MENTAL HEALTH INTERVENTIONS FOR FIRST NATIONS, INUIT, AND MÉTIS PEOPLES

Simon Graham, Krista Stelkia, Cornelia Wieman, and Evan Adams start by reminding readers that "Indigenous people have a strong connection to community and land and have a holistic view of health that includes the physical, emotional, and spiritual well-being of a person and their community," but that while "the health and well-being of Indigenous people in Canada has improved significantly, Indigenous people continue to have higher rates of poor mental health, suicide, infant mortality, diabetes, obesity, food insecurity, and lower life expectancy."[1] Graham et al. decide to review those "mental health interventions that were specifically designed by or for Indigenous Peoples in Canada.[2]

Reviewing facts reviewed elsewhere – see research brief #114 for instance – Graham et al. note that "First Nations have for millennia lived across the land that is now Canada and are the only Indigenous group in Canada subject to the Indian Act," there designated as "Status Indian" and subjected to "its race-based legislation" but "eligible for access services provided by the federal government."[3] They report that "697,510 people (49.8% of the total Indigenous population) are Status First Nations, approximately 214,000 (15.3%) are 'non-Status' First Nations," namely those "who self-identify as First Nations but are not formally recognized by the Government of Canada under the Indian Act."[4]They note that the Inuit are also "Indigenous" but "they are not formally recognized as 'Indians' under Canadian law."[5] The final group they examine are the Métis, the descendants of those European men and First Nations women who intermarried "during the 17th century."[6] While all these groups "experience poorer mental health outcomes" than non-Indigenous residents of Canada," Graham et al. note that "there are differences in mental health outcomes among First Nations, Inuit, and Métis peoples," as "suicide rates were 3 times higher among First Nations, 9 times higher among Inuit, and 2 times higher among Métis people" than among the non-Indigenous.[7] "Suicide rates were highest among 15- to 24-year-old Inuit males and females and First Nations males," they report, adding: "Geographical location also seems to play a role, with First Nations people living on reserve having twice the suicide rate of those living off reserve."[8] For those who live "on reserve, approximately 1 in 4 First Nations youth and 1 in 5 First Nations adults report psychological distress that have been linked to moderate to severe mental health disorders," all of which has led not recommendations to relocate from reserves but "an increased demand for decolonizing mental health programming to focus on culturally specific interventions that are holistic, grounded in Indigenous Knowledges and ways of being, trauma-informed, and center around culture."[9] Specifically, "mental health interventions designed and led by Indigenous people and communities in Canada hold greater promise at improving overall mental health and well-being compared to Western-based approaches."[10]

Established as a result of the Indian Residential Schools Agreement,[11] Canada's Truth and Reconciliation Commission – specifically Action #19 - "called upon the federal government to 'close the gap in health outcomes between Aboriginal and non-Aboriginal communities,' including mental health, suicide, and addiction," as

"survivors of the Canadian residential school system have poorer physical, mental, and emotional health, including higher rates of depression, mental distress, substance misuse, stress, and suicidal behaviours."[12] A British Columbia study discovered that only two of one-hundred twenty seven survivors had not been diagnosed with a "mental disorder," the most common of which were "post-traumatic stress disorder, substance abuse disorder, and depression," disorders that have had "intergenerational impacts on the population."[13] Also acknowledged was the 2019 National Inquiry into Missing and Murdered Indigenous Women and Girls, which "focused on increasing funding and support for holistic services and programming in areas including trauma, addictions treatment, and mental health services."[14]

Graham et al. summarize interventions into three categories: (1) "culturally grounded indoor and outdoor activities"; (2) "Elder or peer-to-peer mentorship; and (3) "group activities with other Indigenous people and an Elder."[15] Activities included in the first category included "retreats, camps, ceremonies, and Indigenous language study," and Graham et al. report that "cultural activities that had a strong Indigenous component seemed to provide some benefits in reducing anxiety, depression, or suicidal thoughts."[16] One intervention featured "culture camps," these teaching "traditional food gathering techniques, language, survival techniques, and clan affiliation," camps that "produced positive quantitative outcomes, including a decrease in average depression scores from 10 before compared to 7 after, a decrease in average hopelessness scores from 4 to 3.1, and increases in language skills, connectedness of culture, and connection to community Elders."[17] Concerning the second category, pairing young people with an Elder who mentored them showed positive results, as those young people who had "mentored had better mental health scores (on average 61.6 compared to 52.0 for those without a mentor)."[18] Mentorship also showed a positive "impact" on "cultural identity, as "two years of mentoring resulted in an increased cultural identity score of 36.7 in the mentored group compared to 33.2 for those without a mentor."[19] Concerning that third category – "group activities with other Indigenous people and an Elder" – interventions included "non-competitive games, sharing a meal, discussion circles, and the Medicine Wheel."[20] Graham et al. summarize: "Mentorship with Indigenous Elders seemed to provide a safe space to talk, be heard, and feel like someone was listening. By having an Elder to connect with participants seemed to not feel alone, and they valued the added cultural connection. This connection with Elders, other Indigenous people, and their shared culture seemed to interrupt the participants' negative mental health state and made them feel included and wanted."[21] Given these uniformly positive results I was surprised to read that Graham et al. recommend "adding culture as treatment" to "Western approaches, as "culture" has "additional benefits to reduce poor mental health outcomes especially with Indigenous Peoples in Canada." If mental health disorders are associated by colonialism, why wouldn't "Western approaches" weaken "culture as treatment"? Why wouldn't culture as treatment suffice, as their review implies?

Next Graham et al. turn their attention to "Inuit and Métis communities," finding that "there is a lack of mental health interventions developed by and for Inuit and Métis peoples. "[22] Perhaps that "lack" has to do with "the demand for mental health interventions that respect and honour Indigenous Ways of Knowing," requiring "that mental health interventions do the groundwork to establish relationships with communities that they hope to work with to deliver an intervention, whether it be First

Nations or Inuit or Métis or a combination thereof."[23] We learn that "culturally adapted mental health interventions resulted in a significant improvement in at least one symptom of mental illness."[24] In this category of intervention "interventions did not reject Western approaches to mental health but instead highlighted the benefits of also having an Indigenous-grounded approach," concluding that "perhaps combining both approaches could have increased benefits to improve mental health outcomes."[25] There were, we learn, a "limited number of gender-specific mental health interventions," an issue Graham et al. recommend addressing, "given the unique needs of addressing mental distress and trauma for each gender."[26] They cite an intervention that "included traditional hunting trips with men, which had some benefits as the men hunted and learned together, and these activities allowed a more open dialogue to occur when talking about their struggles."[27]

From their review, Graham et al. derive "lessons for future research," recommending "that future studies on Indigenous mental health interventions be as specific as possible when discussing their study population," as "future research should focus on examining the needs of subpopulations within Indigenous communities, including urban or off reserve populations, young people, women and girls, men, and Inuit and Métis communities," a focus that "will result in more context-specific findings that will contribute towards a greater understanding of components of mental health interventions."[28] They recommend that "mental health policy and practice could incorporate an Indigenous lens to achieve better mental health outcomes," adding: "If the Indigenous-based approaches summarised in our study were combined with existing Western-based mental health approaches, perhaps this could have further benefits."[29] Employing "culture as treatment can have benefits and should receive funding and policy support to strengthen the evidence base of possible interventions to improve the mental health of Indigenous and non-Indigenous people in Canada."[30] They conclude with a caveat: "While culture as treatment remains a promising component to address mental health for Indigenous Peoples, there is a great need for mental health interventions designed specifically and distinctly for First Nations, Inuit, and Métis peoples."[31]

Reference

Graham, Simon, Stelkia, Krista, Wieman, Cornelia, and Adams, Evan. 2021. Mental Health Interventions for First Nations, Inuit, and Métis Peoples in Canada: A Systematic Review. *International Indigenous Policy Journal*, *12*(2), 1–31. https://doi.org/10.18584/iipj.2021.12.2.10820

Pinar, William F. 2015. *Educational Experience as Lived*. Routledge.

Endnotes

[1] 2021, 1.

[2] Ibid.

[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] Ibid.
[7] 2021, 2.
[8] Ibid.
[9] Ibid.
[10] Ibid.
[11] https://www.thecanadianencyclopedia.ca/en/article/truth-and-reconciliation-commission#:~:text=The%20Truth%20and%20Reconciliation%20Commission%20of%20Canada%20%28TRC%29,of%20the%20Indian%20Residential%20Schools%20Settlement%20Agreement%20%28IRSSA%29.
[12] 2021, 3.
[13] Ibid.
[14] Ibid.
[15] 2021, 11.
[16] Ibid.
[17] Ibid.
[18] Ibid.
[19] Ibid.
[20] 2021, 18.
[21] Ibid.
[22] 2021, 19.
[23] Ibid.
[24] Ibid.
[25] Ibid.
[26] Ibid.
[27] Ibid. For more issues Indigenous men face, see research brief #47.
[28] 2021, 20.
[29] Ibid.
[30] Ibid. For Fanon, too, culture played a crucial role in understanding and treating psychiatric issues: see Pinar 2015, 191-192.
[31] 2021, 21.