This Survey is a quick questionnaire that is an especially valuable part of a needs assessment. The results of the needs assessment are to create a framework to develop a Mental Wellness Strategy for Bear Island. The reason that the Temagami First Nation has decided to conduct a needs assessment is that Mental Health was identified as one of the five priorities identified in the 10-year Community Health Plan.

Priority 1: Mental Health

- An integrated culturally safe approach to addressing addictions and mental health remain a priority for Temagami First Nation.
- Expand the reach of this program and ensure clients and participants are benefiting from services. A key response from the community engagement was to ensure that cultural. teachings are included in all programming. Since addictions and mental health remains a pressing concern in the community, the priority will be to continue to expand the program for all priority groups. (TFN Community Health Plan)

The information gathered will be utilized to apply for money for mental health services, decide which services to offer and how best to offer these potential services.

By answering these questions, you can provide valuable insight into the mental health needs and priorities of our small community. Your thoughts, ideas and opinions are the most important part of the needs assessment. Because you live and or work here, within the community, sharing your insight is a magnificent and vital component to the development of targeted interventions and support services for everyone.

Please sign below to tell me that you would like to participate in this survey and that you are giving me permission to use the information that you have provided by answering the questions. Your name is not asked for on the questionnaire. Please contact Paula Potts at 705 237 8090 if you have any questions, or make arrangements for me to collect your completed questionnaire. Also, you can email your completed questionnaire to paula.potts@Temagamifirstnation.ca

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I give Paula Potts of Na-Gik Consulting Services permission to utilize my answers to collect data for the TFN Mental Health Needs Assessment. (There are no names on the survey)
Name (please print)

Signature		