Mental Health Promotion for Indigenous Youth

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Introduction

Indigenous youth in many countries face high levels of mental health problems, including suicide (Gracey & King, 2009; Stephens et al., 2006). While many of the relevant strategies for the promotion of mental health and well-being and the prevention of mental disorders are similar to those for youth in other contexts, there are some unique challenges and opportunities for Indigenous populations and communities. These include the histories of colonization, cultural suppression and marginalization that have profoundly affected many communities across multiple generations as well as the distinctive ways of life and current social and geographic contexts that shape the values and aspirations of youth and their families. These historical and social structural issues contribute to specific social determinants of health and illness, influence well-being and resilience, and have important implications for mental health promotion.

In this chapter, we review some of the salient features of Indigenous contexts and characteristics that affect the well-being of Indigenous youth. We outline an approach to mental health promotion that takes into account historical, transgenerational, and contemporary contexts and seeks to build on the strength and resilience of Indigenous communities and youth. Our examples come from Canada but have broader application for Indigenous peoples in many countries as well as for youth from other marginalized communities that have faced historical loss and devaluation and must meet the challenges of globalization and ongoing culture change. Comparisons of Canada with Australia and New Zealand, settler societies in which Indigenous people have faced similar historical forces, are especially instructive (Durie, Milroy & Hunter, 2009).
Indigenous Youth in Global Context

The term “indigenous” is generally applied to people who are the descendants of the pre-colonization populations of a region or who have maintained their own social, economic, cultural and political institutions since colonization and the establishment of nation states (Sissons, 2005). As a result of colonization and the policies of settler societies, Indigenous peoples around the world have experienced great adversity, with denigration and suppression of their cultures and values, and disruption of their traditional ways of life. Occurring over many generations, these histories have impacted on the lives and well-being of contemporary Indigenous youth.

Globally, over 370 million people identify as indigenous. There are more than 5000 Indigenous cultures, and the largest numbers of Indigenous peoples live in Africa, Asia and Latin America, where their struggles to maintain cultural identity and community are often eclipsed by the interests of the nation state. In many instances, governments have violently suppressed efforts of Indigenous peoples to maintain their identities and exert a measure of sovereignty (International Work Group for Indigenous Affairs, 2015). In recent years, struggles to recognize and strengthen Indigenous rights have gained political traction and this has also had important impacts on the mental health of youth in these communities (Niezen, 2009; United Nations General Assembly, 2007).

Indigeneity is not only a matter of historical priority and political recognition. In many instances, Indigenous peoples have maintained distinctive cultures, and ways of life. In Canada, Indigenous peoples constitute 4.3% of the population and include First Nations (who include some 650 communities with 11 major language groups), Métis
(people of mixed-descent, mainly French and First Nations, who identify as a distinct people), and Inuit, the indigenous people of the arctic. More than 50% of indigenous people in Canada live in cities, while others live in diverse settings from peri-urban reserves to smaller rural and remote communities.

Around the world, a high proportion of Indigenous peoples are children and youth. The late demographic transition and rapid growth rate of many Indigenous populations has resulted in a population that is much younger than that of the general population in many societies. Along with the challenges of rapid cultural changes, socioeconomic disadvantage, geographic isolation, and political marginalization, the dynamics of the emerging cohorts of young people are important for understanding the stresses and challenges that Indigenous youth face.

Sources of Adversity and Youth Mental Health

Efforts to promote the well-being of Indigenous youth in settler societies like Canada must begin with an understanding of the diversity of cultures and the pervasive effects of the centuries-long process of culture change and forced assimilation.

Prior to contact with Europeans, Indigenous peoples in North America had diverse ways of life: some were agrarian and lived in larger communities or even empires, others were nomadic and lived in small bands of one or a few extended families, moving in an annual cycle across broad regions in search of game to provide sustenance. Contact brought new trade possibilities but also exposure to new infectious diseases with devastating effects. Colonization was marked by violent encounters with settlers who viewed the original inhabitants mainly as obstacles to their ever-widening claims of land.
and resources. Enclosure in a nation state led to profound changes in living circumstances of Indigenous peoples, with displacement from traditional lands and increasingly pervasive state control.

In Canada, the process of transformation antedated colonization, when contact with the fur trade initiated changes in the subsistence patterns of hunting peoples of the North and changes in yearly cycles of migration with the beginnings of settlements near trading posts. With the creation of the nation state, processes of sedentarization in settlements accelerated and Indigenous peoples were linked to a larger global economy. These geographic and economic changes were followed by generations of increasing government control with policies that were explicitly aimed at suppressing indigenous languages, cultures, and relationship to the land.

For over 100 years, Indigenous children and youth in Canada were the target of large-scale efforts at forced assimilation, most notably through the government-mandated Indian Residential School system (Castellano, Archebald & DeGagné, 2011). From the late 1800s through to the 1980s, more than 150,000 Indigenous children were sent to residential schools that were usually located in rural locations distant from their home communities and were run by the churches and staffed by priests, nuns and non-Indigenous teachers. The schools were part of an explicit federal policy of education that aimed, in the words of their chief architect, Duncan Scott Campbell, to “kill the Indian in the child” (Truth and Reconciliation Commission, 2015, p. 2). Children were forbidden to speak their languages and followed a curriculum that had no place for their own history or values and that was designed to train them for agricultural, domestic or industrial labor. In addition to the damaging psychological effects of forced separation of parent
and child, and of cultural suppression and denigration, the residential schools were sites of great privation, exposing children to physical and sexual abuse by teachers and other students. Generations of children who passed through this oppressive system, went on to live in cities or returned to their communities with views of childrearing and family life influenced by institutional regimes in ways that affected their own parenting skills.

In parallel with the residential schools, Canada instituted the Indian Act, legislation that made Indigenous peoples “wards of the Crown.” This authorized and obligated the government to provide care and services for Indigenous peoples but also imposed bureaucratic control over myriad aspects of reserve life. The Indian Act defined who was and who was not an Indian and undermined the autonomy of communities, peoples and nations. Subsequent legislation banned many forms of traditional communal and spiritual practices, which were viewed as antithetical to the Christian values of the dominant society as well as the interests of the state in promoting assimilation.

Other state and institutional policies also undermined the autonomy, cultural integrity, and well-being of youth, family and communities. For example, the child protection system engaged in widespread removal of Indigenous youth from their families. In what has been called the “Sixties Scoop,” large numbers of Indigenous children were preferentially placed in non-Aboriginal homes throughout Canada, the United States and overseas, without implementing programs or policies to preserve their cultural identities (Sinclair, 2007). Although this practice has lessened in recent years, Indigenous children continue to be greatly overrepresented in the foster care system. As of 2011, 3.6% percent of all First Nations children fourteen years old and under in foster care, compared to only 0.3% among non-Aboriginal children (Statistics Canada, 2011).
These and other policies have had profound transgenerational effects at psychological, social, economic and political levels, including: the disruption of parenting and family life; breakdowns in the transmission of cultural knowledge, language, and values; and the undermining of collective identity and community solidarity. Many of those who went through the residential schools have had difficulties in parenting due to their experiences in punitive institutional settings. These experiences has led to difficulties in emotion regulation and responsiveness that reflect the lack of warmth and intimacy in their own childhoods, exposure to physical and sexual abuse, loss of cultural knowledge, language and tradition and systematic devaluing of Indigenous identity (Kirmayer et al., 2003).

There is growing evidence for transgenerational impact of residential schools on mental health. Retrospective studies have documented the multigenerational effects of exposure to residential schools and mental health outcomes for the descendants of residential school survivors. In a study of First Nations adults in Manitoba, having a parent or grandparent who attended a residential school was associated with increased likelihood of childhood abuse and a history of suicide ideation and attempts (Elias et al., 2012). There is evidence that multiple residential exposures across generations have cumulative negative effects on the mental health of youth and adults with reduced well-being and increased risk of suicidal behaviour (Bombay et al., 2011, 2014). The vulnerability associated with these transgenerational effects interacts with ongoing adversity to give rise to elevated rates of mental health problems.

The effects of governmental policies and cultural disruptions on Indigenous communities can also been seen in the relationship between local control of institutions
and youth well-being. In an important study, Chandler and Lalonde (1998) compared rates of suicide across 29 tribal councils of First Nations communities in British Columbia with measures of what they deemed “cultural continuity.” Their index of cultural continuity included six variables that were determined by contacting communities: 1) engagement in efforts to secure Aboriginal title to traditional lands; 2) a degree of self-government; some degree of community control over 3) educational services, 4) police and fire, and 5) health services; and 6) cultural facilities to preserve and promote local culture. Communities that had none of these factors had very elevated suicide rates; the presence of each factor reduced the suicide rate—indeed, communities that had all of these factors had no suicides over the five year period examined. In a later extension of the study to a 10 year time period, two additional indicators were collected that were also found to be protective: a high proportion of women in local government and the provision of child and family services within the community (Chandler & Lalonde, 2009). Although Chandler and Lalonde termed their index “cultural continuity” because of a developmental psychological model that emphasized the central role of self-continuity as a protective factor in suicide risk, the factors they examined seem more closely related to flexible adaptation of cultural institutions to political and bureaucratic contexts in ways that allow communities to assert a sense of local control or self-determination. In support of the focus on culture, however, is evidence that efforts to retain or promote local language may be a particularly strong protective factor (Hallett, Chandler & Lalonde, 2007). The benefits of these community factors are seen not only in lower suicide rates but also in less motor vehicle accidents and higher rates of school completion (Chandler, 2010). This work has been widely influential in Indigenous mental
health because it links community level structural and organizational factors to individual mental health. More work is needed to replicate this in other settings and to examine the potential social and psychological mediators that link community politics to youth well-being (Tiessen, Taylor & Kirmayer, 2010).

As a result of this history of deliberately suppressing cultural identity and practices, culture is a salient construct for Indigenous peoples, both as a site of collective wounding, trauma and loss, and as a potential vehicle of restoration and renewal. Given the evidence that disruption of cultural identity and transmission has impacted on the well-being of Indigenous communities, there is longstanding interest in notions of “culture as cure” (Brady, 1995; Dell et al., 2011; Duran et al., 1998; Gone, 2013; Kirmayer, Brass & Valaskakis, 2009). The reclamation of traditional knowledge and affirmation of collective values and restoration of cultural institutions and practices are all seen as specific medicine for the historical violence endured by Indigenous peoples.

In recent years, the events and impacts of colonization and forced assimilation have been framed in terms of historical trauma, loss and grief (Mohatt et al., 2014). The construct of historical trauma was influenced by studies of the psychological impact of genocide, particularly the experience of Jewish Holocaust survivors (Braveheart & Debruyyn, 1998). It serves to locate individual suffering in a larger historical frame and points toward the importance of political recognition and redress (Kirmayer, Gone & Moses, 2014). The recent Canadian Truth and Reconciliation Commission (2014) recognized the Indian Residential Schools and allied policies are instruments of cultural genocide. The TRC made many recommendations for insuring that future generations are aware of this history and that indigenous cultures and communities are supported in their
processes of healing and strengthening their collective identities, power and presence.

Current efforts at mental health promotion for Indigenous youth in Canada occur against this backdrop of increasing political recognition and calls for restitution and reconciliation.

**Cultural Roots of Well-Being and Resilience**

Mental health is not simply the absence of illness but includes states of well-being that encompass positive dimensions of social and psychological functioning (World Health Organization, 2011). While well-being may be widely recognized and characterized by energy or vitality, positive emotions, sense of meaning, self-efficacy and hopefulness, the specific ways in which wellness is configured, achieved and experienced vary with particular cultural values, social contexts and ways of life (Kral et al., 2014; Ruiz-Casares et al., 2014; Taylor, 2008).

For many indigenous peoples, in addition to the ability to realize personal goals and capacities, relations with family and community, and with the land may be central to the experience of well-being. These modes of experiencing well-being are tied to particular cultural concepts of personhood that emphasize relational and ecocentric dimensions of the self (Kirmayer, 2007). The relational self, which has received much study in cross-cultural psychology particularly among East Asians, views the quality of connections to others in family and community not only as important for individual well-being but as, in some sense, constitutive of the person. Hence, individual and family well-being are tightly linked (Connors & Maidman, 2001). There is evidence that Indigenous well-being is closely associated with social support within family and community (Kral
Families may also play a crucial role in helping to buffer the effects of racism and discrimination (Yasui et al., 2015). However, Indigenous family systems may have distinct dynamics owing to the history of living in small bands or groups of one or a few extended families, particular cultural values, and the impact of new forms of community structure, with implications for efforts to promote positive parenting (Turner & Sanders, 2007). Certain cultural practices create relational bonds that supplement those of the nuclear or extended family. For example, some Inuit still practice traditional naming practices of saunik in which an individual who receives the name of a deceased person takes the relationships of that person (Kirmayer, Fletcher & Watt, 2009). Thus, a child may be the grandmother, aunt or cousin of an older person. These symbolic bonds may be given power by an ontology that sees the name as containing or transmitting a name-soul, but even without subscribing to that ontology, the everyday practice of respecting such filial relationships can contribute to well-being as well as strengthening bonds between individuals and families.

Less attention has been paid to another mode of self-construal common among people living close to the land, who may understand their self as embedded in ongoing transactions with the environment, including other animals and other non-human beings (Kirmayer, 2007; Kingsley et al., 2013). These forms of selfhood are not mutually exclusive but may be evoked by specific contexts and used to make particular kinds of value judgments. For example, for the ecocentric self, damage to the environment may be experienced direct damage to the person. In a sense, the environment may be thought of as an extension of the person, necessary for individual well-being, or as part of kinship
relations, as a living being to whom one owes filial responsibility, recognition and care. This is a radically different way of thinking about the environment than one finds in most Euro-Canadian discourse, with implications for mental health, resilience and healing (McCormick, 2009). Although environmental conditions are among the major determinants of health for all populations—whether recognized by local knowledge or not—the integration of the environment into the concept of the person and self-construal gives relations to the land added significance for health. There is evidence that land-based activities, grounded in respect and caring for the land, correlate with indicators of health and well-being for Indigenous people (Burgess et al., 2008; Kant et al., 2013). Indeed, for many Indigenous peoples, land-based activities involve cultural practices that express core values of collective identity.

Many of the same social and environmental interacts associated with well-being may also contribute to resilience. Interest in resilience stems from the recognition that many youth deemed “at-risk” for mental health problems flourish despite adversity (Ungar, 2012). The metaphor of resilience is derived from the physical sciences, where the resilience of a material refers to its ability to maintain or return to its original shape after being exposed to a physical stressor. Although superficially apt, this metaphor fails to capture the complex nature of human resilience, in which the processes of responding to adversity are dynamic and culturally situated. Moreover, human resilience usually results in transformation rather than simply a simple return to an original form. Individual resilience may involve mobilizing a wide range of adaptive capacities including knowledge, skills and attitudes that allow the person to problem solve, regulate emotions, and maintain social relations. Resilience may also occur on interpersonal, family and
community levels through the dynamics of social interactions and networks that respond to challenges by mobilizing resources and maintaining collective solidarity. Hence, resilience should not be understood only as an individual trait, but also as the result of processes that involve larger social configurations—families, communities and entire peoples (Ungar, 2012; Kirmayer et al., 2011). In the case of oppressed peoples and communities, resilience may also be part of active processes of empowerment and self-transformation. Table 1 summarizes some approaches to community resilience relevant to Indigenous youth.

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The construct of resilience is especially relevant to understanding the mental health of Indigenous peoples because of their ongoing exposure to specific forms of social, cultural, and structural adversity. While Indigenous youth share many of the risk factors identified in classic studies of resilience conducted among youth with parents suffering from severe mental illnesses as well as inter-city youth facing poverty, violence and discrimination, the distinctive stressors associated with colonization, structural disadvantage, racism and discrimination all warrant dedicated research and systematic clinical consideration (Burack et al., 2007, 2014; Currie et al., 2012; Hopkins, Zubrick, Taylor, 2014).

Research on individual factors related to resilience among vulnerable youth suggests that self-esteem, optimism, intelligence, and certain personality traits related to sociability and perseverance, cognitive problem solving abilities, capacity for emotion
regulation, positive ethnic identity, social support and prosocial involvement can all contribute to better ability to respond to challenges and recover from perturbations (Ames et al., 2013; Masten, 2014; Zimmerman et al., 2013). Factors that impair normal stress responses can impede the adaptive transformation of the organism in response to stressors (Cicchetti, 2013). However, the relative importance of these factors may depend on the kinds of challenges faced and the adaptive strategies feasible in a given context as well as local cultural values. Moreover, there may be tradeoffs between different resilience factors. Thus, the individual characteristics that contribute to social success may differ from those that support academic success and, depending on attitudes toward schooling and peer group dynamics in a community, these adaptive strategies may compete or reinforce each other (Iarocci, Root & Burack, 2009). For example, a study of adolescents attending a Naskapi First Nation school (grades 6 to 11) found that positive peer relationships were associated with academic success (Burack et al., 2013). Strong identification with Indigenous culture is associated with levels of physical and relational aggression among Naskapi youth as rated by their peers (Flanagan, et al., 2011). There may be multiple pathways to success in school for Indigenous youth, including both conventional expectations for assertive learning and strong cultural identity (Fryberg et al., 2013). Matching style of education to culture may be especially important for Indigenous youth who are low on both assertive and cultural identification. While cultural identity can be an important source of resilience for youth, the implications of strengthening cultural identification depend on social contexts, which may valorize or denigrate Indigenous identity (Adams et al., 2006).
A qualitative study of Indigenous perspectives on resilience in several First Nations, Inuit and Métis communities identified multiple sources of strength related to culture and context, including: (1) maintenance, learning and revitalization of language and culture; (2) participation in traditional land-based activities for subsistence, recreation, ceremony and healing; (3) knowledge sharing through processes of storytelling rooted in oral tradition, which foster relationships across the generations as Elders share their wisdom and experience; and (4) mobilization of the community for political action to assert Indigenous rights (Kirmayer et al., 2011, 2012). Each of these sources of strength depends not only on the individual psychological processes but also on family and community dynamics.

Thus, in addition to individual sources of resilience, there are important processes of resilience at family and community levels (Kirmayer et al., 2009b; Ungar, 2011a,b, 2015; MacDonald et al., 2013; MacDonald et al., 2015; Allen et al., 2014; Nystad et al., 2014; Ulturgasheva et al., 2014; Wexler et al., 2014). This points to the need for an ecosocial approach to resilience that examines the systemic contexts of youth development and adaptation (Kirmayer, 2015). Families can provide youth both emotional and material support. However, the nature and configurations of family and community life have changed over time. For Indigenous peoples who were nomadic hunters prior to colonization, the extended family was the basic unit of society and the larger communities created by the state to provide health care services and education have required developing new modes of living together. In some cases, there are fault lines within communities along kinship lines resulting in uneven distribution of resources and power within the community.
The literature on social capital links resilience to the nature of community structure, resources and relations (Kirmayer et al., 2009). As an asset for resilience, social capital refers to individuals’ access to social relations that can provide material, emotion and problem-solving resources, or in the case of communities, to structural strengths that can be described in terms of levels of trust, participation, reciprocity and collective action (Ledogar & Fleming, 2008). The elements of personal and collective social capital and resilience interact with one another at both individual and community levels. For example, community social capital increases the availability of resources to youth in need.

Indigenous peoples draw from many sources of resilience some of which are rooted in their traditional cultures and ways of life (Kirmayer et al., 2011). These cultural resources include traditional land-based and domestic activities, spirituality and ceremonies, language, and healing practices (Fleming & Ledogar, 2008). Traditional activities span a range of practices that include: hunting, fishing, foraging and trapping; beading, weaving and sewing clothing, as well as decorative and ceremonial objects; building dwellings, vehicles, and tools; as well as a variety of Indigenous sports and creative activities, such as lacrosse. Traditional spirituality encompasses knowledge, beliefs and practices related to every aspect of life, including subsistence activities like hunting as well as life cycle rituals, such as funerary practices, food blessings, coming of age ceremonies, and celebrations related to annual seasonal cycles. The legacy of Christian missionizing as well as ongoing exposure to specific traditions and to pan-Indian spirituality has contributed to substantial diversity in attitudes and practices spirituality within many communities. Hence, mental health promotion must
accommodate a wide range of positions and levels of engagement with traditional and emerging forms of spirituality, religious practice, and ways of life.

Indigenous languages are important vehicles of cultural knowledge. In the 2011 Census, about 17% of Indigenous people in Canada reported they could converse in an Aboriginal language (Langlois & Turner, 2014). As the media for traditional stories and teachings as well as the lexicons used to describe the landscape and transmit ceremonial knowledge and practices, Indigenous languages remain important sites of cultural revitalization and a source of identity and pride for many Indigenous youth (Leibenberg, Ikeda & Wood, 2015). In Australia, New Zealand and Canada, Indigenous youth are using digital media and telecommunications technologies to learn and use their languages and cultures (Kral, 2010; Molyneaux, et al, 2014).

Traditional healing practices bring together many strands of cultural identity including language, relationship to the land, family in forms of spirituality that affirm core values of recognition and care (McCormick, 2009). Many indigenous scholars emphasize models of holistic health healing that encompass individuals as well as communities, stressing the interconnectedness of bodily health with emotional, social and spiritual health (Durie, 2005; Duran, 2006). The popularity of the pan-Indian symbolism of the Medicine Wheel reflects this understanding of the need for integrative healing based on finding balance among different human needs and capacities. Traditional healing activities include a wide variety of practices that draw on cultural knowledge as well as local plants and animals for their therapeutic effects. In addition to their potential beneficial effects for specific conditions, these practices also serve to affirm Indigenous identity and pride through the reclamation of activities that were prohibited by the
government (Adelson, 2000). The emphasis on holistic healing within Indigenous rhetorics of health calls for integrative solutions to issues related to mental health. This implies that remedies should not be sought only at the level of pharmacology and the brain, but must extend into domains of cognition, embodiment, and social relations.

**Assessing Youth Well-Being and Resilience in Research and Clinical Contexts**

Person-centered psychiatry advocates assessing wellness as well as illness as a basic approach to understanding the patient as person and devising individual and broader public health strategies for positive mental health (Mezzich et al., 2010). Health is more than simply the absence of illness; it is an orthogonal construct (Keyes, 2012). An individual can suffer from an illness or disability, yet still thrive despite this challenge. This perspective links wellness to resilience in ways that are both universal and culture-specific (Kirmayer, Bennegadi & Kastrup, 2016).

Positive measures of well-being are crucial to the development of mental health promotion policies and programs (Lippman et al., 2009). Advancing the study of resilience among Indigenous youth requires individual and community level measures that reflect local structural, cultural and practical realities. The construct of resilience can be operationalized in terms of the range of intermediate outcomes that enable people to thrive in adverse contexts. However, existing measures tend to focus on dimensions salient for non-Indigenous populations and may not sufficiently attend to the social, contextual and political processes that are key determinants of well-being in Indigenous communities (Taylor, 2008).
A variety of culturally-informed measures of Indigenous youth well-being and distress have been developed in recent years and, although none has had sufficient validation to recommend routine use, several show promise. Table 2 summarizes the characteristics of some of these measures. In addition to adopting local language, idioms, and symbols, the measures are distinctive for including dimensions of well-being explicitly linked to cultural identity, connection to the land, and spirituality. For comparison, one measure that aims for wide cross-cultural applicability by addressing overarching domains is also included. None of the measures have yet received sufficient validation in Indigenous populations.

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Indigenous leaders, scholars and mental health practitioners have identified the need for research that builds on community strengths and explores pathways to resilience and well-being. Central to this approach is a shift in research broader s not only to address the priorities of Indigenous communities but to respect and integrate Indigenous methodologies and knowledge (Alfred, 2005; Smith, 1999). The shift toward resilience and measures of positive mental health and well-being is consistent with Indigenous critiques of standard illness-based research. Research on resilience and measures of well-being can be conceptualized in ways that reflect Indigenous values and perspectives. This also has implications for the way in which research is conducted, by engaging with Indigenous perspectives on knowledge, epistemologies and methodologies. Culturally-
responsive research using strength-based methodologies can support efforts to decolonize practices in health and education (Snowshoe et al., 2015; Chino & Debruyn, 2006).

There is increasing recognition of the value of an ecosocial approach to research on social determinants of health, which views individuals as embedded in and in constant interaction with families, communities and larger social and environmental systems (Krieger, 2012). Individuals live at the intersection of multiple social status, identities and networks that configure their identity, exposures to risk factors for illness and access to protective factors that promote well-being. Analyzing the interactions of these statuses is essential to understand why Indigenous youth experience particular forms of adversity and to devise effective mental health promotion strategies (Bauer, 2014).

Research is needed in this area because of the many distinctive features of Indigenous communities and populations, which face specific social determinants of health related to culture, history, geography and political context (Anderson, Baum & Bentley, 2007; Carson et al., 2007; Gone & Trimble, 2012; Gracey & King, 2009; King et al., 2009; Kolahdooz et al., 2015; Reading, 2009; Valeggia & Snodgrass, 2015; Wexler, 2014). Indigenous communities grapple with geographic, climatic, political and economic challenges that limit educational and work opportunities for youth and, hence, may colour their visions of the future (MacDonald et al., 2013). The stereotypes and negative views of Indigenous people that persist in the larger society contribute to significant levels of discrimination experienced by many Indigenous youth.

Indigenous youth living in rural and remote communities constitute relatively large local cohorts of individuals who are closely related to each other. This leads to high levels of communication and identification increasing the risk of contagion effects as
seen in cluster suicides (Niezen, 2009), or serve to amplify positive health messages. At the same time, the large cohort may create intense competition for limited resources. In Indigenous communities this may be mitigated by cultural values of non-competition and cooperation, sharing, and kinship ties. In terms of delivery of prevention programs, there are challenges both for communities located in remote geographic regions and for urban populations who may be dispersed in cities with little specialized services available that recognize or strengthen indigenous connection and identity (Wexler et al., 2015; Yi et al., 2015). Internet based mental health promotion programs and services, which can be made available in both remote and urban settings, may provide ways to surmount some of these obstacles (Clarke, Kuosmanen, & Barry, 2015; Cotton, Nadeau & Kirmayer, 2014).

**Promoting Positive Mental Health Among Indigenous Youth**

Contemporary approaches to mental health promotion aim to mobilize all sectors of society to improve living conditions and, in the case of children and youth, support optimal development (Herrman & Jané-Llopis, 2012). While there is evidence for many effective interventions, particularly those that support healthy parenting of infants, children and youth (Hosman & Jané-Llopis, 2005), there are limited data on programs specifically designed for Indigenous youth that take into account their distinctive history, culture, social and geographic contexts (Clelland, Gould & Parker, 2007).

Mental health promotion reinforces factors that contribute to health and resilience, while working to reduce or eliminate factors related to poor mental health. In its emphasis on health and wellness, rather than illness, health promotion complements more narrowly focussed prevention approaches. Mental health promotion interventions vary
according to participants’ age, cultural background, socioeconomic status as well as other contextual factors (Barry & Jenkins, 2007; Barry et al., 2013). The contexts of Indigenous youth in rural, remote and urban settings merit separate consideration in designing and delivering mental health promotion programs. Indigenous youth possess strengths based on competencies associated with contemporary youth in general, such as technological literacy and participation in global, web-based communities, as well as more specific coping skills and strategies grounded in cultural knowledge, values and practices.

Table 3 summarizes some strategies for mental health promotion for Indigenous youth and illustrative examples. These are roughly organized in terms of risk, protective and resilience factors found to correlate with positive mental health in epidemiological and ethnographic studies, including: clear cultural identity; sense of self-efficacy and self-esteem; family interaction and communication; positive peer interactions; access to material resources and infrastructure (adequate housing, food, telecommunications, recreational opportunities, etc.); educational and vocational opportunities; tolerance and integration of diversity; and assertion of collective political agency. The list is not exhaustive and the categories are not mutually exclusively. Although assigned to one resilience factor based on prominent components, all of the programs listed address multiple resilience factors. Mental health services can provide an important resource for the local adaption and implementation of promotion programs as well as interventions for youth experiencing crises or mental health problems.

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In addition to taking into account specific risk and resilience factors associated with Indigenous experiences of colonialism and structural adversity, mental health promotion must also address differences in paradigms or perspectives on health and well-being among Indigenous peoples. Indeed, Indigenous scholars and practitioners have argued that delivering interventions predicated on Western (non-Indigenous) perspectives to Indigenous populations constitutes a form of neo-colonialism and oppression, through a failure to acknowledge Indigenous views on health and healing (Duran, 2006; Stewart, 2008). The sensitive integration of Indigenous worldviews into mental health promotion is essential both for program acceptability and effectiveness (Durie, 2005). For clinical services providing secondary and tertiary prevention, interventions tailored to Indigenous worldviews can augment access to mental health resources—historically under-utilized by Aboriginal peoples—and improve low treatment retention rates (McCormick, 2009; Stewart, 2008; Wednt & Gone, 2012).

Culturally competent mental health promotion assumes different forms depending on the priorities and perspectives of the Indigenous collaborators involved (Kirmayer, 2012; Wendt & Gone, 2012). Indigenous health practitioners in New Zealand have developed the construct of cultural safety as a complement to cultural competence and this has been embraced by educators and policy makers in Canada (Brascoupé & Waters, 2009; Indigenous Physicians Association of Canada, 2009). Cultural safety emphasizes the need to recognize and address the structural violence that accounts for health disparities and that continues to make health care institutions unsafe for Indigenous peoples. To develop and implement culturally safe, responsive, and effective mental
health promotion programs, mental health practitioners need to work in close partnership with Indigenous communities, with ongoing dialogue and explicit commitments to ensure that communities retain control of programs. This process can follow the principles of community-based participatory action research supplemented with explicit attention to the ethical issues raised in working with Indigenous populations and communities (Cargo & Mercer, 2008; Chin & Debruyn, 2006). Youth too can play an active role as partners in developing programs to meet their needs (Jacquez, Vaughn & Wagner, 2013).

While the resultant programs will vary in response to particular cultures and contexts, there are commonalities among diverse Indigenous perspectives. Based on in-depth interviews with Indigenous mental health service providers in Canada, Stewart (2008) outlined four overlapping themes central to Indigenous mental health and healing: community, holistic approach, interdependence, and cultural identity. Community, as the social system of individuals who live together, sharing communal knowledge, institutions and practices is foundational for Indigenous mental health promotion. Although Indigenous communities share a link to a specific culture, members may vary widely in how strongly they identify with particular traditions or practices. Hence, mental health promotion must allow for this diversity. The notion of a holistic approach alludes to the need for services that are address the major domains or dimensions of life, including elements that are frequently paid little attention in clinical contexts, such as spirituality and nutrition. This is sometimes framed in terms of the four quadrants of the Medicine Wheel, covering mental, physical, emotional and spiritual domains, each of which has both individual and social dimensions. The concept of interdependence suggests that healing extends beyond the individual, through strengthening connections with family
members, community Elders, and others. Finally, cultural identity refers to the notion that developing and maintaining a clear sense of Indigenous identity can be an integral part of the healing process, and of effective mental health promotion, as cultural marginalization is replaced by revitalization.

**Culturally-Based, Family Centered Mental Health Promotion for Indigenous Youth**

In this section we summarize an mental health promotion program that illustrates some of the principles described above. With support from the Innovation Program of the Public Health Agency of Canada, our team has been developing and evaluating a broad mental health promotion intervention for Indigenous youth. *Listening to One Another to Grow Strong* is a 14-session program for young people (10-14 years of age) and their parents. The program focus on strengthening cultural identity, family life communication and support, and provides skills for problem solving, critical thinking and emotion regulation relevant to dealing with interpersonal conflict, bullying, discrimination, and substance use.

The program emphasizes experiential learning and group activities that strengthen cultural identity and family communication. The intervention is based on the Strengthening Families program developed by Spoth and colleagues (2002), which has been recognized as an evidence-based mental health promotion strategy by the U.S. SAMSHA. The original program was expanded and adapted for Native American communities in the U.S. and then for Anishinabe communities in Canada by Les Whitbeck and Melissa Walls (Whitbeck et al., 2012, 2014).
Pilot data on the effectiveness of an initial implementation of the program with Anishinabe children in Grades 5 to 8, found positive results for younger children who had not yet begun to experiment with alcohol or drugs. The study also provided support for the efficacy of the basic model for creating culturally specific prevention programs. Culturally specific content was more likely to be retained and used by both parents and children. Emphasis on traditional practices not only increased the use of the traditional family communication mechanism, it appeared to have enhanced appropriate assertiveness. The program also resulted in gains in anger management. In the pilot study, compared to community controls, participating children were 7 times more likely to recognize early signs of anger. This is important, given baseline findings regarding the associations between anger, delinquency, and early onset substance abuse. Anger is also linked to impulsive behaviour in the literature, which is often a precursor to suicidal behaviour. There were also gains in the area of parental monitoring, with intervention mothers compared to control group mothers more likely to report that they knew when their children came in at night. Participating children also reported gains in parental monitoring when compared to control group children. At post-test the children were more likely to report that their parents “know my friends and their families.” There was a trend towards increasing traditional values of community responsibility for children.

The pilot program was further expanded to include sessions covering: learning about specific First Nation culture and community history; traditional family values, belonging and communication; knowledge and attitudes about substance abuse; help-seeking for emotional distress; coping with anger and conflict; coping with sadness and loss; peer communication and prosocial behaviour; problem solving skills; dealing with
historical loss; dealing with discrimination; learning refusal skills (for substance use) and parental monitoring; and building social support networks within the community. Additional material was incorporated to address priorities identified by community partners, including cyberbullying, and new material was prepared on critical thinking about substance use to replace the out-dated session on “refusal skills.

Key components of the intervention include: active community involvement in local cultural adaptation, training and delivery; engagement of elders and community knowledge holders as resource people; use of culturally-grounded language, symbols, stories, and practices to convey key components of the intervention skills; and intensive involvement of parents and caretakers. The program usually includes both male and female facilitators, who provide role modeling through activities that engage both genders. Explicit attention to local history and language and the participation of Elders help bridge the gap between generations. Most sessions involve youth and parents sharing meals together and participating in talking circles, both of which facilitate communication within and between families.

The design of the intervention emphasizes cultural adaptation, which may include changes in program content, activities, scheduling, and location. Fidelity is maintained at the level of the goals of each session. A toolkit including adaptation and implementation guidelines, a facilitator’s manual as well as parent and youth participant activity manuals was prepared. Participating communities use these materials as a basis to develop their own culturally localized version, incorporating Indigenous language, stories, values, ceremonies and symbols. This process of local cultural adaptation, which may take many hours, over several weeks or months, is a crucial component of the intervention that
serves to bring together an active group of advocates and resource people and ensure community “ownership” of the program.

Over the first five years of the project, the program has been culturally adapted to five different First Nations spanning 14 communities in four provinces, situated in very different geographical and social contexts. Qualitative reports collected as part of ongoing program evaluation from participants, facilitators and coordinators indicate strong positive outcomes in all five First Nations. The program has been very well-received and strongly reinforces local cultural knowledge, identity and both individual and collective self-esteem. The process of cultural adaptation and the delivery of the program by local partners is in itself a contributor to community empowerment, with indirect effects on youth well-being. Preliminary results suggest that wide latitude given in the adaptation process contributed to community interest, buy-in and engagement with the intervention. Despite the high degree of adaptation, with many creative innovations by communities, overall fidelity to program and session goals was maintained.

The intervention appears to have positive impact at individual, family, and community levels. Recurrent themes in qualitative evaluation, include: increases in family bonding, communication skills, parenting skills, as well as increased enthusiasm for learning about their own cultures. There is some evidence for spillover effects to other children (who may or may not accompany a sibling in the program) and family members, positive interactions between participating families, and for wider community solidarity. Quantitative data confirm beneficial effects at the level of youth well-being, with reductions in feelings of distress, and increased feeling of connection to family and
community. There is also evidence of positive effects of the program on adults in terms of knowledge of parenting and communication skills.

The *Listening to One Another* program illustrates the ways in which close community partnership and creative integration of culture can yield youth mental health promotion interventions that are consonant with local values. Challenges for future work include: further documenting effectiveness in terms of mental health outcomes; learning how to achieve the level of community engagement required for program delivery when there are not strong pre-existing partnerships with communities; and finding ways to modify and deliver the program for low resource settings, including through schools and the use of web-based training materials.

**Conclusion**

Indigenous peoples and communities have faced long histories of cultural oppression and dislocation. Recognition of this history and its impact across the generations is essential to develop ethically sound and culturally safe approaches to mental health services as population-level promotion of youth well-being and resilience. However, the challenges that youth face are not only related to historical events but reflect ongoing structural inequalities and dilemmas, involving political, economic and bureaucratic structures that maintain negative stereotypes, racism and discrimination; geographic isolation with limited educational and vocational opportunities; and collective marginalization and disempowerment. These structural problems point to the need for changes not only within Indigenous communities but also in the larger society among non-Indigenous people and institutions (Saul, 2014).
Indigenous youth increasingly participate in a wired world in which they are linked to a global youth culture that promotes values that may be at odds with local traditions and immediate opportunities. At the same time, the Internet holds the prospect of new educational, health, community and vocational opportunities that may make small, remote settlements viable places to advance a wider range of life projects and provides an opportunity to deliver mental health promotion interventions to remote communities (Kral, 2010).

Cultural revitalization projects are often driven by adults who are acutely aware of what they have lost and wish to reconnect with elders. However, evidence from our own and other studies indicates that many Indigenous youth are hungry for cultural knowledge. Indeed, the enthusiasm expressed by youth in our program served to engage parents in cultural learning projects. The need to valorize and reconnect with a devalued and suppressed collective history and identity is shared by many. Moreover, acknowledging and valuing one’s roots need not conflict with being fully engaged in learning and benefitting from new technologies, knowledge and ways of being. Youth today face the prospect of increasingly fluid and hybrid identities fed by multiple cultural streams and need space to find their own unique trajectories in relation to their histories, communities and global society.

An ecosocial approach to mental health promotion is especially apposite for Indigenous youth and communities because it is consonant with core cultural values that emphasize interdependence with others and with the environment. This way of thinking is important not only in addressing the specific needs of Indigenous youth but in coming
to grips with the major planetary challenges of climate change, urbanization, migration, and global mental health.
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### Table 1. Some Dimensions of Indigenous Community Wellness and Resilience

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Indicators/Measures</th>
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<tbody>
<tr>
<td>Family and community connectedness</td>
<td>Support from relatives&lt;br&gt;Intergenerational communication&lt;br&gt;Positive parenting and family communication&lt;br&gt;Strengths-based interactions in families</td>
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<tr>
<td>Oral Tradition &amp; Storytelling</td>
<td>Knowledge of traditional stories&lt;br&gt;Community sharing of stories</td>
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<td>Connection to the Land</td>
<td>Participation in land-based activities&lt;br&gt;Consumption of country food</td>
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<tr>
<td>Healing Traditions</td>
<td>Number of healers or others with healing knowledge&lt;br&gt;Frequency of healing activities&lt;br&gt;Number of people participating</td>
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<tr>
<td>Spirituality &amp; ceremony</td>
<td>Elders and others with ceremonial knowledge&lt;br&gt;Frequency of ceremonies&lt;br&gt;Level of people participation</td>
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<tr>
<td>Cultural Knowledge &amp; Identity</td>
<td>Language acquisition and use&lt;br&gt;Activities to learn, honor or celebrate collective knowledge and identity&lt;br&gt;Cultural heritage centers</td>
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<td>Local Control</td>
<td>Local control of fire, police, education, social services and other organizations</td>
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<tr>
<td>Political Activism</td>
<td>Land claims, self-government, involvement of community in challenges to development</td>
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</table>
Table 2. Measures of Indigenous Youth Wellness, Resilience and Distress

<table>
<thead>
<tr>
<th>Measure</th>
<th>Population</th>
<th>Integration of Culture</th>
<th>Domains</th>
<th>Instrument Characteristics</th>
<th>Validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westerman Aboriginal Symptoms Checklist – Youth (Westerman, 2003)</td>
<td>Aboriginal Peoples in Australia</td>
<td>New measure</td>
<td>Depression</td>
<td>Suicide</td>
<td>Focus groups with Aboriginal parents, youth and mental health professionals.</td>
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<td></td>
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<td>Alcohol/Drug usage</td>
<td>Impulsivity</td>
<td>Factor analysis, Internal reliability analysis (n = 183)</td>
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<td></td>
<td>Anxiety</td>
<td>Cultural resilience</td>
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<tr>
<td>Strong Souls (Thomas et al., 2010)</td>
<td>Aboriginal Peoples in Australia</td>
<td>New measure</td>
<td>Anxiety</td>
<td>Depression</td>
<td>Pilot tested with students to assess appropriateness and initial</td>
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<td>Suicide</td>
<td>discriminative power and internal reliability (n = 67) Factor analysis,</td>
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<td>Risk</td>
<td>Internal reliability analysis (n = 361)</td>
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<td>Resilience</td>
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<tr>
<td>Child and Youth Resilience Measure-28 (Ungar &amp; Liebenberg, 2011)</td>
<td>Diverse groups (mainly non-Indigenous, but</td>
<td>Aims to capture global</td>
<td>Access to material resources</td>
<td></td>
<td>Validated in general population not Indigenous (Leibenberg et al., 2012)</td>
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<td></td>
<td>included one First Nation in Canada)</td>
<td>domains that apply</td>
<td>Identity</td>
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<td></td>
<td></td>
<td>across diverse cultures and settings</td>
<td>Power and control</td>
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<td>Cultural adherence</td>
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<td>Social justice</td>
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<td>Cohension</td>
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<tr>
<td>Measure (Young et al., 2013)</td>
<td>Communities</td>
<td>Measure Type</td>
<td>Items</td>
<td>Reliability/Validity</td>
<td>Methodology</td>
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<tr>
<td>Aboriginal Children’s Health and Well-Being Measure</td>
<td>First Nations Communities in Ontario</td>
<td>New measure</td>
<td>Spiritual Well-being Emotional Well-being Physical Well-being Mental Well-being</td>
<td>58 items, multiple choice</td>
<td>Community consultation, advisory committee meetings, and focus groups. Established content validity and construct validity (n = 18) (Young et al., 2015a,b)</td>
</tr>
<tr>
<td>Cultural Connectedness Measure (Snowshoe et al., 2015)</td>
<td>First Nations, Métis and Inuit youth in Saskatchewan and Southwestern Ontario</td>
<td>New measure, with 6 items adapted from the Multigroup Ethnic Identity Measure — Revised (Phinney &amp; Ong, 2007)</td>
<td>Identity Traditions Spirituality</td>
<td>29 items,</td>
<td>Key informant interviews (n = 3) and youth focus group (n = 15) Established criterion validity, factor analysis and scale score reliability (n = 319)</td>
</tr>
</tbody>
</table>
Table 3. Methods of Promoting Indigenous Youth Wellness and Resilience

<table>
<thead>
<tr>
<th>Resilience Factor</th>
<th>Intervention</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Indigenous identity</td>
<td>Sharing of history and tradition through storytelling</td>
<td>Project Venture (Carter, Straits &amp; Hall, 2007)</td>
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<tr>
<td>Cultural revitalization</td>
<td>Culture camps</td>
<td>Our Life (Goodkind et al., 2012)</td>
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<tr>
<td>Language revitalization</td>
<td>Language programs</td>
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<td>Connection with the land</td>
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<td>Sense of self-efficacy</td>
<td>Programs to develop youth leadership</td>
<td>Uniting Our Nations Cultural Leadership Camp (youthrelationships.org/culture-camp)</td>
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<td>Self-esteem</td>
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<td>Outdoor Adventure Leadership Experience (Ritchie et al., 2014)</td>
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<td>Problem solving and social skills</td>
<td></td>
<td>Zuni Life Skills Development Curriculum (Lafromboise &amp; Lewis, 2008)</td>
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<td>Positive relationships with family</td>
<td>Parenting education</td>
<td>PROSPER (Spoth et al., 2004)</td>
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<td>Family-centred programs</td>
<td>Family Wellbeing Empowerment Program (Tsey et al., 2007)</td>
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<td></td>
<td>Prevention child maltreatment and domestic violence</td>
<td>Triple P-Positive Parenting Program (Sanders, 2012)</td>
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<td><a href="http://www.triplep.net">http://www.triplep.net</a></td>
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<td>Other programs (Connors &amp; Maidman, 2001)</td>
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<td>Positive relationships with peers</td>
<td>Relationship skills training</td>
<td>Fourth-R (Crooks, 2009; Crooks et al., 2010)</td>
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<td>Peer mentoring</td>
<td>Peer Mentoring Program (youthrelationships.org/peer-mentoring)</td>
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<td>Community infrastructure</td>
<td>Adequate living environment</td>
<td>Developing adequate housing, services, and material resources</td>
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<td></td>
<td>Food security</td>
<td>Developing recreational spaces, and communal meeting places</td>
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<td></td>
<td>Recreational and leisure activities</td>
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<tr>
<td>Educational &amp; vocational</td>
<td>Increase school retention and</td>
<td>School programs that integrate</td>
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<tr>
<td>Opportunities</td>
<td>Completion</td>
<td>Indigenous Knowledge and Ways of Knowing</td>
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<tr>
<td>Developing training and employment opportunities</td>
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<tr>
<td>Respect for diversity within community and in larger society</td>
<td>Inclusive community events Anti-racism and discrimination programs</td>
<td>Powwows and other activities that bring diverse groups together</td>
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<tr>
<td>Collective agency, recognition, and empowerment</td>
<td>Political activism for social justice</td>
<td>Truth and reconciliation interventions, land claims, local government, legal challenges to development (Guerin, 2010; Truth and Reconciliation Commission, 2015)</td>
</tr>
</tbody>
</table>

Sources: Kenyon & Hanson, 2012; Kirmayer et al., 2009a,b
More programs can be found at: www.namhr.ca