

Culture is Healing: a design for youth suicide prevention in northern Manitoba

by

Hailey Connor

A Practicum submitted to the Faculty of Graduate Studies of

The University of Manitoba

in partial fulfillment of the requirements of the degree of

MASTER OF INTERIOR DESIGN

Department of Interior Design

University of Manitoba

Winnipeg

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ABSTRACT

Depression, self-harming acts and suicide are mental health issues that seriously plague specific Indigenous communities in Canada. First Nations youth have an alarmingly higher suicide rate than the majority of the Canadian population. Usually occurring in and around small reserve village environments, these suicides rupture entire communities that are forced to deal with the sadness, frustration and loss that surrounds the death of a young person. In response to this issue, this interior design practicum inquiry addresses the tragedy of youth suicide in Manitoba's northern, remote, and reserve communities. To help reduce the epidemic prevalence of suicide, a treatment and prevention center formulated out of ideas gathered from research into Cree world view, hybrid and Indigenist approaches to culture, cultural continuity, mental health healing methods and environmental design has been designed to provide care for First Nations adolescents living in the North.

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1.0 INTRODUCTION

There are specific health issues that, for various reasons, are known to ail Canada's Indigenous populations at a more significant level than other populations within the nation. Depression, self-harming acts and suicide are mental health issues that seriously plague specific Indigenous communities in Canada. First Nations' youth have an alarmingly higher suicide rate than the majority of the Canadian population.¹ Usually occurring in and around small reserve village environments, these suicides rupture entire communities that are forced to deal with the sadness, frustration and loss that surrounds the death of a young person. In response to this issue, this practicum inquiry will address the tragedy of youth suicide in Manitoba's northern, remote, and reserve communities. To help reduce the epidemic prevalence of suicide, a treatment and prevention center designed to provide care for First Nations' adolescents is proposed to be located in the northern community of Thompson, Manitoba and will be explored through the framework of interior design. Spirituality sits at the root of First Nations' culture and as such, can be a mechanism of change in the mental health of suicidal youth. This practicum embraces the power of Cree culture and spirituality as it transcends all components of people, families, communities and nations contributing to health and wellbeing on a multitude of levels.

FIGURE 1: Thompson Green Space. Photo by author.

¹ Kirmayer, L.J., G.M. Brass, T.L. Holton, K. Paul, C.L. Tait, and C. Simpson, *Suicide among Aboriginal peoples in Canada* (Ottawa, ON: Aboriginal Healing Foundation 2007), 21-22.

1.1 CONTEXT

Population studies show that self-identified Aboriginals in Canada possess higher suicide rates than those of non-Aboriginals. The prevalence of suicide in First Nations youth has prompted a national inquiry into the causes of this tragic problem. It has been observed that

“the factors that jeopardize the wellbeing of Aboriginal youth are not always the same as those of the majority culture.”²

Due to distinct cultural differences and challenging adversities that Indigenous youth and their communities face, Manitoba Health and Health Canada have argued that the treatment for mental health issues cannot be implemented in the same manner as the general urban population.³ First Nations people are dealing with the fallout from a history of traumatic experiences and the resulting cultural breakdown poses unique challenges often dealt with in the form of substance abuse and alcoholism. The combination of these factors and others increase the risk of suicide because “people with exposure to adversity and trauma throughout their lives are more likely to possess suicidal behavior.”⁴ Sadly, because of this exposure, Indigenous adolescents are five to six times more likely overall to die from suicide than is the average Canadian adolescent.⁵

Youth in northern reserve communities are often faced with a life of monotony stemming from little opportunity for recreation activities due to a greater prevalence of poverty and northern isolation. In addition to these issues, marginalization on a multitude of levels also contributes to youth lacking a sense of personal and community identity. Indigenous youth in northern Manitoba often find themselves in a position that sits between the mainstream, popular culture and the culture of their ancestors. This allows youth to identify with both cultures in some ways yet feel disconnected from both in others, increasing the difficulty of finding a middle ground between a traditional past and a contemporary future.

Connections to cultural traditions have been ruptured by a history of cultural interference caused by European settlers, fur traders, missionaries and the Canadian Government, severing cultural continuity and negatively impacting health, family relationships, economic stability and many other factors that make achieving a sense of wellbeing increasingly difficult. A consequence of the disconnection youth have with their history is a sense of placelessness, hopelessness and futurelessness, causing youth to question the purpose of their existence. It is this sense of futurelessness that plays a role in thinking that suicide is a viable option to escape life.⁶

Manitoba Health has recently addressed the gravity of this issue by identifying the severity of Indigenous youth suicides in the document *Reclaiming Hope*.⁷ The document outlines Manitoba Health's current initiative to redesign mental health and suicide prevention programs to better suit the needs of at-risk groups. With an idea of specific client needs, these guiding principles and initiatives have the ability to act as a framework for designing a facility to house the revised treatment and prevention program. An initiative to move from institution-based care to community-based care is an attempt to decentralize treatment for suicide and increase northern and rural accessibility.

Displaced hundreds of kilometers away from home, community, and a culture of familiarity, youth from northern and remote communities are currently brought to Winnipeg to receive assistance. Added stressors caused by displacement makes the experience of receiving treatment all the more traumatic to an already deeply upset youth. Indigenous identity is rooted in community and family networks. Displacement for treatment removes an entire support system typically available for the youth in their home communities. Local treatment has the ability to maintain these supportive relationships and further yet, a community that provides its own health delivery service has the potential to empower its members by allowing them to seize control of their own wellbeing.

² Iarocci, Grace, Rhoda Root, and Jacob A. Burack, “Social Competence and Mental Health among Aboriginal Youth: An Integrative Development Perspective”, in *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*, ed. Laurence J. Kirmayer and Gail Guthrie Valaskakis, Vancouver: UBC Press, 2009, 87.

³ Canada, Health Canada, Minister of Health. *The National Aboriginal Youth Suicide Prevention Strategy for First Nations Communities*. 2008.

⁴ Manitoba Health and Healthy Living. *A Framework for Suicide Prevention Planning in Manitoba*. 2007.

⁵ Iarocci et al., *Healing Traditions*, 88.

⁶ Chandler, Michael, and Travis Proulx. 2006. “Changing Selves in Changing Worlds: Youth Suicide on the Fault-Lines of Colliding Cultures.” *Archives of Suicide Research* 10, no. 2: 125-140. Academic Search Complete, EBSCOhost (accessed February 28, 2009).

⁷ Manitoba Health and Healthy Living, *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy*, Winnipeg: Government of Manitoba, 2008.

1.2 RATIONALE

This practicum topic is motivated by the current prevalence of unnecessary deaths in the First Nations population. Canadian Indigenous people have been identified as having the highest suicide rate of any other culturally identifiable group in the world, significantly higher than those nations whose average living conditions are much worse.⁸ Unfortunately the accessibility of and exposure to care, treatment and prevention programs are concentrated in Manitoba's larger centers leaving the northern and rural communities without the necessary resources to attempt to solve a problem reaching epidemic proportions.

While child and adolescent treatment centers do exist in the province, there are experiences that are missing for the demographic most in need of these facilities. Indigenous youth, particularly males, have been identified via statistical analysis as an at-risk group for suicidal behavior. The resulting proposal is to create a treatment program that considers the unique needs and characteristics of specific communities and cultures.⁹ Prevention is also a key factor, and an environment designed to hold youth programs aimed to mitigate at-risk behaviors by promoting or restoring confidence in each individual and the culture as a whole is integral.

The current examples of most treatment facilities and programs do not effectively take into account the cultural differences that play a role in suicidal ideation and treatment. Mainstream treatment often provides an emphasis on non-Indigenous values like individualism instead of community, and also fragments the mental, physical, emotional and spiritual dimensions of the person – a practice that opposes Canadian Indigenous people's system of beliefs.¹⁰ Success in mental health services are dependent on the identification of relevant scientific principles dealing with psychological treatment, and the ability to rework the information for the specific person for whom the treatment is intended for.¹¹ A more effective and culturally-relevant typology for youth treatment and community healing, inclusive of Indigenous cultures and traditions, is a societal need.

Interior design has a role in this intervention because of design's ability to create highly refined and safe environments while concurrently using creativity

to shape space using cultural and spiritual traditions, practices, stories and meanings. While it is obvious that interior design alone cannot solve the issue of youth suicide, a key objective of this practicum is to reveal how interior design can help facilitate healing. This project is beneficial to the field of interior design because it rethinks what it means to design a healthcare facility by focusing on spirituality and tradition as opposed to the innovations and new technologies that many contemporary healthcare facilities strive for. Partnered with a responsive treatment and counseling program, interior atmospheres have the potential to contribute to the experiential qualities of treatment, especially for a cultural group who participates in healing rituals that simultaneously incorporate emotion and spirituality with shape and form.

The need for feelings of security and a sense of belonging and hope are all ideas that can be explored spatially, and informed by Plains Cree traditions. By increasing accessibility and mitigating the sterility of a typical psychological treatment atmosphere, a new treatment center in the North would be more successful in reaching suicidal youth and potentially play a role in preventing future tragedies.

⁸ Kirmayer et al., *Suicide among Aboriginal Peoples in Canada*, xvi.

⁹ Manitoba Health and Healthy Living, 3.

¹⁰ McCormick, Rod, "Aboriginal Approaches to Counselling," in *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*, ed. Laurence J. Kirmayer and Gail Guthrie Valaskakis. Vancouver: UBC Press, 2009, 342.

¹¹ Iarocci et al., *Healing Traditions*, 80.

1.3 OBJECTIVES + METHODS

Investigations into Cree culture, Cree world-views and methods of healing help form an understanding of how to incorporate these concepts and practices into an interior healing environment for Indigenous youth and their families. It is intended that this project contributes to interior design education and practice by acting as a resource for future projects that require design for Indigenous populations, and specifically mental health environments for young people. This project aims to recognize that the Cree culture itself, and the people who live it, have the capacity to heal their members from within. It intends to stress the importance of community in healing, and find methods of connecting people of all ages to come together and join forces to establish feelings of hope, strengthen cultural identity, and instill a sense of future into the community's youth.

Three major design research questions will guide this practicum towards the overarching goals listed above. The design result will be a physical response to the following questions directing inquiry:

- **What contributions can interior design make toward solving the problem of First Nations youth suicide?**
- **What are the key considerations that interior designers should make when designing for Indigenous populations?**
- **How can integrating culturally-specific theories improve the approaches taken to treating adolescent mental health issues today?**

The chapters found in this practicum present a variety of research, inquiries, studies and analysis in an attempt to respond to these questions. Chapter 2 contains investigations that provide new information to enrich the theoretical framework in the chapters to follow. Chapter 3 presents a description of Cree spirituality and worldviews, including how these views relate to the targeted youth age-range and an understanding of health. Chapters 4, 5, and 6 describe the theoretical framework driving this project, including such topics as postcolonialism, Indigenist theories, mental health treatment strategies, cultural continuity, myth, metaphor, and Cree ways of helping. These chapters also include an analysis of how this theoretical framework can be employed in the design. Chapter 7 contains additional investigations to aid in the design, through the analysis of design precedents based on their relevance to youth, Cree culture, and healing environments. The design program is included in Chapter 8 and contains sections of site analysis, building analysis and code analysis, client and user information, as well as a spatial breakdown of physical and psychological requirements, conceptual ideas and zoning. Chapter 9 includes a culmination of the topics discussed in each of the previous chapters into a design proposal of the wellness facility. The proposed project is described and justified in Chapter 10.



Discovering ways to heal youth through sharing cultural information about spirituality, social practices, historical events and associations with nature provides a foundation for communities to facilitate wellbeing for younger generations. This chapter presents the design explorations, cultural investigations and thought processes undertaken to connect the theoretical framework with Indigenous world views to formulate an overall design concept of the wellness facility. The intended outcome of this synthesis of ideas is an ideal environment to facilitate emotional, spiritual, mental and physical wellbeing for the specific demographic that so greatly needs to heal.

2.0 INQUIRY PROCESS

2.1 INTERVIEWS

A major component of the inquiry process is the interviews carried out with three specific demographics undertaken to obtain a comprehensive view of First Nations youth suicide, its causes, and its possible solutions. Data collection from three specific sample populations determined by characteristics including involvement in professions dealing with at-risk youth, cultural associations, community roles, and area of education or research resulted in a survey of opinions and knowledge regarding suicide, suicide treatment, Cree culture and healing environments.

The three sample groups include:

- 1. Members of Cree communities in Northern Manitoba**
- 2. Researchers, educators or academics who teach, and research topics related to native studies, social work and mental health.**
- 3. Care professionals who work directly with at-risk youth in the North, or those responsible for writing programs to help treat these youth.**

The results of each of these interviews are summarized below, exhibiting overall opinions of the directions that treating depressed and suicidal First Nations youth should take, as well as gain an understanding of the needs of care staff and community members who would ultimately contribute to the facility, its programs, and the youth it cares for. Michael Hart fits within two demographics: an Indigenous Community Member because of his participation in the Cree community, and a Researcher, Academic and Educator because of his teaching position in the Faculty of Social Work at the University of Manitoba, and his research and writing regarding Cree ways of helping.

The interviews questions are included in Appendix A: Ethics Review.

Interviews with Indigenous Community Members

Self-inflicted death often causes people to question what could have been done to prevent the tragedy of unnecessary death and to ask why it was that their friend, sibling, or child believed that life was no longer worth living. To include the people whose lives have been touched by the suicide of a loved one, interviews with community members from regions where suicide is or has been prevalent were conducted. Individuals from both Cree and non-Cree nations as well as other individuals currently residing in Winnipeg were asked a series of questions about cultural associations, mental health, and ways to prevent suicide and suicidal ideation in youth. These questions were used as guides to lead dialogue to help formulate a conversation about suicide's roots, Cree culture, and how culture can contribute to healing.

Results Summary

Listening to individuals who have managed to recover from physical, emotional and spiritual drama to an extent that I can only imagine, a significant thread has been noticed that links each healing experience to another. To overcome histories of suicidal behavior and substance abuse as self-discovered ways of coping with pain, those who told me their stories expressed that it was with the help, teaching and knowledge of their elders that they truly began the process of healing. Making contact with elders helped each individual's life begin to change for the better. The people whose stories I heard were either victims of the residential schools or siblings of those who attended. The youth this center aims to treat will be the children and grandchildren of those individuals. This observation has increased the author's awareness that there is a need to expose the youth to Elders at an age prior to the onset of chronic depression, more extreme suicidal behaviors, and the substance abuses that often become a form of coping. If healing can begin earlier, the onset of happy and healthy lives can as well.

INTERVIEW PARTICIPANT	MAIN RESULTS
Anishanabe Elder	The significance of spirituality transcending into built forms was discussed in this interview where Aboriginal House on the University of Manitoba Campus was used as an example of these considerations. This interview also provided a detailed description of the relationship between youth and elders in Indigenous communities and how these relationships help empower people to overcome significant obstacles.
Manitoba Assembly of Chiefs Representative	The main results of this discussion was less about culture and how suicide affects Indigenous communities and instead about being respectful when asking Indigenous community members in Manitoba questions by first contacting the band offices to ask permission before conducting interviews with community members.
Michael Hart - Cree man	Discussions with Michael on a number of occasions provided information about the differences between Cree people dispersed over Canada, as well as cultural information and clarity.

TABLE 1: Indigenous Community Members Interview Summary

Interviews with Researchers, Academics and Educators

Researchers, academics and educators primarily associated with the University of Manitoba were also interviewed. The purpose of interviewing this group was to obtain an educator/researcher's perspective. These professors educate individuals who will be working with the intended demographic upon graduation, therefore influencing professions such as social work, counseling and community mental health. Because conducting research is also a significant component in being employed as a professor at a university, this sample group was able to provide very current and specialized data regarding both theoretical and hands-on approaches to social work, Indigenous culture and healthcare practices as they relate to First Nations clients.

Results Summary

The most significant information gained from this set of interviews was that no two First Nations communities should be assumed to be the same, because they are home to Indigenous people. Like all communities, each possesses unique qualities and characteristics. Factors such as proximity to urban areas, the absence of road access, languages, religion and the degree to which the community's Elders associate with traditional spirituality cause each community to be different from the next. Because Indigenous spirituality is rooted in nature and also location, the regional differences also play a role in community characteristics, especially in Manitoba where the land transitions from prairie, to forest, to Canadian shield and arctic with waterways, river systems and lakes scattered quite densely over the landscape.

INTERVIEW PARTICIPANT	MAIN RESULTS
University of Manitoba Native Studies Professor	The main results of this interview were ideas on how to provide an element of fun to youth and allow these youth to sample new things and explore their talents through athletics or methods of self expression. This interview also exposed the author to a number of Cree artists and writers that could be looked to as role models for youth.
University of Manitoba Native Studies Professor	This interview provided encouragement to try non-conventional methods of suicide treatment that focus on traditional activities such as hunting an fishing camps on traditional lands, facilitated by people living a traditional way of life. Ideas such as empowering youth by giving them responsibilities and employing a buddy system to create bonds and codependency were discussed.
Michael Hart - University of Manitoba Social Work Professor	Michael provided information about a number of different writers and viewpoints to research such as the Indigenist perspective. These discussions enriched the author's literature review caused her to analyze and compare elements of her research more thoroughly.

TABLE 2: Researchers, Academics and Educators Interview Summary

Interviews with Care Providers Working with At-Risk Youth

The care providers interviewed in this group had included social workers, program managers of treatment centers, and those involved in policy writing and mental health program development for youth in the north. The interviews were structured with questions, but many evolved into interesting and enlightening discussions about experiences, causes, solutions, and hope for the future.

Results Summary

The professionals interviewed as a part of this group provided a great deal of knowledge about the day-to-day dealings with at-risk youth at their own workplaces. Functional information such as body position, staff safety, and room layout was helpful for envisioning the types of spaces that facilitated this type of client and staff interaction. Information provided about how each region attempted to incorporate the community in suicide prevention was also discussed in most interviews, and opportunities to provide mental health first aid for communities was indicated as extremely important. Reducing the stigmas associated with mental health issues and shame in suicide was also discussed. This information is useful in considering programming which includes community training, as well as community outreach.

INTERVIEW PARTICIPANT	MAIN RESULTS
Frankie Scribe	The main results of this interview was information gained about providing opportunities for youth at risk of suicide to create feelings of hope and empowerment. Frankie stressed the importance of connecting with communities and talking with the people within these communities to learn about their way of life. One example of this is an understanding of the family system and relationships. Frankie also provided an in-depth explanation of the difficulties Northern and isolated communities face in mental health treatment and maintenance and discussed the new efforts that are being undertaken to overcome these difficulties.
Program Manager for an Adolescent Crisis Unit in Manitoba	Information from this interview included descriptions of the types of treatment facilitated in a mainstream adolescent mental health setting, as well as what considerations this particular crisis unit has adopted to provide spiritual access and guidance to those youth who wish to connect with their culture. Providing views for people to disengage from their immediate surroundings provides an escape for both youth and staff. Other information included the importance of options for seating, as well as allowing for flexibility of spaces that can be used for both leisure and ceremonial activities.
Interim Program Manager for future Adolescent Crisis Unit to be developed in Northern Manitoba	This interview provided an abundant amount of information about treating youth in the north and how reserve communities are getting involved in mental health first aid training programs to better identify and stop suicidal behavior before it becomes a larger issue. The importance of including the family in treatment and complying with the wishes of youth's families was also stressed. The importance of including a nurse's desk which welcomed youth and staff interaction was also a focus, because of the ability to help build the relationships between staff and their patients/clients.
Intake Social Worker at Adolescent Crisis Unit	This care provider focused on the importance giving youth the opportunity to learn life skills at their crisis unit. This includes activities such as laundry and basic food preparation. Including outdoor spaces and spaces for leisure activities such as games or athletics are also key, because it is usually through these types of activities that youth are more likely to open up and speak to staff about their problems.

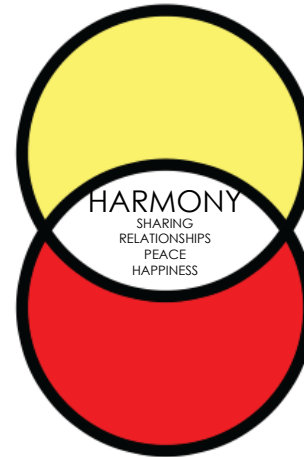
TABLE 3: Care Providers Interview Summary

2.2 CONVERTING FOUNDATIONAL CONCEPTS INTO SPACE + FORM

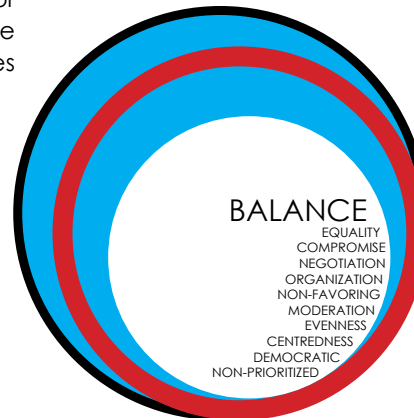
Chapter 3 of this document discusses six foundational concepts to Cree people outlined by Michael Hart.¹² This investigation attempts to develop these foundational concepts and their meanings into graphic and spatial representations, as well as word associations to be translated into atmospheric qualities. These foundational concepts are harmony, balance, connection, growth, wholeness and healing.

The following images are the simplified, diagrammatic version of a series of drawing investigations completed in order to give shape to these meaningful concepts. In all but one diagram, one or more circles are used to convey the ideas embodied within the foundational concepts. The use of the circle is a recognition of the significance of the shape to Cree people and Cree spirituality.

In addition to simple shapes, associated words have been included in the diagrams. These words address the type of spatial character to strive for in the design of spaces and forms in order to possess these traits listed in the diagrams, or foster feelings such as growth or connection in youth, their families and the community.



Harmony is represented by two intersecting circles, because it represents the coming together of separate entities to create community which works together. Harmony can be thought of spatially, as a variety of differently programmed volumes impacting a central volume that is enhanced by the characteristics of each of the other parts. This idea draws strong conceptual parallels to the holistic outlook on wellbeing that the Cree people have.

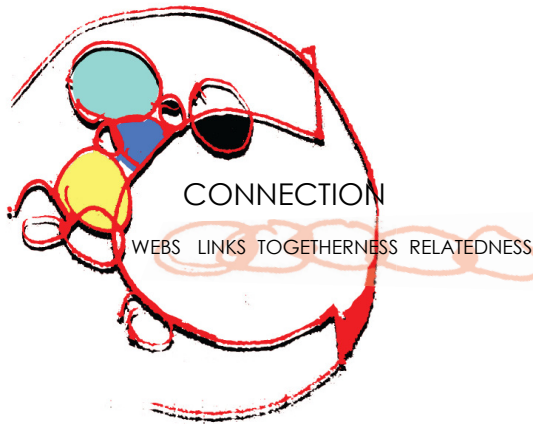


Balance is represented by a variety of circles differing in color, size and line weight, each sharing the same tangent point. This form exhibits how size does not always create balance. In this example, visual weight is considered. The spatial implications of balance include creating volumes that provide balance out of the size, organization and materiality of separate entities or rooms. A sense of balance can be created throughout the overall building by designing complimentary volumes, spaces, circulation pathways and gathering spaces.

¹² Hart, Michael Anthony. *Seeking mino-pimatisiwin: An Aboriginal Approach to Helping*. Halifax: Fernwood Publishing, 2002, 40.

FIGURE 3: Harmony Diagram

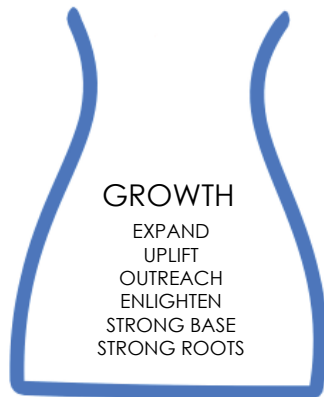
FIGURE 4: Balance Diagram



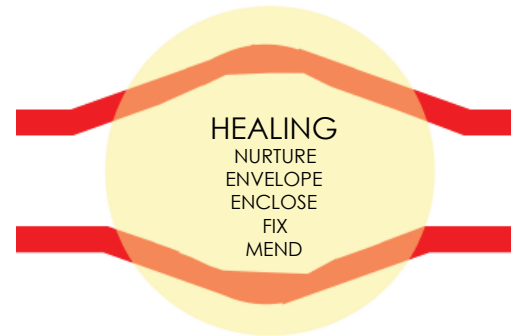
Connection is a concept closely related to harmony, and therefore has similar characteristics. It is represented by a variety of separate circular entities joined by an overall circular form. Connection can be exhibited spatially by using a significant volume, such as a gathering, sharing or spiritual space to connect a number of other spaces, either physically, visually, or conceptually.



Wholeness is expressed diagrammatically by a simple circle because the shape is accepted by the Cree people as a representation of wholeness. Spaces where a circular form are important include sharing spaces where sharing circles occur. These sharing volumes should be round to accommodate the traditional layout of the participants.



The diagram for growth depicts a solid base that gestures up and out. When translated to a three-dimensional form, the concept of growth can be represented in a similar fashion. A strong base emphasizing a connection to and grounding within the earth can expand to articulate lightness through illumination and materiality.



Healing is represented by a diagram that shows a path leading to a central place of healing which is inclusive and protected within the circular space where healing occurs. This can be represented spatially by organizing circulation paths on routes which lead users to specific spaces for healing, such as sharing rooms or other gathering or communal spaces.

2.3 CULTURAL ARTIFACTS

This portion of inquiry is intended to inform the design by observing forms, materials and colors found in cultural artifacts of the Plains Cree people.

BEADING + POWWOW REGALIA

Common floral patterning can be observed in the bead work, as well as similar colors which are also present in the Plains Cree version of the Medicine Wheel. The primary source of the research on beading and powwow regalia came from the Manitoba Museum in Winnipeg, Manitoba.

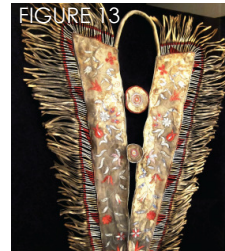
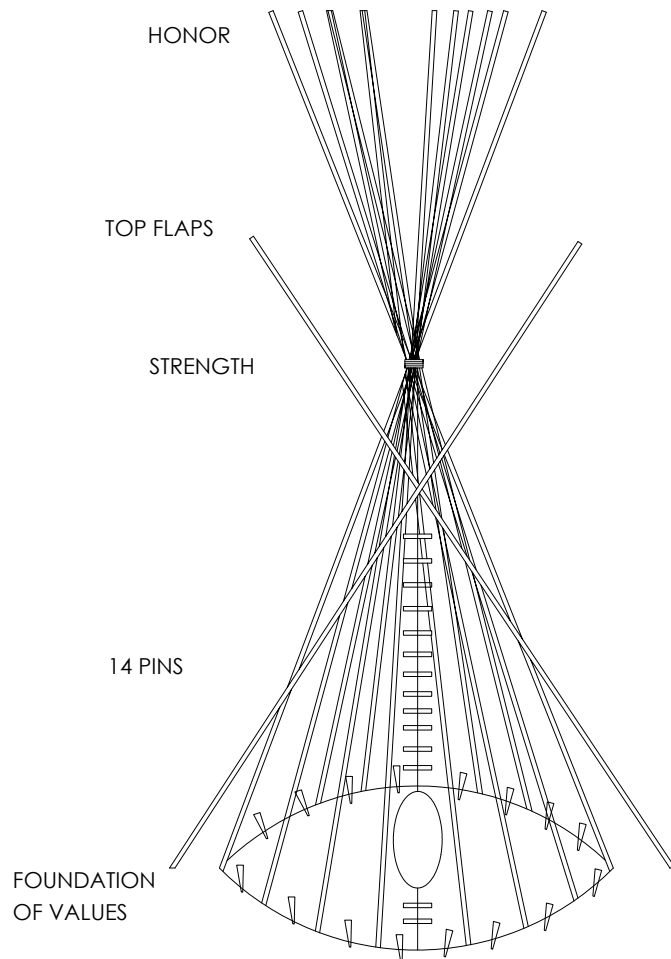


FIGURE 9-13: Cree art and clothing samples found at the Manitoba Museum. Photos by author.

FIGURE 14: Colors and motion captured at a powwow. ("Kabibonok'ka" Public domain material from www.flickr.com)

CREE TIPI

The tipi is a vernacular building structure used by the Plains Cree people for centuries. Its circular form and building components reflect Cree world views. The structure of the tipi is composed of wood sticks and sheathed in hide to provide a barrier between interior and exterior. An opening at the top of the tipi allows for smoke from the interior fire to exit. Pegs attach the hides tightly to the ground.



The fifteen poles of the tipi each represent a specific Cree value.

These include:

1. Obedience
2. Respect
3. Humility
4. Happiness
5. Love
6. Faith
7. Kinship
8. Cleanliness
9. Thankfulness
10. Share
11. Strength
12. Good child rearing
13. Hope
14. Ultimate protection
15. Control flaps from wind



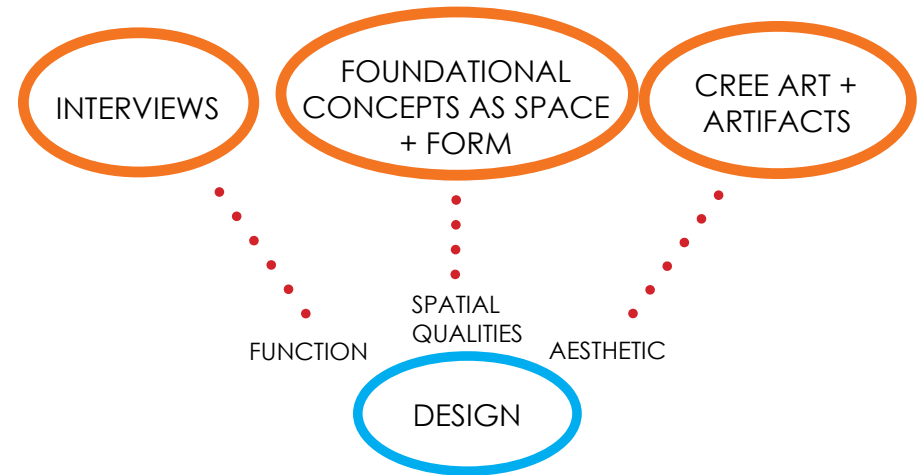
Summary

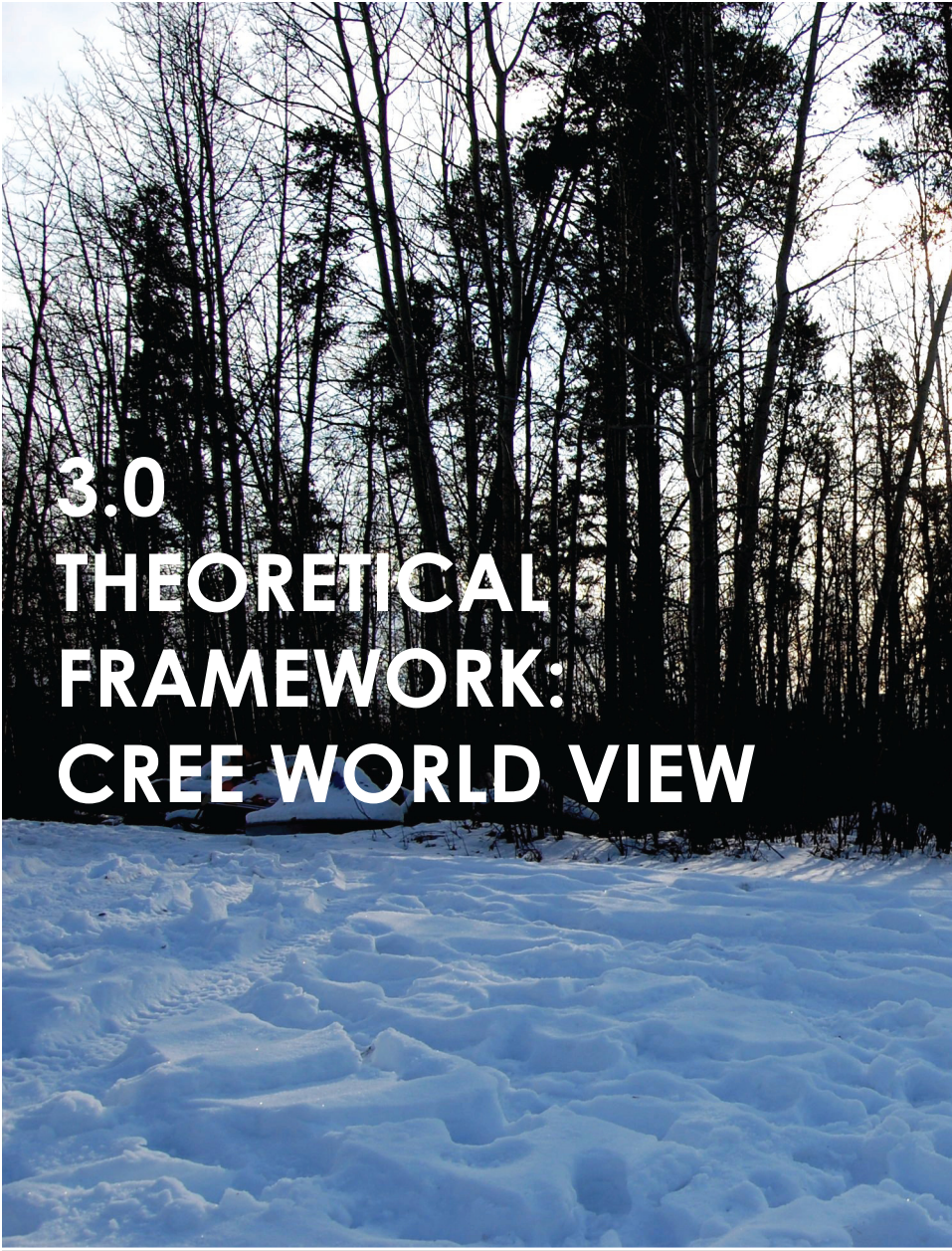
The three major varieties of investigations have contributed to different facets of the design and inquiry process. These facets include the combination of functional considerations, spatial development and aesthetic sensibilities. Each is an important portion which contributes to the comprehensiveness of the design.

The interviews with a variety of people served primarily the functional and programmatic considerations within the spaces. The interviews contributed to knowledge about counseling processes as well as user comfort. Discussions with people were used as methods to become aware of specific cultural practices and specifications about space and environments, particularly those for sharing circles. These interviews also brought to light methods of embodying deeper spiritual meaning into architecture so that it progresses beyond simply an enclosure and is transformed into a meaningful place.

The second type of investigation assisted in the spatial development facet of the design. Using the foundational concepts to shape spaces for youth encouraged form exploration and thoughts about how these concepts can be implemented in design and design language.

The analysis of architecture, arts and crafts created by both artists and everyday people allows for an understanding of forms, colors and aesthetic sensibilities that have been a part of Cree culture and artistic expression for centuries. Additionally, objects of spiritual significance as well as objects representative of a traditional way of life, such as diet, can also be used to inform the design.





3.0 THEORETICAL FRAMEWORK: CREE WORLD VIEW

The Cree world view is at odds with the negative stereotypes sometimes associated with Canadian Indigenous people. The traditional world view describes a philosophy that is respectful, generous and nurturing. It is a perspective that rejects greed and strives for harmony with the earth and all the living and non-living beings within it. This chapter provides a basic understanding of First Nations, world view, and more specifically the philosophies of Plains Cree living in parts of Manitoba, Saskatchewan and Alberta.

The incorporation of cultural traditions into the planning and design of the proposed mental health facility requires, at the least, a basic understanding of Cree world views, and particularly how these views are incorporated into the Cree definition of health and mental health. A reconnection with culture and the values related to culture has been proven to help heal a number of those affected by the abuse caused by the Canadian residential school system and has therefore been suggested that this same reconnection has the possibility to instigate the change needed to lower the risk of youth suicide.

There is an identified need to sustain culture through various methods of transference to younger generations. Increased opportunity for communication between elders and youth provides the contact needed to share this knowledge and spread the philosophies of Cree world views. Exposure to these philosophies provides more than simply information. The concepts go beyond tradition by expressing a belief system that transcends into ways of thinking, living and feeling contributing to a sense of health and wellbeing. Using existing traditional cultural practices to heal is a method that benefits the wellbeing of the community, as well as instilling integral cultural values into the lives of the adolescents it is helping.

The term *mino-pimatisiwin* is a Cree notion which, in English, translates to 'the good life' or 'wellbeing'.¹² In his book *Seeking mino-pimatisiwin*, Michael Hart recommends that the attainment of individual health should revolve around the central goal for an individual, family, community and nation to reach *mino-pimatisiwin*; wellbeing on all levels including the mental, physical, spiritual and emotional. Hart suggests using the Medicine Wheel as a guide to reaching *mino-pimatisiwin* because it shows the relationships between the parts that comprise wellbeing. The Medicine Wheel and what it represents is explained further in part 3.1 of this chapter.

3.1 MEDICINE WHEELS

The Cree concept of wellbeing can be explained diagrammatically through the widely known image of a basic medicine wheel – a symbol of significance for not only the Cree, but for Indigenous groups dispersed geographically all over North America. The teachings medicine wheels can be used to explain a number of concepts. They are used to represent spiritual notions that are often not able to be seen physically.¹³

The shape of medicine wheels are circular and divided up into four quadrants, each representing parts of the self that are all equally significant in the process of achieving *mino-pimatisiwin* – the mental, physical, spiritual and emotional. The four quadrants of the circle identify the symbolism related to the number four in Indigenous culture. There are four aspects of the self: the mental, physical, spiritual and emotional. There are also four key periods in the life cycle: birth, youth, adulthood and elderhood/death. Similarly, there is considered to be four races of people found on earth: red, yellow, blue and white – each with their own strengths to teach one another. There are four primary elements: fire, water, wind and earth, and four seasons: spring, summer, fall and winter. These groups of four relate to the quadrants of the medicine wheel which together make up the unified whole.

Figure 17 depicts a medicine wheel based off of the author's understanding of Cree spirituality and the example found in Michael Hart's book, *Seeking mino-pimatisiwin*. It is important to note that there are a variations of medicine wheels, with colors, words, meanings and other differences affected by geographical location, family, community and nation.

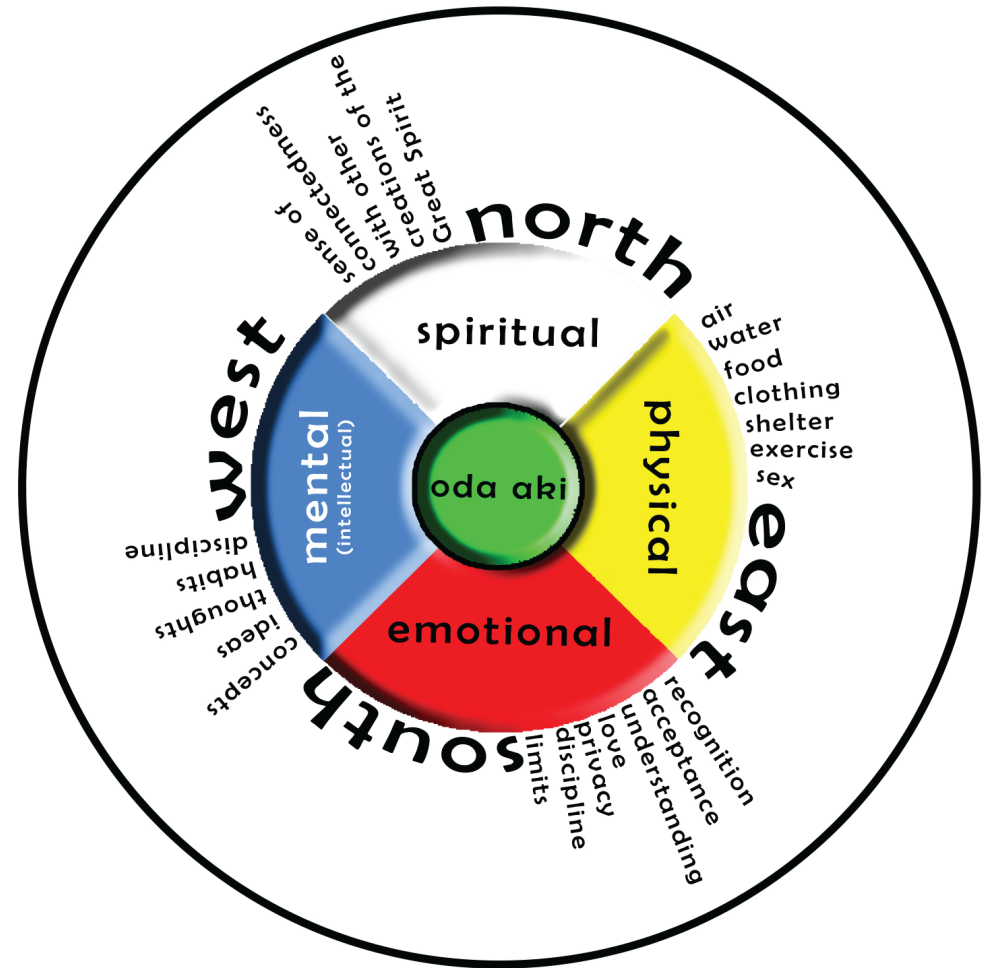


FIGURE 19: A Medicine Wheel. Image by author. Adapted from description found in *Seeking mino-pimatisiwin* by Michael Hart.

¹³ Hart. *Seeking mino-pimatisiwin*, 39.

3.2 FOUNDATIONAL CONCEPTS

In *Seeking mino-pimatisiwin*, Hart lists six foundational concepts that are important to understand when attempting to help Indigenous clients achieve wellbeing. These concepts are based on Cree worldviews and include wholeness, balance, connection, harmony, growth and healing.¹⁴ The medicine wheel can be used to help understand these concepts. Within the brief definitions of the foundational concepts, a number of the ideas recur and often cross reference the others. This provides an indication of the inter-relatedness each concept has with the others and the holistic culture of Canada's Indigenous populations.

1. Wholeness

Wholeness can be represented by the entirety of the medicine wheel and the parts within it. Wholeness can be described as a cycle that requires movement, change, growth, development, and the incorporation of all aspects of life.¹⁵ The term 'holistic' within the domain of health and wellbeing refers to wholeness; an understanding that while all parts of the self are significant, they cannot be treated or healed exclusively from one another. Holistic healthcare is concerned with wholes rather than an analysis or separation into parts. This approach treats a human being as a whole entity. It represents an understanding of the intricate connections between all parts of a person, where changes in one domain can result in a change in the other. An individual cannot achieve *mino-pimatisiwin* unless the whole person is addressed and the connections between parts are understood.

2. Balance

Closely related to wholeness is the concept of balance. Focusing healing attention and energy on one of the four quadrants of wellbeing can cause the other three quadrants to suffer and result in illness. For example, if a person focuses almost entirely on their spiritual health, their emotional and physical health may suffer due to neglect. Additionally, eating food that lacks nutrition can influence weight and bodily appearance, a physical aspect of the self, ultimately affecting self esteem that can fit into the emotional and mental category. Physical health should be sustained by eating nutritious foods and

engaging in physical activity and exercise. Respect for the body, its gifts and abilities is important and therefore making decisions to ensure the body is kept out of harm's way is an example of how the respect for physical health observed. Pride in one's physical appearance as an Indigenous person is also significant, because it reflects a pride in heritage, ultimately affecting the emotional, spiritual and mental parts of the self as well.

Wellness requires a constant readjustment of focus on each parts of the self. The attainment of wellness is ultimately a balancing act. Time and what it brings is ever-changing, and continuous rebalancing must be attempted in order to maintain *mino-pimatisiwin*. Because of this shift, balance can only be momentarily or periodically achieved. According to Hart,

“balance occurs when a person is at peace and harmony with all four aspects of humanness, their family, community and nation along with other living things and the earth or natural world.”¹⁶

3. Connection

The understanding of the connections between parts is also a significant concept because the links between parts of wellness change and shift over time, as do relationships with others. An understanding of the medicine wheel and what it represents requires recognition of how each portion is connected to the other parts. Additionally, connection refers to an individual's relationship with nature, as well as the connection with others, like family or community. According to Cree elders, sharing is one of the most natural ways to develop human relationships and connection with others. Sharing is tied to equality and democracy and reduces conflict starters such as greed, arrogance and envy.¹⁷ Connection is significant to an individual's sense of belonging. By having

¹⁴ Ibid., 40.

¹⁵ Ibid., 41.

¹⁶ Ibid., 42.

¹⁷ Ibid., 46.

3.3 VALUES

an understanding of the connection to the self, family, community, nation, the spiritual entities and nature, an individual can develop a sense of place and belonging. Activities such as team sports, group discussions and sharing can contribute to fostering connections between individuals and fulfill the need for belonging that all people, and especially young people feel.

4. Harmony

The concept of harmony refers to forming a harmonious relationship with others, the world, and the universe.¹⁸ A respect for the dynamic relationship of give and take between both people and nature alike contribute to a sense of harmony. This element of Indigenous culture can be seen in the offering of gifts to elders or helpers for providing guidance or advice. It also refers to taking from the earth only what is needed, but not removing abundant and excessive amounts out of greed.

5. Growth

The foundational concept of growth refers not only to physical growth throughout a lifetime, but also the development of “the heart, mind and spirit in a harmonious manner”.¹⁹ Growth is continuous and always changing. A person moves towards wholeness and balance, concepts that are diagrammatically found at the center of the medicine wheel. Hart calls this centeredness *oda aki*, a Anishinabe word which translates to ‘sacred fire’.²⁰ Being centered is the optimum position for healing.

6. Healing

While healing is the process of recovering from an illness or problem, to First Nations people, it is also viewed as a broad and transitional journey that restores a person, community and nation to wholeness, connectedness and balance. Healing is not something to be practiced only when faced with illness, but it is something people practice daily throughout the duration of life.²¹

Conversations with and guidance from Elders play a vital role in Cree culture and cultural practices. In addition to the foundational concepts listed above, Elders have listed important supporting values such as respect, honesty, integrity, kindness, sharing, strength, courage, wisdom, quietness, patience, an emphasis on seeing and listening and practicality. Many of these values are communicated by Elders to their community through storytelling. Stories are used as a vehicle for understanding and to describe the way of healing, health and wholeness. They also establish and confirm traditional beliefs, values and practices and act as guides and examples for present behaviors. Instead of judgment or the offering of advice, people tell stories to help. The listeners are free to find personal meaning in the stories they hear and to develop a personal understanding. Storytelling can act as a method of counseling because it “provides a nonthreatening avenue of self exploration and learning, and also presents alternative scenarios to problem solving.”²² Communicating with Elders possessing wisdom and both traditional and spiritual knowledge is an important component of a troubled youth’s healing process.

When discussing the relationship between a youth in need of guidance and Elders who help guide them, an Anishinabe Elder explained to the author, “Elders are wisdom, and young people are energy.”²³ It is an Elder’s job to direct this energy. Wanting to commit suicide is negative energy. If this negative energy can be switched to positive energy it can be used for good where each person who manages to convert the negative suicidal energy into positive energy is another person who can help others convert their energy away from suicidal thinking.

Sustainability is not a new concept to those of Cree descent or Canadian Indigenous people in general. Rather than categorized as a movement or a growing trend as a result of current concerns concerning ecological damage, a respect for the earth and what it provides to live is something that has always been embodied within First Nations culture and is a value of Indigenous communities.

¹⁸ Ibid., 42.

¹⁹ Ibid., 43.

²⁰ Ibid., 43.

²¹ Ibid., 43.

²² Hart, Michael Anthony. *Cree Ways of Helping: An Indigenous Research Project*. PhD Thesis. Winnipeg: The University of Manitoba, 2007, 66.

²³ Personal interview with Elder.

3.4 THE 7 STAGES OF LIFE

While the four key periods of life have been discussed in relation to the medicine wheel, Indigenous spirituality also observes that these periods can also be divided up into seven stages of life. The first stage is the Good Life that includes birth and infancy. The second stage is the Fast Life. The third is the Wandering Life. The fourth stage is the Truth Life or Married Life. The fifth is the Planning Life or Deciding Life. The sixth is the Doing Life or Busy Life, and the seventh stage is the Elder Life or Teaching Life.²⁴

The at-risk youth who are primary users of the proposed wellness facility will fall within either the Fast Life or the Wandering Life. The Fast Life is characterized by the speed that change happens to the individual within this life. It involves struggling to fit in and find identity in the in-between state between childhood and adulthood. Peers tend to be more influential than parents at this phase, and youth often test boundaries, upsetting their parents. It is a time of exploration, and trial and error that requires guidance although guidance is not often welcomed by youth in the Fast Life. According to the authors of *First Nations Teachings and Practices*, "Honesty is the gift for this life stage" because the more truthful youth are with themselves and others, the more prepared they will be to face life's challenges.²⁵

Youth at the wellness facility could also potentially fall within the Wandering Life where a strong desire for independence arises. Existential questions such as the meaning and purpose of life also become a concern. If questioning personal existence results in a sense of meaninglessness, suicidal thinking and behavior can occur. Additionally, lacking effective coping or problem solving skills makes youth this stage especially vulnerable to substance abuse as a method of coping, or reckless and self-endangering behavior. At this stage it is encouraged that youth turn to Elders and role models to guide them. In this stage it is the gift of sharing which becomes important.²⁶

²⁴*First Nations Teachings and Practices*. 2008. Manitoba First Nations Education Resource Centre Inc., 18.

²⁵*First Nations Teachings and Practices*, 18.

²⁶*Ibid.*, 18.

3.5 SUMMARY

The Cree world view, as it relates specifically to health, is a view that treats an individual as a whole as opposed to mainstream western healthcare, which reduces the human beings into a series of parts or systems by healing only those parts of the body that exhibit symptoms. The Cree view of health falls within spirituality and the achievement of obtaining health as a significant part of a spiritual lifestyle. Western perspectives often situate health and spirituality or religion as exclusive of one another. This discrepancy is likely one of the most significant factors leading to a clash of ideologies resulting in inadequate treatment of indigenous populations by the Western healthcare system permeating all domains of healthcare, including mental health.

In Cree spirituality, and in other Indigenous communities, the physical components of health make up only one quarter of a balanced and healthy person, and therefore should not be the sole focus of treatment. Currently in

mainstream healthcare, there is a push towards holistic thinking and healing. However, its application is not at the same level as the Cree perspective where healing is a continuous process, and wellness is something that requires a careful balancing act. The Cree perspective is more conducive to holistic thinking because Cree people value the whole as greater than the sum of its parts in both their views regarding health and collections of people and community. Western perspectives, often more fragmented and individualistic, are more conducive to the Western healthcare method.

When dealing with mental health issues such as suicide and suicide ideation in youth, a quick diagnosis and treatment program is not effective. The issues that cause these feelings are much more deep-rooted, and the foundational concepts, collective values and holistic approach to health provides the framework to help youth heal at a slow, steady and effective pace.

TOPIC	KEY CONCEPTS	DESCRIPTION	DESIGN CONSIDERATIONS
<i>Minopimatisiwin</i>	Wellbeing The good life	The goal for an individual, family, community + nation to strive for	Provide opportunities for people to learn about individual, family + community wellness through programming + communal spaces
The Medicine Wheel	The number 4 Holism Foundational concepts	A diagram that helps define wellbeing, holism, the ways of the world + spirituality. The four quadrants are representative of the mental, physical, spiritual + emotional parts of the self	Observe the symbolism that the medicine wheel encompasses. Utilize the medicine wheel's concepts to plan spaces that address all parts of people for spaces that promote overall wellbeing. The number 4 is a balanced and non-hierarchical, therefore the design of spaces should possess a similar non-hierarchical organization.
Foundational Concepts	Wholeness, balance, connection, harmony, growth, healing.	Ideas that can be explained within the context of the medicine wheel. These concepts identify what to strive for when striving to achieve a sense of wellbeing	Explore how these concepts can be manifested spatially using form, order, material, light + a variety of other design techniques
Values	Elders Storytelling	Stories told by Elders act as a method of guidance. Stories include teachings of respect, honesty, integrity, kindness, sharing, strength, courage, wisdom, quietness, patience, practicality, seeing and listening.	Because stories act as an important tool of communication, provide opportunities for Elders and youth to cross paths + participate in discussions + sharing
The 7 Stages of Life	The fast life The wandering life	The stages of life that the youth in treatment will fall within. These stages include the desire for self discovery, experimentation + existential questioning	The 7 stages offer information to better understand the youth user group

TABLE 4: Summary of Chapter 3



4.0 THEORETICAL FRAMEWORK: APPROACHES TO CULTURE

The following chapter provides an overview of two major themes, hybridity and Indigenism, regarding approaches taken to culture, cultural integration, and cultural health. The significance of culture to Indigenous people is being addressed in this practicum because of the prevalence of culture in discussions regarding the health of Indigenous populations in Canada.

4.1 POSTCOLONIALISM

Postcolonial theory acknowledges that the European colonization of Canada has significantly shaped Indigenous culture and identity. In her book *Geographies of Postcolonialism*, Joanne P. Sharp discusses how the continued period of subordination of Canadian First Nations people and other Indigenous populations around the world has spawned a new type of discourse termed “postcolonialism”.²⁷

Postcolonialism is more than a term to describe the period following a state's political independence from colonizing powers. According to those who study it, postcolonialism can be defined as a postmodern intellectual discourse that seeks to offer alternative accounts of the world while also challenging colonialism and its central values and meanings.²⁸ Postcolonialism recognizes that while a state may be physically decolonized, some or many effects of the colonial period may, and likely still do exist. Being politically decolonized does not result in cultural decolonization as well.

There are two perspectives that are dominant in postcolonial literature. The first deals with cultural binaries and the second, cultural hybridity. In his book *Orientalism*, Edward Said discusses cultural binaries by reducing cultures into categories like East and West, Occident and Orient, or colonizer and colonized, without giving attention to the variety of differences that fall in between. In doing so he finds sharp and also biased distinctions between the compared groups. This perspective shows no middle ground between cultures.²⁹ Contrastingly, Homi Bhabha observes the relationship between the colonizer and the colonized to indeed have a middle ground, and it is this hybrid middle ground he chooses to focus on.

Hybridity, in a postcolonial sense, refers to the merging or fusion of two or more separate cultures or cultural practices to create a third space of culture; essentially, the space of the in-between.³⁰ This space is composed of multicultural borders that look into grey areas and challenge or reject Said's perspective of the cultural binary and sharp distinctions regarding what characteristics belong

to which culture. According to hybridity, each culture mutually affects the other and therefore the differences between are blurred. Hybridization “creates mixtures and translates between entirely different phenomena with no continuity between them: nature and culture, humans and non-humans, secularity and religion.”³¹ Therefore, there is no order or regularity organizing how cultural elements fuse together. This hybrid view is more complimentary to the significant multiculturalism occurring in cities all over the world, and particularly those in Canada.

Hybridity can be viewed in a positive light because of its ability to create new ideas. By taking knowledge from two distinct histories, hybridity combines this information to create new truths and novel points of view to look at a variety of issues in an endless array of configurations. Postcolonial theory seeks to discover alternate accounts of world histories and stories about people. It allows for the voice of the Other, the non-westerner, to be revealed in a variety of mediums, the most popular being art and literature.³² By exposing a variety of other view points, postcolonial works reveal that the dominant historical Western perspective of the world in arenas like government, healthcare, and education is not the sole truth. Just as Western colonialism has had a lasting effect on the cultures it has come into contact with, exposing the alternate views and ideas of the Other can also have the potential to influence members of the dominant Western culture. Regardless of the degree of exchange, the ideas to come out of this mutual interaction result in a hybrid merging of cultures. This occurrence is in line with the hybridization approach to postcolonialism. Culture is dynamic, and “the many strands of knowledge available today from diverse cultures of the world can be woven together in new patterns.”³³ By living amongst each other, an interaction of cultures, values and people cannot help but influence one another.

As Sharp describes, the hybrid perspective can also be viewed negatively through the metaphor of ‘the melting pot’ because of significant cultural mixing and interaction, the world will be left with one mass culture instead of the extensive variety that once existed.³⁴ Loss of culture and cultural history is cited as a major

²⁷ Sharp, Joanne P., *Geographies of Postcolonialism*. London: Sage Publications Ltd, 2009, 5.

²⁸ Sharp, 5.

²⁹ Said, Edward. *Orientalism*. New York: Vintage Books, 1979.

³⁰ Sharp, 132.

³¹ Patke, Rajeev S., “Postcolonial Cultures,” *Theory, Culture and Society*, May 2006 369-372.

³² Sharp, *Geographies of Postcolonialism*, 4-5.

³³ Kirmayer, *Healing Traditions*, 440.

³⁴ Sharp, 104.

4.2 INDIGENISM

problem in Canada's Indigenous populations. Also, because the defining line between where one culture ends and another begins is not clear, the notion of hybridity can be confusing. People whose identities fall into this third space can be understood to live in a marginalized state, never quite belonging to either side – a characteristic very relatable to the self-perceptions of Canadian Indigenous youth as well as individuals living in minority situations of any kind. Additionally, hybridity does not abolish the power struggles between cultures. While there is a mixing of cultures, what postcolonial writers refer to as 'asymmetrical power relationships' still apply between the colonizer and the colonized. The term 'postcoloniality' refers to the "internalization of asymmetries, an ongoing process in which native inhabitants and non-European migrants struggle to find voice and representation within the cultural dynamics of a settler country."³⁵ Such is the case with Canadian First Nations people, still facing continued conflict and power struggles with the federal government and the Canadian mainstream.

Additional negatives regarding hybrid approaches to looking at cultural influence are brought up by writers with Indigenist perspectives. Indigenist approaches look to methods of decolonization to regenerate culture and the people who belong to that specific culture. In this practicum, the term Indigenous is used in lieu of Aboriginal, as a result of reading the work of Indigenist writer Jeff Corntassel regarding terminology and the political, colonial and cultural weight of each term. He argues that the term Aboriginal does not acknowledge the cultural differences of the varieties of people it refers to, and does not acknowledge the community-focus of these groups either. It omits all social and cultural ties by neglecting to acknowledge that group identity varies with time and with place. Contrastingly,

the term Indigenous correctly depicts that Indigenous people have roots in the lands they inhabit.³⁶

Indigenous people all over the world, not only those living in Canada, have a place and land-based existence, no different than other geographically indigenous species, such as plant and animal life. It is for these reasons, and out of respect, that the author chooses to use the term Indigenous to describe the populations discussed in this practicum.

A common characteristic shared by many Indigenous people, regardless of geographical location, is that their struggle with survival as distinct people with unique heritages when forced to live within a Western context or contemporary colonial way of life because contemporary settlers still practice a contemporary form of colonialism.³⁷ To combat this, Indigenist viewpoints look to methods of decolonization. Decolonization is a term that relates to postcolonialism and involves the removal of colonization or colonial forces from a geographical location or a culture. With regards to this practicum, and because the descendents of those who colonized North America have settled

³⁵ Sharp, 5.

³⁶ Alfred Taiaiake and Jeff Corntassel, "Being Indigenous: Resurgences Against Contemporary Colonialism," Government Opposition Ltd, 2005, 597.

³⁷ Alfred Taiaiake and Jeff Corntassel, "Being Indigenous", 598.

in what is now referred to as Canada, decolonization is referred to in a cultural sense. Decolonization differs from hybridity because instead of looking at ways that the cultures come together, decolonization instead aims to sever colonial power by breaking down the beliefs that have been adopted by the colonized people.³⁸ The process of decolonization offers an identity-seeking function, as people can attempt to determine what portions of culture existed pre-European contact and how those portions can play a role in the contemporary and future Cree identity. The Indigenist approach focuses on using cultural practices and networks that are already in place to regenerate the culture from within itself. Rejecting colonial influences by practicing Indigenous, anti-colonial ways of life is a method of regenerating culture.

In *Being Indigenous*, Corntassel outlines five mantras of the Indigenous Movement.³⁹ These include:

1. Land is Life – regenerate the self in the conceptual universe and connect the self with Indigenous lands.

2. Language is Power – recover ways of knowing and thinking in Indigenous languages

3. Freedom is the Other Side of Fear – confront fears with spiritually grounded actions

4. Decolonize your Diet – regain self sufficient capacity to provide food, clothing, shelter and medicine

5. Change Happens One Warrior at a Time – mentoring and teaching relationships foster meaningful development.

Other Indigenist approaches outlined in Corntassel's same article, such as the "Fourth World approach" and the "Peoplehood approach" have similar ideas because they are rooted in Indigenous cultural and spiritual principles.⁴⁰ Similar to Corntassel, Cree/Metis writer, Kim Anderson writes that there are foundations of resistance for being Indigenous. These foundations include:

- **Strong families**
- **Grounding in community**
- **Connection to land**
- **Language**
- **Storytelling**
- **Spirituality**

Similarly, the Peoplehood model discusses the interconnectedness of community, language and cultural practice where relationships or kinship networks are at the core of Indigenous identity. In keeping with this theme, the Fourth World model discusses active relationships with spiritual and cultural heritage embedded in words and patterns of thought.⁴¹

According to Indigenist writer Janice Alison Makokis, a Cree scholar from Saddle Lake First Nation in Alberta, a way of establishing self-determination, or an understanding of the self, is through anti-colonialism: "the space in which Indigenous people utilize and practice their systems of knowledge and ways of being."⁴² These ways of being are similar to the above opinions: found in language, teachings, stories, songs and ceremonies. By participating and practicing such ways of being, Makokis believes that people are engaging in a form of resistance to colonialism, and therefore are participating in self-determination of themselves, their families and their nations. The people are practicing *nehiyaw pimatisiwin* – a Cree indigenous way of life. These actions are direct examples of how the Indigenist ideas discussed above can be carried out.

Self-determination is a term that is often referred to when discussing Indigenous populations in relation to topics such as healthcare, government,

³⁸ Fanon, Frantz. *White Skin, Black Masks*. New York: Grove Press, 1967.

³⁹ Alfred Taiaiake and Jeff Corntassel, "Being Indigenous", 613.

⁴⁰ Ibid., 609.

⁴¹ Ibid., 610.

⁴² Makokis, Janice Alison. "*Nehiyaw iskwew kiskinowâtasinahikewina - paminisowin namôya tipeyimisowin*: Learning Self Determination Through the Sacred", *Canadian Woman Studies*, 2008, 39.

education, and other institutions found within contemporary Western society. Within this specific society, self-determination can be defined as a principle that is born out of core values of human freedom and equality, associated with people instead of states, in order to benefit all segments of humanity to be enjoyed by everyone the same way at the same level.⁴³ Makokis writes that self-determination involves how people regulate and organize themselves within the world. In her article *Nehiyaw iskwew kiskinowâtasinahikewina - paminisowin namôya tipeyimisowin: Learning Self Determination Through the Sacred*, Makokis writes about Indigenous self-determination (*iyiniwpahminsowin*) as it relates to oppressed women in her community. All though her argument is centered around self-determination in oppressed women, Makokis' information about establishing opportunities to create individuals capable of self-determination can be related to suicidal youth due to the marginalized position that suicidal youth and oppressed Cree women may find themselves within. Makokis argues that it is through ceremony that Cree (*nehiyaw*) women can conceptualize self-determination. Traditions and ceremonies can act as guides to determine how a person should live in order to benefit the collective group of people that make up that community. Examples of these include gender, family, and community roles, as well as moral and socially acceptable behavior.

As noted in Chapter 3, the role of ceremony in an individual's or collective's identity is paramount. Practicing ceremonies provides a setting for teaching and transferring knowledge, and can contribute to colonial knowledge and influence or replace colonial influence with traditional knowledge all together. These teachings enable self-determination because they reaffirm beliefs, teach of an individual's place in his or her community, and help formulate an identity for individuals and groups of people. Elders have the knowledge to inform youth of their roles, and purpose in life, because teachings include roles and responsibilities that individuals hold to their communities. These teachings show youth that they are an important part of an intricate web which can instill a sense of meaning in a suicidal youth who is questioning the purpose or value of his or her existence. Participating in ceremonies also demands knowledge of traditions. If youth participate in these ceremonies, the transference of oral traditional information is more likely to occur, safeguarding this information for future generations.

⁴³ Makokis, "*Nehiyaw iskwew kiskinowâtasinahikewina - paminisowin namôya tipeyimisowin*", 39.

4.3 SUMMARY

There is a discrepancy of beliefs between hybridity and Indigenist perspectives. Indigenist thinkers believe that it is the fusion of cultures that is a large contributor of causing Indigenous people, and in this example, Indigenous youth, to lack feelings of empowerment. Critics of hybridity agree, because no matter how two different cultures are combined, a power struggle between cultures still exists that is almost never in favor of Indigenous cultures. This practicum will favor an Indigenist perspective when possible but will acknowledge that an influence exists and there will be various results of this influence. The wellness facility for youth will place a focus on traditional Indigenous Cree culture and cultural practices yet it notes that the youth in treatment have and will continue to be influenced by the mainstream through media outlets such as music, television and internet, as well as personal relationships with non-traditional Indigenous and non-Indigenous people. These influences can be used as tools to empower youth instead of viewed as negative and contributors of poor health.

The union of the use of new media as a tool of empowerment and Indigenous traditions will primarily be done through youth activity programming at the facility. While teachings and treatment will be done with helpers who practice traditional methods, new media activities will also be used as a form of emotional expression and the chance for youth to express their voice throughout treatment in the form of language arts like poetry and writing, visual media such as artwork, film and photography, as well as creative dance, acting and music, drumming, songwriting and sound editing. Each of these mediums allows for a method of storytelling of the youth's own stories that can be told to their

peers, family members and communities through the medium of their choice or specialty.

The identity-defining thinking that decolonization includes can play a role in the design of the youth wellness facility, because it also causes the designer to question whether the building and its interior is a proper representation of the Cree people located in the Thompson region of Manitoba. Does the design reflect the community? Is the design defaulting to existing mental health solutions when more appropriate vernacular building styles, spatial relationships and methods of healing should be used? Constantly asking these questions throughout the design process will help push the boundaries to make the facility exceedingly user and culture specific.

Based on the postcolonial idea of challenging colonial values and meanings, this practicum aims to challenge the meaning of mental health treatment and the archetypical mental institution design by revealing alternative methods and an alternative facility to house these methods within. Additionally, research into postcolonialism offers a viewpoint from which to base design decisions by understanding the significance of allowing Indigenous Cree traditions such as vernacular architecture or material sensibilities to influence choices just as much as an education in modern Western design will. An understanding of hybridity increases the potential to unite these two sources resulting in the best environmental solution for Indigenous mental health treatment.

CONCEPT	WRITER	TOPIC	DESCRIPTION	DESIGN CONSIDERATIONS
Hybridity	Bhabha	Blending of cultures	The fusion of 2 or more cultures to create a third space of culture (in-between). The Other refers to the people who are not part of mainstream culture being permitted to have their voices heard	Cree youth fall into this third space of culture on a variety of levels. Use the idea of hybridity to bridge the gap between old building + new construction, traditional spaces + contemporary spaces, new materials + old materials, and old arts/crafts + new media to show how these seemingly opposing concepts can compliment one another.
Indigenism	Corn tassell Makokis	Indigenism Empowerment	Look to decolonization methods to regenerate culture. Use culture to empower people	The design should resort to Indigenous ways, first and foremost, before defaulting to Western treatment methods. Look to traditional ways of building and designing as well as refer to the values and traditional ways of life to inform the design.

TABLE 5: Summary of Chapter 4

Upon the identification of a need for therapy through the occurrence of a crisis or recommendation by a health-care provider, community mental health worker, social worker, parent or youth themselves, the mainstream mental health system often begins with a process of assessment and evaluation of psychiatric disorder. This evaluation is achieved by conducting interviews with the youth, parents or guardians, and perhaps members of the community such as teachers or community mental health workers. The results of this evaluation can lead to a treatment plan that may include pharmaceutical management with antidepressants and the recommendation to participate in some form of individual or family therapy. The decision to treat the youth as an inpatient or outpatient can depend on a number of factors including his or her level of distress, risk of suicide or self-harm and family situation.

While this process is seemingly effective for a significant number of mainstream youth, it has been observed to be less successful when applied to an Indigenous youth demographic. This lack of success and continued epidemic of Indigenous suicide has prompted research into the development of new programs and approaches for prevention, facilitating healing and negating depression, self-harm and suicide in Indigenous communities. This portion of the theoretical framework includes a survey of the developments in these specific categories to aid in establishing the treatment programming to occur at the proposed treatment centre. This area of research will also assist in establishing attitudes and philosophies that can be architecturally accommodated. An understanding of First Nations mental health treatment strategies provides the opportunity to manifest the theories that work best for healing and recovery into spatial environments that have the potential to enrich the healing processes and counseling methods for an increasingly holistic participant experience.

5.0

THEORETICAL FRAMEWORK: PREVENTION + TREATMENT OF SUICIDAL THINKING

5.1 CULTURAL CONTINUITY

Cultural continuity is a concept that possesses parallel ideas to the Indigenist perspectives described in the above section regarding Indigenism. Studies have revealed that methods of avoiding anxiety, depression, and suicide ideation can be attributed to the availability of cultural outlets and an individual's degree of association with his or her own culture. Chandler and Proulx cite cultural continuity as the greatest hedge against youth suicide in Indigenous communities.⁴⁴

Creating or restoring cultural continuity is a prevalent topic of study in First Nations youth suicide research and is defined as persistent accessibility to shared procedures, practices and cultural tools that allow members of that culture to imagine and sustain a shared history and a common future. The communities that possess cultural continuity are more likely to succeed in linking their own traditional past with the present in order to build a collective future.⁴⁵ In contrast, "cultural discontinuity contributes to relatively high rates of depression, alcoholism, suicide and violence in many communities."⁴⁶ Building resilience against suicide and depression is a key factor in both treatment and prevention. It has been revealed that "knowledge of living on land, community connectedness and historical consciousness" are all situations which can provide sources of resilience.⁴⁷ Establishing the feeling of having a sense of place in the world provides youth with feelings of self continuity and therefore resilience. This proposal's aim is for youth to discover a sense of place and sense of self via treatment within the care facility. Though treatment is temporary, the design of the mental health treatment center intends to create an environment so in-tune with the holistic world view and healing practices it facilitates that the interiors themselves provide feelings of connectedness and attachment to the culture that is a lasting experience, and one the youths can relate to their own experiences when they return home. Therefore, the center serves a place-making, identity-discovery need by anchoring youth within their culture as opposed to the physical location of treatment.

⁴⁴ Chandler and Proulx, 136.

⁴⁵ Ibid.

⁴⁶ Kirmayer, Laurence J., Caroline L. Tait and Cori Simpson, "The Mental Health of Aboriginal Peoples in Canada: Transformations of Identity and Community," in *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*, ed. Laurence J. Kirmayer and Gail Guthrie Valaskakis (Vancouver: UBC Press, 2009), 3.

⁴⁷ Kirmayer, Laurence J., Gregory M. Brass and Gail Guthrie Valaskakis, "Conclusion: Healing/Invention/Tradition," in *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*, ed. Laurence J. Kirmayer and Gail Guthrie Valaskakis (Vancouver: UBC Press, 2009), 440.

5.2 MYTH, METAPHOR + RITUAL

Processes of myth, metaphor and ritual in relation to both social and individual identity will also inform the design of the proposed mental health facility. As practices of oral traditions, stories and storytelling are rooted in Indigenous culture and serve as "maps of meaning" for a collective group of people.⁴⁸ Myth, metaphor and ritual are cultural practices infused with symbolism, meaning and history. These categories are being explored because of their potential to reveal symbolism and meaning to be unpacked and implemented within sacred entities of the design.

Identified as a key researcher and writer on Indigenous suicide epidemiology, Laurence J. Kirmayer is perhaps the most significant contributor to this field in Canada. While the majority of subject matter of Kirmayer's research is relevant to this project, Kirmayer's discussions regarding metaphor theory form the basis of this practicum's focus on myth, metaphor and ritual. Metaphor theory is not solely specific to First Nations people, but can be applied to any cultural demographic where myth, storytelling and metaphor are central to identity. Metaphor theory claims that "we can understand the cognitive transformations of symbolic healing with reference to our ability to think in terms of different images, frames and stories."⁴⁹ These cultural components act as collective communicative tools to teach and instill morals and understanding, as well as provide a narrative which people can relate to. According to Kirmayer, "Metaphors work in an intermediate representational space between the archetypal and the mythic".⁵⁰ An example of this is the metaphor of a journey from sickness to health. Movement along a symbolic pathway corresponds to changes in the individual's condition in the process between sickness and health and provides a vision of the self engaging in a bodily experience of this journey, moving through space and time.

Arnold van Gennep, an ethnographer and folklorist, describes a transition theory that looks at three stages of change that, like Kirmayer's Metaphor Theory, also incorporate spatial references of movement and metaphor. These three stages include separation, transition and incorporation. According to van Gennep in his book *Rites of Passage*, separation is defined as the detachment

from a present way of life or being, while transition requires the dying of the old life and the birth of a new one. During incorporation, the last stage, the individual is incorporated or reincorporated into the community in his or her new state, role, and way of being.⁵¹ In essence, the individual recreates personal identity through a cyclical process of healing and rebirth. In an interview with a local Indigenous care provider who works with northern and remote youth, Frankie Scribe discussed how she has seen examples of incorporation explored spatially in a community where individuals are welcomed back after addictions treatment. The community redecorates the home of the individual to acknowledge the internal changes that have gone on within the treated person, and an environment to go forward with his or her life with a fresh start. Transition theory will be used to explore transitions in healing processes facilitated by the environment and spatial thresholds in a similar manner as the example above. Design offers the opportunity to create physical metaphors in space that can interact with the users' body during varying stages of treatment.

A design approach that incorporates myth and metaphor theory can include attempt to make every design decision with a meaningful and spiritual purpose and reason. In an interview with an Anishanabe Elder, the author was told that each architectural decision made should have meaning in terms of spirituality, lessons and culture. While not all people who enter the building will understand the symbolism embodied within the forms, materials and spaces, places have the capability to somehow fit with their users by forming an emotional or spiritual connection upon entry. People can learn from the space and be reminded of stories and histories, lessons from its two-dimensional imagery and three-dimensional spaces.

⁴⁸ Kirmayer et al., *Healing Traditions*, 442.

⁴⁹ Ibid., 441.

⁵⁰ Ibid., 442.

⁵¹ van Gennep, Arnold, *The Rites of Passage* (Chicago: The University of Chicago Press, 1960), 11.

5.3 CLINICAL APPROACHES

As previously noted, hybridity is a postcolonial approach often taken to combine knowledge from two different cultures in order to create a novel idea. Rod McCormick's discussion regarding current developments in treatment for First Nations mental health clients encourages counselors to look to both traditional indigenous approaches as well as mainstream psychology to form complementary, hybrid treatments better suited to impact First Nations clients.⁵² Indigenous world views and how they relate to perceptions of health and health treatment are integral, if not primary, components to consider when targeting counseling towards a specific demographic.

Native populations' own perspectives and traditional ways of understanding and defining health have been long overlooked yet are actually the most relevant to provide effective programming and intervention. "Programming needs to be congruent with the target audience's culture, priorities and self identified areas of concern."⁵³

In agreement with this perspective, Rod McCormick has identified six categories, quite similar to Hart's foundational concepts, that organize First Nations world views in a manner which relates them to counseling practice. These categories include: balance, connectedness, spirituality, nature, ceremony, and culture.⁵⁴ All six categories should be included in treatment and used as guiding principles for environmental design as goals for creating space.

In addition to these culturally specific categories, McCormick has also identified mainstream counseling methods proven to be more successful with Indigenous clients due to their alignment with Indigenous beliefs and practices. Through research, it has been discovered that clinical psychological approaches that deal less with the discussion of emotions and more about instigating a change in the systems of behaviors brings the most success when counseling depressed and suicidal Indigenous youth. An example of this is teaching the skills to self-identify negative behaviors in an effort to encourage youth to make more appropriate choices that positively impact personal, family and community wellbeing. These counseling methods are primarily sociocentric because of the importance of family or community connectedness and include such approaches

as cognitive-behavioral therapy, social learning and family systems therapy.⁵⁵

Cognitive-behavioral therapy is a term that encompasses a large umbrella of treatments that are centered around the ability of an individual to make change in his or her own life without having to understand why the change occurs.⁵⁶ This type of therapy usually involves weekly sessions with a therapist, in addition to take-home assignments involving writing exercises or practicing techniques to cope with events and emotions that plague the client's health and wellbeing.

Social learning is based on Social Learning Theory and Cognitive Theory. Not only defined by a type of treatment, social learning theories also explain the social phenomenon regarding how individuals learn behaviors through observation of others, their own experiences or the personal belief that one has the ability to complete the behavior. Social learning deals with the concepts of positive and negative reinforcement as motivators for either participating in a specific behavior or opting not to behave in a certain way to avoid a negative outcome.

McCormick identifies social learning therapy as beneficial to First Nations youth because of its association with role modeling.⁵⁷ Along with storytelling, sharing circles and participating in ceremonies, role modeling is included among traditional approaches to helping and healing. It is also recommended by many Elders. While this form of treatment is less regimented than other types of therapy mentioned above, exposure to role models can be used as a method to pass on traditional information, knowledge and shared experiences, or to provide a healthy example to model life after aiming towards a positive future.

Family systems therapy is a form of therapy that focuses on changes within a family, as opposed to simply treating an individual. It was also mentioned by the majority of care providers interviewed by the author as a preferable method of mental health treatment for northern youth. Because family relationships have an impact on each family member's feelings, behaviors and psychological

⁵² McCormick, *Healing Traditions*, 337.

⁵³ Graham, Holly and Lynnette Leeseberg Stamler. "Contemporary Perceptions of Health from an Indigenous (Plains Cree) Perspective", *Journal of Aboriginal Health*, January 2010, 9.

⁵⁴ McCormick, 337.

⁵⁵ *Ibid.*, 342.

⁵⁶ Richmond, Raymond Lloyd. *A guide to psychology and its practice*. <http://www.guidetopsychology.com/txtypes.htm> (accessed March 10, 2010).

⁵⁷ McCormick, 342.

wellbeing, advocates of family therapy believe that it is important to include a client's family in the treatment process.⁵⁸ The family should be conceived of as a "complex of interrelating individuals where traits and disorders emerge based on the functionality and health of the family as a whole."⁵⁹ Therefore, during counseling, therapists help families identify and correct patterns that may be dysfunctional and negatively impacting family members such as the targeted primary youth client. Treatment typically involves weekly one-hour meetings with therapists where modifications of these dysfunctional behaviors between family members are planned and discussed. Through these behavioral modifications, the treatment aims to achieve goals such as helping the entire family cultivate and maintain new coping strategies and strengthen familial relationships.⁶⁰ Group therapy is helpful in that it makes individuals aware of the support they have from others as a co-dependent family unit. As previously mentioned, familial relationships are a primary value in Cree culture and they relate most closely to the foundational concept of connectedness. Requesting that a family participate in a sharing circle is a way of initiating the communication of thoughts and feelings between family members, and it is also a type of family therapy that is familiar cultural practice for Indigenous clients.

Michael Hart also addresses these issues in his book. He identifies key characteristics and direct examples of a Cree approach to helping professions such as counselors, social workers and health care practitioners. This approach successfully incorporates the Indigenous world views that McCormick states is necessary, and the need to provide youth with cultural continuity as originally outlined by Chandler and Proulx. What makes Hart's writings different, and potentially more effective, is that he first looks within existing traditional cultural practices to understand healing methods instead of trying to inject elements of First Nations culture into Western theory and health. Essentially, Hart begins with an Indigenous world view base to which he contributes the Western knowledge. For instance, sharing circles are a significant part of Hart's method of achieving wellbeing.

⁵⁸ Brown-Standridge, Marcia D., Charles R. Standridge and Yvette M. Poole.1993. "The Brief Systems Family Therapy Model: First Results." *Simulation*. United States of America: Simulation Councils, Inc., 317.

⁵⁹ "CONTROL/SYSTEMS THEORY." *Elsevier's Dictionary of Psychological Theories*. Oxford: Elsevier Science & Technology, 2006. Credo Reference. 29 May 2008. Web. 14 May 2010. <http://www.credoreference.com.proxy1.lib.umanitoba.ca/entry/estpsyctheory/control_systems_theory>.

⁶⁰ "CONTROL/SYSTEMS THEORY." *Elsevier's Dictionary of Psychological Theories*. Oxford: Elsevier Science & Technology, 2006. Credo Reference. 29 May 2008. Web. 14 May 2010. <http://www.credoreference.com.proxy1.lib.umanitoba.ca/entry/estpsyctheory/control_systems_theory>.

5.4 CREE WAYS OF HELPING

THE SHARING CIRCLE

Like the medicine wheel, sharing circles are a general and widely practiced spiritual healing method for First Nations groups in North America. Sharing circles are an integral part of healing and communication. According to Hart, sharing circles can be defined as a helping technique and process that sets the stage for people's "ongoing healing, growth and self development."⁶¹ The circle involves bringing a group of people together to speak, listen, share and heal.

The overall atmosphere for the participants of the circle is one that is calm, safe and supportive. The circle lacks judgment, encourages free speaking and promotes confidentiality and trust. The presence of ritual, the circle, and spiritually symbolic objects create an atmosphere of sacredity.

The size of a sharing circle varies depending on the circumstances. Based on his research into sharing circles and his discussions with elders and conductors of sharing circles, Hart states that approximately ten to fifteen people are optimum for expected duration and participant comfort.⁶² Large numbers make people feel less comfortable sharing, and cause participants to feel the need to limit sharing time. While there are specifics to determine the processes and conduct behaviors in sharing circles, the constraints are very minimal. People share if they wish, for as long as they would like, and share whatever depth and type of information they feel comfortable doing whether it be a story, a metaphor, a personal experience or emotions. Because of this, there is no specific time for limit for a sharing circle. The duration is dependent upon those involved in sharing. Learning occurs through the process of sharing by listening to what others share and relating it back to the self on a personal level.

It is important to create an environment with limited external noise and distraction to maintain the focus of the participants in the circle and ensure each speaker is audible. The alignment of participants in a circular formation is done because of the significance of the circle to First Nations people, and because it is a form that lacks hierarchy where even the facilitator of the circle is seen as an equal.

Generally, each individual is smudged prior to the opening prayer to remove the negative energy in the space, the participants and the sharing circle process. Smudging can be defined as a spiritual ritual that involves burning a sacred medicine, such as sweet grass, to emit a smoke used to cleanse an individual by the action of washing in it. The circle begins with an opening prayer and a description of the expected conduct and mutual respect by the participants. Then sharing begins counterclockwise as each individual takes a turn.

The processes within the circle are of a cyclical nature, embodying the significance of cycles and the fundamental circular world view. A circle is representative of balance and centeredness; the foundational concepts that contribute to *mino-pimatisiwin*. According to Hart, it is believed that the shape of the circle releases the harmful energies put forth by the participant's sharing into the spirit world. The circle ends where it begins by having the same individual who opened the sharing circle end it.

As a fundamental part of Cree culture, ritual, ceremony and healing, sharing circles will be a significant activity occurring within the facility. Because the sharing circles may consist of groups of inpatient youth, groups of outpatient youth, youth and their families, or groups of community members, it is important to include spaces that will support a number of sharing circles at any given time, for a variety of group sizes.

The physical location of the sharing circle is not as significant as the requirement for privacy, solitude, quietness and user comfort in terms of space and seating surfaces. According to Hart, sharing circles can occur in a variety of places, indoors or outdoors, around a campfire, in ceremonial lodges or teepees, as well as other spaces that typically accommodate alternate functions such as a home, classroom or conference room.⁶³ A variety of spaces, both indoors and outdoors should be included. The shape of the circle is exceedingly significant because of the lack of hierarchy and the relationship with centeredness and balance. The shape also represents cycles and a form which enhances the release of energy that is plaguing the individuals sharing into the spirit world.

⁶¹ Hart. *Seeking mino-pimatisiwin*, 61.

⁶² Ibid.

⁶³ Ibid.

THE CIRCLE OF COURAGE

The Circle of Courage is a concept that the author became aware of during the course of the series of interviews with care professionals who work with First Nations youth in the North. This form of the Circle is based on the fundamental medicine wheel, but translated into the four spirits of belonging, mastery, independence and generosity that are described in greater detail below.⁶⁴ Based on traditional Lakota child rearing methods, the Circle of Courage was developed by Dr. Larry Brendtro, Dr. Martin Brokenleg, and Dr. Steve Van Bockern as a framework to build resiliency in youth by engaging youth in activities which contribute to positive coping mechanisms.

Belonging includes feelings of relatedness to other people and understanding the self as part of a larger connection. It relates directly to the foundational concept of connection.

Mastery can be described as the human desire to excel at some sort of activity. Mastery is achieved through observing others and learning from experiences. Providing opportunities for mastery increases self-esteem and can be explored through avenues such as art or athletics.

Independence involves making decisions without coercion in an attempt to teach inner discipline as opposed to outer discipline offered by parents. Good decision making skills fueled by responsibility and respect as opposed to the potential for punishment contributes to responsible behavior even when parents are not present.

Generosity relates to the fundamental value of sharing. It negates greed and promotes a sense of community and humility by positively contributing to another person's life. Activities where youth can help others builds this capacity.

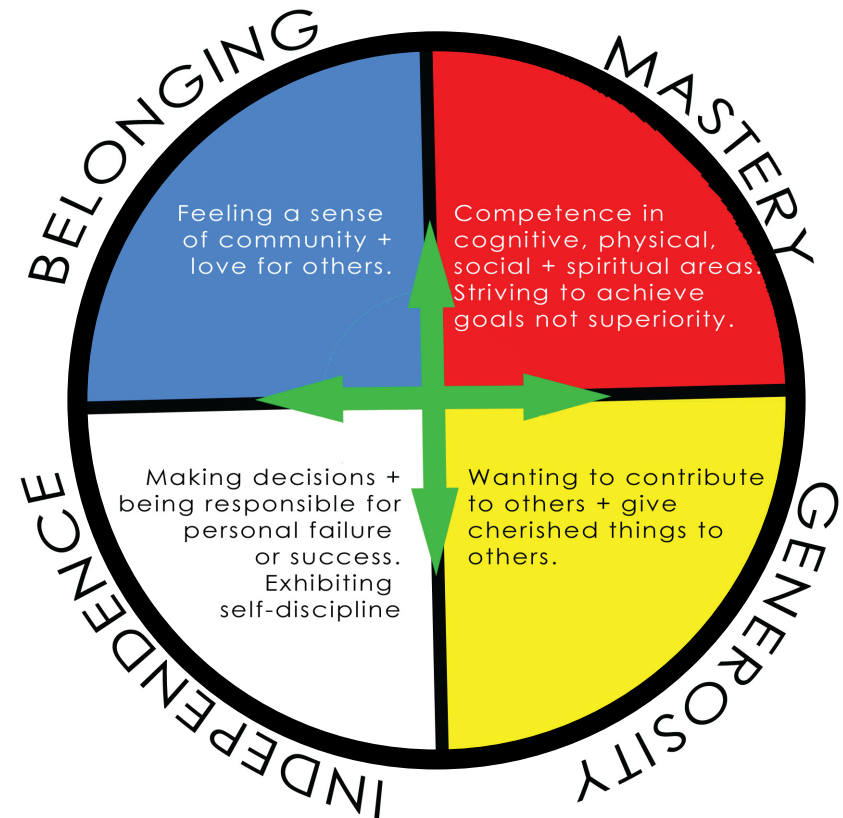


FIGURE 22: The Circle of Courage

5.5 SUMMARY

In his PhD dissertation *Cree Ways of Helping*, Hart references Moore regarding traditional techniques that are currently used by Cree counselors in northern Manitoba.⁶⁵ These techniques include:

- Using the environment as a teaching tool or as a source of healing.
- Engaging in physical activity (physical work, crafts, etc) that is intended to promote contemplation, trust building with client or to release pent up emotion
- Storytelling that provides a nonthreatening avenue of self exploration and learning
- Participating in ceremonies that provide a healing process.

These methods can be employed in a setting that re-categorizes what a clinical environment is by looking at both the interior, exterior and others as both learning and healing environments, a concept that, in terms of Cree ways of helping, should be done simultaneously anyhow.

The goal of both McCormick's and Hart's approaches is to enhance the health of and healthcare delivery to Indigenous people by including an Indigenous world-view in the healing approach and methods. The approaches are dependent upon the understanding that counseling methods must be more culturally relevant in order to increase their effectiveness. The combination of the two healing approaches provides an opportunity for a blend of healing strategies of both a highly structured and a less-regimented, unique process of self discovery, developing connections and relating to others.

Both McCormick and Hart include portions of mainstream Western counseling methods and ideas in conjunction with elements of Indigenous spiritual philosophy. While both approaches agree that the inclusion of the youth's Indigenous culture should play a role, the method and degree to which this inclusion is carried out varies. Differences arise where McCormick introduces Indigenous world views into mainstream health by infusing mainstream health

with Indigenous concepts, Hart, on the other hand, begins with Indigenous approaches to healing then injects mainstream knowledge and methods where there are gaps in treatment. Additionally, Hart's approach does not focus simply on the counseling profession but is aimed towards all professions that he deems "helpers", like social workers or community mental health workers, Elders or teachers. Including a variety of people, professions and areas of focus, not only university educated professionals, may be especially effective in locations where those wishing to assist youth may not be exposed to as many training opportunities as those in larger urban centers. Both McCormick's and Hart's methods are hybrid, but their recipes begin with opposite base ingredients, each leaning towards a different perspective.

There are pros and cons of each perspective when used in a clinical, and particularly a youth-in-crisis setting. Sharing circles offer a level of structure in their expected processes in terms of the inclusion of sacred acts like smudging, respectful listening and sharing in turns. However, in comparison to the clinical approaches where there tend to be more structured treatment plans, sharing circles possess significantly less structure when it comes to recording progress. There is a discrepancy between the record keeping of mainstream clinical approaches and the more conversation-centered, less guided sharing circle. The more mainstream approach typically features scheduled counseling appointments with care providers where assessments, note-taking and progress reports provide a detailed indication and assessment of each youth's mental health. Sharing circles and discussions with helpers and Elders likely do not provide these detailed accounts, as these methods are more about learning, sharing, understanding and spiritually connecting to find balance, as opposed to a linear process from illness to health. Confidentiality and respect for what is said in the circle poses another issue, where the topics in the circle will not be divulged to those not present, or discussed afterwards out of respect.

Another difference between the types of treatment is their speed. Often the Indigenous approach believes that it is nearly impossible to help a person who does not want to be helped, with the knowledge that people need to want to change to start the healing journey.⁶⁶ This type of viewpoint is characterized

⁶⁵ Hart, *Cree Ways of Helping*, 66.

⁶⁶ Personal interview with Elder.

as passive, where helpers wait for youth to reach out on their own accord. In contrast, in a more formally regimented, Western clinical psychiatric program, youth are treated whether they wish to participate or not, provided they have been referred to a program by a physician, parent or care worker. This clinical treatment type could be seen as too rigid and aggressive and potentially form a barrier to heal youth who are not comfortable in such a restrictive setting. The more passive approach involving sharing and discussing provides a gentler forms of treatment yet aggressive action as opposed to a passive healing approach is sometimes required to save a life.

The purpose of researching both healthcare theories and cultural theories is to gather the information required to create a comprehensive and user-sensitive design that facilitates healing. The ideas and discussions found

within the conceptual framework chapters are easily integrated and relatable to one another because of their rootedness in culture, identity and healing. Gaining an understanding of how the dynamics and boundaries of cultures can be negotiated through concepts such as hybridity or decolonization can offer a strategy to strive for in the design of cultural integration or separation. Healing methods will be employed first through avenues which are already present in traditional culture, and also through non-traditional methods that are complementary, such as the clinical methods outlined in the above sections of this chapter. Finding ways to promote cultural continuity is the key to raising resilient youth. The following chart summarizes the major components of the conceptual framework, and how these components can be used to form design considerations.

CONCEPT	WRITER	TOPIC	DESCRIPTION	DESIGN CONSIDERATIONS
Cultural continuity	Chandler + Proulx	Building resiliency in youth	Finding ways to reintroduce culture to youth has been proven to help build resiliency negate feelings of hopelessness that plague many first nations youth	Introduce culture and cultural values on a variety of levels including programming, decor, and spaces which help facilitate community sharing, communication and education
Myth, metaphor + ritual	Kirmayer Van Gennep	Metaphor theory Transition theory	Myth, storytelling and ritual are central to communication and used as teaching tools Cyclical processes and rebirth are relatable to healing and wellness	Understanding concepts integral to world views allows for design choices to be centred around belief and not only function. Ways to express the changes occurring internally in youth can be explored in the physical environment
Clinical approaches	Hart Brokenleg Brendto	Sharing circles Circle of courage	Sharing circles are traditional methods of healing and sharing. The circle of courage is a version of the medicine wheel which focuses on resiliency building in youth	Use traditional information about sharing circle processes and beliefs to inform the spiritual sharing spaces. Work resiliency building activities and spaces into the programming



6.0 THEORETICAL FRAMEWORK: NATURE + ENVIRONMENTAL CONSIDERATIONS

Nature and environmental considerations include topics such as integrating nature into the design of the wellness facility with the intention of creating restorative environments while honoring the Cree spiritual connection to nature. Additionally, this chapter also includes a section which discusses youth and territoriality, that focuses on creating comfortable spaces for youth to occupy while receiving inpatient care at the facility.

These topics assist in formulating design guidelines to follow because of their specific focus on physical space and design, as opposed to more theoretical information found in previous chapters.

6.1 NATURE

Including natural elements in the design of therapeutic environments is not a new architectural concept, nor a new treatment programming concept. Nature has been observed to help patients relax, find comfort, and has even been proven to assist in increasing the speed of recovery in patients suffering from a variety of illnesses, disorders and ailments. In psychiatric settings of the past and in the present, the inclusion of natural environments in the form of plant life, courtyard spaces and increased exterior views has been a significant design element for decades. These considerations can be referred to as the therapeutic landscape. Therapeutic landscapes are places associated with maintaining health and wellness.⁶⁷

Nature will play a significant role in the design of the youth wellness facility. Because integrating interior space with nature can be done on a variety of levels, a framework must be created in order to select the strategies that will help this integration take shape.

The term 'nature' can be defined in a number of ways depending on individual perspectives.⁶⁸ Regardless of an individual's definition of nature, it is undeniable that people from a variety of backgrounds, cultures and experiences possess strong connections to nature and enjoy its inclusion in a number of both interior and exterior settings.

Research done by Kaplan and Kaplan shows that there are determining factors that make people feel a sense of attraction or dislike for an environment or space. Places which result in intrinsic feelings of fear or danger are immediately disliked while places that offer opportunity for survival cause an attractive reaction. This attraction motivates people to carry out exploratory behavior. Appleton's prospect refuge theory is a concept that relates to Kaplan and Kaplan's studies. Refuge theory stresses the importance of prospect and refuge, areas where individuals can feel protected and sheltered, but also provide ample views of what may be dangerous or threatening in their vicinity. The crisis unit space requires environments that offer these traits. Refuge points must include views of the exterior as well as views of the public spaces and corridors. Vistas such as these also aid in visual orientation of the spaces and wayfinding.

Kaplan and Kaplan have found that trees and water features in public exterior settings cause feelings of comfort. Clusters of trees tend to be where people congregate, likely because trees offer refuge, and a canopy of branches for protection from elements such as wind, rain and sun. Trees also provide a transition of physical scale between the expanse of outdoors and the size of a human. In the wellness centre, these observations will be translated to an interior scale by using the tree as a metaphor for a place of refuge and comfort, as well as places for gathering.

Different perspectives of nature depend on the ways people experience natural systems. Opinions of nature tend to be a reflection of the activities that people partake in that situate them in natural settings.⁶⁹ These activities can include hunting, snowmobiling, hiking, and gardening, for example.

There is an aspect of artificiality present when incorporating nature within an interior. Is it natural to integrate nature into an interior where it does not normally grow? How raw a state does a material need to be in to consider it natural? Natural cycles such as seasonal changes and growth cycles are altered when placing plant life in interior space. Is it natural to neglect showing the passing of seasons and the passing of time?

The Cree people's perspective of nature will be utilized to formulate design ideas in the wellness facility. The Cree people have been living off the land for thousands of years by interacting with their wilderness surroundings on a daily basis.

For Indigenous people, there is an 'existential salience' and significance of lands and landscapes because their belief system finds its roots in nature.⁷⁰

Everything used was once provided almost directly from the earth. Only what was needed was taken out of respect for the earth and in opposition of

⁶⁷ Gone, Joseph P. "So I Can Be Like a White Man: The Cultural Psychology of Space and Place in American Indian Mental Health", *Culture and Psychology*, 2008, 373.

⁶⁸ Kaplan, Rachel. "Nature in the Eye of the Beholder", *Michigan Quarterly Review*, Winter, 2001, 208.

⁶⁹ Kaplan. "Nature in the Eye of the Beholder", 208.

⁷⁰ Gone. "So I Can Be Like a White Man", 372.

greed. The land provides opportunities for hunting and harvesting, giving Cree people nutrition as a support of physical health. Simultaneously, these hunting and harvesting activities also allow for spiritual connection with the earth, as the people can connect with mother earth, the Creator, and the spirits while living off the land. This spiritual connectedness to the land is important for emotional and mental health, while still providing physical health as noted above.

The Cree people understand that nature has valuable lessons to teach through observing it and understanding its processes. Nature to the Cree people is less about beauty and views, but more about function, spirituality and relationships. Nature was employed functionally as shelter, clothing and food. It was used for survival, spirituality and ceremony. Nature is a life force that is maintained through mutual interaction between natural elements, inanimate and animate objects including humans. Because of this, the inclusion of nature in this practicum project must include an interaction and mutual relationship between the youth, their families, the staff and nature.

There is a strong sense of gratitude to the earth for providing life to people. According to Cree people, the land is alive. It contains spirits in animate objects and offers a space to foster relationships between these animate objects. Connectedness, a foundational concept of Cree spirituality, speaks to the connection that people have with Mother Earth and all the animate things and inanimate objects that also occupy the earth.

In Cree culture, nature is imitated in beaded and embroidered patterns. It can be used to inspire aesthetics, done in varying levels of abstractions and adorning a variety of types of clothing. In building, the gifts that the land supplies can be represented by applying landscape features and forms to the built environment through the use of topographic changes and key vertical features such as trees.

When including aspects of nature within designed spaces, the relationship between the Cree people and nature must come through. The wellness centre

needs to include nature in a state that provides more than merely a visual, indirect encounter. A direct, tactile, physical interaction with natural elements must occur through movement, experimentation, and activities. The centre needs to provide this engagement with nature on an intimate, functional and hands-on scale. A goal of the facility is design is for the users to be able to experience nature on a multitude of levels. They will be able to hear the water rushing and feel the warmth of the fire on their skin. They will be able to smell the freshness of the air. They will touch the rough, cool stone and the smooth polished wood. On the exterior, trees can provide shelter, shade and privacy, while the inclusion of a garden can provide food and sacred medicine. Nature and metaphors for natural elements can be facilitated through varying levels of abstraction. Trees possess stability and exhibit growth and strength. Emulating the characteristics of the tree can relate the design of the spaces to the relationship and rootedness the trees have with the land and the Cree people's connection to it over time. The design should attempt to provide a sense of rootedness in place by allowing the local landscape to inform portions of the design such as the joinery of walls to ceilings or furniture pieces. The sky, foreground, background and horizon can all be looked to as a method for designing with the Thompson area and traditional Cree lands in mind. Questions such as: "How does rock lift out of the soil? How do plants grow from the earth?" "How do trees meet the sky?" And "how do rivers cut through the soil?" all can be explored to contribute to spaces, forms and material choices for the interior. Views of nature are significant, not simply for their soothing effects and beauty, but also to use as an observational teaching tool. Views to outdoors should include scenes where youth can observe the habits and characteristics of animals, such as birds, rabbits, deer and squirrels. Resourcefulness, cleverness, problem solving, persistence and an abundance of other characteristics of animals can be used as valuable tools discovered through observation.

6.2 RESTORATIVE ENVIRONMENTS

Restorative environments are the kinds of settings where people can recover their capacity to fend off distraction and fatigue caused by life's stressors, and regain focus. Many environments viewed to be restorative include aspects of nature and the wilderness. Similar to the variety of definitions of what nature is, there are also many different types of restorative environments due to the variety of experiences different people look to find when they are seeking restorative feelings. Restorative environments are appropriate for rest and recovery and include such examples as retreats or vacation settings. Restorative environments must give a sense of being away. They should include a change of scenery and an absence of the pressures, constraints and distractions that youth encounter in their everyday environment. While the author is in agreement that the environment should relieve the pressures and stressors found in the youth's home environments, aspects of the centre must be relatable to the youth and offer some level of stability to maintain the results of the youth's experiences at the centre once they return home. In interviews with a number of clinicians, spatial characteristics and experiences that create a sense of home were noted as a desirable strategy to contribute to user comfort. In addition to home-like qualities, restorative environments should foster activities that are intrinsically enjoyable.⁷¹

Including environmental characteristics and activities that are fun for youth can contribute to their feelings of enjoyment during the duration of their treatment. The intention of exploring restorative environments is to include calming and invigorating characteristics in both the interior and exterior design of the youth wellness facility for both youth spaces and spaces for staff and family members.

⁷¹ Kaplan, Stephen. "A Model of Person-Environment Compatibility", *Environment and Behavior*, Issue 15, 1983, 327.

6.3 TERRITORIALITY + YOUTH

Youth and their families who stay at the wellness facility will reside in rooms that they can call their own for the duration of their stay, but because of the short-term nature of the treatment, will not occupy the spaces for an extended period of time. This poses the challenge of how to create a sense of ownership as a home-away-from-home setting for the occupants of the space. In this practicum, methods of claiming space and marking territory are explored in an attempt to discover ways to design short-term territoriality in space where both a sense of privacy and a sense of community is a key value of the primary user. Claiming territory is a method of place-making.

Traditionally, Indigenous populations had territorial boundaries that were fluid in time and space, because of their dependency on seasonal changes and food sources. Also, because of oral traditions, ownership was not permanently recorded or marked.⁷² Since natural systems shifted, so did the people and the places they inhabited. Anthropologist T. Ingold refers to two types of territoriality or claims of space. He relates the term 'territory' to a hunter and gathering community, where people claim a territory as their own. Their territorial behavior is a mode of communication that serves to convey information about the location of people dispersed in a space.⁷³ Contrastingly he relates the term 'tenure' to agrarian communities where a stable agricultural method of food production is present. Tenure is a mode of appropriation where people exert claims over the resources dispersed in a space.⁷⁴

It has been observed that the territorial ways that youth claim space and the ways that hunter gatherers claim space have parallels whereas adult spatial claims are related to the more permanent agrarian type that is explained through the concept of tenure. Adolescents, like hunter gatherers, are interested in the location of individuals dispersed in a space, as opposed to the resources the environment offers. This can be attributed to the fact that adolescents are quite public and social beings possessing fluid models of social relations. Adults tend to engage in more rigid forms of social relations, and therefore have more rigid ideas of ownership.⁷⁵

Youth rarely have the opportunity to have ownership of space, mainly due to legal age limitations or because they lack the economic means to purchase a space. Because of this, youth never have total control over environments to give the spaces they occupy personal identity. Occupying others' space can only give a temporary sense of ownership. The lack of a sense of ownership in space will also be present for youth receiving treatment at the wellness centre because the centre is not the youth's own home, and because of the temporality of each youths stay.

The spaces programmed to facilitate the youth crisis unit and corresponding youth activities will be where the youth will spend an abundant amount of their time. Youth are expected to sleep, learn, interact, socialize and heal while on the unit. The spaces they inhabit must be conducive to these functions, and provide sense of territoriality of personal space, as well as a sense of group ownership in the public spaces designed as environments to congregate. According to Childress, user desirability depends on factors such as levels of enclosure, outward visibility, size, social access, defensibility and access to major traffic paths. Spaces where these factors are considered tend to be more favorable spaces for teens to congregate, loiter and interact.⁷⁶ Spatial methods of showing personal or small group ownership of space include barriers, boundaries, pathways and exits. Steps and curbs can also be included. These boundaries exhibit environments where access is permitted, and those environments were accessed is discouraged.

The opportunity for personalization has been noted to assist with providing a sense of ownership in private healthcare settings for youth. Shelving units, bulletin boards and lockable storage spaces are methods of achieving this. Levels and options for privacy are also included. Access and control of music, lighting and television have also been listed. Because of their fear of losing social contact while being away from home, access and control of communication devices such as telephones and computer messaging is important. Physical methods of marking territory have also been noted, such as hanging posters and the display of personal objects.⁷⁷ Having the opportunity to do this allows youth to showcase their interests, hobbies or talents and show distinctness.

⁷² Childress, Herb. "Teenagers, Territory and the Appropriation of Space", *Childhood*, Issue 11, 2004, 195.

⁷³ Ingold, Tim. *The Appropriation of Nature*. Ames: University of Iowa Press, 1987, 133.

⁷⁴ Ingold. *The Appropriation of Nature*, 133.

⁷⁵ Ibid.

⁷⁶ Childress. "Teenagers, Territory and the Appropriation of Space", 202.

⁷⁷ Blumberg, Rachel, and Ann Sloan Devlin. "Design Issues In Hospitals: The Adolescent Client", *Environment and Behavior*, Issue 38, 2006, 297.

6.4 SUMMARY

The environmental considerations of the unit play a key role in contributing to the overall character of the spaces within the facility, and therefore significantly affect the occupants who use the spaces. Contributing to their comfort, especially in a time of distress and pain is of great concern. Using nature in both a direct method and its abstracted forms and characteristics can provide feelings of safety and comfort. Feelings of ownership of space, privacy and social interaction are also key to user comfort and are addressed in the design of the wellness facility.

CONCEPT	WRITER	TOPIC	DESCRIPTION	DESIGN CONSIDERATIONS
Nature	Kaplan + Kaplan	Therapeutic landscape	Landscapes which make people feel relaxed and replenished. These usually involve nature included in views or in outdoor spaces.	Trees and water features have been shown to increase user comfort as well as to promote gathering. To make youth feel relaxed and rejuvenated, the unit should include natural elements.
Restorative Environments	Kaplan + Kalan	Restorative Environments	Similar to therapeutic landscapes, wilderness causes people feel relaxed and refreshed.	Views of nature have been shown to increase user comfort. Because nature is so integral to Cree culture, direct connections through interior gardens and material choices should be considered
Territoriality + Youth	Ingold	Territory	Teenagers tend to have more of a territory-like way of claiming space which is more flexible than the adult 'agrarian' style of place-making.	Giving youth a sense of personal ownership of space will make them feel more comfortable, and allow for a variety of both socially interactive and private spaces.



7.0 PRECEDENT REVIEW

Spaces, environments and facilities that possess atmospheric or programmatic characteristics similar to those desired in the proposed youth wellness facility have been investigated and analyzed based on a number of components. From these investigations, four built precedent examples have been chosen to inform the design of the adolescent mental health facility in Thompson. The chosen works have been selected because each building exemplifies one or more of the key concepts that will be explored throughout the design process. These key points of focus include design for mental health treatment, culturally sensitive design, design to facilitate forming community and familial relationships, and the successful integration of built form and nature.

7.1 SEAarc RESIDENCE

The third precedent is a residence designed in 2000 by architect Will Bruder. Known as the SEAarc Residence, the home is located in Massachusetts, overlooking the Atlantic Ocean.⁷⁸ This building has been chosen as a precedent primarily for the successful inclusion of nature within the interior space. Exterior courtyards containing water features are nestled within interiors blurring the boundaries between inside and out. The materiality also contributes to this effect because of the consistency of rugged stone on both the interiors and the visible exteriors. Seen through layers of floor-to-ceiling panels of glass, it is hard to decipher which vertical plane is an interior wall and which is an exterior. At varying levels of refinement and rawness, the inherent beauty of interior materials is exposed in interesting and complementary ways. The ruggedness of the stone especially stands out when adjacent to or layered against smooth planes of wood or drywall toying with tactility and encouraging touch. These layers of texture add depth to the space. Design considerations involving nature and materiality as noted above are significant because of the way these aspects encourage a human interaction with spatial boundaries. Because Indigenous culture is one that is so rooted in nature, the materials, views and blends of interior/exterior space are elements that will be explored as a method for introducing cultural symbolism and references.

The radial organization of spaces provides a sense of dynamism through the home, especially prevalent in hallways. The varying levels and scales of intimacy in the home contribute another appealing characteristic. This spatial variety caters not only to collective groups participating in social activities, but also solitary activities requiring confined and intimate spaces. As the youth will be involved in both social and private activities, spaces like these can be looked to for inspiration.



FIGURE 25: Interior View

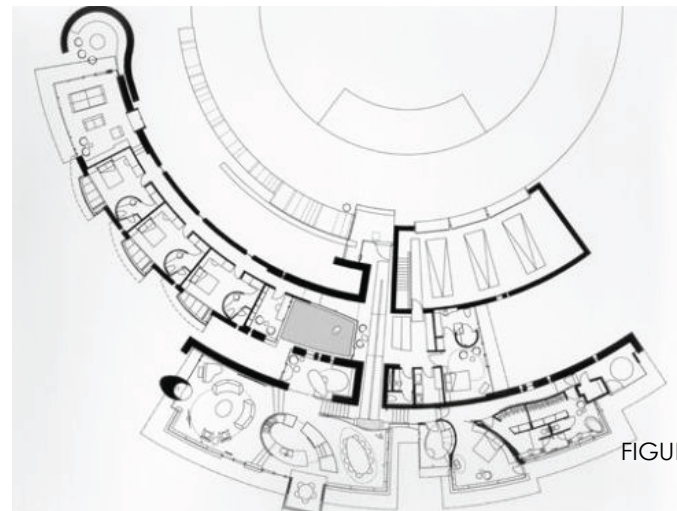


FIGURE 26: Plan

⁷⁸ Will Bruder, "SEAarc Residence," Will Bruder Architects, <http://www.willbruder.com/> [accessed January 22, 2010].

FIGURE 25: Interior View of SEAarc Residence. Used with permission from Will Bruder + Partners. "SEAarc Residence." January 22, 2010.< <http://www.willbruder.com>>.

FIGURE 26: Floor Plan of SEAarc Residence. Used with permission from Will Bruder + Partners. "SEAarc Residence." January 22, 2010.< <http://www.willbruder.com>>.

7.2 CHILD + ADOLESCENT TREATMENT CENTER

The Child and Adolescent Treatment Center (CATC) in Brandon, Manitoba, was designed by Winnipeg's Corbett Cibinel Architects. This building has been selected as a precedent because of the similar services the centre provides to youth of the same target age range as the proposed users in Thompson. Another significant reason for selecting CATC is because of the familiarity and knowledge the author has gained through past employment at CATC. The purpose for examining this facility is because it provides a mainstream mental health treatment example of the types of spaces needed within a residential and crisis unit/mental health facility.

This precedent also exemplifies how nature can be introduced in the design at a very minimal and controlled level. The collection of spaces includes environments for public activities like recreation, group interaction and entertainment, but also more private, contemplative spaces optimal for quiet activities and personal reflection. The prevalence of windows allows for views to the exterior while allowing significant daylight to illuminate the space. Outdoor group spaces have been included for recreational activities or group therapy and feature short-term seating areas amidst manicured yet low-maintenance landscaping. The building and spaces within it are modeled after the concept of a cottage retreat, intending to use the references of rest and relaxation as environmental characteristics. The space incorporates clerestory lighting in double-volume areas, paneled windows, pastel colors and siding within the interior to achieve these affects.

The most significant factor noted within the design is the attention and detail that has gone into the suicide and self-harm safety planning of the interior. These considerations are evident in the space planning, configured to enable constant surveillance in public spaces, as well as in finishing details like hardware for mechanical systems and furniture and fixture selection.

The plan of the space is organized in a functional and organized manner that restricts and permits access based on the types of users interacting with the space. These users include staff, in-patients and out-patients and family members of each category of patient. Where there is crossover in spaces used by in and out-patients such as counseling offices and the gymnasium, the spaces are found to be situated in the more central region of the facility.

One design consideration taken from CATC will be the provision of varieties of space for youth, depending on their need for social engagement, recreation, entertainment and privacy. Also, more consideration for the youth's perceived privacy will be employed in the proposed design because the primarily open space in the crisis unit at CATC does not give youth a semi-private mediator between the privacy of their patient rooms and the public openness of the main unit space.

A greater consideration of the seating styles of adolescents is lacking at CATC. Casual, relaxed and more comfortable seating is missing from the leisure and family visit spaces. Priority is placed on dining and working seating. The seating intended to be casual is modular and therefore does facilitate reconfiguration, yet is too firm, bland in color, and uncomfortable. The design of this furniture only caters to upright seating and not to the variety of body positions that youth may find comfortable. When considering the seating product used, priority was placed on patient and staff safety over comfort, which resulted in selecting a product that is typically applied in penitentiary settings. A solution that is both safe and comfortable is required. In a building typology which intends to feel like home and ensure user comfort, furniture selection should be of prime concern.

A favorable design consideration in the CATC crisis unit is the location of the nursing desk and adjacent nursing room to support the desk and its staff.

The CATC unit is staffed primarily by psychiatric nurses and psychiatric nursing assistants, with as many as five staff members during the day and never less than two staff members to support a maximum of ten clients. When the staff members write notes or oversee patient activity they are usually situated behind a large U-shaped nurse's desk. The orientation of the desk allows for an almost entirely full view of the unit including patient's private rooms and washroom facilities. The desk also serves as a hub of activity, often where staff and patients congregate to have discussions, and pass on information, as well as serving as a work surface, storage unit and barrier to separate staff space from patient space.



FIGURE 27: CATC front entry. Photo copyright of Google Street View. ("Brandon, Manitoba", copyright 2011. Public domain material from <www.maps.google.ca>.

7.3 SOUTHCENTRAL FOUNDATION PRIMARY CARE CENTER

The Southcentral Foundation Primary Care Center in Anchorage, Alaska is the second precedent example. The 95,000 square foot center was designed by NBBJ. Like the intent for the proposed mental health facility in Thompson, the Southcentral Foundation is an Indigenous-owned healthcare organization. This precedent is significant because it merges current healthcare design with Indigenous Alaskan sensibilities in unique and beautiful ways.

The interior of the center references materials, building techniques and symbolic objects all relevant to the identity of the culture and people who will use the space. The combination of streamlined details with traditional materials like stitched cloth and heavy timber add to the spatial character. The most notable space is the double volume lobby, acting as a meeting space that merges the two wings of the care center. It is capped with clerestory windows that are the primary light sources in the space.

Similar to Canadian Indigenous peoples, Indigenous Alaskan populations find significance in the circle. Yet, instead of making the circle a main gesture in the space, or using it as a method for organizing space, the design team from NBBJ opted to subtly break-up and reference the circle through soft arcs and undulating furniture and ceiling planes. Cylindrical interiors are present within the healthcare wings to create culturally significant varieties of space. The warmth of material and rounded design elements soften a typology that is often designed as cool and sterile. This inviting character contributes to the designers' intentions for the space to make people feel at home, even those individuals who had perhaps never seen a built structure before.⁷⁹

The types of spaces included in this facility can also be used as precedents. The inclusion of talking rooms and healing gardens are outside typical hospital considerations, yet they contribute greatly to the user satisfaction in the hospital. What is especially relevant in this facility is the focus on the community and family values in native culture, and how including family in treatment and treatment decisions is important to many people. Modular seating for variations in group size, and public waiting spaces where families can congregate yet are still offered

variations of privacy depending on emotional need and comfort level are very emotional comfort-centered considerations that will improve both patient and guest experiences.



FIGURE 28: Reception

⁷⁹ Renzi, Jen, "Healing Properties," *Interior Design*, November 2004, 188.

FIGURE 29: Front entry at sunset

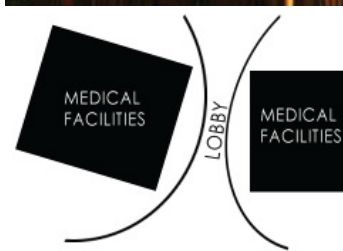
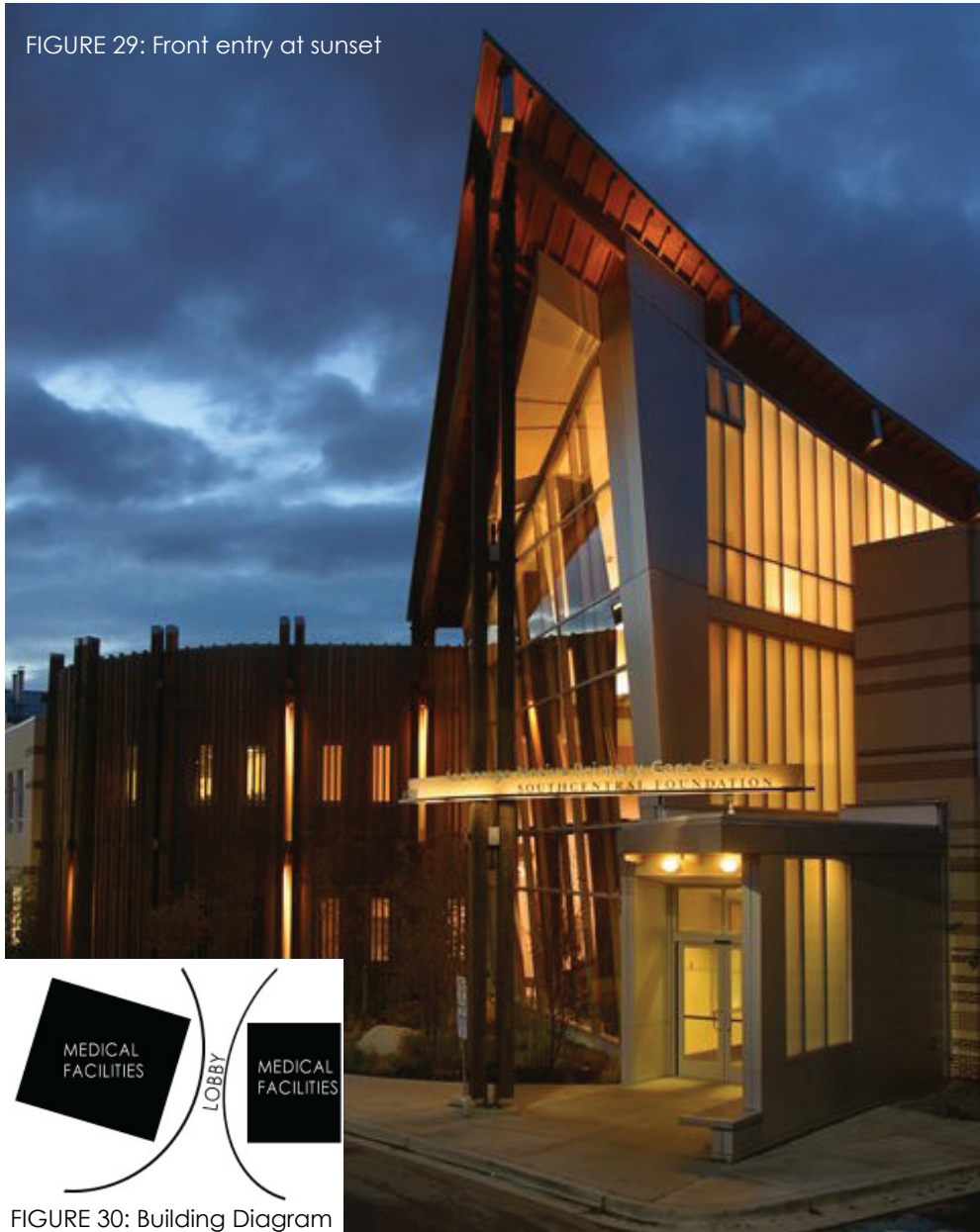


FIGURE 30: Building Diagram



FIGURE 31: Front Entry

FIGURE 29: Front entry at sunset. Used with permission of the Southcentral Foundation. March 29, 2011. <<http://www.southcentralfoundation.com/media/photos.ak>>.

FIGURE 30: Building Diagram. Diagram by author. Adapted from design sketch in "Healing Properties," *Interior Design*, November 2004, 188.

FIGURE 31: Front entry. Used with permission of the Southcentral Foundation. March 29, 2011. <<http://www.southcentralfoundation.com/media/photos.ak>>

7.4 ABORIGINAL HOUSE

Aboriginal House at the University of Manitoba has been chosen because it is a very accessible and a relatively new example of design that caters to a primarily First Nations user group. Aboriginal House is approximately 1500 square feet. It was designed by Prairie Architects of Winnipeg, Manitoba as a gathering place for native students, alumni, faculty and staff. Input from Elders played a significant role in the design process, and this is evident in the design of the building and the symbolism integrated within it. For example, thirteen ribs are represented through thirteen beams radiating to the exterior, the relationship between man and woman, water and fire are explored through color and material and the significance of the sharing circle and medicine wheel are evident in the round sharing room and composition of the building structure and architectural expression. The natural daylight flooding the student gathering spaces creates a comfortable and bright atmosphere to visit, work and share. Sustainability has always been a part of indigenous world views. Maintaining a harmonious relationship with the earth is integral to traditional spiritual values and as a result of this, materials were also selected with care. The integration of natural, local and recycled materials define the aesthetic of the building and can be observed in the abundance of tyndall stone and wood.

Perhaps the greatest lesson learned from this local precedent is that every design decision made has been chosen to contribute to a level of greater symbolic, spiritual and cultural significance. Nothing is arbitrary. The building orientation and orientation of entrances and exits embody the importance of the cardinal directions. The main entrance of the building permits access from the east, symbolizing the rising sun, rebirth and new beginnings. The circle room provided for meeting and ceremony is also entered and exited from the east. In the circle room, the other three cardinal directions are observed through the placement of windows. The circle room seating has been designed to accommodate various sizes of groups through seating that can be reconfigured into different sized circles depending on need and desired closeness of sharing circle participants. Other considerations such as sacred medicine storage, ventilation systems for ceremonies involving smudging, and levels of lighting

have been considered. An outdoor ceremonial space complete with a fire pit sits adjacent to a more secluded exit to accommodate outdoor gatherings.

One criticism of Aboriginal House is the development of natural elements in the interior. With architectural considerations like views to the outdoors, exterior landscaping, a green roof and material selection, extra steps to include natural elements at an interior and human scale is lacking.



FIGURE 32: Exterior View



FIGURE 33: Exterior View



8.0 PROGRAM

This chapter includes a description of the client and user groups of the proposed treatment facility as well as an analysis of the proposed site, building, and interior spaces. The functional and spatial requirements of the interior are informed by the user needs, values and activities while the site analysis identifies the spiritual qualities, local amenities, points of interest and opportunities to interact with nature in addition to existing building information.

8.1 CLIENT + USER GROUP

The intention for this proposed wellness facility is to provide opportunities to encourage wellbeing and healing through an involvement with culture, cultural practices, and mental health treatment delivered by the Cree community in the region. Providing treatment specific to Indigenous populations has been noted to be more successful if the treatment is managed and administered by the Indigenous community itself.⁸⁰ This success can be credited to a greater level of trust in fellow Indigenous people as care providers who are familiar with Indigenous culture and practices. Because of this likelihood of greater success and the sense of empowerment that can arise out of providing community health, the Cree Nation surrounding Thompson is the proposed primary client and administrators of the adolescent care facility.

The facility is intended as a local health initiative put forth by a First Nations-managed health organization such as the Health branch of the Nisichawayasihk Cree Nation (NCN). The NCN is an ideal client for the wellness facility because of the high population of its people within the Thompson area because Nelson House is the nearest reserve community to Thompson. This community has taken an active role in fostering health and wellbeing through existing facilities found on reserve such as a medicine lodge specializing in traditional, non-medical addictions counseling, and a community health center that works in conjunction with the nursing station. NCN owns and operates a hotel in Thompson as well, providing employment for members of its community and contributing to the community economically. In addition to helping the NCN youth, the facility will also provide jobs to the Cree people like the reserve-owned hotel.

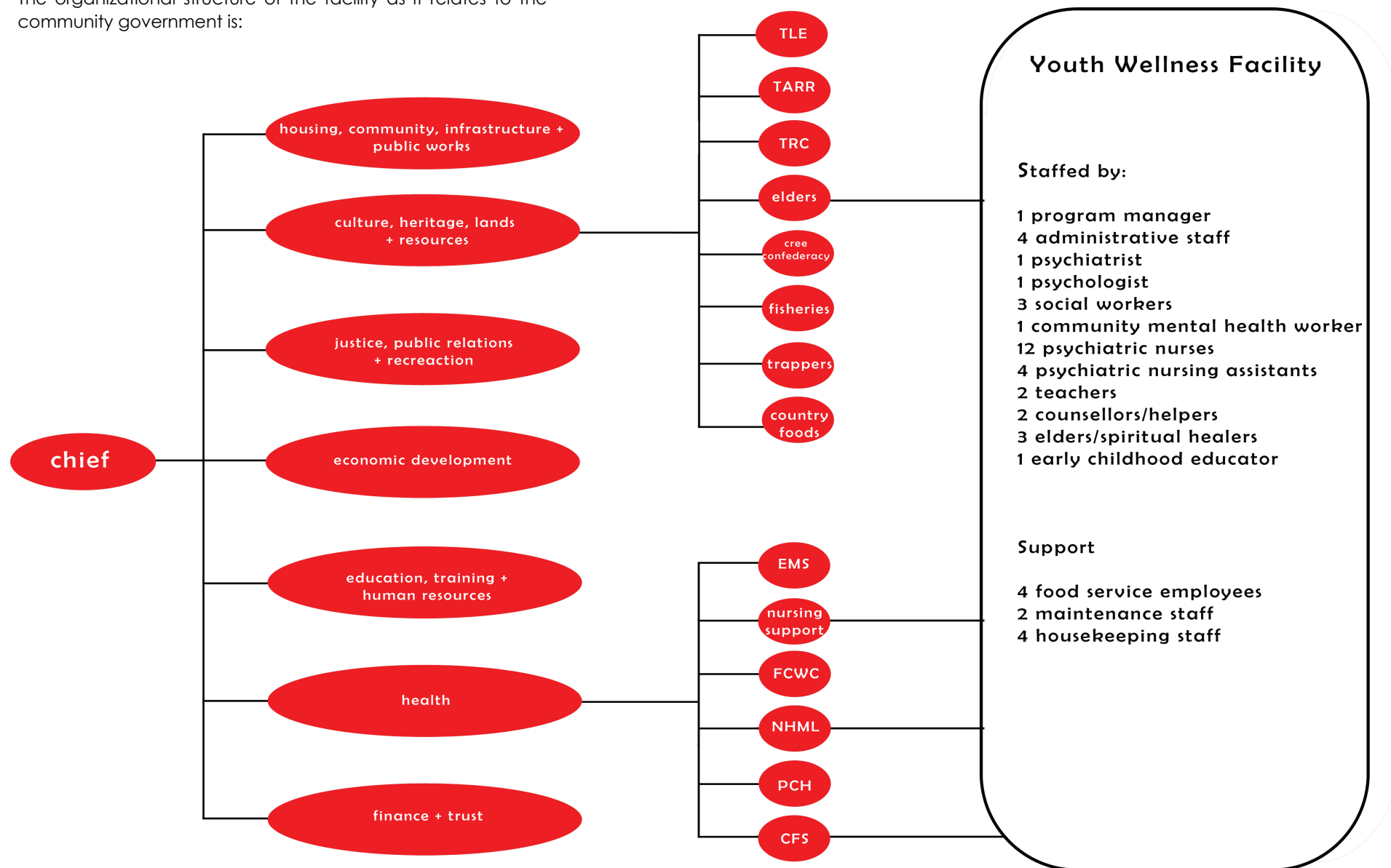
The Cree Nation will provide all major input, administrative duties and management of the facility, but it will also receive support and guidance from the Government of Manitoba, and more specifically Mental Health and Healthy Living. These two government divisions are specifically involved in the administration of suicide treatment and prevention by providing assessment, case management, rehabilitation, treatment, supportive counseling, crisis intervention, community consultation and educational services for both staff and the public.⁸¹ The values of this client and the client's views regarding health include those outlined in

Chapter 3 of this document. They also include protecting youth, a value which is driving the project to help mitigate youth suicide.

⁸⁰ Weiman, Cornelia, "Six Nations Mental Health Services," in *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*, ed. Laurence J. Kirmayer and Gail Guthrie Valaskakis (Vancouver: UBC Press, 2009), 409.

⁸¹ Government of Manitoba. 2009. *Manitoba Health and Healthy Living*. March 17 2009. <http://www.gov.mb.ca/healthyliving/mh/system.html>.

The organizational structure of the facility as it relates to the community government is:



PRIMARY USERS: CREE YOUTH

The focus of this joint venture between the northern Manitoba Cree and Manitoba Health is to provide care to Indigenous youth primarily from the Cree Nation. As primary users, these youth come from the numerous Cree communities surrounding Thompson, ranging in age from ten to seventeen and include both males and females. These youth will show symptoms of significant anxiety, poor coping skills and depression, or have exhibited at-risk behavior for suicide and self-harm. The possibility of mental illness and intellectual disabilities of users is expected, and issues related to fetal alcohol syndrome, substance abuse, and anger or violence management issues are potential characteristics the adolescents may possess.

PSYCHOLOGICAL NEEDS

According to Jamie C. Huffcut, "designing for adolescents requires a specialized knowledge base due to their physical, mental and emotional variances from both children and adults."⁸² Research conducted on adolescents in healthcare settings find that adolescents find there is an overall lack of comfort and privacy. To resolve this issue, design considerations that provide opportunities for privacy and personalization are key. Places for socializing, recreation activities, and comfortable lounge seating are also important. Although personalization may be difficult to incorporate into a residential psychiatric setting where tamper-proof details in favor of safety are important, patient customization is possible. Having control of window openings, natural and artificial lighting levels, music or other noise levels and seating arrangements are all ways that allow for a level of personalization that youth may enjoy. Access and freedom to communicate with others both within the treatment setting and those in the outside world is also considered important, and therefore methods of technological communication (telephone, internet, writing) and spaces to facilitate physical communication are also important.

The desire for privacy is a difficult design task to overcome in a care setting where constant surveillance is preferred or required. Levels of privacy, depending on the wellbeing of the patient, are a design option, as is a strategic method of space planning and material selection that allows for surveillance yet offers perceived privacy without resorting to an extensive camera-based security system. For example, a transparent vertical surface allows the figures of people to be within view of staff members yet can also act as a sound and partial visual barrier for youth to enhance feelings of privacy and comfort.

The psychological needs of the at-risk user group are an elevated level of perceived self worth, a historical and cultural connection, and an emotionally comforting environment. A positive future outlook is also a psychological need.

It has been found that youth feel a loss of independence, privacy and social interaction when in a facility setting.⁸² These social, emotional and psychological needs must be addressed, especially when this facility is to hold holistic wellbeing at a high level of importance. These adolescent needs must be met.

Spaces designed to address the needs of at-risk youth must attempt to ease the strain caused by unfamiliarity by providing elements of home and comfort within the spatial characteristics and materiality of the facility. The space must not be intimidating and appear friendly, yet take into consideration the range of ages that must be included in the treatment programs. A major aesthetic aim should be to reduce the institutional image of the facility as much as possible and provide an alternative more reminiscent of home and the natural landscape. Because nature is such a significant component of Indigenous culture, healing and spirituality, the integration of nature on a variety of levels through considerations such as views and indoor/outdoor spaces must be considered.

VALUES

The values of this user group are difficult to define, as it has been cited that a lack of values or a replacement of traditional, grounded values with superficial ones are a causal factor of suicidal behavior.⁸³

PHYSICAL NEEDS

The physical and functional needs of the primary users include environments for resting, eating and hygiene, as the youth will be residing in the facility for both short and longer term care. Access to leisure and exercise is also integral to promote fun and active healthy living.

Although varied on an individual basis, a number of the users' special needs must be considered. The prime concern for the at-risk youth is their safety from self-inflicted harm. Above all needs, the removal of all potentially harmful objects and environments that can be used as possible weapons must be eradicated. Safety from harm inflicted by other patients is also a special need

⁸² Huffcut, Jamie C. "ASID Accommodating the Adolescent Patient". *Healthcare Design*. August 2009. Accessed March 10, 2010. <http://www.healthcaredesignmagazine.com/ME2/dirmod.asp?sid=&nm=Media%2FMultimedia&type=Blog&mod=View+Topic&mid=67D6564029914AD3B204AD35D8F5F780&tier=7&id=DD09250D4453457F93AEE2677FCC21>

⁸³ *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy*. 2008. By Manitoba Health and Healthy Living.

that must be considered, as highly stressed and emotionally strained youth are being placed in an unfamiliar setting and can potentially act in out-of-character or violent ways.

SECONDARY USERS: STAFF

The second group of users are the individuals who staff the facility. These employees include but are not limited to social workers, community mental health workers, psychiatrists, psychologists, psychiatric nurses and aids, pediatric physicians, administrative staff, cleaning staff, call center staff, Indigenous community elders and volunteers.

Members of the community volunteer or are hired as staff as often as possible in order to provide jobs to local people, to band together community members in group effort to create an empowered community striving for change.

In *Seeking mino-pimatisiwin*, Hart recognizes that helpers have specific needs of their own. In order to provide care to others, a helper must also live a balanced life, not only to lead by example but also to honor their own wellbeing.⁸⁴ Therefore, the design of the proposed facility must accommodate resources to assist the helpers and care providers in maintaining their own health and wellbeing.

PSYCHOLOGICAL NEEDS

In a study outlined in an article in *Healthcare Design*, a focus group of staff identified that patient and staff safety were of their utmost concern.⁸⁵ To be effective staff members, employees must feel a sense of safety while working in a setting where there is a possibility that youth may become upset and resort to violent or self-harming behavior where a staff member must intervene. The need for physical safety and the perception of working in a safe environment is addressed through training such as Non-Violent Crisis Intervention, but can also be addressed through interior design in terms of physical layouts and barriers, furniture and materials.

TERTIARY USERS: FAMILY + COMMUNITY

The role of family and community in the healing process has immense importance to Canadian Indigenous peoples as part of their world-view regarding connectedness.⁸⁶ As tertiary users, the presence of family and community on hand during treatment must be considered throughout the design of the mental health facility. These users will likely value cultural preservation, cultural respect, and

the improvement of the quality of life for all people, especially the Indigenous demographic. These tertiary users will have the opportunity to participate in community workshops and athletic events. The community is included as users of the space as a method of building community responsibility and cohesiveness to create a community movement aimed at preserving life and building better futures. Affordable opportunities for families to stay in spaces adjacent to the youth unit should be considered, in order to treat the families alongside their children. Including a hotel or hostel environment to address the need for family proximity could benefit the design.

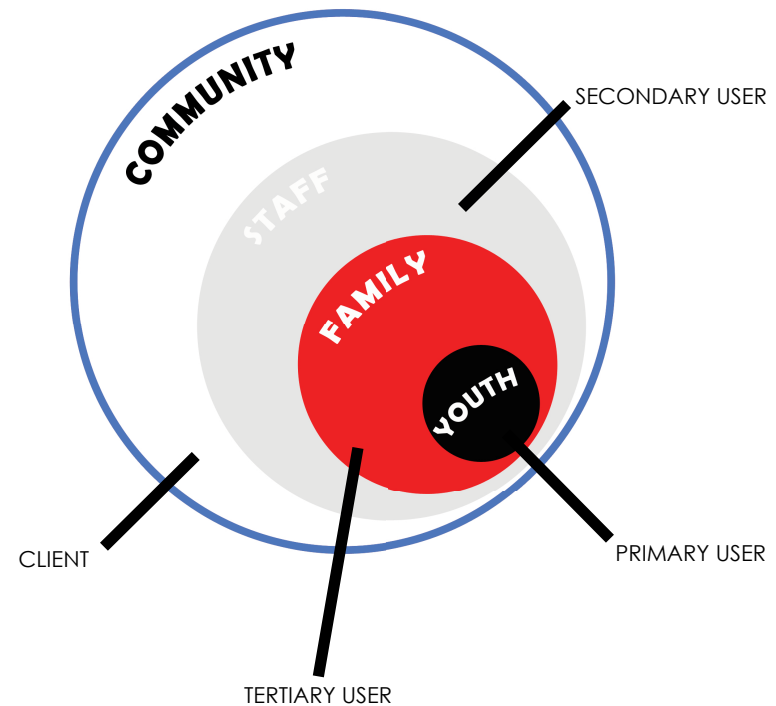


FIGURE 36: Diagram of users and their connections to the youth. Diagram by author.

⁸⁴ Hart. *Seeking mino-pimatisiwin*, 108.

⁸⁵ Gamble, Leslie, David Fowler, Don Duncan and Tanis Evans. "Designing for Safety in an Adolescent Psychiatric Unit." *Healthcare Design*. February 2008. Accessed March 10, 2010. <http://www.healthcarebuildingideas.com/ME2/dirmod.asp?sid=9B6FFC446FF7486981EA3C0C3CCE4943&nm=Articles&type=Publishing&mod=Publications%3A%3AArticle&mid=8F3A7027421841978F18BE895F87F791&tier=4&id=AE46F26382A14AD88B87649BDC24F01Dssue>.

⁸⁶ McCormick, Rod, "Aboriginal Approaches to Counselling," in *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*, ed. Laurence J. Kirmayer and Gail Guthrie Valaskakis (Vancouver: UBC Press, 2009), 338-339.

8.2 SITE ANALYSIS

The Site Analysis portion of this chapter describes and analyzes the proposed region, site and building for the youth facility based on a number of studies and observations. The analysis also focuses on what is missing in the community in an attempt to fill these voids visually, emotionally, spiritually, or recreationally to improve community health on a larger scale.

REGIONAL CONTEXT

According to the document entitled *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy*, the location of a crisis stabilization unit in Thompson, Manitoba has been suggested to address the epidemic of youth suicide.⁸⁷ Thompson is the third largest city in Manitoba with a population of 15,000 people, and is surrounded by numerous First Nations reserves within comfortable driving distance. Population demographics of the region play a supportive role in the site selection, as people of Indigenous descent living both on and off reserves comprise the largest population group treated by the local regional health authority (RHA), the Burntwood RHA. Additionally, there is a high youth population in the Burntwood region -

thirty-five percent of people are under the age of fifteen.⁸⁸

SITE SELECTION

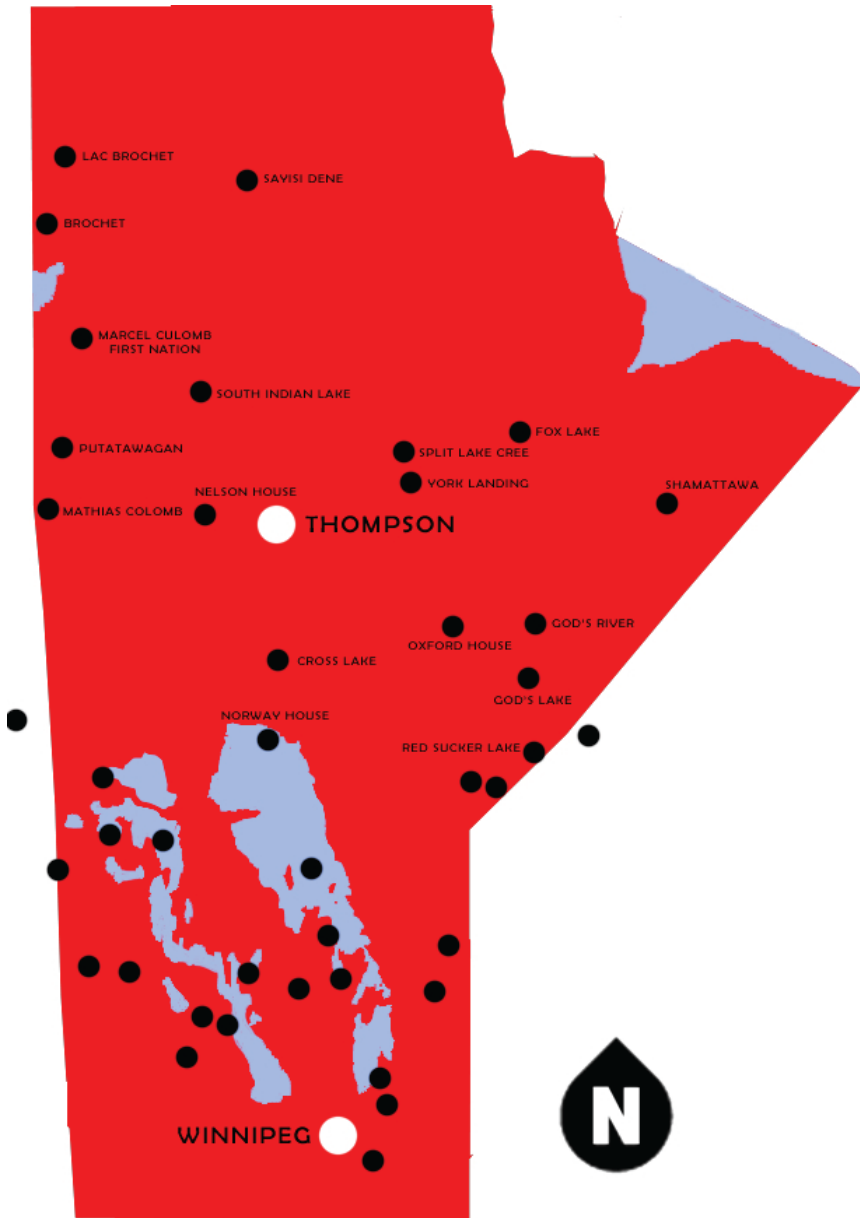
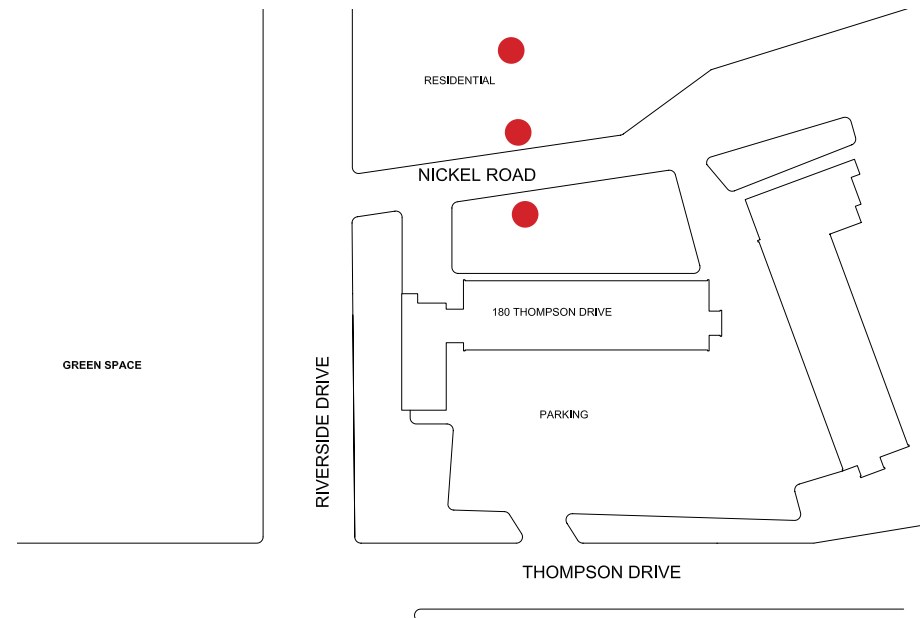
After the region was chosen, the search for an existing building to house the wellness facility and its site was conducted with these specific factors guiding the selection:

1. Access to emergency services such as police and ambulance, because of the high risk of youth hurting themselves
2. The opportunity for adaptive reuse of a building to make use of its existing infrastructure
3. Adjacent open space that can be expanded onto through new construction as well as outdoor landscaped spaces
4. In close proximity to existing green spaces
5. In close proximity to existing recreational facilities
6. A building in need of care and perhaps a vacant building in need of a tenant
7. Publicly accessible by automobile, pedestrians and cyclists
8. Opportunities for both public and private space
9. Located in a neighborhood that needs added character, and architectural interest
10. Easily accessible to emergency services and the local hospital

⁸⁷ Manitoba Health and Healthy Living, *Reclaiming Hope*, 8.

⁸⁸ Burntwood Regional Health Authority, 2009. *Information*. March 17, 2009. http://www.healthemployment.ca/pru_burn.html.

The most appropriate site which met the majority of these qualifications is located at 180 Thompson Drive North, in the city of Thompson, Manitoba.



SITE DESCRIPTION

The site sits within a primarily residential neighborhood at the junction of two streets, one of which is a main city thoroughfare. The large size of the site providing space for additions is a significant advantage, as well as the opportunity for exterior development of the adjacent green space located to the east across Riverside Drive. This ravine-like green space provides a number of landscaping opportunities including terracing, walking paths, and the development of outdoor meeting spaces for counseling, group therapy and leisure activities. Further to the east, this green space is flanked by R.D. Parker Collegiate, which contains a gymnasium, and recreation grounds including a hockey arena, baseball diamonds, a playground and the local petting zoo. These services and amenities have the potential to be used as recreation facilities all within walking distance of the proposed site. The close proximity to a number of hotels and restaurants also benefits the patients' visitors by giving family members, social workers, and other emotional supports for the youth nearby places to stay and dine when visiting from out-of-town locations.

Because safety is of the utmost concern for the youth and staff members at the facility, the quick access to emergency services is a requirement for the location of the center. While isolation within nature would provide a desirable environment, the close proximity to the local hospital and access to fire and

rescue services takes priority. This location within the urban context does provide a design challenge to create a treatment center for a culture whose approach to healing is rooted in nature. However, the location does offer benefits by exposing Indigenous youth to mental health treatment and promotion in a more visually accessible way, that perhaps could assist in reducing the stigmas associated with mental illness.⁸⁹

The city of Thompson was born out of the discovery of nickel and the development of the mine in the 1950s, and therefore can be considered a new city. The buildings lack a sense of character because of this absence of history, and many of the construction methods and layouts reflect the need for fast building techniques first used to house the miners hired to work in the mines, and also the buildings and services to support these mining families, such as grocery stores, schools and public buildings. Two buildings in the city that do possess a distinct prairie-modern style are the Thompson City Hall and the Thompson Public Library, a popular style of architecture during the initial development of Thompson. For the most part, the remainder of the buildings look quite similar to those selected as the site for the wellness facility. In terms of new construction, the new Addictions Foundation of Manitoba is Thompson's newest building addition closely followed by the Burntwood Regional Health Authority building.



⁸⁹ Weiman, Cornelia, "Six Nations Mental Health Services: A Model of Care for Aboriginal Communities," in *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*, ed. Laurence J. Kirmayer and Gail Guthrie Valaskakis (Vancouver: UBC Press, 2009), 409.

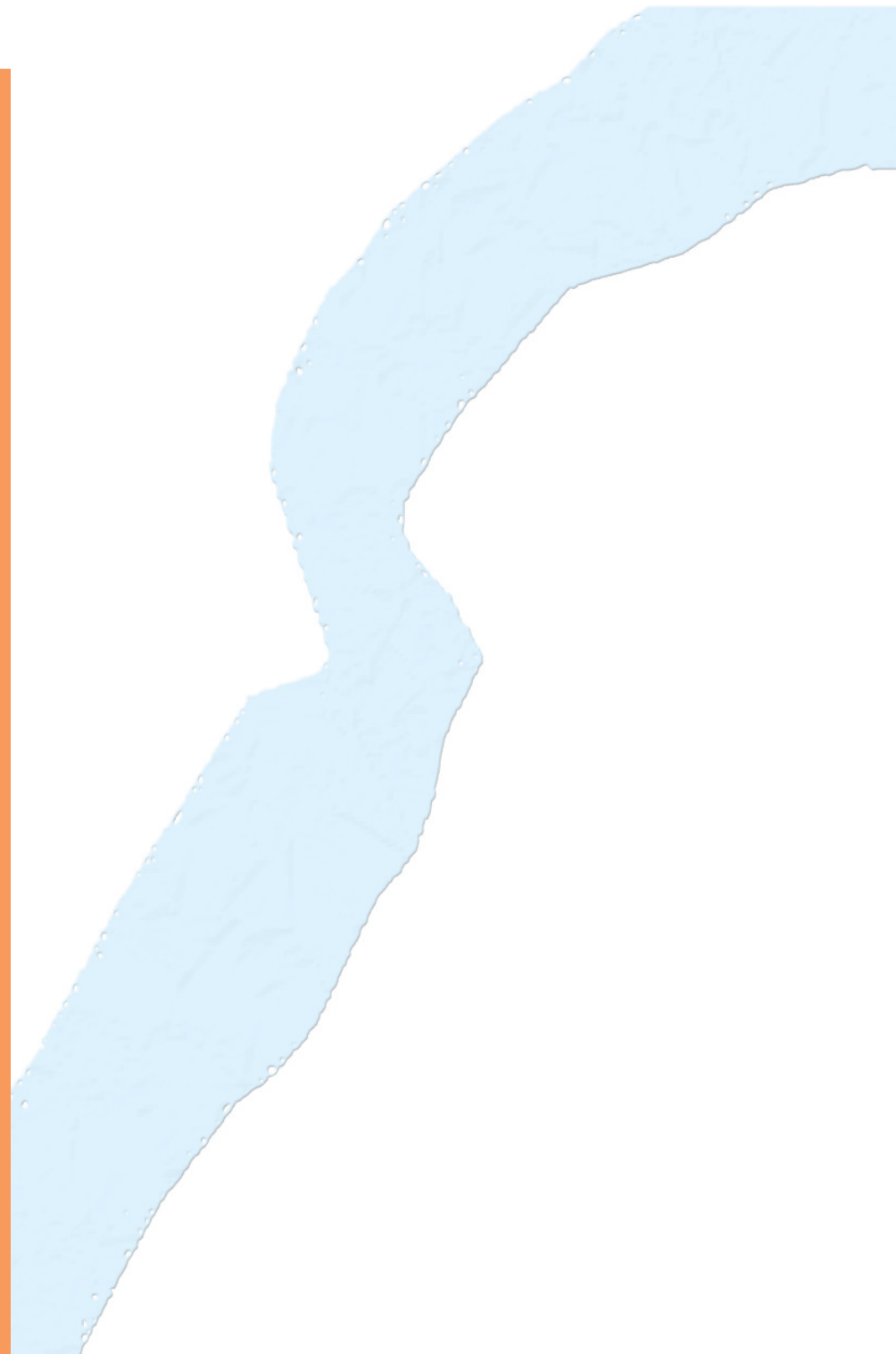
FIGURE 39: Thompson Public Library. Photo by author.

Through an in-depth analysis of the site, it has been determined that much of the land in Thompson is unused or underdeveloped. Thompson has a very low building density. The amount of space is refreshing but at the same time lacks a human scale at the street level because of the preference of automobile use. The buildings are arranged in spread-out configurations with ample room between them. A substantial portion of Thompson's land is taken up by surface parking in the form of either paved or gravel lots. The area devoted to parking may actually surpass the area taken up by building footprints throughout the small city. This creates an urban context that is quite open, yet appears very barren due to the vast spaces between the buildings, and lack of developed outdoor spaces to connect these buildings. The overall city architecture lacks organization in orientation and setback from the street. This does add to variety in some regards, yet because the buildings are all generally of the same size, shape and construction, the streetscape appears rather monotonous and bleak. This is compounded by the lack of greenery and plant life to break up the mostly void streetscape and providing little shelter from the wind.



TRANSPORTATION + CIRCULATION

While there are a number of walking and cycling paths throughout the Thompson, it is not a notably pedestrian-friendly place, favoring vehicular traffic over walking or cycling. The cold and long winters can be cited as a cause of this, yet a number of teens must walk past the site on their journey to and from school every morning and evening in the frigid temperatures.



LEGEND

-  PATH - VEHICLE
-  PATH - PEDESTRIAN
-  LANDMARK
-  EDGE
-  NODE
-  PROPOSED SITE

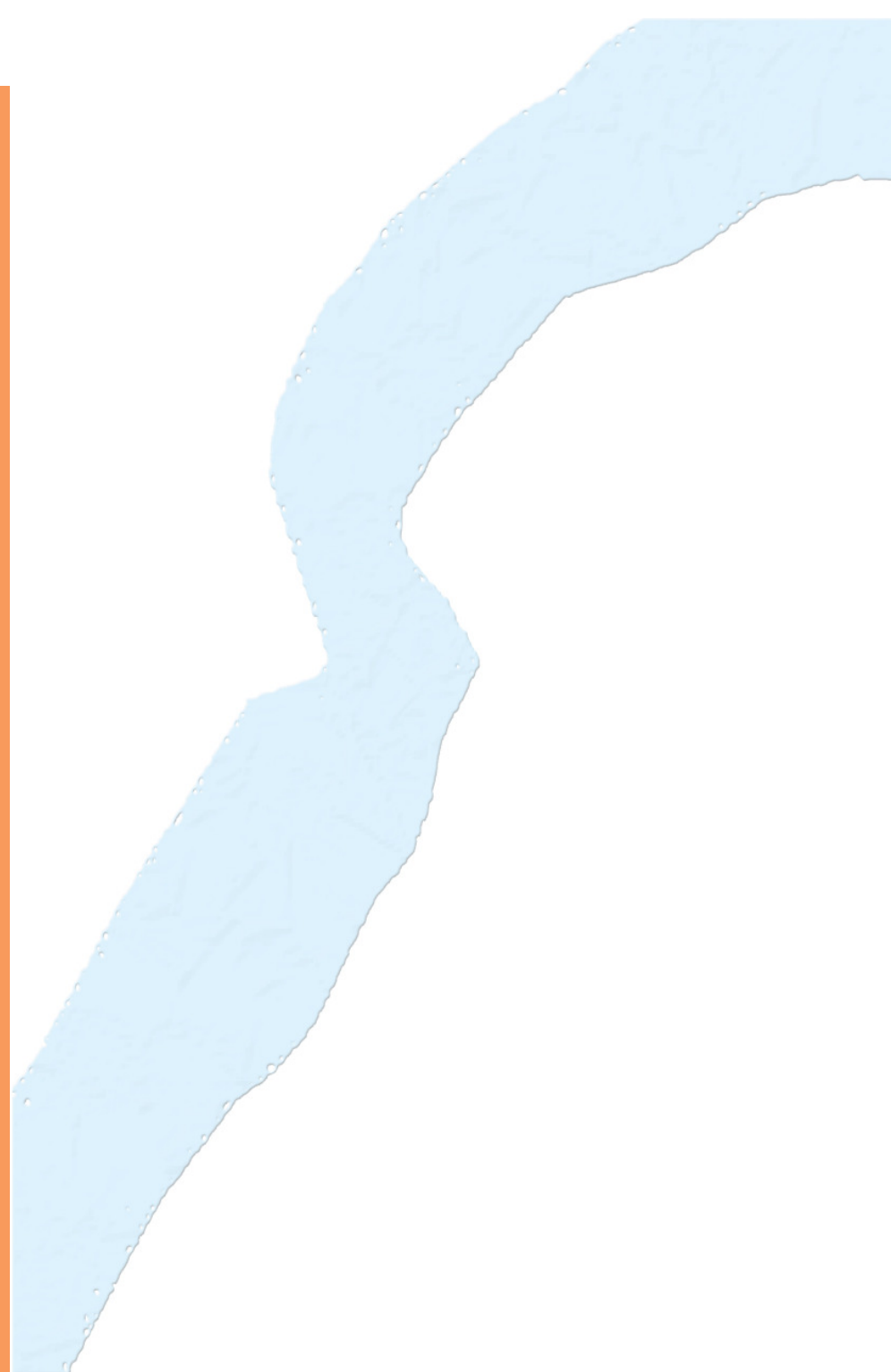


BUILDING DENSITY

Because it appears that there was no regulation in terms of distance from street an orientation, there is a lot of leftover space. These leftovers have a large impact on the overall atmosphere of the city and streetscape. It is this design's intention to make use of one such 'leftover' space between buildings, as well as enhance at least a portion of the walkability and character near to the wellness facility, to improve at least a portion of Thompson Drive North.

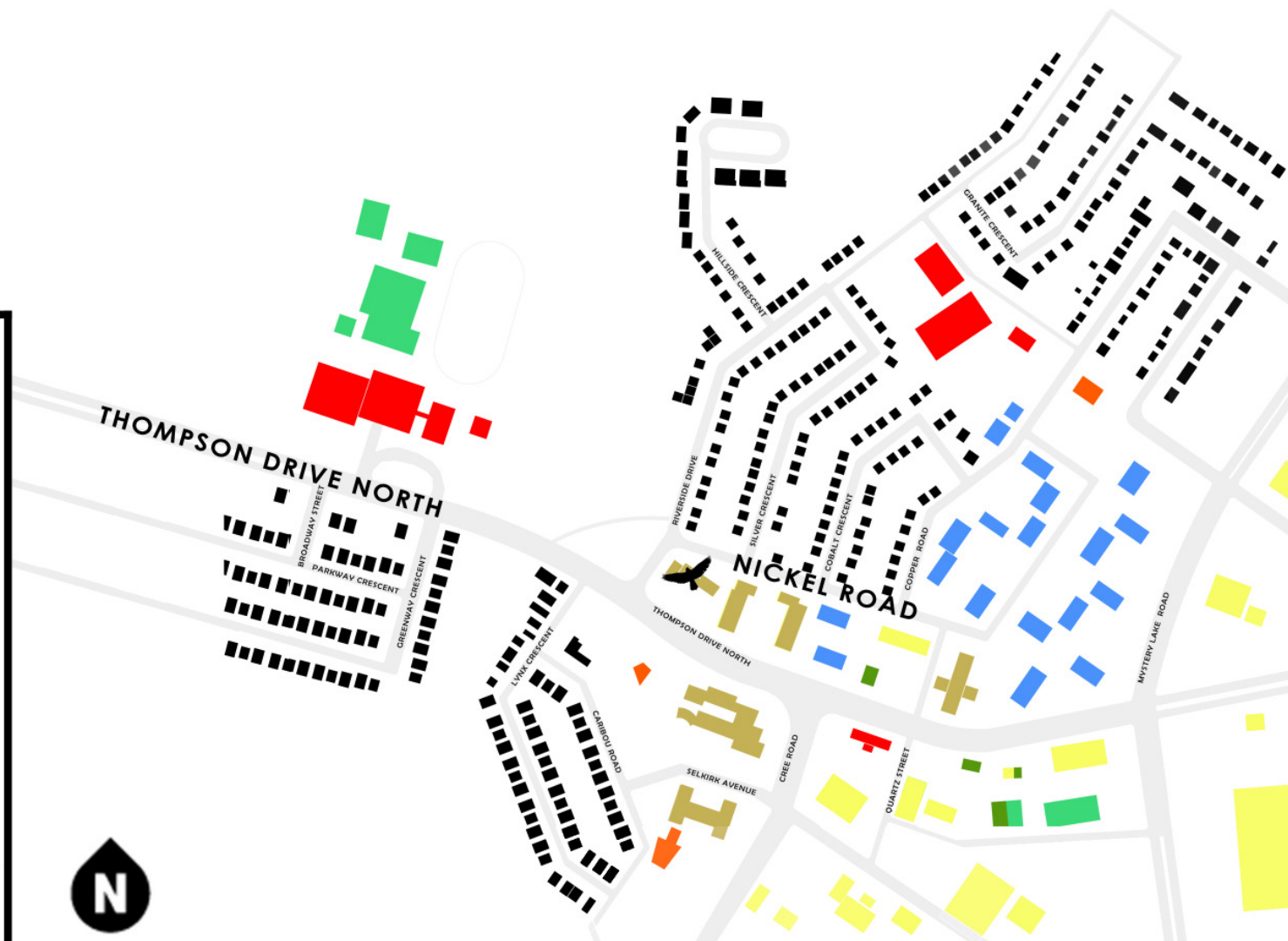
BUILDING USE

Many of the buildings in the vicinity of the site are multi-family apartment units approximately three stories high. Churches, offices in multi-tenant buildings, motels, small restaurants and the high school are other building types located near or adjacent to the site.



LEGEND

- SINGLE FAMILY DWELLING
- MULTI FAMILY DWELLING
- RESTAURANT
- HOSPITALITY
- EDUCATIONAL
- SERVICE
- RECREATION
- RELIGION + SPIRITUALITY
- ✈ PROPOSED SITE



VEGETATION

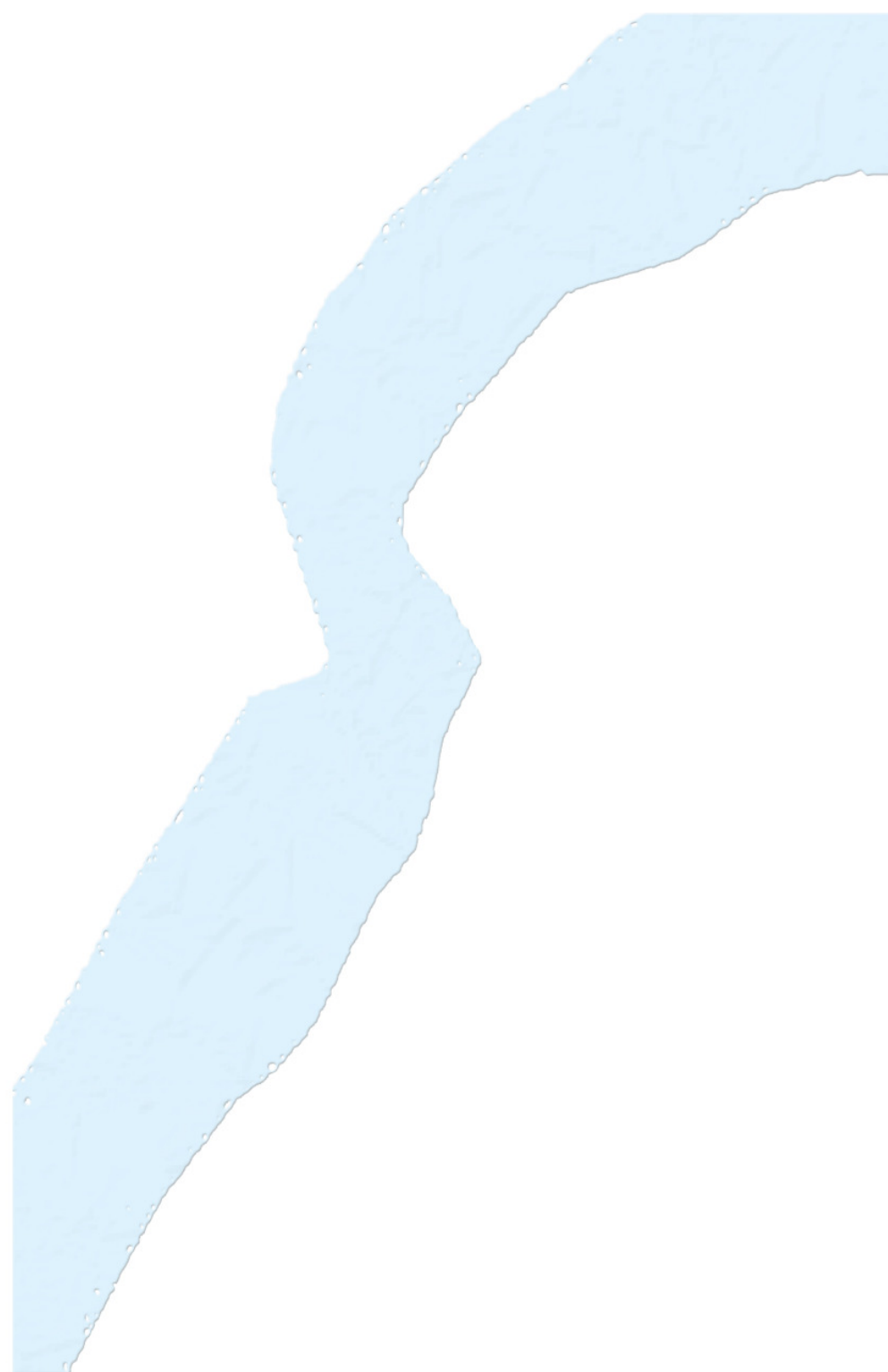
Vegetation found around the proposed site includes a mixture of deciduous and coniferous trees, very tall and slender in shape. The majority of the trees are concentrated in a ravine adjacent to the site across Riverside Drive.

PERCEIVED SAFETY

The site is generally open, and because it sits on a relatively major thoroughfare, feels quite safe during the daylight hours. The space perceived to be the least safe is the tree covered ravine located across Riverside Drive. There are walking paths through the site, yet these paths are mostly hidden from street view by the vegetation. The City of Thompson regularly thins the vegetation in this area because of issues with individuals abusing solvents and substances in the evenings. This is evident in the litter traces observed during the site visit. Potential development of this area as a park to complement the youth wellness center, as opposed to an urban forest can contribute to a safer space bridging the gap between the high school and wellness facility, and it might provide a more pedestrian-friendly connection between the two.

UTILITIES

Thompson's hydro system is above ground, and therefore hydro poles have a noticeable presence on the streetscape. Light poles are also a prominent part of the street, adding verticality, but providing illumination that contributes to feelings of safety after dark.



LEGEND

TREES + SHRUBS

WATER

PROPOSED SITE



THOMPSON DRIVE NORTH

NICKEL ROAD

GRANITE CRESCENT

HILLTOP CRESCENT

INVERSIDE DRIVE

SILVER CRESCENT

CONALT CRESCENT

COPPER ROAD

MYRTLE LAKE ROAD

THOMPSON DRIVE NORTH

LYNN CRESCENT

CARRBORO ROAD

SELKIRK AVENUE

CHIEF ROAD

QUARTZ STREET

PARKWAY CRESCENT

BROADWAY STREET

GREENWAY CRESCENT

8.3 BUILDING ANALYSIS

The facility for youth suicide prevention and treatment will employ the adaptive re-use of the existing buildings' 40,000 square feet as the primary approach to design. New construction will be used for sacred spaces in order to make use of the site's natural qualities while capturing spiritual elements and desirable sacred qualities. A new sacred space or collection of sacred spaces built adjacent to the existing building will allow for greater control over qualities of light and integration with the outdoors, characteristics that would be desirable for a sacred space for healing and spirituality.

The buildings on the site are currently arranged in such a way that provides an interesting opportunity to unify the structures with an architectural intervention. Originally constructed as housing for staff employed at the local nickel mine, the buildings are divided up into a series of suites that currently function as a motel. This type of building is known as a "Polaris building", and it is the style of architecture that is predominantly found in the city of Thompson. Exploiting the possibilities of such an abundant yet mundane type of architecture provides an exciting design challenge. These types of buildings have been converted into a number of uses in Thompson already. The vacant building on the eastern most part of the site once housed residential treatment for the Addictions Foundation of Manitoba prior to the construction of their new building. Another larger, similar type of building also currently houses the University College of the North in the more eastern part of Thompson.

FIGURE 41: Site. Photo by author.

BUILDING DESCRIPTION

Year constructed: 1960

Zoning: R4 – Multiple Family Dwelling

Total Square Footage 40, 000 square feet (2 x 20, 000 square feet)

Three storeys high

Proposed Project Square Footage: 50,000 square feet

Architect: Unknown

Building Owner: The International Inn

Building Construction: wood, and concrete block, masonry and vinyl siding faced

Flooring: Carpet and vinyl tile

Lighting: Fluorescent

Ceiling: Drywall

Mechanical System: Electrical heaters

Occupant: Hospitality, The International Inn

WEST

NORTH





FIGURE 42: Proposed Site. Photo by author.

EAST

SOUTH



EXISTING USE OF SPACE

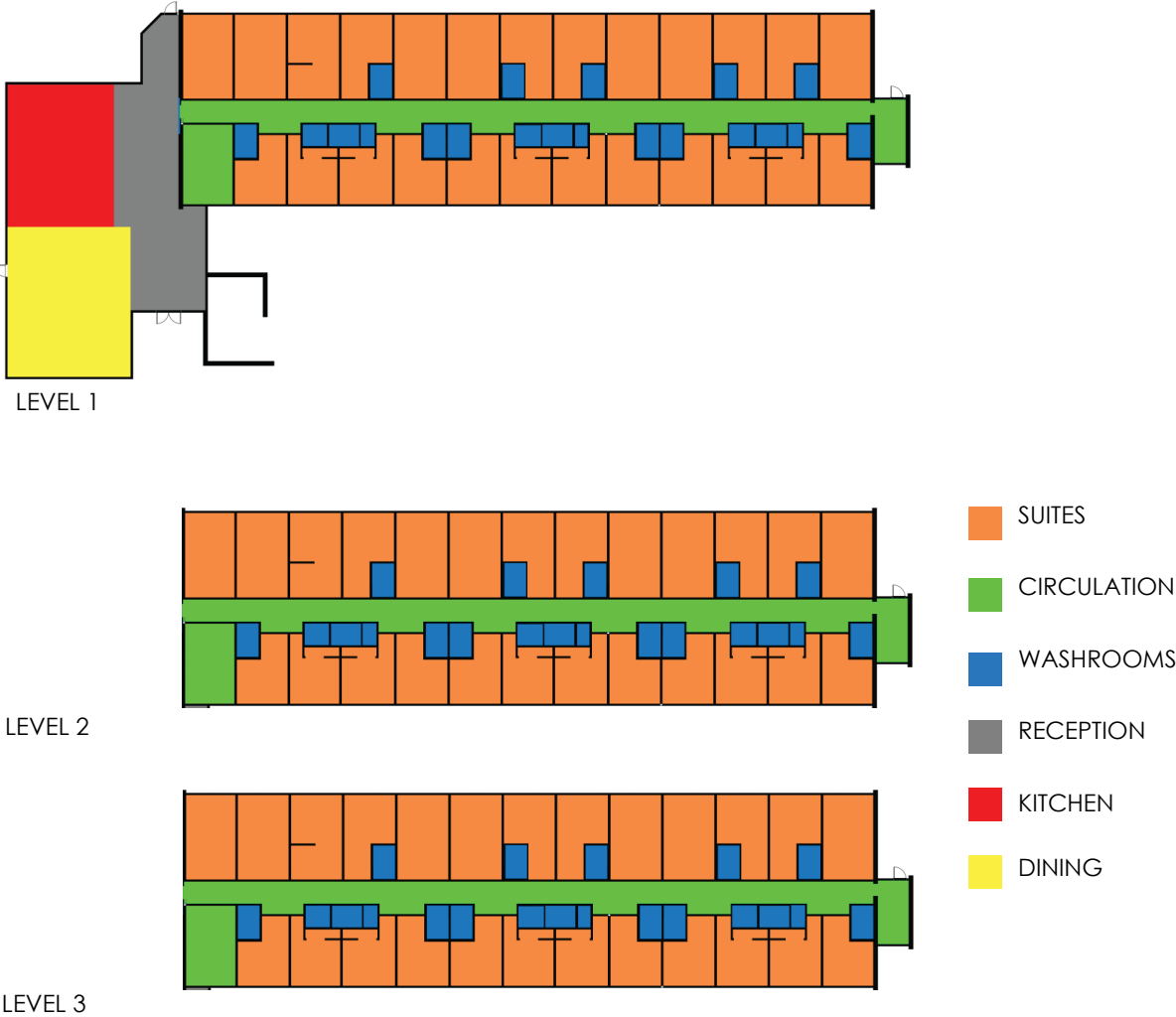


FIGURE 43: Existing Use of Space.

PROPOSED BUILDING RENOVATION + INITIAL ZONING



FIGURE 44: Existing Buildings

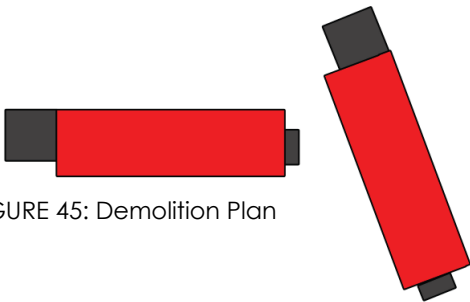


FIGURE 45: Demolition Plan

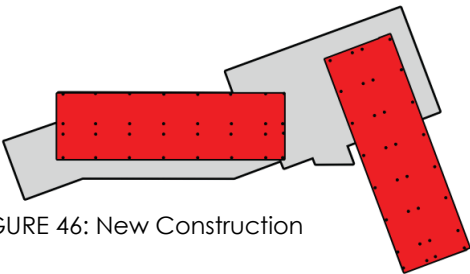


FIGURE 46: New Construction

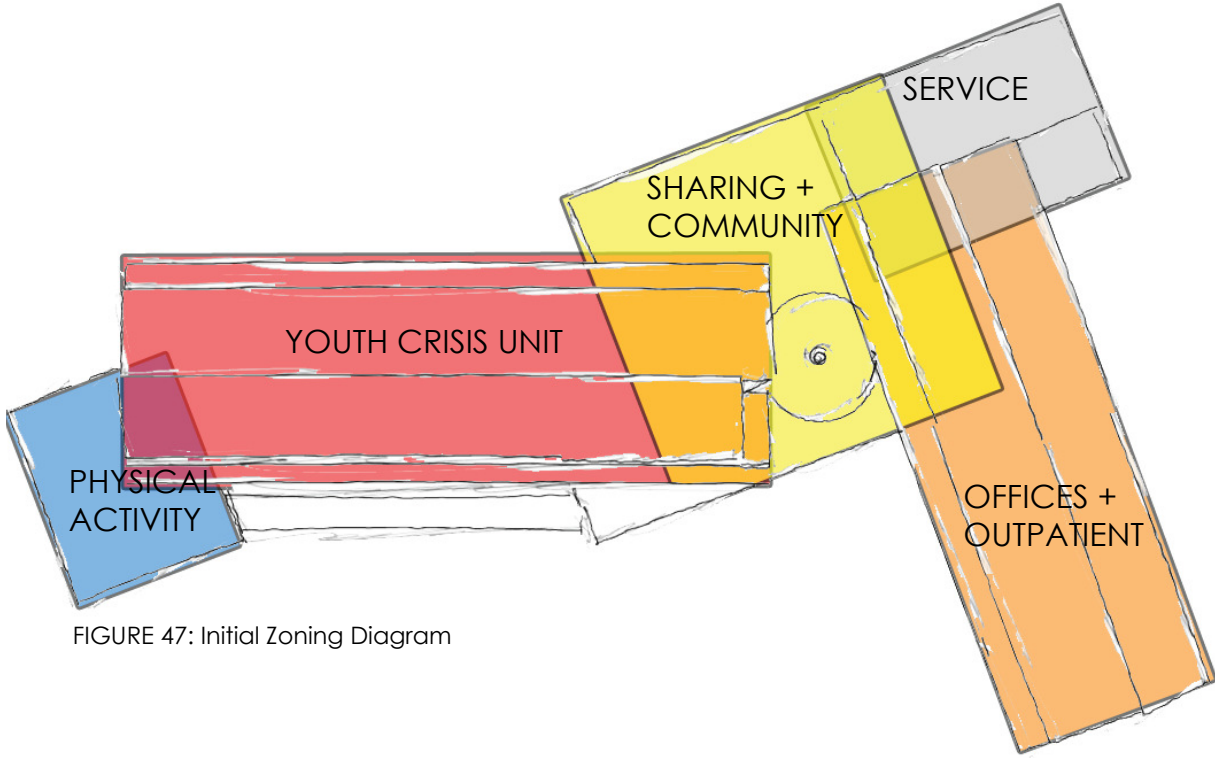


FIGURE 47: Initial Zoning Diagram

8.4 BUILDING CODE ANALYSIS

A review of the National Building Code of Canada 2005, Volume 2, has been used to analyze the existing building, as well as provide information regarding minimum requirements for safety to include within the design of the facility. The applicable information has been compiled and is found in Appendix A.

Additional analysis of the building code has been used to inform the design of the spaces found within the wellness facility. The information listed in this section has been included because it has addressed challenges and special concerns specific to both the proposed typology and the existing building.

Major Occupancy Classification: Group B, Division 2.

The proposed facility falls under this category as a psychiatric hospital without detention facilities. The building will include other typologies, however the adolescent crisis unit is the primary occupancy.

Building Area: 40, 000 square feet

Storeys: 3

Sprinklers: the existing building does not contain sprinklers, but sprinklers will be added in the proposed renovation.

Means of Egress:

There must be a minimum of two egress doorways from each suite or area of an occupant load greater than 60. Additionally, egress doorways and exit stairs must be within 45 meters of people at any location on the floor. The exits must be clearly visible. Because the spiral stair does not fit the requirements of a spiral egress stair, they cannot be considered egress stairs.

Washroom Requirements:

According to section 3.7.2.2.9, the number of water closets required for a care or detention facility shall be determined based on special needs of occupancy. In the crisis unit, it has been decided that there will be no less than 0.33 water closets per person.

According to section 3.7.2.2..8, the number of water closets required for a place

of worship is 1 per 150 people of each sex. In the community facility, it has been decided that the number of water closets included will be much greater, and be included with the occupancies adjacent to the large worship space such as group dining and outpatient care.

Universal Design + Accessibility:

The Building code states that only fifty per cent of entrances into the building will need to be barrier-free. A design decision has been made to make one hundred per cent of building entrances barrier-free, in order to welcome all potential users, visitors and communities into the facility, regardless of physical disability.

Every single water-closet washroom in the facility is barrier-free to accommodate all people. One water closet stall and one lavatory in each of the washrooms serving the public areas are barrier-free.

The Building Code Analysis Diagram depicts, in plan, how each of these considerations have been resolved.

ADDITIONAL CONSIDERATIONS

The crisis unit programmed to provide accommodation, healing and activity space must follow the above building code requirements, as well as additional requirements specific to facilities where patients may potentially commit self-harming or suicidal acts. These are safety requirements that protect patients from themselves and each other, and also contribute to staff safety. Restricting all potentially harmful materials, objects and spatial situations also contributes to staff comfort by assisting staff in ensuring that the youth lives the staff members are entrusted with are protected as opposed to at-risk in the healing environment.

Additional research in life safety requirements comes from Sine and Hunt in their book *Design Guide for the Built Environment of Behavioral Health Facilities*

includes:

Window Coverings

Bedrooms and bathrooms should have breakaway curtains while main living areas are recommended to have mechanical blinds.

Walls

Walls should be reinforced with plywood and finished with gypsum.

Doors

Dual door swings are recommended in patient rooms, interview rooms, seclusion rooms and treatment rooms

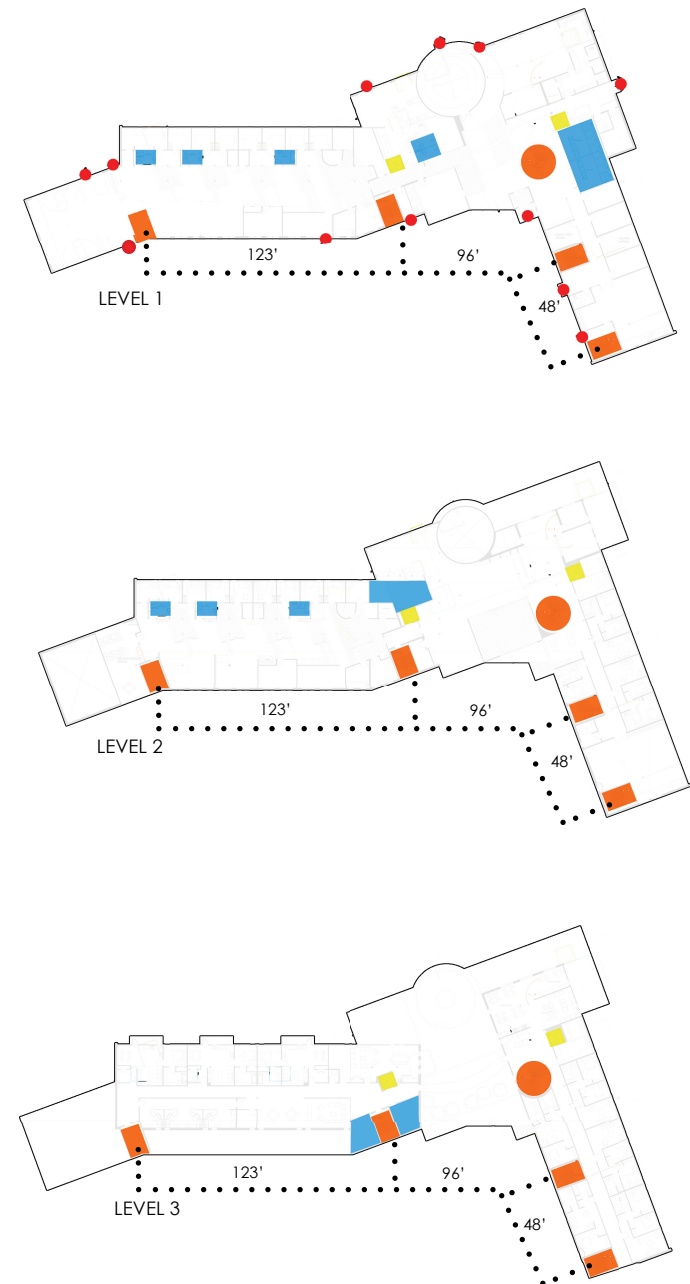
Ceilings

Ceilings should be finished solid gypsum board with lockable access panels where mechanical systems need to be accessed. Acoustic tile should only be used in staff areas, service areas, and in observable corridor spaces. Mechanical systems should be designed without requiring access in patient rooms. Ceiling fixtures like smoke detectors, lights, and sprinklers must be carefully selected to be tamper-proof and not facilitate hanging and ventilation grills must have extremely small perforations.

Furniture and Equipment

Equipment that could be thrown should be locked whenever possible and any items that could be broken to produce glass shards should be avoided. It is recommended to protect computer areas and TVs in lockable cabinets with shatterproof glass.⁹⁰

- EXIT STAIRS
- EXITS
- WASHROOMS
- ELEVATOR



⁹⁰ Sine, D.M. and J.M. Hunt. *Design Guide for the Built Environment of Behavioral Health Facilities, 2nd Edition*. Washington, DC: National Association of Psychiatric Health Systems, 2007.

FIGURE 48: Building Code Analysis Diagram

8.5 PROGRAM OBJECTIVES

The goal to achieve wellbeing is supported by the facility through the programs and activities proposed to be included at the centre. The objectives of the design program implemented in the youth suicide prevention and treatment facility are as follows:

- To enhance protective factors and reduce risk factors known to contribute to suicidal thinking and behavior
- To help youth develop healthy individual coping strategies
- To encourage youth to embrace and succeed in life and the future
- To enhance family, social and community supports
- To provide access to mental health treatment
- To develop pride in culture
- To provide nourishment, attention and care to troubled individuals
- To provide a method of communication between youth and elders via traditional education
- To foster a sense of community connectedness and sharing

8.6 SPATIAL REQUIREMENTS

LIST OF SPACES

ADOLESCENT CRISIS UNIT

1. Patient living and sleeping
2. Crafting and messy art space
3. Multimedia art space
4. Classroom space
5. Recreation space
6. Leisure activity space
7. Quiet activity space
8. Unit staff space
9. 1 on 1 and small group counseling space
10. Dedicated family visit space
11. Food preparation space
12. Dining space
13. Patient laundry space
14. Patient washroom and hygiene space
15. Medical examination and healing space

Staff Space

1. Staff office spaces – for treating clients also
2. Food preparation space
3. Dining space
4. Lounging space
5. Belonging storage space
6. Sacred medicine storage
7. Washroom and hygiene space

PUBLIC SPACE

1. Vestibule
2. Welcome centre and reception
3. Waiting area
4. Administration office
5. Dedicated family visit rooms
6. Food preparation space
7. Dining space
8. Outdoor food preparation space
9. Outdoor dining space
10. Staff training space
11. Formal meeting space
12. Lending library space
13. Sharing circle space
14. Talking spaces
15. Sleeping and living space
16. Sacred medicine storage
17. Outdoor spaces, gardens, paths
18. Washroom and hygiene space

Elder/Healer Space

1. Elder sleeping and living space
2. Dedicated laundry space
3. Lounging space
4. Elder office space
5. Sacred medicine storage
6. Storytelling space

SPATIAL ADJACENCIES

The spatial adjacencies have been determined by analyzing which spaces are more appropriate to be near one another based on functional, conceptual and programmatic information. The adjacencies have been organized into four categories which include: the adolescent crisis unit, public space, staff space and elder space. Below are the recommended adjacencies for these more generalized functions. These generalized areas have also been organized into additional sub-spaces in order to address the adjacency requirements and recommendations in a detailed manner.

Adjacency is:

- Important
- Somewhat Important
- Desirable

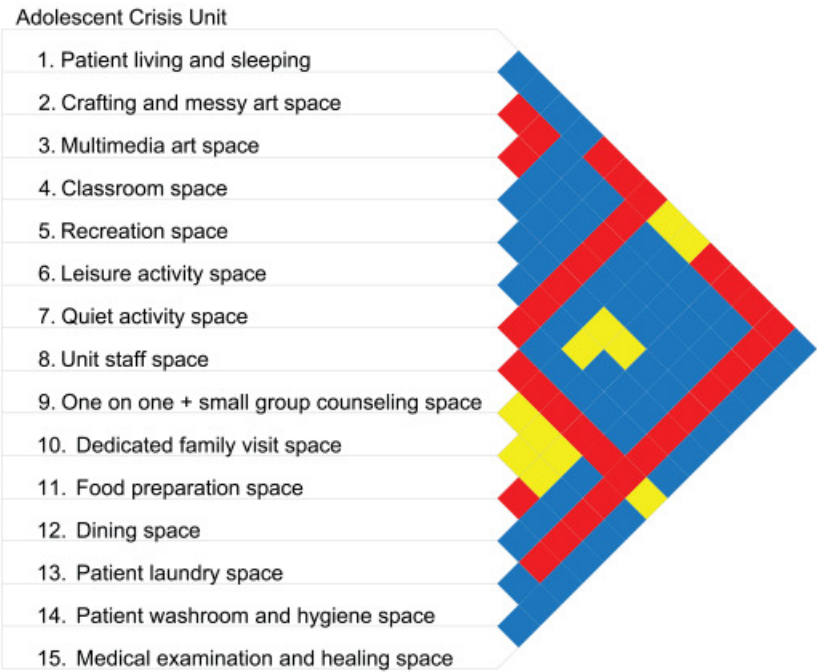


FIGURE 49: Major Space Breakdown

FIGURE 50: Adolescent Crisis Unit



FIGURE 51: Public Space

FIGURE 52: Staff Space

FIGURE 53: Elder Space

9.0 DESIGN PROPOSAL

This Design Proposal chapter includes the design intentions, concepts and drawings of the proposed youth wellness facility in Thompson, Manitoba. The proposed design is the result of incorporating and interpreting the theory, inquiry processes, precedents, site analysis and programming as shown in prior chapters.

The aim of the youth treatment centre is to redefine the notion of typical mental health centers because of the cultural, holistic and socio-centric perspective of health and mental health treatment that is prioritized in the design. Cree culture provides a foundation for which to build both a program and a design aimed to heal youth and their communities. This foundation is being supported by additional concepts such as approaches to culture, mental health treatment, and environmental considerations. With this research and an analysis of existing precedents, a framework to guide design decisions has been created.

The first and foremost design strategy of the design is to protect youth-at-risk from harming themselves or others. The avoidance of tragedy is the primary goal of the facility. As such, care must be taken to ensure that furniture, fixtures, equipment and building design are safeguarded to mitigate risks. This strategy acts as an immediate, reactive form prevention catering to those youth who are already exhibiting worrying behaviors. Other design strategies look to cater to recovery and longer term solutions by engaging communities in proactive preventative programs. These design strategies are aimed at promoting wellness and have been incorporated in the interior design and architectural additions of the facility. The strategies include:

- Providing space for social interaction between people of all ages, talents and specialties (helpers, healers, community connections).
- Providing opportunities for people to come together, learn, share and heal
- Creating a connection between inside and outside, by bridging the gap and blurring the boundaries between natural and built
- Using color, volume, form, and light to contribute to feelings of wholeness, connectedness, community, pathways, spirituality, connection and fun.
- Revealing the beauty of Cree culture's concepts, harmonious way of life, artifacts, artistry and crafts through employing ideas, methods and techniques throughout the environments that are based on these components of Cree culture.
- Providing layers of spiritual meaning within the interior for people to identify with at varying levels, depending on each individual's understanding of culture. Let the environment act as an educational instrument with the information it contains within its design.
- Providing a safe, comforting and secure environment for youth, their families

and staff

- Using interior design and environmental considerations to create a centre that can help facilitate healing.
- Revealing and expanding the potential for emotional expression and spiritual connection that culture can provide.
- Creating opportunities for comfort by accommodating the various styles of working that youth participate in through the physical design and layout of furnishings.
- Creating a space that offers a sense privacy and independence, while fostering and encouraging interdependence with peers and family.

While the entire facility aims to employ these strategies throughout, their application is especially important in healing spaces, such as group sharing, group dining and family visit rooms, youth living quarters, dedicated Elder spaces and youth activity spaces where exploration and creativity occur. Because Cree spirituality is so rooted in nature, the outdoor spaces also play a significant role in healing, and as such will also utilize these strategies.

Reconnection with culture is used as a means to help youth find an identity for both themselves and their communities, fostering a sense of belonging while providing core values for the youth to live by. This discovery of identity will be assisted by those included in the helping professions who staff the facility, as well as the greater Cree community in the area. Cultural connection is established in variety of ways within the design of the wellness center; between traditional and contemporary ideas, old and new building, and communication between youth and the elderly. It is through these relationships that the concept of hybridity is being explored. Connection is also being incorporated into avenues such as interior and exterior nature, sharing spaces for dining and communication, and artistic and athletic activities. Spaces for treatment, sacred activities, living, leisure and exercise are infused with characteristics accommodating nature, ritual and tradition in a way that is still accepting of contemporary technologies and innovations that are appealing to this younger generation. These components are combined in a complementary approach creating an environment that effectively promotes and supports Indigenous youth and their health.

As noted in Chapter 8.0 Design Program, the substantial spaces included within the facility are youth living and healing quarters, youth learning areas, community healing and sharing spaces, elder residences and low-cost apartments for family members of youth in care. The programmed spaces take into consideration the four components of the self that contribute to wellness; physical health, mental health, spiritual health and emotional health by incorporating spaces where each is addressed.

EXTERIOR

The site of the wellness facility includes an abundance of space for youth and their families to enjoy the therapeutic characteristics that nature can provide, and awaken the youths' internal connection to the land.

A meandering path circles the facility connecting each of the building's exits, and linking the outdoor spaces such as the paved recreation space off of the north side of the gym, the outdoor dining and sharing spaces, and the covered visiting and reflection spaces scattered over the grounds. The paths also lead users to the large vegetable garden, located on the north side of the building, where youth can engage directly with the earth and the nourishment it offers.



Exterior View. South Facing Site and Facade.



Exterior View. North Facing Site and Facade.

SITE PLAN





A sense of privacy when using outdoor spaces has been created through the design of berms and retaining walls. These elements provide visual privacy and buffer traffic sounds from the adjacent streets.

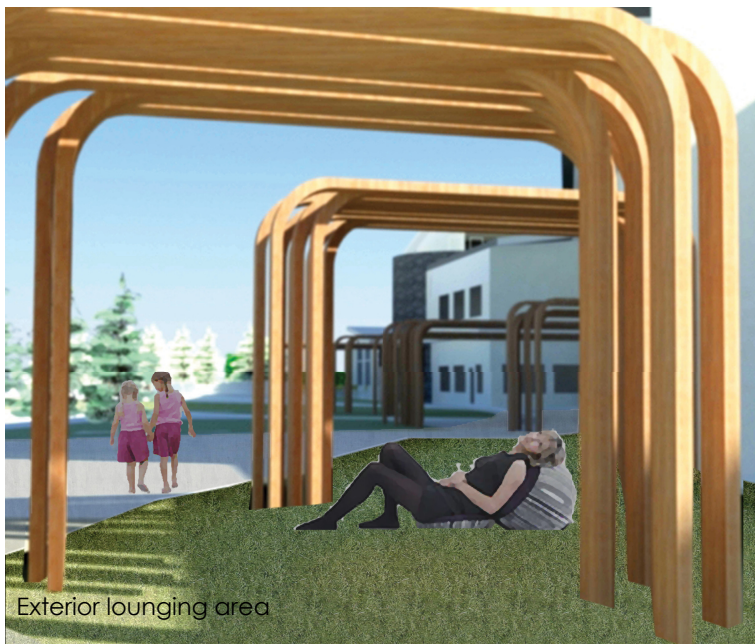
The site provides access to the greenspace across the street - a site that can be developed to compliment the features found on the site of the facility.

On an architectural scale, the building from Thompson Drive is perceived as welcoming and inclusive. Gardens and ample greenery provide a buffer zone between the street and the entrance that also contribute to human scale relationships to the building, by breaking up its mass visually through depth and height. While the sun is welcome, the plant life incorporated into the landscaping provides some shelter from the intense sunlight entering from the south.

The main facade faces the south, acknowledging that south is a significant direction to traditional Cree spirituality, and maximizes the direct sunlight with an abundance of glazing along this facade. Thompson has long, dark winters due to the low position of the sun in the sky. Maximizing the light from the limited sun and pushing it through spaces with light reflective surfaces and interior glazing provides the opportunity for daylight to reach the majority of the building's users.

The approach to the front of the building has been designed to accommodate both visitor parking and a substantial amount of space for emergency services to access all interior spaces. Apartment dwellers, staff and service vehicles have been provided parking spaces to the east of the building.

With future development, additional structures can be added to the site, such as a hut for tanning hides or smoking meats. The space also accommodates room for the additions of on-site Tipis and a sweat lodge to allow users of the facility to participate in additional spiritual activities and also provide youth with additional cultural experience and learning.



INTERIOR ORGANIZATION

The zoning of the space best reflects my understanding of the information gained from interviews with youth care professionals, the precedent reviews and the synthesis of this information with research from the theoretical framework chapters.

Because the proposed project is a building renovation and addition, the organization and site placement of the existing buildings acted as a starting point to begin organizing the spatial relationships and arrangement of volumes.

The long and narrow organization of the existing buildings created strong linear axis gesturing outwards to the surrounding community both to the east and west. Due to proposed new construction, the two existing buildings are linked by an architectural intervention forming a central hub of public gathering spaces within the building. These major communal spaces bridge the gap between the two original buildings as a physical representation of the connectedness that community gatherings can foster. The large circular group sharing space that sits within this region is the most poignant part of the design. It is a place where all people can gather and share despair, happiness and any other feelings, memories or stories they wish to exchange. This space will have the largest physical and symbolic presence throughout the entire building, and it plays a role in physically helping shape some of the youth studio spaces. The sharing room has both a visible and spatial presence in the studio where youth are participating in exploratory activities in making, crafting, experimenting and collaborating. The volume extends through two stories of the building providing a visual, spatial and sensory presence from adjacent rooms and spaces because it dissects these primarily open studio-like volumes. As a circle room, the sharing space provides a permanent reminder of the medicine wheel, balance, wholeness and other foundational concepts that the circle embodies.

The achievement of balance is both a state that is discussed in Cree health and wellbeing and in design language. The overall building possesses a balance, provided by the relationship of large volumes, as well as the circles of the feature stairway, the spiritually significant circle room, and the circular sharing space all

aligned on an axis that slices through the centre of the building's new addition.

In addition to balance, connection is a major foundational concept. While a significant aim of the facility is to connect people, the design does this architecturally as well by linking two existing buildings with an architectural intervention more conducive to gathering spaces and large group sharing. The building provides connections both literally and conceptually through buildings, people, generations, expressive art forms and skills.

The overall building volume is balanced at its ends with the inclusion of larger, group activity and recreation spaces that promote shared activity such as the gymnasium and multi-purpose rooms. Youth units are found on both the first and second level of the west side of the building. The third level is dedicated to live-in and visiting Elders housing apartments, offices and sharing spaces. Short-stay family apartments compose an abundant portion of level one and two of the east wing of the building, whereas helper offices, a multi-purpose room and visiting spaces fill the east wing of the main level.

Throughout the building, materials used in the construction of the Tipi are emulated through stretched canvas and stitching details, particularly on the youth work areas within their unit. The use of wood, and more specifically pine, throughout the building is intended to create a character of warmth and protection. Slatted ceiling planes hover over seating spaces and bent wood slats provide barriers for semi-private areas. In the Youth Unit, the forms create a canopy, similar to that of a tree, making the spaces comfortable for youth to participate in quiet activities. The forms stem from research about prospect refuge and treed areas as places where people tend to gather.

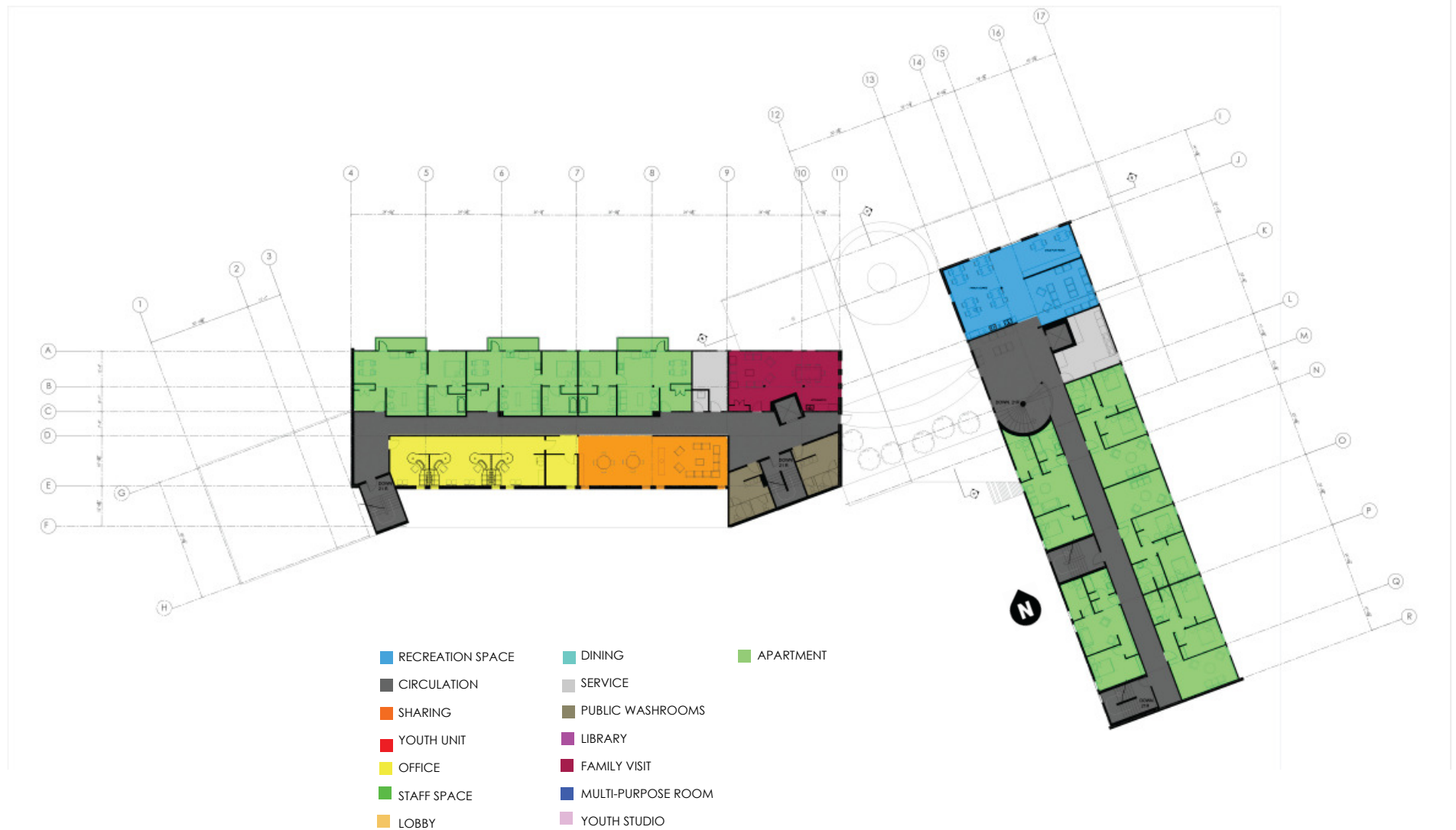
INTERIOR ORGANIZATION: LEVEL 1



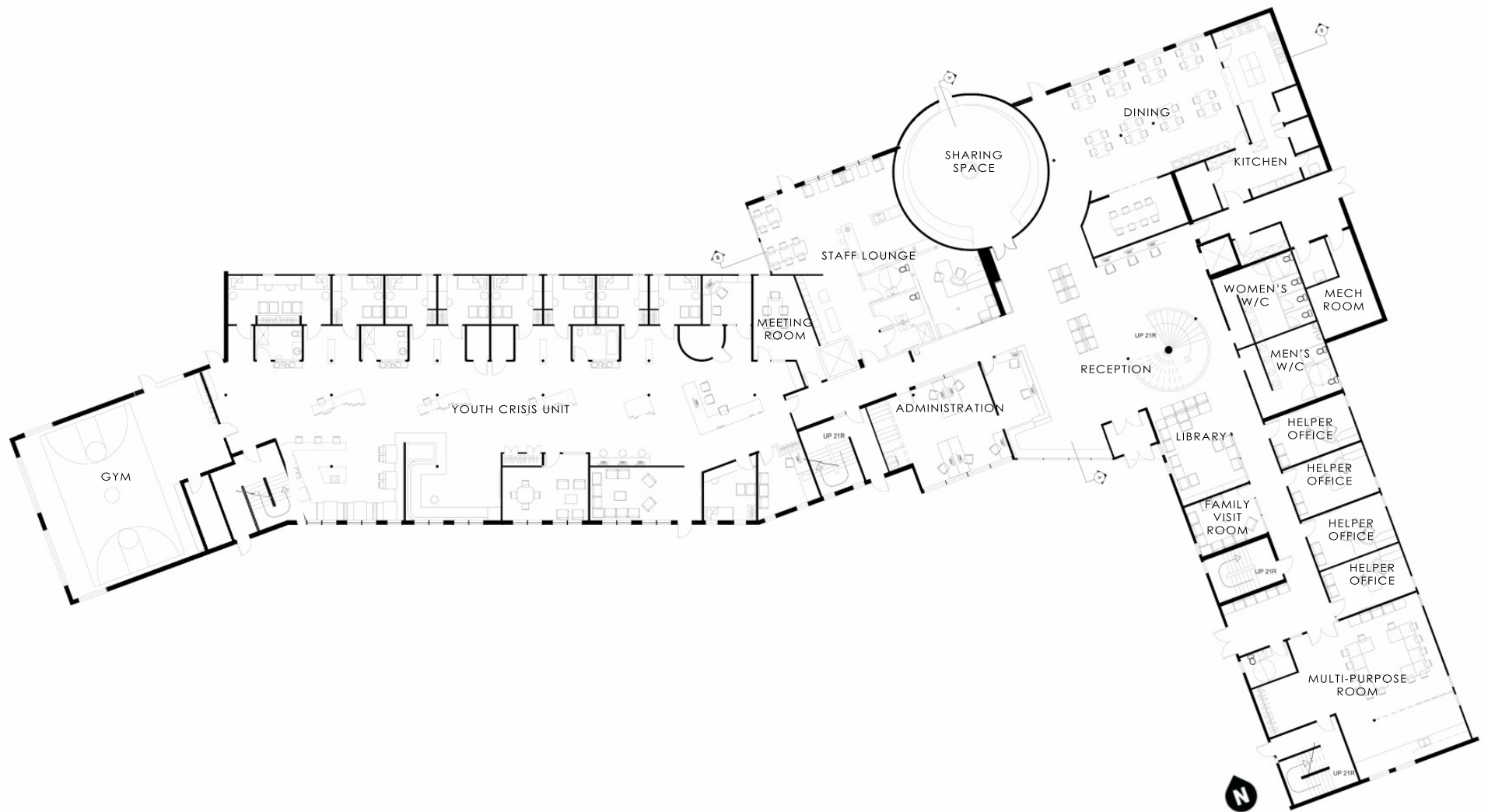
INTERIOR ORGANIZATION: LEVEL 2



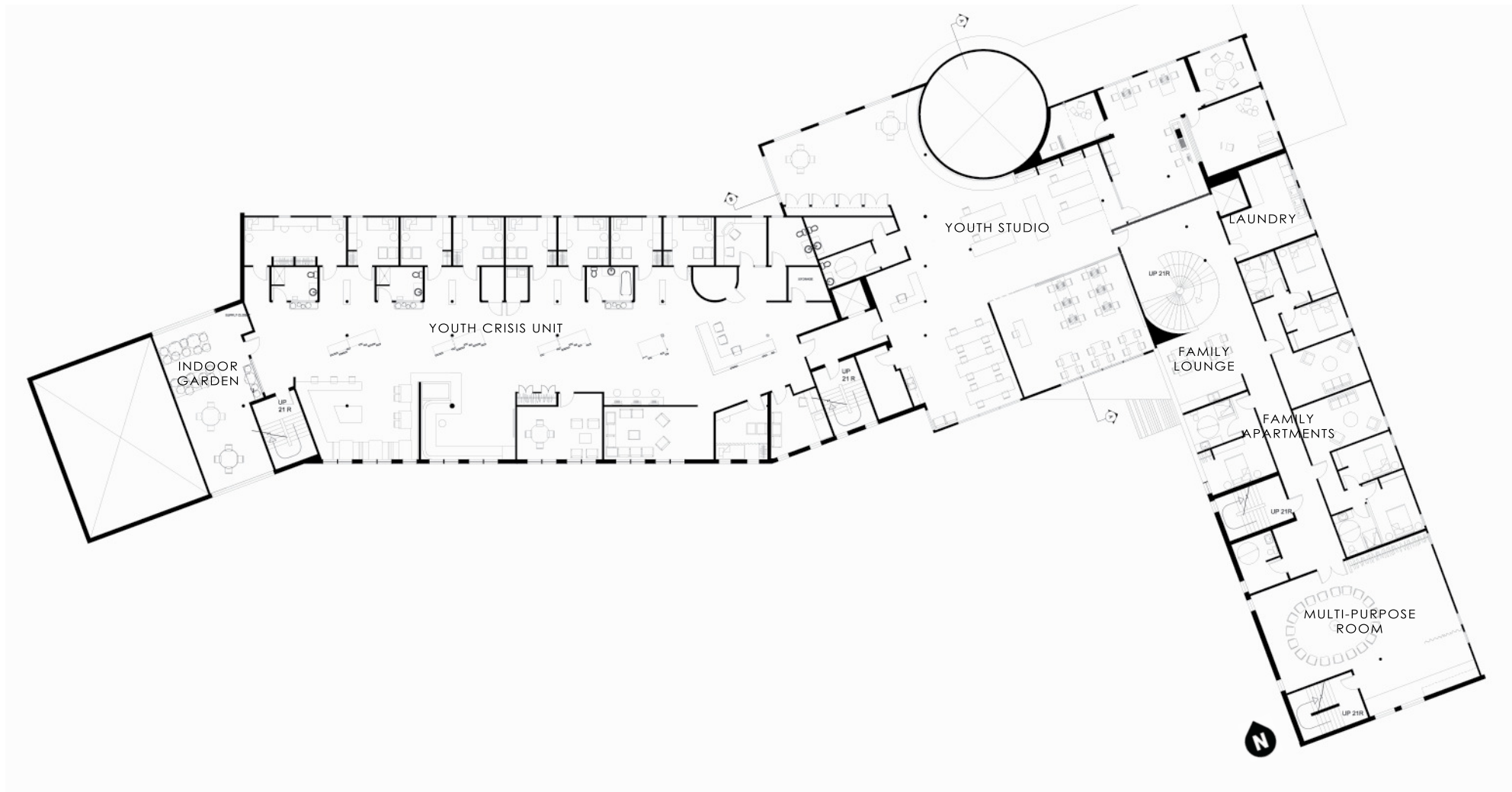
INTERIOR ORGANIZATION: LEVEL 3



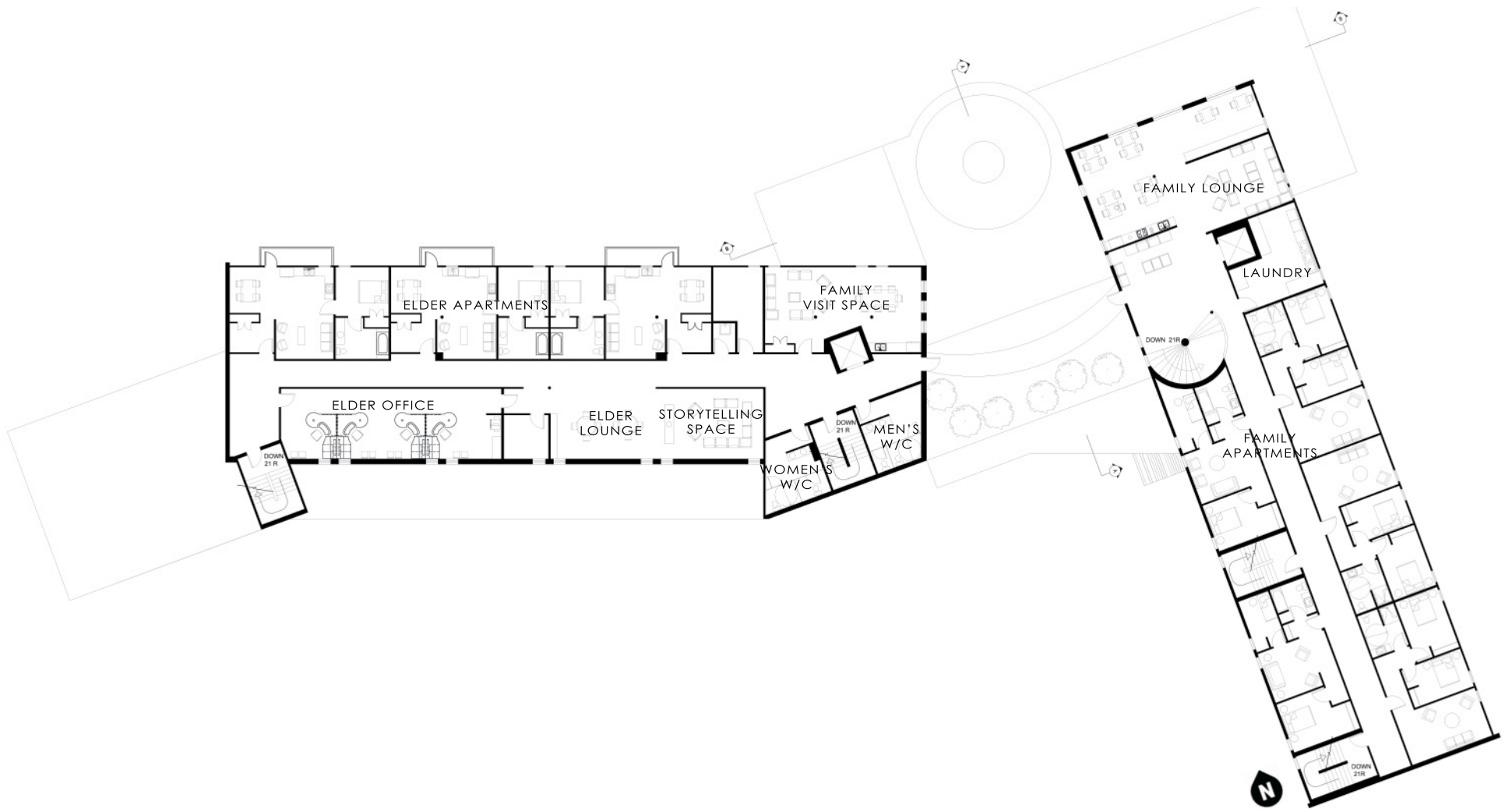
FLOOR PLAN: LEVEL 1



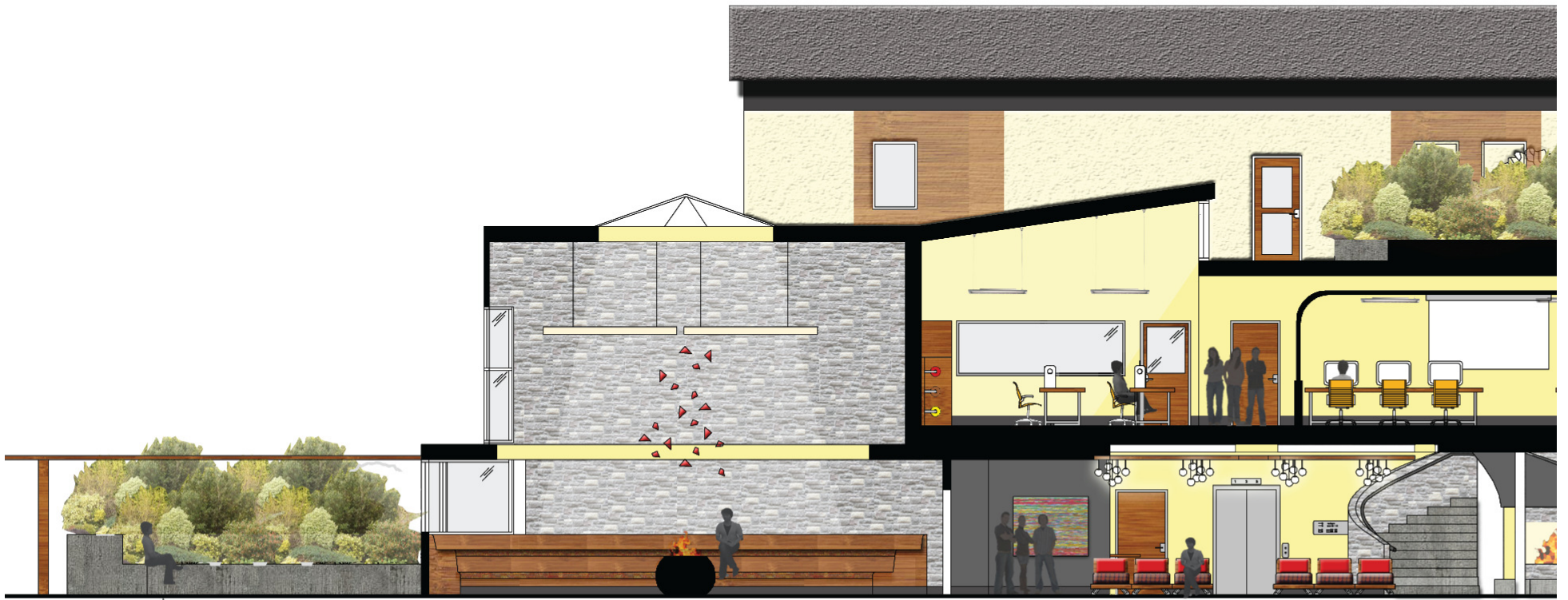
FLOOR PLAN: LEVEL 2



FLOOR PLAN: LEVEL 3



BUILDING SECTION A: NORTH - SOUTH





BUILDING SECTION B: EAST - WEST





MATERIALS, FINISHES, FURNITURE + LIGHTING



Fabric

F1 – Maharam Repeat Dot Pixel 462140 004 Slate

Seating

41% Rayon, 35% Cotton, 24% Polyester

55" (140cm) wide

100,000+ double rubs

Reduced Environmental Impact

F2 – Maharam Decode 464800 004 Dewdrop

100% Solution Dyed Nylon

54" (137cm) wide

500,000+ double rubs

Cleanable with diluted bleach

Reduced Environmental Impact

F3 – Maharam Before 464630 006 Plum

48% Polyester, 33% Post-Industrial Recycled Polyester, 19% Post-Consumer Recycled Polyester

58" (147cm) wide

60,000+ double rubs

Reduced Environmental Impact

F4 – Maharam Tai 463790 002 Spice

Seating

47% Acrylic, 18% Nylon, 15% Cotton, 12% Polyester, 8% Rayon

54" (137cm) wide

50,000+ cycles, Martindale method

Reduced Environmental Impact

F5 – Unika Vaev Counterpoint 489/54 Swing

Upholstery

Exceeds 50,000 double rubs

54" Width

60% Cotton, 40% Polyester

F6 – Maharam Stroll 464740 Force Field 007 Flambe

Seating

70% Polyester, 30% Cotton

Antimicrobial stain resistant finish, Impermeable breathable backing

54" (137cm) wide

70,000+ double rubs

Reduced Environmental Impact

Vinyl Wall Covering

VWC1 – Maharam

Baton 399393

005 Maize

Type II

100% Vinyl

52" (132cm) wide

Washable & Scrubbable

VWC2 – Maharam

Formulate 399398

005 Progress

Type II

100% Vinyl

52" (132cm) wide

Washable & Scrubbable

VWC3 – Bolta Li Ming

Harmony White

BB-LM-02

Type II

20 oz.

Nonwoven

VWC4 – Arte Belgian Linen

32079 Ocean

Koroseal

VWC5 – Lexus Wallcoverings

Arroya

XSL-32472 Orleans

Type II

Reverse Hang/Random Match

20 oz.

52/54"

Wood

W1 – Pine
Finmac Lumber Ltd
Stain - Duraseal Neutral 210

Stone/Tile

T1 – El Dorado Stone
Ledgcut 33
Sage

T2 – Ames Tile & Stone
Polished Granite
RB1212 Black Galaxy

T3 – Julian Tile
Evolution Series
Glass/Natural Stone Mesh
Nightfall ESNF12
12" x 12" Mesh

Carpet

C1 – Shaw Contract Carpet
The Creative 5A167
Social
Mies 67502
Multi-Level Pattern Cut/Loop
Broadloom
Eco Solution Q Nylon
Ultraloc Pattern Backing
71% Solution Dyed/ 29% Yarn Dyed
100% Recyclable

C2 – Shaw Contract Carpet
Opulence Tile 59418
Indulgence
Platinum 17525
Multi-Level Pattern Loop
Tile
Eco Solution Q Nylon
Ecworx Tile
58% Yarn Dyed / 42% Solution Dyed
100% Recyclable

Paint

P1 - Benjamin Moore
AF-320 Flawless

P2 - Benjamin Moore
AF-330 Soliel

P3 - Benjamin Moore
CC-327 Pure Joy

P4 - Benjamin Moore
CC-330 Palm Coast Pale

P5 - Benjamin Moore
AF-705 Cinder

Flooring

L1 - Forbo
Marmoleum
Fresco
3872 Volcanic Ash

L2 – Forbo
Marmoleum
Fresco
3870 Red Copper

L3 – Forbo
Marmoleum
Fresco
3846 Natural Corn

Solid Surface

SS1 – 3Form
Chroma
Mai Tai Frost Cut
2" Gauge

SS2 – 3Form

Varia Ecoresin
Cranberry

SS3 – Formica
Brushed Aluminum M605

SS4 – Artisan Group
Granite
Classics
Kashmir White

SS5 – Formica
Graphite 837

SS6 – Caesarstone
Gold Abyss 6120
Recycled Content

SS7 – 3Form
Varia Ecoresin
Deep End



ENTRY

Upon entry, users are presented with an open area that provides interaction with reception, access to the circular sharing room and dining space, computer terminals, public and private seating areas and access to a lending library featuring indigenous filmmakers, writers and musicians. This entry lobby area is the central link of the building, also providing access to the youth unit, family and Elder apartments, multi-purpose spaces and helper offices. Public washroom facilities are also located on the east side of the space.

The reception desk has been incorporated into the lobby in a manner that does not make it the only focal point of the space. It is visible upon entry but is placed parallel with the entry as opposed to in front of it to give main visual access to the circular sharing room instead.

Additional design elements within the lobby space include a spiral staircase featuring a fireplace at its base that welcomes casual visiting and reading next to the fire. Along the path to the circular sharing room from the entry, users pass beside a water wall. This wall provides noise contributing to sound privacy, an interior connection to a natural element, and an area for contemplation where users can pause prior to entering the space where quite emotional sharing may occur.

The lobby area adjacent to the circular sharing room is large enough to accommodate those wishing to visit after participating in ceremony, to say their good byes and use as a meeting space to reconnect with others who have also made the trip to the centre for other purposes.

The lobby features a number of materials that, compared to the rest of the building offering primarily youth programs, appear more sophisticated. A variety of textures are used. Both rugged and smooth stone is used as grounding elements, found on the base of millwork and walls. Lighter materials are found on more elevated surfaces. Carpet tile and upholstered seating contribute to the character of comfort in the space.

The pine slats that are carried out in some shape or form throughout the building are used as ceiling planes to designate seating space, bring down the scale of the ceiling, and contribute to the warmth of the space. Reveals in the

drywall ceiling and patterning in the floor contribute to the depth of the space. These elements also reinforce circulation paths and emphasize the relationship of volumes between the lobby and the adjacent circular space.

Cove lighting washing the ceiling further reinforces the curving reveals in the ceiling plane, and creates architectural interest. Circular cluster chandeliers that give form to the concept of connectedness and community are suspended over the open seating area while focal lighting showcases the youth art that is hung on the walls throughout the space adding both meaning and color. The consideration of layers of lighting beyond simply ambient light contribute to the depth of the space by highlighting architectural details, providing focal points, contributing to human scale and reinforce conceptual ideas.

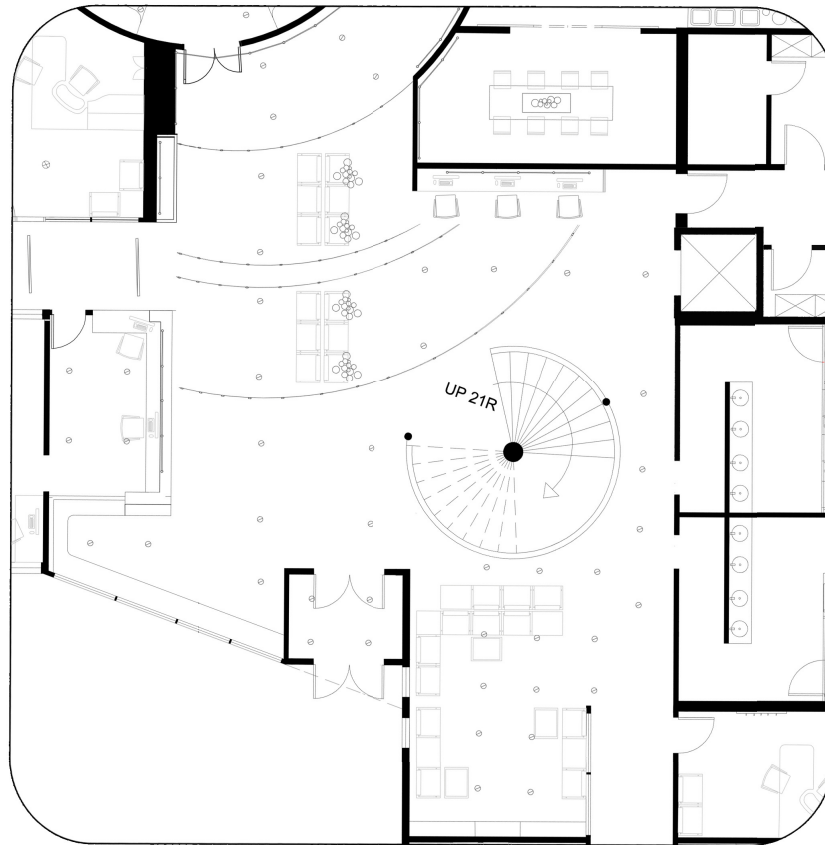
VIEW UPON ENTRY



PLAN



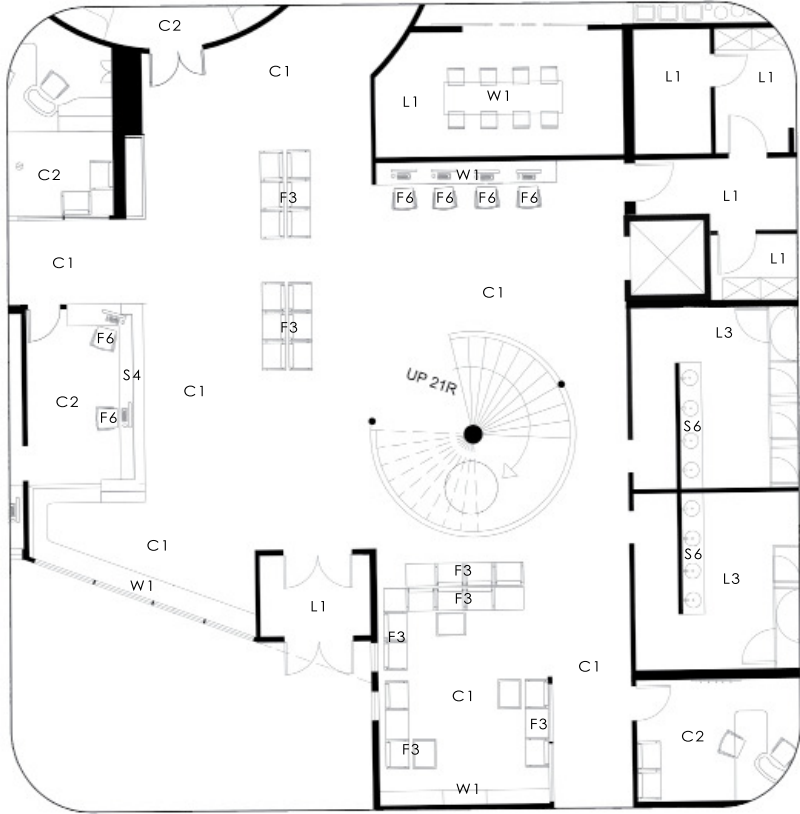
LIGHTING PLAN



REFLECTED CEILING PLAN



MATERIAL PLAN



EAST ELEVATION



LOBBY



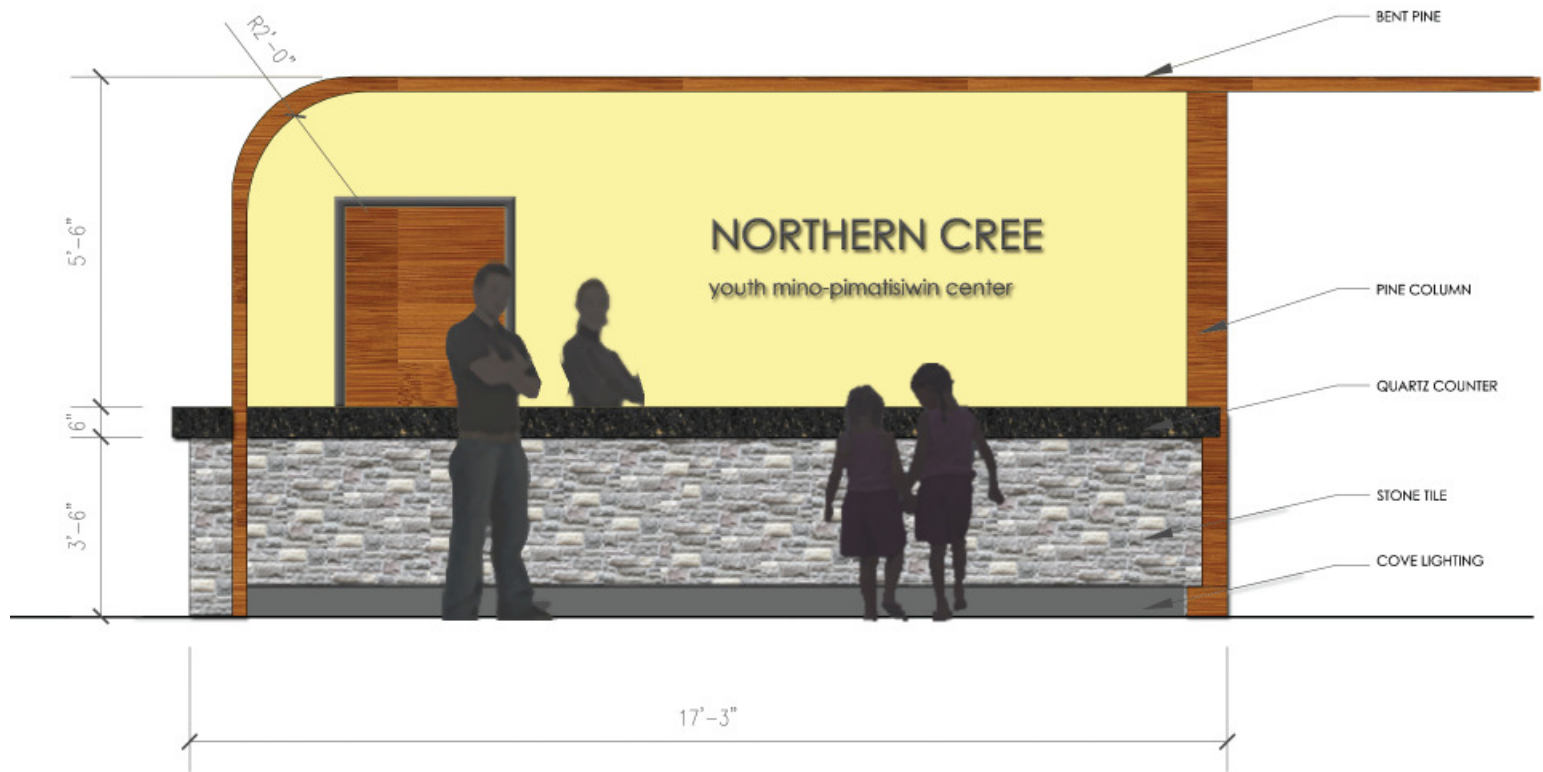
LENDING LIBRARY



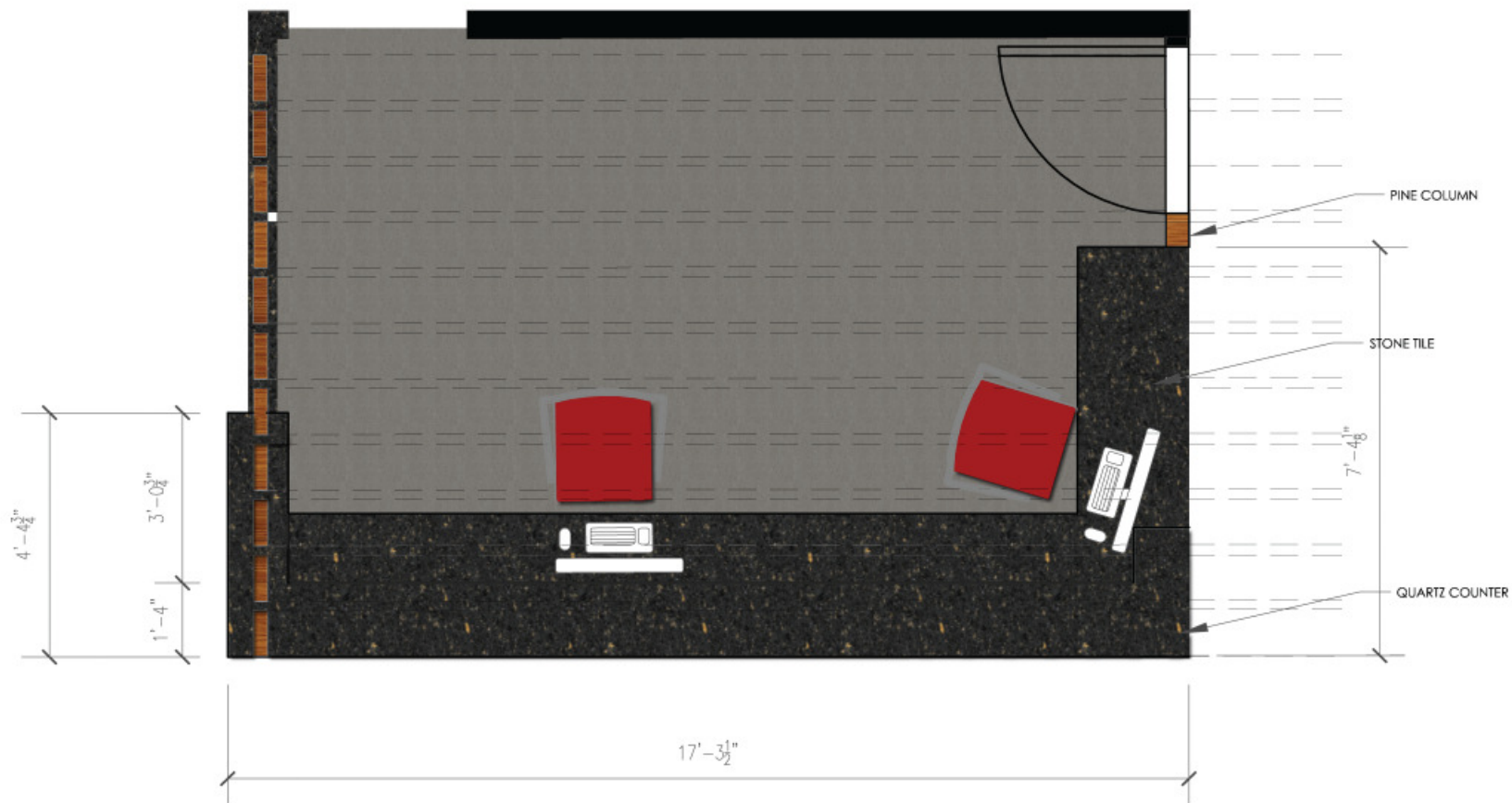
RECEPTION AND PRIVATE WAITING AREA



RECEPTION DETAILS



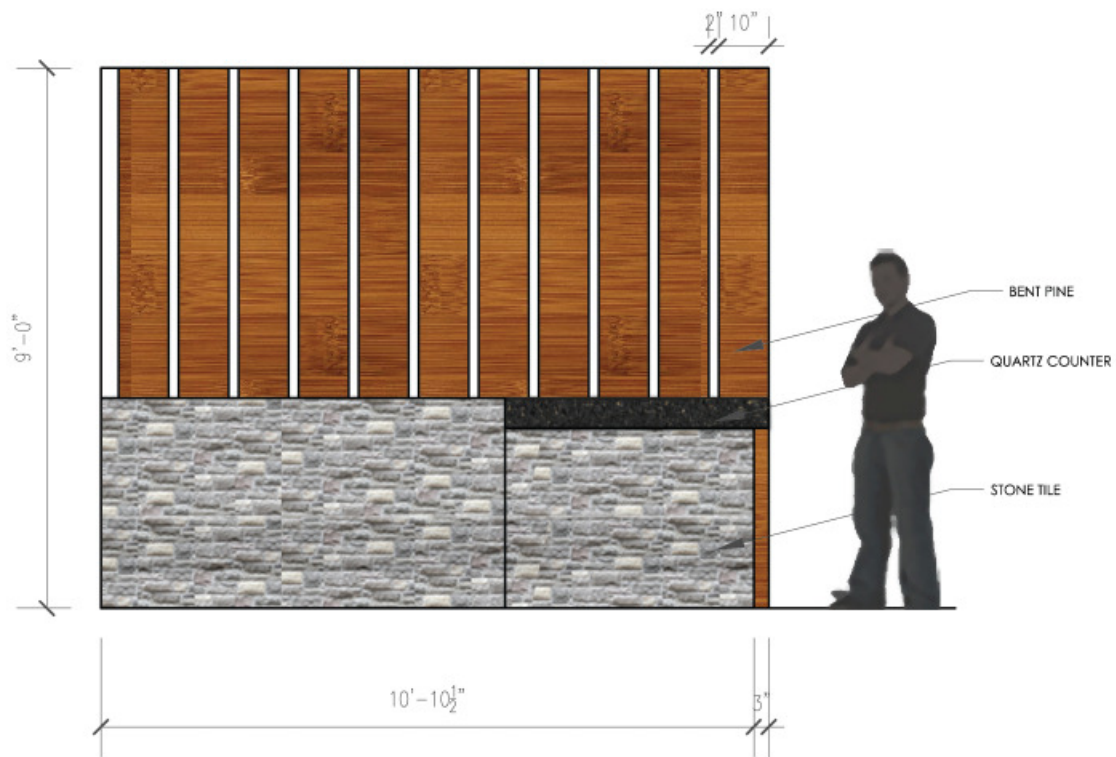
RECEPTION FRONT



RECEPTION PLAN

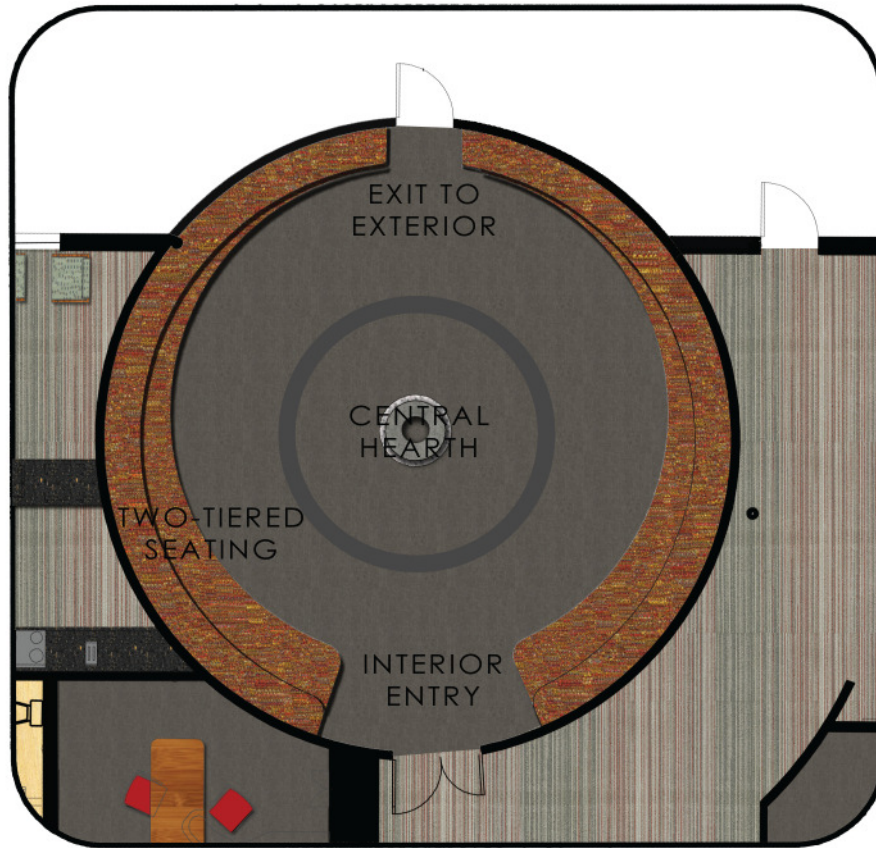


RECEPTION SIDE ELEVATION



RECEPTION SIDE ELEVATION

CIRCLE ROOM

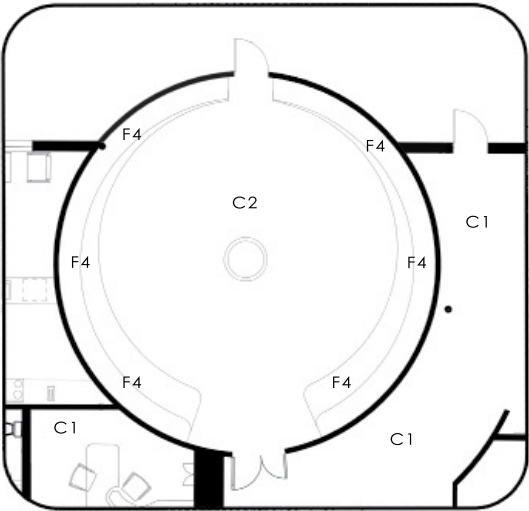


The design of the circular room is related to most, if not all of the foundational concepts outlined in Chapter 3.0: Cree World View through conceptual ideas or through form. Growth is articulated through the design choice of providing materials and forms that express mass and rootedness around the base of the room, while lighter finishes and forms increase with height including the skylight, extensive northern glazing, transparent ceiling plane and somewhat ephemeral suspended lighting sculpture that is representative of fire. The tipi is referenced in the circle room in both its circular plan and the skylight on the central portion of the ceiling.

The Medicine Wheel and its parts are significant components of wellbeing. Because of this, the Medicine Wheel is referenced through the circular room, stairwell and outdoor sharing space. It is also loosely referenced through color selections throughout the building. The Medicine Wheel is included in the design of the circle room, as its shape forms a ceiling plan, providing users of the space a direct reminder of the Wheel, as well as create an opportunity for the large space to maintain a comfortable human scale. Through its placement, the Medicine Wheel ceiling plane also serves the task of gesturing towards the cardinal directions through simple reveals in the plane while also dividing up the Wheel into quadrants. Because the ceiling plane has a translucent quality, it is illuminated by the sun and diffuses the light entering the space from above.

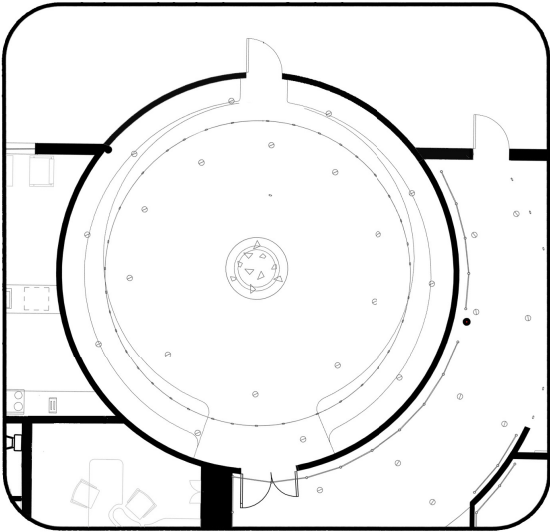
The seating designed in the space is a two-tiered bench to accommodate larger groups when necessary, and also to offer people the choice to sit at higher or lower elevations depending on their level of comfort. The bench is wood, and users have the option of using upholstered cushions to sit or rest on, stored in the benches in compartments beneath the seats.

MATERIAL PLAN

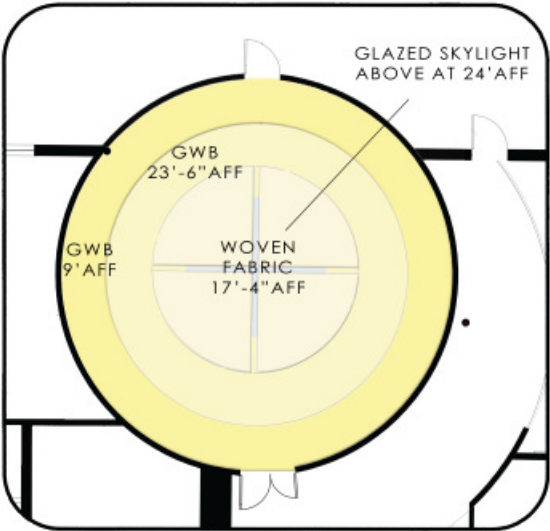


LIGHTING PLAN

- 8" DIA. RECESSED POT LIGHT
- LOW VOLTAGE LED LINE COVE SYSTEM
- TRACK LIGHTING SYSTEM
- SCULPTURAL FIRE LIGHT
- LINEAR GLOBE CLUSTER CHANDELIER
- LARGE GLOBE CLUSTER CHANDELIER
- SMALL GLOBE CLUSTER CHANDELIER
- GLOBE PENDANT LIGHT
- CEILING MOUNT FLOURESCENT LIGHT
- SUSPENDED FLOURESCENT LIGHT
- WALL MOUNT CFL SCONCE



REFLECTED CEILING PLAN



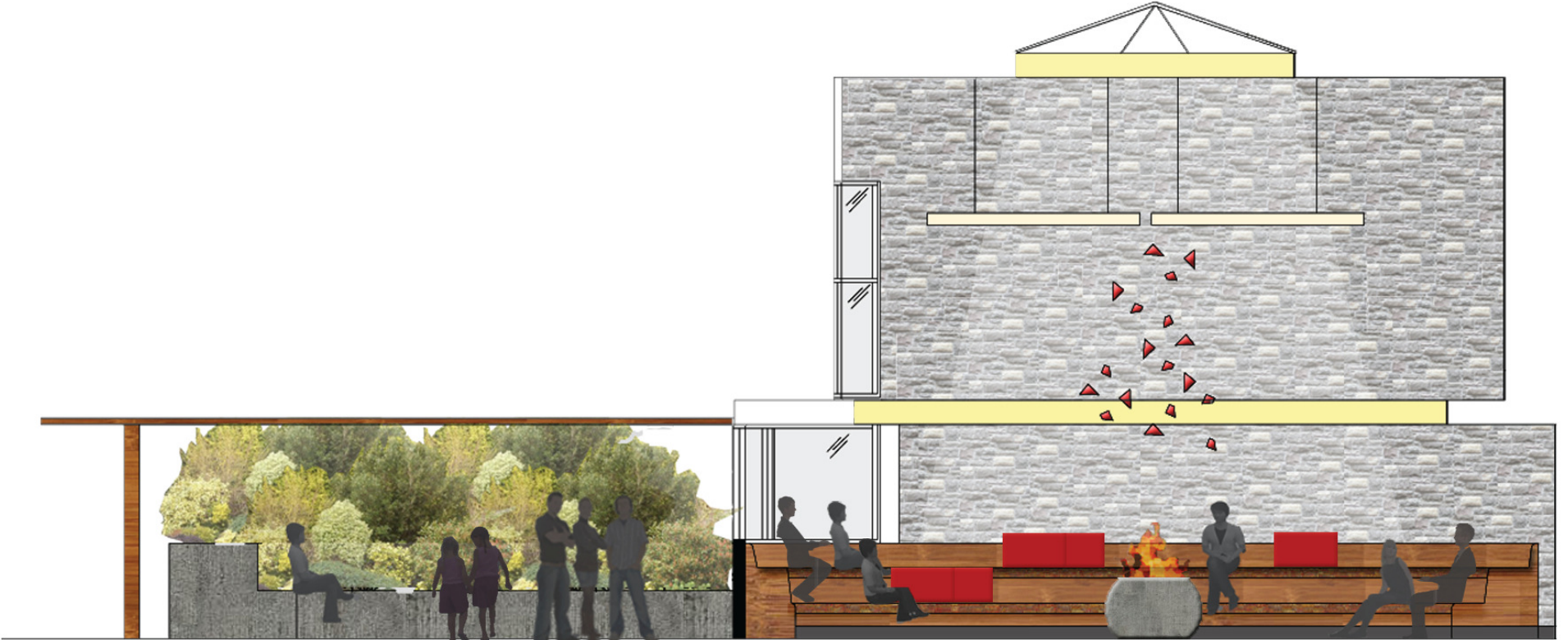
VIEW FROM ABOVE



VIEW OF SHARING CIRCLE IN PROCESS



ELEVATION



YOUTH UNIT

Access to both the main and second level youth units is provided through the west hallway past reception. After an initial assessment in the meeting room located down this hallway, youth are admitted into the facility.

The unit space is quiet open, allowing staff to keep a visual control over the majority of the spaces. The more public spaces are concentrated to the southern portion of the unit, and include the spaces for family visits, leisure activities such as watching movies and playing games, and dining and preparing food.

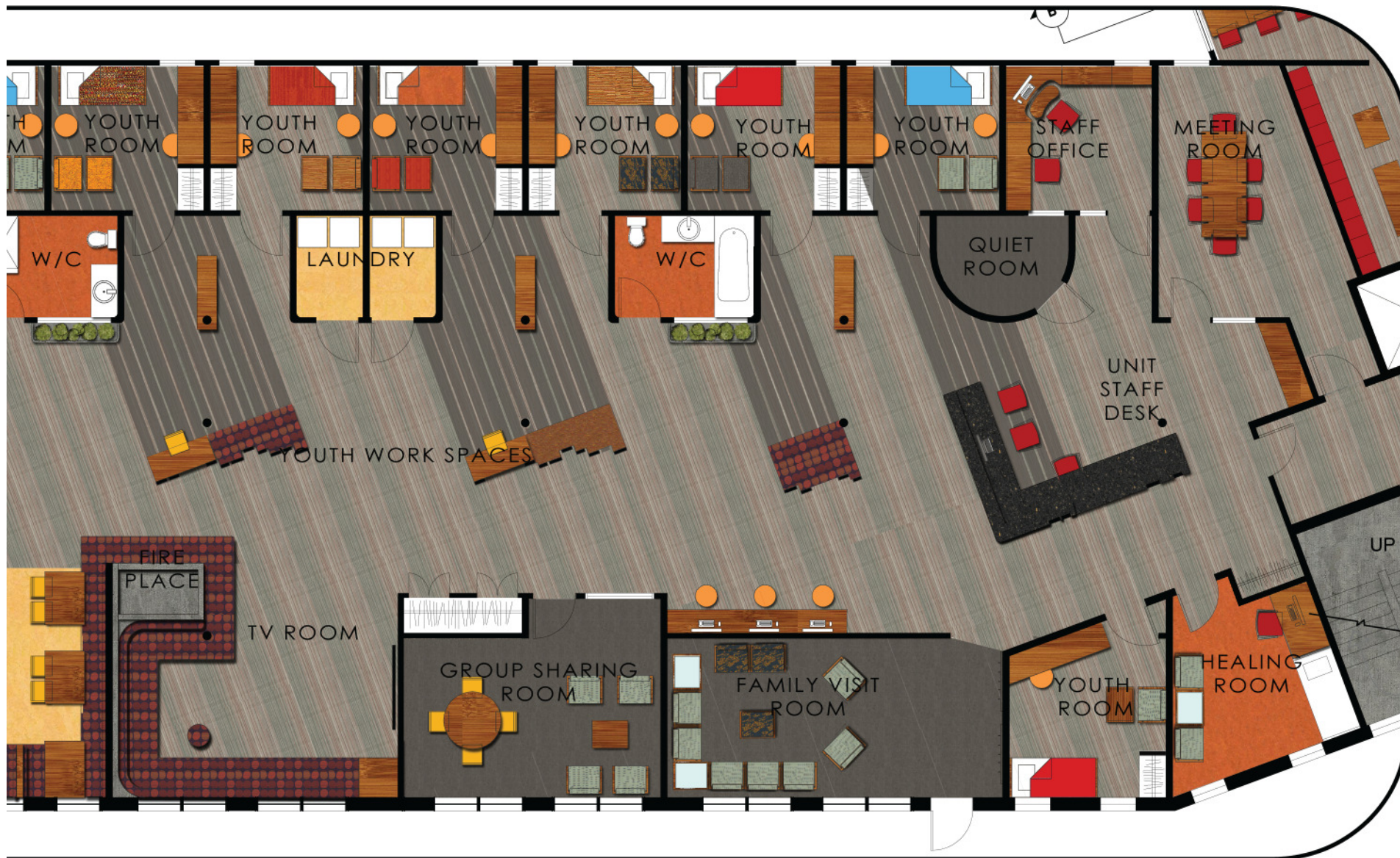
The public and private spaces in the unit are divided by the central nooks that are clustered around the supportive columns running the length of the unit.

The rooms where youth sleep and participate in private activities as reading, homework, writing and drawing are found on the north side of the unit. The entries of these private rooms are grouped in twos. Each pair of entries shares a porch-like area complete with a bench and porch light. These features mark youth's personal territory and provide a division of semi-private and private space. Because the porches are shared, the layout of the private rooms has the ability to foster a buddy system between porch-mates where a peer friendship can be developed.

Instead of numbering the rooms, a theme based on an animal or plant is used and resonates through the room as a door graphic and as part of the LED in-wall feature lighting. These considerations allow the spaces to all possess a unique quality, as well as allowing for the youth to possibly contemplate the qualities and characteristics of the species their room is themed after, and somehow relate to these characteristics.

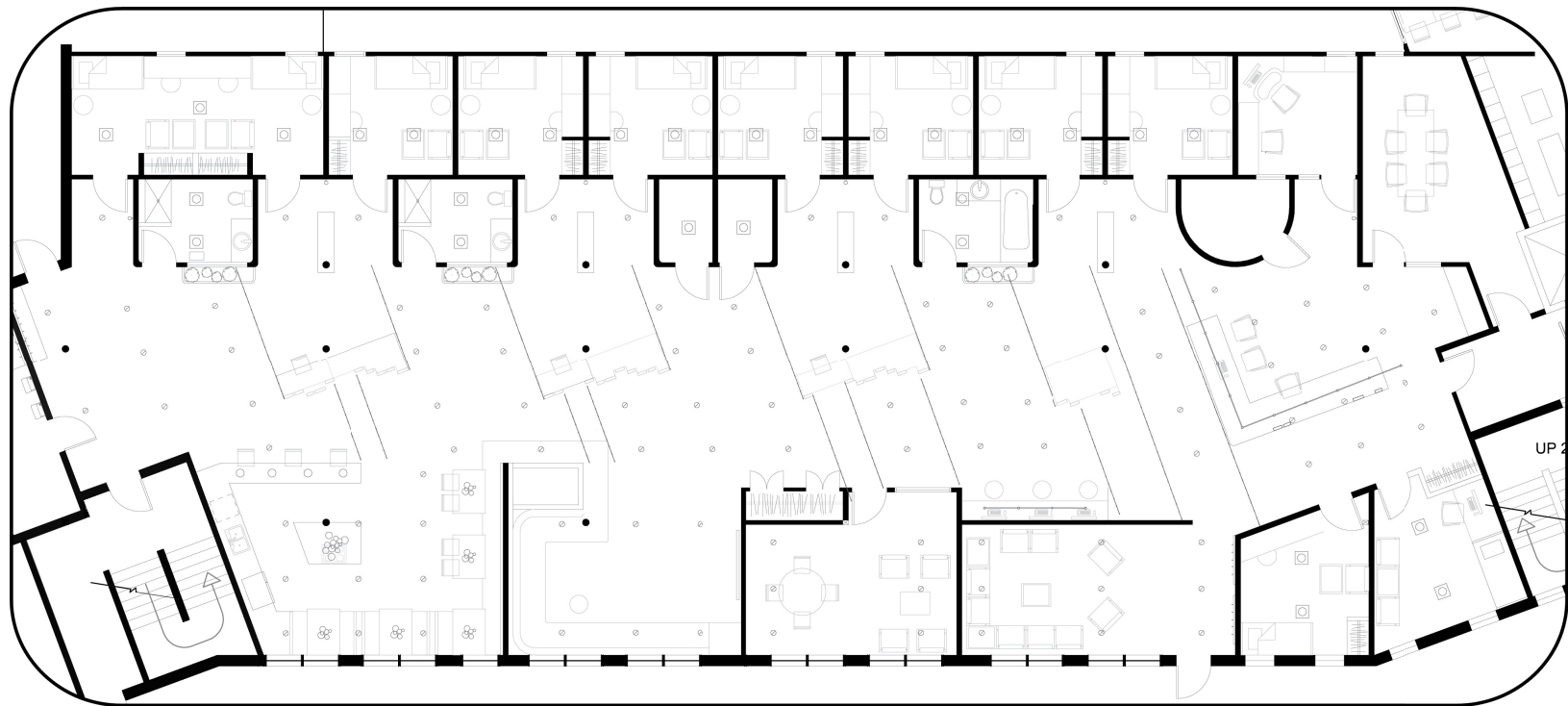
Throughout the unit, pine ceiling slats create a series of thresholds along the main circulation paths articulating the boundaries of specific shared spaces, such as the group sharing room, TV room and eating area. Additionally, to help create a sense of openness and height in the long and low space offered maintained from the existing building, light from cove lighting strips wash the gypsum wall board ceilings to give a sense of greater height. This lit ceiling provides contrast against the wood, and creates a character of outdoor space where the wooded working areas act as small shelters and the lit ceiling - the sky.



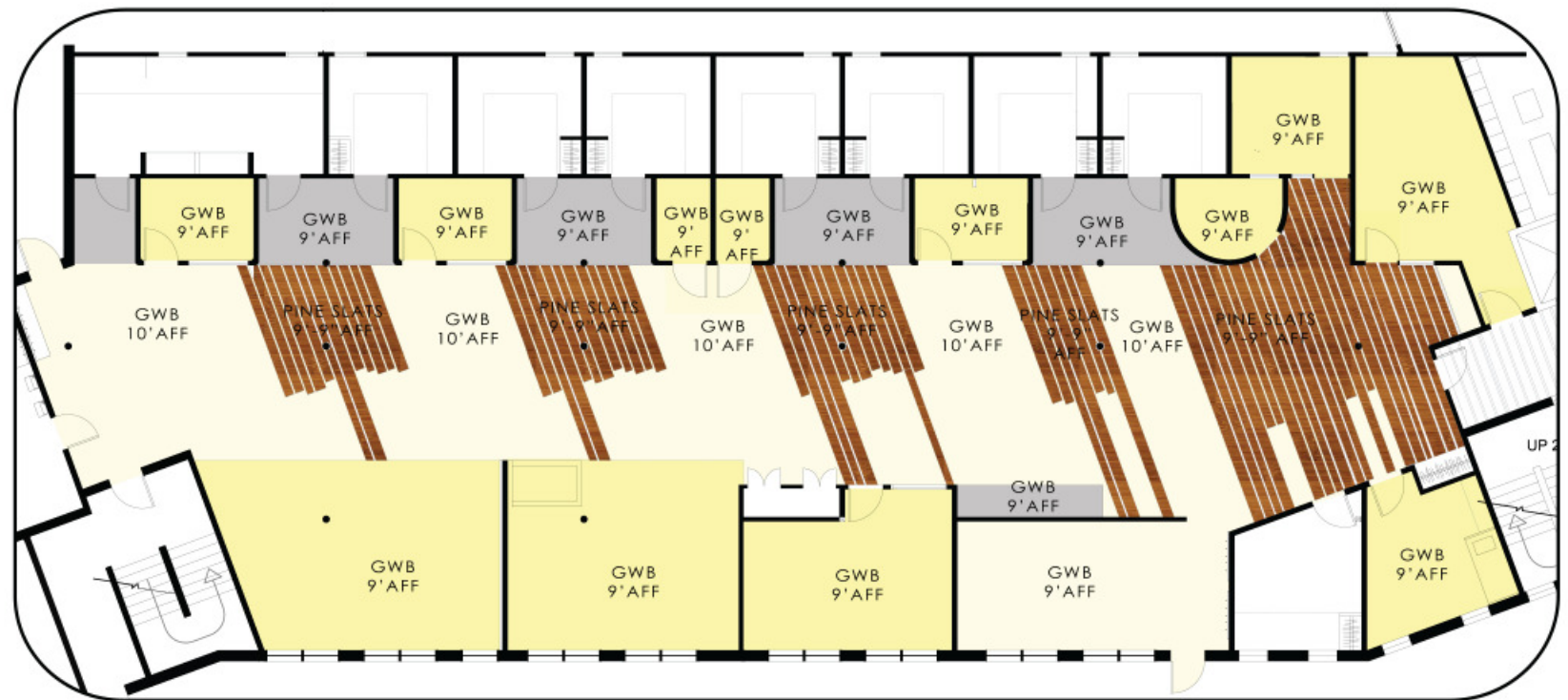


LIGHTING PLAN

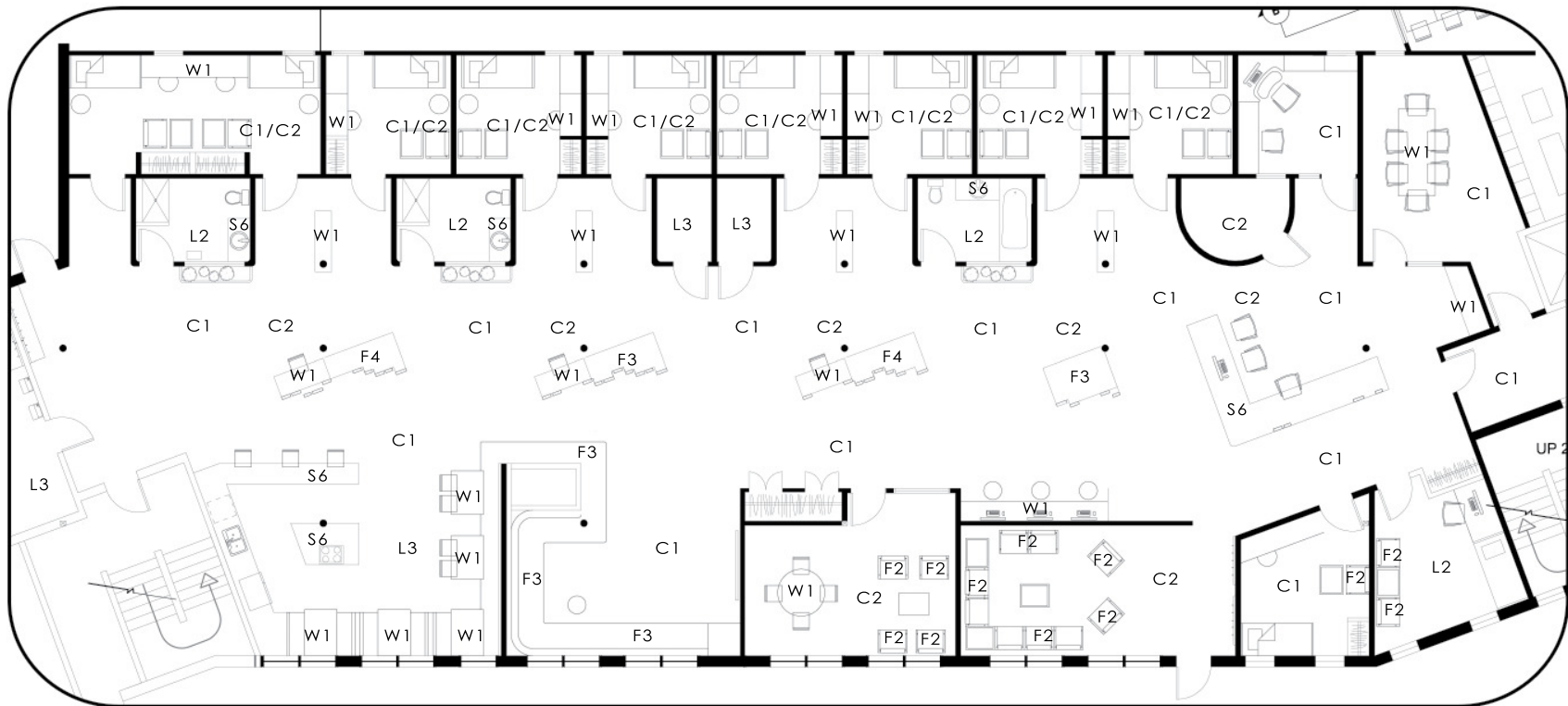
- ⊙ 8" DIA. RECESSED POT LIGHT
- LOW VOLTAGE LED LINE COVE SYSTEM
- TRACK LIGHTING SYSTEM
-  SCULPTURAL FIRE LIGHT
-  LINEAR GLOBE CLUSTER CHANDELIER
-  LARGE GLOBE CLUSTER CHANDELIER
-  SMALL GLOBE CLUSTER CHANDELIER
- GLOBE PENDANT LIGHT
-  CEILING MOUNT FLOURESCENT LIGHT
-  SUSPENDED FLOURESCENT LIGHT
- △ WALL MOUNT CFL SCENCE



REFLECTED CEILING PLAN



MATERIAL PLAN

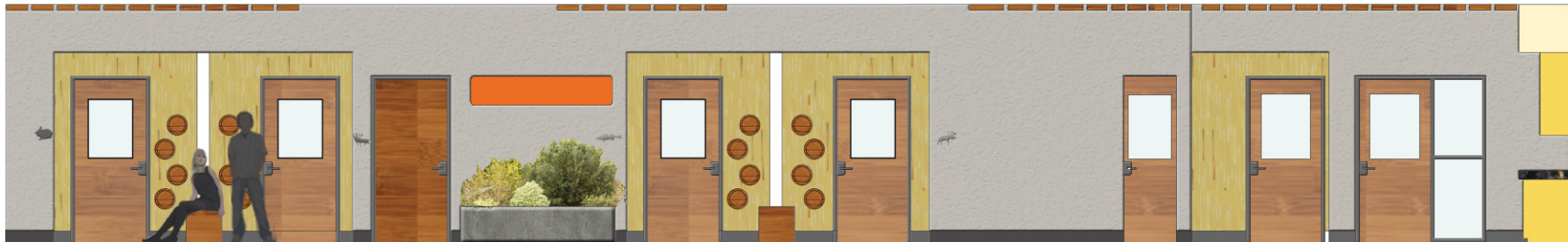




SOUTH ELEVATION



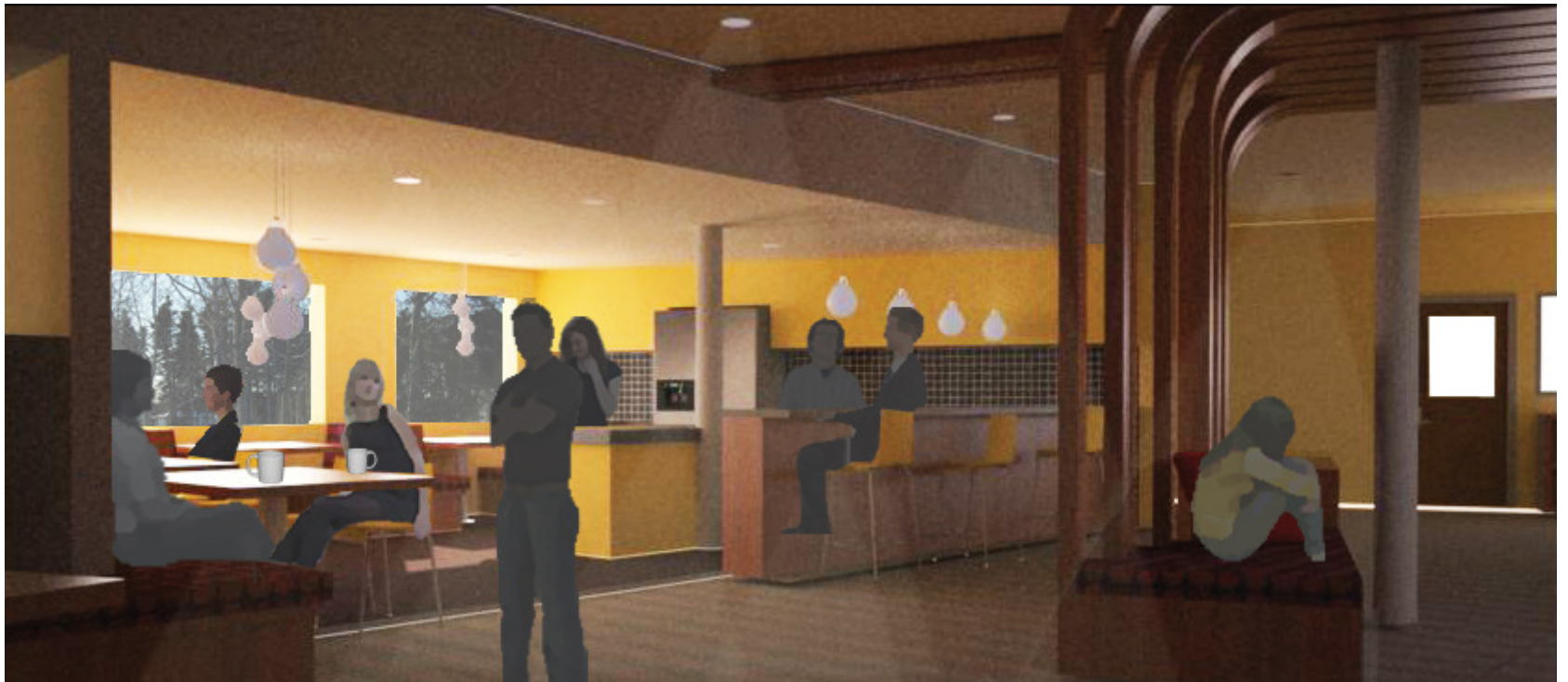
NORTH ELEVATION



YOUTH UNIT ENTERTAINMENT ROOM



YOUTH UNIT KITCHEN

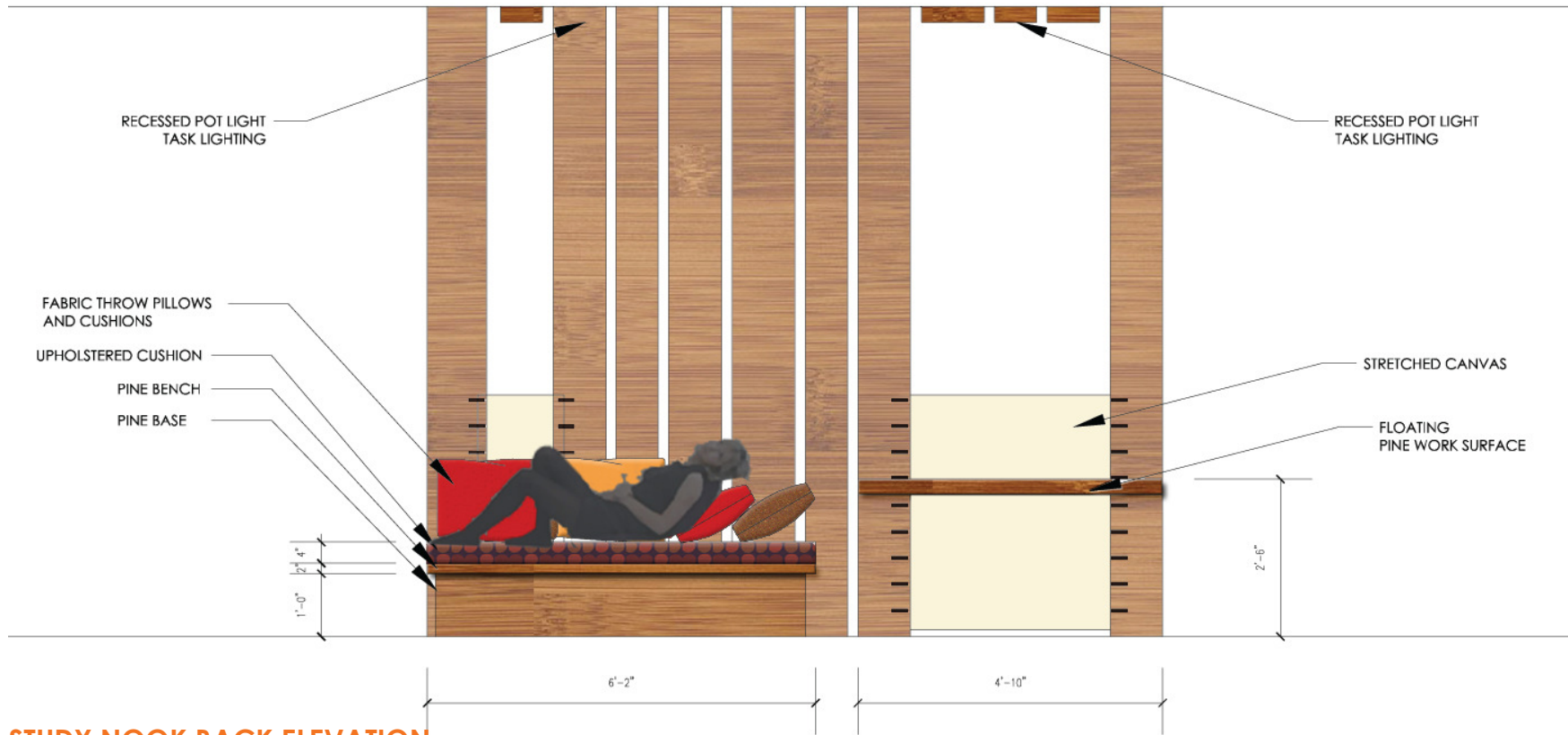


YOUTH UNIT STUDY NOOKS

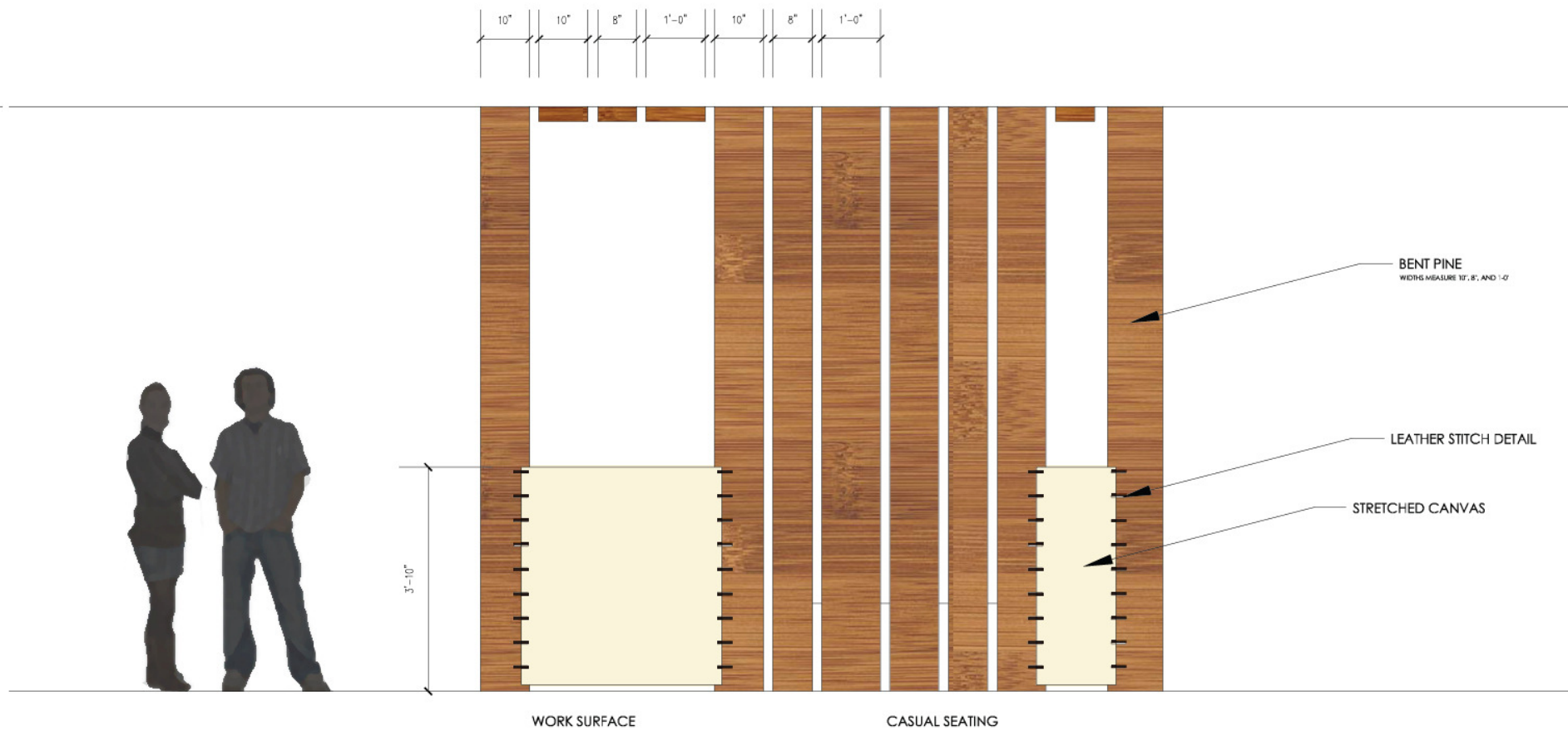


YOUTH UNIT STUDY NOOKS

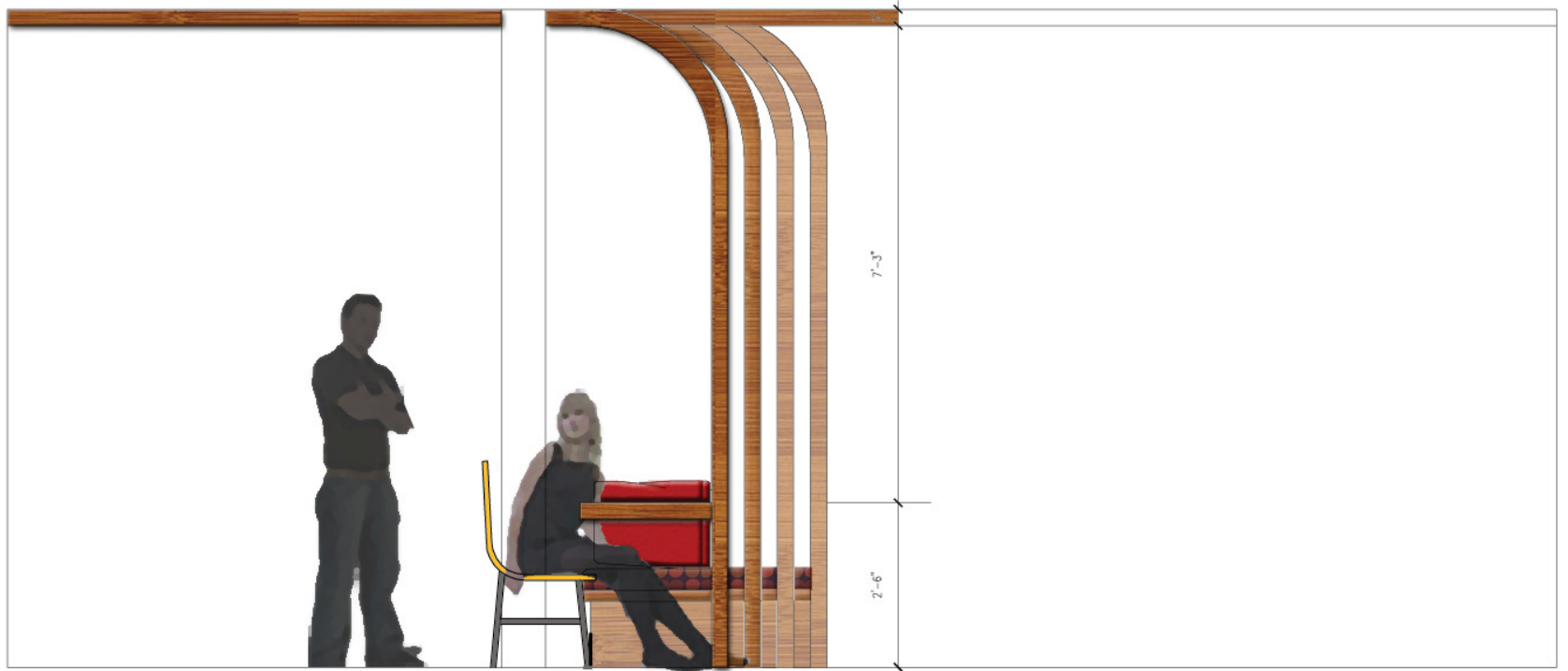




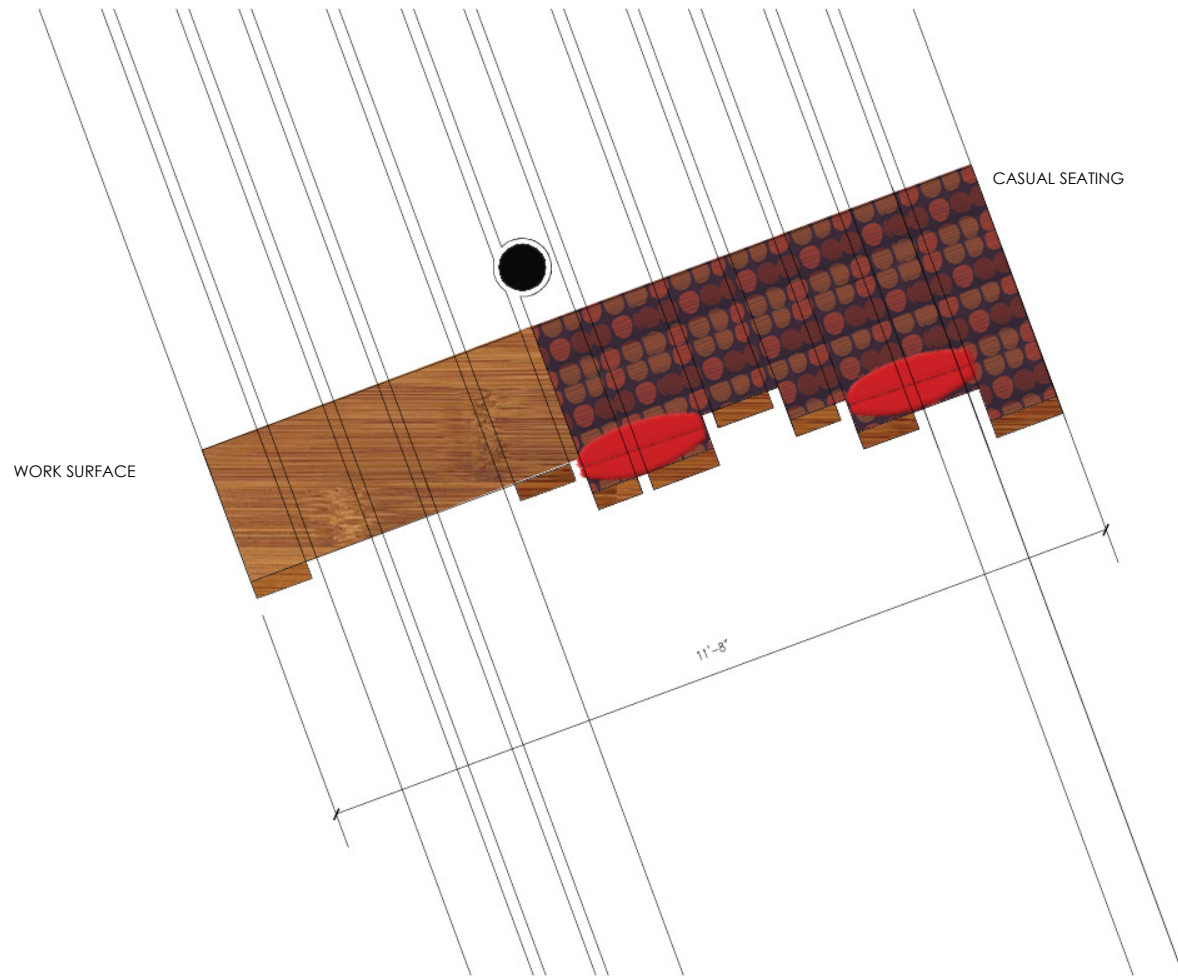
STUDY NOOK BACK ELEVATION



STUDY NOOK FRONT ELEVATION



STUDY NOOK SIDE ELEVATION

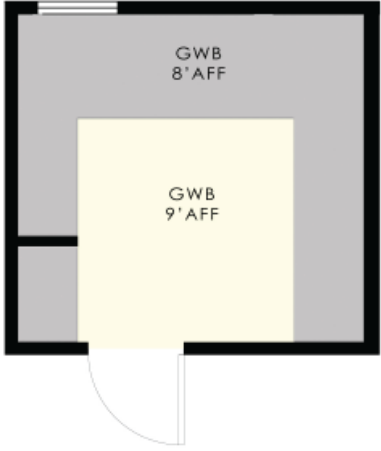
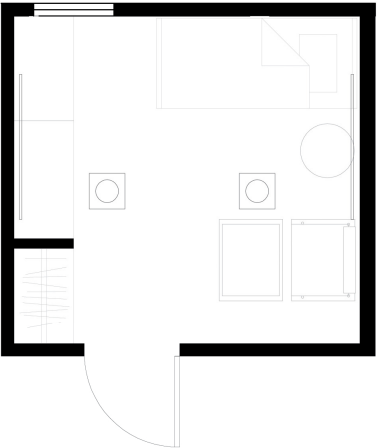
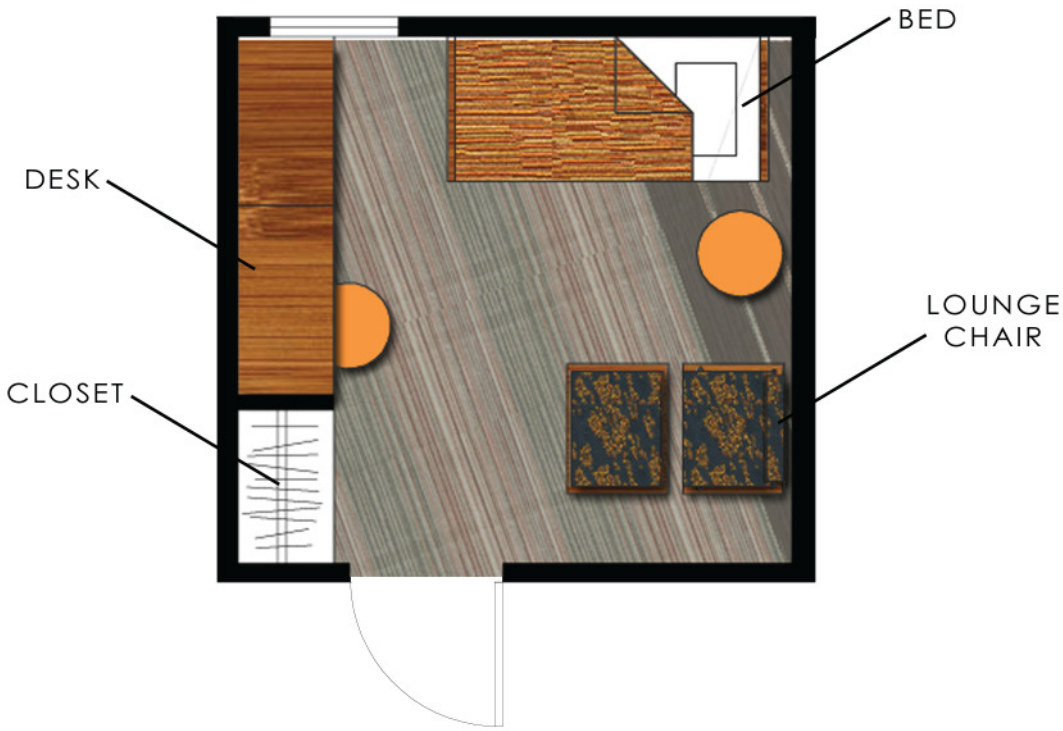


STUDY NOOK PLAN

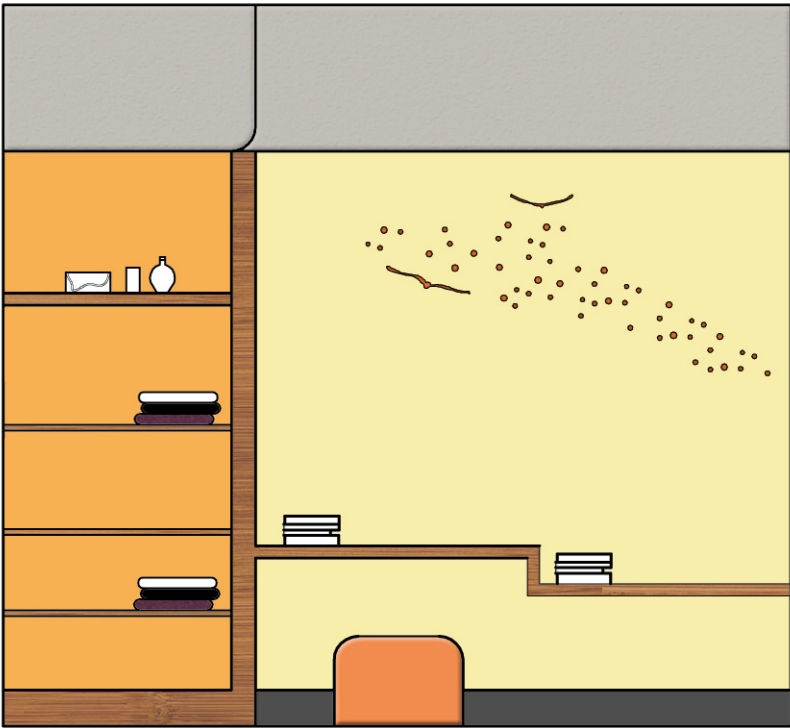
SHARED FRONT PORCH SPACE



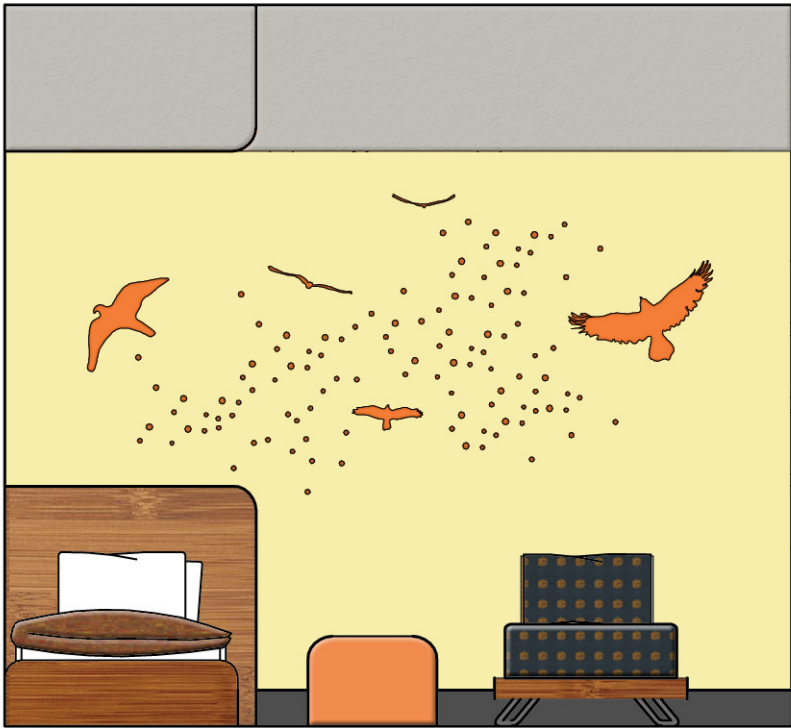
YOUTH ROOMS



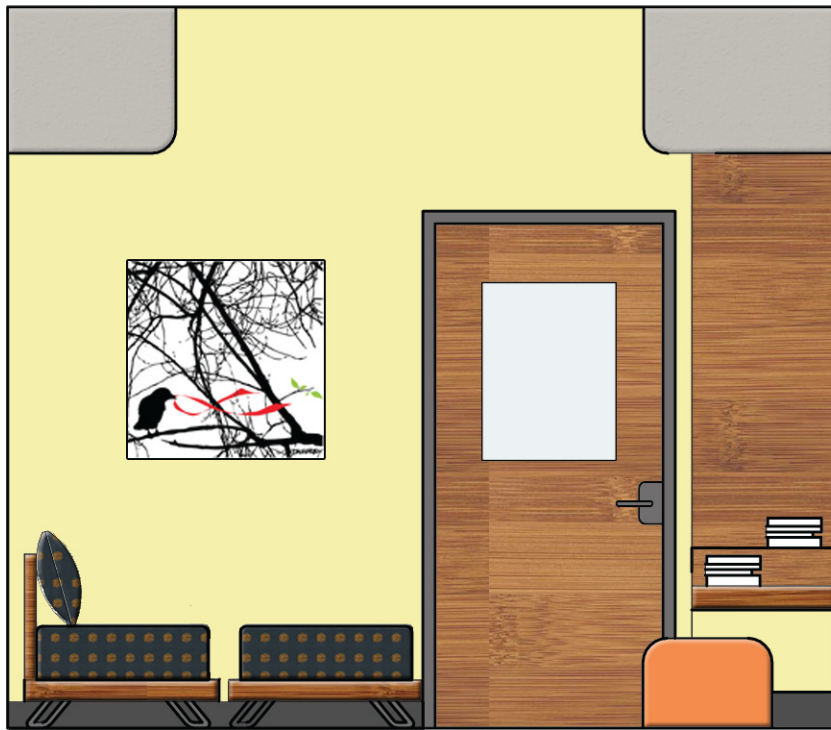
ELEVATIONS



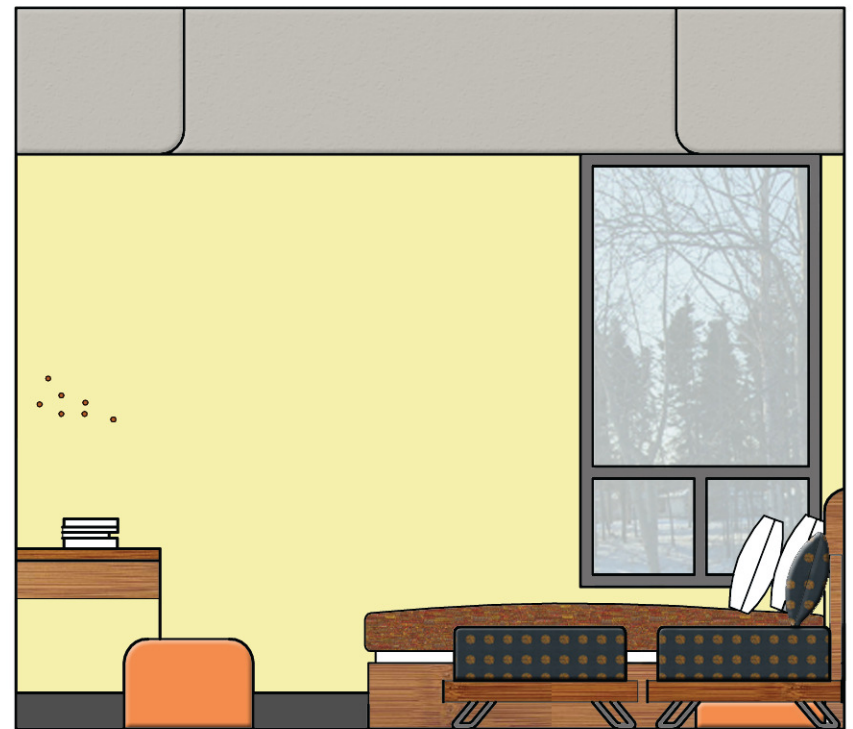
EAST ELEVATION



WEST ELEVATION



SOUTH ELEVATION



NORTH ELEVATION

YOUTH STUDIO

The choice to locate the studio above the main sharing space in the new addition is mainly due to its programming. The studio is not a healing space per se, but it offers healing properties on a different level than that found in a sharing circle. While healing via talking about problems, thoughts and issues are done below, the studio upstairs is where youth have the opportunity to get release these feelings by expressing them in a different manner of their choice.

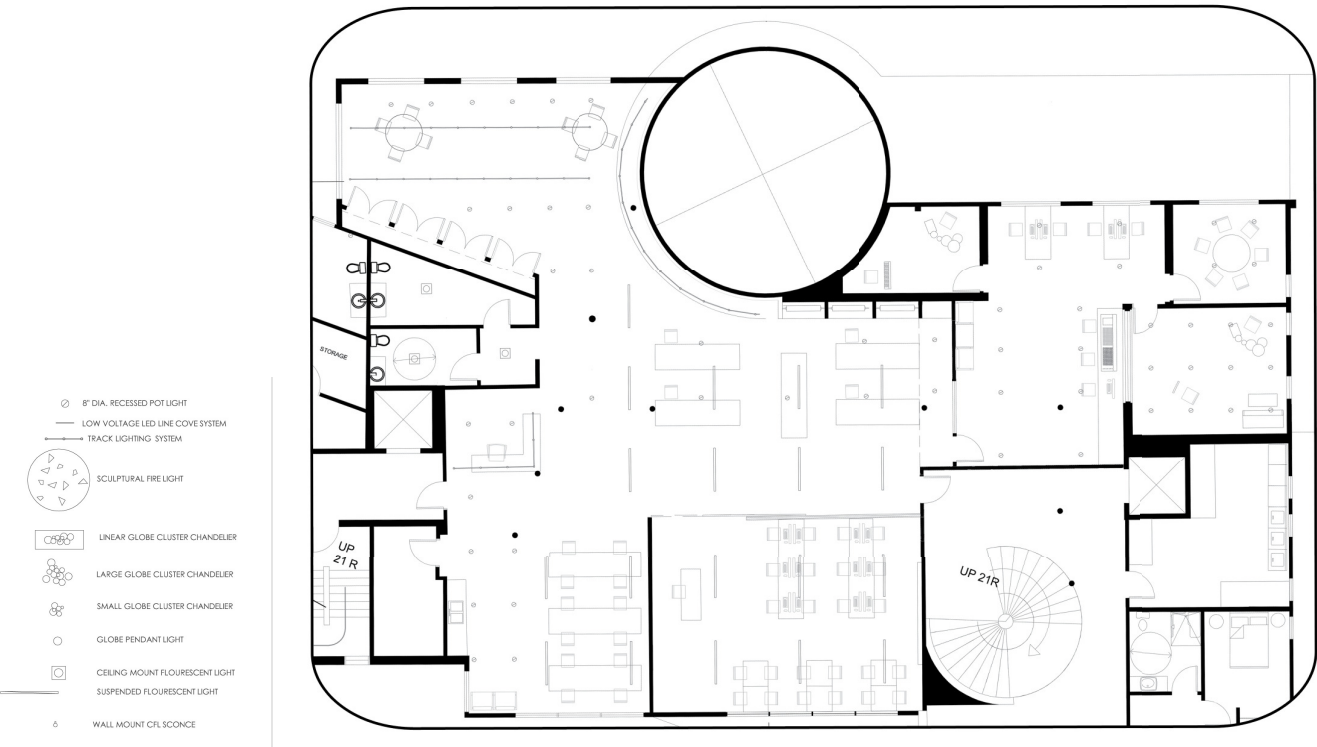
The space reflects the notion of hybridity found in the theoretical framework because of its blending of old and new technologies. The design of this space intends to show that the old and new can work together to create new forms of expression. This is achieved through the program design through the blending of activities, and in a physical sense by providing ample space and supportive lighting for youth to explore in a variety of mediums. Highly decorated space has been avoided in favor of providing a space that the youth can infiltrate and fill with the art they produce, as well as the mess and materials that accompany this.

The studio offers an open space flooded with clean northern light that can be used as either a performing arts or dance studio in the northwestern corner as well as a sewing and beading studio in the central portion of the space to explore both traditional and current sewing, fashion, beading and dance regalia design. The northeastern corner of the space allows youth to participate in self expression through music, either traditional drumming or modern instruments, as well as video recording and sound/video editing. The southern half of the unit allows youth to participate in messier artistic activities such as painting or mixed media, as well as classroom style learning and writing with both computers and notebooks. The classroom space is enclosed in the bent pine structures seen throughout the building, with the purpose of defining space by providing a physical barrier between the louder activities with the quiet ones that occur within the classroom.

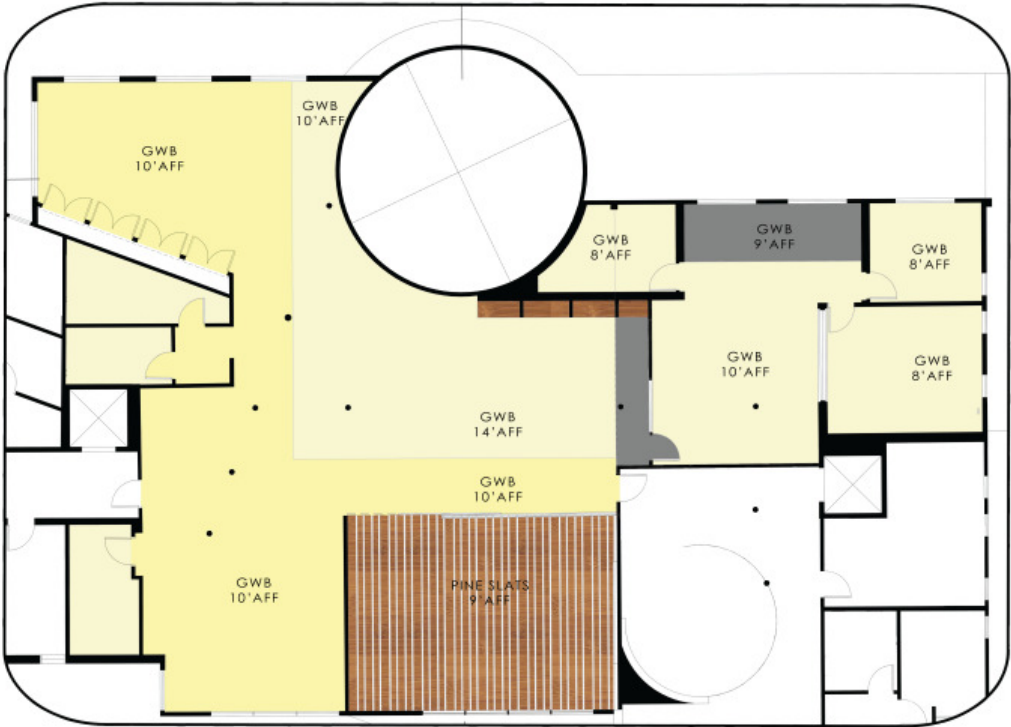
The space is characterized by bright colors, open volumes and an abundance of light. A south facing skylight pushes sun towards the depths of the sewing area. The materials used show continuity from other areas within the facility, yet cater to a more playful side aimed at youth, exploration and fun. The studio space possesses the most energy in the building, and because of this, the design reflects this energetic quality.

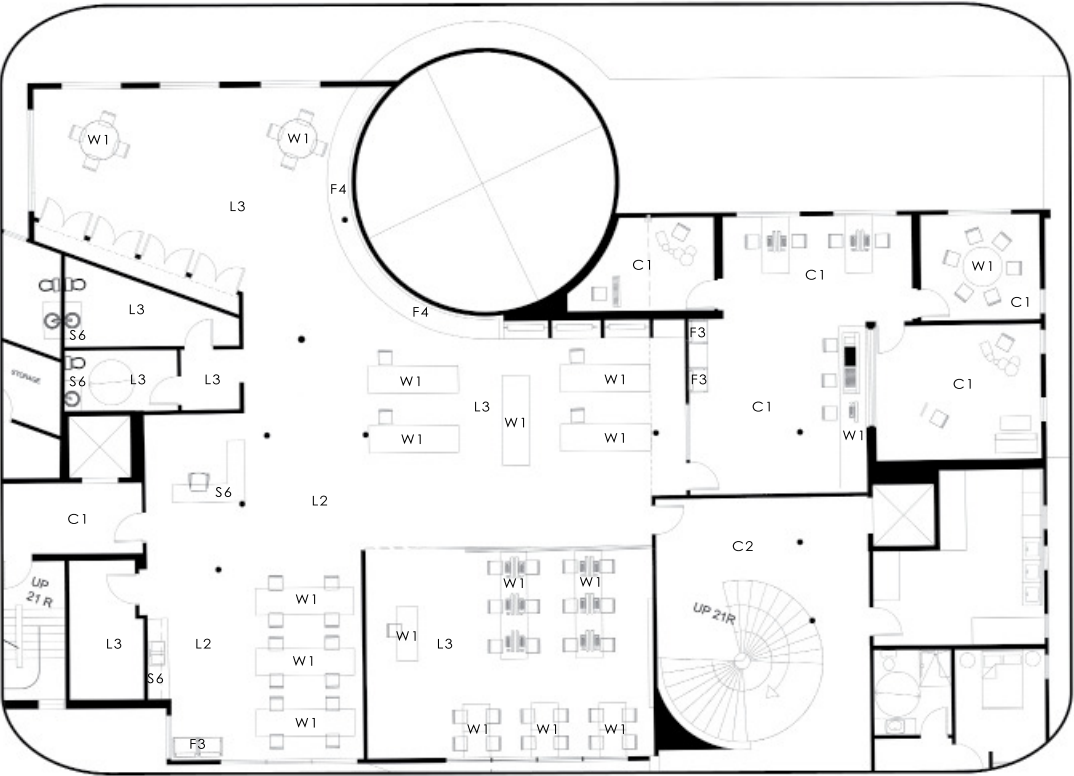


LIGHTING PLAN

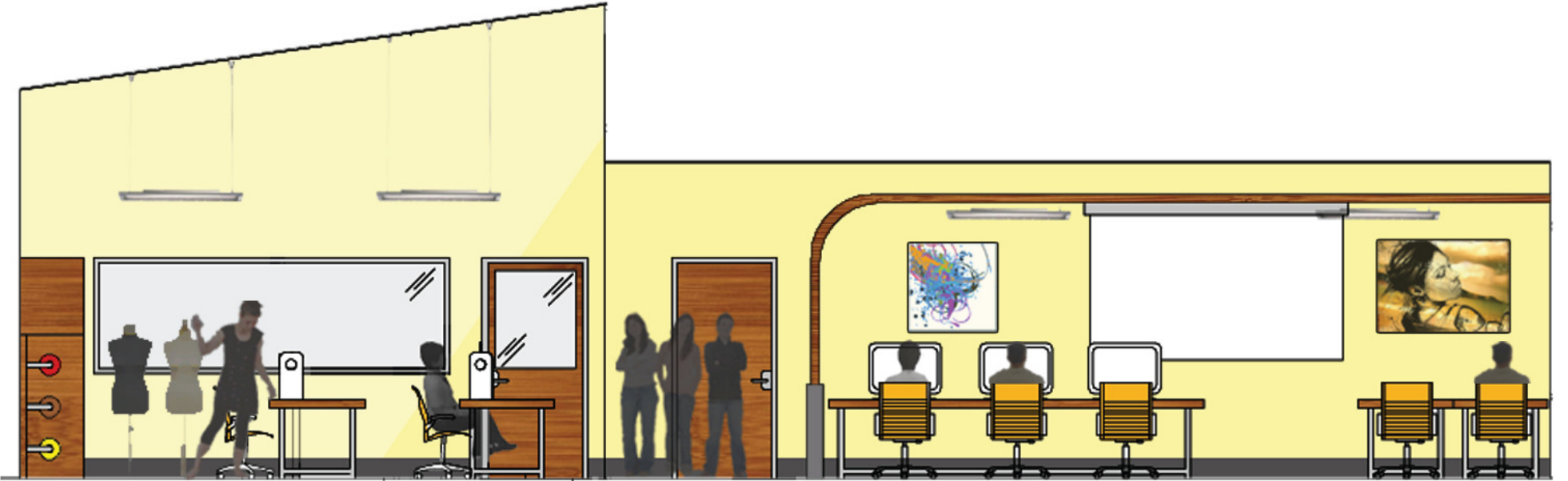


REFLECTED CEILING PLAN





ELEVATION



NURSING DESK AND OPEN STUDIO AREA



OPEN STUDIO AREA



10.0 CONCLUSIONS

The process of researching, writing and designing this practicum was filled with an abundant amount of learning opportunities about Indigenous populations, youth suicide, design and the detailed design thinking that must occur in projects of this scale and variety. This project was exciting to take on primarily because of how realistic its program is.

Although large, the design of the youth wellness facility allowed for the opportunity to design a variety of typologies under one roof, providing experience in a number of environments. Through completing this project, I learned that interior designers can contribute to solving the problem of Indigenous youth suicide by designing space that fosters connections between people and land. Communal spaces that create opportunities for bonding and forming relationships so that youth feel they are a part of a collective can greatly improve their outlook on life, their future and their wellbeing. Interior designers can also help solve Indigenous youth suicide because of the ability to design spaces that offer lessons. These can be spaces that integrate lessons within them, like interior green space that teaches about plant life for example, but can also be a space where cultural teaching and learning occur. A primary example is the group sharing room, where Elders teach through stories. Designing spaces that are more comfortable for youth provide better settings for listening to occur.

When designing for Indigenous populations, designers should move past the aesthetics of the culture, made visible by artists or traditional clothing and do their best to get to the essence of the culture. By attempting to understand the beliefs, histories and experiences of the target demographic a designer can look at the problem with a less subjective view and find design solutions that are more likely to work and be appreciated by the end user. I also recommend that designers research theorists and writers with an Indigenist perspective, especially because design education often favors Western ideas of space and archetypal building styles that may not be suitable for Indigenous populations. While the Indigenist research may not be about architecture, much of the writings address information like values and opinions on nature and other topics, all able to possibly inform design.

Based on research, I learned that the integration of culturally-specific theories greatly improve the approaches taken to treating adolescent mental health issues today because the issues that Indigenous youth face can be drastically different than those experienced by mainstream Canadian youth. Culturally specific methods of healing, and facilities to accommodate these methods are more successful because the treatment styles are more likely to address the problems contributing to the mental health issues, and the treatments are more in sync with traditional methods of healing already in place in many communities. Treatment that works with in-place systems is more likely to be both accepted and maintained.

The difficulties I faced when writing and designing this practicum are likely similar to issues that others face when working cross-culturally, despite the fact that this project and the demographic it involves are located quite near to me.

I was faced with the dilemma of not wanting to over-generalize when discussing the specifics of Cree culture, yet was forced to generalize about certain information when I was not able to confirm whether it applied to the very specific groups of Cree people who reside near Thompson, Manitoba. To add to this difficulty, much of the research done on suicide epidemiology is quite general. At times it was difficult to decipher which information applied to the majority of Canadian Indigenous groups, and which were more specifically Cree.

This process has taught me how important it is to speak directly with people to obtain information, as opposed to solely searching for it in various media such as journals and books. Sometimes through my discussions with others, I did not find answers to the questions I had hoped to, yet I still learned valuable and interesting information that likely only improved my project and my knowledge base for projects I will be involved with in professional practice.

While this project is a realistic size for professional practice, for this particular practicum requirement, I felt it was too large to be addressed comprehensively. Making choices about which space to detail was a difficult process, because I feel that each is important in its own way. In keeping with holistic thinking based

on the Medicine Wheel, each space for each user must be carefully planned and considered in order for the whole facility to run smoothly. I feel that if I had undertaken a project with a smaller scope, the possibility of designing each space in detail would have been greater.

A major challenge of this project, and likely a number of other building renovations, is the constraints caused by the existing spaces. In an attempt to work with the existing room divisions and plumbing from the existing hotel space, the volumes for the unit space became very long and low. This caused difficulty planning a space that is more conducive to being more open.

I believe that the strengths of this design are that very pleasant and enjoyable spaces to occupy have been created. The spaces are modest, home-like and comfortable because of the laid-back and youthful atmosphere. The space shows no elements of hospital-like qualities, because sterility has been replaced with warmth and relaxation making the spaces appear more like a retreat than a medical facility.

This project could be built upon in a variety of ways. The need for treatment and prevention of youth suicide in Indigenous communities in Manitoba is still significant. Because travel is difficult for many people living in reserve environments and medical access is scarce, developing crisis units and wellness facilities that can be included on-reserve is a direction that future projects on similar topics should address. By finding the essence of what a successful design of a youth suicide prevention treatment centre is and removing some of the extra functions included in this practicum, a smaller scale, community-based unit and prevention centre could be a next and necessary step.

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12.0 APPENDICES

12.1 APPENDIX A: ETHICS

Protocol # _____
(Assigned by HES Admin.)

FORT GARRY CAMPUS RESEARCH ETHICS BOARD SUBMISSION FORM

Psychology/Sociology REB ☐

Education/Nursing REB ☐

Joint-Faculty REB ☒

Check the appropriate REB for the Faculty or Department of the Principal Researcher. This form, attached research protocol, and all supporting documents, must be sent **in quadruplicate** (original plus 3 copies), to the Human Ethics Coordinator, CTC Building, 208 - 194 Dafoe Road, 474-7122.

Principal Researcher(s): Hailey Connor

Status of Principal Researcher(s): (please check): Faculty ☐ Post-Doc ☐ Student: Graduate ☒
Undergraduate ☐ WRHA Affiliate ☐ Other ☐ Specify: _____

Address (to receive Approval Certificate):

Phone:

Project Title: Culture is Healing: A Design for Suicide Prevention in Aboriginal Canada

Start date: June 2010 Planned period of research (if less than one year): June 2010 to October 2010

Type of research (Please check):

Faculty Research

Self-funded ☐ Sponsored ☐
(Agency) _____

Administrative Research Student Research

Central ☐ Thesis/**Practicum** Class Project
Unit-based ☐ Course Number: _____

Signature(s) of Principal Researcher(s): _____

For student research: This project is approved by department/thesis committee. The advisor has reviewed and approved the protocol.

Name of Thesis Advisor Dr. Mary Anne Beecher **Signature** _____
(Required if thesis research)

Name of Course Instructor: _____ **Signature** _____
(Required if class project)

Persons signing assure responsibility that all procedures performed under the protocol will be conducted by individuals responsibly entitled to do so, and that any deviation from the protocol will be submitted to the REB for its approval prior to implementation. Signature of the thesis advisor/course instructor indicates that student researchers have been instructed on the principles of ethics policy, on the importance of adherence to the ethical conduct of the research according to the submitted protocol (and of the necessity to report any deviations from the protocol to their advisor/instructor).

Ethics Protocol Submission Form (Basic Questions about the Project)

The questions on this form are of a general nature, designed to collect pertinent information about potential problems of an ethical nature that could arise with the proposed research project. In addition to answering the questions below, the researcher is expected to append pages (and any other necessary documents) to a submission detailing the required information about the research protocol (see page 4).

Subject Overview

The subjects present in the study fall into four separate sample population categories. These categories include:

- I. Care providers directly in contact with at-risk youth from Manitoba communities. These care providers can include doctors, psychologists, psychiatrists, psychiatric nurses, healthcare aids, social workers, teachers, counselors, crisis prevention staff and emergency service personnel.
- II. Northern Manitoba Cree community members including adult individuals from the general population, elders, spiritual leaders, alternative healthcare providers and spirituality advisors.
- III. University professors from the Department of Native Studies and the Department of Community Health Sciences Centre for Aboriginal Health Research.
- IV. The building owner of the proposed site will be contacted to provide building information and drawings, or permission to obtain this information from a third party, like the city or municipal government, for example.

1. Will the subjects in your study be **UNAWARE** that they are subjects? ____ Yes **X** No
2. Will information about the subjects be obtained from sources other than the subjects themselves? ____ Yes **X** No
3. Are you and/or members of your research team in a position of power vis-a-vis the subjects? If yes, clarify the position of power and how it will be addressed. ____ Yes X No
4. Is any inducement or coercion used to obtain the subject's participation? ____ Yes XNo
5. Do subjects identify themselves by name directly, or by other means that allows you or anyone else to identify data with specific subjects? If yes, indicate how confidentiality will be maintained. What precautions are to be undertaken in storing data and in its eventual destruction/disposition. X Yes ____ No

Subject matter experts in the areas of study will be identifiable by name, because the researcher will select specific people to interview because of their publicly known expertise. The researcher will be able to identify the data with these subjects and the information or data these individuals share may be quoted within the final document. For approval of this specific data, a copy of the written document will be sent to the subjects highlighting which information is being published based on the subjects' statements and get approval by each individual or his or her superior.

Confidentiality and security of gathered data will be maintained. The researcher will store physical data in a locked cabinet and digital data on a password guarded computer. After five years the physical data will be shredded and disposed of, while digital files will be deleted.

6. If subjects are identifiable by name, do you intend to recruit them for future studies? If yes, indicate why this is necessary and how you plan to recruit these subjects for future studies. ____ Yes X No
7. Could dissemination of findings compromise confidentiality? X Yes ____ No

As previously mentioned, the sample group possessing this risk is the subject matter experts who contribute information through interviews where they may potentially be quoted within the document. To ensure that the subject is aware of the possibility of being identified as the source, a document will be sent to the subjects and/or their organization highlighting which information is being published based on the subjects statement to receive approval for dissemination.

8. Does the study involve physical or emotional stress, or the subject's expectation thereof, such as might result from conditions in the study design? X Yes ____ No

The study may involve emotional stress for any of the subjects, regardless of their grouping in this study who have experienced a history with suicide or mental illness. The subjects who may possess a greater risk of emotional stress are those who are interviewed from communities where youth suicide has been a prevalent issue over the past decade. The nature of the questions has the potential to evoke emotions like grief, sadness, and stir up painful memories.

9. Is there any threat to the personal safety of subjects? ____ Yes X No
10. Does the study involve subjects who are not legally or practically able to give their valid consent to participate (e.g., children, or persons with mental health problems and/or cognitive impairment)? If yes, indicate how informed consent will be obtained from subjects and those authorized to speak for subjects. ____ Yes X No
11. Is deception involved (i.e., will subjects be intentionally misled about the purpose of the study, their own performance, or other features of the study)? ____ Yes X No
12. Is there a possibility that abuse of children or persons in care might be discovered in the course of the study? If yes, current laws require that certain offenses against children and persons in care be reported to legal authorities.

Indicate the provisions that have been made for complying with the law.

X Yes ___ No

Because many of the discussions involve youth and youth in care, there is a possibility that abuse of these youth might be discovered. Any disclosure of abuse will be reported to legal authorities as required by law.

13. (a) Does the study include the use of personal health information? The Manitoba Personal Health Information Act (PHIA) outlines responsibilities of researchers to ensure safeguards that will protect personal health information. If yes, indicate provisions that will be made to comply with this Act (see document for guidance - <http://www.gov.mb.ca/health/phia/index.html>).

___ Yes X No

13. (b) PHIA requires that all employees, students, or agents who handle or are exposed to personal health information take PHIA Orientation and sign a pledge of confidentiality that acknowledges that they are bound by written policy and procedures.

Has PHIA Orientation and pledge-signing been completed by all employees, students, and agents?

___ Yes X No

If "No," the Principal Investigator should contact UM Access & Privacy Coordinator's Office to make arrangements, fippa@umanitoba.ca

Where individuals have not completed PHIA Orientation and signed a pledge, and for the purpose of ensuring that they do, Principal Investigator's contact information will be provided to the University Access & Privacy Coordinator's Office.

Provide additional details pertaining to any of the questions above for which you responded "yes", excluding question 13 (b). Attach additional pages, if necessary.

___/___/___
dd mm yr

Signature of Principal Researcher

Ethics Protocol Submission Form

(Required Information about the Research Protocol)

Each application for ethics approval should include the following information and be **presented in the following order**, using these headings:

1. **Summary of Project:** Attach a detailed but concise (one typed page) outline of the **purpose** and **methodology** of the study describing precisely the procedures in which subjects will be asked to participate.

The purpose of the study entitled 'Culture is Healing: A Design for Suicide Prevention in Aboriginal Canada' is to design a hypothetical suicide prevention and treatment facility in order to fulfill the completion requirements for a Master of Interior Design Practicum Project. The design of the proposed facility is intended to provide an environment and services to reduce the number of youth suicides in northern Manitoban communities. In order to be successful, the facility's design must be community-oriented, culturally-relevant, and provide a comforting atmosphere which promotes both individual and community healing.

Through the process of data collection from four specific sample populations determined by characteristics including expertise regarding culture and mental health, a survey of opinions and information regarding Aboriginal youth suicide, its treatment programs and environments for healing will be obtained.

The following information outlines the sample groups included in the study, as well as the data collection instruments to be implemented and the rationale behind these choices.

Sample Group 1: Care providers directly in contact with at-risk youth from Northern Manitoba communities.

These care providers can include doctors, nurses, healthcare aides, social workers, teachers, counselors, psychiatrists, psychologists, crisis prevention staff and emergency service personnel. Data will be obtained by the researcher in the form of an in-person interview when possible or a telephone interview when distance or scheduling does not facilitate an in-person meeting. The conversation will last approximately sixty minutes and include questions and probes which allow for conversation and additional comments if the care provider wishes to elaborate. The purpose of interviewing this sample group is to determine both their comfort level and their opinion of their patients' comfort levels in current treatment facility settings. Another purpose is to obtain an understanding of the types of behaviors patients exhibit in treatment and the types of environments and treatment which seem to be the most successful when dealing with at-risk suicidal youth.

Sample Group 2: Northern Manitoba Aboriginal community members including individuals from the general population, elders, spiritual leaders, alternative healthcare providers, and spirituality advisors.

Data from this sample group will be collected via a sixty minute telephone interview conducted by the researcher. The interview will include questions which facilitate conversation. The purpose for interviewing this sample group is to gain a cultural perspective regarding death and suicide, its treatment, forms of alternative treatment and its effects on the communities touched by suicide. This sample population will include 5 individuals.

Sample Group 3: University professors from the Department of Native Studies, Social Work and the Department of Community Health Sciences Centre for Aboriginal Health Research.

Data from this sample group will be collected through in-person interviews when possible, or a telephone interview when scheduling does not facilitate an in-person meeting. The conversation will last approximately sixty minutes and include questions and probes which allow for conversation and additional comments if the subject wishes to elaborate. The purpose for interviewing this group is to obtain an educator/researcher perspective. The professors educate the individuals who will be working with the intended demographic upon graduation, therefore influencing professions such as social work, counseling and community mental health. Because conducting research is also a significant component in being employed as a professor at the university, this sample group will also be able to provide very current and specialized data regarding both theoretical and hands-on approaches to social work, Aboriginal culture and practices and healthcare as it relates to Aboriginal clients.

Sample Group 4: The building owner of the proposed site.

Data from the building owner of the proposed site will be collected via an emailed letter requesting permission to use specific information. This individual or group will be contacted to obtain and receive permission to use building information, both interior and exterior photographs, and drawings, or permission to obtain this information from a third party, like the city or municipal government, for example. The building information collected will be used to determine the design of the proposed mental health facility, and studied to determine the nature of renovations or additions, space planning, redesign and aesthetic of the proposed building and site.

2. Research Instruments:

Please see attached research instruments.

- 3. Study Subjects:** Describe the number of subjects, and how they will be recruited for this study. Are there any special characteristics of the subjects that make them especially vulnerable or require extra measures?

Sample Group 1: Care providers directly in contact with at-risk youth from Northern Manitoba communities.

This sample group will consist of 5 subjects recruited by contacting the management staff at a variety of facilities and agencies including social work agencies, psychiatric health facilities, mental health organizations and crisis hotlines and requesting to speak with staff members in direct contact with youth from Northern Manitoba, and more specifically within 100km of Thompson, MB. Participants from this sample group will be discovered firstly through Social Work and Native Studies contacts I have made at the University of Manitoba. The researcher will request contact information for community contacts known to Social Work and Native Studies faculty members. Secondly, the researcher will find community resources for suicide prevention and treatment from regional health authority literature and websites, Aboriginal health literature and websites, and advertising or public awareness campaigns. These care-providers may not necessarily live in Northern Manitoba. Some of those interviewed will provide care to youth from northern communities who have been transported to Winnipeg to receive treatment. Upon discovery of these care-providers, the researcher will make contact with these organizations via telephone or email communication and request to speak with and question a senior staff member or manager who may then opt to answer the questions themselves, or pass the researcher on to staff members who work very closely with at-risk youth.

Sample Group 2: Northern Manitoba Aboriginal community members including individuals from the general population, elders, spiritual leaders, alternative healthcare providers, and spirituality advisors.

This sample group will consist of 5 subjects recruited by contacting band offices, social work agencies and Native Studies professors to obtain information regarding contacts who may be willing to participate in the study. These individuals will then be contacted via telephone to request a meeting. If there is interest, an in-person meeting or phone interview will be scheduled.

Sample Group 3: University professors from the Department of Native Studies, Social Work and the Department of Community Health Sciences Centre for Aboriginal Health Research.

This sample group will consist of 5 subjects chosen by researching each faculty member, their area of interest or research, the classes they teach and the content of their published material. People of interest to the researcher will be contacted by the researcher through email correspondence to request participation in the study.

Sample Group 4: Building owner of the proposed site.

This sample group will consist of 1 individual or company chosen because of the appropriateness of the property in their possession to locate the proposed practicum project on. This decision is based on an overall survey of the region. Upon the researcher's interest in the property, a request to obtain permission to gather and use building information will be sent to the building owner via an emailed letter of consent.

4. Informed Consent:

Consent in writing will be obtained. There will be three consent forms. One form will be used for both Sample group 1 and Sample Group 3: university professors from various faculties at the University of Manitoba and professionals in direct contact with at risk-youth. A second consent form will be used for Sample Group 2; the Aboriginal community members who will be interviewed. A third consent form will be given to the building owner to request permission to use building and site information. During an initial phone conversation or email with the study participants, the purpose and subject matter of the study and the proposed facility will be discussed with the participants. How the information that each subject provides is planned to be used will also be communicated to that subject upon initial contact. The potential for participants' direct quotes to be published will also be noted at this time.

5. Deception:

The research involved in the study does not involve deception in any form.

6. Feedback/Debriefing:

The subjects participating in the study can contact the researcher directly for a summary of the results of the study via email, mail or telephone, and may also request a digital version of the practicum document upon its completion.

7. **Risks and Benefits:**

The study may involve emotional stress for any of the subjects, regardless of their grouping in this study, who have experienced a history with suicide or mental illness. The subjects who may possess a greater risk of emotional stress are those who are interviewed from communities where youth suicide has been a prevalent issue over the past decade. The nature of the questions has the potential to evoke emotions like grief, sadness, and stir up painful memories. Precautions to be taken by the researcher are to be respectful and perceptive of the subjects' emotional state and cease questioning if the subjects become visibly upset or overly emotional. Previous experience as a psychiatric nursing assistant and training in non-violent crisis intervention will help the researcher identify and deal with participant's emotional trauma if it does occur. The researcher will also put any distressed participants in direct contact with a crisis counselor. Prior to conducting the interviews, the researcher will also note that if there are any questions which the subject finds too difficult to answer, they may refrain, and may opt to end the interview at any time without penalty or consequence.

8. **Anonymity and Confidentiality:**

During the course of the study, the researcher will be aware of the names, contact information and likely the employment of the subjects participating in the study. It will be made known that there is the possibility for the participant to be referenced in the final practicum document. However, if a subject does not consent to this or would like to remain anonymous, his or her wishes will be met. Responses to questions will be stored for a period up to five years before destruction. Confidentiality is not an issue in this project because while dealing with minors, health and mental health, no minors will be interviewed, and no specific health records will be used.

9. **Compensation:**

Subjects will not be compensated for their participation in the study.

Consent for Involvement in Research Study

Sample Group 1 & 3

Research Project Title: Culture is Healing: A Design for Suicide Prevention in Aboriginal Canada

Participant: _____

Researcher: Hailey Connor, B. Env. Des., current MA Interior Design student at the University of Manitoba

Researcher Contact: Hailey Connor, B. Env. Des.

Supervisor Contact: Mary Anne Beecher, Ph.D.
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Human Ethics
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Human Ethics Coordinator
Office of the Vice-President (Research)
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(204) 474-7122
margaret_bowman@umanitoba.ca

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more details about something mentioned here, or information not included, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

1. The purpose of the study entitled, 'Culture is Healing: A Design for Suicide Prevention in Aboriginal Canada' is to design a hypothetical suicide prevention and treatment facility in order to fulfill the completion requirements for a Master of Interior Design Practicum Project at the University of Manitoba. The design of the proposed facility is intended to provide an environment and services to reduce the number of youth suicides in northern Manitoba communities. In order to be successful, the facility's design must be community-oriented, culturally-relevant and provide an atmosphere which promotes individual, family and community healing.

Through the process of data collection from four specific sample populations determined by characteristics including involvement in professions dealing with at-risk Aboriginal youth, cultural associations, community roles, and area of education or research, a survey of opinions and knowledge regarding suicide, suicide treatment, Cree culture and healing environments will be obtained.

2. You will be contacted by the researcher to set up a time and place for your interview which will be selected at your convenience. If geographical location or a conflict of schedules becomes an issue, a time and date for a phone interview will be scheduled. The researcher will ask you fifteen or less questions during the course of a sixty minute conversation. These questions will include topics such as youth suicide, suicide prevention treatment, facilities and programs, healthcare environments, culture as it relates to health, and health in the North.
3. The conversations will be recorded via an audio device then transcribed into a word processing document. Once the audio data is transcribed it will be destroyed. The transcribed document will be kept for the duration of the study on a password protected computer. It will be destroyed upon the completion of the study. Only the researcher and her practicum advisor will have access to the data for the duration of the study. If the researcher wishes to directly reference a portion of the participant's interview, a copy of the document highlighting the data provided by the interview participant will be sent to that participant for approval.
4. The potential uses of the collected data include using the data as rationale to determine specific programmatic activities that will occur within the facility, and how Cree world-views and spirituality may be addressed through interior design. The data will also inform the researcher about spatial adjacencies and both physical and psychological needs to consider within the facility.
5. The study poses the risk of emotionally upsetting participants because of the sensitivity of suicide and death. If at any time you feel uncomfortable with the questions being asked, please tell the researcher so, and the interview can progress to a new question or be terminated. Included with this consent form you will find a list of community contacts for local counselors. If you experience any negative emotional consequences from this interview such as grief, stress or sadness, please contact one of these health service providers.
6. While the above risks have been identified, your participation in this study also has the potential to benefit remote and Northern Aboriginal communities by providing your perspective regarding the inclusion of culturally-competent methods of suicide prevention. Your opinion, knowledge, and expertise will be used to develop a framework for designing a facility to benefit and heal youth, their families and their community. Because of this potential impact on community well-being, the benefits of contributing to this study may outweigh the risks.
7. Any disclosure of abuse will be reported to legal authorities as required by law.
8. Participants will be provided with a copy of the research conclusions.
9. Do you wish to remain anonymous in any published results? Please circle: **YES** **NO**
10. Please note that you can leave any question unanswered or cease participation at any time without penalty or consequence.

This project has been approved by the University of Manitoba Joint-Faculty Research Ethics Board (JFREB)

____/____/____
dd mm yr

Name of Participant (please print)

Signature of Participant

____/____/____
dd mm yr

Signature of Researcher

Interview Questions

Sample Group 1: Care providers directly in contact with at-risk youth from Northern Manitoba communities.

Treatment Style and Methods

1. At your workplace or the facilities you are in contact with, how do the current suicide prevention and treatment services for Aboriginal youth incorporate culturally relevant methods of healing and spirituality? In your opinion, what other methods or types of culturally relevant treatment could be added?
2. How do you think that traditional cultural ways of life and activities should be taught to youth to reconnect them to their pasts? How do you see this occurring in a treatment or clinical setting?
3. What are some ways of involving or incorporating entire communities into suicide prevention and treatment?
4. At what extend are families involved in treatment? How do you feel about a family therapy approach?
5. What is an appropriate duration of stay for residential treatment? What factors are dependent upon the duration of each youth's stay?
6. Please describe the typical treatment programs for a depressed, self-harming or suicidal youth in in-patient or out-patient care.

Employee Issues

7. In your opinion, what are the greatest challenges care providers face on the topic of suicide prevention and treatment in northern and remote communities in Manitoba?
8. What are factors which contribute to your sense of safety and security when working with emotionally upset youth? Physical distance and body orientation? Level of surveillance? Level of lighting? Level of sound? Spatial layout?
9. If you work in a facility where there is an isolation room, how often is the room used for adolescent clients? Even if it is not used often, as a staff member, does the presence of the isolation room increase your sense of safety and security in the event that a violent situation could occur?

Spatial Considerations and Programming

10. What types of activities would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Athletic, educational, spiritual, artistic, multimedia?

11. What types of physical spaces would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Athletic, educational, spiritual, artistic, multimedia?
12. What types of environmental characteristics would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Quiet, loud, spiritual, open, intimate, expansive, etc?
13. Feelings of hopelessness and futurelessness have been linked to youth suicides. Do you think that providing youth with job skills to make use of in the future will help give the feeling of having a future? If so, what kind of skills or jobs? If not, what else can contribute to a sense of having a future?
14. What is a manageable client-to-staff ratio for a residential care setting and why? How many residential clients in one facility at any given time would be a comfortable number to maintain client safety, staff safety and quality of care?
15. When you work with clients one-on-one or in small groups, do you prefer spaces where your attention is focused on each other without any distractions, or do you prefer relaxed settings where you can people watch in a less focused atmosphere? How do you prefer to sit? Facing or beside?

Consent for Involvement in Research Study

Sample Group 2

Research Project Title: Culture is Healing: A Design for Suicide Prevention in Aboriginal Canada

Participant: _____

Researcher: Hailey Connor, B. Env. Des., current MA Interior Design student at the University of Manitoba

Researcher Contact: Hailey Connor, B. Env. Des.

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Through the process of data collection from four specific sample populations determined by characteristics including involvement in professions dealing with at-risk Aboriginal youth, cultural associations, community roles, and area of education or research, a survey of opinions and knowledge regarding suicide, suicide treatment, Cree culture and healing environments will be obtained.

2. You will be contacted by the researcher to set up a time and place for your interview which will be selected at your convenience. If geographical location or a conflict of schedules becomes an issue, a time and date for a phone interview will be scheduled. The researcher will ask you fifteen or less questions during the course of a sixty minute conversation. These questions will include topics such as youth suicide, suicide prevention treatment, facilities and programs, healthcare environments, culture as it relates to health, and health in the North.
3. The conversations will be recorded via an audio device then transcribed into a word processing document. Once the audio data is transcribed it will be destroyed. The transcribed document will be kept for the duration of the study on a password protected computer. It will be destroyed upon the completion of the study. Only the researcher and her practicum advisor will have access to the data for the duration of the study. If the researcher wishes to directly reference a portion of the participant's interview, a copy of the document highlighting the data provided by the interview participant will be sent to that participant for approval.
4. The potential uses of the collected data include using the data as rationale to determine specific programmatic activities that will occur within the facility, and how Cree world-views and spirituality may be addressed through interior design. The data will also inform the researcher about spatial adjacencies and both physical and psychological needs to consider within the facility.
5. The study poses the risk of emotionally upsetting participants because of the sensitivity of suicide and death. If at any time you feel uncomfortable with the questions being asked, please tell the researcher so, and the interview can progress to a new question or be terminated. There will be a counselor on immediate call during the course of the interview who can be readily contacted should emotional trauma result from the interview. Included with this consent form you will find a list of community contacts for local counselors. If you experience any negative emotional consequences from this interview such as grief, stress or sadness, please contact one of these health service providers. Also included with this consent form you will find a list of the potentially upsetting questions that you will be asked if you choose to participate in the study. This preview has been included for you to understand the nature of the questions that will be asked. If these questions are too difficult to answer, please do not feel obligated to participate in the study.
6. While the above risks have been identified, your participation in this study also has the potential to benefit remote and Northern Aboriginal communities by providing your perspective regarding the inclusion of culturally-competent methods of suicide prevention. Your opinion, knowledge, and expertise will be used to develop a framework for designing a facility to benefit and heal youth, their families and their community. Because of this potential impact on community well-being, the benefits of contributing to this study may outweigh the risks.
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____/____/____
dd mm yr

Name of Participant (please print)

Signature of Participant

____/____/____
dd mm yr

Signature of Researcher

Question Preview

1. What do you think are the primary factors that cause youth between the ages of 12 and 20 to end their own life? Are these factors preventable? How?
2. Some experts think that involvement by the entire community is important in youth suicide prevention. Can you think of some ways of involving or incorporating your community into programs for prevention or treatment?
3. Some experts propose reinforcing traditional cultural ways of life and activities in the lives of contemporary youth. Do you think that traditional cultural ways of life and activities should be taught to youth to reconnect them to their pasts? If so, how do you see this occurring in a treatment or clinical setting?
4. What has traditionally been done in your community to help a person who is suffering from severe depression or suicidal thoughts? Does a family or community member intervene or does the ill person seek help if he or she decides it is needed?
5. What types of activities would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Athletic, educational, spiritual, artistic, multimedia?
6. What types of physical spaces would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Athletic, educational, spiritual, artistic, multimedia?
7. What types of environmental characteristics would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Quiet, loud, spiritual, open, intimate, expansive, etc?
8. Feelings of hopelessness and futurelessness have been linked to youth suicides. Do you think that providing youth with job skills to make use of in the future will help give them the feeling of having a positive or hopeful future? If so, what kind of skills or jobs would be useful or desirable? If not, what else can contribute to a sense of having a hopeful or positive future?

Counseling & Crisis Resources

Northern Manitoba

Thompson General Hospital:	(204) 677-5350
Thompson Crisis Centre	(204) 778-7273
Nelson House Medicine Lodge	(204) 484-2256
Cross Lake Crisis Line	(204) 676-3687
Suicide 1-888-322-3019	
Churchill Health Centre:	(204) 675-8300
Flin Flon On Call Crisis	(204) 687-7591 or
(204) 687-1340	
The Pas On Call Crisis	(204) 623-9560 or
(204) 623-6431	

Central Manitoba

Central MB Crisis Line:	1-866-588-1697
Interlake and North Eastman	1-866-427-8628
Parkland Mental Health	1-866-332-3030
Selkirk Crisis Stabilization Unit	(204) 482-5361

Southern Manitoba

South Eastman Crisis Line & Mobile Crisis Unit – Labroquerie	1-888-617-7715
Brandon & Assiniboine Crisis Line & Mobile Crisis Unit	1-888-379-7699
Brandon Crisis Stabilization Unit 404-13 th St Brandon	(204) 727-2555
Winkler Crisis Line	(204) 325-9700
Portage La Prairie Crisis Line	(204) 857-6369

Winnipeg Region

Mobile Crisis Service	(204) 940-3633
WRHA Crisis Stabilization Unit 755 Portage Avenue	(204) 940-3633
WRHA Mobile Crisis Services	(204) 946-9109
Seneca Help Line	(204) 942-9276
Psychealth Health Science Centre Emergency Department	(204) 787-3167
Acute Treatment & Consultation Team	(204) 945-5446
SPEAK (Suicide Prevention Education Awareness Knowledge) 100-4 Fort Street Winnipeg www.speak-out.ca	(204)831-3610
Aboriginal Health & Wellness Centre Of Winnipeg (AHCW) 215-181 Higgins Ave Winnipeg	(204)925-3700

Eyaa-keen Centre 547 Notre Dame Ave Winnipeg	1-877-423-4648
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Telephone Resources (24 Hour)

Klinik Crisis Line:	(204)786-8686
or 1-888-322-3019	
Manitoba Suicide Line:	1-877- 435-7170
All Rural Farm and Rural Stress Line	1-866-367-3276

Sample Group 2: Northern Manitoba Aboriginal community members including individuals from the general population, elders, spiritual leaders, alternative healthcare providers, and spirituality advisors.

Treatment Style and Methods

9. What do you think are the primary factors that cause youth between the ages of 12 and 20 to end their own life? Are these factors preventable? How?
10. Some experts think that involvement by the entire community is important in youth suicide prevention. Can you think of some ways of involving or incorporating your community into programs for prevention or treatment?
11. Some experts propose reinforcing traditional cultural ways of life and activities in the lives of contemporary youth. Do you think that traditional cultural ways of life and activities should be taught to youth to reconnect them to their pasts? If so, how do you see this occurring in a treatment or clinical setting?
12. I have read that to heal, it is up to the person who is ill to make the effort to initiate the healing and find balance. No one can force this upon him or her. Do you find that youth often independently seek out help, like the wisdom of elders, for example? In your community are the elders easily accessible to youth?
13. What has traditionally been done in your community to help a person who is suffering from severe depression or suicidal thoughts? Does a family or community member intervene or does the ill person seek help if he or she decides it is needed?

Spatial Considerations and Programming

14. What types of activities would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Athletic, educational, spiritual, artistic, multimedia?
15. What types of physical spaces would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Athletic, educational, spiritual, artistic, multimedia?
16. What types of environmental characteristics would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Quiet, loud, spiritual, open, intimate, expansive, etc?
17. Feelings of hopelessness and futurelessness have been linked to youth suicides. Do you think that providing youth with job skills to make use of in the future will help give them the feeling of having a positive or hopeful future? If so, what kind of skills or jobs would be useful or desirable? If not, what else can contribute to a sense of having a hopeful or positive future?

18. How much does the place where healing occurs impact healing? Does place matter? Is it more about the people involved or the place?
19. Can you describe significant spaces, both interior and exterior, that are important to Cree culture? Why are these places significant? What are their physical attributes? What are their psychological attributes?

Cree Culture and Identity

20. Can you tell me what it means to you to be Cree? How does it affect your identity?
21. What is your favorite traditional story? What is it about?
22. Can you tell me about your experiences in traditional ceremonies and activities? What types of ceremonies/activities were these (drumming, vision quests, rain dances, pow wows, feasts, sharing circles, sweat lodge ceremonies)? What time of year did these occur? How did you feel before, during and after each type of ceremony? Do youth typically participate in sweat lodge ceremonies?

Sample Group 3: University professors from the Department of Native Studies, Social Work and the Department of Community Health Sciences Centre for Aboriginal Health Research.

Treatment Style and Methods

1. In your opinion, what are the biggest challenges care providers face on the topic of suicide prevention and treatment in northern and remote communities in Manitoba?
2. Are you familiar with the Manitoba Healthy Living Youth Suicide Prevention Strategy? If so, do you feel it has been helpful or will be helpful in the prevention and treatment of youth suicides? Why or why not?
3. What do you think the issues are with the current methods of helping mentally ill youth from northern and remote reserve communities? Do you have any opinions about how these issues could be resolved?
4. How do the current suicide prevention and treatment services for Aboriginal youth incorporate culturally relevant methods of healing and spirituality? In your opinion, what other methods or types of culturally relevant treatment could be added?
5. How do you think traditional cultural ways of life and activities should be taught to youth to reconnect them to their pasts within a treatment or clinical setting?
6. What are some ways of involving or incorporating entire communities into suicide prevention and treatment?
7. If you are familiar with the Circle of Courage counseling method for intervention and self-esteem building for youth, what is your opinion of its benefits and constraints?

Spatial Considerations and Programming

8. Can you describe significant spaces, both interior and exterior, that are important to Cree culture? Why are these places significant? What are their physical attributes? What are their psychological attributes?
9. What types of activities would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Athletic, educational, spiritual, artistic, multimedia?
10. What types of physical spaces would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Athletic, educational, spiritual, artistic, multimedia?
11. What types of environmental characteristics would you want to see implemented in a suicide prevention and treatment facility in northern Manitoba? Quiet, loud, spiritual, open, intimate, expansive, etc?

12. Feelings of hopelessness and futurelessness have been linked to youth suicides. Do you think that providing youth with job skills to make use of in the future will help give the feeling of having a future? If so, what kind of skills or jobs. If not, what else can contribute to a sense of having a future? Who are some role models youth can look to?

Consent for Building and Site Information in Research Study

Research Project Title: Culture is Healing: A Design for Suicide Prevention in Aboriginal Canada

Participant: _____

Researcher: Hailey Connor, B. Env. Des., current MA Interior Design student at the University of Manitoba

Researcher Contact: Hailey Connor, B. Env. Des.

Supervisor Contact: Mary Anne Beecher, Ph.D.
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Associate Dean—Research
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2. You will be contacted by the researcher to provide consent to access building and site drawings and plans. The information you provide will be referred to in the process of planning, programming, renovating and redesigning the existing property to accommodate the proposed suicide treatment facility the researcher is designing to fulfill a Master of Interior Design practicum requirement.
3. The information you provide will be drafted into a computer-assisted design program and manipulated to

accommodate the proposed hypothetical suicide treatment facility. Once the building information is duplicated, your copies will be returned to you via mail. Only the researcher and her practicum advisor will have access to the data for the duration of the project. To maintain your anonymity, only the address of the site and its current use will be used when discussing the project, and not yourself or the name of your business associated with the site.

4. If feedback regarding the practicum document is desired, please contact the researcher to provide a digital copy of the document at no charge.
5. This project has been approved by the University of Manitoba Joint-Faculty Research Ethics Board (JFREB)

____/____/____
dd mm yr

Name of Participant (please print)

Signature of Participant

____/____/____
dd mm yr

Signature of Researcher

12.1 APPENDIX B:

CODE REVIEW

Building Code Requirements as per the National Building Code of Canada 2005 Volume 2 A-3.1.2.2.(1)

The building is classified as Group B, Division 2 because it falls into the category of a psychiatric hospital without detention facilities. While it has components that could also fit into other sections, the facility's prime function is treating youth, and therefore will take on that classification.

The building is 3 stories high and sprinklered throughout.

3.2.8.5.

An exit opening into an interconnected floor space shall be protected at each opening into the interconnected floor space by a vestibule with doorways that are no less than 1.8 m apart, that is separated from the remainder of the floor area by a fire separation, that is designed to limit the passage of smoke so that the level of contamination in an exit stair shaft does not exceed the limit described in 3.2.3.2.

3.3.1.3. Means of Egress

3. Means of egress shall be provided from every roof which is intended for occupancy, and from every podium, terrace, platform or contained open space.

4. At least 2 separate means of egress shall be provided from a roof, used or intended for an occupant load more than 60.

5. A rooftop enclosure shall be provided with an access to exit that leads to an exit at the roof level or on the storey immediately below the roof

6. A rooftop enclosure which is more than 200 m square in area shall be provided with at least 2 means of egress.

7. Each suite in a floor area that contains more than one suite shall have a doorway into a public corridor or exterior passageway.

8. At the point where a doorway opens onto a public corridor or exterior passageway, it shall be possible to go in opposite directions to each of 2 separate exits.

3.3.1.5. Egress Doorways

1. Except for dwelling units, a minimum of 2 egress doorways located so that one doorway could provide egress from the room or suite if the other doorway becomes inaccessible to the occupants due to a fire which originates in the room

or suite, shall be provided for every room or suite that is intended for an occupant load of more than 60.

3.3.1.6. Travel Distance

1. If more than one egress doorway is required from a room or suite, the travel distance within a room or suite to the nearest egress doorway shall not exceed 45m

3.3.1.9. Corridors

1. The minimum width of a public corridor shall be 1100mm.

2. The minimum unobstructed width of a corridor used by the public or a corridor serving classrooms or patients sleeping rooms shall be 1100mm.

3. Obstructions located within 1980mm of the floor shall not project more than 100mm horizontally into an exit passage way, a public corridor, or a corridor used by the public or a corridor serving classrooms or patient sleeping rooms in a manner that would create a hazard for a person with a visual disability traveling adjacent to the walls

5. If a corridor contains an occupancy, the occupancy shall not reduce the unobstructed width of the corridor to less than its required width. The occupancy shall be located so that for pedestrian travel there is an unobstructed width not less than 3m at all times adjacent and parallel to all rooms and suites that front onto the public corridor.

3.3.1.11. Door Swing

2. A door that opens into a corridor or other facility providing access to exit from a room or suite that is used or intended for an occupant load more than 60 shall swing in the direction of exit.

3. Every door that divides a corridor that is not wholly contained within a suite shall swing on a vertical axis in the direction of travel to the exit.

4. If a pair of doors is installed in a corridor that provides access to exit in both directions, the doors shall swing in opposite directions, with the door on the right hand side swinging in the direction of travel to the exit.

3.3.1.16. Curved or Spiral Stairs

1. A curved or spiral stair is permitted in a stairway not required as an exit, provided the stair has treads with a minimum run not less than 150mm and an

average run not less than 200 mm.

3.3.3.4. Doorway Width

1. The minimum clear width of doorways through which it is necessary to move patients in bed shall be 1050mm.

3.4.2.3. Distance between exits

1. The least distance between 2 exits from a floor area shall be on half the max diagonal dimension of the floor area, but need not be more than 9m for a floor area having a public corridor, or one half the max diagonal dimension of the floor area, but not less than 9m for all other floor areas.

3.4.2.4. Travel Distance

2. The travel distance from a suite or a room not within a suite is permitted to be measured from an egress door of the suite or room to the nearest exit, provided the suite is separated from the remainder of the floor by a fire separation or the egress door opens onto an exterior passageway, or a public corridor that is separated from the remainder of the floor area.

3.4.2.5. Location of Exits

1. Exits shall be located so that the travel distance to at least one exit shall be not more than 45 m in a floor area provided it is sprinklered throughout.

3. Exits shall be located and arranged so that they are clearly visible or their locations are clearly indicated and they are accessible at all times.

3.4.3. 2. Exit Width

2. The minimum aggregate width of exits serving floor areas intended for a care or detention occupancy shall be determined by multiplying the occupant load of the area served by 18.4 mm per person.

$25 \times 18.4 \text{ mm (0.75")} = 460\text{mm (18.75")}$

4. The required exit width need not be cumulative in an exit serving 2 or more floor areas located one above the other.

8. The width of an exit shall be not less than

- a) 1100mm (43") for corridors and passageways
- b) 1100mm for ramps not serving patients sleeping rooms
- c) 1100 mm for stairs not serving patients sleeping rooms, that serve more than

two stories above the lowest exit level or more than one storey below the lowest exit level.

d) 900 mm (35.5") for stairs not serving patients sleeping rooms, that serve not more than two storeys above the lowest exit level

e) 1650 mm (65") for stairs and ramps serving patients sleeping rooms

f) 1050 mm (41.5") for doorways serving patients sleeping rooms

g) 800 mm (31.5") for doorways not serving patients sleeping rooms

3.4.6.8. Curved Stairs

2. A curved stair used as an exit shall have

a) a handrail on each side,

b) treads with a minimum run of 240 mm exclusive of nosing

c) an inside radius that is not less than twice the stair width.

3.5.4.1. Elevator Car Dimensions

1. All storeys shall be served by at least one elevator which has inside dimensions that will accommodate and provide adequate access for a patient stretcher 2010 mm long and 610 mm wide in the prone position

Section 3.7 Health Requirements

3.7.2.2. Water Closets

1. Water closets shall be provided for each sex assuming that the occupant load is equally divided between males and females.

5. Urinals are permitted to be substituted for two thirds of the number of water closets required by this article for males.

7. The number of water closets required for primary schools and day-care centers shall be at least one for each 30 males and one for each 25 females.

8. The number of water closets required for places of worship and undertaking premises shall be at least one for each 150 persons of each sex.

9. The number of water closets required for a care or detention occupancy shall be determined on the basis of the special needs of the occupancy.

Section 3.8 Barrier-Free Design

3.8.1.2.

1. Not less than 50% of the pedestrian entrances of a building shall be barrier free.

3.8.1.3. Barrier Free Path of Travel

1. The unobstructed width of a barrier-free path of travel shall be not less than 920mm.

3.8.3.3. Doorways and Doors

1. Every doorway that is located in a barrier-free path of travel shall have a clear width not less than 800 mm when the door is in the open position

11. A vestibule in a barrier free path of travel shall be arranged to allow the movement of wheelchairs between doors and shall provide a distance between 2 doors in series of not less than 1200 mm plus the width of any door that swings into the space in the path of travel from one door to another.

3.8.3.8. Water Closet Stalls

1. At least one water closet stall or enclosure in a washroom required to be barrier free shall be a) no less than 1500 mm wide by 1500 mm deep (5' x 5')

b) equipped with a door that can provides a clear opening not less than 800 mm wide when it is open

c) swings outward, unless sufficient room is provided within the stall or enclosure without interfering with the wheelchair

d) have a water closet located so that the clearance between the fixture and the wall on one side is not less than 285 mm and not more than 305 mm.

e) be equipped with grab bars that are mounted horizontally on the side wall closes to the water closet, not extending less than 450 mm in both directions from the most forward point of the water closet.

3.8.3.11. Lavatories

1) a barrier-free washroom shall be provided with a lavatory that is located so the distance between the centerline of the lavatory and the side wall is not less than 460 mm

Has a rim eight not more than 865mm above the floor

Has a clearance beneath the lavatory not less than 760mm wide, 735mm high at the front edge, 685 mm height at a point 205 mm back from the front edge.

3.8.3.12. Universal Toilet Rooms

1. Must have no internal dimension between the walls that is less than 1700mm.

3.8.3.14. Counters

1. Every counter more than 2m long, at which the public is served, shall have at least one barrier free section not less than 760 mm long centered over a knee space conforming to the washroom lavatory counter requirements.

2. A barrier free counter surface shall not be more than 865 mm above the floor.

3. The space beneath a barrier free counter intended to be used as a work surface shall not be less than 760mm wide, 685mm high, 485mm deep.

