan 2010-2014.

specific. However, the strategic direction states that it is a “partner for improved health of Region’s Aboriginal people.” [37]

The main values are respect, transparency, excellence, accountability and engagement in terms of service excellence.

The strategic documents mention the continued need to establish and maintain partnerships with First Nations and Métis communities and organizations, and to attract, recruit, retain and promote First Nations and Métis employment and participation in the RHAs.

Heartland Health Region

The mission statement and the vision: “To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health” and “Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System” incorporate all the people in the health region, without making specific mention to different cultural groups.[38]

The values of respect, excellence, collaboration, compassion, stewardship are not in alignment with the provincial values. Respect here is recognizing that all people and their needs have value. Excellence means pursuing quality in all that we do. Collaboration is defined as nurturing and honoring relationships to better serve our communities. Compassion is defined as reaching out and genuinely caring for others while stewardship is demonstrating responsible use and care of the resources entrusted to us.[39]

The strategic documents also reflect that the Heartland Health Region has a partnership with Saskatoon Health Region for inpatient mental health services. Even though having a representative workforce is a mandate of their strategic, plan it has not been realized due to the relatively low populations of Aboriginal, visible minority, and immigrant residents.

Saskatoon Health Region

The mission statement - “we improve health through excellence and innovation in service, education and research, building on the strengths of our people and partnerships” and vision “respect, compassion, excellence, stewardship and collaboration”[40] - do not consider the cultural diversity of the health region, considering that many people choose to immigrate to Saskatoon compared to other health regions. The vision and values are in alignment with the provincial vision.

---

[37] Kelsey Trail Health Region Strategic Directions 2017-11, p. 4.

[38] Heartland Health Region Website, http://www.hrha.sk.ca/vision.htm.

[39] Heartland Health Region. 2007. Heartland Health Region Strategic Plan 2007-2010.

[40] Saskatoon Health Region Annual report 2010-11, p. 6.

The strategic document mentions the implementation of the Aboriginal Health Strategy which seeks to provide culturally safe and competent care with a focus on First Nations and Métis people.

The representative workforce mandate is clearly defined as "developing a highly skilled, workforce with a sufficient number and mix of service providers and a diverse workforce, ensuring enhanced representation from First Nations and Métis populations."[41] The representative workforce would be more effective if it was inclusive of other culturally diverse populations.

Sunrise Health Region

The mission statement -"improve the health and well-being of individuals and communities through leadership, collaboration and the provision of high quality health services,"[42] and the vision - "working together for healthy people in healthy communities"[43] mirror the same vision and mission outlined by the Ministry of Health.

The values include collaboration, courage, compassionate and caring, creativity and commitment which are different than the provincial values. Collaboration is defined as acting as one united team providing the best care possible. Courage is acting courageously in the relentless pursuit of safety and excellence. Compassionate and caring means listening to customers and then act and delivering services with compassion, care and respect. Striving for innovation is creativity while commitment is defined as committing to integrity, honesty and accountability.

The strategic documents mention representative workforce, but they do not explicitly state self-identification by Aboriginal people or increased recruitment of immigrants and refugees.

Cypress Health Region

The mission statement reflects the idea of the health region as an integral part of Saskatchewan's health system as a whole: "Within Saskatchewan's health care system, Cypress Health delivers safe, quality services to each person." [44] The vision of the health region is to be leaders in rural health excellence which embraces the rural roots of the community.

The main values are safety, compassion, respect, accountability and excellence. Respect in this strategic document is defined as "treating others the way you would prefer to be

[41] Saskatoon Health Region Annual report 2010-11, p. 6.

[42] Sunrise Health Region, 2011, Strategic Plan 2011-2014 p. 5.

[43] Sunrise Health Region, 2011, Strategic Plan 2011-2014 p. 4.

[44] Cypress Health Region Website, http://www.cypresshealth.ca/page.php?id=155.

treated – kindly, courteously and tactfully."[45] The website mentions the mandate for a 'culturally diverse and representative workforce' and describes their Aboriginal Partnership Agreement: "The parties agree to work towards a representative workforce wherein Aboriginal people are employed in all classification and at all levels in proportion to their representation in the working age population."[46]

Regina Qu'Appelle Health Region

The Regina Qu'Appelle Health Region states that it is "a provincial and community provider of a full range of safe, quality health services, education and research that inspires public confidence," and that it achieves "success in meeting the diverse health needs of our communities through the strength of our people, partnerships and personal responsibility for health;" The vision statement is in alignment with the provincial vision.[47]

The main values outlined in the strategic plan are compassion, respect, collaboration, knowledge and stewardship.

The strategic documents explicitly mention that the health region believes in offering holistic service delivery, supporting traditional ways of healing & engaging the voice of the community. The mandate of representative workforce is outlined in alignment with the provincial mandate.

Five Hills Health Region

The Five Hills 2012-2013 Strategic Direction defines respect as: "Valuing and honouring each other's' perspectives, diverse beliefs and choices; being compassionate and treating each other with dignity; honouring fairness and confidentiality; recognizing and celebrating contributions of others." [48]

The strategic plan made no mention of distinct cultural groups. However, the representative workforce description is as follows: "Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices and develop a highly skilled, professional and *diverse* workforce that has a sufficient number and mix of service providers."[49] Yet, the word 'diverse' is not defined from a culture-conscious lens.

The Five Hills Health Region website outlines a new strategy called *hoshin kanri*. They describe this plan to be "characterized by engagement of staff at all levels of the participating organizations and departments through a process referred to as 'catchball.'

[45] Cypress Health Region Website, http://www.cypresshealth.ca/page.php?id=155.

[46] Cypress Health Region Website, http://www.cypresshealth.ca/page.php?id=88.

[47] Regina Qu'Appelle Health Region, 2010, Strategic Plan 2010-2013, p. 3.

[48] Five Hills Health Region, 2012, 2012-2013 Strategic Plan, p. 3.

[49] Five Hills Health Region, 2012, 2012-2013 Strategic Plan, p. 4.

The catchball process enables a top-down and a bottom-up approach to determine the strategic priorities and how the desired results will be achieved."[50]

The vision, mission statement and values are in alignment with the provincial strategic direction.

Sun Country Regional Health Authority

The Sun Country Health Region also outlines their strategic development, as of 2011, to incorporate *honshin kanri.* The health region expands on *honshin kanri* to be "a process whereby leaders determine priorities and engage all levels of staff to ensure the priorities are achieved" – and the notion of 'catchball' as engaging "staff at all levels of the organization in the future development of the priorities. The engagement of staff, physicians and managers to be successful in their work is key to accomplishing the vision of a transformed health system."[51]

The vision, mission statement and values are in alignment with the provincial strategic direction.

Conclusion

The basic purpose of this review has been to investigate the presence and absence of a culture-conscious perspective within the legislative, policy and strategic directions of the health and mental health sector across Saskatchewan. While it was possible to recognize a consciousness of the Aboriginal peoples typically described in terms of an undifferentiated "Aboriginal culture" echoed in many of the health regions and provincial documents, a clear notion of "culture" or its relevance was not easy to detect. Furthermore, the term "culture" seems to be used across these documents typically in reference to indicate a basic "difference", and understood primarily as a term of reference concerning undifferentiated Aboriginal clientele at large. A discussion or awareness of "culture" as a universal feature associated with health or mental health, and specifically a consciousness of the relevance of cultural issues in relation to health and mental health challenges faced by immigrant and refugee populations is clearly lacking from the reviewed documents –and thus from the word and spirit of Saskatchewan's existing health and mental health related legislation and policies.

While a comparative assessment falls beyond the scope of this review, it seems clear that Saskatchewan is lagging behind such provinces as Quebec, Ontario or British Columbia in its introduction of culture-conscious legislation and policies that can accommodate the

[50] Five Hills Health Region Website, About Us, Strategic Plan, http://www.fhhr.ca/stratplan.htm.

[51] Sun Country Health Region Website, About Us, Strategic Planning http://www.suncountry.sk.ca/general/32/strategic-planning.html.

kind of infrastructural changes in the areas of service and training appropriate to rapidly shifting demographics of this Province. In order to ensure the sustainability of recent immigration policies undertaken by the government of Saskatchewan, it would be vital to acknowledge and foster an understanding of the role of culture and cultural differences in matters of health and specifically mental health, and to work towards culturally competnt policies and services, developed from a culture-conscious frame of reference.

Based on the findings of our review, it seems fair to describe the absence of culture-conscious language and processes in Saskatchewan's existing health legislation and policy documents as "near total." Given the current conditions where, as a result of consciously taken measures and legislations in the province's immigration strategy, Saskatchewan's demographics has dramatically shifted towards high ethnic and cultural diversity, a "near total" absence of culture-conscious legislation and policies should raise many red flags and needs to be regarded with a sense of urgency. Saskatchewan's provincial government and health regions would be wise, in other words, to react to reports such as this with a sense of urgency and to engage and introduce multi-modal measures designed to address this deficiency, including immediate, short-term and long-term measures. While the 'urgent' nature of the problem necessitates effective short term responses to avoid a rapid deterioration of existing conditions, the significance of the issue, specifically against the backdrop of serious demographic shifts in the province, requires for long-term and in-depth measures that can render the overall health and specifically the mental health care system in the province not only culture-conscious, but eventually "culturally competent" in the full sense of the term.

Immediate responses may consist of such measures as formation of committees and working groups tasked with closely examining various levels of policies and processes and identifying areas that need immediate and intermediate change; directly engaging governmental and nongovernmental settlement organizations as well as frontline care givers across the province to provide feedback and advice concerning their needs and experiences in the area of refugee and immigrant health and mental health.

In addition to strategic re-orientation towards a clearly outlined strategy for incorporation of measures of cultural competency within the word and spirit of mental health related policies across the province, medium-term measures can include design and development of bridge or auxiliary services that can organize and mobilize existing expertise. These can be expertise that are otherwise dispersed across communities, such as cultural consultation services or similar innovations. Medium-term responses can also include development of intermediary brief training processes such as culture-consciousness workshops and brief cultural-competency training programs.

And responses with long-term implications can certainly include implementation of education and training curricula and expertise, development of longitudinal research programs following the impact of demographic shifts on effectiveness, accessibility and use of mental health services, revamping of provincial policies and strategies, and importation and incorporation of knowledge and experience gained in other provinces, federal bodies, and other countries (specifically Australia and the United States) concerning mental health policy and service upgrades associated with cultural competency and migration-based demographic shifts.

The following are recommendations based on the results of this review.

Recommendations

- Develop a province-wide Culture-Conscious Mental Health Strategy: the Government of Saskatchewan in collaboration with all health regions should develop a clearly outlined strategy for incorporation of measures of cultural competency within the word and spirit of mental health related policies across the province.

- Correct and disentangle the perennial, if implicit, confounding of "culture" with "Aboriginal" across documents and perspectives. While such confounding may have justifiable historic roots, it is important to adjust and upgrade the usage, understanding and implications of this terminology in a way that both presents a more accurate notion of culture and reflects contemporary demographics.

- Allocate adequate resources to gathering reliable data and more specific knowledge through research and analysis of the mental health needs and strengths of culturally diverse population subsets across the province.

- Allocate adequate resources to gathering reliable data and targeted knowledge through research and analysis of the mental health services needs and strengths in service provision to culturally diverse populations as experienced by settlement workers, clinicians and others directly involved with refugees, immigrants and others from culturally diverse populations.

- Invite, encourage and mandate various provincial and municipal funding sources to provide enhanced support for research and development projects addressing culturally competent mental health policy and services in step with Saskatchewan's emerging demographics.

- Develop more effective mechanisms of linkage, interaction and exchange of information between community-based organizations serving immigrants and refugees, provincial and regional health authorities, and policy makers.

- Incorporate and take advantage of existing knowledge, experiences and standards of culturally competent policies and services developed in other provinces such as Quebec, Ontario or British Columbia; through Federal initiatives such as the Mental Health Commission of Canada; or in countries with similar diversity and service patterns, such as Australia or the United States.

- Incorporate measures conducive to enhanced access to mental health services by non English speaking individuals, such as an obligation to provide information on existing services, treatments and supports in diverse languages.

- Design and incorporate mechanisms to make possible examination and, where appropriate, support of traditional knowledge and healing practices of local cultural communities in the area of mental health.

- Design and incorporate mechanisms that would create the capacity in service and policy structures to incorporate immigrant and refugee experiences and perceptions of the needs and priorities within local communities.

- Develop and advocate auxiliary services such as "Cultural Consultation" teams, which provide culturally competent consultation to existing service structures during the needed time for development of culturally competent expertise and services.

- Establish provisions for regular inclusion of cultural experts and cultural advocates within both policy development settings.

"*People from diverse backgrounds can have different values and traditions that inform their approach to health. They sometimes experience and describe mental health problems and illnesses differently, which can be challenging for service providers.*"[52]

[52] Mental Health Commission of Canada, 2012, p. 82.

References

Athabasca Health Authority. 2011. *Athabasca Health Region Annual Report*, accessed October 1, 2012, http://www.athabascahealth.ca/images/reports/AHA2011_Web.pdf

Conway J. 2002. *Saskatchewan Mental Health Sector Study – Final Report*, accessed September 19, 2012, http://www.health.gov.sk.ca/mental-health-sector-study

Cypress Health Region Website, *About Us, Strategic Direction,* accessed October 5, 2012, http://www.cypresshealth.ca/page.php?id=155

Cypress Health Region Website, *Representative Workforce and Aboriginal Partnership Agreement,* accessed October 5, 2012, http://www.cypresshealth.ca/page.php?id=88

Department of Health Act, R.S.S., ch. D-17 (2003). (SK, Can.).

Five Hills Health Region Website, *About Us, Strategic Plan,* accessed October 9, 2012, http://www.fhhr.ca/stratplan.htm

Five Hills Health Region. 2012. *2012-2013 Five Hills Health Region Strategic Plan,* accessed October 9, 2012, http://www.fhhr.ca/Documents/Q1-2012-13StrategicPlanBoardApproved.pdf

Government of Saskatchewan. *Health System, Health Regions Map*, accessed September 19, 2012, http://www.health.gov.sk.ca/health-regions-map

Government of Saskatchewan. 2012. *Five year and 2012-13 Strategic Priorities for the Healthcare System*, accessed October 1, 2012, http://www.finance.gov.sk.ca/PlanningAndReporting/2012-13/HealthPlan1213.pdf

Government of Saskatchewan. 2005. *Aboriginal Health Blueprint Saskatchewan Approach*, accessed October 1, 2012, http://www.health.gov.sk.ca/aboriginal-approach-saskatchewan

Heartland Health Region Website, *About the Heartland Health Region, Vision, Values, Strategic Direction and Goals*, accessed October 5, 2012, http://www.hrha.sk.ca/vision.htm

Heartland Health Region. 2007. *Heartland Health Region Strategic Plan 2007-2010*, accessed October 1, 2012, http://www.hrha.sk.ca/documents/Strat%20Plan%20April%201%202007.pdf

Keewatin Yatthé Regional Health Authority. *Keewatin Yatthé Regional Health Authority Annual Report 2005-2006*, accessed, October 1, 2012, http://www.health.gov.sk.ca/keewatinyatthe-05-06-annual-report

Keewatin Yatthé Regional Health Authority Website, *Philosophy, Mandate,* accessed October 9, 2012, http://www.kyrha.ca/Philosophy/Mandate.html

Keewatin Yatthé Regional Health Authority. 2005. *Keewatin Yatthé Regional Health Authority Strategic Plan*, accessed October 4, 2012, http://www.kyrha.ca/pdf/KYRHAStratPlan.pdf

Kelsey Trail Health Region. 2010. *Kelsey Trail Health Region Strategic Directions 2017-11,* accessed October 1, 2012, http://www.kelseytrailhealth.ca/Publications/KTHRPlans/Documents/KTHR Strategic Directions 2007-2011.pdf

Mamawetan Churchill River Health Region Website. *Logo,* accessed October 8, 2012, http://www.mcrrha.sk.ca/region/logo.php

Mamawetan Churchill River Health Region*. Mamawetan Churchill River Health Region Annual Report 2009-10*, accessed September 19, 2012, http://www.health.gov.sk.ca/mamawetan-annual-report-2009-10

Mental Health Commission of Canada. 2012. *Changing Directions Changing Lives, The Mental Health Strategy for Canada*, accessed October 1, 2012, http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf

Mental Health Services Act, S.S., ch. M-31.1 (2004). (SK, Can.).

MotherFirst Working Group. 2010. *MotherFirst Maternal Mental Health Strategy: Building Capacity in Saskatchewan,* accessed October 1, 2012, http://www.feelingsinpregnancy.ca/MotherFirst.pdf

Prairie North Health Region. *Strategic Plan, 2007-2010*, accessed October 1, 2012, http://www.pnrha.ca/bins/doc.asp?rdc_id=1127

Prince Albert Parkland Health Region Website, *Mission and Vision Statements,* accessed October 5, 2012, http://www.princealbertparklandhealth.com/menu_pg.asp

Prince Albert Parkland Health Region. 2010. *Prince Albert Parkland Health Region Strategic Plan 2010-2014*, accessed October 1, 2012, http://www.princealbertparklandhealth.com/OnlinePublications/PublicationsOnline_pg.asp?masterTargetPageNumber=&masterkey=2

Public Health Act, 1994, S.S., ch. P-37.1, (2010) (SK, Can.).

Regina Qu'Appelle Health Region. 2010. *2010-2013 Regina Qu'Appelle Health Region Strategic Plan: Our Map to the Future*, accessed October 1, 2012, http://www.rqhealth.ca/inside/about_us/our_map_future/pdf_files/our_map_future.pdf

Sask Trends Monitor. 2007. *Target Group Profile: Immigrants in Saskatchewan, A report prepared for the Policy and Evaluation Branch of Saskatchewan Advanced Education and Employment,* accessed October 8, 2012, http://www.aeei.gov.sk.ca/immigrants-saskatchewan-report

Saskatchewan Health. 2004. *Healthy People, A Healthy Province: Saskatchewan Health Research Strategy,* accessed October 1, 2012, http://www.health.gov.sk.ca/prov-health-research-strategy

Saskatchewan Health. 2002. *A Population Health Promotion Framework for Saskatchewan Regional Health Authorities,* accessed October 2, 2012, http://www.publications.gov.sk.ca/details.cfm?p=12156

Saskatchewan Health. 1990. *Future Directions for Health Care in Saskatchewan* [The Murray Report]. Regina: Saskatchewan Health, 1990.

Saskatoon Health Region. *2010-2011 Annual Report to the Minister of Health*, accessed October 1, 2012, http://www.saskatoonhealthregion.ca/about_us/documents/shr_annual_report_2010_11.pdf

Statistics Canada. *Population projections by Aboriginal identity in Canada*: 2006-2031, accessed October 1, 2012, http://www.statcan.gc.ca/daily-quotidien/111207/dq111207a-eng.htm

Sun Country Health Region Website, *About Us, Strategic Planning,* accessed October 9, 2012, http://www.suncountry.sk.ca/general/32/strategic-planning.html

Sunrise Health Region. 2010. *Sunrise Health Region, Strategic Plan 2011-2014*, accessed October 1, 2012, http://www.sunrisehealthregion.sk.ca/files/Strat%20Plan%202011-%202014.pdf.

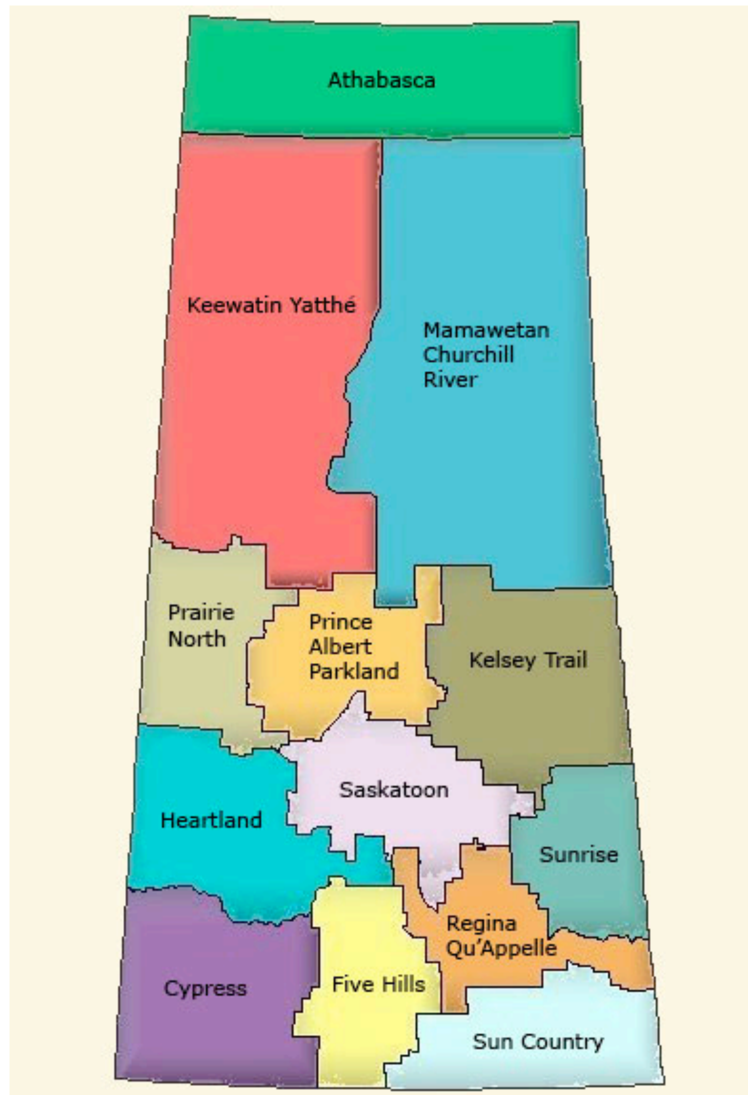
Surgeon General. 2001. *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. accessed November 20, 2012, http://www.ncbi.nlm.nih.gov/books/NBK44243

World Health Organization. *Health Legislation,* accessed October 2, 2012, http://www.who.int/topics/legislation/en/

World Health Organization. *Health Policy*, accessed October 1, 2012, http://www.who.int/topics/health_policy/en/

Appendix

Appendix A: Regional Health Authorities



Source: Government of Saskatchewan; Health System; Health regions map; http://www.health.gov.sk.ca/health-regions-map