The Mental Health of Indigenous Peoples: A Canadian Perspective

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Dr. Cornelia Wieman
Co-Director, Indigenous Health Research Development Program, University of Toronto
615 First Nations communities
50 nations/cultural groups
~50 languages

2006 Census
NAHO, Feb 2009
Individuals reporting Aboriginal identity by province/territory (1000s)

Ontario makes up 21.5% of total NIHB population
48% of the Aboriginal population is under 25 years of age
30% of the Aboriginal population is under 15 years of age

2006 Census
Age & Gender Distribution of the Urban Aboriginal & Non-Aboriginal Populations

54% of the Aboriginal population now lives in urban settings – 2006 Census
Determinants of health:
including historical trauma & the ongoing effects of colonization

- physical
- economic
- cultural
- social
- psychological
residential schools

1880’s residential schools open
1996 The Gordon Residential School in Saskatchewan closes
the ‘Sixties Scoop’

“triply painful identity crisis” of being adolescent, Aboriginal & adopted (Fournier & Crey, 1997)
intergenerational trauma & impacts

• “the effects of physical & sexual abuse that were passed on to the children, grandchildren & great-grandchildren of Aboriginal people who attended the residential school system”
• intergenerational impacts are faced on a day-to-day basis – the trauma is not healed & is passed on from one generation to the next

June 11, 2008 – Canadian Government offers National Apology
the assault on Aboriginal healing traditions

- traditional medical systems subjected to oppressive measures
- healing practices & relationship to culture thought to be barriers to assimilation
- legislation against potlatch ceremonies & the Sun Dance – invoked in 1884 & not rescinded until 1951
- Midewiwin Medicine Society goes underground
contemporary trauma

Meet Lizabell. She is 15. Her baby is dead.
And still the men won’t leave her alone.
‘I wish my son were here.
He would love me forever.’
Racism

1951 Aboriginal women are no longer legal “non persons”

1960 First Nations are allowed to vote in Federal elections

1969 “White Paper” is introduced by Trudeau & Chretien promoting assimilation policies

“So what is it about us that you don’t like?”
Discrimination in the health care system

**FNIRHS 1997:** In Manitoba, 16% felt they had been discriminated against by health care workers inside the community; 30% by hcw outside the community

**FNRHS 2002/03:**
Barriers relevant to First Nations-specific needs:
13.5% felt health services were not culturally appropriate
16.9% felt health care provided was inadequate
13.4% had difficulty getting traditional care / traditional healing

\[ n = 9991 - 10539 \]
National Aboriginal Health Organization: 2002 Opinion Poll

First Nations People* & Canadians** who provided a positive rating for the quality of health care received

* - n=1209; age >18
** - CCHS 2000/01; age >15

24% in NAHO poll rated their care as worse than other Canadians
The Human Face Of Mental Health and Mental Illness in Canada, 2006

- various studies: higher rates of emotional distress (depression, anxiety, suicide)
- higher rates of help-seeking behaviors
- 38% surveyed reported overt and covert racism in the prior year [FNRHS 2002/03]
- this took the form of poor service in many venues including healthcare
- mental health patients spoke of being ‘victimized’ by a culturally insensitive and ‘culturally unsafe’ system
- suicide rates: 2-3X higher than the general Canadian population; 5-6X higher for Aboriginal youth
First Nations suicide rates: all ages

![Chart showing suicide rates for different age groups and gender categories.](chart.png)
Age-standardized suicide rates for males in Canada, 2001

27% of all deaths among the Inuit in Nunavut since 1999 are due to suicide

source: Statistics Canada, freepub 82-221-XIE
First Nations Regional Health Survey
Youth Mental Health, Personal Wellness & Support
(Wieman, Minich, Ritchie & Burning, 2005)

Suicidality:*

- **youth reporting suicidal thoughts (%)**
  - (n=4694)
  - 79%
  - 21%
- **youth reporting previous suicide attempts (%)**
  - (n=4735)
  - 90%
  - 10%

* for all youth age groups, females endorsed suicidal thoughts & previous attempts at significantly higher rates than males
Rates of depression are higher in Aboriginal populations

- many First Nations youth report depression, feelings of sadness & loneliness
- almost half of Mi’Kmaq females (12-18 years) experience depressive feelings

- FNRHS 2002/03: 30% respondents endorse depressive Sx > 2 weeks
- 12% off-reserve Aboriginal people report depression vs. 7% general Canadian population
- only 3% of Inuit had suffered a major depressive episode; only 6% were considered at high risk of depression
First Nations Regional Health Survey
Youth Mental Health, Personal Wellness & Support
(Wieman, Minich, Ritchie & Burning, 2005)

- Depression: 78.8% report not feeling depressed for >2 weeks
- 44.3% females aged 15-17 yrs reported depression vs 22.1% males
- 28% females aged 11-14 yrs reported depression vs 13.3% males

2002-2003 iteration
Of data collection
First Nations Regional Health Survey
Youth Mental Health, Personal Wellness & Support
(Wieman, Minich, Ritchie & Burning, 2005)

- **accessing help: who do youth turn to for help?:** for a variety of psychosocial problems, youth turn first to parents/guardians or to friends

- for depression, very few youth report they would see either a doctor or a traditional healer

- for a variety of psychosocial problems, 12.3 - 20.9% of youth report they would consult no one

- 71.8% have never sought counselling or other MH services; 65% have never sought traditional healing

- within the last 12 months, 10.5% have accessed MH services; 12.8% have seen a traditional healer

- females accessed MH services at significantly higher rates than males

- for First Nations adults, 2-2.5X as likely to seek help for emotional distress (17% FN vs. 8% general Canadian population)
Substance Abuse

- First Nations Regional Health Survey 2002/03: abstinence rates are higher & frequency of ETOH use are lower within the FN population
- higher proportion of heavy drinkers (>5 drinks/occasion) & drug users within FN
- highest risk group: males aged 18-29 years
- use/misuse/abuse/dependence
- prescription/OTC medications
- 75% feel alcohol is a problem in their community
- 33% say it is a problem in their family
- 25% admit to a problem with alcohol

http://www.ccsa.ca/Pages/Splash.htm
Mental Health Status of Residential School Survivors (n=93)

- the most common diagnoses include: PTSD (64.2%), substance abuse (26.3%), major depression (21.1%), chronic depression (20%)
- in those with PTSD, the most common comorbid disorders include: substance abuse, major depression, dysthymia, anxiety disorders
- functional impairment: social & family relationships, education, employment, cultural participation & community involvement

Aboriginal Healing Foundation, 2003
Aboriginal Health Research

- new, collaborative research partnerships between Aboriginal communities & mainstream institutions
- community rights: OCAP – ownership, control, access & possession
- knowledge dissemination & translation
- respect for individuals & communities: emphasis on positive, protective, non-stigmatizing
- research ethics review
Health research with Aboriginal communities

- extensive community preparation/buy-in
- community advisory groups including Elders
- research ethics review
- respect for indigenous knowledge & protocols
- capacity-building
- knowledge translation
- OCAP & intellectual property rights
  - Chapter 9: Research involving the First Nations, Inuit, Metis Peoples of Canada

National Network for Aboriginal Mental Health Research (NAMHR)

- established Dec 2001
- one of 9 NEAHRs
- mental health research
- building capacity & training of new researchers
- knowledge translation
- urban, rural & remote communities
- networking
- national & international collaborations
Roots of Resilience: Transformations of Identity & Community in Indigenous Mental Health

CIHR International Collaborative Indigenous Health Research Partnership

- Individual & community roots of resilience: stories of transformation & healing [McCormick, Wieman & Kirmayer]
- Community level factors in youth resilience [Chandler & Lalonde]
- Determinants of school performance and outcome [Burack]
- Alternative models for psychiatric assessment: relational models & resilience [Bennett, McKendrick, Kirmayer & Wieman]

Canada – New Zealand collaboration
GUEST EDITORIAL
Scaling Up the Knowledge to Achieve Aboriginal Wellness
Malcolm King

IN REVIEW
From Benzos to Berries: Treatment Offered at an Aboriginal Youth Solvent Abuse Treatment Centre Relays the Importance of Culture
Colleen Anne Dell, Maureen Seguin, Carol Hopkins, Raymond Tempier, Lewis Mehl-Madrona, Debra Dell, Randy Duncan, Karen Mosier

Rethinking Resilience From Indigenous Perspectives
Laurence J Kirmayer, Stéphane Dandeneau, Elizabeth Marshall, Morgan Kahentonnii Phillips, Karla Jessen Williamson
Revitalization of traditional healing practices – RHS 2002/03

Recognition of the validity and importance of traditional medicine within the mainstream health care system is a key component to achieving improved Aboriginal health status.
mental health services for Aboriginal people

Aboriginal Healing & Wellness Strategy – 10 AHACs
other mental health-related initiatives
guidelines for practicing cultural safety:
First Nations, Inuit & Metis contexts

- create Aboriginal rooms
- ceremony, song & prayer
- sacred / ceremonial items
- information & support
- family support
- food / toiletries / constitutions
- body parts / tissues / substances
- impending & following death

Sharing Tebwewin: sharing the truth in order to improve health services for First Nations

http://www.firstnationinitiative.ca/

Thunderstone Pictures Inc. & Shebandowan Films
IPAC-AFMC Aboriginal Health Task Group

First Nations, Inuit & Metis health core competencies: a curriculum framework for undergraduate medical education + initiation of work with RCPSC

National Aboriginal Health Organization (NAHO)

Cultural Competency and Safety: A First Nations, Inuit, and Métis Context

Guidelines for Health Professionals

University of Toronto, Aboriginal Health Elective
February 6, 2007
Canada’s Truth & Reconciliation Commission

• formally established June 1, 2008
• 5-year mandate
• will hear stories & facilitate healing & reconciliation at national events
• research & report production
• artistic submissions
• community TRC events
• closing ceremony
• legacy: research centre

“The truth of our common experiences will help set our spirits free and pave the way to reconciliation”
Mental Health Commission of Canada

First Nations, Inuit & Metis Advisory Committee

4 projects:

- Protection of Indigenous Knowledge
- Cultural safety
- Ethical framework
- Moving beyond stigma

TOWARD RECOVERY & WELL-BEING
A Framework for a Mental Health Strategy for Canada (2009)
Aboriginal Health
Human Resources
Aboriginal Physicians in Canada

- In Canada, ~200 Aboriginal MDs – mostly FPs – need ~2000 to be proportional
- In Ontario, ~12 practising Aboriginal MDs & only 21 med students in 5 med schools
- There are >22,000 MDs in Ontario: there should be at least 375 Aboriginal MDs
- Needed in remote, rural & urban areas
- 4 Aboriginal psychiatrists in Canada; possibly 1-2 trainees
- RCAP (1996) recommended 10,000 Aboriginal health professionals be trained in the next 10 years .....
community based initiatives
The Healthy Aboriginal Network
http://www.thehealthyaboriginal.net/

comic books addressing topics: suicide, mental health, FASD, bullying, dropping out etc.
Seeking Bimaadiziiwin

Thunderstone Pictures Inc. & Shebandowan Films
“That being the case, they came back, these people, and when they were once more at home they saw that what Nanabush had said was indeed true. It might seem that it was for nothing that they had wandered so far abroad, but it is said that not until they returned to it did they cherish their own land”

- Basil Johnston, Tales of the Anishinaubæck