Considerations for Indigenous child and youth population mental health promotion in Canada

This document is part of a collection produced by the six National Collaborating Centres for Public Health to encourage mental health promotion for children and youth within a strong, integrated public health practice. The collection provides numerous entry points for the public health sector to collaborate with other stakeholders to support evidence-informed action that addresses the determinants of mental well-being for all children and youth in Canada.

This paper aims to improve understandings of Indigenous mental health in Canada, and demonstrate how particular determinants either contribute to increased risk for mental illness or act as protective factors for positive mental health. Details on search methods and terms used for this paper can be found in the introduction document: Population mental health promotion for children and youth - a collection for public health in Canada.

INDIGENOUS CONCEPTS OF MENTAL HEALTH

Mental health is increasingly recognized as more than the absence of mental health problems or illnesses. Rather, it is a "state of well-being in which the individual can realize his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization [WHO], 2016, para. 1). Indigenous concepts of mental health and wellness extend beyond this definition to include holistic and relational ways of knowing and being in the world. Good health is generally understood as a balance of the mental, physical, spiritual and emotional dimensions of self and the ability to live in harmony with family, community, nature and the environment (King, Smith, & Gracey, 2009;)

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For Inuit, mental wellness is defined as self-esteem and personal dignity flowing from harmonious physical, emotional, mental and spiritual wellness, and cultural identity (Inuit Tapiriit Kanatami [ITK], 2014). The First Nations Mental Wellness Continuum Framework suggests that this balance is “enriched as individuals have a sense of purpose in their daily lives whether it is through education, employment, care giving activities, or cultural ways of being and doing; hope for the future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of belonging and connectedness within their family and community and to culture; and finally a sense of meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history” (Health Canada & Assembly of First Nations, 2015, n.p.).

Mental health promotion “involves actions to create living conditions and environments that support mental wellness across the lifespan and allow people to adopt and maintain healthy lifestyles” (WHO, 2016, para. 7; see also Mental Health Commission of Canada [MHCC], 2012). At a population level, it involves intersectoral action in various settings, including home, school, the workplace and the community, through programs, policies and other interventions that promote health for all, as well as for those at greater risk, such as children and youth. Healthy emotional and social development in early childhood and adolescence not only sets the stage for good mental health in adulthood, it has been shown to reduce the demand for mental health services and for services outside the health sector (Chief Public Health Officer, 2009; MHCC, 2012; National Collaborating Centres for Public Health [NCCPH], 2017). For Indigenous children and youth in Canada, who experience a disproportionate burden of ill-health compared to their non-Indigenous counterparts, access to culturally safe, strengths-based, family and community-oriented mental health promotion programs and services is critical to mental wellness and resilience in later life.
FRAMING THE LINKS BETWEEN MENTAL HEALTH PROMOTION AND INDIGENOUS CHILDREN AND YOUTH

Demographics

Indigenous peoples are the youngest and fastest growing segment of Canada’s population. In 2011, the Indigenous population reached 1.4 million people (4.3% of the total Canadian population), representing an increase of 20.1% from the 2006 Census (Statistics Canada, 2013). Indigenous children aged 14 and under account for 28% of the total Indigenous population (compared to 16.5% of the non-Indigenous population), while Indigenous youth aged 15 to 24 represent 18.2% of the total Indigenous population (compared to 12.9% of the total non-Indigenous population). Inuit are the most youthful of the three Indigenous groups with a median age of 23, followed by 26 for First Nations, and 31 for Métis (Statistics Canada, 2013).

Limitations of data

Useful and reliable data on Indigenous child and youth health in Canada is limited by the quality and coverage of data, a lack of culturally relevant health indicators, and jurisdictional barriers associated with Indigenous status and geography (National Collaborating Centre for Aboriginal Health [NCCAH], 2009; Smylie, 2009a). McShane, Smylie, and Adomako (2009) note significant gaps in the health information available for Indigenous children in Canada, including vital registration and health care access data, prevalence rates for obesity, diabetes, cancer and mental health, and data specific to Métis and First Nations children living off-reserve. An emphasis on Indigenous children’s disease and illness outcomes, rather than preventative and wellness measures, was also noted. In a recent review of Indigenous youth health research in Canada, Ning and Wilson (2012) found similar discrepancies in both geographic and demographic representation, with a dearth of research on youth in the Prairie and Atlantic provinces and the Northern Territories, as well as a significant under-representation of Métis and urban Indigenous youth health research. Despite these challenges, it is clear that Indigenous children and youth experience significant health and social disparities, with higher rates of injury, infant mortality, suicide, and chronic and infectious diseases (Greenwood & de Leeuw, 2012; McShane et al., 2009; UNICEF Canada, 2009).

Mental health status

Children

Data specific to Indigenous children’s mental health in Canada is very limited (Kirmayer, Brass, & Tait, 2009). The 2008-10 First Nations Regional Health Survey (RHS) found that 14.1% of primary caregivers of First Nations children living on-reserve aged 3 to 11 reported their child experienced more emotional or behavioral problems during the previous six months than other boys and girls of the same age (First Nations Information Governance Centre [FNIGC], 2012). The survey also found that a higher proportion of First Nations boys had been diagnosed with anxiety/depression than girls (0.9% vs. 0.4%), and that the prevalence was also higher among older First Nations children compared to younger First Nations children (FNIGC, 2012). Analogous mental health data is not available for Inuit, Métis and off-reserve First Nations children.

Youth

In terms of First Nations youth, the 2012 Aboriginal Peoples Survey found that 61% of youth living off-reserve 15 to 24 years of age reported excellent or very good mental health (Statistics Canada, 2016a). Similarly, results from the 2008-10 First Nations Regional Health Survey found that approximately 64.8% of First Nations youth living on-reserve felt their mental health status was very good or excellent, with only 0.8% reporting it was poor, with no difference observed between genders (FNIGC, 2012). However, approximately 33.8% of female and 17.2% of male First Nations youth living on-reserve reported there was a time when they felt sad, blue or depressed for two weeks or more in a row in the previous 12 months (FNIGC, 2012). A higher proportion of First Nations youth with at least one health condition also reported feeling sad, blue or depressed (31.6%), had thoughts about suicide (23%) or had attempted suicide (8.1%) compared to youth without a health condition (FNIGC, 2012).

Suicide rates

Suicide rates vary substantially among Indigenous communities in Canada, ranging from no suicides at all and/or rates that are low or comparable to the general population, to elevated rates that are well above the national average (Kirmayer et al., 2007, 2009; Chandler & Lalonde, 1998, 2008). Rates of suicide are reported to be 5 to 7 times higher for First Nations youth living on reserve (Kielland & Simeone, 2014; Public Health Agency of Canada [PHAC], 2006) and 5 to 25 times higher for Inuit youth respectively than the national...
average (ITK, 2016). Comparable national data does not exist for Métis youth. Although suicide rates among Indigenous males aged 14 to 24 have historically been higher, a recent increase among Indigenous females has been observed (Fraser, Geoffroy, Chachamovich, & Kirmayer, 2015; Kirmayer, 2012).

Knowledge gaps

With respect to knowledge gaps, it is clear that more research is needed specific to Inuit, Métis and First Nations off-reserve children and youth to develop more relevant and responsive policies, programs and interventions. A better understanding of gender differences in the mental health of First Nations, Inuit, and Métis boys and girls is also needed, particularly as they transition to adulthood where differences in self-reported mental health status have been shown to vary considerably between groups. Significant knowledge gaps exist related to the mental health of lesbian, gay, bisexual, trans, queer and Two-Spirit (LGBTQ2S) Indigenous children and youth, even though they are more likely to experience mental health issues such as depression and anxiety, and often face additional barriers to accessing programs and services (Hunt, 2016). Finally, although there is growing evidence for the transgenerational impact of residential schools and other colonial policies on Indigenous mental health outcomes, more research is needed to understand cumulative negative effects and ongoing adversity (Bombay, Matheson, & Anisman, 2009; Kirmayer, Sheiner, & Geoffroy, 2016).

Despite the inadequacies of the existing data, mental health challenges and strengths vary immensely among Indigenous communities and across individuals (Boksa, Joober, & Kirmayer, 2015). This variation reflects the distinctiveness of First Nations, Inuit, and Métis peoples’ histories, languages, cultures, environments, beliefs and worldviews in relation to health experiences and outcomes. It also speaks to the different ways in which health determinants intersect and manifest across the lifespan and across multiple generations to influence both risk and protective factors (Statistics Canada, 2016a; Loppie & Wien, 2009).

In 2012 approximately 56% of First Nations women aged 18 and over living off-reserve reported excellent or good mental health, compared to 64% for off-reserve First Nations men. Differences in self-reported mental wellness of Métis women was slightly less than for Métis men (61% vs. 68%), while there was no significant difference between Inuit women (51%) and their male counterparts (Statistics Canada, 2016b).

Source: cattroll.com
DETERMINANTS AND PROTECTIVE FACTORS OF INDIGENOUS MENTAL HEALTH AND WELLNESS

Mental health and wellness are shaped to a great extent by the underlying social determinants of health (SDoH) that create inequalities along a social gradient where the poor and the disadvantaged suffer disproportionately (Allen, Balfour, Bell, & Marmot, 2014). The relationship between Indigenous health inequalities and social determinants such as poverty, overcrowded and sub-standard housing, food insecurity, social and economic exclusion, and inadequate health services is well-documented (ITK, 2014; King et al., 2009; Loppie & Wien, 2009; Smylie, 2009b). However, to fully understand the enduring health inequities experienced by Indigenous peoples in Canada and globally, it is necessary to look beyond mainstream SDoH frameworks to determinants that are not strictly ‘social’ in nature such as language, culture, spirituality, geography, relationships to the land, self-determination and knowledge systems (Greenwood, de Leeuw, Lindsay, & Reading, 2015). By moving beyond the social, Indigenous knowledges and ways of being in the world rightfully become the “primary frame of reference for understanding current health realities in Indigenous communities” (Greenwood et al., 2015, pg. xii). From this perspective, colonialism is understood as the broadest and most fundamental determinant of health and one that remains an “active and ongoing force” in the lives of Indigenous peoples (Greenwood et al., 2015).

Protective factors

Protective factors are attributes or conditions at the individual, family, community or societal levels that can promote resiliency and decrease risk factors associated with poor mental health outcomes (MHCC, 2012; NCCPH, 2017). A recent review of protective factors and causal mechanisms that enhance resilience among Indigenous circumpolar youth identified over 40 protective factors, many of which...
overlapped at the community, family and individual levels and were directly associated with other protective factors (Petrasek MacDonald, Ford, Cunsolo Willox, & Ross, 2013). For example, hunting and spending time out on the land can promote individual protective factors like self-reliance and self-confidence, but can also provide opportunities to be involved in the community, receive mentorship from older generations, and build kin and community relationships (Petrasek MacDonald et al., 2013). At the community level, cultural continuity has been identified as a protective factor. In a seminal study examining variations in youth suicide rates across First Nations communities in British Columbia, Chandler and Lalonde (1998, 2008) found a strong correlation between cultural continuity factors – self-government, involvement in land claims, band control over education, health services, fire and police services, the presence of cultural facilities – and lower rates of youth suicide. Other important cultural continuity factors included the involvement of women in band councils, band control over child welfare services and knowledge of Indigenous languages (Chandler & Lalonde, 2008; Kielland & Simeone, 2014).

**EXAMPLES OF INTERVENTIONS**

Promising practices in health promotion interventions among Indigenous peoples in Canada share many commonalities, including their incorporation of:

- **Indigenous concepts** such as holism, reciprocity and plurality;
- **Indigenous contexts** including acknowledgement of inequalities and colonial oppression; and
- **Indigenous processes** like community control, community engagement, cultural responsiveness and capacity building (Reading & Reading, 2012).

The new First Nations Mental Wellness Continuum Framework, jointly developed by the Assembly of First Nations (AFN) and Health Canada, and the Inuit Tapiriit Kanatami (ITK) National Inuit Suicide Prevention Strategy both provide evidence-based, holistic and relational approaches to mental wellness that are rooted in these concepts, contexts, and processes. Culture is at the heart of each strategy, including the important role that Indigenous languages, identity and knowledges play in achieving wellness across the lifespan. Similar to the Mental Health Commission of Canada’s Changing directions, changing lives: The mental health strategy for Canada (2012) recommendations for action (Strategic Direction 5.1 to 5.4), the AFN and ITK strategies call for a coordinated continuum of culturally competent and safe mental health supports and services, by and for Indigenous peoples, to address jurisdictional, geographical and funding issues.

Key characteristics of successful mental health promotion initiatives for Indigenous children and youth identified in the literature include interventions that are: holistic, community-driven and owned; build capacity and leadership; emphasize strengths and resilience; address underlying health determinants; focus on protective factors and resilience; incorporate Indigenous values, knowledges and cultural practices; and meaningfully engage children, youth, families and the community (Gray, Richer, & Harper, 2016; Kirmayer et al., 2016; Smye & Mussell, 2001; Systems Improvement through Service Collaboratives, 2012; Vukic et al., 2011; Wortzman, 2009). There are a myriad of innovative, culturally responsive mental health promotion interventions for Indigenous children and youth being implemented in rural, remote and urban settings across Canada.

**Examples of interventions in family, school, community and land-based settings:**

- **Makimautiksat Wellness and Empowerment Camp** is a 10-day land and community-based camp program based on the Eight Ujarit/Rocks Model that provides Inuit youth with the skills and knowledge they need to build their lives. The evidence-based modules focus on strengthening coping skills; Inuuqatigiitarmiq (being respectful of others) to build healthy and harmonious relationships; Timiga (my body) to nurture awareness of the body, movement and nutrition; Sananiq, to craft and explore creativity; Nunalivut (our community) to foster personal and
community wellness; *Suqqatujjuq* (distant horizon) for self-discovery and future planning; understanding informed choices and peer pressure; and *Avatitinnik Kamatsiarniq* (stewards of the land) to connect knowledge and skills on the land (*Healey, Noah, & Mearns, 2016, p. 7*). With the support of local wellness youth centres, the model was piloted from 2011 to 2013 as a two-week camp program in five communities: Cambridge Bay, Arviat, Coral Harbour, Iqaluit and Panniqtuuq.

- **Promoting Life-Skills in Aboriginal Youth (PLAY) Program** is a partnership with 88 First Nations communities and urban Indigenous organizations across Canada to deliver safe, fun and educational programming for Indigenous children and youth (*Right to Play, 2016*). The program, implemented in 2010, aims to enhance educational outcomes, improve peer-to-peer relationships, increase employability and improve physical and mental health of Indigenous children and youth through regularly offered weekly activities. Activities vary across communities but may include after-school, youth leadership, diabetes prevention, sport for development programs, summer camps and baseball leagues, female empowerment workshops, and sport-based clinics (hockey, lacrosse, soccer, basketball).

- **Listening to One Another** is a culturally-based, family-centred, mental health promotion program for Indigenous youth aged 10 to 14 and their parents. Funded by the Public Health Agency of Canada, the program is a collaboration between First Nations communities in British Columbia, Manitoba, Ontario and Quebec and researchers at McGill University, the University of Lincoln, Nebraska and the University of Manitoba. The program is delivered over 14 weeks in 2.5 hour sessions and takes participants through a series of activities related to community history and cultural pride, family and peer communication, skills for problem-solving, critical thinking and emotion regulation, bullying, dealing with discrimination, problematic substance abuse, and other themes. Communities are involved in every stage of the program, from the adaptation of resources and recruitment of participants to delivery and evaluation. It is currently delivered with the help of Indigenous staff at regional health organizations (*Kirmayer et al., 2016*).
PUBLIC HEALTH ROLES

Public health practitioners and policymakers can support and promote Indigenous mental wellness, address underlying health determinants, and contribute to the broader process of reconciliation in Canada, in a number of ways including:

- Talk to Indigenous peoples to learn about their diverse perspectives on mental wellness (Boksa, et al., 2015) and recognize that Indigenous cultures and holistic understandings of the world have much to contribute to the transformation of the mental health system in Canada (MHCC, 2012).
- Learn about and understand the unique social and cultural context of Indigenous communities, their historical legacy, and the current challenges that impact mental health in some Indigenous communities (Boksa et al., 2015).
- Commit to providing culturally safe care to address power imbalances, build trust and form lasting relationships with Indigenous patients and communities. Taking a cultural safety training course is a good starting point for this lifelong learning endeavor (Indigenous Health Working Group, 2016).
- “Bear witness to the facts of history and acknowledge that effects are still deeply felt today” (Boksa et al., 2015). For example, you can bear witness by reading the report, Honouring the Truth, Reconciling for the Future: Summary of the Final report of the Truth and Reconciliation Commission of Canada, and by showing solidarity through the “It Matters to Me” campaign (Smylie, 2015).
- “Provide mental health services in culturally responsive ways and work respectfully with Indigenous frameworks of mental wellness” (Boksa et al., 2015, p. 365), for example, by learning about national Indigenous mental wellness frameworks (Health Canada & Assembly of First Nations, 2015; ITK, 2016), as well as Indigenous frameworks developed at the provincial and territorial levels.
- Disseminate and share knowledge about promising traditional, cultural and mainstream approaches to mental wellness such as mental wellness teams and recognizing the role of Elders (MHCC, 2012).
- Acknowledge that for mental health programs to be effective in Indigenous communities, they must be guided by local Indigenous knowledge (Boksa et al., 2015; Kirmayer et al., 2016).
• Collaborate with traditional healers and knowledge holders in the development of mental health promotion initiatives in a respectful manner (Boksa et al., 2015).
• Consider ways you can assist Indigenous communities in providing better access to health services, preferably within the community itself (Boksa et al., 2015).
• Support Indigenous mental wellness workers in their efforts to navigate and collaborate with mental health services, and actively promote and support the training of young Indigenous health professionals (Boksa et al., 2015).
• Advocate for Indigenous health equity by partnering and collaborating with Indigenous organizations across Canada (Indigenous Health Working Group, 2016).

Public health practitioners and policymakers can also refer to the 94 calls to action to “redress the legacy of residential schools and advance the process of Canadian reconciliation” released in 2015 by the Truth and Reconciliation Commission of Canada (TRC, 2015, p. 5). Several spoke directly to the health and well-being of Indigenous peoples, and included calls for federal, provincial, territorial and Indigenous governments, medical and nursing schools, and the health care system to:

• establish measurable goals to identify and close the gaps in health outcomes and publish annual progress reports and assess long term trends on indicators such as suicide and mental health (#19)
• recognize the value of Indigenous healing practices and use them in the treatment of Indigenous patients in collaboration with healers and Elders if requested (#22)
• increase the number of Indigenous health care professionals (#23i)
• ensure the retention of Indigenous health care providers in Indigenous communities (#23ii)
• provide cultural competency training for all health-care professionals (#23iii)
• implement a mandatory Indigenous health course at medical and nursing schools (#24) (TRC, 2015).
RESOURCES

Training Resources

Indigenous Cultural Competence Course, Canadian Foundation for Healthcare Improvement
  • Retrieved from: Canadian Foundation for Healthcare Improvement

Mental Health First Aid First Nations & Northern Peoples, Mental Health Commission of Canada
  • Retrieved from: Mental Health Commission of Canada

San’yas Indigenous Cultural Safety Training – Core ICS Mental Health Training
  • Retrieved from: San’yas Indigenous Cultural Safety Training

Tools

Native Wellness Assessment
  • Retrieved from: Thunderbird Partnership Foundation

Mental Health Programs for Aboriginal Peoples in Canada Database
  • Retrieved from: Network for Aboriginal Mental Health Research

Guidelines/best practice


  • Retrieved from: College of Family Physicians of Canada


Framework/strategies

  • Retrieved from: First Nations and Inuit Health, Health Canada


Webinars/podcasts

Anti-Aboriginal Racism in Canada
  • Retrieved from: National Collaborating Centre for Aboriginal Health

Cultural Safety for Indigenous Peoples: A Determinant of Health
  • Retrieved from: National Collaborating Centre for Aboriginal Health

Other

  • Retrieved from: National Centre for Truth and Reconciliation

Just a Story – Mental Health Stigma, Healthy Aboriginal Network
  • Retrieved from: Healthy Aboriginal Network

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REFERENCES


REFERENCES continued


