![Healthy Weights Connection logo]

Mental Health of Indigenous Populations in Canada

Fact Sheet No. 9

Introduction

In Canada, Indigenous populations have faced much historical trauma due to colonization, cultural suppression and historical oppression. Research has shown that there is a significant disparity in the health of Indigenous peoples living in Canada compared to non-Indigenous, with Indigenous peoples suffering from poorer mental health and higher rates of suicide[1].

This fact sheet was developed in order to inform service providers about mental health risk factors among Indigenous peoples and describes how service providers may help.

Mental Health Definitions

Mental health is defined as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her own community"[2]. The definition of Indigenous mental health differs slightly from the Westernized definition. Indigenous mental health "is relational; strength and security are derived from family and community. Indigenous traditions, laws and customs are the practical application of the philosophy and values of the group. The value of wholeness speaks to the totality of creation - the group as opposed to the individual"[3].

Determinants to Mental Health

Residential Schooling. When it comes to dealing with the mental health of Indigenous peoples, the multi-generational effects of residential schools and colonization on families and communities needs to be a key area of awareness. The trauma from residential schools is not only suffered by the attendees, but the generations which followed as well. Parents who attended residential schools were unable to form healthy emotional bonds or offer nurturing environments to their children, being separated from their own families at a young age. They were unable to share the sense of community that Indigenous traditions rely on[3]. This formed a cycle in which the parents perpetuated the relationship patterns to which they were exposed in these residential schools[3]. Research shows that residential school attendees were most likely to be diagnosed with mental illness including post-traumatic stress disorder, substance abuse disorder and major depression[4,5].

> **Box 1: Determinants of Health**
> There are many determinants of health among Indigenous populations, including: income and social status, social support networks, education, employment/working conditions, social environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, gender and culture[3]. When dealing with health all of these factors must be addressed.

Cultural Continuity. A strong link was found between culture continuity and suicide rates among youth, with those having undergone a profound cultural change having higher rates of suicide[3]. A study done by Chandler[6] defined the following characteristics for cultural continuity: community control of police and fire services, education, health, local facilities for cultural activities, self-government, and involvement in land claims. In fact, when grouping characteristics of cultural continuity together on an index, there was a decreased rate of suicide when there was a strong sense of community control[6]. Furthermore, communities that exhibited active engagement in community practices experienced lower youth suicide rates compared to communities that did not[3]. Cultural discontinuity may lead to loss of identity and autonomy, which can cause mental distress.

Substance Abuse. There are high rates of substance abuse among Indigenous populations[7]. Specifically, alcohol use is a growing problem within the community, with alcoholism being one of the leading causes of death for Indigenous peoples[7]. Research shows that Indigenous men in particular avoid the use of medical services to help them cope with their depressive symptoms, instead they resort to unhealthy coping strategies such as heavy drinking[8].

Figure 1: *Model of Indigenous Mental Health and Healing*
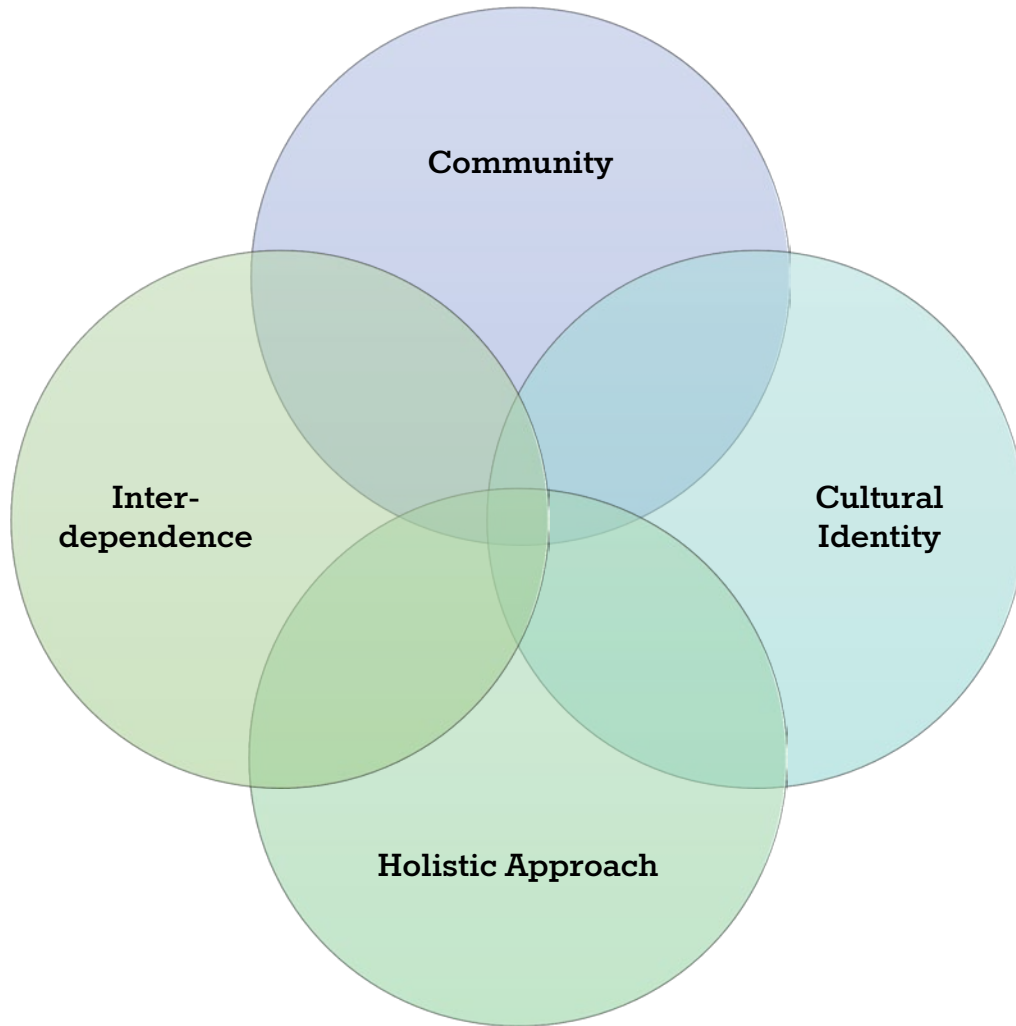
Community

Inter-
dependence

Cultural
Identity

Holistic Approach

Mental Health Services

Mental health services are limited for Indigenous populations due to location and accessibility. Not only is there a lack of mental health services located on reserves, but services which are in close proximity to Indigenous peoples are not culturally appropriate[3,9,10]. A large percentage of Indigenous people have expressed that their health care needs are unmet, either due to availability or costs which are not covered by insurance[10]. Accessibility is also a major concern, as mental health services use a Westernized approach to mental health, and do not take into consideration the holistic approach of health when treating Indigenous populations[3]. In fact, previous studies have shown that approximately half of those who actually seek care are likely to quit prior to the end of their treatment[9]. The lack of availability and follow-up of these services leads to negative coping strategies for individuals with poor mental health.

Implications for Service Providers

In order to address the mental health concerns among Indigenous populations, it is crucial to comprehend the difference between the definition of Indigenous mental health versus non-Indigenous mental health. Service providers should seek to understand all aspects of the person, family and community, including physical, mental, emotional and spiritual, which are the four directions of the medicine wheel when designing programs[3]. Indigenous peoples have a holistic view of healing, therefore targeting family and community-level mental health will have the biggest effect.

A major barrier which must be overcome in order to contribute to the mental wellbeing of the Indigenous society is accessibility. Services must be made more accessible to the community by training counsellors on culturally appropriate methods of healing. In addition, location and pricing of these health services are other barriers which must be alleviated in order to make an impact. Service providers can incorporate a short healing circle into their present programs in order to strengthen the community. Partnerships between different service providers, including partnerships with local Aboriginal organizations, would be beneficial in order to share solutions and barriers that each organization has come across.

Box 2: Healing Circle

The healing circle, also known as the talking or sharing circle is a traditional method of healing used by Indigenous populations[11]. In Indigenous populations "a sharing of one's journey is a great teacher, for it acknowledges that the pain, laughter, and love we experience can bring us closer together and helps us to learn from one another's experiences"[12]. A scared object, such as an eagle feather or a talking stick, is passed around the circle and the person who has this object is to share their truths or journey with the circle[12]. In this way the group gathers together to overcome this difficulty, whatever it may be, and contributes to healthy coping. Healing circles are a traditional way to overcome mental illness, and have been proven to be effective[11]. For more information on how to use the healing circle, please speak to a community Elder, visit http://www.dancingtoeaglespiritsociety.org/circles.php, or article 11 referenced below.

For additional resources on other topics please visit www.healthyweightsconnection.ca/resources

References:

1. Kirmayer, L. J., Brass, G. M. & Tait, C. L. The Mental Health of Aboriginal Peoples: Transformations of Identity and Community. *Can. J. Psychiatry* **45**, 607–616 (2000).

2. Mental health: a state of well-being. *WHO* (2014). Available at: http://www.who.int/features/factfiles/mental_health/en/. (Accessed: 25th September 2016)

3. Mussell, B., Cardiff, K. & White, J. *The Mental Health and Well-Being of Aboriginal Children and Youth: Guidance for New Approaches and Services*. (The Sal'i'shan Institute and The University of British Columbia, 2004).

4. *The healing has begun: an operational update from the Aboriginal Healing Foundation*. (The Aboriginal Healing Foundation, 2002).

5. Government of Canada, H. C. Mental Health and Wellness - First Nations and Inuit Health. (2007). Available at: http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php. (Accessed: 26th September 2016)

6. Chandler, M. J. & Lalonde, C. Cultural Continuity as a Hedge against Suicide in Canada's First Nations. *Transcult. Psychiatry* **35**, 191–219 (1998).

7. MacMillan, H. L., MacMillan, A. B., Offord, D. R. & Dingle, J. L. Aboriginal health. *CMAJ Can. Med. Assoc. J.* **155**, 1569–1578 (1996).

8. Reading, J. *The crisis of chronic disease among Aboriginal peoples: a challenge for public health, population health and social policy*. (University of Victoria Centre for Aboriginal Health Research, 2009).

9. McCormick, R. Culturally appropriate means and ends of counselling as described by the First Nations people of British Columbia. *Int. J. Adv. Couns.* **18**, 163–172

10. Reading, C. & Wien, F. *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. (National Collaborating Centre for Aboriginal Health, 2009).

11. Mehl-Madrona, L. & Mainguy, B. Introducing Healing Circles and Talking Circles into Primary Care. *Perm. J.* **18**, 4–9 (2014).

12. Stevenson, J. The circle of healing. *Natv Soc Work J* **2**, 8–21 (1999).