

P-791-86

Val-d'Or, July 10, 2018

To: Mr. Daniel St-Amour
Executive Director
Cree Board of Health and Social Services of James Bay

c.c.: Mr. John Hurley, Lawyer
Mr. François Dandonneau, Lawyer

From: Mrs. Edith-Farah Ellassal, Counsel

Subject: Request for information within the scope of the work conducted by the *Public Inquiry Commission on Relations between Indigenous Peoples and certain Public Services in Québec: listening, reconciliation and progress*

File N°: DG-0269-DEF

Mr. St-Amour,

Within the scope of its work, the *Public Inquiry Commission on Relations between Indigenous Peoples and Certain Public Services in Québec: listening, reconciliation and progress* (Public Inquiry Commission) solicits the cooperation of the **Cree Board of Health and Social Services of James Bay (CBHSSJB) regarding health, social services and youth protection services to obtain information concerning language and training on Indigenous cultures and realities to the employees within this institution.**

Accordingly, the Public Inquiry Commission wishes to obtain the following information and documents:

LANGUAGE

1. Translation

- 1.1. Are administrative and decisional documents available in another language than French only on demand from the service user? Please discuss the availability of such documents in English and in Cree (in land and coastal dialect).
- 1.2. What are the delays to obtain such documentation in another language than French? Please discuss the delays for English and Cree (in land and coastal dialect).
- 1.3. Are substitute measures offered? If so, which ones?
 - 1.3.1. Help from a liaison agent to fill out forms?
 - 1.3.2. Vulgarisation/explanation meetings with an interpreter present to discuss the content of such documents?
 - 1.3.3. Every other substitute measures.

2. Interpreter

- 2.1. Is the possibility for your service users to have access to an interpreter systematically mentioned?
- 2.2. What is the availability of interpreters for your services?
 - 2.2.1. Are you in need of resources?
 - 2.2.2. If so, which ones? (Number of interpreters, budget, languages spoken by interpreters, etc.);
 - 2.2.3. What are the delays to have access to an interpreter?
 - 2.2.4. Are interpreters available in each Cree community or are they brought in from elsewhere?
 - 2.2.5. Are the interpreters specialized in health, social services or youth protection services?
 - 2.2.6. Are the hired interpreters salaried employees or autonomous workers?
 - 2.2.7. For the hired interpreters both salaried employees and autonomous workers, please specify the source of funds to pay them: provincial health and social services budget or any other funding by specifying the source and/or the program.
- 2.3. Have the interpreters received a training course in language interpretation? Or more broadly, what are the hiring criteria?

3. Linguistic adaptation

- 3.1. Is it possible for the service users to have access to your services in Cree, English or any other language? If so, in which languages?
- 3.2. Is the knowledge of French or English languages from your service users verified systematically?
- 3.3. Is there any other measures of linguistic adaptation in your services?
 - 3.3.1. Hiring of multilingual employees?
 - 3.3.2. Cree, English or French courses offered to the employees?
 - 3.3.3. A glossary of words used more frequently in another language than French?
 - 3.3.4. Use of multilingual employees as interpreters?
 - 3.3.5. Every other measures of linguistic adaptation.

TRAINING

4. Training on Indigenous cultures and realities

- 4.1. Any and all information regarding training, conferences, seminars, symposiums, professional development, educational activities or any course given on Indigenous cultures and realities to the employees of the CBHSSJB, since 2001;
- 4.2. For every training given, please specify the following information:
 - 4.2.1. The title;
 - 4.2.2. The type;
 - 4.2.3. The date;
 - 4.2.4. The length;
 - 4.2.5. Was it mandatory or not;

- 4.2.6. When within the career path of the employee was the training offered (e.g.: at the beginning of the employment (0-3 months), over the course of the first year, after the first year, at the request of the employee, in response to a crisis situation, other);
- 4.2.7. How often is the training offered;
- 4.2.8. The number of employees who participated;
- 4.2.9. The functions assumed by the employees (by mentioning if they work directly with Indigenous peoples or not);
- 4.2.10. Who designed/created the training;
- 4.2.11. All evaluations or follow-up in hindsight of the training.

You are kindly requested to provide us with any information or documents supporting the information that you will send us in response to this request, even if they are not included in the aforementioned list. These documents will help the Public Inquiry Commission fulfill its mandate, which reads as follows:

The Public Inquiry Commission has the mandate to investigate, address facts and conduct analyses in order to make recommendations concerning concrete, effective, lasting remedial measures to be implemented by the Government of Québec and indigenous officials to prevent or eliminate, regardless of their origin or cause, all forms of violence, discriminatory practices and differential treatment in the delivery of the following public services to Québec's indigenous people: police, correctional, legal, health and social services, as well as youth protection services.

Firstly, we ask you to notify us within **five (5) days** if you are unable to respond to this request (e.g.: the information is not available or is nonexistent), and explain the reasons for this in an email to genevieve.richard@cerp.gouv.qc.ca

Secondly, we ask you to respond to this letter by communicating the requested information and documents **within the next fifteen (15) days**.

Any non-confidential information can be emailed to (nicole.durocher@cerp.gouv.qc.ca). If the documents are tagged as confidential, we suggest you use our Secure Document Sharing (*Partage sécurisé de documents* – PSD) platform for safe transmission. If you find this solution convenient, please confirm by email (nicole.durocher@cerp.gouv.qc.ca) so that we can send you the procedure for using it.

For any matters concerning this request, please contact Mrs. Geneviève Richard, Lawyer by email genevieve.richard@cerp.gouv.qc.ca or by phone 819 527-0847.

Thank you for your cooperation.
Best regards,

Mrs. Edith-Farah Elassal

Counsel

Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec: listening, reconciliation and progress

600, avenue Centrale, Val-d'Or (Québec) J9P 1P8

Tél.: (sans frais / toll free) 1 844 580-0113

Tél.: 819 354-3128

Cell.: 819 527-6168

edith-farah.elassal@cerp.gouv.qc.ca



Montreal, August 17, 2018

Me Edith-Farah Elassal

Procureure / Counsel

Public Inquiry Commission on Relations between Indigenous Peoples and certain Public Services in Québec:
listening, reconciliation and progress (CERP)

600, avenue Centrale

Val-d'Or, QC J9P 1P8

edith-farah.elassal@cerp.gouv.qc.ca

(Nicole.durocher@cerp.gouv.qc.ca)

c/o

Mr. François Dandonneau, Gowlings

RE: **DG-0269-DEF**

Dear Me Elassal,

Please find below the CBHSSJB response to your request DG-0269. We regret that some of the requested information is not available; we have answered the series of questions under Question 4 to the best of our ability with available information.

Thank you for your patience in giving our organization additional time to assemble this response. We also appreciate the opportunity to respond in English. Some of the links below to our website and other sources are available in French.

The questions in this request confirm for us that the Commission understands the important relationship between cultural safety and language, and how gaps in this area can reinforce and even exacerbate systemic racism. At the same time, working together to overcome these gaps can result in lasting positive changes for Indigenous Peoples in Quebec as well as for service providers of all cultural backgrounds working in the health and social services network of this province.

Katherine Morrow

Coordinator of Communications

Katherine.morrow@ssss.gouv.qc.ca

on behalf of Mr. Daniel St-Amour, Executive Director

c.c. Tracy Wysote

QUESTIONS AND ANSWERS

1.1 Are administrative and decisional documents available in another language than French only on demand from the service user?

Documents created by the CBHSSJB for its own service users are normally in English and Cree. Documents in use in the Quebec health network (such as medical forms) are translated into English, if they are not already available in that language. English translations of less commonly used documents are available upon request.

As communicated in our reply to DG-0136-DEF, Cree is primarily an oral language and levels of Cree literacy vary very widely within the population, Cree spoken in Eeyou Istchee has several dialects and two distinct writing systems. Exact equivalents for many terms and phrases used in the health and social services sector do not exist in Cree. Systematic translation of administrative and decisional documents into Cree would not in and of itself meet the objective of increasing accessibility. We need to be pragmatic and find ways of using the Cree language in our services that are meaningful and inclusive. This may mean creating culturally adapted materials that have sections of Cree text combined with English. The CBHSSJB has two part-time translators on staff, one who is proficient in inland Cree and the other who specializes in coastal dialects. With their assistance materials are adapted into bilingual English-Cree materials where certain key phrases are translated into Cree. The Wiichihiituwin booklet¹ is a good example of this approach.

15 out of 385 people self-identified as unilingual speakers of Northern East Cree according to the Statistics Canada 2016 Census. The small number of people in the sample is indicative of the lack of reliable statistics on Cree language use and literacy. The Cree Health Board's approach is informed by our experience, which indicates that less than 10% of our clientele speak only Cree, and the majority speak Cree plus some English at varying levels of fluency and literacy. The population-wide level of functional literacy in Cree is difficult to evaluate precisely, and varies widely from person to person even within the same age group and community. More reliable data would be immensely valuable. Given these realities, the approach of the Cree Health Board is to prioritize the use of oral language. One of the main reasons for having a family escort during medical travel is to facilitate communication across language barriers.²

1.2 What are the delays to obtain such documentation in another language than French? Please discuss the delays for English and Cree? (inland and coastal dialect).

¹ <http://www.creehealth.org/sites/default/files/Wiichihiituwin%20Pamphlet%20FINAL%20low%20res%20mar2017.pdf>

² <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016022/98-200-x2016022-eng.cfm>

French to English translation is done by a full-time staff Traductrice agréé Martine Saddik or through an external firm identified through a competitive tender process in 2016 (Services linguistiques Versacom). Requests are submitted via the Corporate Services unit. Translation turnaround for French to English depends on volume and workload but in general, short documents of less than 3 pages can be translated within 2 business days. Longer documents such as reports and guides may take several weeks to translate and revise.

Cree translation takes longer and it is not the general policy of the CBHSSJB to translate texts longer than 2 pages into Cree (for the reasons mentioned in 1.1, namely that this would not actually facilitate access to services for the majority of our clientele). The focus of Cree translation is on building a Cree lexicon of words and phrases. Translation of a short text (1 paragraph) into Cree may take 1 full business day, plus an additional several days to review, discuss and validate the spelling and selection of terms in order to find a consensus that works across multiple dialects. Cree translators do not have access to the same software and reference tools available to translators working with major world languages. Their process is slower and involves discussion and interaction with both subject matter experts and other language keepers such as Elders.

1.3 Are substitute measures offered? If so, which ones?

A person to guide the service user in reading and understanding the document, such an Interpreter, or in many cases a Cree speaking service provider or family member acting as an escort to a patient travelling outside the territory.

Please note our answer to Question 4 of DG-0136 as follows:

Question 3 – Translators and interpreters

Any information related to accommodation measures (e.g.: assistance of an interpreter) provided in health, social and youth protection services to any patient and enabling them to express themselves in Cree.

Answer:

- In Youth Healing Services, there is no need for interpreters because all the workers speak Cree.
- At Wiichihituwin Val-d'Or we have 3 Cree interpreters available from 8h00 to 17h00 to help client to translate at their medical appointment if needed, they are available to go with client at the other medical site in the Abitibi-Temiscamingue. In Montreal, 4 interpreters are available in the RUISS McGill establishments. A Cree community worker at centralized lodging visits and supports Cree clients in difficulties. In Chibougamau, 2 interpreters are available 24hrs.
- For those receiving services in the community, there are Cree speakers whose role it is to assist with translation if needed: Beneficiary Attendant, Community Health Representative (CHR), Telehealth Technician and others.
- The Cree Health Board recently launched an online app called East Cree Medical with the specific purpose of assisting frontline workers to explain medical issues to clients in Cree language.

1.3.1 Help from a liaison agent to fill out forms?

Yes.

1.3.2 Vulgarisation/explanation meetings with an interpreter present to discuss the content of such documents?

Yes.

1.3.3 Every other substitute measures.

Audio translation is a very helpful substitute measure. The CBHSSJB website is adapted to be able to accommodate an mp3 audio file playable from the page, which contains a spoken version of the English or French contents of the page.

The Cree Health Board produces Miyupimaatisiiuun Dipajimoon ('Health News'), a bi-weekly regional radio programme on health and well-being, where specific health topics are explored in the Cree language. The show is archived on SoundCloud so that clips can be shared on the Cree Health Board's social media sites and its website, and these clips can also be used in an educational or clinical setting. Cree speaking professionals are frequently invited to take part in radio interviews for health promotion, and are offered media training if needed.

View the program topics: https://soundcloud.com/search/sounds?q=creehealth&filter.created_at=last_year

2.1 Is the possibility for your service users to have access to an interpreter systematically mentioned?

Yes.

2.2 What is the availability of interpreters in your services?

- At Wiichihituwin Val-d'Or we have 3 Cree interpreters available from 8h00 to 17h00 to help client to translate at their medical appointment if needed, they are available to go with client at the other medical site in the Abitibi-Temiscamingue.
- In Montreal, 4 interpreters are available in the RUISS McGill establishments. A Cree community worker at centralized lodging visits and supports Cree clients in difficulties. In Chibougamau, 2 interpreters are available 24hrs.
- For those receiving services in the community, there are Cree speakers whose role it is to assist with translation if needed: Beneficiary Attendant, Community Health Representative (CHR), Telehealth Technician and others.

2.2.1 Are you in need of resources?

Yes.

2.2.2 If so, which ones?

Training

Investment in training and capacity building of our staff to build language skills and cultural understanding. Access to interpretation, captioning and translation of professional development modules, materials and guidelines on the one hand, to help Cree workers maintain function within a predominantly French speaking provincial health network. On the other hand, there is a need for greater support for non-Indigenous employees to have access to ongoing opportunities to deepen their cultural knowledge and understanding. The best way to do this is often to give people the opportunity to experience Cree culture, values, language and traditions through meaningful cross-cultural exchange outside the workplace: in bush camps, on the land, etc. This approach could also be beneficial for healthcare personnel working in hospitals in Chibougamau and Val-d'Or where many Cree people receive services. There exist many community partners that have expertise in this area, both within the communities and in the surrounding regions. For example: Friendship Centres, Elders' Councils etc.

Technology and connectivity

The Cree Health Board benefits from Government investments in strengthening information and communication infrastructure in the North. Technology can play a very significant role in facilitating culturally safe care, not least by enabling service users to receive certain diagnostic and other services while remaining in their home community. The benefits also include opening more possibilities for the use of secure visio-conferencing, livestreaming, use of multimedia in training (especially video), and access to distance learning platforms. Thus, initiatives in the area of connectivity, telemedicine and technology can actually have a great impact on reducing systemic inequities and increasing cultural safety.

Access to English translations

Financial support for high professional quality English-French translation. The Cree Health Board dedicates significant resources to English-French translation in order to ensure that our clients understand written materials connected with their care. There is also a need to ensure that our Cree staff can keep pace with continuous medical education in a context where many professional orders do not translate much of their information into English. This issue is accentuated when the client is outside the territory in a French-speaking region such as Val-d'Or and Chibougamau.

Given the cost of technical and specialized translation, network partners could make more effective use of scarce translation resources if translations were approached on a collaborative basis and the results were shared widely as official translations. There may be opportunities for greater collaboration between regions in this area.

The CERP is an example of a thoughtful approach to language within the Quebec public sector context that worked well, because it was flexible and adaptable and used a range of approaches and technologies to ensure inclusion and participation, such as: bilingual website, community tour, bilingual livestreaming.

Indigenous language medical terminology development

Initiatives such as the Cree Medical App underline the need to keep working on developing medical and technical vocabulary in indigenous languages including Cree. These languages do not have readymade words for newly invented technologies and techniques, such as magnetic resonance imaging and chemotherapy. The words and terms must be continuously developed by groups of experts that include knowledgeable elders, subject matter experts, and people who understand the needs of patients. Support for these collaborative linguistic development processes is essential for all Indigenous languages.

2.2.3 What are the delays to have access to an interpreter?

Interpreters are available on site during working hours in specific locations in Montreal, Val-d'Or and Chibougamau. There are not enough of them to be able to assist in every situation all the time. This is one of the reasons why many of our clients, and certainly unilingual Cree speakers such as Elders, travel with an authorized family escort.

2.2.4 Are interpreters available in each Cree community or are they brought in from elsewhere?

In the communities, Cree members of the team provide interpretation in situations that require it, such as a discussion between a nurse who does not speak Cree, and a client who does not speak English. This could be a Community Health Representative, Community Worker, NNADAP worker, Cree nurse, Pharmacy Technician, Homecare Worker, Beneficiary Attendant or other professional role that involves interaction with clients in a clinical setting. The need for professional on-site Cree interpreters is for Cree clients receiving services outside the communities, i.e. in Chibougamau, Val-d'Or and diverse sites around Montreal, and certain other locations such as Rouyn and Amos.

2.2.5 Are the interpreters specialized in health, social services or youth protection services?

Not in general. They gain this expertise on the job.

2.2.6 Are the hired interpreters salaried employees or autonomous workers?

Salaried.

2.2.7 For the hired interpreters both salaried employees and autonomous workers, please specify the source of funds to pay them; provincial health and social services budget or any other funding by specifying the source and/or the program.

Ministry of Health and Social Services of Quebec.

2.3 Have the interpreters received a training course in language interpretation? Or more broadly, what are the hiring criteria?

The person must be fluent in Cree and English or French. Professional certification in a language field is an asset, but not essential.

3. Linguistic Adaptation

3.1 Is it possible for the service users to have access to your services in Cree, English or any other language? If so, which languages?

Cree, English and French.

3.2 Is the knowledge of French or English languages from your service users verified systematically?

No, although it may be noted on the medical file or in the Care4 system which tracks medical travel outside the Territory.

3.3 Is there any other measures of linguistic adaptation in your services?

The Cree Medical App³ is an initiative to create a mobile app of medical terminology specifically to assist service providers to ensure that their clients understand and are able to exercise their choices in respect to their care.

3.3.1 Hiring of multilingual employees?

Yes.

3.3.2 Cree, English or French courses offered to the employees?

After several years of planning and some stalled efforts, Cree courses have begun to be offered to staff in 2018 as a pilot project. Two teachers have been engaged by Human Resources and deliver courses using Webex video-conferencing. There is no pre-existing existing curriculum. The teachers have to develop their own. Lessons will be learned from the pilot that may have relevance for other organizations.

English and French training is not routinely offered to employees. English language business communication is among the topics covered in the Cree succession program.⁴

3.3.3 A glossary of words used more frequently in another language than French?

Yes. See Cree Medical App (Footnote 1)

A glossary of Cree terms and phrases used in the CBHSSJB also exists, as a resource to the Cree translator and others.

Specific topic-based Cree lexicons⁵ have been developed to ensure consistent use of terminology in health education and promotion.

³ <http://www.creehealth.org/news/community-stories/cree-health-board-honours-ann-marie-awashish-during-launch-cree-language>

⁴ Read more about the Cree succession program: <http://www.creehealth.org/cree-succession>

⁵ <http://www.creehealth.org/search/site/lexicon>

3.3.4 Use of multilingual employees as interpreters?

Yes.

3.3.5 Every other measures of linguistic adaptation.

- Multilingual signage;
- Bilingual website with Cree audio translations;
- Consent forms done in video format
- Culturally adapted pictograms for speech-language pathology and other therapeutic contexts (in planning phase)
- Transcription into English of Cree language video material
- Participation in Cree regional consultations to strengthen the Cree language and encourage its use.

TRAINING

4. Training on Indigenous cultures and realities

4.1 Any and all information regarding training, conferences, seminars, symposiums, professional development, educational activities or any course given on Indigenous cultures and realities to the employees of the CBHSSJB, since 2001;

4.2 For every training given, please specify the following information:

4.2.1 The title;

4.2.2 The type;

4.2.3 The date;

4.2.4 The length;

4.2.5 Was it mandatory or not;

4.2.6 When within the career path of the employee was the training offered;

4.2.7 How often is the training offered;

4.2.8 The number of employees who participated

4.2.9 The functions assumed by employees (by mentioning if they work directly with Indigenous peoples or not)

4.2.10 Who designed/created the training;

4.2.11 All evaluations or follow-up in hindsight of the training.

Due to lack of availability of the information, we are unable to complete this section in detail.

In the CBHSSJB, the cultural component is integrated into other trainings. Training often takes place in the context of annual or semi-annual team meetings of professional groups (such as CHRs, managers, etc.). These trainings, organized with the support of the Human Resources Development Unit, will usually include a component of cultural reflection. Very often, they include specific cultural elements such as opening prayer, feast, or a chance to consult with Elders in a traditional setting. Methodologies such as the Blanket Exercise⁶ are increasingly used to introduce non-Indigenous colleagues to a deeper understanding of the Cree experience, including its history of colonization and residential schools.

The creation of the Nishiiyuu Department in 2011, with a specific mandate to help integrate Cree healing knowledge and values into the services offered by the Cree Health Board, has helped accelerate the effort because there is now a dedicated group within the CBHSSJB to help guide the organization, and a readily accessible internal knowledge pool with access to the Nishiiyuu Council of Elders and other holders of knowledge.

Cultural Safety is a relatively new file for the Nishiiyuu Department and is in the preliminary stages of planning. The aim of Cultural Safety is to provide all services in accordance with the cultural values and realities of the Cree people. This process will be supported by key partners from the CBHSSJB's new Clinical Coordination and Integration Committee (CCIC) and the Nishiiyuu Council of Elders. Nishiiyuu's role on the CCIC will be to ensure the cultural safety of program and service delivery. Local CCICs will be multidisciplinary teams including a Nishiiyuu representative, charged with advising local CMC directors. *The Nishiiyuu Department is also developing education material related to the culturally safe and appropriate delivery of programs throughout the CHB.*

Another positive factor was the Truth and Reconciliation Commission, which helped to ensure that culture and specifically Cultural Safety is treated as a priority. The Chair and Board of Directors of the organization have reflected on how to apply the TRC recommendations in a meaningful way in the work of the Cree Health Board.

Without being able to present a comprehensive picture of every single training of the last 17 years, a recent example will show the direction the Cree Health Board is taking in this area. The systematic inclusion of cultural

⁶ <https://www.kairosblanketexercise.org/>

teaching into new employee orientation is happening at a faster pace as successful approaches are identified and efforts are made to keep this issue in focus in capacity building efforts.



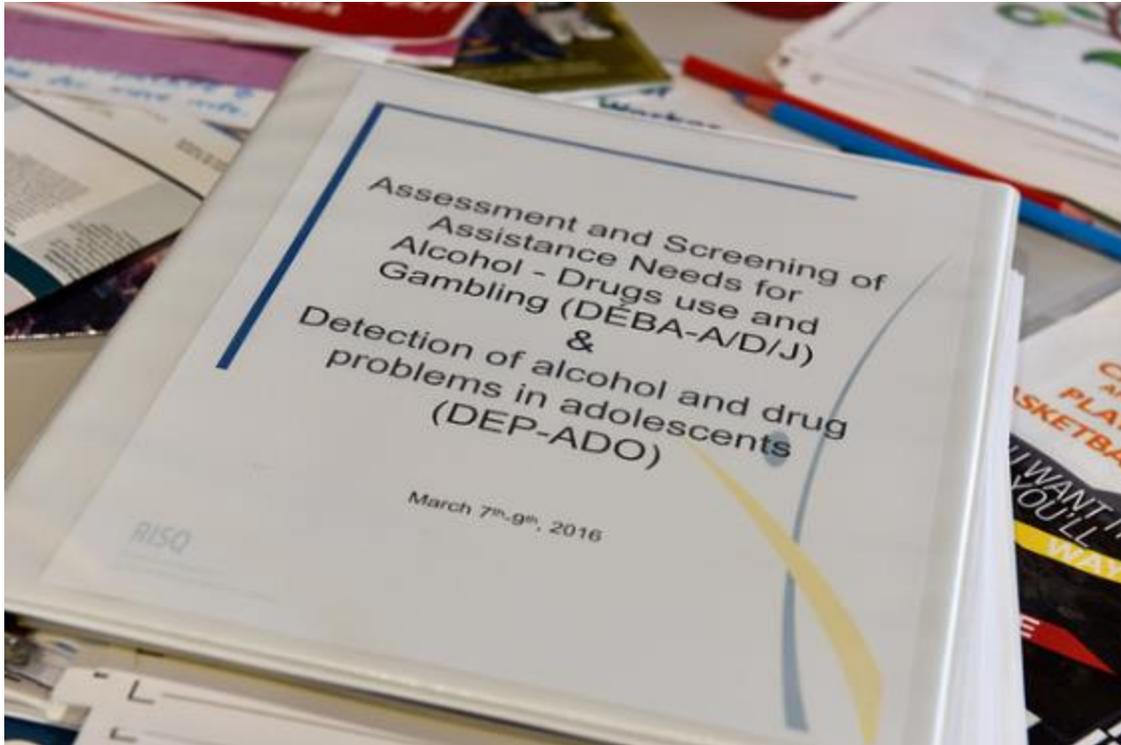
The newly hired mental health nurses and other Cree Health Board staff received cultural competency training with members of the Nishiiyuu department at the Elders' Camp in Chisasibi. This training took place during the week of May 23 2016 and explored the history, values and traditions of the Cree of Eeyou Istchee, looking at residential school experiences and other sources of trauma, as well as the sources of strength and resiliency in the past and the present. This understanding will help the nurses serve their clients better when they take up their new responsibilities in the community. The new hires will be based in Mistissini, Wemindji, Eastmain, Nemaska and Chisasibi, providing these communities and their CMC teams with more consistent and locally based mental health support.

Mental Health:
Key Words & Concepts

English	East Cree/Northern Dialect (Chisasibi Lexicon Workshop May 2006 **)	Southern Cree Dialect (Moosehide Lexicon Workshop July 2006 **)
General Terms		
Mental health	ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ	ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ
Mental illness	ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ	ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ
Psychological problem	ᑲ ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲᑲᑲᑲᑲ	ᑲ ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲᑲᑲ
Emotional problem	ᑲ ᑲᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ	ᑲ ᑲᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲ
Mood problems	ᑲ ᑲᑲᑲᑲᑲ	ᑲ ᑲᑲᑲᑲᑲᑲᑲ
Mood disorder	ᑲᑲ ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲᑲ	ᑲᑲ ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲᑲ
Psychotic	ᑲᑲ ᑲᑲᑲᑲ ᑲᑲᑲᑲᑲᑲ	ᑲᑲ ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲᑲ
Impulse control	ᑲᑲ ᑲᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲ	ᑲᑲ ᑲᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲ
Violent behaviour		ᑲᑲ ᑲᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲ
Anger	ᑲ ᑲᑲᑲᑲᑲ / ᑲᑲᑲᑲᑲᑲ	ᑲ ᑲᑲᑲᑲᑲ / ᑲᑲᑲᑲᑲᑲ
Anxiety	ᑲ ᑲᑲᑲᑲᑲᑲ / ᑲᑲᑲᑲᑲᑲᑲᑲ / ᑲᑲᑲᑲᑲᑲᑲ	ᑲ ᑲᑲᑲᑲᑲᑲᑲ / ᑲᑲᑲᑲᑲᑲᑲᑲ
Stress	ᑲ ᑲᑲᑲᑲᑲᑲ	ᑲᑲᑲᑲᑲᑲᑲ
Specific Problems and Symptoms		
Somatization	ᑲᑲᑲᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲ ᑲᑲᑲ	ᑲᑲᑲᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲ ᑲᑲᑲ
Anxiety and Anxiety Disorders		
Fearing fearful (often or all the time)	ᑲ ᑲ ᑲᑲᑲᑲᑲ	
Excessive nervousness	ᑲ ᑲᑲ ᑲᑲᑲᑲᑲ	
Shakiness (inside heart/throat in stomach)	ᑲ ᑲᑲᑲᑲᑲᑲ ᑲᑲ ᑲᑲᑲ	
Worry	ᑲ ᑲᑲᑲᑲᑲᑲ	ᑲ ᑲᑲᑲᑲᑲᑲ
Irritable	ᑲ ᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲ / ᑲ ᑲᑲᑲᑲᑲᑲᑲᑲ	ᑲ ᑲᑲᑲᑲᑲᑲᑲ ᑲᑲᑲ
Restless	ᑲᑲ ᑲ ᑲᑲᑲᑲᑲ	ᑲᑲ ᑲ ᑲᑲᑲᑲᑲ
Anxiety	ᑲ ᑲᑲᑲᑲᑲᑲ / ᑲᑲᑲᑲᑲᑲᑲᑲ / ᑲᑲᑲᑲᑲᑲᑲᑲ	ᑲ ᑲᑲᑲᑲᑲᑲᑲ
Phobias		
Specific Phobia	ᑲ ᑲᑲᑲᑲᑲᑲᑲᑲ	ᑲ ᑲᑲᑲᑲᑲᑲᑲᑲ
Unreasonable fear	ᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲᑲᑲᑲᑲᑲ	ᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲᑲᑲᑲᑲ
Irrational fear	ᑲᑲ ᑲᑲᑲᑲᑲᑲᑲᑲᑲ ᑲ ᑲᑲᑲᑲᑲᑲᑲ	ᑲᑲ ᑲᑲᑲᑲᑲᑲᑲᑲᑲ ᑲᑲ ᑲᑲᑲᑲᑲᑲᑲ

Return comments as well as suggested additions, deletions, changes etc to Dr. Kathryn Gill by email at kathryn.gill@rcsgp.ca or by fax at (514) 934-6252. Note that additional consultations and workshops will be held to refine and expand the Lexicon based upon commentary and feedback from the communities.

Typical format of a Cree language lexicon.



Example of the type of professional development documents which would be translated from French into English for use in trainings.



Cree interpreter (right) at Montreal General Hospital with Community Worker, CBHSSJB Chairperson and Director of Wiichihituwin Services which oversees Cree Interpreters working in Montreal, Val-d'Or and Chibougamau.



Mary Shem, Cree translator employed by the CBHSSJB since 2017.

Cree interpreters 

- Interpreter services are guaranteed if arranged in advance.
- Cree interpreter services are offered to all clients in Montreal, Val d'Or and Chibougamau.
- The interpreter will give preference to clients who are alone.
- If the client has an escort, the interpreter will check that the escort is able to translate.

Do interpreter services need to be set up before the client leaves the community?

- **In Montreal:** call the Wiichihitwin office to arrange for an interpreter. Interpreters will see as many clients as possible at The Glen, MCH, and MGH.
- **In Val d'Or or Chibougamau:** ask at the Wiichihitwin reception.

What if the client needs services and they are out of the community?

- Call Wiichihitwin to make arrangements if you live outside the community.

25



Page from the guide for patients travelling outside Eeyou Istchee, explaining how they can access Interpreter services.