Beyond Care: Validating a First Nations Mental Wellness Framework

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ABSTRACT

Worldwide, Indigenous peoples focus on being well rather than merely managing diseases and illnesses. We have elaborated on a mental wellness framework earlier developed with Manitoba First Nations (FN). This article further explores wider community perspectives in relation to the themes previously shared by FN Elders. Surveys were administered to a simple random sample of participants by household in 8 participating FN communities. We determined what resonates from the wellness framework in order

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to expand understanding of mental wellness in FN communities. Appropriate application of traditional health knowledge and practices may result in increased self-awareness and contribute to mental well-being in FN people.

Keywords: First Nations, mental wellness, innovation, traditional health knowledge

RÉSUMÉ

Partout dans le monde, les peuples autochtones se concentrent sur le bien-être plutôt que sur la gestion des maladies. Nous avons précédemment détaillé un cadre de bien-être mental élaboré avec certains aînés des Premières Nations (PN) du Manitoba. Nous présentons ici des perspectives plus larges en lien avec les thèmes précédemment abordés avec ces aînés. Les enquêtes ont porté sur un échantillon aléatoire de familles issues de 8 communautés des PN. Nos résultats nous ont permis de définir un cadre plus large du mieux-être en incluant l'application appropriée des connaissances et pratiques traditionnelles en matière de santé, avec pour effet d'augmenter la prise de conscience et de contribuer ainsi au bien-être mental des PN.

Mots clés : Premières Nations, bien-être mental, innovation, savoir traditionnel en santé

Mental health services are more likely to produce good care and better outcomes when systems and practitioners understand and incorporate cultural beliefs and values of the populations they serve. This is particularly true when working with Indigenous communities (Davy et al., 2016). Presumptuously enforcing one culture's intervention norms on another and neglecting to incorporate local cultural knowledge has become the default practice. The continued practice of promoting the values and beliefs of mainstream society in some cases actually taxes health and produces negative outcomes (Adeponle et al., 2012; Greene et al., 2017; Ryder, Sunohara, & Kirmayer, 2015). The continuing issues and poor health outcomes among First Nations (FN) peoples and communities in Canada are a case in point (Boksa, Joober, & Kirmayer, 2015; Firestone et al., 2015; Freemantle et al., 2015). FN peoples have, however, said that Indigenous cultural practices can be protective factors for mental well-being (Absolon, 2010; Adelson, 1991; Brave Heart, 1998; Hart, 2002, 2015; Linklater, 2014). A crucial question then is, just how do FN cultures support health and well-being?

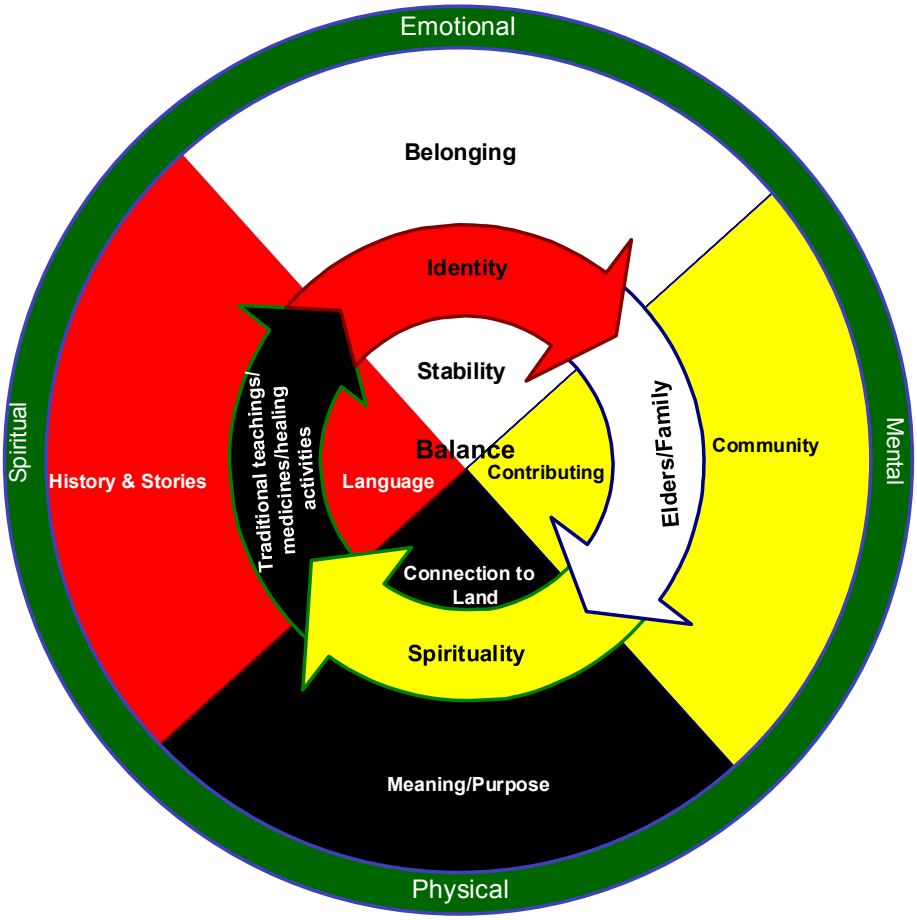
In a preceding publication, we presented the responses from 61 First Nations Elders and Knowledge Keepers who identified elements in their cultures, believed to negatively impact mental well-being and others who support mental well-being in First Nation communities. Themes for factors negatively impacting mental well-being included negative thought patterns, neglect of physical health, unresolved relationship difficulties, traumatic events, stigmatization, social exclusion, and substance abuse. On the other hand, factors said to facilitate mental well-being were based on First Nations medicine wheel teachings. The teachings emphasize balance and connection, community, Elders and family, social contribution, having a sense of meaning and purpose in one's life. They also involve practicing spirituality, connection to the land, knowing one's history and stories, traditional teachings about healing practices, medicines and activities, knowing one's culture as it is encoded in language, having a sense of belonging, identity, and stability (Kyoon-Achan, Phillips-Beck et al., 2018). The Elders shared that the aforementioned facilitating factors act as grounding pillars, creating a sense of purpose in a person's being and resulting in holistic spiritual, emotional, physical, and mental well-being. They argued that health is more than the treatment of diseases; it is holistic in that the connection

of mind, body, emotions, and spirituality is significant as well. It has also been argued that social, economic, and environmental determinants are also crucial for supporting mental and overall health (Auger, Howell, & Gomes, 2016; Kyoon-Achan, Phillips-Beck et al., 2018). Indigenous teachings of connection, balance, and holism, derived from the medicine wheel framework and used to conceptualize health, are well supported in other Indigenous contexts (Gone, 2011; Isaak & Marchessault, 2008; Rountree & Smith, 2016).

The Elders expressed concern that Indigenous health knowledge especially with regards to mental well-being, is at risk of being lost on younger generations, a situation that could be remedied by creating a strong sense of belonging and connection to their cultures, communities, and families (Kyoon-Achan, Phillips-Beck et al., 2018). They were concerned that long-term health could be seriously compromised if people are not rooted in the cultural values and practices that could serve to protect their minds, emotions, spirits, and bodies.

Figure 1

First Nations Mental Well-Being Framework



Elders also pointed out that a lack of knowledge and cultural awareness can leave FN peoples vulnerable to socio-ideological manipulation, misuse of substances, exposure to exploitation, and a resulting sense of disconnection and confusion. Thus, to replace some of these possible negative consequences, they recommend having a life purpose expressed through meaningful work whether paid or unpaid; contributing to others in the community; cultivating a sense of identity, belonging, and stability; knowing one's stories and histories, including how preceding events may have affected or continue to affect well-being. They further emphasized maintaining or returning to an active connection to the land through land-based activities including gathering foods and medicines. Besides supporting healthy nutrition, a connection to the land is also a base for Indigenous spiritual practices. A salient theme was that of attaining and maintaining a sense of connection and balance in all aspects of a person's being as a precursor to general health and mental well-being in particular (see Figure 1).

This exploratory sequential study built on the previous one in that it identifies and examines whether and how key concepts and themes resonate with community members at large, including youth in FN communities. A wider validation of the themes is important especially because intergenerational knowledge transmission was interrupted by colonial strategies intended to dislocate and assimilate Indigenous peoples. This aim was not fully achieved as evidenced by Elders' knowledge of the traditional teachings for example. Nevertheless, communities in many ways remain disrupted, and struggle to recover culturally informed health practices then pass that knowledge on to succeeding generations. Gauging for knowledge gaps, however, reveals where the most investment may yield the highest returns in securing mental well-being in FN communities.

The purpose of this article is to share a larger community perspective on factors hindering or facilitating mental well-being in FN communities. Respondents identified factors they see as affecting mental well-being in their respective communities. They selected themes with the most opportunities to facilitate the transformation of the state of mental well-being in FN communities, and indicated where or who community members are more likely to go to for help with issues relating to mental health.

METHODS

In this study, we further explored the teachings of FN Elders, through a survey which was administered to FN participants in the communities where the previous study had been conducted with Elders. Although the preceding interviews and subsequent surveys were conducted sequentially and data analyzed separately, a tandem discussion provides a wider understanding of the subject matter. Results from 61 interviews in the previous community-based participatory study highlighted themes to promote FN mental well-being, which were then used to design and frame the survey questions. While not discussed here in detail, the in-depth interviews with FN Elders provided contextual understanding of socio-cultural conceptions of mental well-being and the surveys were to further investigate community members' views thereof.

A community-based participatory approach was used in which the entire study was collaboratively conceived, designed, implemented, and the data interpreted with community partnership (Kyoon-Achan, Lavoie, Avery Kinew et al., 2018; Phillips-Beck et al., 2019). Each community was approached separately and informed of the study and provided details on how data collection, analysis, and dissemination would be conducted. The communities responded by providing Band Council resolutions to indicate their willingness

and commitment to participate in the study. An ongoing consultation processes occurred throughout the study through weekly teleconference meetings, monthly meetings with health directors and bi-annual or annual meetings with all participating communities and study partners. Community-based local research assistants (LRA) of FN ancestry collected data in eight participating communities between September 2014 and April 2016.

Participating communities, eight in total, represent four of the five FN languages in Manitoba; Cree, Dakota, Dene, and Ojibway also known as Anishnaabe. There were four dispersed geographical locations: southern non-isolated (with road access), northern isolated (only accessible by airplane), northern semi-isolated (accessible by airplane or through seasonal ice roads), and northern non-isolated (remote but with road access). All communities are rural and remote to varying degrees. LRA were involved in framing the survey questions to ensure ease of translation to local languages as necessary. They explained each question to respondents to be sure each one was clearly understood before the paper-based surveys were completed.

Simple random sampling by household was used to recruit survey respondents. Every eighth individual in the community or any willing respondents in every third house was surveyed. When the eighth person identified did not wish to be surveyed or when no one was available or willing to participate in every third house, then the next person or house was invited to participate. This process was repeated until a participant was recruited. Survey questions were co-developed with community partners in consultation with health directors and LRA to ensure relevance and appropriateness. Also, to make sure the words used could be translated into the local languages by the LRA if needed.

Paper-based surveys were administered in person. Paper-based surveys ensured a uniform presentation of questions. They were also completely de-identified in that participants could complete the questionnaire without disclosing their identity. Each questionnaire was then assigned a number for analysis purposes. The questionnaire had 56 questions in total divided into three parts: part 1 demographics, part 2 mental illness, and part 3 mental wellness. The questions were intended to get a wider sense of the factors that community members believe are contributing to mental illness in their communities and those which they agree are being or would be supportive of mental well-being. Survey questions were closed-ended, provided 3-point responses (yes, no, don't know) and some open-ended questions inviting participants' own responses (weight, height, health conditions). A total of 292 surveys were conducted and descriptive analysis of the survey responses was performed using SPSS software.

Data analysis was performed by two university-based researchers (one an experienced qualitative analyst and the other experienced in statistical analysis), and two community-based partners (one clinical psychologist/policy analyst and the other a nurse practitioner with research experience). Data were tallied against the themes that emerged from the framework. For example, the medicine wheel concept as symbolizing a life of connection and balance and therefore supportive of mental well-being was deemed to be validated if a high percentage of survey respondents checked "yes" to the question "Medicine wheel teachings help people maintain a healthy life." Or, for example, if a high percentage of respondents checked "yes" to the question of whether "language" or "being on the land" supports them to stay mentally well.

Ethics approval was received from the University of Manitoba Health Research Ethics Board (UM-HREB) and the Health Information Research Governance Committee (HIRGC) at *Nanaandawewigamig*, the

First Nations Health and Social secretariat of Manitoba (FNHSSM). Furthermore, trained, community-based LRA understood and respected community ethics and protocols, such as ensuring respectful procedures for surveying young people by seeking appropriate parental or adult consent, and offering tobacco to Elders when requesting their participation in an interview. Surveys were completed between March and December 2016. First Nations ownership, control, access, and possession of data (OCAP) principles (Schnarch, B., First Nations Centre, & National Aboriginal Health Organization, 2004; First Nations Information Governance Centre, 2014), were adhered to by community partners (FNHSSM and participating communities) taking the lead on the study including co-designing, questions development, hiring and coordinating data collectors, data possession and management, and results dissemination.

RESULTS

Demographics. The vast majority (92.4%) of all survey respondents were band members of the participating communities; 6% were individuals living in the community but were members of a different FN. Only 1% of respondents living in the communities were not of FN descent. Respondents ranged in age from 12 to 75 years of age, and 60% of all respondents were female. Three quarters (76.6%) were married or living in a common-law relationship, whereas 15% were widowed and 7.9% were either separated or divorced.

Education. All respondents had some formal education, where 36.3% did not or had not yet completed high school, and 34.6% completed high school only. A smaller percentage (14.2%) had some university or college education and another 14% had completed university or college education. Overall, 13.2% of all respondents had attended Indian residential schools, and 59.9% had a parent or grandparent who had attended residential schools. The remaining 19.5% reported not knowing if they had a parent or grandparent who had attended a residential school.

Employment. More than half of all respondents (66.3%) indicated that they were employed in some capacity, 23.7% were unemployed, and the remaining 10% were students, retired or indicated they were doing something else.

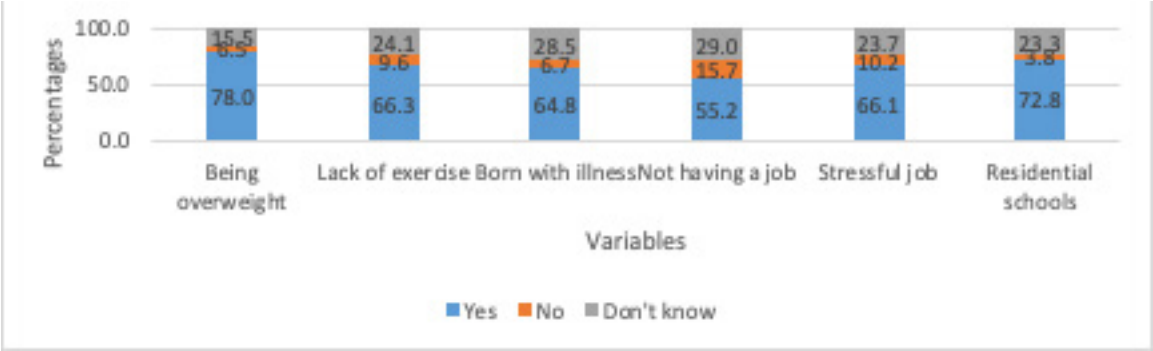
Knowledge of community healing practices in the past. Over forty percent (43.4%) of all respondents agreed that there seemed to be more people suffering with mental challenges in their communities than had previously been observed. Yet 75% said there were none or they did not know of treatments and remedies available for mental illnesses in their communities in the past. Similarly, however, almost half of all respondents (49%) indicated that their communities were accepting of the mentally ill in the past indicating that the mentally ill enjoyed the acceptance of their communities with minimum stigma whether there were remedies for their conditions or not. Some respondents (42.2%) acknowledged that traditional medicines can be used to help people with mental conditions. While 52.2% did not know if traditional medicines could be used to help in treating mental issues, 5% did not believe traditional medicines were helpful for mental issues.

Causes and Contributors to Mental Illness in FN Communities

In two separate questions, respondents were asked to indicate the factors they see as contributing to mental illnesses or negatively affecting mental wellness in their FN communities. The following charts (Figures 2 and 3) show how possible causes and negative impacts were indicated. Options included the

Figure 2

Perception of Factors Contributing to Mental Illnesses

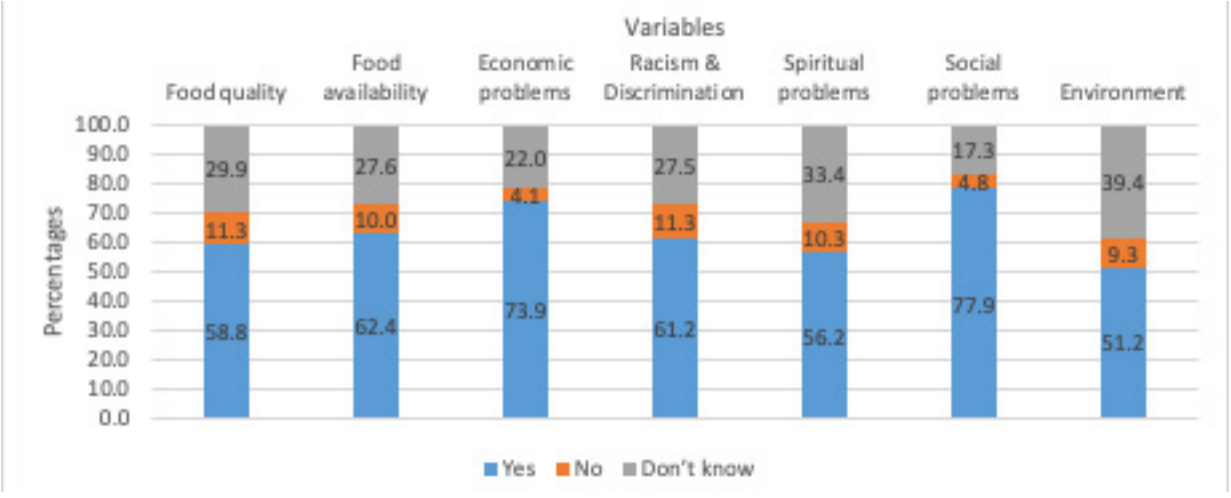


experience of, and trauma associated with, attending residential schools or having parents and grandparents who attended such schools, effects of compromised physical health due to being overweight, lack of physical exercise, not having a secure means of livelihood or having a stressful job, and being born with conditions that continues to negatively affect mental function.

Factors not necessarily thought to cause mental illness but believed to negatively impact mental well-being included spiritual problems attributable to a sense of disconnection from traditional or other spiritual practices. Social problems such as lack of, or poor education, poverty and associated complexities often leading to family problems, substance use, and unemployment. Food and nutritional insecurity are also affected by environmental degradation; that is, the effects of contaminated soil, water, air pollution, and a lack of fresh foods available for purchase at local stores in the communities. Economic problems also included a

Figure 3

Factors Negatively Impacting Mental Well-Being in First Nation Communities



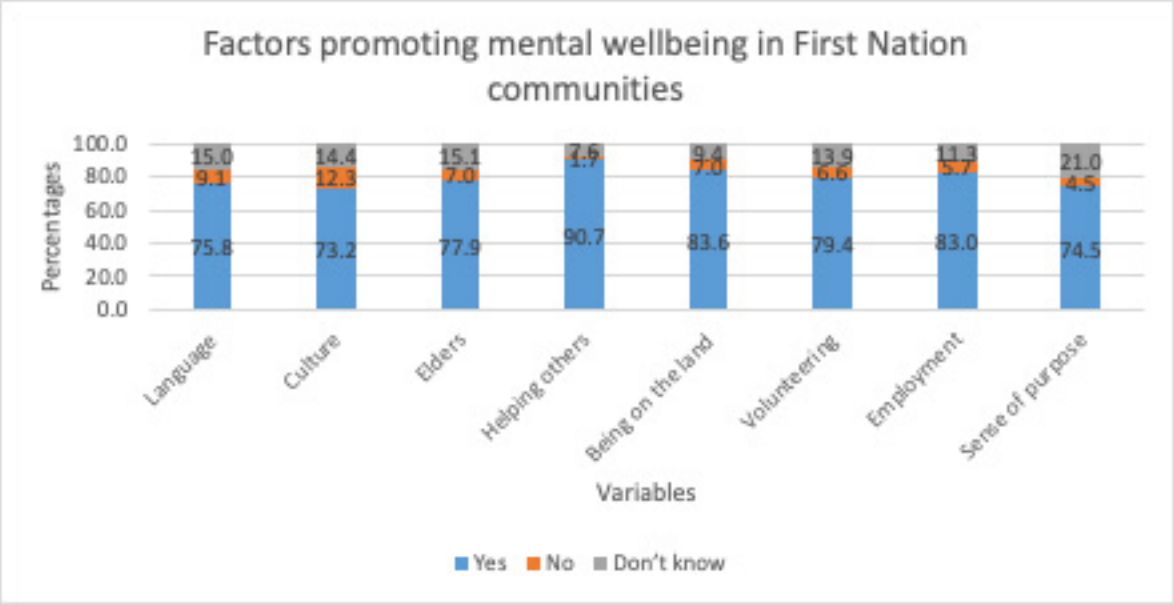
lack of employment opportunities resulting in financial instability. Respondents also agree that experiencing racism and discrimination can compromise mental well-being.

Facilitators of Mental Wellness in First Nations Communities

In keeping with the mental wellness framework previously articulated by FN Elders, most respondents from all participating FN communities agreed with what constitutes the key facilitators of mental health. These include having a sense of purpose; secure employment or source of livelihood; being on the land which includes deriving food from land-based activities such as hunting, trapping, fishing, and picking berries or medicinal plants. Other factors include being close to and learning from Elders, embracing one's culture, and understanding and speaking one's Indigenous language. A high number of participants (75.5%) said that language may support well-being because it facilitates intergenerational transmission of cultural teachings and practices relating to healing and health. Over 90% of all respondents indicated that helping others supports

Figure 4

Factors Promoting Mental Well-Being in First Nations Communities



mental well-being. This was followed closely by 83.6% who said that being on the land helps. Similarly, 80% of all respondents supported volunteering as a facilitator of mental well-being.

COMMUNITY-BASED RESOURCES TO SUPPORT MENTAL WELL-BEING IN FN COMMUNITIES

Traditional Health Knowledge

Over half of all respondents (53%) agreed that traditional teachings of balance and connection, for example as symbolized by the medicine wheel, helps in maintaining a healthy life and mental well-being. A small number (6.5%) did not agree and (40.2%) said they did not know if that could be the case.

Help-Seeking Behaviours

When provided with a list of individuals and healthcare professionals, we asked respondents from whom they were most likely seek help if they had a mental condition. Responses showed a general recognition of possible professional resources to support mental well-being in FN communities. Most respondents indicated that they would seek help from a doctor, followed by a friend, and then a family member (76.9%). Elders were the fourth option (72.5%). Psychiatrists and psychologists would attract more than 60% of our respondents, followed traditional healers and religious supports. Only 16% said they would not seek any help.

DISCUSSION

The results reported here support findings in a previous study and have expanded understanding of a complex problem in FN communities (Kyoon-Achan, Phillips-Beck et al., 2018). One clear point of convergence between the preceding study and the current results is that FN peoples consider health to be much more than access to healthcare services composed of physicians, nurses, health professionals and pharmaceuticals. Instead, respondents showed an inclination towards a holistic and ecological approach to mental well-being and health in general. This disposition is also supported in existing literature (Adelson, 1991; Auger, Howell, & Gomes, 2016; Hart, 2015; Kyoon-Achan, Phillips-Beck et al., 2018; Rountree & Smith, 2016; Waldram, 2013). The survey results have further confirmed the following:

1. **Complex health determinants and resources** are important for securing and promoting FN health and well-being. This has been clearly stated by respondents in this study, Elders in a preceding study and other research by Indigenous health researchers (Greenwood & de Leeuw, 2012; Kyoon-Achan, Phillips-Beck et al., 2018). Elements necessary to support mental well-being encompass themes such as knowledge of personal and collective histories, having an identity, the continuation of land-based activities to augment diet and nutrition, and for traditional spiritual practices, being in nourishing relationships with friends and family, having a sense of purpose defined by the dignity of meaningful work and contributing to others. This is supported by healthy intergenerational relationships with Elders who can continue to teach succeeding generations (Linklater, 2014; Oster et al., 2016; Richmond, 2007; Richmond & Ross, 2009; Richmond, Ross, & Bernier, 2013; Todd, 2008; Waldram, 2014). These could be accomplished by incorporating historical and social

determinants of health in the planning and implementation of all community-based mental well-being programs and activities.

2. **Balance and connection reflected by the medicine wheel teachings,** previously highlighted by FN Elders, was echoed by respondents in the surveys. In seeking balance, FN Elders had recommended medicine wheel teachings be used to propel holistic action towards health in general and mental well-being in particular (Kyoon-Achan, Phillips-Beck et al., 2018; Rountree & Smith, 2016). The intrinsic values and principles of the wheel resonated with, and were affirmed by, about half of all respondents who also indicated that practices such as helping others, being on the land, and living with a sense of purpose all contribute in keeping the mind healthy. Respondents who said they did not know if traditional teachings can facilitate mental well-being or not, may be helped to understand FN values and practices associated with mental well-being. In so doing, they can choose paths and practices to benefit their health. Balance and connection can further be encouraged through creating opportunities by and for community members to learn and practice values leading to increased self-actualization and self-determination.
3. **Increase access to quality and affordable food.** Food insecurities brought on by a lack of or inability to afford fresh food options in many FN communities challenges overall health and well-being (Kyoon-Achan, Lavoie, Kinew et al., 2019). Food, where available, can be prohibitively expensive especially in isolated FN communities with no road access for most of the year, and food has to be flown in or conveyed on seasonal winter roads. Associations between food insecurities and health in general or mental well-being are amply understood (Gundersen & Ziliak, 2015; Jessiman-Perreault & McIntyre, 2017; Leung et al., 2015; Power, 2008; Willows et al., 2011). It has been suggested that this challenge can be mitigated by supporting land-based activities of FN communities (MacDonald et al., 2013). These include hunting, fishing, trapping and other food gathering efforts to augment diet and nutrition. More so these activities create opportunities for people to be on the land and engaging in practices and teachings associated with the original cultures.
4. **Reconnect generations through FN languages revitalization**. FN Elders maintain that a loss of Indigenous languages has created a knowledge and connection gap between older and younger generations (Kinew, Paynter, & Chiefs, 2006). This gap prevents valuable knowledge from being taught and usefully applied toward maintaining or improving the health of FN people (Kyoon-Achan, Phillips-Beck et al., 2018). This loss is perhaps evident in the respondents who do not know how their communities treated mental illnesses in the past or of current resources to support mental well-being in the communities. These responses were in spite of the availability of resources such as Elders, Knowledge Keepers, traditional healers, traditional medicines, practices and techniques in the communities, some of which are being used to this day. Elders had predicted these responses and attributed the loss of Indigenous languages to the many years of colonization and the active prohibition of Indigenous languages that broke families' connections and damaged the transmission of knowledge from one generation to the next. This gap can be closed by supporting communities to overcome shame and blame about the lack of FN language transfer between generations, while actively encouraging engagement between youth and Elders for knowledge sharing and through FN language camps where fluent speakers and Elders can communicate with youth and families.

5. **Strengthening FN cultures to heal residential school experiences.** Residential schools intensified disconnection between families and within generations, especially youth relationships with FN Elders who could inculcate Indigenous teachings and values. FN children lost their languages, teachings, and knowledge of traditional practices by being integrated in residential schools with lingering health implications such as poor nutrition and exposure to diseases (Brave Heart, 1998; Hackett, Feeny, & Tompa, 2016; Matheson et al., 2016; Wilk, Maltby, & Cooke, 2017). This dynamic is clearly recognizable in the current data in which over 70% of all respondents agreed that attendance at residential schools has impacted the mental well-being of survivors and their relatives, making a direct connection to mental health. Effects of residential school experience requires investment in FN-led healing initiatives including strengthening of families and supporting intergenerational connections, especially relationships to Elders and traditional teachings. Research demonstrates that many of the residential schools' survivors report that culture was one of the main ways of healing from the debilitating experience (Brave Heart, 1998; Kirmayer, Simpson, & Cargo, 2003; Kirmayer et al., 2011).
6. **Increase cultural resource awareness.** Elders had maintained that traditional knowledge including teachings, healing practices, and medicines, can help improve mental well-being for community members. Some respondents reported not knowing that that was the case. This lack of awareness of available traditional health resources could mean that valuable community-based resources are not being utilized and indicates a gap in community-based public health promotion. This situation is a direct impact of generations of outlawing traditional healing practices among Indigenous peoples in Canada under the Indian Act and needs to be reversed (Health Intelligence & Peachey, 2017; Robbins & Dewar, 2011). The current underutilization of available cultural and traditional health resources can be addressed through adopting holistic and collaborative approaches to healthcare (de Leeuw, 2017; Katz, Enns, & Kinew, 2017) and by appropriate public health campaigns to promote awareness and investment in supportive resources.

Limitations

The study had a few limitations. Firstly, findings reported in this study should be considered in context of the eight First Nation communities who participated in the study; generalizations and extrapolations to other communities can be done with specific considerations of those particular contexts and possibly unique circumstances. Secondly, paper-based surveys are known to have downsides such as possible misunderstanding of and/or misinterpretation of items, or some people missing items altogether due to formatting. Although LRA were on hand to interpret questions and provide some clarification, respondents were encouraged to read and respond to the questions on their own to ensure confidentiality of responses. Third, more research may be needed to further understand some results. For example, a significant percentage of all respondents reported not knowing about medicine-wheel-based traditional teachings related to balance and connection to support mental well-being. Although they live in the communities, many also said they were unaware of traditional treatments for mental health issues. While these responses confirm the concerns of participants in our previous study and publication, it would be important to understand where the seeming intergenerational disconnect appears to be occurring. Furthermore, we see that the close-ended nature of the survey questions

did not invite additional feedback about the responses, and had they been modified, we would have garnered a better understanding of the specific responses. Overall, however, the study served an important purpose to validate the findings from a prior qualitative study that explored traditional approaches to Indigenous mental health and well-being.

CONCLUSION

The First Nation (FN) communities that participated in this study have demonstrated a recognition that mental wellness is the result of multiple and complex determinants of health collaborating to bring about desired health outcomes. The place of FN Indigenous health knowledge and practices in the mental, emotional, spiritual, and physical aspects of being have been highlighted. Traditional health knowledge is largely seen by First Nations as having a significant role in supporting the well-being of individuals and communities. This supports the Elders' and Knowledge Keepers' position that knowing who one is within community, maintaining a relationship with the lands, waters, and living culture, brings balance to the health and mental well-being of their people, and is protective against disconnection and hopelessness that can lead to suicides. Participating communities have maintained that traditional health knowledge in terms of beliefs, practices, teachings, health related values, and lifestyle can be applied to create a sense of balance in all aspects of life. This knowledge, if properly understood and utilized, can serve to securely ground people, support an overall sense of stability, and improve mental well-being.

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