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## Improving mental health by focusing on the strengths of Aboriginal communities


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## Disclosure:

No relevant financial relationships exist.

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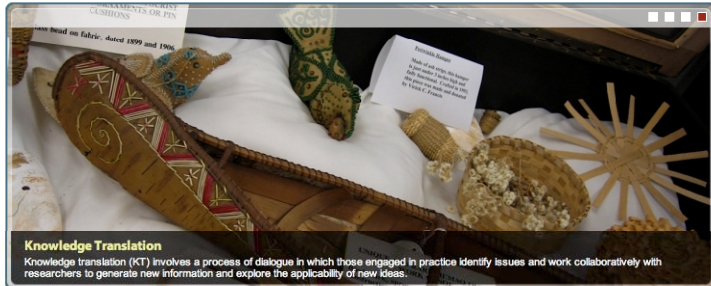
**NETWORK FOR ABORIGINAL MENTAL HEALTH RESEARCH**

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**Knowledge Translation**  
Knowledge translation (KT) involves a process of dialogue in which those engaged in practice identify issues and work collaboratively with researchers to generate new information and explore the applicability of new ideas.

[www.namhr.ca](http://www.namhr.ca)






### Welcome to the Network for Aboriginal Mental Health Research (NAMHR) Website

Funded by the [Canadian Institutes of Health Research](#) since December 1, 2001, the Network for Aboriginal Mental Health Research (NAMHR) is committed to building capacity for mental health and addictions research and knowledge translation in remote, rural and urban settings by working in close partnership with Aboriginal organizations and communities.


The priority of the Network is to develop research capacity. To that end, the emphasis is on networking and training for existing researchers and conducting a series of pilot projects that provide a basis to seek funding for larger scale projects from other sources including regular CIHR competitions, federal and provincial programs and Aboriginal organizations.

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## Culture and Mental Health Research Unit (CMHRU) Jewish General Hospital

The Culture and Mental Health Research Unit of the Department of Psychiatry, Sir Mortimer B. Davis-Jewish General Hospital, conducts research on the mental health of Indigenous peoples, mental health services for immigrants and refugees, cultural determinants of health behaviours, psychiatry in medicine, and the anthropology of psychiatry.



More information about Faculty  
Please see our [Faculty web page](#) for more information about our director, investigators and affiliated researchers.  
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**Director: Dr Laurence J. Kirmayer**

**Investigators**

- Dr Danielle Groleau (Public Health, Anthropology)
- Dr Jaswant Guzder (Child Psychiatry)
- Dr G. Eric Jarvis (Psychiatry)
- Dr Karl Cooper (Psychiatry)
- Dr Brett Thombs (Psychology)
- Dr Constantine Tranulis (Psychiatry)
- Dr Ashley Wazana (Child Psychiatry)
- Dr Phyllis Zelkowitz (Psychology)

**Affiliated researchers**

- Dr Myrna Lashey (Psychiatry, McGill)
- Dr Kelly McKinney (Humanities, Philosophy and Religion, John Abbott)
- Dr Toby Measham (Child Psychiatry, McGill)
- Dr Lucie Nadeau (Child Psychiatry, McGill)
- Dr Melissa Park (Occupational Therapy, McGill)
- Dr Cécile Rousseau (Child Psychiatry, McGill)
- Dr Andrew Rycer (Psychology, Concordia University)
- Dr Robert Whitey (Psychosocial Division, Douglas Hospital Research Center)



Lady Davis Institute  
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Jewish General Hospital

## Outline

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- Strengths and resilience based approaches to mental health and wellness
- The burden of mental health problems among Aboriginal peoples
- Roots of resilience
- Culturally-based, family centred mental health promotion for Aboriginal youth
- Implications for prevention and promotion

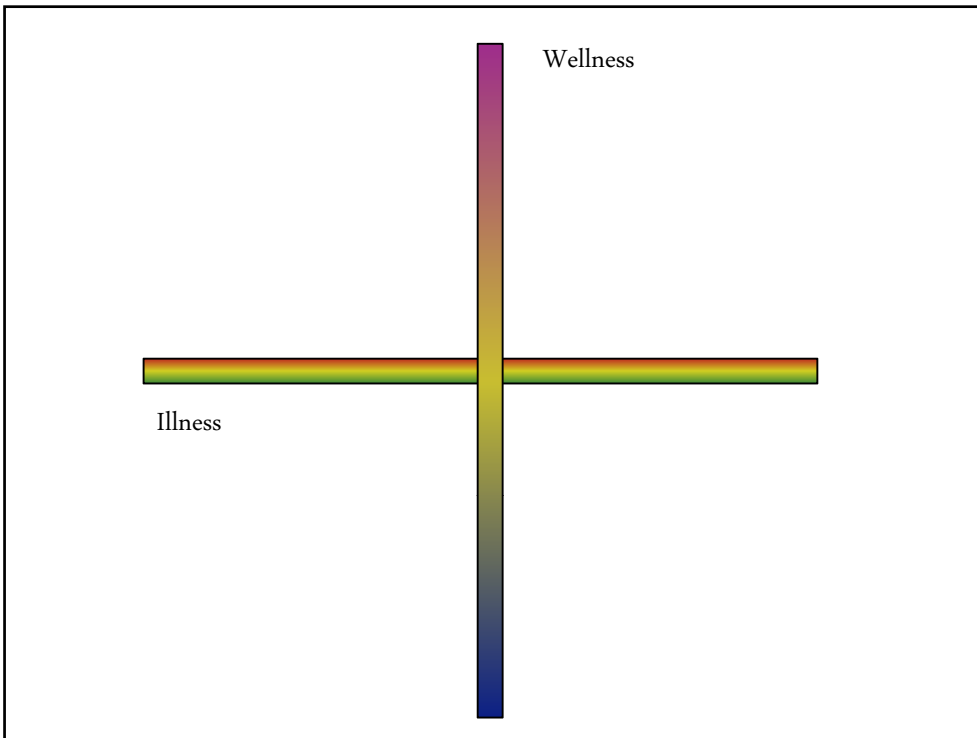
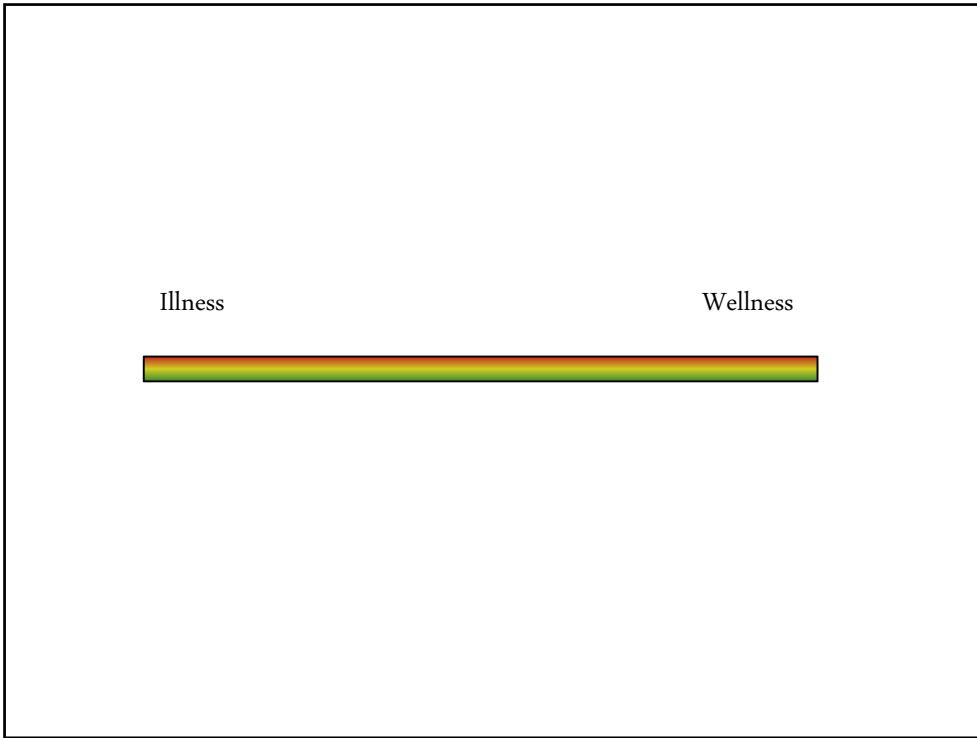
## What is Mental Wellness?

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- Mental health, mental illness and community wellness are concepts reflecting different aspects of well-being.
- Mental health often refers to lay notions such as personal happiness, fulfillment in life, overall well-being and sense of accomplishment or mastery

Mental health is the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of equity, social justice, interconnections and person dignity.

Joubert and Raeburn (1998; p.16)



WHO "Health For All" /  
Social Determinants of Health and Wellbeing

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- Cohesion: existential values, meaning, self-transcendence
- Control: mastery, participation, self-directedness
- Connectedness: social significance, to care, to be cared for
- Autonomy, integrity, identity, status, dignity

WHO Quality of Life

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- psychological dimensions (e.g. memory and self-esteem)
- social relationships
- environment (physical safety and security)
- home environment; financial resources
- availability and quality of health and social care
- opportunities for learning
- participation in recreation and leisure)
- spirituality, religion and personal beliefs

## Cultural Concepts of Health and Wellness

Way of Being	Values	Health	Wellness
Egocentric	individualism	self-esteem, competence	personal accomplishments
Sociocentric	familism, collectivism	relationships with others	harmony of family, clan, community
Ecocentric	ecological balance, exchange	connection to the land	balance in environment
Cosmocentric	cosmic order	spiritual or religious belief and practice	honoring of ancestors or creator

Adapted from: Kirmayer, L. J. (2007). Psychotherapy and the cultural concept of the person. *Transcultural Psychiatry*, 44(2), 232-257.

## Levels & Sources of Resilience

- ✿ Physiological systems: homeostasis and healing
- ✿ Individual constitution: temperament, personality, strengths and abilities
- ✿ Psychological processes: learning and problem solving, regulation of self-esteem, ways of coping
- ✿ Relationships: family, social networks, community
- ✿ Environment: ecological resilience
- ✿ Spirituality or philosophy: meaning and values

## Unique Situation of Aboriginal Communities

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- complex jurisdictional arrangements result in significant gaps in coverage and ambiguities or conflicts about responsibility;
- diversity of Aboriginal communities in terms of culture, language, geography, lifestyle and the scale and configuration of communities;
- high prevalence of specific types of problems, like suicide or substance abuse
- link between mental health problems and the history of historical trauma, loss and grief stemming from the impact of colonization, residential schools, and forced assimilation
- central importance for communities of maintaining language and cultural identity, values and traditions and directing their own lives.

Kirmayer, L. J. & G. G. Valaskakis, Eds. (2008). *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Vancouver, University of British Columbia Press.

## Transgenerational Effects of Residential Schools

<ul style="list-style-type: none"><li>• Enduring psychological, social, and economic effects on Survivors</li><li>• Models of parenting and child rearing based on institutional experiences</li><li>• Patterns of emotional responsiveness and expression</li><li>• Repetition of physical and sexual abuse</li><li>• Loss of cultural knowledge, language, and tradition</li><li>• Undermining individual and collective identity and self-esteem</li></ul>	<ul style="list-style-type: none"><li>• Devaluing and essentializing Aboriginal identity</li><li>• Individual and collective disempowerment, loss of control, and lack of efficacy</li><li>• Disruption of family and kinship networks</li><li>• Destruction of communities, nations, or peoples</li><li>• Damage to relationship with larger society<ul style="list-style-type: none"><li>– popular images, racism, stereotypes, government tutelage and bureaucratic control, and judicial and corrections system</li><li>– sense of living in a just society</li></ul></li></ul>
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**Kirmayer, L. J., Brass, G. M., Holton, T. L., Paul, K., Simpson, C., & Tait, C. L. (2007).** *Suicide Among Aboriginal Peoples in Canada*. Ottawa: Aboriginal Healing Foundation.

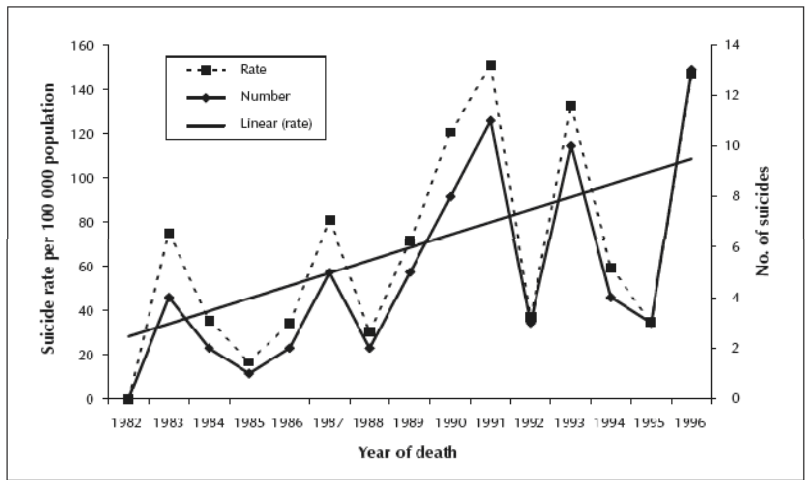
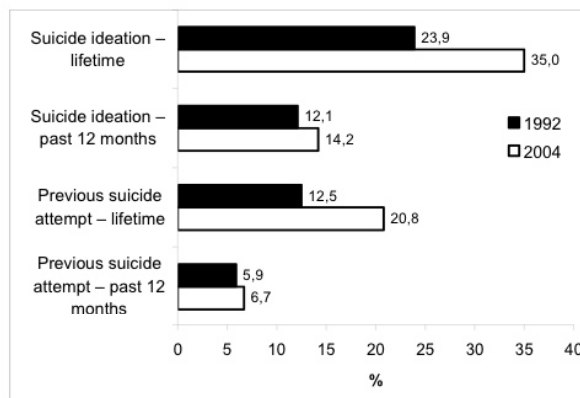


Fig. 1: Suicide rate and number of suicides by year from 1982 to 1996 among the Inuit in Nunavik, northern Quebec. Linear (rate) refers to the simple linear regression line showing trend in suicide rate.

Boothroyd, L. J., Kirmayer, L. J., Spreng, S., Malus, M., & Hodgins, S. (2001). Completed suicides among the Inuit of Northern Quebec: A case control study. *Canadian Medical Association Journal*, 165(6), 749-755.

**Figure 3**

Comparison of the prevalence of suicide ideation and attempts (%), population aged 15 years and over, Nunavik, 1992 and 2004

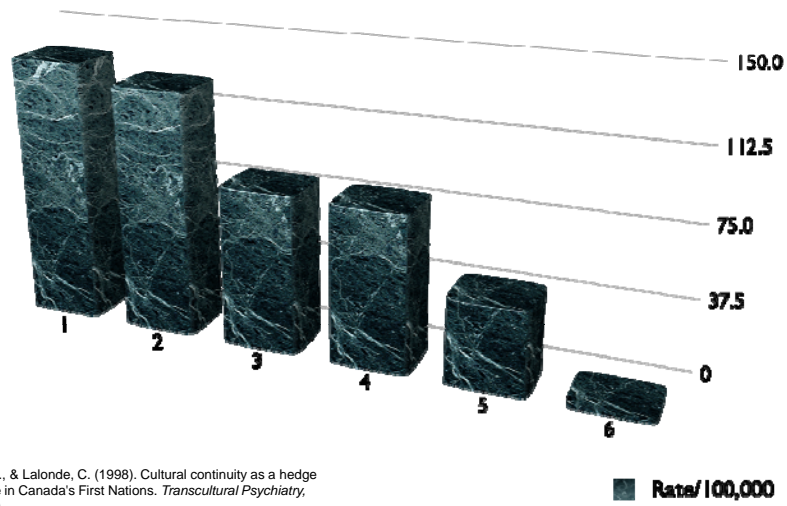


Suicide ideation/attempts (lifetime),  $p < 0.0001$ ;  
 Suicide ideation/attempts (past 12 months), not significant,  $p > 0.05$ .

Sources: Nunavik Inuit Health Survey 2004 and Santé Québec survey 1992.



### Suicide Rates by Number of Cultural Continuity Factors



### Replication, 1993-2000

Lalonde & Chandler

- \*majority of students attend band-run school
- \*band-controlled police & fire
- \*cultural facilities
- \*band-controlled health services
- \*history of land claims
- \*self-government
- \*advanced stage in land claims negotiation
- \*women account for more than 50% of elected officials
- \*band has local child protection services

## Alternative Interpretations

- \* Local control
  - *sense of empowerment, collective self-efficacy & self-esteem*
- \* Better infrastructure
  - *more activities for youth*
- \* High level of community organization
  - *order, solidarity & support, power sharing*
- \* Larger community
  - *buffering effect*
- \* More economically successful
  - *more opportunities for youth*
- \* Adaptation/pluralism rather than pure traditionalism

## Correlates of Relational Aggression Among Naskapi Youth

**Table 3**

Results of hierarchical regression analysis predicting relational aggression\*\*\*

Step and predictor	Multiple R	F	R <sup>2</sup>	ΔR <sup>2</sup>
1. Gender	.23	3.84	.05	.05
2. Age	.23	1.47	.05	.00
3. Depression	.26	1.24	.07	.02
4. Anxiety	.33	1.55	.11	.04
5. Prosocial skills	.35	1.31	.12	.01
6. Cultural identity	.54	3.17*	.29	.17**

\* p < .05 \*\* p < .01 \*\*\* p < .001

Flanagan, T., Iarocci, G., D'Arrioso, A., Mandour, T., Tootoosis, C., Robinson, S., et al. (2011). Reduced ratings of physical and relational aggression for youths with a strong cultural identity: Evidence from the Naskapi people. *Journal of Adolescent Health*.



**ICIHRP Roots of Resilience Project**

- ▶ Research Projects
- ▶ Collaborating Communities
- ▶ Get Involved
- ▶ People
- ▶ Resource Center
- ▶ News
- ▶ Contact Us

**News**

A community visit is scheduled in **Wemindji** at the end of May.

**Events**

FNIHB's First Nations, Inuit and Métis Health Research Meeting will take place in Montreal, April 16-18, 2008.



**Roots of Resilience: Transformations of Identity and Community in Indigenous Mental Health**

Roots of Resilience is a new interdisciplinary collaboration between researchers in Canada and New Zealand to study the factors that promote resilience in mental health among Indigenous people across the lifespan, focusing on the response to risk factors in early childhood, school age children, adolescence and young adulthood.

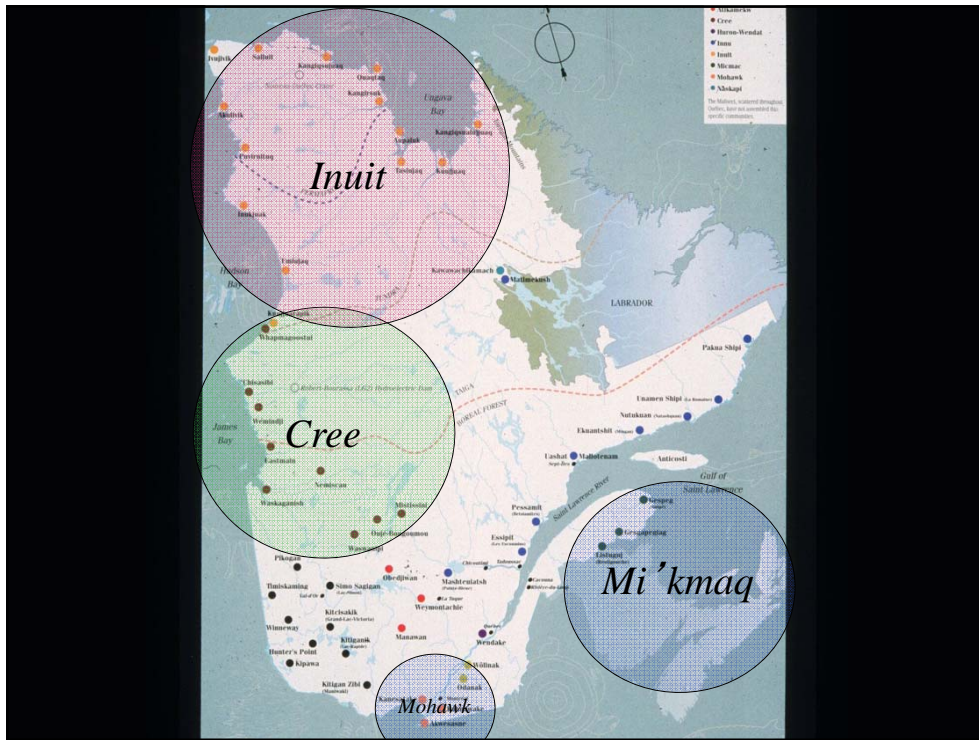
**The aims of the program are to:**

- Identify what is distinctive about resilience in Indigenous communities
- Share existing models and methods for research on resilience and assist in their development
- Design and carry out cross-national comparative studies in which the contrast between countries will allow us to identify the role of specific social and cultural factors

## Co-Investigators

- ✱ Stéphane Dandeneau, PhD, UQAM
- ✱ Morgan Phillips, MA, McGill
- ✱ Greg Brass, MA, McGill
- ✱ Karla Jessen Williamson, PhD, University of Saskatchewan





## What is Distinctive about Resilience Among Indigenous Peoples?

- ✿ distinct history, identity, culture and values
- ✿ specific historical and current challenges or types of adversity against which resilience is recognized
- ✿ particular contexts, constraints, and resources
- ✿ distinctive psychological and social strategies
- ✿ particular types of desirable outcome



#### KAHNEWAKE: FOCUS GROUPS, MAIN THEMES

- ✿ Elders see resilience as being able to survive during tough times (i.e. the depression, loss of riverfront due to the St. Lawrence Seaway). They recognize that we've become more educated and self sufficient, and that the language and culture are being revitalized.
- ✿ Adults see resilience as a renewal of nationalism, culture, language and ancestral pride, education is important.
- ✿ Youth see resilience is struggling with identity, individualism/materialism, and dealing with affects of the tobacco industry.
- ✿ Common Themes: "We're still here!", The Oka Crisis, the importance of family and extended family, individualism/materialism, effects of colonization, comparing the Holocaust to the history of Indigenous people.

### Indigenous Strategies of Resilience

- ✿ Connection to land and sense of place as ways of constituting and regulating the ecocentric self
- ✿ Recuperation of tradition, language, spirituality, healing as personal and collective resources
- ✿ Stories and storytelling as privileged way of knowing and transmitting collective identity
- ✿ Political activism as source of collective and individual agency

<b>Family and Community Connections</b>	Support from relatives Intergenerational communication Active parenting and family-remembrance
<b>Oral Tradition &amp; Storytelling</b>	Strength-based interventions in families Knowledge of traditional stories Community facing of stories
<b>Connection to the Land</b>	Participation in land-based activities Consumption of country food <i>Caring for Country</i> (Hargrett et al., 2009)
<b>Healing Traditions</b>	Number of doctors or others with healing knowledge Frequency of healing activities Number of people participating
<b>Spirituality &amp; Ceremony</b>	Number of Elders or others with ceremonial knowledge Frequency of ceremonies Number of people participating
<b>Collective Knowledge &amp; Identity</b>	Number of different types and frequency of activities to learn, honor or enhance collective knowledge and identity
<b>Cultural Centrality</b>	Local control of fire, police, education, social services and other organizations Cultural heritage centers
<b>Political Activism</b>	Land claims, self-government, involvement of community in challenges to development

Kirmayer, L. J., Sedhev, M., Whitley, R., Dandeneau, S., & Isaac, C. (2009). Community resilience: Models, metaphors and measures. *Journal of Aboriginal Health*, 7(1), 62-117.

## Culturally-Based, Family-Centred Mental Health Promotion for Aboriginal Youth

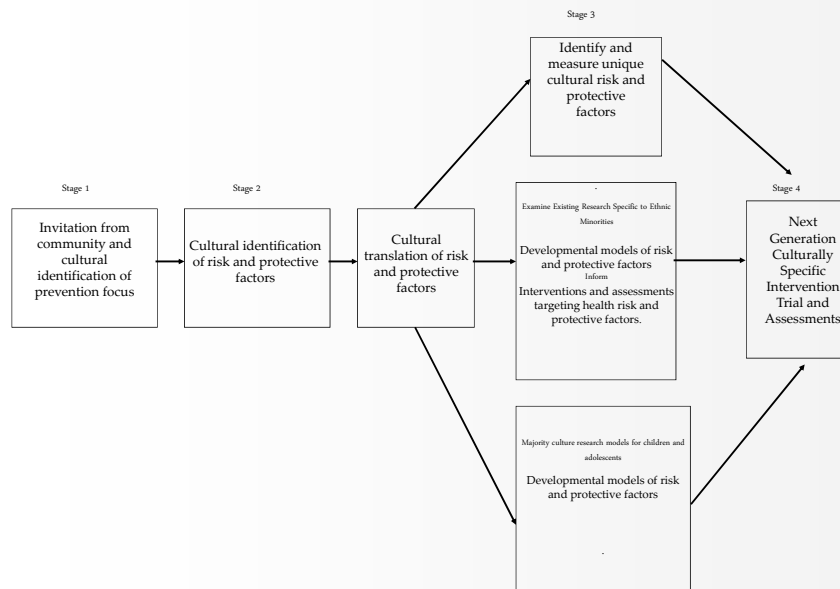
- PHAC Innovation program: Kirmayer, Whitbeck, Walls, and others
- Partners: 4 Anishnabe communities (Ontario), Swampy Cree Suicide Prevention Team (Manitoba), Splantsin First Nation (BC), First Nations of Quebec and Labrador Health and Social Services Commission
- McGill, CHU, INSPQ, University of Nebraska-Lincoln, University of Minnesota-Duluth, UQAM, University of Manitoba, Saskatchewan
- 15-session program for youth and their families
- package designed to help communities develop their own version
- network to support implementation

## Intervention Origins

- First family-centered culturally based substance use prevention was developed for 7<sup>th</sup>-8<sup>th</sup> grade students at three U.S. reservations in the mid-1990s
- Based on Richard Spoth's Strengthening Families Program
  - Completely revised and culturally adapted, but kept the some of the same basic constructs
- Revised via NIDA grant
  - Based on research findings lowered ages to 3<sup>rd</sup> and 4<sup>th</sup> graders
  - Added cultural content & more sessions
- Has been adapted for use by Lakota, Navajo, Pueblo Nations.
  - Used on Minnesota and Wisconsin reservations with state and tribal support
- **Current PHAC funding to expand content for mental health promotion and adaptation to other Indigenous cultures.**

Session	Content	Outcomes
Week 1: Welcome Feast	Participants meet each other and facilitators. There will be an introduction to the program, a Native American picnic party, and a chance to learn more about the program and where it was developed. Families view the drug and alcohol use "statistics video."	Positive Mental Health Influence of Post-war Features Social Acceptance, Mental Health Literacy
Week 2: Authentic History	"This session focuses on the history of the authentic people. Participants also have the opportunity to practice some Ojibwe language."	Environmental Mastery, Positive Affect, Self-acceptance, Social Cohesion, Social Growth, Social Inequality
Week 3: Big Family	"This week's topic is family and community. How can we build on the strengths of the individual family system from a contemporary view of family within authentic culture?"	Personal Growth, Positive Affect, Positive Relations with Others, Self-acceptance, Social Acceptance
Week 4: A Good Way of Life	Participants will discuss testimonials from people who had alcohol and substance abuse problems, but were able to get back on track with the help of family and/or community. Family groups play "Shut Out the Devil," a board game developed for this program.	Positive Affect, Positive Relations with Others, Self-acceptance, Social Acceptance, Social Cohesion, Social Inequality
Week 5: Help Seeking and Help Giving	No one is alone in dealing problems. Participants will be encouraged to seek help in a good way, to offer resources in the proper manner, and to talk to the doctor or spiritual leaders. Focus on calling someone for advice, a parent, a teacher if they or a friend is at risk for suicide.	Environmental Mastery, Positive Relations with Others, Social Acceptance, Social Contribution, Social Care in
Week 6: Stress & Anger Management	Participants learn a new skill that can be used in dealing with anger and other forms of emotional distress. Focus on reducing impulsive that increases risk for suicide.	Environmental Mastery, Personal Growth, Positive Affect, Positive Relations with Others, Self-acceptance, Mental Health Literacy
Week 7: What's For You?	Participants learn a skill to cope with stress and emotions associated with cultural transition such as relationship break-ups, peer problems, and disappointments. Parents learn to recognize signs of depression and suicide risk.	Self-acceptance, environmental mastery, positive affect, Mental Health Literacy
Week 8: Positive Self-talk	Participants will learn the "Telling STUFF" model for thinking about, dealing with, and solving problems.	Awareness, Environmental Mastery, Communication Skills
Week 9: Historical Lens	Review of signs of and feelings associated with historical loss. Content to be developed in consultation with First Nations elders.	Environmental Mastery, Social Cohesion, Social Growth, Social Inequality, Resilience
Week 10: Discrimination	Participants discuss experiences of discrimination they have had with others and strategies for dealing with such aggression.	Environmental Mastery, Positive Affect, Self-acceptance, Social Cohesion, Social Growth, Social Inequality

## Culture-Specific Assessment & Intervention Strategy



## Evaluation Strategy: PHAC Project

- Mixed-Method Evaluation at 4 levels
- Program
  - Process of engagement and implementation
  - Process of cultural adaptation
- Individual-level
  - Positive mental health
  - Psychological distress, substance use, suicidality
  - Program-specific measures (e.g., help-seeking, intergenerational interactions)
- Family/Peer level
  - Family experiences, activities
  - Capture “spillover” effects to other members of families or peers
- Community) level:
  - Community-level baseline & post-program data on mental health
  - Participant reports of community engagement, empowerment



## Challenges

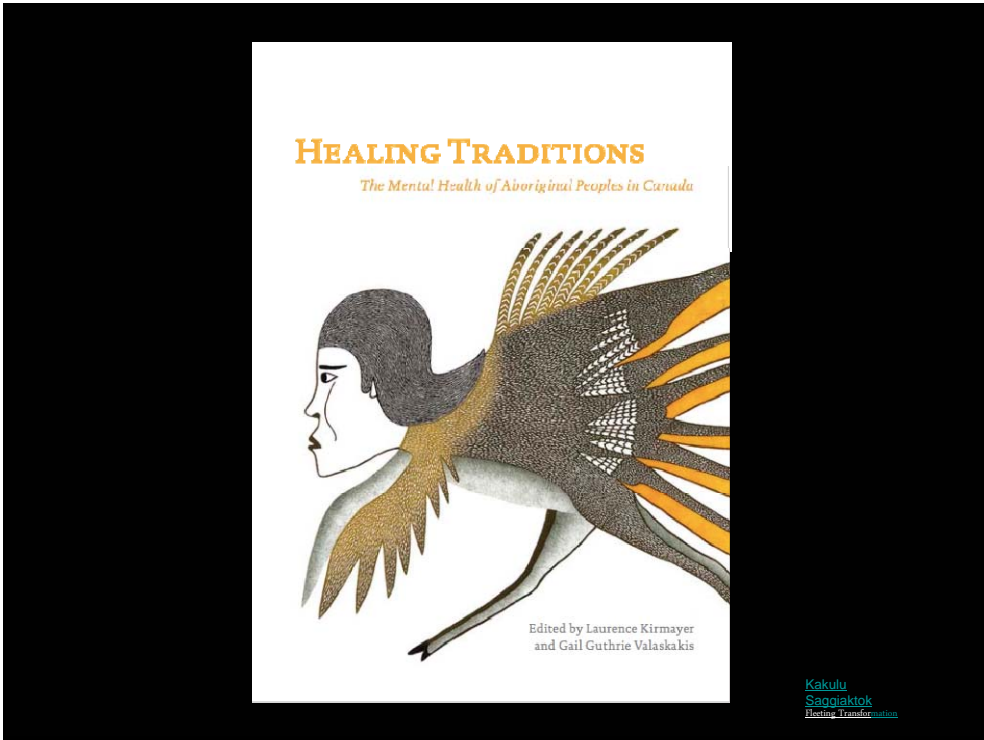
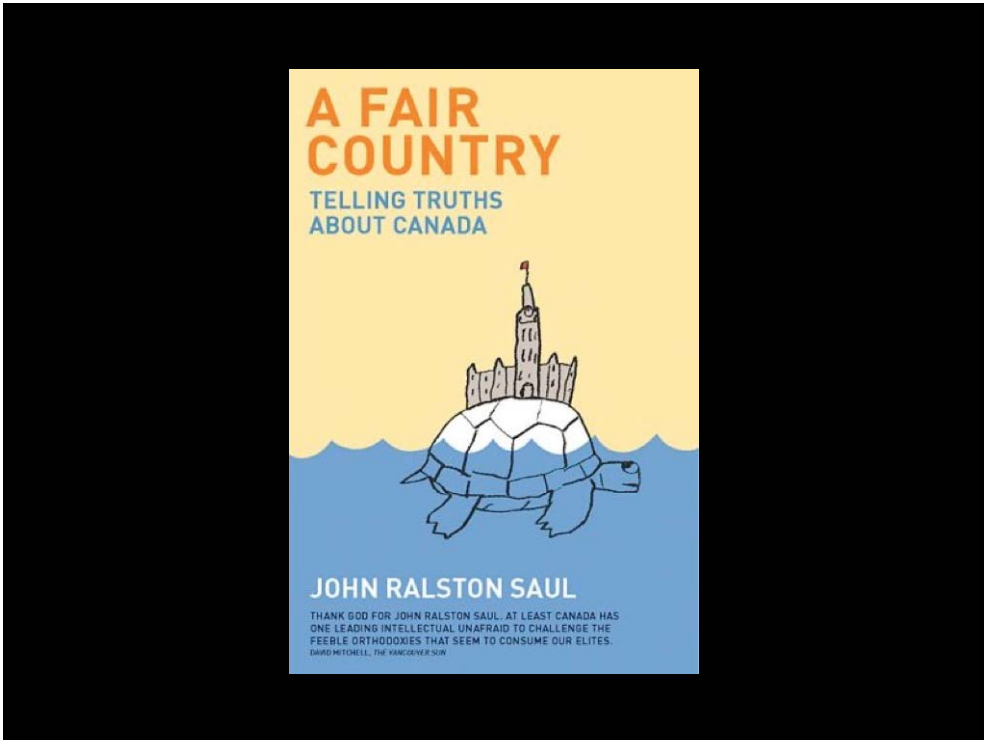
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- Geographic distance between partners, communities
  - Much demand on human resources in communities
  - Approach is a primary prevention program and mental health promotion; communities hope for more services and targeted interventions with immediate impact (e.g., this often ends up being “postvention”)
  - Program content must address the internal diversity of communities
    - Divergent community views on the extent to which their should be a focus on emotionally traumatic issues, historical trauma, family violence
    - Diverse perspectives on culture, identity, religion, and spirituality
    - Political dilemmas of codifying and measuring “culture” as a product
  - Intervention aims to be broad but must achieve sufficient “dose” to be effective
- **Strategy: Vary specific content across sites, retain key constructs**

## Opportunities

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- The multisite program provides an opportunity to learn about processes of cultural adaptation and implementation
- We will be able to compare approaches/processes across sites and build those differences into evaluation strategies (variations on CBPR)
- Innovative, multi-level, multi-method evaluation
- Will result in toolkits that can be used in flexible ways by communities
- Aim to build a network that can support future knowledge exchange across communities





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### Key Issues

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- (i) the practical dilemmas posed by serving many small communities that are remote from urban centres;
- (ii) the pervasive impact of the history of collective trauma and loss;
- (iii) the key role of cultural identity in community revitalization and in insuring the safety and competence of health services; and
- (iv) the central role of community engagement, empowerment and governance in strengthening mental health and wellbeing.

### Challenges in Rural and Remote Areas

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- shortage of trained professionals or other helpers
- time pressure on workers living in a small community
- emotional demands of working in one's own community
- difficulty of ensuring confidentiality in small communities
- stigma associated with mental illness that is difficult to conceal in small communities
- costs and troubles associated with transportation of providers or patients
- health professionals pressure to function as generalists, accommodating a wide variety of clinical problems.

### Community-Based Resources & Healing

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- community members own and define their problems and solutions;
- the project employs local people and trains them in community development skills and processes;
- a local committee is established and actively participates in all aspects of the community development process;
- trusting, respectful partnerships between Aboriginal community members and resource people, agencies and providers are developed and maintained
- adequate resources are available both within and outside the community;
- there is an adequate level of pre-existing community capacity and a context that supports local involvement and continuity in promoting health.

### Problems in Service Delivery

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- Services are provided only in reaction to crises; fewer resources are invested in primary and secondary prevention or health promotion activities.
- Services are segmented, fragmented and lack continuity of care over time and across sectors.
- Financial sustainability of projects is uncertain; promising and innovative health care projects are terminated just as communities are becoming more comfortable with the intervention.

### Areas of Focus

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1. Focus on children, young people, families and communities
2. Develop Aboriginal community controlled health and wellness services
3. Improve access and responsiveness of mental health care
4. Coordination of resources, programs, initiatives and planning

## 1. Focus on children, young people, and families

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- • Develop and implement programs that strengthen maternal and child health programs, with a focus on culturally appropriate family and parenting skills.
  
- • Disseminate age-appropriate assessment and intervention strategies children and young people at risk of mental health and related problems.
  
- • Support community development programs that build on the capacity of local communities to respond to the needs of children. These may include educational, recreational and cultural programs targeting youth that focus on the healthy development of individuals through their teenage years into adulthood.

## 2. Develop Aboriginal Community Controlled Health Services

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- Build a skilled group of mental health workers able to provide mental health and social and emotional well being services within the Aboriginal community controlled health services.
  
- Provide optimal resources to community mental health centres and teams to deliver flexible social and emotional wellness programs and needs based care that incorporate traditional and more culturally appropriate approaches to healing.
  
- Develop, implement and monitor strategies to recruit, retain and support Aboriginal workers, organizers and administrators in the promotion of mental health and social and emotional well-being.

### 3. Improve access and responsiveness of mental health care

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- Identify, monitor and disseminate information about effective models of services and partnership that improve service responsiveness to Aboriginal peoples in partnership with NAHO and other organizations.
- Support training at universities and professional programs for all health and social service professionals on Aboriginal mental health issues.
- Provide training for primary care clinicians in Aboriginal mental health issues.
- Provide in-service training for all non-Indigenous mental health workers in the knowledge, skills and attitudes required to meet the needs of Aboriginal patients and their families.
- Provide cultural safety training for administrators and planners, so they, in turn, can build this into organizational and institutional practice.
- Develop strategies to encourage psychiatrists, psychologists and other mental health professionals to work in Aboriginal communities.
- Increase the numbers of Aboriginal mental health worker positions and provide appropriate on the job support and supervision.

### 4. Coordination of resources, programs, initiatives and planning

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- Improve linkages across all services and sectors to ensure collaborative responses and needs-based mental health care.
- Provide funding that enables Aboriginal community controlled health services to more flexibly deliver mental health and social emotional well being programs.
- Increase funding to Aboriginal community controlled health services to operate mental health and wellbeing programs.
- Develop strategies to improve the accountability of mainstream services for the delivery of culturally safe and competent mental health services for Aboriginal peoples.
- Improve coordination, planning and monitoring mechanisms.
- Form regional/local level implementation groups between service providers to coordinate service delivery across mental health, Aboriginal community health Services, substance use, and primary care services.

## Evaluation

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- engage stakeholders (team members, other health practitioners, community workers, clients and families as well as policy makers and planners);
- develop a detailed description of the program as it is actually functioning (including staffing, training, implementation, and service delivery);
- focus the evaluation on key elements chosen on the basis of their relevance to stakeholder priorities and to filling the gaps in existing evidence;
- gather evidence in a rigorous way, using external evaluation and triangulation with multiple methods;
- interpret the evidence systematically to establish empirically justified conclusions; and
- insure knowledge transfer to community stakeholders and others through the use of varied, culturally appropriate methods.