
Focused on Canadian* articles about First Nations, Metis and Inuit health

*also includes some selected articles from Australia, NZ, US and Circumpolar communities

Please contact janice.linton@umanitoba.ca for more articles for your specific topic, including materials for traditional medicine, clinical practice, or supporting patients and families.

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The results of this literature search include selected references to journal articles on mental health and wellness of First Nations, Metis and Inuit (focus on Canadian articles, but includes a few from US, Australia and NZ, Circumpolar countries; includes some specific to social work)

Approximate keywords used:

“first nations” OR metis OR inuit* OR aboriginal OR Indigenous

AND (mental* OR psych* OR suicid* OR substance* OR addict*)

Databases searched included: Scopus (Medline, Embase); Ebscohost (CINAHL, Academic Search Complete, Ageline, Bibliography of Native North Americans, Canadian Reference Centre, Child Development & Adolescent Studies, Family & Society Studies Worldwide, Social Work Abstracts, Women’s Studies International); ProQuest (PsycINFO, CBCA Complete, ERIC, PILOTS, Social Services Abstracts, Sociological Abstracts)

NOTE: The results of this literature search do not include grey literature, books, or book chapters (unless they were indexed and retrieved from the above databases).


In this paper, we explore Indigenous perspectives of culture, place, and health among participants in a landmark Canadian Housing First initiative: At Home/Chez Soi (AHCS) project. Implemented from 2009 to 2013 in Winnipeg and four other Canadian cities, AHCS was a multi-city randomized control trial that sought to test the effectiveness of Housing First as a model for addressing chronic homelessness among people living with mental illnesses. As Winnipeg's homeless population is over 70% Indigenous, significant efforts were made to accommodate the culturally specific health, spiritual, and lifestyle preferences of the project's Indigenous participants. While a daunting challenge from an intervention perspective, Winnipeg's experience also provides a unique opportunity to examine how Indigenous participants' experiences can inform improved housing and mental health policy in Canada. In our study, conducted independently from, but with endorsement of the AHCS project, we utilized a case study
approach to explore the experiences of the project’s Indigenous participants. Data were collected by means of in-depth qualitative interviews with Indigenous participants (N = 14) and key informant project staff and investigators (N = 6). Our exploratory work demonstrates that despite relative satisfaction with the AHCS intervention, Indigenous peoples' sense of place in the city remains largely disconnected from their housing experiences. We found that structural factors, particularly the shortage of affordable housing and systemic erasure of Indigeneity from the urban sociocultural and political landscape, have adversely impacted Indigenous peoples' sense of place and home. © 2015 Elsevier Ltd.


This introduction to the Special Issue Indigenous Youth Resilience in the Arctic reviews relevant resilience theory and research, with particular attention to Arctic Indigenous youth. Current perspectives on resilience, as well as the role of social determinants, and community resilience processes in understanding resilience in Indigenous circumpolar settings are reviewed. The distinctive role for qualitative inquiry in understanding these frameworks is emphasized, as is the uniquely informative lens youth narratives can offer in understanding Indigenous, cultural, and community resilience processes during times of social transition. We then describe key shared cross-site methodological elements of the Circumpolar Indigenous Pathways to Adulthood study, including sampling, research design, procedures, and analytic strategies. The site-specific papers further elaborate on methods, focusing on those elements unique to each site, and describe in considerable detail locally salient stressors and culturally patterned resilience strategies operating in each community. The concluding paper considers these across sites, exploring continuities and discontinuities, and the influence of cross-national social policies. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)


Aboriginal youth are at disproportionate risk for depression and substance use problems. Increasingly, developmental theories have shifted from focusing on vulnerabilities to protective factors for adolescent depression. In particular, theories emphasizing protective factors are relevant when understanding the mental health of Aboriginal youth. However, it is unclear which factors protect against depressive symptomatology among Aboriginal adolescents to promote optimal development. Using multilevel growth curve modeling, the present study had three main objectives. First, we aimed to model the developmental trajectory of depressive symptoms using a sample of off-reserve Aboriginal youth from a national Canadian dataset (ages 12-23). Second, we sought to examine the relationship between alcohol use behaviors, self-esteem, optimism, and the trajectories of depressive symptoms. Lastly, we investigated whether self-esteem and optimism mediated the relationship between alcohol use and depressive symptoms. Gender differences were also examined within each of the study objectives. A sample of off-reserve Aboriginal youth (N = 283; 48.3% male) was selected from cycles 4-7 of the National Longitudinal Survey of Children and Youth. Heavy drinking was a risk factor for depressive symptoms, while self-esteem and optimism were key protective factors for depressive symptoms among early adolescent Aboriginal youth. Further, the developmental trajectory of depressive symptoms among Canadian Aboriginal youth differed for boys and girls once accounting for risk and protective factors. Thus, it is valuable to integrate the protective role of self-esteem and optimism into developmental theories of depression and mental health intervention programs for early adolescent Aboriginal youth.


Mental health and substance use are pressing public health concerns among Indigenous adolescent populations. This systematic review analyzed interventions focusing on mental health and substance use that utilize the Positive Youth Development (PYD) framework, incorporate culturally tailored programs, and are geared toward Indigenous adolescents. In total, 474 articles
were retrieved from PSYCInfo and PubMed databases. Eight articles were eligible for analysis, with six focusing on AI/AN populations in the U.S. Most programs reported positive or expected outcomes. All the programs incorporated PYD variables, while all but one were culturally grounded or included deep structure adaptations. Implications are further discussed.


We examined the longitudinal measurement properties and predictive utility of the Center for Epidemiologic Studies Depression Scale (CES-D) from early to late adolescence among a sample of North American Indigenous youths. Participants were 632 North American Indigenous adolescents (n = 632; 50.3% girls; M age at baseline = 11.11 years) participating in an 8-year, 8-wave longitudinal study. Via in-person interviews, participants completed the CES-D at Waves 1, 3, 5, and 7, and the major depressive disorder (MDD) module of the Diagnostic Interview Schedule for Children at Waves 1, 4, 6, and 8. Confirmatory factor analyses indicated that responses to the CES-D were similarly explained by 2-, 3-, and 4-factor models, as well as a 1-factor model with correlations between the error variances for the positively worded items. Longitudinal measurement equivalence analyses indicated full structural (i.e., factor structure), metric (i.e., factor loadings), and scalar (i.e., observed item intercepts) equivalence for each factor structure. Substantive analyses showed that the CES-D was significantly associated with MDD both concurrently and prospectively, although these effects were smaller than might be expected. Finally, the CES-D negative affect and somatic complaints subscales were the strongest and most consistent predictors of MDD. Among our sample of North American Indigenous youths, the measurement properties of the CES-D were stable from early to late adolescence. Moreover, somatic difficulties and depressed affect were the strongest predictors of MDD. © 2014 American Psychological Association.


Objectives: Thoughts of historical loss (i.e., the loss of culture, land, and people as a result of colonization) are conceptualized as a contributor to the contemporary distress experienced by North American Indigenous populations. Although discussions of historical loss and related constructs (e.g., historical trauma) are widespread within the Indigenous literature, empirical efforts to understand the consequence of historical loss are limited, partially because of the lack of valid assessments. In this study we evaluated the longitudinal measurement properties of the Historical Loss Scale (HLS)—a standardized measure that was developed to systematically examine the frequency with which Indigenous individuals think about historical loss—among a sample of North American Indigenous adolescents. We also test the hypothesis that thoughts of historical loss can be psychologically distressing. Methods: Via face-to-face interviews, 636 Indigenous adolescents from a single cultural group completed the HLS and a measure of anxiety at 4 time-points, which were separated by 1- to 2-year intervals (M age = 12.09 years, SD = .86, 50.0% girls at baseline). Results: Responses to the HLS were explained well by 3-factor (i.e., cultural loss, loss of people, and cultural mistreatment) and second-order factor structures. Both of these factor structures held full longitudinal metric (i.e., factor loadings) and scalar (i.e., intercepts) equivalence. In addition, using the second-order factor structure, more frequent thoughts of historical loss were associated with increased anxiety. Conclusions: The identified 3-factor and second-order HLS structures held full longitudinal measurement equivalence. Moreover, as predicted, our results suggest that historical loss can be psychologically distressing for Indigenous adolescents. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(Journal abstract)

Aronson, B. D., Johnson-Jennings, M., Kading, M. L., Smith, R. C., & Walls, M. L. (2016). Mental health service and provider preferences among american indians with type 2 diabetes. American Indian & Alaska Native Mental Health Research: The Journal of the National Center, 23(1), 1-23. In this study, we investigated mental health service and provider preferences of American Indian
adults with type 2 diabetes from two tribes in the northern Midwest. Preferences were determined and compared by participant characteristics. After controlling for other factors, living on reservation lands was associated with increased odds of Native provider preference, and decreased odds of biomedical service preference. Anxiety also was associated with decreased odds of biomedical service preference. Spiritual activity engagement and past health care discrimination were associated with increased odds of traditional service preference. We discuss implications for the types of mental health services offered and characteristics of providers who are recruited for tribal communities. ABSTRACT FROM AUTHOR; Copyright of American Indian & Alaska Native Mental Health Research: The Journal of the National Center is the property of University of Colorado Denver and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Baker, A. C., & Giles, A. R. (2012). Cultural safety: A framework for interactions between aboriginal patients and canadian family medicine practitioners. Journal of Aboriginal Health, 9(1), 15-22. Current approaches for non-Aboriginal family medicine practitioners encountering Aboriginal patients are based in cultural sensitivity, which is an inadequate model to satisfy the obligation of family medicine residents and physicians to Aboriginal health in Canada. In this paper, we advocate for the adoption of a cultural safety approach as a superior method for training family medicine residents in interactions with Aboriginal patients. Family medicine programs can integrate cultural safety into their curriculum by teaching residents about the colonial history of Aboriginal people to foster understanding of power imbalances. This knowledge can then be used to help family medicine residents learn to identify their own biases that may affect the care of Aboriginal patients. By advocating for family medicine practitioners to use cultural safety to challenge their own concepts of culture and to address their own worldviews, patient encounters between non-Aboriginal family physicians and Aboriginal patients may be made safer and more productive. [PUBLICATION ABSTRACT]


Bennett, K., Rhodes, A. E., Duda, S., Cheung, A. H., Manassis, K., Links, P., . . . Szatmari, P. (2015). A youth suicide prevention plan for canada: A systematic review of reviews. Canadian Journal of Psychiatry, 60(6), 245-257 Objective: We conducted an expedited knowledge synthesis (EKS) to facilitate evidence-informed decision making concerning youth suicide prevention, specifically school-based strategies and nonschool-based interventions designed to prevent repeat attempts. Methods: Systematic review of review methods were applied. Inclusion criteria were as follows: systematic review or meta-analysis; prevention in youth 0 to 24 years; peer-reviewed English literature. Review quality was determined with AMSTAR (a measurement tool to assess systematic reviews). Nominal group methods quantified consensus on recommendations derived from the findings. Results: No included review addressing school-based prevention (n = 7) reported decreased suicide death rates based on randomized controlled trials (RCTs) or controlled cohort studies (CCSs), but reduced suicide attempts, suicidal ideation, and proxy measures of suicide risk were reported (based on RCTs and CCSs). Included reviews addressing prevention of repeat suicide attempts (n = 14) found the following: emergency department transition programs may reduce suicide deaths, hospitalizations, and treatment nonadherence (based on RCTs and CCSs); training primary care providers in depression treatment may reduce repeated attempts (based on one RCT); antidepressants may increase short-term suicide risk in some patients (based on RCTs and meta-analyses); this increase is offset by overall population-based reductions in suicide associated with antidepressant treatment of youth depression (based on observational studies); and prevention with psychosocial interventions requires further evaluation. No review addressed sex or gender differences systematically, Aboriginal youth as a special population, harm, or cost-effectiveness. Consensus on 6 recommendations ranged from 73% to 100%. Conclusions: Our EKS facilitates decision maker access to what is known about effective youth suicide prevention interventions. A national research-to-practice network that links researchers and decision makers
is recommended to implement and evaluate promising interventions; to eliminate the use of ineffective or harmful interventions; and to clarify prevention intervention effects on death by suicide, suicide attempts, and suicidal ideation. Such a network could position Canada as a leader in youth suicide prevention. (English) ABSTRACT FROM AUTHOR; Objective: Nous avons mené une synthèse acquérée des connaissances (SAC) pour faciliter le processus décisionnel éclairé par des données probantes concernant la prévention du suicide chez les jeunes, plus particulièrement les stratégies en milieu scolaire et les interventions en milieu non scolaire destinées à prévenir les tentatives répétées. Méthodes: Une revue systématique des méthodes des revues a été effectuée. Les critères d'inclusion étaient les suivants: une revue systématique ou méta-analyse; la prévention chez les jeunes de 0 à 24 ans; la littérature en anglais révisée par les pairs. La qualité des revues était déterminée par AMSTAR (un outil de mesure pour évaluer les revues systématiques). Les méthodes du groupe nominal quantifiaient le consensus des recommandations tirées des résultats. Résultats: Aucune revue incluse qui traitait de la prévention en milieu scolaire (n = 7) ne rapportait de taux réduits de décès par suicide d'après des essais randomisés contrôlés (ERC) ou des études de cohorte contrôlées (ECC), mais des tentatives de suicide répétées, l'idéation suicidaire, et des mesures substitutives du risque de suicide ont été rapportées (selon les ERC et ECC). Les revues incluses sur la prévention des tentatives de suicide répétées (n = 14) ont constaté que: les programmes de transition des services d'urgence peuvent réduire les décès par suicide, les hospitalisations, et la non-observance du traitement (selon les ERC et ECC); la formation en traitement de la dépression des prestataires de soins de première ligne peut réduire les tentatives répétées (selon un ERC); les antidépresseurs peuvent augmenter le risque de suicide à court terme chez certains patients (selon les ERC et méta-analyses); cette augmentation est compensée par des réductions globales du suicide dans la population associées au traitement par antidépresseur de la dépression chez les jeunes (selon des études par observation); et la prévention avec interventions psychosociales exige plus d'évaluation. Aucune revue n'a traité systématiquement des différences selon le sexe, des jeunes autochtones en tant que population spéciale, des dommages, ou de coût efficacité. Pour 6 recommandations, le consensus s'échelonnait de 73 % à 100 %. Conclusions: Notre SAC facilite l'accès aux décideurs pour des interventions efficaces connues de prévention du suicide chez les jeunes. Un réseau national de recherche à la pratique qui relie chercheurs et décideurs est recommandé pour mettre en œuvre et évaluer les interventions prometteuses, éliminer l'usage des interventions inefficaces ou nuisibles, et clarifier les effets des interventions préventives sur les décès par suicide, les tentatives de suicide, et l'idéation suicidaire. Ce réseau pourrait faire du Canada un chef de file de la prévention du suicide chez les jeunes. (French) ABSTRACT FROM AUTHOR; Copyright of Canadian Journal of Psychiatry is the property of Canadian Psychiatric Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Benning, T. B. (2015). Western psychiatry and traditional healing: Postcolonial perspectives. International Journal of Psychosocial Rehabilitation, 19(2), 3-11. This review takes as its starting point the chasm separating Western psychiatry from the indigenous healing traditions—in particular in the North American context. The principle arguments of this paper are twofold: that this state of affairs is unlikely to change unless there is a greater understanding of the sorts of factors that are underpinning and perpetuating this chasm and secondly, that indispensable to this understanding, is a perspective that takes into consideration the way in which Western psychiatry has historically related to and continues to relate to the indigenous world in a manner that reproduces and reinforces colonial values. A greater awareness of the enduring impact of colonialism and its legacies promises to illuminate the problematic nature of the relationship between Western psychiatry and indigenous or traditional systems of healing. © 2015 ADG, SA. All Rights Reserved.

Indigenous women living with and without HIV in Ontario, Canada, and identified correlates of depression. We recruited 30 Indigenous women living with HIV and 60 without HIV aged 18 years or older who completed socio-demographic and health questionnaires and validated scales assessing stress, depression and PTSD. Descriptive statistics were conducted to summarize variables and linear regression to identify correlates of depression. 85.6 % of Indigenous women self-identified as First Nation. Co-morbidities other than HIV were self-reported by 82.2 % (n = 74) of the sample. High levels of perceived stress were reported by 57.8 % (n = 52) of the sample and 84.2 % (n = 75) had moderate to high levels of urban stress. High median levels of race-related (51/88, IQR 42–68.5) and parental-related stress (40.5/90, IQR 35–49) scores were reported. 82.2 % (n = 74) reported severe depressive symptoms and 83.2 % (n = 74) severe PTSD. High levels of perceived stress was correlated with high depressive symptoms (estimate 1.28 (95 % CI 0.97–1.58), p < 0.001). Indigenous women living with and without HIV reported elevated levels of stress and physical and mental health concerns. Interventions cutting across diverse health care settings are required for improving and preventing adverse health outcomes.

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The editorial presents the issues related to mental wellness in Canada's Aboriginal communities. With the presentation in Ottawa this spring of the report from the Truth and Reconciliation Commission (TRC) of Canada on Indian residential schools, the well-being of Canada's Aboriginal peoples took center stage for a few days in the media and minds of the Canadian public. The authors present a brief historical background of some of the factors recognized as contributing to current mental health challenges faced by the Aboriginal population and end with some suggestions on how mental health professionals might contribute to the reconciliation process. Although much of what authors discuss in this editorial has been written before, it bears repeating to engage our readers. In addition to their importance in the Canadian context, many of the issues authors discuss are relevant to indigenous peoples in other countries. (PsycINFO Database Record (c) 2015 APA, all rights reserved)


The current paper reviews research that has explored the intergenerational effects of the Indian Residential School (IRS) system in Canada, in which Aboriginal children were forced to live at schools where various forms of neglect and abuse were common. Intergenerational IRS trauma continues to undermine the well-being of today’s Aboriginal population, and having a familial history of IRS attendance has also been linked with more frequent contemporary stressor experiences and relatively greater effects of stressors on well-being. It is also suggested that familial IRS attendance across several generations within a family appears to have cumulative effects. Together, these findings provide empirical support for the concept of historical trauma, which takes the perspective that the consequences of numerous and sustained attacks against a group may accumulate over generations and interact with proximal stressors to undermine collective well-being. As much as historical trauma might be linked to pathology, it is not possible to go back in time to assess how previous traumas endured by Aboriginal peoples might be related to subsequent responses to IRS trauma. Nonetheless, the currently available research demonstrating the intergenerational effects of IRSs provides support for the enduring negative consequences of these experiences and the role of historical trauma in contributing to present day disparities in well-being. © The Author(s) 2014. © The Author(s) 2014.

Indigenous people worldwide are likely to share collective experiences of being exploited, marginalized, disenfranchised from lands, and having had their cultures attacked. In several countries, Indigenous children were targets of abusive and violent assimilation tactics. Although addressing the social determinants of health is key to improving the well-being of First Nations people and other Indigenous groups, culturally relevant factors also often have particularly strong associations with mental health. This article presents a call to end mental health disparities for Indigenous people. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


The K10 was incorporated as a mental health measure for Aboriginal peoples in the 2012 Aboriginal Peoples Survey (APS). This study examined the validity and reliability of the K10 for First Nations people living off reserve, Métis, and Inuit, based on the 2012 APS. The factor structure and internal consistency of the K10 were evaluated. Because the K10 is meant to be used as a screen for anxiety and depressive disorders, the construct validity of the scale was further assessed by examining associations with self-reports of a diagnosis of anxiety and mood disorders, and with self-rated mental health. The association between the K10 and self-reported suicidal ideation11,12 was also investigated. The factor structure of the K10 was investigated via confirmatory factor analysis (CFA). The K10 was originally designed as a unidimensional scale to measure nonspecific psychological distress related to depression and anxiety. All 10 items were, therefore, hypothesized to serve as indicators of a single "Distress" latent factor. However, as noted previously, three questions in the K10 scale were not asked if the response to the preceding question was "none of the time." To account for the interdependency of these questions and the similarities in item wording,14 a unidimensional "Distress" factor structure with correlated errors between K10 items that contain a skip was identified (Model 1). Because of the ordinal nature of the K10 items, the robust weighted least squares mean and variance adjusted (WLSMV) estimation procedure with polychoric correlations was used. The variance of the hypothesized single factor was fixed to 1,15 and all parameters were freed. The models were evaluated via three global fit indices: root mean square error of approximation (RMSEA) with corresponding 90% confidence intervals; comparative fit index (CFI); and weighted root mean square residual (WRMR). Good-fitting models have RMSEA values of less than or equal to .06, CFI values of .95 or more,16 and WRMR values close to 1.0.17 The large sample sizes in this study precluded the use of the chi-square fit measure.18 The parameter estimates of all items19 and the standardized residual matrix20 were considered to evaluate model fit. Standardized factor loading values were expected to be greater than or equal to .30,21,22 and standardized residuals for each item to be consistently less than 4.0.20 The present analysis validates the K10 only among First Nations people living off reserve, Métis, and Inuit based on the 2012 APS. Findings should not be interpreted to mean that the factorial structure and item parameters of the K10 are invariant across cultures or that the K10 items are interpreted the same way by First Nations people, Métis, Inuit, and the general Canadian population. Additional research, including qualitative studies, would contribute to understanding of "the most appropriate idioms of distress"29 for Aboriginal peoples in Canada, and provide information on the cultural validity of the K10.


To overcome the general lack of Aboriginal identity data on hospital records, some researchers have adopted an area-based approach8 and examined injury hospitalizations in geographic areas with a relatively high percentage of Aboriginal identity residents. For instance, Fantus et al.9 found higher all-cause injury hospitalization rates in northern Ontario's First Nations communities, compared with similarly located non-Aboriginal communities. Alaghhehbandan et al.10 reported higher all-cause unintentional injury hospitalization rates among children and adolescents in high-percentage Aboriginal identity communities in Newfoundland and Labrador, compared with lower-percentage Aboriginal identity communities. At the national level (excluding Quebec), [Lisa N. Oliver] and [E. Kohen]," Finés et al.,12 and Carrière et al.13 found higher rates of unintentional injury hospitalizations among children, youth and adults in high-
percentage First Nations identity areas relative to low-percentage Aboriginal identity areas. This study uses [DAs] as a proxy for neighbourhoods. Following previous work, 1113 DAs with less than 33% of residents reporting an Aboriginal identity were classified as areas with a low percentage of Aboriginal identity residents. DAs where at least 33% of residents reported an Aboriginal identity were classified as areas with a high percentage of Aboriginal identity residents, and then further classified as First Nations, Métis, or Inuit areas based on the predominant Aboriginal group. Only DAs identified as high-percentage First Nations identity or low-percentage Aboriginal identity were retained for this analysis. Residential postal codes on the hospital separation record were used to determine the patient's DA of residence via the PCCF+. The availability and accuracy of postal codes on separation records was high, with more than 99% of records successfully assigned to a DA. Because hospital separation records for Quebec contain only the first three digits of the postal code, they were excluded from this study. When DAs with similar SES and location relative to an urban core were compared, the relative risk for unintentional injury hospitalization was greater in those with a high percentage of First Nations identity residents than in DAs with a low percentage of Aboriginal identity residents. This is in line with Carrière et al., who showed that adjusting for housing conditions and rural location did not entirely eliminate the difference between high and low percentage Aboriginal identity DAs for all-cause injury hospitalizations. In the present study, women aged 20 to 44 in high-percentage First Nations identity areas appeared to be at particular risk of unintentional injury hospitalizations in low-SES DAs, and in DAs located inside an urban core, compared with their counterparts in comparable low-percentage Aboriginal identity areas.


We conducted a review of research literature related to anxiety, depression, and mood problems in Indigenous women in Canada, the United States (including Hawaii), Australia, and New Zealand. Quantitative and qualitative research studies published between 1980 and March 2010 were reviewed. The initial search revealed 396 potential documents, and after being checked for relevance by two researchers, data were extracted from 16 quantitative studies, one qualitative research article, and one dissertation. Depression is a common problem in Indigenous pregnant and postpartum women; however, the prevalence and correlates of anxiety and mood disorders are understudied. The review identified four key areas where further research is needed: (a) longitudinal, population-based studies; (b) further validation and modification of appropriate screening tools; (c) exploration of cultural diversity and meaning of the lived experiences of antenatal and postpartum depression, anxiety, and mood disorders; and (d) development of evidence-informed practices for researchers and practitioners through collaborations with Aboriginal communities to better understand and improve mental health of women of childbearing age. © The Author(s) 2014 Reprints and permissions: sagepub.co.uk/journalsPermissions.nav.


Purpose: The health inequalities experienced by Aboriginal and Torres Strait Islander Australians are well documented but there are few empirical data outlining the burden, consequences, experience and expression of depressive illness. This paper seeks to address the lack of accessible, culturally specific measures of psychosocial stress, depression or quality of life developed for, and validated within, this population. Methods: Building on an extensive qualitative phase of research, a psychosocial questionnaire comprising novel and adapted scales was developed and piloted with 189 Aboriginal men across urban and remote settings in central Australia. With a view to refining this tool for future use, its underlying structure was assessed.
using exploratory factor analysis, and the predictive ability of the emergent psychosocial constructs assessed with respect to depressive symptomatology. Results: The latent structure of the psychosocial questionnaire was conceptually aligned with the components of the a priori model on which the questionnaire was based. Regression modelling indicated that depressive symptoms were driven by a sense of injury and chronic stress and had a non-linear association with socioeconomic position. Conclusions: This represents the first community-based survey of psychosocial stress and depression in Aboriginal men. It provides both knowledge of, and an appropriate process for, the further development of psychometric tools, including quality of life, in this population. Further research with larger and more diverse samples of Aboriginal people is required to refine the measurement of key constructs such as chronic stress, socioeconomic position, social support and connectedness. The further refinement, validation against criterion-based methods and incorporation within primary care services is essential.


Background: The primary health care (PHC) sector is increasingly relevant as a site for population health interventions, particularly in relation to marginalized groups, where the greatest gains in health status can be achieved. The purpose of this paper is to provide an overview of an innovative multi-component, organizational-level intervention designed to enhance the capacity of PHC clinics to provide equity-oriented care, particularly for marginalized populations. The intervention, known as EQUIP, is being implemented in Canada in four diverse PHC clinics serving populations who are impacted by structural inequities. These PHC clinics serve as case studies for the implementation and evaluation of the EQUIP intervention. We discuss the evidence and theory that provide the basis for the intervention, describe the intervention components, and discuss the methods used to evaluate the implementation and impact of the intervention in diverse contexts. Design and methods: Research and theory related to equity-oriented care, and complexity theory, are central to the design of the EQUIP intervention. The intervention aims to enhance capacity for equity-oriented care at the staff level, and at the organizational level (i.e., policy and operations) and is novel in its dual focus on: (a) Staff education: using standardized educational models and integration strategies to enhance staff knowledge, attitudes and practices related to equity-oriented care in general, and cultural safety, and trauma- and violence-informed care in particular, and; (b) Organizational integration and tailoring: using a participatory approach, practice facilitation, and catalyst grants to foster shifts in organizational structures, practices and policies to enhance the capacity to deliver equity-oriented care, improve processes of care, and shift key client outcomes. Using a mixed methods, multiple case-study design, we are examining the impact of the intervention in enhancing staff knowledge, attitudes and practices; improving processes of care; shifting organizational policies and structures; and improving selected client outcomes. Discussion: The multiple case study design provides an ideal opportunity to study the contextual factors shaping the implementation, uptake and impact of our tailored intervention within diverse PHC settings. The EQUIP intervention illustrates the complexities involved in enhancing the PHC sector’s capacity to provide equity-oriented care in real world clinical contexts. © 2015 Browne et al.


The Territorial North (i.e. Yukon, Northwest Territories, Nunavut) is markedly different from the rest of Canada; yet there is little statistically reliable information about adolescent well-being in the region. The objective of this paper is to create a portrait of adolescent well-being in the Territorial North relative to Southern Canada. We do so using the Canadian Community Health Survey, a nationally representative dataset. We examine seven domains of well-being with 23 indicators by region and Aboriginal identity for youth aged 12 to 17. We include objective and
subjective measures, reflecting the importance of adolescents’ perspectives in studies of their own well-being. We find negligible differences among the non-Aboriginal population; while most indicators are substantially worse for Aboriginal youth, especially in Northern Canada (e.g. income, poverty, household education, family structure, crowding, food insecurity, exposure to second-hand smoke, school enrolment, smoking, sexual activity, obesity and overweight, oral and mental health). However, there are exceptions (e.g. physical activity, fruit and vegetable consumption, stress, body image, belonging). Nevertheless, Aboriginal youth in the North are generally less satisfied with life. This is not surprising since they fare worse in most well-being indicators considered in this study. © 2014, Springer Science+Business Media Dordrecht.


We present findings from an Access Research Initiative to reduce health disparities and promote equitable access with Aboriginal peoples in Canada. We employed Indigenous, interpretive, and participatory research methodologies in partnership with Aboriginal people. Participants reported stories of bullying, fear, intimidation, and lack of cultural understanding. This research reveals the urgent need to enhance the delivery of culturally appropriate practices in emergency. As nurses, if we wish to affect equity of access, then attention is required to structural injustices that act as barriers to access such as addressing the stigma, stereotyping, and discrimination experienced by Aboriginal people in this study. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)

Carriere, J., & Richardson, C. (2012). Relationship is everything: Holistic approaches to aboriginal child and youth mental health. First Peoples Child & Family Review, 7(2), 8-26. This article addresses topics related to Indigenous holistic well-being including, 1) Indigenous perspectives on Aboriginal child and youth holistic mental health; 2) Factors undermining Indigenous well-being; 3) Process and curriculum for training to support mental health practitioners working with Indigenous children, youth and communities; 4) concrete applications and participant feedback. To begin, it is important to explore the following question: What is holistic mental health for First Nations, Métis and Inuit children and youth? In outlining this training curriculum we hope to contribute to a broader conversation about supporting and enhancing the well-being of Indigenous children and youth in Canada. ABSTRACT FROM AUTHOR; Copyright of First Peoples Child & Family Review is the property of First Nations Child & Family Caring Society of Canada and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Carson, B. L., Farrelly, T., Frazer, R., & Borthwick, F. (2015). Mediating tragedy: Facebook, aboriginal peoples and suicide. Australasian Journal of Information Systems, 19, 1-15. Some Australian Aboriginal communities experience suicide rates that are among the highest in the world. They are also, however, avid social media users—approximately 20 percent higher than the national average. This article presents some preliminary findings from a current national study, funded by the Australian Research Council, titled Aboriginal identity and community online: a sociological exploration of Aboriginal peoples’ use of online social media. The purpose of the study is to gain insights into how Aboriginal people utilise and interact on social media, and how these technologies can assist with suicide prevention strategies. It found that Aboriginal people are engaging with Facebook to both seek and offer help for issues relating to suicide and self-harm. An existing continuum of suicide prevention strategies was evident—from light emotional support to direct suicide intervention involving health services. These strategies can be leveraged to implement effective and appropriate suicide prevention programs. © 2015 Carlson, Farrelly, Frazer & Borthwick.

Chachamovich, E., Kirmayer, L. J., Haggarty, J. M., Cargo, M., McCormick, R., & Turecki, G. (2015). Suicide among inuit: Results from a large, epidemiologically representative follow-back study in
Objective: The Inuit population in Canada's North has suffered from high rates of death by suicide. We report on the first large-scale, controlled, epidemiologically representative study of deaths by suicide in an Indigenous population, which investigates risk factors for suicide among all Inuit across Nunavut who died by suicide during a 4-year period. Methods: We identified all suicides by Inuit (n = 120) that occurred between January 1, 2003, and December 31, 2006, in Nunavut. For each subject, we selected a community-matched control subject. We used proxy-based procedures and conducted structured interviews with informants to obtain life histories, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Axis I and II diagnoses, and measures of impulsive and (or) aggressive traits. Results: Compared with control subjects, subjects who died by suicide were more likely to have experienced childhood abuse (OR 2.38; 95% CI 1.39 to 4.08), have family histories of major depressive disorder (P = 0.002) and suicide completion (P = 0.02), and have been affected by major depressive disorder (OR 13.00; 95% CI 6.20 to 27.25), alcohol dependence (OR 2.90; 95% CI 1.59 to 5.24), or cannabis dependence (OR 3.96; 95% CI 2.29 to 6.8) in the last 6 months. In addition, subjects who died by suicide were more likely to have been affected with cluster B personality disorders (OR 10.18; 95% CI 3.34 to 30.80) and had higher scores of impulsive and aggressive traits (P < 0.001).

Conclusions: At the individual level, clinical risk factors for suicide among Inuit are similar to those observed in studies with the general population, and indicate a need for improved access to mental health services. The high rate of mental health problems among control subjects suggests the need for population-level mental health promotion. © 2015, Canadian Psychiatric Association. All rights reserved.


The goal of this exploratory community-based participatory action research project was twofold: to determine how urban Aboriginal youth identify their health needs within a culturally centered model of health and wellness, and to create new knowledge and research capacity by and with urban Aboriginal youth and urban Aboriginal health-care providers. A mixed-method approach was employed to examine these experiences using talking circles and a survey. The study contributes to anti colonial research in that it resists narratives of dis(ease) put forth through neocolonial research paradigms. A key focus was the development of strategies that address the aspirations of urban Aboriginal youth, laying foundations upon which their potential in health and wellness can be nurtured, supported, and realized. The study contributes to a new narrative of the health of urban Aboriginal youth within a culturally centered and culturally safe framework that acknowledges their strong connection to their Indigenous lands, languages, and traditions while also recognizing the spaces between which they move. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)


Many women who access mental health services have been subjected to violent acts, including childhood sexual abuse and adult sexual assault, often at the hands of family members and partners. The vulnerability of these women can be further complicated when health professionals lack sensitivity to the issues involved; and the treatment received by the women is insensitive, leading to experiences of re-traumatisation. This article considers the principles of trauma-informed care and practice, as represented in the literature; and explains how mental health nurses can lead the way in multidisciplinary environments to ensure that women who have experienced violence receive the most appropriate health care, and are thereby supported to attain the best possible outcome. [ABSTRACT FROM AUTHOR]; Copyright of Issues in Mental Health Nursing is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

"Sivulirijat aksururnaqtukkunukulikjijangat aktuiniqasiminainga kinguvaanginnut“ translates as "the trauma experienced by generations past having an effect in their descendants.” The legacy of the history of colonialism is starting to take narrative shape as Inuit give voice to the past and its manifestations in the present through public commissions such as the federal Truth and Reconciliation Commission and the Inuit-led Qikiqtani Truth Commission. However, an examination of other discursive contexts reveals a collective narrative of the colonial past that is at times silent, incomplete or seemingly inconsistent. Reading the political narrative through the Nunavut Land Claims Agreement, and the proceedings of the Legislative Assembly of Nunavut since its formation on April 1, 1999, exposes an almost complete silence about this history. Oral histories, an important form for the preservation and transmission of traditional cultural knowledge, do narrate aspects of this experience of contact, but in accounts that can appear highly individual, fragmented, even contradictory. In contrast, one domain that does seem to


Background: Indigenous peoples of Australia, Canada, United States and New Zealand experience disproportionately high rates of suicide. As such, the methodological quality of evaluations of suicide prevention interventions targeting these Indigenous populations should be rigorously examined, in order to determine the extent to which they are effective for reducing rates of Indigenous suicide and suicidal behaviours. This systematic review aims to: 1) identify published evaluations of suicide prevention interventions targeting Indigenous peoples in Australia, Canada, United States and New Zealand; 2) critique their methodological quality; and 3) describe their main characteristics. Methods. A systematic search of 17 electronic databases and 13 websites for the period 1981-2012 (inclusive) was undertaken. The reference lists of reviews of suicide prevention interventions were hand-searched for additional relevant studies not identified by the electronic and web search. The methodological quality of evaluations of suicide prevention interventions was assessed using a standardised assessment tool. Results: Nine evaluations of suicide prevention interventions were identified: five targeting Native Americans; three targeting Aboriginal Australians; and one First Nation Canadians. The main intervention strategies employed included: Community Prevention, Gatekeeper Training, and Education. Only three of the nine evaluations measured changes in rates of suicide or suicidal behaviour, all of which reported significant improvements. The methodological quality of evaluations was variable. Particular problems included weak study designs, reliance on self-report measures, highly variable consent and follow-up rates, and the absence of economic or cost analyses. Conclusions: There is an urgent need for an increase in the number of evaluations of preventive interventions targeting reductions in Indigenous suicide using methodologically rigorous study designs across geographically and culturally diverse Indigenous populations. Combining and tailoring best evidence and culturally-specific individual strategies into one coherent suicide prevention program for delivery to whole Indigenous communities and/or population groups at high risk of suicide offers considerable promise. © 2013 Clifford et al.; licensee BioMed Central Ltd.


Most models of mental health services have been developed in urban settings, with large populations and many specialized resources. Rural and remote communities pose challenges to these models for reasons of geography, social structure and culture. In Canada and other countries, rural and remote communities include a high proportion of Indigenous peoples, with important cultural differences from the urban population. In this chapter, we discuss the role of cultural consultation in providing mental health services for remote and rural communities, with an emphasis on the mental health of Indigenous peoples in Canada. The authors have worked as psychiatric consultants to First Nations and Inuit communities in Northern Quebec and draw from this experience and the work of the CCS to outline key issues for cultural consultation in this setting. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(chapter)
register and engage with the impacts of this history of colonialism is Inuit art, specifically visual art and film. In some cases these artistic narratives pre-date the historical trauma narratives of the commissions, which began with the Royal Commission on Aboriginal Peoples (RCAP) in the mid-1990s. This paper examines these narrative alternatives for recounting historic trauma in Nunavut, while also considering the implications of understanding historical trauma as narrative. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)


Schools are expected to promote social and emotional learning skills among youth; however, there is a lack of culturally-relevant programming available. The Fourth R: Uniting Our Nations programs for Aboriginal youth include strengths-based programs designed to promote healthy relationships and cultural connectedness, and improve school success during the transition from elementary to secondary school. A mixed methods evaluation of these programs was undertaken utilizing 35 elementary and secondary student interviews, survey data from 45 secondary students, and 7 educator, and principal interviews. Four themes emerged: (1) programming was perceived to contribute to student success; (2) participants experienced improved relationships, and an increased sense of belonging; (3) participants gained confidence and leadership skills; and (4) the provision of culturally relevant experiences and role models was key to program success. The results underscore the importance of developing and implementing culturally relevant programs for Aboriginal youth, who as a group have been historically marginalized in the education system. Furthermore, promoting cultural connectedness in schools facilitates the development of bicultural competence, and reduces the pressure many of these youth experience to choose between success at school and their Aboriginal identity. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)


Our team has worked closely with First Nations, Metis, and Inuit (FNMI) community partners and our local school board over the past 9 years to develop a range of strengths-based health promotion programs for FNMI youth. This article begins with a brief description of our school-based programming to provide context. Next, we identify challenges in conducting rigorous program evaluation and highlight the requirements of community-based research partnerships. Finally, we identify a number of factors that have helped us achieve a balance between the frameworks of rigour and community-based research partnerships. Throughout the paper we use examples from our projects to illustrate issues. Adapted from the source document.


For Canada’s Inuit populations, the landscapes surrounding communities, and practices such as hunting, fishing, trapping, foraging, and travelling to cabins, contribute greatly to human health and well-being. Climatic and environmental change, however, are altering local ecosystems, and it is becoming increasingly challenging for many Inuit to continue to travel or hunt on the land. These changes greatly impact health and well-being. While numerous studies examine the physical health impacts of climate change, few consider the affective implications of these changes, and the subsequent impacts on the emotional well-being of Inuit populations. From data gathered through a multi-year, community-driven project in Rigolet, Nunatsiavut, Labrador, Canada, however, it is evident that the emotional consequences of climate change are extremely important to Northern residents. Participants shared that these changes in land, snow, ice, and weather elicit feelings of anxiety, sadness, depression, fear, and anger, and impact culture, a
sense of self-worth, and health. This article analyses the affective dimensions of climatic change, and argues that changes in the land and climate directly impact emotional health and well-being. Narratives of Inuit lived experiences will be shared through data from interviews, the concept of ecological affect will be introduced, and implications for climate-health research and programming will be discussed. © 2011 Elsevier Ltd.


OBJECTIVES: 1) To examine associations between racial discrimination and drug problems among urban-based Aboriginal adults; and 2) to determine whether these associations are best explained by symptoms of psychological stress, distress or post-traumatic stress disorder (PTSD). METHODS: Data were collected through in-person surveys with a community-based sample of Aboriginal adults (N = 372) living in a mid-sized city in Western Canada in 2010. Associations were examined using bootstrapped linear regression models adjusted for confounders, with continuous prescription and illicit drug problem scores as outcomes. Mediation was examined using the cross-products of coefficients method. RESULTS: More than 80% of Aboriginal adults had experienced racial discrimination in the past year, with the majority reporting high levels in that period. Past-year discrimination was a risk factor for PTSD symptoms and prescription drug problems in models adjusted for confounders and other forms of psychological trauma. In mediation models, PTSD symptoms explained the association between discrimination and prescription drug problems; psychological stress and distress did not. PTSD symptoms also explained this association when the covariance between mediators was controlled. The results also indicate that participation in Aboriginal cultural traditions was associated with increased discrimination. CONCLUSIONS: Most efforts to address Aboriginal health inequities in Canada have focused on the role Aboriginal people play in these disparities. The current findings combine with others to call for an expanded focus. Non-Aboriginal Canadians may also play a role in the health inequities observed. The findings of this study suggest efforts to reduce discrimination experienced by Aboriginal adults in cities may reduce PTSD symptomology and prescription drug problems in these populations. © Canadian Public Health Association, 2015.


Little is known about risk factors for problem gambling (PG) within the rapidly growing urban Aboriginal population in North America. Racial discrimination may be an important risk factor for PG given documented associations between racism and other forms of addictive behaviour. This study examined associations between racial discrimination and problem gambling among urban Aboriginal adults, and the extent to which this link was mediated by post traumatic stress. Data were collected via in-person surveys with a community-based sample of Aboriginal adults living in a mid-sized city in Western Canada (N = 381) in 2010. Results indicate more than 80% of respondents experienced discrimination due to Aboriginal race in the past year, with the majority reporting high levels of racism in that time period. Past year racial discrimination was a risk factor for 12-month problem gambling, gambling to escape, and post traumatic stress disorder (PTSD) symptoms in bootstrapped regression models adjusted for confounders and other forms of social trauma. Elevated PTSD symptoms among those experiencing high levels of racism partially explained the association between racism and the use of gambling to escape in statistical models. These findings are the first to suggest racial discrimination may be an important social determinant of problem gambling for Aboriginal peoples. Gambling may be a coping response that some Aboriginal adults use to escape the negative emotions associated with racist experiences. Results support the development of policies to reduce racism directed at Aboriginal peoples in urban areas, and enhanced services to help Aboriginal peoples cope with racist events. © 2012 Springer Science+Business Media, LLC.

group, yet few interventions have been developed or evaluated for this population. This paper presents the first adaptation of a brief evidence-based intervention for AI adolescents from one reservation who made a suicide attempt. We describe our community-driven approach to intervention development and a small pilot study (n = 13). Preliminary findings indicate reductions in adolescents’ negative thinking, depression, and suicidal ideation, and an increase in psychological service utilization. Key innovations include delivery by AI paraprofessionals and potential to strengthen the continuum of care between emergency department and outpatient settings. ABSTRACT FROM AUTHOR; Copyright of American Indian & Alaska Native Mental Health Research: The Journal of the National Center is the property of University of Colorado Denver and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Aims: To report findings from a study examining the impact of the threat of child removal on Aboriginal women's experiences accessing of healthcare services. Background: A wealth of data highlights the higher proportion of Aboriginal children in government care in Canada compared with non-Aboriginal children. Aboriginal women experience poorer health outcomes than non-Aboriginal women and face significant barriers to healthcare access. However, little is known about how these phenomena may intersect. Design: The study was conducted in two phases: (1) a secondary analysis of interviews with Aboriginal women and healthcare providers (n = 7) that were collected for a larger study; and (2) primary interviews with Aboriginal women (n = 9) and healthcare providers (n = 8), conducted between July–October 2011. Methods: Postcolonial feminist perspectives and the principles of exploratory, qualitative research guided this ethnographic study. Data were analysed using principles of thematic analysis and interpretive description. Findings: Aboriginal women whose children are involved with the child protection system often experience complex sociopolitical and economic challenges, which intersect with the threat of apprehension. Such threat did not impact women's decisions to seek healthcare services for their children, but experiences of racism, prejudice and discrimination in mainstream healthcare agencies and the fear of child apprehension influenced their decisions to access health care for themselves in ways that deterred access. Conclusion: Racism, judgment and discrimination towards Aboriginal mothers in healthcare agencies must be addressed. Educating healthcare providers about culturally safe approaches to care is critical to mitigating the ongoing impact of colonialism and its effects on health of Aboriginal people. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Grief and loss have negative consequences for mental and emotional health. American Indians experience a lowered life expectancy and higher rates of health disparities and accidental death. Utilizing Indigenous methodologies and in-depth interviews with twenty-five Lakota elders living on the reservation, this qualitative study explored the impact of loss, death, and grief across the life span of Lakota elders. The elders experienced loss beginning in their childhood and extending across their life span to include the loss of their children, spouses, parents, and grandchildren. The elders narrate their lived experiences of losing loved ones and coping with these layered losses with great strength. Implications for practice include outreach to older adults for coping with grief and loss; incorporating culturally informed models of healing; and increased knowledge of the impact of multiple losses on individuals, especially American Indian people. ABSTRACT FROM AUTHOR; Copyright of Best Practice in Mental Health is the property of Lyceum Books, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email
This qualitative study informs the literature by bringing two perspectives together: the trauma of residential school abuse and the transpersonal viewpoint of healing. A phenomenological hermeneutic approach explored lived experiences of residential school survivors and their families. Transpersonal psychology was introduced as the focus for a new healing paradigm. The research questions ask, "What has been the lived experience of the trauma of residential school abuse" and "How are traditional and non-traditional healing practices mutually applied in the recovery process by individuals who are impacted by the residential school experience"? Five First Nations co-researchers were interviewed, the data was analyzed, coded, and a thematic analysis was undertaken from which six themes emerged. The results of this study may go on to employ this new healing paradigm to help First Nations people gain spiritual wholeness. Finally, a description and summary of research findings, limitations and implications for counselling were discussed. © 2013 Springer Science+Business Media New York.
understandings can emerge., Abstract Given the disproportionately high number of Indigenous people imprisoned in colonized countries, this paper responds to research from Western Australia on the need to prepare forensic mental health nurses to deliver care to Indigenous patients with mental health disorders. The paper highlights the nexus between theory, research and education that can inform the design and implementation of programmes to help nurses navigate the complex, layered and contested ‘intercultural space’ and deliver culturally safe care to Indigenous patients. Nurses are encouraged to critically reflect on how beliefs and values underpinning their cultural positioning impact on health care to Indigenous patients. The paper draws on intercultural theory to offer a pedagogical framework that acknowledges the negative impacts of colonization on Indigenous health and well-being, repositions and revalues Indigenous cultures and knowledge and fosters open and robust inquiry. This approach is seen as a step towards working more effectively in the intercultural space where ultimately binary oppositions that privilege one culture over another and inhibit robust inquiry are avoided, paving the way for new, more inclusive positions, representations and understandings to emerge. While the intercultural space can be a place of struggle, tension and ambiguity, it also offers deep potential for change. ABSTRACT FROM AUTHOR; Copyright of Journal of Psychiatric & Mental Health Nursing is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Background Pain is common in otherwise healthy adolescents. In recent years widespread musculoskeletal pain, in contrast to single site pain, and associating factors has been emphasized. Musculoskeletal pain has not been examined in Arctic indigenous adolescents. The aim of this study was to explore the prevalence of widespread musculoskeletal pain and its association with psychosocial factors, with emphasis on gender- and ethnic differences (Sami vs. non-Sami), and the influence of pain related functional impairment. Methods This is a cross-sectional study based on The Norwegian Arctic Adolescent Health Study; a school-based survey responded by 4,881 10th grade students (RR: 83%) in North Norway, in 2003-2005. 10% were indigenous Sami. Musculoskeletal pain was based on reported pain in the head, shoulder/neck, back and/or arm/knee/leg, measured by the number of pain sites. Linear multiple regression was used for the multivariable analyses. Results The prevalence of musculoskeletal pain was high, and significantly higher in females. In total, 22.4% reported 3-4 pain sites. We found a strong association between musculoskeletal pain sites and psychosocial problems, with a higher explained variance in those reporting pain related functional impairment and in females. There were no major differences in the prevalence of musculoskeletal pain in Sami and non-Sami, however the associating factors differed somewhat between the indigenous and non-indigenous group. The final multivariable model, for the total sample, explained 21.2% of the variance of musculoskeletal pain. Anxiety/depression symptoms was the dominant factor associated with musculoskeletal pain followed by negative life events and school-related stress. Conclusions Anxiety/depression, negative life events, and school-related stress were the most important factors associated with musculoskeletal pain, especially in those reporting pain related functional impairment. The most important sociocultural aspect is the finding that the indigenous Sami are not worse off. ABSTRACT FROM AUTHOR; Copyright of BMC Public Health is the property of BioMed Central and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


The article relates the success stories of several Indigenous nurse leaders in Canada. Topics covered include registered nurse Sherri Di Lallo’s role in helping young parents from Little Red
River Cree Nation to acquire parenting skills, diabetes community consultant Shelley Francis' effort to raise awareness of the impact of historical trauma, and New Brunswicker Cheyenne Mary's participation in the promotion of overall good health in First Nations communities. (Copyright applies to all Abstracts.)


It has been theorized that suicide behaviours amongst indigenous peoples may be an outcome of mass trauma experienced as a result of colonization. In Canada, qualitative evidence has suggested that the Indian Residential School System set in motion a cycle of trauma, with some survivors reporting subsequent abuse, suicide, and other related behaviours. It has been further postulated that the effects of trauma can also be passed inter-generationally. Today, there are four generations of Canadian First Nations residential school survivors who may have transmitted the trauma they experienced to their own children and grandchildren. No empirical study has ever been undertaken to demonstrate this dynamic. This study is therefore the first to investigate whether a direct or indirect exposure to Canada's residential school system is associated with trauma and suicide behaviour histories. Data were collected in 2002/2003 from a representative sample of Manitoba, Canada. First Nations adults (N = 2953), including residential (N sup]=/sup] 611) and non-residential school attendees (N = 2342). Regression analyses showed that for residential school attendees negative experiences in residential school were associated with a history of abuse, and that this history and being of younger age was associated with a history of suicide thoughts, whereas abuse history only was associated with a history of suicide attempts. For First Nations adults who did not attend a residential school, we found that age 28―44, female sex, not having a partner, and having a parent or grandparent who attended a residential school was associated with a history of abuse. This history, along with age and having had a parent or grandparent who attended residential school was associated with a history of suicide thoughts and attempts. In conclusion, this is the first study to empirically demonstrate, at the population level, the mental health impact of the residential school system on survivors and their children. (English)


First Nations women have historically used cervical Papanicolaou (Pap) screening services less than non-First Nations women, and have correspondingly higher rates of cervical cancer compared to non-Aboriginal women. It has been suggested that trauma/mental health histories and addiction behaviours may present barriers and result in less use of Pap screening. This study examined the potential influence of trauma/mental health histories and addiction on self-reports of Pap screening. Data from the Manitoba First Nations Regional Longitudinal Health Survey 2002/2003 were used to explore the association of social demographic characteristics, trauma history, and addiction behaviours with Pap screening among a sample of 1,707 First Nations adult women living on-reserve in Manitoba, Canada. Women younger than 50 years, those who reported suicidal thoughts and/or attempts over their lifetime, and those with polysubstance addictions were more likely to have been screened in the three years prior to the survey. Contrary to the perceptions of some older First Nations women, women with a challenging past were indeed engaging in Pap screening. Trauma histories and addiction behaviours did not reduce the use of cervical screening for First Nations women in this study. Screening uptake, however, is still less than optimal for older women and women with less than high school education. Culturally appropriate and gender-sensitive communication and health service efforts are required to undo existing misperceptions, and to encourage women, regardless of age or current or past circumstances, to participate in cancer screening for their own wellbeing. ABSTRACT FROM AUTHOR]; Copyright of Journal of Aboriginal Health is the property of National Aboriginal Health Organization (NAHO) and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No
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Background. The creative arts—music, film, visual arts, dance, theatre, spoken word, literature, among others—are gradually being recognised as effective health promotion tools to empower, engage and improve the health and well-being in Indigenous youth communities. Arts-based programming has also had positive impacts in promoting health, mental wellness and resiliency amongst youth. However, often times the impacts and successes of such programming are not formally reported on, as reflected by the paucity of evaluations and reports in the literature.

Objective. The objective of this study was to evaluate a creative arts workshop for Th1g youth where youth explored critical community issues and found solutions together using the arts. We sought to identify the workshop’s areas of success and challenge. Ultimately, our goal is to develop a community-led, youth-driven model to strengthen resiliency through youth engagement in the arts in circumpolar regions. Design. Using a mixed-methods approach, we conducted observational field notes, focus groups, questionnaires, and reflective practice to evaluate the workshop. Four youth and five facilitators participated in this process overall.

Results. Youth reported gaining confidence and new skills, both artistic and personal. Many youth found the workshop to be engaging, enjoyable and culturally relevant. Youth expressed an interest in continuing their involvement with the arts and spreading their messages through art to other youth and others in their communities. Conclusions. Engagement and participation in the arts have the potential to build resiliency, form relationships, and stimulate discussions for community change amongst youth living in the North. © 2015 Sahar Fanian et al.

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RÉSUMÉ Cet article traite la façon dont les soins de la démence sont prévus pour les collectivités des Premiers Nations du sud-ouest de l’Ontario. Les données ont été saisies au moyen d’entretiens approfondis avec les prestataires de soins de santé et analysées en utilisant une méthodologie fondée sur une théorie constructiviste. Afin de comprendre les soins de la démence, deux cadres interdépendants ont été identifiés : un cadre de prestation des soins et un cadre de connaissances. Le cadre de prestation des soins a défini des objectifs de soins, des éléments de soins dispensés, les barrières de soins, et des stratégies et des solutions de prestation de soins pour surmonter les obstacles. Le cadre de connaissances a défini quatre groupes de parties prenantes : les personnes atteintes de la démence, les prestataires de soins informels, les prestataires de soins formels et la communauté des Premiers Nations. On a précisé les connaissances qu’il faut que chaque partie possède ou dont elle a besoin et les processus de partage - ou, à défaut de partage - des connaissances dans les soins de la démence. Plusieurs barrières, dont beaucoup sont créées par un manque de connaissances, ont eu un impact négatif sur les soins de la démence. Cependant, les professionnels de soins de santé avaient des stratégies efficaces pour la prestation de soins qui ont été conçus pour surmonter les obstacles y compris le partage des connaissances. [PUBLICATION ABSTRACT] ABSTRACT This article explores how dementia care is provided to First Nations communities in southwestern Ontario. Data were collected through in-depth interviews with health care providers and analysed using a constructivist grounded-theory methodology. Two interrelated frameworks for understanding dementia care were identified: a care delivery framework and a knowledge framework. The care delivery framework identified care goals, care elements being provided, care barriers, and strategies and solutions to deliver care and overcome barriers. The knowledge framework defined four groups of knowledge stakeholders: persons with dementia, informal care providers, formal care providers, and the First Nations community. It identified the knowledge each stakeholder

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held or needed and processes of sharing - or failing to share - knowledge in dementia care. Several barriers, many created by a lack of knowledge, negatively impacted dementia care. However, health care professionals had effective strategies for providing care, designed to overcome barriers and which encompassed elements of knowledge sharing. [PUBLICATION ABSTRACT]

OBJECTIVES: Mental health and substance use have been identified as health priorities currently facing Indigenous peoples in Canada; however, accessible and culturally relevant population health data for this group are almost non-existent. The aim of the Our Health Counts study was to generate First Nations adult population health data in partnership with the De dwa da dehs ney>s Aboriginal Health Access Centre in Hamilton, Ontario. METHODS: Analysis involved data gathered through respondent-driven sampling. Prevalence estimates and 95% confidence intervals were generated for diagnosis and treatment of a psychological disorder or mental illness, depression, anxiety, post-traumatic stress disorder (PTSD) and suicide, alcohol and substance use, and access to emotional support. RESULTS: Of the 554 First Nations adults who participated in the Our Health Counts study in Hamilton, 42% had been told by a health care worker that they had a psychological and/or mental health disorder. High rates of depression (39%) and PTSD (34%), as well as suicide ideation (41%) and attempts (51%) were reported. Half of the sample reported marijuana use in the previous 12 months, and 19% reported the use of cocaine and opiates. CONCLUSION: First Nations adults living in Hamilton experience a disproportionate burden of mental health and addictions. By working in partnership with urban Aboriginal organizations, it is possible to produce policy- and service-relevant data and address the current deficiency in appropriate mental health and substance use services for urban Aboriginal people. © Canadian Public Health Association, 2015.

Inuit in Canada currently suffer from one of the highest rates of suicide in the world. The objective of this study was to explore the prevalence of suicide ideations and attempts among 15-24 year olds living in Nunavik, Québec, and to explore risk and protective factors of suicide attempts as a function of gender. A cross-sectional survey was conducted in 2004 across Nunavik. Univariate and multivariate logistic regressions were conducted. A total of 22% of young males and 39% of females adults reported past suicidal attempts. Gender differences were observed in relation to associated risk and protective factors as well as degree of exposure to risk factors. Suicide prevention must include alcohol and drug prevention programs and rehabilitation services, interventions to reduce physical and sexual violence and their long-term impacts on Inuit youth, as well as exposure to culturally meaningful activities. © 2014 The American Association of Suicidology.

Indigenous participants who had been given the label Borderline Personality Disorder were engaged in informal interviews in order to find out more about the contextual factors underlying the symptoms of their diagnosis. Five participants were interviewed at great length about their experiences of identity, their personal histories, and their understanding of their mental illness. A number of themes emerged from the interviews, including identity, racism, family issues, the feeling of walking in two worlds, and experiences of alternative care during childhood. Aspects of personal and collective trauma related to their symptoms and diagnosis were also examined. Finally, knowledge and personal experience of BPD and its symptoms, as well as experiences of mental health services, emerged as strong themes. Table 1 compares the nine DSM-IV symptoms with alternative interpretations based on historical and social contexts reported by participants. We conclude that practitioners need to explore a greater range of contexts for any symptoms, and that rather than thinking of individuals in terms of having a 'borderline personality,' we
suggest rethinking of them in terms of having had 'borderline socializing environments.'


Introduction: Though the cultural factors that may contribute to the diabetes epidemic in First Nations are frequently discussed, little is known about the factors that may help prevent it. In this ethnonursing study, we explore the cultural factors that help maintain health behaviours in Algonquin women who had received a diagnosis of gestational diabetes 2 to 10 years before this study. Methods: The data were collected in two Algonquin communities through semi-structured interviews with key informants (n = 7) and general informants (n = 8) and through cultural immersion, with detailed observations being recorded into logbooks. Results: The cultural factors that are likely to affect the prevention of diabetes are the importance of family and social ties, the possibility of preserving cultural values, the opportunity to learn behaviours through educational resources adapted to needs and culture, the chance of saving money through better diet and access to blood sugar data as a means of control. Conclusion: In the long term, these cultural factors could influence health behaviours and thus help prevent type 2 diabetes.

Gerber, L. M. (2014). Education, employment, and income polarization among Aboriginal men and women in Canada. *Canadian Ethnic Studies, 46*(1), 121-144. Les Autochtones, hommes et femmes de 25 à 44 ans, ont considérablement progressé dans les domaines de l'éducation, de l'emploi et du revenu. Un niveau de scolarité élevé, un travail à temps plein et un vrai salaire ont permis à des Amérindiens, des Métis et des Inuits des deux sexes de combler le défi que les séparait des Non-Autochtones. Mais les conditions de vie ont stagné et se sont détériorées au bas de l'échelle sociale. Il en résulte une inégalité qui augmente sensiblement au sein des populations amérindiennes et inuites: cette polarisation n'est pas aussi marquée parmi les Métis - qui sont les moins désavantagés des trois. Bien que les femmes obtiennent un meilleur niveau scolaire que les hommes, l'écart de revenu entre les sexes persiste chez les Amérindiens et les Métis - mais pas chez les Inuits. Il peut être tentant de peindre tous les Autochtones avec le même bâton - mais faire ainsi couvre les grandes diversités. Trois décennies plus tard, il est déjà clair que les Autochtones, Métis, et Inuits - les deux sexes - ont été inclus dans la structure sociale. Cela peut être gênant pour les femmes qui ont perdu leur statut par mariage avec un homme non-autochtone et qui ont perdu le droit de séjour et d'accès aux ressources. Même après l'adoption de la loi C-31, des femmes mariées à des non-Autochtones ou non-status Indian man lost her status along with the right to live on reserve and do not receive other benefits of band membership. Although Bill C-31 allowed women who had lost status through intermarriage to be reinstated, "resource-strapped bands have refused membership and residence for political and economic reasons." Thus, despite legislative improvements, Indian women remain severely disadvantaged, vulnerable to "exploitation and victimization," and subject to "double oppression" (Fieras 2012, 163). So serious is the situation that the dynamics on reserves have been described as "gender wars" (Fieras and Gadacz 2012, 149). Data from the 1986 census reveal that Indian women experienced "multiple jeopardy" in terms of
education, full-time employment, and income: they were disadvantaged as Aboriginals, as Indians, and as women (Gerber 1990). The severely disadvantaged position of Aboriginal women and Indian women in particular has been widely acknowledged ([Drost] and [Richards] 2003; Fieras 2012; Frieres 2011; Native Women's Association of Canada 2009; Satzewich and [T. Wotherspoon] 1993; Siggner 1986; Silman 1987). The gender gap in income remains a reality today, despite the fact that women surpass men in terms of educational certification ([Hallet] 2006). On the other hand, there is light at the end of the tunnel: though the gap persists, "gender inequality is lowest among university graduates" (Walters et al. 2004, 296).


Background. Cultural safety broadens and transforms the discourse on culture and health inequities as experienced by diverse populations. Purpose. To critically analyze cultural safety in terms of its clarity, simplicity, generality, accessibility, and importance. Key Issues. Whilst the clarity and generality of cultural safety remain contentious, there is emerging evidence of its capacity to promote a more critical discourse on culture, health, and health care inequities and how they are shaped by historical, political, and socioeconomic circumstances. Implications. Cultural safety promotes a more critical and inclusive perspective of culture. As an analytical lens in occupational therapy practice and research, it has the potential to reveal and generate broader understandings of occupation and health from individuals or groups in society who are traditionally silenced or marginalized. In relation to Aboriginal peoples, it clearly situates health and health inequities within the context of their colonial, socioeconomic, and political past and present. [PUBLICATION ABSTRACT]


This chapter looks at indigenous populations—those who have been colonized and have become a minority population in their homeland. Indigenous populations include, but are not limited to, American Indian, Alaska Natives, Australian Aboriginals, First Nations of Canada, Native Hawaiians, and New Zealand Maori. While an attempt is made at identifying approaches to suicide prevention, the tremendous diversity among indigenous communities and the unique strengths of each culture are acknowledged. Further, the power of each community to prevent suicide and to instill hope is recognized. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(chapter)


Indigenous "First Nations" communities have consistently associated their disproportionate rates of psychiatric distress with historical experiences of European colonization. This emphasis on the socio-psychological legacy of colonization within tribal communities has occasioned increasingly widespread consideration of what has been termed historical trauma within First Nations contexts. In contrast to personal experiences of a traumatic nature, the concept of historical trauma calls attention to the complex, collective, cumulative, and intergenerational psychosocial impacts that resulted from the depredations of past colonial subjugation. One oft-cited exemplar of this subjugation - particularly in Canada - is the Indian residential school. Such schools were overtly designed to "kill the Indian and save the man." This was institutionally achieved by sequestering First Nations children from family and community while forbidding participation in Native cultural practices in order to assimilate them into the lower strata of mainstream society. The case of a residential school "survivor" from an indigenous community treatment program on a Manitoba First Nations reserve is presented to illustrate the significance of participation in traditional cultural practices for therapeutic recovery from historical trauma. An indigenous rationale for the postulated efficacy of "culture as treatment" is explored with attention to plausible therapeutic mechanisms that might account for such recovery. To the degree that a return to indigenous tradition might benefit distressed First Nations clients, redressing the socio-psychological ravages of colonization in this manner seems a promising approach worthy of further research investigation. © The Author(s) 2013.

Nineteen staff and clients in a Native American healing lodge were interviewed regarding the therapeutic approach used to address the legacy of Native American historical trauma. On the basis of thematic content analysis of interviews, 4 components of healing discourse emerged. First, clients were understood by their counselors to carry pain, leading to adult dysfunction, including substance abuse. Second, counselors believed that such pain must be confessed in order to purge its deleterious influence. Third, the cathartic expression of such pain was said by counselors to inaugurate lifelong habits of introspection and self-improvement. Finally, this healing journey entailed a reclamation of indigenous heritage, identity, and spirituality that program staff thought would neutralize the pathogenic effects of colonization. Consideration of this healing discourse suggests that one important way for psychologists to bridge evidence-based and culturally sensitive treatment paradigms is to partner with indigenous programs in the exploration of locally determined therapeutic outcomes for existing culturally sensitive interventions that are maximally responsive to community needs and interests. (PsycINFO Database Record (c) 2013 APA, all rights reserved)(journal abstract)


When understanding the concept of internalized oppression, we attempt to shed light on the issue from a holistic account. Internalized oppression always begins with the understanding of historical trauma associated with the mass colonial experience of indigenous Peoples of North America. What is the collective history that we have been through as a people and how did it impact us individually? What is colonization? How does colonization continue to erode cultural identity and the indigenous cultures' life-giving structures that promote indigenous authentication or indigenous self-actualization? We are coming to understand that internalized oppression is the result of colonization and its subsequent identifier as marginalized peoples once again taking it out on each other. For those of us who are a part of and live in Indian Country, we have experienced and witnessed the forms and symptoms of internalized oppression. Some of these characteristics include alcohol and substance abuse, domestic abuse and violence in our communities, high levels of anxiety and mental health problems, the diabetes epidemic, suicide epidemics, tribal politics, and infighting. In the most treacherous of forms, we begin to believe the systematic oppression and turn our backs on our own indigenous cultures or its structures that guide our values, ethics, and inherent mechanisms to attach to our cultural ways as indigenous Peoples. All of these historic and contemporary issues can be linked to internalized oppression. As we tell the stories of who we are, where we come from, and where we are going, the links will be clear. To aid our effort to share some of the experiences of North American indigenous Peoples, narratives from each of the authors are inserted in select parts throughout this chapter. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(chapter)


In this phenomenological study 11 Native American elders addressed three research questions: (a) the effect of historical trauma on self, family, and community', (b) how historical trauma currently affects Native people and their communities; and (c) what they would recommend that counselors and therapists do in addressing issues of historical trauma for Native and tribal people. All participants spoke of historical trauma in terms of loss of tribal language and culture. They seemed to speak directly to Native people themselves as having the answers to healing and wellness for their own people; however, recommendations for nontribal people who work with Native people and communities were discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Harder, H. G., Rash, J. A., Holyk, T., Jovel, E., & Harder, K. (2014). Indigenous youth suicide: A systematic review of the literature. *Routledge international handbook of clinical suicide research* (pp. 378-401). New York, NY, US: Routledge/Taylor & Francis Group, New York, NY. This chapter presents a systematic review of the literature surrounding suicide in Indigenous youth populations. The aim of this research is to make sense of the literature surrounding Indigenous Youth Suicide (IYS) in order to advance knowledge that will stimulate and inform future research in this area. Suicide is an important and tragic public health concern and IYS has been called a crisis and an epidemic. According to the World Health Organization (WHO, 1999), every year, about one million people die from suicide and 10 to 20 million attempt suicide around the world. The global mortality rate from suicide is 16 per 100,000, which equates to about one death every 40 seconds. Historically, suicide rates have not been as prominent as today. In the 1950s, the mortality rate attributable to suicide was around 10 per 100,000. This rate has increased by more than 60% in the past 45 years, and likely has not yet reached its plateau. The aim of this chapter was to systematically assess IYS using peer-reviewed articles that met set criteria for scientific rigor and quality. Two main objectives were addressed through this review process: (1) the methodological rigor present in the current IYS literature was assessed in hopes of guiding the design of future studies in this area; and (2) the relative importance of risk and protective factors across studies of IYS was examined with a particular emphasis placed on culture. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(chapter)


Indigenous workforces have existed across the world since the creation of Earth. What has changed is the evolution of multicultural societies, governments, and landscapes that have become part of, or sit parallel to, sovereign Indigenous nations and their workforces. An international response to Employee Assistance Programming (EAP) and workplace health will be shared from various Indigenous groups across the globe. These societies include the Maori of New Zealand, First Nations of Canada, American Indian groups from the U.S. mainland, and Native Hawaiians. Guidelines for EAP practice include the discussion of historical trauma, communication skills, confidentiality, and environmental issues. Theoretical underpinnings for health sovereignty are shared through ancient teachings of Indigenous philosophies and their relationships to contemporary EAP development and utilization. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)


Background: Indigenous young people have significantly higher suicide rates than their non-indigenous counterparts. There is a need for culturally appropriate and effective suicide prevention programs for this demographic. Aims: This review assesses suicide prevention programs that have been evaluated for indigenous youth in Australia, Canada, New Zealand, and the United States. Method: The databases MEDLINE and PsycINFO were searched for publications on suicide prevention programs targeting indigenous youth that include reports on evaluations and outcomes. Program content, indigenous involvement, evaluation design, program implementation, and outcomes were assessed for each article. Results: The search yielded 229 articles; 90 abstracts were assessed, and 11 articles describing nine programs were reviewed. Two Australian programs and seven American programs were included. Programs were culturally tailored, flexible, and incorporated multiple-levels of prevention. No randomized controlled trials were found, and many programs employed ad hoc evaluations, poor program description, and no process evaluation. Conclusion: Despite culturally appropriate content, the results of the review indicate that more controlled study designs using planned evaluations and valid outcome measures are needed in research on indigenous youth suicide prevention. Such changes may positively influence the future of research on indigenous youth suicide prevention as the outcomes and efficacy will be more reliable. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)
Objective: To systematically review the research on the association between sense of belonging and suicide. Method: We systematically reviewed electronic databases for studies that included assessments of suicidality and belonging. Results: We found 16 studies that met our eligibility criteria. They all found an association between belonging and suicidality but nearly all of the studies were in nonclinical populations, and the association was weak and could be taken into account by confounding factors. Conclusions: Low sense of belonging has a weak association with suicidality. However, current concepts make it hard to distinguish from loneliness or other measures of social support. An alternative view of belongingness, as a sense of connectedness to things other than people and in the past as well as the present, may generate alternative ideas about useful clinical interventions that may be especially relevant to indigenous populations.

Indigenous people are over-represented in inpatient mental health care in Australia. Evidence suggests client-orientated care planning increase client engagement, reduce substance dependence and improve self-management among Indigenous people. The successful uptake and implementation of interventions, however, which promote access and cultural security in primary care practice, remains challenging. The Aboriginal and Islander Mental Health initiative introduced a multi-faceted approach to client-oriented care planning, as part of routine care to the Royal Darwin Hospital inpatient psychiatric unit, to determine whether there was change in the quality of care to Indigenous clients over time. The study used a mixed methods design. It was underpinned by an action-oriented research approach and incorporated stakeholder engagement, interactive training in strengths based recovery approach and psycho-education and a quantitative audit of inpatient files. The results suggest some improvements in quality of care for clients in the inpatient unit with increased attention to social and family history, involvement of translators, and allocation of case managers. Cross-cultural training and tools promoted change in some aspects of clinical practice. Some changes, however, were often not sustained and it did not necessarily promote engagement of AMHWs in routine care. Greater emphasises on follow up training and provision of clinician feedback, in conjunction with high-level system change and commitment to introduction of culturally adapted recovery principles, is required for more sustained changes to clinician care and implementation success. ABSTRACT FROM AUTHOR;
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In Canada, cultural safety (CS) is emerging as a theoretical and practice lens to orient health care services to meet the needs of Aboriginal people. Evidence suggests Aboriginal peoples' encounters with health care are commonly negative, and there is concern that these experiences can contribute to further adverse health outcomes. In this article, we report findings based on participatory action research drawing on Indigenous methods. Our project goal was to interrogate practices within one hospital to see whether and how CS for Aboriginal patients could be improved. Interviews with Aboriginal patients who had accessed hospital services were conducted, and responses were collated into narrative summaries. Using interlocking analysis, findings revealed a number of processes operating to produce adverse health outcomes. One significant outcome is the production of structural violence that reproduces experiences of institutional trauma. Positive culturally safe experiences, although less frequently reported, were described as interpersonal interactions with feelings visibility and therefore, treatment as a "human being." © The Author(s) 2015.

This article presents the findings from a research project that examined how well-being, especially with regard to diabetes prevention, was understood within an Indigenous community, Kahnawake, a Kanien'kehà:ka community on the St. Lawrence River near Montreal, Quebec, Canada. Both philosophical hermeneutics and Indigenous ways of knowing were used to achieve a decolonized research approach to undertaking and analysing interviews from key stakeholders. The research findings revealed that the social conditions created by external Western influences on culture, language, and epistemologies are strongly connected to the relational conditions that continue to influence the health and well-being of individuals, families, and the community. Indigenous well-being was found to be closely related to the concept of being Onkwehon:we, to the roles and responsibilities of families as nurturers of health-promoting relationships, and to processes expected to promote the healing of multigenerational traumas rooted in a history of colonization. Developing a shared understanding of Indigenous people's knowledge about what is required to effectively prevent type 2 diabetes, while simultaneously fostering the sense of being Onkwehon:we, is a new approach to health promotion within Indigenous communities.


Background: Canadian First Nations (FN) people have experienced and continue to experience significant adversities, yet many demonstrate aspects of resilience. Aim: The aim of this qualitative study was to specifically understand Cree adults' meanings and mechanisms of resilience following maltreatment. Methods: Ten Cree adults were interviewed individually. Modified grounded theory was used to interpret the transcribed interviews. Results: Participants discussed resilience as a journey of 'survival' and 'overcoming' and pathways to healing that were multifactorial and included traditional teachings. Conclusion: Mental health providers should consider and incorporate these mechanisms into treatment for Cree people, when appropriate, to aid recovery. © The Author(s) 2015.


Recent studies suggest dementia is an emerging health issue for Indigenous peoples in Canada. In this article, we explore findings concerning informal dementia caregiving in Indigenous communities. Our research has been carried out in partnership with Indigenous communities in Ontario, Canada, over the past 4 years. Semistructured in-depth interviews were carried out with informal Indigenous caregivers (primarily family) to Indigenous people with dementia at 7 geographically and culturally diverse research sites (n = 34). We use a critical interpretative and postcolonial lens to explore common caregiving experiences and patterns to gain insight into Indigenous models of care and better understand how to appropriately support Indigenous families dealing with a dementia diagnosis. Themes from the interview data are explored through a storyline beginning with why and how participants came to the caregiving role; the challenges, struggles, and decisions along the way; and reflections on the rewards and benefits of caring for a loved one with dementia. The findings suggest that underlying Indigenous values created a consistent family caregiving model across the Indigenous cultures and geographic contexts included in the study. Family caregiving was found to facilitate cultural continuity through intergenerational contact and the transmission of cultural knowledge. Diverse community contexts presented significant challenges most immediately attributable to the nature of relations between Indigenous and non-Indigenous Canadians and the continued colonial policies governing access to services. © Springer Publishing Company.


Little is known about the prevalence and incidence of dementia in Aboriginal communities in
Canada. As with the Canadian population, dementia in Aboriginal people is expected to be an increasing challenge for federal, provincial and community health care systems. To respond to a dearth of information concerning the prevalence of dementia in First Nations, this paper reports population-level data on dementia in the First Nations population in Alberta, Canada. Aggregate data obtained from Alberta Health and Wellness were analyzed. Physician-treated prevalence rates for dementia were calculated for First Nations and non-First Nations populations seeking treatment in Alberta (1998-2009). Trends in age-adjusted rates over time were compared using linear regression models. Age and sex effects were also examined. Aggregate data obtained from Alberta Health and Wellness were analyzed. Physician-treated prevalence rates for dementia were calculated for First Nations and non-First Nations populations seeking treatment in Alberta (1998-2009). Trends in age-adjusted rates over time were compared using linear regression models. Age and sex effects were also examined.


The article discusses the development and evaluation of a culturally appropriate screening tool called the Here and Now Aboriginal Assessment (HANAA) to be used on Aboriginal social and emotional wellbeing (SEWB) assessment. Topics covered include the 10 key HANAA domains, such as physical health, sleep, mood and suicide risk, the acceptance and reliability of HANAA, and its capabilities for teaching and training purposes of mental health professionals working with Aboriginal people.


We did not limit our search to a specific period or language. In addition, we searched government and nongovernmental organization sources including Statistics Canada, Health Canada, First Nations and Inuit Health Branch, National Aboriginal Health Organization and NishnawbeAski Nation. If an abstract was deemed to be relevant, the article was read in full. We reviewed the references in each article to identify additional relevant papers. The details of our search strategies and retrieved articles are available on request. We reported the quality of the evidence according to criteria set forth by the Canadian Task Force on Preventive Health Care.


Objective: To document the development of unique opioid-dependence treatment in remote communities that combines First Nations healing strategies and substitution therapy with buprenorphine-naloxone. Design: Quantitative measurements of community wellness and response to community-based opioid-dependence treatment. Setting: Remote First Nations community in northwestern Ontario. Participants: A total of 140 self-referred opioid-dependent community members. Intervention: Community-developed program of First Nations healing, addiction treatment, and substitution therapy. Main outcome measures: Community-wide measures of wellness: number of criminal charges, addiction-related medical evacuations, child protection agency cases, school attendance, and attendance at community events. Results: The age-adjusted adult rate of opioid-dependence treatment was 41%. One year after the development of the in-community healing and substitution therapy program for opioid dependence, police criminal charges had fallen by 61.1%, child protection cases had fallen by
58.3%, school attendance had increased by 33.3%, and seasonal influenza immunizations had dramatically gone up by 350.0%. Attendance at community events is now robust, and sales at the local general store have gone up almost 20%. Conclusion: Community-wide wellness measures have undergone dramatic public health changes since the development of a First Nations healing program involving opioid substitution therapy with buprenorphine-naloxone. Funding for such programs is ad hoc and temporary, and this threatens the survival of the described program and other such programs developing in this region, which has been strongly affected by an opioid-dependence epidemic.

We explored the contributions of social, cultural, and land use (SCLU) factors to Aboriginal well-being and health using path analysis and data collected from 2 of 614 First Nations in Canada. Information gathered from a structured questionnaire with questions related to seven domains of well-being and contributing factors led to key findings: (i) the SCLU domain is the most important; (ii) the most important SCLU factors are the percentage of household meals of traditional diets and the impact of government regulations on land use; (iii) the most important Health domain factors are the prevalence of mental and psychological problems and the quality of health services; and (iv) the SCLU factors of access to cultural sites, the freedom to participate in spiritual activities, and the impact of government regulations on social and cultural life have a profound effect on mental health. Improving Aboriginal well-being and health may depend on incorporating SCLU factors into new, holistic policies. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)

Major depressive episode (MDE) and suicidal ideation (SI) associated with history of foster care placement (HxFCP), and mediating effects of psychosocial and socioeconomic factors through which placement may confer psychiatric risks in the years subsequent to emancipation were examined in a national sample of 7534 Métis. More than one third of emancipated respondents reported past year MDE, a prevalence rate nearly 50% higher than the rate of MDE among Métis respondents without a history of placement in foster care. The 25% lifetime prevalence rate of SI in the emancipated group was more than twice the rate observed in the non-fostered group. Direct effects of HxFCP on post placement MDE and SI were significant in multivariate logistic regression analyses, even when effects of childhood predispositional risk factors were controlled statistically. Emancipated individuals were unduly affected by psychosocial and socioeconomic disadvantages signifying pathways that linked foster care placement history and psychiatric status. Main mediators of the effects demonstrated using effect decomposition procedures were self-esteem, income, and community adversity. The findings warrant consideration of foster care history in clarifying the complex etiologies of suicidal ideation and major depressive episode in the Métis population and risk factors ensuing in the intervening years as integral to the process linking placement to long-term psychiatric outcomes. © 2013.

Objectives. I examined the health impact of lifetime Indian Residential school (IRS) attendance and the mediating influences of socioeconomic status and community adversity on health outcomes in a national sample of Aboriginal peoples in Canada. Methods. In an analysis of data on 13 881 Inuit, Métis, and off-reserve First Nations or North American Indian adults responding to the postcensus 2006 Aboriginal Peoples Survey administered October 2006 to March 2007, I tested the direct effect of IRS attendance on health and indirect effects through socioeconomic and community factors using logistic regression procedures. Results. Negative health status was significantly more likely with IRS attendance than nonattendance. The direct effect of IRS attendance remained significant although it attenuated substantially when adjusting for demographic characteristics, socioeconomic status, and community-level adversities. Community adversity and socioeconomic factors, primarily income, employment status, and educational
attainment mediated the effect of IRS on health. Conclusions. Residential school attendance is a significant health determinant in the Indigenous population and is adversely associated with subsequent health status both directly and through the effects of attendance on socioeconomic and community-level risks. ABSTRACT FROM AUTHOR; Copyright of American Journal of Public Health is the property of American Public Health Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


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The effect of school violence on mental health was examined among 12,366 Aboriginal children and adolescents, primarily First Nations, Metis, and Inuit residing off reservations in the Canadian provinces and territories. Analyses were based on the 2006 Aboriginal Peoples' Survey, a postcensal national survey of Aboriginal youth aged 6-14 years. More than one-fifth of students in the sample attended schools where violence was perceived as a problem. The occurrence of psychological or nervous disorders was about 50% higher among students exposed to school violence than among other students. School violence was a significant predictor of mental health difficulties, irrespective of socioeconomic and demographic characteristics. Virtually the entire effect was mediated by interpersonal processes, or negative quality of parent-child and peer relationships, while the effect was not explained by cultural detachment through lack of interactions with Elders and traditional language ability/use. Results underscored school violence as a significant public health concern for Aboriginal elementary and high school students, and the need for evidence-based mental health interventions for at-risk populations. (English)


Non-medical prescription opioid use (NMPOU) is a major health problem in North America and increasingly prevalent among First Nations people. More than 50% of many Nishnawbe Aski Nation communities in northern Ontario report NMPOU, resulting in extensive health and social problems. Opioid substitution therapy (OST) is the most effective treatment for opioid dependence yet is unavailable in remote First Nations communities. Suboxone (buprenorphine and naloxone) specifically has reasonably good treatment outcomes for prescription opioid (PO)
A pilot study examining the feasibility and outcomes of a community-based Suboxone taper-to-low-dose-maintenance program for PO-dependent adults was conducted in a small NAN community as a treatment option for this particular setting. Participants (N = 22, ages 16-48 years) were gradually stabilized on and tapered off Suboxone (provided on an outpatient and directly-observed basis) over a 30-day period. Low dose maintenance was offered post-taper to patients with continued craving and relapse risk; community-based aftercare was provided to all participants. Of 22 participants, 21 (95%) completed the taper phase of the program. Fifteen (88%) of 17 participants tested by urine toxicology screening had no evidence of PO use on day 30. No adverse side effects were observed. All but one of the taper completers were continued on low-dose maintenance. Community-based Suboxone taper-to-low-dose-maintenance is feasible and effective as an initial treatment for PO-dependence in remote First Nations populations, although abstinence is difficult to achieve and longer term maintenance may be required. More research on OST for First Nations people is needed; existing OST options, however, should be made available to First Nations communities given the acute need for treatment.

Kauppi, C., Forchuk, C., Montgomery, P., Edwards, B., Davie, S., & Rudnick, A. (2015). Migration, homelessness, and health among psychiatric survivors in northern and southern Ontario. *International Journal of Interdisciplinary Social Sciences: Annual Review, 9*, 1-14. This study explored migration, homelessness, and health among psychiatric survivors in northern and southern Ontario, Canada to identify differences between these two groups and to explore whether cultural background may contribute to such differences. Aspects similar for northern and southern Ontario samples included socio-economic indicators, absolute homelessness, and health. However, cultural background, language, migration, and homelessness risk differed between groups. Cultural background explained some differences observed between groups, such as migration and homelessness risk. Psychiatric survivors in northern Ontario experienced increased migration compared to their southern counterparts. Yet, northern and southern Ontario samples were similar with regard to absolute and atrisk homelessness. More Indigenous people in both samples reported experiencing absolute homelessness within their lifetimes. This finding is consistent with other research suggesting that Indigenous individuals are over-represented in Canadian homeless populations. This study indicates that place plays a vital role in migration and homelessness for psychiatric survivors. The results suggest that context matters for migration, homelessness, and health, and one cannot assume similarities or differences based on place or cultural background alone. Services aimed at reducing migration or homelessness may need to be tailored with cultural considerations in mind. [ABSTRACT FROM AUTHOR]; Copyright of International Journal of Interdisciplinary Social Sciences: Annual Review is the property of Common Ground Publishing and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Cultural diversity is conceptualized in different ways in different countries based on local histories of migration, policies and ideologies of citizenship, and patterns of ethnic identity and social stratification.17 The Canadian context is distinctive in many ways. Since 1976, Canada has had an official policy of multiculturalism.18 This formally acknowledges and promotes recognition of the diversity of Canadian society as a shared feature of collective identity.19 It reflects and contributes to a social milieu in which attention to culture is positively valued and, indeed, required to respect and respond to individuals and ethnocultural communities. While this fosters a basic level of recognition of diversity, it may have the unintentional effect of downplaying the heterogeneity and diversity subsumed under these major blocs and reinforcing crude stereotypes. [...]education based on broad cultural or geographic groups cannot address the high level of diversity in Canadian contexts, where the demographic composition is generally not that of large ethnocultural blocs but rather many smaller heterogeneous communities, including significant numbers of Aboriginal people and refugees.25 To respond to the diversity in Canada's urban
centres, clinicians must develop general strategies for culturally safe, competent and responsive care that can be adapted to work with diverse groups. Surveys of training in cultural psychiatry in Canada have revealed uneven development across the country. Most Canadian psychiatric residency programs offer very limited exposure to cultural psychiatry. This reflects that, to date, regulatory bodies and organizations in Canada have not developed specific guidelines for training or clinical practice in cultural psychiatry.

Faculty development is critical to the success of die cultural competence training.


Recent years have seen the rise of historical trauma as a construct to describe the impact of colonization, cultural suppression, and historical oppression of Indigenous peoples in North America (e.g., Native Americans in the United States, Aboriginal peoples in Canada). The discourses of psychiatry and psychology contribute to the conflation of disparate forms of violence by emphasizing presumptively universal aspects of trauma response. Many proponents of this construct have made explicit analogies to the Holocaust as a way to understand the transgenerational effects of genocide. However, the social, cultural, and psychological contexts of the Holocaust and of post-colonial Indigenous "survivance" differ in many striking ways. Indeed, the comparison suggests that the persistent suffering of Indigenous peoples in the Americas reflects not so much past trauma as ongoing structural violence. The comparative study of genocide and other forms of massive, organized violence can do much to illuminate both common mechanisms and distinctive features, and trace the loop effects from political processes to individual experience and back again. The ethics and pragmatics of individual and collective healing, restitution, resilience, and recovery can be understood in terms of the self-vindicating loops between politics, structural violence, public discourse, and embodied experience. © The Author(s) 2014.


Background: Indigenous Canadians have a life expectancy 12 years lower than the national average and experience higher rates of preventable chronic diseases compared with non-Indigenous Canadians. Transgenerational trauma from past assimilation policies have affected the health of Indigenous populations. Objective: The purpose of this paper is to comprehensively examine the social determinants of health (SDH), in order to identify priorities for health promotion policies and actions. Design: We undertook a series of systematic reviews focusing on four major SDH (i.e. income, education, employment, and housing) among Indigenous peoples in Alberta, following the protocol Preferred Reporting Items for Systematic Reviews and Meta-Analysis-Equity. Results: We found that the four SDH disproportionately affect the health of Indigenous peoples. Our systematic review highlighted 1) limited information regarding relationships and interactions among income, personal and social circumstances, and health outcomes; 2) limited knowledge of factors contributing to current housing status and its impacts on health outcomes; and 3) the limited number of studies involving the barriers to, and opportunities for, education. Conclusions: These findings may help to inform efforts to promote health equity and improve health outcomes of Indigenous Canadians. However, there is still a great need for in-depth subgroup studies to understand SDH (e.g. age, Indigenous ethnicity, dwelling area, etc.) and intersectoral collaborations (e.g. community and various government departments) to reduce health disparities faced by Indigenous Canadians. © 2015 Fariba Kolahdooz et al.


Inuit youth suicide is at an epidemic level in the circumpolar north. Rapid culture change has left Inuit in a state of coloniality that destabilized their kin-based social organization, and in spite of advances in self-governance social problems such as suicide continue. Drawing on ethnographic fieldwork I carried out in Nunavut, Canada (2004-2005), including 27 interviews with Inuit
between the ages of 17 and 61, I examine male youth in particular in the context of recent colonial change, gender ideologies and behavior, youth autonomy, and the family. Anger is common among Inuit male youth, often directed toward girlfriends and parents, and suicide is embedded in some of these relationships. Many Inuit male youth are struggling with a new cultural model of love and sexuality. Inuit speak about a need for more responsible parenting. Evidence is beginning to show, however, that local, community-based suicide prevention may be working. © 2013 by the American Anthropological Association.


As part of a cross-national collaborative study of resilience among circumpolar youth, we examined the life experiences, stressors, and coping or resilience strategies of Inuit youth in the community of Igloolik, Nunavut, Canada. An Inuit steering committee was formed with youth, adults, and one elder. The steering committee led this project in the community, informing community members of progress and helping direct all aspects of the study from research questions to methods to data collection to dissemination. A structured interview used across sites allowed youth to describe what matters to them, that is, what is at stake for them in terms of challenges and successes. Developing stable and secure relationships with one's friends and family members enabled Inuit youth to become more resilient in the face of stresses related to social change in the Canadian Arctic. © 2014 The Author(s).


Inuit in Arctic Canada have one of the highest suicide rates in the world. Most of these suicides occur among youth, especially males, between the ages of 15 and 24. The goal of this study was to gain an understanding of Inuit experiences with suicide and what suicide means to Inuit, including suicide attempters and bereaved survivors. Fifty Inuit between the ages of 14 and 94 were interviewed about suicides in two communities in Nunavut. Sixty-three high school and college students were also surveyed with the same questions. It was found that suicide was most closely related to romantic relationship and family problems, and to experiences of loneliness and anger. These findings are interpreted in the context of massive social change, on-going colonization, and multigenerational trauma following the colonial government era of the 1950s and 1960s, when family and interpersonal relationships were significantly affected. The study stresses that suicide prevention strategies focus on youth and family, particularly on parenting, and ensure that Inuit communities take control of prevention programs. It recommends that family and community resources be further mobilized for suicide prevention.


To determine the prevalence of suicidal ideation among Métis men and women (20-59 years) and identify its associated risk and protective factors using data from the nationally representative Aboriginal Peoples Survey (2006). Secondary analysis of previously collected data from a nationally representative cross-sectional survey. Across Canada, lifetime suicidal ideation was reported by an estimated 13.3% (or an estimated 34,517 individuals) of the total population of 20-to-59-year-old Métis. Of those who ideated, 46.2% reported a lifetime suicide attempt and 6.0% indicated that they had attempted suicide in the previous 12 months. Prevalence of suicidal ideation was higher among Métis men than in men who did not report Aboriginal identity in examined jurisdictions. Métis women were more likely to report suicidal ideation compared with Métis men (14.9% vs. 11.5%, respectively). Métis women and men had some common associated risk and protective factors such as major depressive episode, history of self-injury, perceived Aboriginal-specific community issues, divorced status, high mobility, self-rated thriving health, high self-esteem and positive coping ability. However, in Métis women alone, heavy frequent drinking, history of foster care experience and lower levels of social support were significant associated risk factors of suicidal ideation. Furthermore, a significant interaction was observed between social support and major depressive episode. Among Métis men, history of
ever smoking was the sole unique associated risk factor. The higher prevalence of suicidal ideation among Métis women compared with Métis men and the observed gender differences in associations with some associated risk and protective factors suggest the need for gender-responsive programming to address suicidal ideation.


The program of research that I and my colleagues have been engaged in, and that I will go on to describe in the pages that follow was never meant to be about resilience. Nor was it meant to be about children in care. It began with studies of identity formation, moved on to encompass studies of youth suicide, and has increasingly come to focus on youth suicide in Aboriginal cultures. Having admitted to all of that at the outset, the reader might feel in need of something by way of assurance that this chapter actually belongs in the current volume. First, I really do have data to report on children in care. Second, the research that we have been engaged in—while not expressly about resilience in the usual sense—actually addresses issues of resilience at a cultural rather than an individual level. Getting from here to there, that is, from our work on identity formation and Aboriginal suicide to our data on children in care, will demand stretching the concept of resilience to try to explain not individual coping in the face of adversity, but the ability of whole cultural groups to foster healthy youth development. There are some who harbor strong doubts about the value of the concept of resilience, however, and it is best to put these doubts on the table before we begin tugging at the concept and testing its elasticity for the job at hand. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(chapter)


All children experience body pain as a result of medical procedures, vaccinations, and a variety of chronic conditions. Children are a vulnerable population and may be even more at risk to experience pain in under-resourced environments. We know that physical pain in childhood causes suffering to the child, family, and caregivers, and can also cause prolonged physiological and immune effects lasting into adulthood. There is evidence that Aboriginal children and youth experience pain at higher rates than their non-Aboriginal counterparts. First Nations youth report that pain issues have kept them from participating in essential developmental activities such as school and sports. Effective pain care increases a child's ability to participate in activities that are meant to enhance well-being and prepare them to be healthy adults. Currently, there is no reliable way for First Nations children and youth to convey the intensity and quality of their pain. This makes it difficult for health professionals to measure it and likely influences whether it is adequately treated or not. In this paper, we will discuss some of the historical and cultural perspectives that may be helpful in understanding pain in Aboriginal children. In addition, we will discuss what is known about pain expression, assessment, management, and health professionals' empathy for pain cross-culturally as well as the next logical steps to address some of these issues. [PUBLICATION ABSTRACT]


This article explores how current policy shifts in British Columbia, Canada highlight an important gap in Canadian self-government discussions to date. The analysis presented draws on insights gained from a larger study that explored the policy contexts influencing the evolving roles of two long-standing urban Aboriginal health centres in British Columbia. We apply a policy framework to analyze current discussions occurring in British Columbia and contrast these with Ontario, Canada and the New Zealand Maori health policy context. Our findings show that New Zealand and Ontario have mechanisms to engage both nation- or tribal-based and urban Indigenous communities in self-government discussions. These mechanisms contrast with the policies influencing discussions in the British Columbian context. We discuss policy implications relevant to other Indigenous policy contexts, jurisdictions, and groups.

**BACKGROUND:** Despite the known disparity in suicide rates in Canada, there is limited information on the independent risk indicators of suicide ideation among First Nations youth living on reserve. **OBJECTIVE:** To determine the prevalence and adjusted risk indicators for suicide ideation among on-reserve First Nations youth. **METHODS:** Saskatoon Tribal Council (Saskatchewan) First Nations students enrolled in grades 5 through 8 who were living on reserve were asked to complete a health survey using validated questionnaires. In total, 75.3% of the students completed the survey. The study was led by the Saskatoon Tribal Council with assistance from three departments at the University of Saskatchewan (Saskatoon, Saskatchewan). **RESULTS:** Among on-reserve First Nations youth, 23% experienced suicide ideation within the past 12 months. In comparison, 8.5% of Saskatoon urban youth and 19% of Saskatoon urban Aboriginal youth within the same grades experienced suicide ideation. Wanting to leave home (OR 13.91 [95% CI 3.05 to 63.42]), having depressed mood (OR 2.98 [95% CI 1.16 to 7.67]) and not feeling loved (OR 3.85 [95% CI 1.49 to 9.93]) were independently associated with suicide ideation among on-reserve youth. None of the children with a father who was professionally employed reported suicide ideation. **CONCLUSIONS:** Understanding the independent risk indicators associated with suicide ideation among First Nations youth living on reserve will hopefully aid in appropriate interventions. © 2013 Pulsus Group Inc.


**Background.** Changing Directions, Changing Lives, the Mental Health Strategy for Canada, prioritizes the development of coordinated continuums of care in mental health that will bridge the gap in services for Inuit populations. Objective. In order to target ways of improving the services provided in these contexts to individuals in Nunavik with depression or anxiety disorders, this research examines delays and disruptions in the continuum of care and clinical, individual and organizational characteristics possibly associated with their occurrences. Design. A total of 155 episodes of care involving a common mental disorder (CMD), incident or recurring, were documented using the clinical records of 79 frontline health and social services (FHSSs) users, aged 14 years and older, living in a community in Nunavik. Each episode of care was divided into 7 stages: (a) detection; (b) assessment; (c) intervention; (d) planning the first follow-up visit; (e) implementation of the first follow-up visit; (f) planning a second follow-up visit; (g) implementation of the second follow-up visit. Sequential analysis of these stages established delays for each one and helped identify when breaks occurred in the continuum of care. Logistic and linear regression analysis determined whether clinical, individual or organizational characteristics influenced the breaks and delays. Results. More than half (62%) of the episodes of care were interrupted before the second follow-up. These breaks mostly occurred when planning and completing the first follow-up visit. Episodes of care were more likely to end early when they involved anxiety disorders or symptoms, limited FHSS teams and individuals over 21 years of age. The median delay for the first follow-up visit (30 days) exceeded guideline recommendations significantly (1–2 weeks). Conclusion. Clinical primary care approaches for CMDs in Nunavik are currently more reactive than preventive. This suggests that recovery services for those affected are suboptimal. © 2015 Lily Lessard et al.


This study investigated cultural variations in health conceptions and practices using a quasi-experimental design. A total of 60 participants, recruited from three cultural groups in Canada, were individually interviewed between the fall of 2009 and the fall of 2010. Transcribed interviews were quantified according to the importance participants ascribed to emergent themes. The data generated three intriguing findings: (a) Consistent with an interdependent self-construal or ecological self, First Nations participants were more likely to report health conceptions and practices that expand beyond the individual self to include their family, the community, and the environment when compared with Anglophones and Francophones of European ancestry; (b) First Nations participants placed more importance on maintaining their
traditions and culture as a health-promoting strategy, compared with Anglophones and Francophones; and (c) some of the health conceptions identified by all three groups significantly predicted the practices they engage in to promote health. These findings suggest that culture has a noticeable impact on health conceptions, which in turn influence health practices. There are at least two important implications: (a) Health policy makers need to take into account the role culture plays in the way people conceptualize health to ensure that health policies and programs reflect the particular beliefs and needs of their target populations and (b) health-care professionals need to be aware of the diverse views of their patients to provide culturally appropriate care. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)


OBJECTIVES: Physical activity (PA) can help youth achieve balance among physical, mental, emotional and spiritual dimensions of health. The objective was to identify individual, family and community factors associated with PA among First Nations (FN) youth residing in on-reserve and northern FN communities. METHODS: Participants were 4,837 youth (12-17 years of age) responding to the 2008/10 First Nations Regional Health Survey. Through in-person interviews, youth responded to questions about moderate-to-vigorous physical activity (MVPA), participation in traditional physical activities, and individual, family and community factors. RESULTS: When averaged across all days of the year, 65% of FN youth accumulated at least 60 min/day of MVPA and 48% of youth participated in at least one traditional FN PA in the previous year. Being male, having a lower number of chronic conditions, living in balance physically, living with at least one biological parent, having more relatives help youth understand their culture, having more community challenges and having more leisure/recreation facilities were independently associated with an increased likelihood of accumulating ≥60 min of MVPA. Younger age, being male, knowledge and use of FN language, living in balance spiritually, living with at least one biological parent, having more relatives help youth understand their culture, living in a community of ≤300 people, and perceiving the natural environment and community health programs as strengths were independently associated with participation in traditional FN physical activities. CONCLUSION: There are several correlates of PA from diverse ecological levels among FN youth. © Canadian Public Health Association, 2015. All rights reserved.


This chapter reviews the impact of policy and governance aimed at reviving engagement with traditional culture, including language, on informal community-based programming within remote communities under the pervue of the Nunatsiavut Government, the body representing the Inuit of Labrador. Our focus is on the effect of this revival on the resilience processes surrounding youth living in these communities. The impact of these policy and program approaches will be reviewed by means of data gathered from youth participating in the Pathways to Resilience study. Specifically, the way in which youth people's engagement in cultural activities, including speaking Inuititut, impact the resilience processes surrounding youth will be explored quantitatively. These processes will then be expanded on through the presentation of a qualitative case study. We use Ungar et al.'s (2007) seven tensions to guide our discussion and inform our review of the data. Ungar's (2008) definition of resilience (see Chap. 3) aligns well with Aboriginal models of health and life learning and as such is appropriate to furthering an understanding of how cultural engagement shapes the resilience processes of Aboriginal youth. The history of colonisation and cultural genocide that dominates the recent history of Aboriginal communities, combined with current efforts on the part of communities themselves to revive local traditions, create tensions for many youth that pull them between dominant and traditional way of living. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(chapter)

Indigenous psychology as a global movement includes First Nations people who were colonised and live today as minorities amidst European majorities in their homelands. This creates the imperative for a psychology of self-determination and cultural healing. The six articles in this Special Issue (SI) articulate different strands of such a First Nations psychology; they are grounded in a liberation psychology of protest, woven together with less confrontational forms of emancipation involving the construction of alternative identity spaces. The articles employ theories and practice that can be grouped into two themes: (i) psychological resistance and endurance and (ii) social relations for psychological creativity and generativity. Based on (i), two articles in this SI develop a historical trauma paradigm for First Nations people to narrate psychological trauma as the product of intergenerational 'soul wounds' inflicted by colonisation, which require empowering collective action. Based on (ii), the remaining articles focus on constructing identity spaces where social relations amongst First Nations people are valued as the source of psychological creativity and generativity. Robust social relations from traditional genealogies to contemporary online communities are used to form identity spaces that validate indigenous identity and support the growth of First Nations languages. Multiple ways of belonging are theorised to link different First Nations people at different stages in identity development. As a dynamic but essentialist view of identity, this body of work can be connected to theorising about dynamism between independent and interdependent self-construals at the individual level, or the social construction of individualism and collectivism at the group level. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)


The Canadian Arctic is experiencing rapid changes in climatic conditions, with implications for Inuit communities widely documented. Youth have been identified as an at-risk population, with likely impacts on mental health and well-being. This study identifies and characterizes youth-specific protective factors that enhance well-being in light of a rapidly changing climate, and examines how climatic and environmental change challenges these. In-depth conversational interviews were conducted with youth aged 15–25 from the five communities of the Nunatsiavut region of Labrador, Canada: Nain, Hopedale, Postville, Makkovik, and Rigolet. Five key protective factors were identified as enhancing their mental health and well-being: being on the land; connecting to Inuit culture; strong communities; relationships with family and friends; and staying busy. Changing sea ice and weather conditions were widely reported to be compromising these protective factors by reducing access to the land, and increasing the danger of land-based activities. This study contributes to existing work on Northern climate change adaptation by identifying factors that enhance youth resilience and, if incorporated into adaptation strategies, may contribute to creating successful and effective adaptation responses. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)


Crystal methamphetamine (commonly known as 'ice') use is currently a deeply concerning problem for some Australian Indigenous peoples and can cause serious harms to individual, families and communities. This paper is intended to support best practice responses by primary health-care staff working with Australian Indigenous people who use methamphetamine. It draws on a systematic search of relevant databases to identify literature from January 1999 to February 2014, providing an overview of prevalence, treatment, education and harm reduction, and community responses. The prevalence of methamphetamine use is higher in Indigenous than non-Indigenous communities, particularly in urban and regional settings. No evidence was identified that specifically related to effective treatment and treatment outcomes for Indigenous Australians experiencing methamphetamine dependence or problematic use. While studies
involving methamphetamine users in the mainstream population suggest that psychological and residential treatments show short-term promise, longer-term outcomes are less clear. Community-driven interventions involving Indigenous populations in Australia and internationally appear to have a high level of community acceptability; however, outcomes in terms of methamphetamine use are rarely evaluated. Improved national data on prevalence of methamphetamine use among Indigenous people and levels of treatment access would support service planning. We argue for the importance of a strength-based approach to addressing methamphetamine use, to counteract the stigma and despair that frequently accompanies it.

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Purpose - The purpose of this paper is to identify, summarize and assess literature focused on developing social marketing programs for Aboriginal people. Design/methodology/approach - The authors conducted a literature search and review of research papers concerning social marketing and Aboriginal populations over the period 2003-2013. Findings - The research reveals very little published research (N = 16). The literature points to a wide range of findings including the importance of segmenting/targeting and avoiding pan-Aboriginal campaigns; cultural importance of family and community; the importance of multi-channels; universal value of mainstream and Aboriginal media outlets, use of print media, value of elders and story-telling for message dissemination; increasingly important role of Internet-based technology; need for campaign development to reflect Aboriginal culture; and importance of formative research to inform campaign development. Social implications - Considerable research is warranted to better develop more effective social marketing campaigns targeted to Aboriginal audiences to improve health outcomes for such groups across the globe. Originality/value - This paper provides a baseline foundation upon which future social marketing research can be built. It also acts as a call to action for future research and theory in this important field.


Purpose: The objective of this review is to report on recent developments in youth mental health incorporating all levels of severity of mental disorders encouraged by progress in the field of early intervention in psychotic disorders, research in deficiencies in the current system and social advocacy. Methods: The authors have briefly reviewed the relevant current state of knowledge, challenges and the service and research response across four countries (Australia, Ireland, the UK and Canada) currently active in the youth mental health field. Results: Here we present information on response to principal challenges associated with improving youth mental services in each country. Australia has developed a model comprised of a distinct front-line youth mental health service (Headspace) to be implemented across the country and initially stimulated by success in early intervention in psychosis; in Ireland, Headstrong has been driven primarily through advocacy and philanthropy resulting in front-line services (Jigsaw) which are being implemented across different jurisdictions; in the UK, a limited regional response has addressed mostly problems with transition from child-adolescent to adult mental health services; and in Canada, a national multi-site research initiative involving transformation of youth mental health services has been launched with public and philanthropic funding, with the expectation that results of this study will inform implementation of a transformed model of service across the country including indigenous peoples. Conclusions: There is evidence that several countries are now engaged in transformation of youth mental health services and in evaluation of these initiatives. © 2015, Springer-Verlag Berlin Heidelberg.

As a case study on collaboration, this paper is a first person account from a psychologist and a social worker and their experiences developing and piloting community-based mental health programs for a rural Albertan Cree community. We provide an overview of two such pilots, the Family Wellness Program and the Community-based Anger Management Workshops. Here we reflect on our attempts to integrate mental, physical, emotional, and spiritual considerations consistent with the community cultural context. Each of these programs have been developed and offered within both interdisciplinary and multidisciplinary contexts involving counsellors, teachers, nurses, and community Elders from within and outside the community. Such dynamic programming has evolved into transdisciplinary community-based mental health initiatives that have enhanced community wellness but also taxed these rural service providers. Together we share our reflexivity, outlining some of the issues, challenges, and inspirations in our separate and collaborative work in our attempts to foster mental health and community wellness for this resilient but marginalized population. ABSTRACT FROM AUTHOR; Copyright of Pimatisiwin: A Journal of Aboriginal & Indigenous Community Health is the property of Native Counseling Services of Alberta and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Over 400 First Nation women participated in leadership development workshops developed by First Nation women for First Nation women. We collected survey data and conducted focus groups and interviews with workshop participants to identify outcomes and determine barriers and resources to women in leadership. Outcomes of the workshop included increased perception of women as leaders, increased personal capacity, and encouragement to seek opportunities for formal and informal leadership positions. Family and home responsibility, community pressure, and lack of support were identified as barriers faced by women in leadership or considering leadership positions. This program represents an effort to empower women to participate in social, cultural, and political life within their communities and obtain equitable political representation.


We examined sociodemographic influences on depression in Canadian Indigenous people living off-reserve and assessed for home care or potential long-term care admission. Data were from the Resident Assessment Instrument for Home Care (RAI-HC). We built multilevel linear models to predict depression scores from demographic and clinical information, and inter-item correlations for the depression scale were compared between ancestry groups. Findings indicate that the demographic risk factors for depression are similar for Indigenous and non-Indigenous adults. Clients of female sex, younger age, and lower educational attainment had higher depression scores, as did clients of poorer health status. Further investigation of the RAI’s use with Indigenous peoples is warranted. © 2013 Copyright Taylor and Francis Group, LLC.


ABSTRACT: The concept of therapeutic landscape is concerned with a holistic, socio-ecological model of health, but most studies have attempted to explore land-health links from a Western...

As with many Indigenous groups around the world, Aboriginal communities in Canada face significant challenges with trauma and substance use. The complexity of symptoms that accompany intergenerational trauma and substance use disorders represents major challenges in the treatment of both disorders. There appears to be an underutilization of substance use and mental health services, substantial client dropout rates, and an increase in HIV infections in Aboriginal communities in Canada. The aim of this paper is to explore and evaluate current literature on how traditional Aboriginal healing methods and the Western treatment model "Seeking Safety" could be blended to help Aboriginal peoples heal from intergenerational trauma and substance use disorders. A literature search was conducted using the keywords: intergenerational trauma, historical trauma, Seeking Safety, substance use, Two-Eyed Seeing, Aboriginal spirituality, and Aboriginal traditional healing. Through a literature review of Indigenous knowledge, most Indigenous scholars proposed that the wellness of an Aboriginal community can only be adequately measured from within an Indigenous knowledge framework that is holistic, inclusive, and respectful of the balance between the spiritual, emotional, physical, and social realms of life. Their findings indicate that treatment interventions must honour the historical context and history of Indigenous peoples. Furthermore, there appears to be strong evidence that strengthening cultural identity, community integration, and political empowerment can enhance and improve mental health and substance use disorders in Aboriginal populations. In addition, Seeking Safety was highlighted as a well-studied model with most populations, resulting in healing. The provided recommendations seek to improve the treatment and healing of Aboriginal peoples presenting with intergenerational trauma and addiction. Other recommendations include the input of qualitative and quantitative research as well as studies encouraging Aboriginal peoples to explore treatments that could specifically enhance health in their respective communities. © 2015 Marsh et al.; licensee BioMed Central.

Background: Fetal Alcohol Spectrum Disorder (FASD) has a significant impact on communities and systems such as health, education, justice and social services. FASD is a complex neurodevelopmental disorder that results in permanent disabilities and associated service needs that change across affected individuals' lifespans. There is a degree of interdependency among medical and non-medical providers across these systems that do not frequently meet or plan a coordinated continuum of care. Improving overall care integration will increase provider-specific and system capacity, satisfaction, quality of life and outcomes.

Methods: We conducted a consensus generating symposium comprised of 60 experts from different stakeholder groups: Allied & Mental Health, Education, First Nations & Métis Health, Advocates, Primary Care, Government Health Policy, Regional FASD Coordinators, Social Services, and Youth Justice. Research questions addressed barriers and solutions to integration across systems and group-specific and system-wide research priorities. Solutions and consensus on prioritized lists were generated by combining the Electronic Meeting System approach with a modified 'Nominal Group Technique'.

Results: FASD capacity (e.g., training, education, awareness) needs to be increased in both medical and non-medical providers. Outcomes and integration will be improved by implementing: multidisciplinary primary care group practice models, FASD system navigators/advocates, and patient centred medical homes. Electronic medical records that are accessible to multiple medical and non-medical providers are a key tool to enhancing integration and quality. Eligibility criteria for services are a main barrier to integration across systems. There is a need for culturally and community-specific approaches for First Nations communities.

Conclusions: There is a need to better integrate care for individuals and families living with FASD. Primary Care is well positioned to play a central and important role in facilitating and supporting increased integration. Research is needed to better address best practices (e.g., interventions, supports and programs) and long-term individual and family outcomes following a diagnosis of FASD. © 2015 Masotti et al.


The premise that "trauma" is transmitted across generations is central to the historical trauma discourse currently circulating in indigenous communities and professional networks in Canada. Historical trauma may be understood as the offspring of two older and apparently antithetical discourses: Native healing, and colonial professional critiques of indigenous family life. While the former has maintained a therapeutic focus on restoring intergenerational social relations, the latter has pathologized indigenous parenting and child-rearing practices. The emergence of historical trauma marks a global shift in the moral economy by which victimhood status, acquired through individual experiences of physical and especially sexual abuse, has come to wield greater currency than collective struggles against colonialism. Providers of contemporary indigenous healing programmes are drawing simultaneously on trauma discourse, which is seen to legitimate individual social suffering, and older therapeutic forms centred on sharing local social histories to restore intergenerational continuities and collective identity. But these invocations of historical trauma may continue the colonial discourse of mental health and social welfare professionals, who blamed indigenous parenting practices for children's social problems and failure to assimilate. Some contemporary mental health and child development professionals have invoked parents' and grandparents' transmission of historical trauma in ways which construct indigenous families as pathological, promote an oversimplified, universalizing understanding of Canadian colonialism, and divert attention from the contemporary continuation of colonial structures and relations. © The Author(s) 2014.


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In Canada, the Aboriginal community is most at risk for HIV infection. Aboriginal peoples have disproportionately high rates of violence, drug use, and challenging socioeconomic circumstances. All of this is related to a history of colonization that has left Aboriginal people vulnerable to HIV infection through unsafe sex, needle sharing, and lack of access to health promotion and education. Aboriginal women are at particular risk for HIV infection. They experience a disproportionate degree of trauma, which is associated with colonization, high rates of childhood sexual abuse, and illicit drug use. A history of trauma impacts on access to health care, uptake of antiretroviral therapy, and mortality and morbidity in people with HIV. We describe the case of a 52-year-old, HIV-infected Aboriginal woman. We review the current evidence related to her case, including colonization, intersectionality, post-traumatic stress disorder, depression, revictimization, and substance use. © 2014.


The purpose of this research was to examine what facilitates healing and recovery for Indigenous youth who are suicidal, from their point of view. This chapter, then, approached the issue of healing and recovery in a way that included the input of Indigenous youth themselves. Nwachuku and Ivey (1991), in their promotion of culture-specific counseling, argue that counseling research must first start with an exploration of the natural helping styles of a culture before developing theories and approaches for it. Researchers need to explore the insights and experiences of Indigenous youth in order to obtain information to determine the best way to facilitate healing for suicidal Indigenous youth. Furthermore, Duran et al. (2008) recommend that research in this context use research methods that match Indigenous ways of acquiring information. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(chapter)


Background: Suboptimal use of mental health services persists for Aboriginal and Torres Strait Islander peoples(1). Coupled with poorer life expectancy than other Australians, barriers to care have included poorly established partnership and communication among mental health services and Aboriginal peoples, and cultural insensitivity. As such, a goal of the Aboriginal mental health workforce is to engage their people and improve the social and emotional well-being of Aboriginal peoples. In 2013, the Northern Area Mental Health Service piloted a 0.8 full time equivalent position of an Aboriginal Mental Health Liaison Officer in an urban setting. Therefore, aims of this study were to describe the development of the role and stakeholder perceptions on how the role impacts on the typical journey of Aboriginal consumers engaging with mental health services. Meeting the aims may provide an exemplar for other mental health services.Methods: An illustrative case study using quantitative and qualitative data collection was undertaken. Descriptive statistics were computed to profile consumers and referral pathways. Thematic analysis was used to profile key stakeholder perceptions of the role.Results: The Aboriginal Mental Health Liaison Officer received 37 referrals over a 9 month period. The major source of referral was from an emergency department (49 %). Seventy-three percent of referrals by the Aboriginal mental health liaison officer at discharge were to community mental health teams. Thematic analysis of data on the development of the role resulted in two themes themes; (1) realisation of the need to improve accessibility and (2) advocating for change. The description of the role resulted in four themes; (1) the initiator: initiating access to the service, (2) the translator: brokering understanding among consumers and clinicians, (3) the networker: discharging to the community, and (4) the facilitator: providing cyclic continuity of care.Conclusions: The liaison component of the role was only a part of the multiple tasks the urban Aboriginal Mental Health Liaison Officer fulfils. As such, the role was positively described as influencing the lives of Aboriginal consumers and their families and improving engagement with
health professionals in the mental health service in question. ABSTRACT FROM AUTHOR; Copyright of BMC Public Health is the property of BioMed Central and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Aboriginal peoples are at greater risk of experiencing early life adversity relative to non-Aboriginal peoples in Canada, and as adults frequently experience high levels of discrimination that act as a further stressor. Although these factors appear to contribute to high rates of depressive disorders and suicidality in Aboriginal peoples, the psychosocial factors that contribute to the relationship between childhood adversity and the development of depressive symptoms have hardly been assessed in this group. The present investigation explored potential mediators to help explain the relation between childhood trauma and depressive symptoms among a sample of First Nations adults from across Canada. These mediated relationships were further examined in the context of unsupportive social interactions from ingroup and outgroup members. In Study 1, (N = 225), the relationship between childhood trauma and depression scores was mediated by perceived discrimination, and this was particularly notable in the presence of unsupportive relations with outgroup members. In Study 2, (N = 134) the relationship between childhood trauma and depressive symptoms was mediated by emotion-focused coping that was specific to coping with experiences of ethnic discrimination, and this mediated effect was moderated by both outgroup and ingroup unsupportive social interactions. Thus, it seems that experiences of discrimination and unsupport might contribute to depressive symptoms among First Nations adults who had experienced early life adverse events. © 2014 American Psychological Association.


We report on the incorporation of a North American aboriginal procedure called "the talking circle" into primary care in areas serving this population. Communication is regulated through the passing of a talking piece (an object of special meaning or symbolism to the circle facilitator, who is usually called the circle keeper). Twelve hundred people participated in talking circles in which 415 attended 4 sessions and completed pre- and postquestionnaires. Outcome measures included baseline and end Measure Your Medical Outcome Profile version 2 forms. Participation in at least 4 talking circles resulted in a statistically significant improvement in reported symptoms and overall quality of life (p < 0.001 and effect sizes ranging from 0.75 to 1.19). The talking circle is a useful tool to use with Native Americans. It may be useful as a means to reduce health care costs by providing other alternative settings to deal with stress-related and other life problems.


Aboriginal (meaning original peoples) North American mental health is acknowledged to be in a more precarious state than that of the dominant cultures. Disability arises from the conditions of poverty, homelessness, and lack of resources that are compounded for North American aboriginal people by the historical trauma of conquest, being placed on reservations, residential schools, and continued discrimination. We present culturally sensitive and syntonic intervention programs that can reduce the impact of Aboriginal mental disabilities and discuss the commonality among these programs of celebrating culture, language, and tradition. © 2015 Taylor & Francis Group, LLC.

Spiritual awakening is inherent to development in the second decade, as reflected not only in millennia of religious faith traditions and indigenous culture but also in recent genetic-twin and epidemiological studies. Developmentally concomitant with spiritual awakening is the window of onset for the most prevalent forms of adolescent suffering in post-industrial societies: depression and related substance abuse and risk taking. Over the past fifteen years, spirituality—a lived relationship with a Higher Power—has been found to be the most robust protective factor against depression known to medical and social sciences. The magnitude of the protective effect and its timing in adolescence raises the question of a singular process or shared biological substrate underlying spiritual awakening and onset of depression. Evidence for such a shared physiology comes from a recent magnetic resonance imaging (MRI) study suggesting that depression and spirituality in youth reveal "two sides of the same coin." (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)


Much of the literature about trauma has conceptualized trauma only as a personal and psychological issue (Herman, 1992). This paper is a departure from this as it attempts to shed light on trauma as a community process such as the complex community responses to the experience of pervasive and ongoing injurious acts. The authors, with assistance from a Social Sciences and Humanities Research Council standard research grant, interviewed participants who are involved in community practice in three marginalized communities within two Canadian urban centers: 1) gay, lesbian, bisexual, transgendered, transsexual, and queer people; 2) Aboriginal people; and 3) Salvadorian refugees to understand social disruption that results from marginalization based on identity. In this paper, we argue that such a disruption, trauma, is shared across communities even if experienced differentially. We found that the participants' experiences of trauma were expressed as both a personal and as a shared experience. Because of shared community identity, one did not have to experience the traumatic event personally to share in it. The participants of the research understood trauma to be deleterious and harmful but also allowed for an openness and affinity to others within their communities. Thus, trauma, while having serious negative impacts from its origins in social prejudice and mistreatment from outside the community, can also be seen as a basis for organization and resistance within marginalized diverse communities. © Common Ground, Ken Moffatt, Mirna E. Carranza, Bill Lee, Susan McGrath, Usha George.


Telemental health is the use of information and communications technologies and broadband networks to deliver mental health services and support wellness. Although numerous studies have demonstrated the efficiency and utility of telemental health, certain barriers may impede its implementation, including the attitudes of mental health service providers. The current study draws on the technology acceptance model (TAM) to understand the role of mental health service providers’ attitudes and perceptions of telemental health (psychotherapy delivered via videoconferencing) on their intention to use this technology with their patients. A sample of 205 broadly defined mental health service providers working on 32 First Nations reserves in the province of Quebec completed the questionnaire adapted to assess TAM for telespychotherapy. Confirmatory factor analysis and structural equation modeling provided evidence for the factor validity and reliability of the TAM in this sample. The key predictor of the intention to use telespsychotherapy was not mental health providers’ attitude toward telespsychotherapy, nor how much they expected this service to be complicated to use, but essentially how useful they expect it to be for their First Nations patients. If telemental health via videoconferencing is to be implemented in First Nations communities, it is essential to thoroughly demonstrate its utility to mental health providers. Perceived usefulness will have a positive impact on attitudes toward this technology, and perceived ease of use will positively influence perceived usefulness. Cultural issues specific to the populations receiving telemental health services may be more efficiently
addressed from the angle of perceived usefulness. ABSTRACT FROM PUBLISHER]; Copyright of Transcultural Psychiatry is the property of Sage Publications, Ltd. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


This article reports insights from a 4-day Gathering of Native American Healers at the University of Michigan in October of 2010. This event convened 18 traditional healers, clinically trained service providers, and cross-cultural mental health researchers for a structured group dialogue to advance professional knowledge about the integration of Indigenous healing practices and conventional mental health treatments in community-based mental health services for Native Americans. Our thematic analysis of transcripts from five Roundtable sessions afforded several key insights and understandings pertaining to the integration of Indigenous healing and conventional mental health services. First, with reference to traditional healing, the importance of a rampant relationality, various personal qualities, Indigenous spirituality, and maintenance of traditional life and culture were accentuated by Roundtable participants. Second, for traditional healers to practice effectively, Roundtable participants posited that these individuals must maintain personal wellness, cultivate profound knowledge of healing practices, recognize the intrinsic healing potential within all human beings, and work for the community rather than themselves. In speaking to the possibilities and challenges of collaboration between Indigenous and conventional biomedical therapeutic approaches, Roundtable participants recommended the implementation of cultural programming, the observance of mutuality and respect, the importance of clear and honest communication, and the need for awareness of cultural differences as unique challenges that must be collaboratively overcome. © 2015, Society for Community Research and Action.


This article is a documentary analysis of Inuit knowledge about suicide prevention which yields insights into how structural and cultural factors are essential to curbing suicide in marginalized populations. This study investigated the grey literature produced by Inuit community organizations and Inuit-led regional governments for Inuit understandings of suicide, its causes and prevention. Findings include that Inuit identify rapid colonization and its effects as the root of Inuit’s highest suicide rate of any group in Canada; that suicide cannot be viewed in isolation from socio-economic conditions; that restoring the cultural pride of Inuit is essential to mental well-being; and that Inuit have created suicide prevention models building on strengths, relationship skills building and engaging the community, particularly youth and elders. This article makes an important contribution to the academic literature and social work practice in documenting Inuit suicide prevention concepts as a complement to western models which focus on individual depression. © 2015 GAPS.


We examined individual, friend or family, and community or tribe correlates of suicidality in a representative on-reserve sample of First Nations adolescents. Data came from the 2002-2003 Manitoba First Nations Regional Longitudinal Health Survey of Youth. Interviews were conducted with adolescents aged 12 to 17 years (n=1125) from 23 First Nations communities in Manitoba. We used bivariate logistic regression analyses to examine the relationships between a range of factors and lifetime suicidality. We conducted sex-by-correlate interactions for each significant correlate at the bivariate level. A multivariate logistic regression analysis identified those correlates most strongly related to suicidality. We found several variables to be associated with
an increased likelihood of suicidality in the multivariate model, including being female, depressed mood, abuse or fear of abuse, a hospital stay, and substance use (adjusted odds ratio range=2.43-11.73). Perceived community caring was protective against suicidality (adjusted odds ratio=0.93; 95% confidence interval= 0.88, 0.97) in the same model. Results of this study may be important in informing First Nations and government policy related to the implementation of suicide prevention strategies in First Nations communities.


This article briefly outlines a program of research aimed at creating culturally and contextually relevant alcohol use early interventions for First Nations adolescents. We created a collaborative relationship with communities aimed at adapting established intervention approaches for use with First Nations adolescents. Employing a 4-stage method (see Mushquash, Comeau, McLeod, and Stewart, 2010), we tested Cooper’s (1994) motivational model of alcohol use (see Mushquash, Stewart, Comeau, & McGrath, 2008), personality-motive relationships (see Mushquash, Stewart, Mushquash, Comeau, & McGrath, 2013), and delivered a tailored, matched intervention (see Mushquash, Comeau, & Stewart, 2007). We found that this approach resulted in reductions in frequency of drinking, heavy episodic (i.e., binge) drinking, and negative alcohol-related consequences. This approach is one way in which researchers might collaborate with First Nation communities to develop interventions to address community-based priorities. Cet article présente sommairement un programme de recherche dont l’objectif est d’établir des interventions pour enrayer la consommation précoce d’alcool, qui sont adaptées à la culture et au contexte des adolescents des Premières Nations. Les auteurs ont établi une relation de collaboration avec les communautés afin d’adapter des approches d’intervention existantes destinées aux adolescents de Premières Nations. Ils ont utilisé une méthode en quatre temps (voir Mushquash, Comeau, McLeod & Stewart, 2010) pour tester le modèle motivationnel de consommation d’alcool de Cooper (1994; voir Mushquash, Stewart, Comeau & McGrath, 2008) et les relations personnalité - motivation ( voir Mushquash, Stewart, Mushquash, Comeau & McGrath, 2013), pour ensuite concevoir des interventions sur mesure correspondantes (voir Mushquash, Comeau & Stewart, 2007). Selon les auteurs, cette approche a permis de réduire la fréquence de la consommation, des beuveries express et des conséquences négatives associées à l’alcool. Elle constitue une façon dont les chercheurs pourraient collaborer avec les communautés des Premières Nations en vue d’établir des interventions qui correspondent aux priorités de ces dernières.


Rationale: The health effects of social integration have been extensively studied, yet the underlying dynamics of this relationship deserves more exploration. One of the important hypothesized pathways through which social integration affects health is psychological functioning, including a sense of belonging, personal control and generalized trust. Objective: Using a Canadian national survey, this study explored the effect of social integration on different health outcomes via psychological pathways, while incorporating network homophily as a predictor in the model. Methods: Five distinct demographic groups of Canadians (the Native-born Whites, Native-born visible minorities, the Aboriginal people, immigrant Whites and immigrant visible minorities) were compared on their social integration, psychological functioning, and health outcomes. Structural equation models tested the mediation effects of psychological pathways, and group differences were explored by adding interaction terms. Results: The study found that visible minority immigrants were least socially integrated, and the Aboriginal people had the poorest self-reported physical and mental health. Although the Aboriginal people had large networks and active network interactions, they showed stronger ethnic and linguistic homophily in their network formation than the two visible minority groups. Structural equation model results supported the mediated relationship between social integration and health via psychological pathways. A positive effect of friendship ethnic homophily on health was identified and explored. Conclusion: Policy makers may seek opportunities to create social environments that facilitate social interactions and formation of social ties and provide support for programs serving ethnic and immigrant groups. © 2016 Elsevier Ltd.

OBJECTIVES Present study aimed to develop indigenous Postpartum Depression Risk Factors Scale (PPDRFS) to assess the risk factors involved in the development of postpartum depression in women in Pakistan. Psychometric properties of the scale i.e., factorial validity and reliability were established. STUDY DESIGN Cross sectional PLACE & DURATION OF STUDY The study was conducted in different Gynecological departments of Public hospitals in Lahore, Pakistan.

SUBJECTS AND METHODS Total 64 items pool was generated with the help of 3 clinical psychologists and 10 pregnant and 10 women diagnosed with postpartum depression. Items were validated by 15 experts. For the empirical evaluation, a sample of 100 referred women diagnosed with postpartum depression with mean age of 27.31 (SD = 5.20) were recruited from different hospitals in Lahore, who were further screened out for postpartum depression symptoms by using Edinburgh Postnatal Depression Scale. RESULTS Factor analysis clustered total 46 items into nine factors that were labeled as "relationship with in-laws, lack of social support, pregnancy concerns, self-neuroticism, abortion history, difficulties during pregnancy, disturbed marital relations, problem coping, and history of depression". PPDRFS showed highly significant alpha reliability (α = .89) and for its sub-scales it ranged from .50-.90. CONCLUSION PPDRFS is a reliable tool to identify risk factors for post-partum depression in women in Pakistan. ABSTRACT FROM AUTHOR; Copyright of Journal of Pakistan Psychiatric Society is the property of Pakistan Psychiatric Society and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Neeganagwedgin, E. (2014). "They can't take our ancestors out of us": A brief historical account of Canada's residential school system, incarceration, institutionalized policies and legislations against indigenous peoples. Canadian Issues, 31-36.

Canada's colonial residential school system began officially in 1892, and many government officials and church leaders argued that assimilation of Indigenous peoples needed to start with the children. For example, in 1912 the Archbishop of St. Boniface asserted that Aboriginal people needed to be "caught young to be saved from what is on the whole the degenerating influence of their home environment" (RCAP 1996). The racist treatment of Aboriginal people through Canadian social policy had been framed from within pervasive colonial and assimilationist policies where it had been designed to achieve what Duncan Campbell Scott, the bureaucrat in charge of Canada's Indian policy, described as "the elimination of the Indian question." The forcible removal of Indigenous children from their homes was part of the government's plan and, in 1920, Scott revised the Indian Act to make attendance at residential school mandatory for all children up to 15 years of age (RCAP, 1996; Aboriginal Healing Foundation, 2003). Thus, it was through Aboriginal children that the Canadian government tried to achieve its objectives (Bennett et al, 2005: 9). The challenges which the residential school policies of extermination have imposed on Indigenous peoples are very complex. Cynthia Wesley-Esquimaux and Magdalena Smolewski (2004) point out how the residential schools introduced certain features to Indigenous communities, and those features have been passed on from generation to generation. These are spoken of collectively as the intergenerational legacy of the residential school system, and they are the consequences of the policy of forced assimilation. According to the RCAP (1996), "the very language in which the vision of residential schools systems was couched revealed what would have to be the essentially violent nature of the school system in its assault on child and culture." The basic premise of resocialization, of the great transformation from "savage" to "civilized," was violent. [Milloy] (2013) reinforced the point that there was savagery and violence in the very idea of residential school itself. Many people had their identity impacted, their parenting and cultures destroyed, and experienced trauma. Yet, the residential school is just one aspect of the government's assimilationist policy against Indigenous people. According to the Aboriginal Healing Foundation (2006: 11), it was a deliberate systemic effort to remove generations of Aboriginal children one by one from their family, community, language, culture and Aboriginal way of living and being in the world. According to the RCAP (1996), there are many reasons why assimilation policies have failed to eliminate the "Indian problem." However, the strength, commitment and courage of generations of Indigenous peoples in Canada played a
key role in preventing all Aboriginal peoples from being totally assimilated and disappearing into
the dominant Canadian society. As a friend poignantly stated, "They can't take our ancestors out
of us." During the Walk for Reconciliation on September 22, 2013, in British Columbia, civil rights
activist Bernice King reminded everyone, "This is no time for apathy or complacency." She added
that "we are tied in an inescapable network of mutuality, caught in a single garment of destiny
and what affects one person here in Canada - no matter their background - directly affects all
indirectly" (Canadian Press, 2013). In the words of one survivor who attended residential school
in Quebec, "I was never ashamed of being an Aboriginal person even if the residential school
almost succeeded. My ancestors gave me strength and patience. We must ensure that the things
that happened are remembered. I wonder if Canadians really want to hear the truth. There are
still those who deny the history of the residential schools" ([Grey] and Gros-Louis Monier, 2010:
6).

Aboriginal and Torres Strait Islander mental health practitioners propose alternative clinical
doi:10.1080/00207411.2015.1009748
The purpose of this article is to identify issues affecting the clinical supervision of the Aboriginal
and Torres Strait Islander mental healthcare workforce, and propose alternative supervision
models. Participatory Action Research (PAR) was the primary methodology used to elicit and
analyze the reflections of five Aboriginal counselors. The data highlighted a number of
inadequacies with current practices that typically lead to high levels of stress and burnout. We
recommend the implementation of alternative supervision models including the use of cultural
supervisors, and dual supervisors; and accessibility to consultation, supervision, and communities
of practice for remote workers through modern technologies. ABSTRACT FROM AUTHOR;
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Nesdole, R., MEd, Voigts, D., MEd, Lepnurm, Rein,MHA, PhD, & Roberts, Rose,BSn, PhD. (2014).
Reconceptualizing determinants of health: Barriers to improving the health status of first nations
Comparing the key determinants of health articulated by the Public Health Agency of Canada (the
Agency) with the spiritual and cultural knowledge systems of First Nations peoples, as expressed
by the Four Worlds International Institute for Human and Community Development (Four Worlds)
and their 14 determinants of well-being and health, reveals differing philosophical perspectives.
The key determinants of health can be interpreted as lacking a holistic and inclusive approach to
public health services. As a result, many public health programs in Canada marginalize, ignore
and suppress the needs of First Nations communities and people. Incorporating the Four Worlds
guiding principles and its 14 health determinants model within the context of Canadian public
health services geared towards First Nations populations provides the opportunity to develop a
deeper understanding of social determinants of health. Therefore, when implementing public
health initiatives to address the health status of First Nations people in Canada, it is important
that the Agency incorporate the guiding principles of the Four Worlds: Development Comes from
Within; No Vision, No Development; Individual and Community Transformations Must Go Hand in
Hand; and Holistic Learning is the Key to Deep and Lasting Change. Reconceptualizing the key
determinants of health to encompass the worldview expressed by the Four Worlds acknowledges
the cultural wisdom of First Nations people and offers the potential to develop more inclusive
public health services.

Neufeld, A. C. (2014). Transgender therapy, social justice, and the northern context: Challenges and
Opportunities/Thérapie transgenre, justice sociale, et le contexte nordique : Défis et

Suicide clusters are a rare and underresearched phenomenon which attract wide media attention and result in heightened concern in the communities where they occur. We conducted a systematic literature review covering the definition and epidemiology of the time-space clustering of suicidal behavior. Of the 890 articles identified by electronic searching, 82 were selected for inclusion and the extracted data were analyzed by narrative synthesis. Less than a third of studies included a definition of a suicide cluster, and definitions varied considerably. Clusters occurred in various settings, including psychiatric hospitals, schools, prisons, indigenous communities, and among the general population. Most clusters involved young people. The proportion of all episodes that occurred in clusters varied considerably between studies and partly

Newton, A. S., PhD, Rosychuk, R. J., PhD, Dong, Kathryn, MSc, MD, Curran, J., PhD, Slomp, M., MA, & McGrath, P. J., PhD. (2012). Emergency health care use and follow-up among sociodemographic groups of children who visit emergency departments for mental health crises. *Canadian Medical Association Journal, 184*(12), E665-74.

Previous studies of differences in mental health care associated with children's sociodemographic status have focused on access to community care. We examined differences associated with visits to the emergency department. We conducted a 6-year population-based cohort analysis using administrative databases of visits (n = 30,656) by children aged less than 18 years (n = 20,956) in Alberta. We measured differences in the number of visits by socioeconomic and First Nations status using directly standardized rates. We examined time to return to the emergency department using a Cox regression model, and we evaluated time to follow-up with a physician by physician type using a competing risks model. First Nations children aged 15-17 years had the highest rate of visits for girls (7047 per 100,000 children) and boys (5787 per 100,000 children); children in the same age group from families not receiving government subsidy had the lowest rates (girls: 2155 per 100,000 children; boys: 1323 per 100,000 children). First Nations children (hazard ratio [HR] 1.64; 95% confidence interval [CI] 1.30-2.05), and children from families receiving government subsidies (HR 1.60, 95% CI 1.30-1.98) had a higher risk of return to an emergency department for mental health care than other children. The longest median time to follow-up with a physician was among First Nations children (79 d; 95% CI 60-91 d); this status predicted longer time to a psychiatrist (HR 0.47, 95% CI 0.32-0.70). Age, sex, diagnosis and clinical acuity also explained post-crisis use of health care. More visits to the emergency department for mental health crises were made by First Nations children and children from families receiving a subsidy. Sociodemographics predicted risk of return to the emergency department and follow-up care with a physician.


Addressing low levels of social and emotional well-being (SEWB) in Indigenous communities has been a national strategic priority for over 10 years and yet progress in assessing the impact of interventions has been slow. One of the key factors limiting the development of evidence-based practice has been the lack of well-validated instruments to assess SEWB and how it changes over time as a result of intervention. This article systematically reviews available measures, classifying them in terms of the evidence base that exists to support their use. It is concluded that there is an ongoing need to develop psychometrically sound, comprehensive, culturally appropriate measures to operationalise Indigenous SEWB at a population health, programme evaluation, and clinical level. It is suggested that seven pathways be followed to achieve this goal, including the need to recognise that the gold standard status for Indigenous measurement tools cannot be ascribed based on evidence-based assessment criteria alone. ABSTRACT FROM AUTHOR; Copyright of Australian Psychologist is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)
depended on study methodology (e.g., a larger proportion was found in studies of specific clusters compared with general population studies). Future studies should aim to combine the statistical analysis of time-space clustering with a case study of events, which examines potential links between individuals and the wider environmental context. © 2014 The American Association of Suicidology.


A debate that took place in France in the early 20th century still has much to tell us about the interpretation and strategies of intervention of suicide, particularly the “cohort effect” of aboriginal youth suicide. The act of suicide, for Durkheim, was inseparable from the problem of social cohesion, with extremes in solidarity and regulation predictably reflected in high rates of suicide. For Gabriel Tarde, by contrast, suicide was seen as an outcome of changeable ideas found in processes of innovation and imitation among creatively receptive individuals. This latter approach remains overlooked in favor of a growing reliance on conceptions of historical trauma and conditions of social disintegration. Recognizing the idea of suicide itself as a potential locus of solidarity opens up other possibilities for responding to and intervening in suicide crises or “clusters.” (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)


Objective: We sought to evaluate a translation of anxiety-focused cognitive behavioral therapy (CBT) to a First Nations children’s mental health provider in rural Ontario and to enhance our understanding of CBT challenges and adaptations unique to the First Nations context. Methods: The study was conceptualized as a mixed methods sequential explanatory approach using a quasi-experimental (before and after) design with quantitative and qualitative components. Data were produced in two ways: questionnaires completed by therapists, parents and clients pre- and post-training, and through a focus group with therapists working with First Nations clients. Participants of this study were a subset of a larger knowledge translation study involving ten agencies, and comprised nine therapists (two males and seven females), and seven children (six males and one female) from a single First Nations agency. The mean age of children was 11.8 years (±2.71), comparable to children in other agencies. Results: First Nations therapists’ scores on a child CBT knowledge questionnaire post-training did not differ from those of therapists in other agencies when controlling for initial values, suggesting comparable training benefit. Children did not differ between groups on any key measures, and all key measures showed improvement from pre- to post-training. Four key themes emerged from therapist focus groups: client challenges, value of supervision, practice challenges, and Northern/rural/remote challenges. Conclusions: The study highlights the importance of delivering a culturally appropriate CBT program to First Nations populations in Northern Ontario, and provides preliminary evidence of its effectiveness. © 2015, Canadian Academy of Child and Adolescent Psychiatry. All right reserved.


Indigenous peoples the world over have and continue to experience the devastating effects of colonialism including loss of life, land, language, culture, and identity. Indigenous peoples suffer disproportionately across many health risk factors including an increased risk of substance use. We use the term “Big Event” to describe the historical trauma attributed to colonial policies as a potential pathway to explain the disparity in rates of substance use among many Indigenous populations. We present “Big Solutions” that have the potential to buffer the negative effects of the Big Event, including: (1) decolonizing strategies, (2) identity development, and (3) culturally adapted interventions. Study limitations are noted and future needed research is suggested. © 2015 Informa Healthcare USA, Inc.

Because administrative data typically do not contain Aboriginal identifiers, national unintentional injury hospitalization rates among Aboriginal children have not been reported. This study examines rates of unintentional injury hospitalization for children in areas with a high-percentage Aboriginal identity population. Data are from the Hospital Morbidity Database (2001/2002 to 2005/2006). Rates of unintentional injury hospitalization were calculated for 0- to 19-year-olds in census Dissemination Areas (DAs) where at least 33% of residents reported an Aboriginal identity. DAs were classified as high-percentage First Nations, Métis or Inuit identity based on the predominant group. Unintentional injury hospitalization rates of children and youth in high-percentage Aboriginal identity areas were at least double the rate for their contemporaries in low-percentage Aboriginal identity areas. Falls and land transportation were the most common causes of unintentional injury hospitalization, regardless of Aboriginal identity status, but disparities between rates for high- and low-percentage Aboriginal identity areas were often greatest for less frequent causes, such as fire, natural/environmental, and drowning/suffocation. The geographic areas where children live were associated with hospitalization rates for injury.


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INTRODUCTION: We used an exploratory sequential mixed methods approach to study the association between cultural continuity, self-determination, and diabetes prevalence in First Nations in Alberta, Canada. METHODS: We conducted a qualitative description where we interviewed 10 Cree and Blackfoot leaders (members of Chief and Council) from across the province to understand cultural continuity, self-determination, and their relationship to health and diabetes, in the Alberta First Nations context. Based on the qualitative findings, we then conducted a cross-sectional analysis using provincial administrative data and publically available data for 31 First Nations communities to quantitatively examine any relationship between cultural continuity and diabetes prevalence. RESULTS: Cultural continuity, or "being who we are", is foundational to health in successful First Nations. Self-determination, or "being a self-sufficient Nation", stems from cultural continuity and is seriously compromised in today’s Alberta Cree and Blackfoot Nations. Unfortunately, First Nations are in a continuous struggle with government policy. The intergenerational effects of colonization continue to impact the culture, which undermines the sense of self-determination, and contributes to diabetes and ill health. Crude diabetes prevalence varied dramatically among First Nations with values as low as 1.2% and as high as 18.3%. Those First Nations that appeared to have more cultural continuity (measured by traditional Indigenous language knowledge) had significantly lower diabetes prevalence after adjustment for socio-economic factors (p = 0.007). CONCLUSIONS: First Nations that have been better able to preserve their culture may be relatively protected from diabetes.

In settler-colonies such as Canada, Australia, New Zealand and the United States, the historical impacts of colonisation on the health, social, economic and cultural experiences of Indigenous peoples are well documented. However, despite being a commonly deployed trope, there has been scant attention paid to precisely how colonial processes contribute to contemporary disparities in health between indigenous and non-indigenous peoples in these nation-states. After considering pertinent issues in defining indigeneity, this paper focuses on operationalising colonisation as a driver of indigenous health, with reference to emerging concepts such as historical trauma. Conceptualisations of colonisation vis-à-vis health and their critiques are then examined alongside the role of racism as an intersecting and overlapping phenomenon. To conclude, approaches to understanding and explaining Indigenous disadvantage are considered alongside the potential of decolonisation, before exploring ramifications for the future of settler-indigenous relations. © 2016 Springer Science+Business Media Dordrecht


This study explored trends of sexual assault and associated risk factors within a cohort of young Aboriginal women who used drugs in Vancouver and Prince George, Canada, between 2003 and 2010. Results demonstrated no change in the trend of sexual assault over time; however, odds of sexual assault were significantly higher for women who had at least one parent who attended residential school, had experienced childhood sexual abuse, were involved in sex work, had been offered money to not use condoms, had used injection drugs, had injected cocaine and opiates daily, had binged with injection drugs, and had difficulty accessing clean syringes. Findings highlight the urgency of interventions addressing the complexity of risk and opportunities for healing. © The Author(s) 2015.


Objectives. To review the protective factors and causal mechanisms which promote and enhance Indigenous youth mental health in the Circumpolar North. Study design. A systematic literature review of peer-reviewed English-language research was conducted to systematically examine the protective factors and causal mechanisms which promote and enhance Indigenous youth mental health in the Circumpolar North. Methods. This review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, with elements of a realist review. From 160 records identified in the initial search of 3 databases, 15 met the inclusion criteria and were retained for full review. Data were extracted using a codebook to organize and synthesize relevant information from the articles. Results. More than 40 protective factors at the individual, family, and community levels were identified as enhancing Indigenous youth mental health. These included practicing and holding traditional knowledge and skills, the desire to be useful and to contribute meaningfully to one's community, having positive role models, and believing in one's self. Broadly, protective factors at the family and community levels were identified as positively creating and impacting one's social environment, which interacts with factors at the individual level to enhance resilience. An emphasis on the roles of cultural and land-based activities, history, and language, as well as on the importance of social and family supports, also emerged throughout the literature. Conclusions. Healthy communities and families foster and support youth who are resilient to mental health challenges and able to adapt and cope with multiple stressors, be they social, economic, or environmental. Creating opportunities and environments where youth can successfully navigate challenges and enhance their resilience can in turn contribute to fostering healthy Circumpolar communities. Looking at the role of new social media in the way youth communicate and interact is one way of understanding how to create such opportunities. Youth perspectives of mental health programmes are crucial to developing appropriate mental health support and meaningful engagement of youth can inform locally appropriate and culturally relevant mental health resources, programmes and community resilience strategies. © 2013 Joanna Petrasek MacDonald et al.

Although Aboriginal students encounter educational challenges, few post-secondary mentorship programs that facilitate positive educational and mental health outcomes within this population are described in the literature. This study describes the development and evaluation of a mentorship program for Aboriginal university students. Program development was informed by a literature review and needs assessment. Using a mixed-methods design, 12 Aboriginal students completed pre- and post-program measures of resilience and ethnic identity awareness. Post-program, improvements in social competence resiliency, other-group ethnic orientation, and school engagement were identified. Research and community stakeholders are encouraged to develop mentorship programs to improve the well-being of Aboriginal students. © 2015 Canadian Society for the Study of Education.

Background. Suicide is a serious public health challenge in circumpolar regions, especially among Indigenous youth. Indigenous communities, government agencies and health care providers are making concerted efforts to reduce the burden of suicide and strengthen protective factors for individuals, families and communities. The persistence of suicide has made it clear that more needs to be done. Objective. Our aim was to undertake a scoping review of the peer-reviewed literature on suicide prevention and interventions in Indigenous communities across the circumpolar north. Our objective was to determine the extent and types of interventions that have been reported during past decade. We want to use this knowledge to support community initiative and inform intervention development and evaluation. Design. We conducted a scoping review of online databases to identify studies published between 2004 and 2014. We included articles that described interventions in differentiated circumpolar Indigenous populations and provided evaluation data. We retained grey literature publications for comparative reference. Results. Our search identified 95 articles that focused on suicide in distinct circumpolar Indigenous populations; 19 articles discussed specific suicide-related interventions and 7 of these described program evaluation methods and results in detail. The majority of publications on specific interventions were found in North American countries. The majority of prevention or intervention documentation was found in supporting grey literature sources. Conclusion. Despite widespread concern about suicide in the circumpolar world and active community efforts to promote resilience and mental well-being, we found few recorded programs or initiatives documented in the peer-reviewed literature, and even fewer focusing specifically on youth intervention. The interventions described in the studies we found had diverse program designs and content, and used varied evaluation methods and outcomes. The studies we included consistently reported that it was important to use community-based and culturally guided interventions and evaluations. This article summarizes the current climate of Indigenous circumpolar suicide research in the context of intervention and highlights how intervention-based outcomes have largely remained outside of peer-reviewed sources in this region of the world. © 2015 Jennifer Redvers et al.

Sexual traumas, including sexual abuse and sexualized violence, remain substantially higher among Indigenous peoples in Canada than among non-Indigenous peoples. These trends are rooted in a colonial history that includes a deprivation of lands and culture, residential schooling, and other intergenerational traumas. Mental health sequelae following sexual traumas such as abuse and violence may include mood disorders, low self-worth, posttraumatic stress, and a range of issues related to anxiety. Perhaps unsurprisingly, Western mental health services are
typically underutilized by Indigenous peoples managing these issues. This article details a qualitative, community-based project undertaken in partnership with Anishnawbe Health Toronto that explores how Indigenous healing in the Anishnawbe tradition, alongside Western therapy services, can improve the mental health of Indigenous clients who have experienced sexual trauma. Findings detail themes related to loss and recovery from an Indigenous standpoint and emphasize the need for trauma-informed care, alongside culture-informed care, in order to meet the holistic mental health needs of these clients. The inclusion of traditional healing services offers a culturally appropriate pathway to recovery for Indigenous clients who are sexual trauma survivors. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

A key priority of the mental health strategy for Canada is to establish a coordinated continuum of mental wellness (mental health and substance use) services for and by First Nations, which include traditional, cultural, and mainstream approaches. This paper describes developments critical to informing the strategy and helping to create foundations for systems change at all levels with positive impacts being created in First Nations communities across Canada. Key lessons include the need to create mutually cooperative and respectful working relationships that will foster collaborative partnerships with First Nations in order to effect change in communities, and the use of culture as a foundation to create lasting and meaningful change.

Aboriginal people in Canada (First Nations, Inuit and Métis) have a lower health status compared to the Canadian population. There is a particular concern about the mental health and wellbeing of First Nations adolescents living on reserves. Interventions following principles of outdoor education and adventure therapy appear to be an appropriate fit for this population. These approaches have proven effective in non-Aboriginal populations, yet there is very little evidence on the efficacy of these types of program for Aboriginal adolescents. The primary purpose of this study was to evaluate the impact of an outdoor adventure leadership experience (OALE) on the resilience and wellbeing of First Nations adolescents from one reserve community. The secondary purposes were to explore whether this impact was sustainable, and whether there were any intervening factors that may have influenced the impact. The collaborative research team used a mixed-method design to evaluate the 10-day OALE for adolescents from Wikwemikong Unceded Indian Reserve in northern Ontario, Canada. The main outcome assessed was resilience, measured by self-report, using the 14-Item Resilience Scale (RS-14). Several other exploratory measures assessed other aspects of health and well-being. The questionnaire package was administered at three different time periods: (T1) one day before the OALE; (T2) one month after the OALE; and (T3) one year after the OALE. The Mental Component Score (MCS) of the SF-12v2 was used to confirm any changes in resilience. Open-ended questions were appended to the questionnaire at the 1-year point to identify any intervening factors that may have impacted any changes in resilience and wellbeing. The primary analysis compared mean RS-14 scores at T1 with those at T2. Responses to the open-ended questions were analyzed using content analysis. Over two summers (2009 and 2010), 73 youth 12-18 years of age from Wikwemikong participated in a standardized 10-day OALE program. This represented 15% of the on-reserve population of adolescents in this age range. Survey responses from 59 (80.8%) participants were available for analysis at T1, compared to 47 (64.4%) at T2 and 33 (45.2%) at T3. The mean RS-14 score was 73.65 at baseline, and this improved 3.40 points (p=0.011) between T1 and T2. However, the resilience scores at T3 (1 year post-OALE) had a mean of 74.19, indicating a return back to pre-OALE levels. The mean MCS score at T1 was 48.23 and it improved over the subsequent two time periods. Several intervening factors reported at T3 may have influenced the decrease in resilience scores from T2 to T3. These included changes in family living situation, death in the family, and other life stressors that occurred over the course of the year. Outcome scores from this study provide a unique glimpse into the self-reported health and wellbeing for adolescents within one First Nations community in Canada. The OALE program was beneficial in promoting resilience for adolescents in Wikwemikong over the short-term. Future studies are

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necessary to assess whether the OALE (or similar outdoor type interventions) are effective within other communities.


Indigenous voices are largely silent in the outdoor education and adventure therapy literature. The purpose of this research collaboration was to understand how a 10-day outdoor adventure leadership experience (OALE) may promote resilience and well-being for Indigenous youth through their participation in the program. The process was examined through a community-based participatory research project that sought insight from the perspectives of one First Nations community in Canada. The OALE was implemented with six different groups for a total of 43 youth participants (ages 11.9–18.7 years) from Wikwemikong Unceded Indian Reserve in northeastern Ontario. Field data were collected from multiple sources including participant interviews, journals, focus groups, and talking circles. Using a critical ethnographic lens, we analyzed the data inductively to understand how the OALE promoted resilience and well-being. We listened to Indigenous voices, adhered to principles of Indigenous coding for thematic content and respected Indigenous ways of knowing for interpreting results. The process of connecting to the Good Life (Anishinaabe Bimaadziwin) or waking up (nsidwaaswok) to the Good Life emerged as the dominant theme. Connecting to the Good Life may offer a simple yet compelling way to understand the net impact of the OALE. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(Journal abstract)


Multiple studies of homeless persons report an increased prevalence of a history in-care, but there is a dearth of information on associated outcomes or relevant demographic profiles. This information is critical to understanding if certain individuals are at elevated risk or might benefit from specific intervention. Here, we investigate how a history in-care relates to demographics and multiple outcome measures in a homeless population with mental illness. Using the Mini International Neuropsychiatric Interview (MINI), the Short-Form 12, and a trauma questionnaire, we investigated baseline differences in demographics and length of homelessness in the At Home/Chez Soi Trial (. N=. 504) Winnipeg homeless population with and without a history in-care. Approximately 50% of the homeless sample reported a history in-care. This group was significantly more likely to be young, female, married or cohabitating, of Aboriginal heritage, have less education, and have longer lifetime homelessness. Individuals of Aboriginal heritage with a history in-care were significantly more likely to report a familial history of residential school. Individuals with a history in-care experienced different prevalence rates of Axis 1 mental disorders. Those with a history in-care also reported significantly more traumatic events (particularly interpersonal). A distinctive high-risk profile emerged for individuals with a history in-care. Sociocultural factors of colonization and intergenerational transmission of trauma appear to be particularly relevant in the trajectories for individuals of Aboriginal heritage. Given the high prevalence of a history in-care, interventions and policy should reflect the specific vulnerability of this population, particularly in regards to trauma-informed services. © 2013 Elsevier Ltd.


Residential schools were the institutions, in operation from the 19th century to the late 20th century, which Indigenous children in Canada were forced to attend. The literature shows that many young people who attended these institutions were victims of neglect and abuse. Negative psychological effects resulting from child abuse have been amply documented. However, very few studies on this subject have been carried out among Canada's Indigenous Peoples. The objective of this study is to evaluate, for an Indigenous population in Quebec (Canada), the impact of residential schooling as well as self-reported experiences of sexual and physical abuse during childhood on the development of alcohol and drug use problems in adulthood. A total of 358
Indigenous participants were interviewed (164 men [45.8%] and 194 women [54.2%]). Alcoholism was evaluated using the Michigan Alcoholism Screening Test (MAST). Drug abuse was assessed with the Drug Abuse Screening Test-20 (DAST). Child abuse and residential schooling were assessed with dichotomous questions (yes/no). Among the participants, 28.5% (n= 102) had attended residential schools, 35.2% (n= 121) reported having experienced sexual abuse, and 34.1% (n= 117) reported having experienced physical abuse before adulthood. Results of the exact logistic regression analyses indicated that residential school attendance was linked to alcohol problems, while child abuse was related to drug use problems. The results of this study highlight the importance of considering the consequences of historical traumas related to residential schools to better understand the current situation of Indigenous Peoples in Canada. © 2015 Elsevier Ltd.

Roy, A. (2014). Intergenerational trauma and aboriginal women: Implications for mental health during pregnancy. First Peoples Child & Family Review, 9(1), 7-21. Intergenerational trauma (IGT) explains why populations subjected to long-term, mass trauma show a higher prevalence of disease even several generations after the original events. Residential schools and other legacies of colonization continue to impact Aboriginal populations, who have higher rates of mental health concerns. Poor maternal mental health during pregnancy can have serious health consequences for the mother, the baby, and the whole family; these include impacting the cognitive, emotional and behavioural development of children and youth. This paper has the following objectives: 1) To define intergenerational trauma and contextualize it in understanding the mental health of pregnant and parenting Aboriginal women; 2) To summarize individual-level and population-level approaches to promoting mental health, and examine their congruence with the needs of Aboriginal populations; 3) To discuss the importance of targeting IGT in both individual-level and population-level interventions for pregnant Aboriginal women. Various scholars have suggested that healing from IGT is best achieved through a combination of mainstream psychotherapies and culturally-entrenched healing practices, conducted in culturally safe settings. Pregnancy has been argued to be a particularly meaningful intervention point to break the cycle of IGT transmission. Given the importance of pregnant women’s mental health to both maternal and child health outcomes, including mental health trajectories for children and youth, it is clear that interventions, programs and services for pregnant Aboriginal women need to be designed to explicitly facilitate healing from IGT. In this regard, further empirical research on IGT and on healing are warranted, to permit an evidence-based approach.

Sam, J., Ghosh, H., & Richardson, C. G. (2015). Examining the relationship between attachment styles and resilience levels among aboriginal adolescents in canada. AlterNative: An International Journal of Indigenous Peoples, 11(3), 240-255. The history of colonization in Canada has a traumatic intergenerational impact on young Aboriginal people’s health, which is evidenced by the wide health disparities (Adelson, 2005; Health Council of Canada, 2012). However, extant research shows that, through resilience, many Aboriginal adolescents overcome adverse situations and develop into healthy adults (Andersson & Ledogar, 2008). Knowledge of the ways and extent to which Aboriginal youth seek support to cope with stressful events may be improved by examining the distribution of attachment styles and their relationship with resilience. The data (n = 136) used for this study were obtained from the British Columbia Adolescent Substance Use Survey. Findings indicate resiliency was significantly associated with attachment style (p < .01). The study findings provide support for tailoring resilience mental health promotion and intervention resources according to attachment style to foster long-term engagement in programming that helps Aboriginal youth live a healthy and holistically balanced life.

Background: Gatekeeper training aims to train people to recognize and identify those who are at risk for suicide and assist them in getting care. Applied Suicide Intervention Skills Training (ASIST), a form of gatekeeper training, has been implemented around the world without a controlled evaluation. We hypothesized that participants in 2 days of ASIST gatekeeper training would have increased knowledge and preparedness to help people with suicidal ideation in comparison to participants who received a 2-day Resilience Retreat that did not focus on suicide awareness and intervention skills (control condition). Methods: First Nations on reserve people in Northwestern Manitoba, aged 16 years and older, were recruited and randomized to two arms of the study. Self-reported measures were collected at three time points - immediately pre-, immediately post-, and 6 months post intervention. The primary outcome was the Suicide Intervention Response Inventory, a validated scale that assesses the capacity for individuals to intervene with suicidal behavior. Secondary outcomes included self-reported preparedness measures and gatekeeper behaviors. Results: In comparison with the Resilience Retreat (n = 24), ASIST training (n = 31) was not associated with a significant impact on all outcomes of the study based on intention-to-treat analysis. There was a trend toward an increase in suicidal ideation among those who participated in the ASIST in comparison to those who were in the Resilience Retreat. Conclusions: The lack of efficacy of ASIST in a First Nations on-reserve sample is concerning in the context of widespread policies in Canada on the use of gatekeeper training in suicide prevention. © 2013 Wiley Periodicals, Inc.


Introduction: Canada has the second highest per capita water consumption in the world. However, little is known about complex socio-economic and cultural dynamics of water insecurities in Indigenous communities and the multiple health consequences. Most studies have concentrated on a simplified interpretation of accessibility, availability and quality issues, including some common water-borne infections as the only health outcomes. Thus, several government initiatives on potable water supply, particularly for remotely located communities, have failed to sustain and promote a healthy lifestyle. The objective was to explore the water insecurity, coping strategies and associated health risks in a small and isolated sub-Arctic Indigenous (Inuit) community in Canada. Methods: The study was based on a community-based survey (2013) in one of the most remote Inuit communities of Labrador. In-depth, open-ended key informant (KI) interviews (community leader (1), woman (1), nurse (1), teacher (1), and elder (1)) and focus group discussions (FGDs) were conducted with community leaders (5), community members (25), women (5), and high school students (8). Convenience sampling was followed in selection of the subjects for FGDs and approached some KIs. All the water sources (five in April and seven in October) were visited and tested for their physical, chemical and microbiological parameters. The FGDs and KI interviews were audio recorded and transcribed. In the analysis, the data (qualitative and quantitative) were broadly categorized into (a) water sources, access and quality, (b) coping, (c) health risks and (d) challenges to run a public water system. Results: The community did not have any piped water supply. Their regular sources of water consisted of several unmonitored local streams, brooks, and ponds. The public water system was not affordable to the majority of community members who solely depended on government aid. Animal fecal contamination (in natural sources such as streams, brooks, and ponds) and the presence of disinfection by-products (in the public water system) were the major quality issues. Gastro-intestinal infections were the most common disease in the community. Per capita water consumption was less than one-third of the Canadian national average (274 L/day/person), severely compromising personal hygiene and water intake. High-sugar-content beverages were the most common alternative to lack of accessible and affordable potable water, particularly for children. Mental stress due to water insecurity and chronic back and shoulder
injuries due to carrying heavy water buckets every day were the commonly encountered adverse health outcomes. Conclusions: Water insecurity has put the community at risk of multiple serious adverse health outcomes. The scenario is not unique in Canada. There are many remote Indigenous communities facing similar kinds of water insecurity. © A Sarkar, M Hanrahan, A Hudson, 2015.


Objective: Connection to community has been identified as a protective factor in the experience of trauma, but many interventions have acted inadvertently to ignore or not account for the potential for disruption to connections within communities. We examine the role of community connectedness in relation to healing from individual and community experiences of trauma, drawing from culturally specific interventions that give a central role to connection. Key Points: Connection to community matters for those who have experienced trauma, yet many interventions do not build on or in some cases disrupt positive connections to community. This commentary examines Latino and American Indian/Alaska Native communities for examples of this disruption and how those communities have responded with culturally specific interventions to increase community connections. The mechanisms through which community connectedness operates in these examples include accountability, community norming, and belonging and identity. Conclusions: Researchers and practitioners must consider how interventions impact community connectedness, and increasing capacity for connection should be targeted in healing efforts. We suggest more theorizing on the mechanisms that potentially enable community connectedness to buffer the effects of trauma and implications for intervention. Community-informed efforts have the potential to be more effective and sustainable in reducing the impact of trauma on families and societies. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)


Urbanization among Indigenous peoples is growing globally. This has implications for the assertion of Indigenous rights in urban areas, as rights are largely tied to land bases that generally lie outside of urban areas. Through their impacts on the broader social determinants of health, the links between Indigenous rights and urbanization may be related to health. Focusing on a Canadian example, this study explores relationships between Indigenous rights and urbanization, and the ways in which they are implicated in the health of urban Indigenous peoples living in Toronto, Canada. In-depth interviews focused on conceptions of and access to Aboriginal rights in the city, and perceived links with health, were conducted with 36 Aboriginal people who had moved to Toronto from a rural/reserve area. Participants conceived of Aboriginal rights largely as the rights to specific services/benefits and to respect for Aboriginal cultures/identities. There was a widespread perception among participants that these rights are not respected in Canada, and that this is heightened when living in an urban area. Disrespect for Aboriginal rights was perceived to negatively impact health by way of social determinants of health (e.g., psychosocial health impacts of discrimination experienced in Toronto). The paper discusses the results in the context of policy implications and future areas of research. (PsycINFO Database Record (c) 2013 APA, all rights reserved)(journal abstract)

Shahram, S. (2016). The social determinants of substance use for aboriginal women: A systematic review. *Women and Health, 56*(2), 157-176. doi:10.1080/03630242.2015.1086466 ABSTRACT: Although women who use substances are often also facing severe economic and social problems, little is known about the relationship between social determinants of health and substance use among women. Furthermore, despite their increased visibility in substance use programs and policies in Canada, little is known about the social contexts of substance use among Aboriginal women. I systematically reviewed empirical research published from 1997
through March 2013 that examined the relationship between social determinants of health and substance use among Aboriginal women. Studies that were peer-reviewed, published in English, and had an abstract were included. Of an initial 261 studies, only sixteen studies met the inclusion criteria (fourteen quantitative, one qualitative, one mixed methods). The social determinants of health that were explored in these studies were socio-demographics factors, trauma, gender, social environments, colonialism, culture, and employment. The studies identified significant relationships between the social determinants of health and substance use among Aboriginal women. The almost exclusive use of quantitative methods and the prioritization of certain social determinants of health over others prevented a comprehensive and contextual understanding of substance use among Aboriginal women. Further research is needed to understand these significant relationships, particularly in relation to Aboriginal-specific determinants of health. © 2016 Taylor & Francis.


The level of educational attainment is increasingly being recognized as an important social determinant of health. While higher educational attainment can play a significant role in shaping employment opportunities, it can also increase the capacity for better decision making regarding one's health, and provide scope for increasing social and personal resources that are vital for physical and mental health. In today's highly globalized knowledge based society postsecondary education (PSE) is fast becoming a minimum requirement for securing employment that can afford young adults the economic, social and personal resources needed for better health. Canada ranks high among OECD countries in terms of advanced education, with 66% of Canadians having completed some form of postsecondary education. Yet youth from low income indigenous and visible minority (LIIVM) backgrounds continue to be poorly represented at PSE levels. The current study aimed to understand the reasons for this poor representation by examining the experiences of LIIVM students enrolled in a postsecondary program. Findings show that the challenges they faced during the course of their study had an adverse impact on their health and that improving representation of these students in PSE will require changes at many levels. © 2013 by the authors; licensee MDPI, Basel, Switzerland.


Indigenous peoples worldwide know from their histories and the stories of their Elders that the trauma their peoples have experienced has not been from one single event. It has instead been a culmination of cascading trials, burdens, and sufferings that were invoked through a hunger for land from our invaders. This hunger for territory, which included not only resources such as gold or oil or diamonds, but the people themselves, resulted in gross atrocities being committed against Indigenous peoples across the world over many centuries and generations. The legacy of traumatic experiences and oppression sustained through ongoing colonisation has ensured that the injury experienced has not been given an opportunity or space to heal. Grief and loss have been felt deeply and in ways people were not able to effectively deal with; instead, they had to fight just to survive. The legacy of this unacknowledged trauma and unresolved grief has resulted in its internalisation and festering of wounds which have been labelled as dysfunctional behaviours of the individual and collective sufferers. These labels have further injured those who are in agony and require support in that they become terms used to punish individuals and their families by dominant mainstream agencies. Using a mental health lens these behaviours necessitate supportive measures, and not incarceration or child removal. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)


Urban Indigenous peoples face a disproportionate burden of ill health compared to non-Indigenous populations, and experience more frequent geographic mobility. However, most of what is known about Indigenous health is limited to rural, northern, or in the case of Canada,
Racial discrimination is a social determinant of health for First Nations people. Cultural resilience has been regarded as a potentially positive resource for social outcomes. Using a compensatory model of resilience, this study sought to determine if cultural resilience (compensatory factor) neutralized or offset the detrimental effect of racial discrimination (social risk factor) on stress (outcome). Methods: Data were collected from October 2012 to February 2013 (N = 340) from adult members of the Kettle and Stony Point First Nation community in Ontario, Canada. The outcome was perceived stress; risk factor, racial discrimination; and compensatory factor, cultural resilience. Control variables included individual (education, sociability) and family (marital status, socioeconomic status) resilience resources and demographics (age and gender). The model was tested using sequential regression. Results: The risk factor, racial discrimination, increased stress across steps of the sequential model, while cultural resilience had an opposite modest effect on stress levels. In the final model with all variables, age and gender were significant, with the former having a negative effect on stress and women reporting higher levels of stress than males. Education, marital status, and socioeconomic status (household income) were not significant in the model. The model had $R^2 = 0.21$ and adjusted $R^2 = 0.18$ and semipartial correlation (squared) of 0.04 and 0.01 for racial discrimination and cultural resilience, respectively. Conclusions: In this study, cultural resilience compensated for the detrimental effect of racial discrimination on stress in a modest manner. These findings may support the development of programs and services fostering First Nations culture, pending further study.


**Objective:** Racial discrimination is a social determinant of health for First Nations people. Cultural resilience has been regarded as a potentially positive resource for social outcomes. Using a compensatory model of resilience, this study sought to determine if cultural resilience (compensatory factor) neutralized or offset the detrimental effect of racial discrimination (social risk factor) on stress (outcome). Methods: Data were collected from October 2012 to February 2013 (N = 340) from adult members of the Kettle and Stony Point First Nation community in Ontario, Canada. The outcome was perceived stress; risk factor, racial discrimination; and compensatory factor, cultural resilience. Control variables included individual (education, sociability) and family (marital status, socioeconomic status) resilience resources and demographics (age and gender). The model was tested using sequential regression. Results: The risk factor, racial discrimination, increased stress across steps of the sequential model, while cultural resilience had an opposite modest effect on stress levels. In the final model with all variables, age and gender were significant, with the former having a negative effect on stress and women reporting higher levels of stress than males. Education, marital status, and socioeconomic status (household income) were not significant in the model. The model had $R^2 = 0.21$ and adjusted $R^2 = 0.18$ and semipartial correlation (squared) of 0.04 and 0.01 for racial discrimination and cultural resilience, respectively. Conclusions: In this study, cultural resilience compensated for the detrimental effect of racial discrimination on stress in a modest manner. These findings may support the development of programs and services fostering First Nations culture, pending further study.
To date there have been no studies examining complicated grief (CG) in Aboriginal populations. Although this research gap exists, it can be hypothesized that Aboriginal populations may be at increased risk for CG, given a variety of factors, including increased rates of all-cause mortality and death by suicide. Aboriginal people also have a past history of multiple stressors resulting from the effects of colonization and forced assimilation, a significant example being residential school placement. This loss of culture and high rates of traumatic events may place Aboriginal individuals at increased risk for suicide, as well as CG resulting from traumatic loss and suicide bereavement. Studies are needed to examine CG in Aboriginal populations. These studies must include cooperation with Aboriginal communities to help identify risk factors for CG, understand the role of culture among these communities, and identify interventions to reduce poor health outcomes such as suicidal behavior. (English)


The purpose of this grounded theory study was to provide a framework for understanding the contemporary experience of First Nations grandparents. Fifteen respondents (N = 15) were selected from two demographically different Canadian cities. Seven of the grandparents lived with their child and a grandchild or grandchildren at the time of the interview; an additional four had lived with their grandchildren at some point prior to this investigation. Results revealed that First Nations grandparents had leveraged their own experiences of cultural disruption to reinvest in the cultural health and well-being of their grandchildren. One grandfather described this role as "walking the red road" which entailed a responsibility "to provide wisdom and ... protection." Identified benefits of rejuvenating traditions and grandparent involvement included cultural healing and joy. © 2013, Baywood Publishing Co., Inc.

Aboriginal suicidal behaviours in remote Australia present as very different phenomena to suicidal behaviours in mainstream Australian society. Multiple suicide threats and behaviours often appear to express ways of executing violence or retaliation, rather than the immediate wish to die. This may be a response to the lack of choices in the face of an historical context of intergenerational trauma, grief and loss. Aboriginal youth are grasping the possibility of death, and the threat of dying, as a violent means to gain control over their lives. This enactment of agency can give instant ‘power’ to those violent and vulnerable enough to use it. Using examples of such a suicidal crisis common within these communities, this paper argues that those who work within Australian Aboriginal communities need to better understand the continuing impacts of colonialism and inter-generational trauma and ‘decolonisation’. Further, the approach taken in providing services to communities may need to be adapted from the more orthodox approach of linear referral pathways. Understanding the importance of cultural context and place allows for a more dynamic and beneficial therapeutic relationship to be formed. It may also help to more effectively facilitate support for healthcare workers. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

The high rate of youth suicide in some First Nations villages of Northern Quebec is an important public health problem. Based on a six-year field study in three villages belonging to the Atikamekw and Anishinabe groups, this paper proposes changes in three areas of social policy that could contribute to prevention of youth suicide. These three areas are: youth protection, administration of justice, and housing. An argument is made first to adapt the youth protection law of Quebec and to give greater responsibility to communities in individual cases in order to prevent child placement outside the villages. Regarding the administration of justice, we suggest initiatives to encourage rapid prosecution of crimes on reserves and the adoption of an approach based on reconciliation between perpetrator and victim. Finally, we indicate how housing measures could help safeguard children's wellbeing given that overcrowding can contribute to suicide. The discussion also proposes that these three key changes in social policy could be relevant in other Aboriginal communities both within and outside of Quebec. © 2013 Elsevier Ltd.


Little is known about the performance of outcome instruments with consumers of different cultural backgrounds. We report a study of using routine outcome measures with Indigenous adult mental health consumers, whereby mental health clinicians used two leading Australian measures with consumers who self-identified as Indigenous. Mean scores on most items were different from the predominantly non-Indigenous national averages; some, particularly those assessing accommodation and occupation, were worse while others (those assessing depression) were better. Scores were consistently worse when more informants were involved in the assessment. A set of good practice principles for the use of standardized measures with Indigenous consumers was developed. They recommend using informants whenever possible, ratings should objectively reflect underlying disadvantage and behaviours that are not sanctioned or accepted within the local culture, but not phenomena that are socially or culturally accepted. Despite the advice and training, most assessments did not involve additional informants. The (mainly non-Indigenous) clinicians mostly indicated no additional difficulty in using the outcome measures with the Indigenous consumers, although clinicians reported greater difficulty in completing them when additional informants were present. In 52% of assessments, clinicians felt that the scales reflected the consumer's problems reasonably, and in 22%, well. Perceived validity was positively associated with consumer engagement. The study provides qualified support for the practice of using the HoNOS and LSP for routine outcome assessment with Indigenous consumers. The main provisos are that clinicians need to maximize the engagement of consumers and try to ensure involvement of additional informants to reduce the chances of invalid assessments. ABSTRACT FROM AUTHOR; Copyright of Advances in Mental Health is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Objective: Recent research has indicated that historical loss may play an important role in the experience of depression symptoms in American Indian/Alaska Native people. Increased frequency of historical loss thinking has been related to symptoms of depression and other pervasive psychological outcomes (i.e., substance abuse) in American Indian and Canadian First Nations communities. The current study investigated how aspects of ethnic minority experience relate to the incidence of historical loss thinking and symptoms of depression in American Indian adults. Method: Data are presented from 123 self-identified American Indian college students (ages 18-25, 67.50% female) who participated in the study in return for course credit and/or entrance into a raffle for gift cards. Participants completed the Adolescent Historical Loss Scale (AHLS), Scale of Ethnic Experiences (SEE), and the Center for Epidemiologic Studies-Depression Scale (CES-D). Indirect effects of ethnic experience on symptoms of depression through historical loss thinking were calculated with nonparametric bootstrapping procedures. Results and
Conclusions: Results indicated that a strong ethnic identification, desire to predominantly socialize with other American Indians, and perceptions of discrimination were associated with increased historical loss thinking. Feelings of comfort and assimilation with the mainstream American culture were negatively related to historical loss thinking. Only perception of discrimination was directly related to symptoms of depression; however, ethnic identification and the preference to predominantly socialize with other American Indians were both indirectly related to elevated depressive symptoms through increased historical loss thinking. The clinical implications for these results are discussed. (PsycINFO Database Record © 2015 APA, all rights reserved).


Arctic peoples today find themselves on the front line of rapid environmental change brought about by globalizing forces, shifting climates, and destabilizing physical conditions. The weather is not the only thing undergoing rapid change here. Social climates are intrinsically connected to physical climates, and changes within each have profound effects on the daily life, health, and well-being of circumpolar indigenous peoples. This paper describes a collaborative effort between university researchers and community members from five indigenous communities in the circumpolar north aimed at comparing the experiences of indigenous Arctic youth in order to come up with a shared model of indigenous youth resilience. The discussion introduces a sliding scale model that emerged from the comparative data analysis. It illustrates how a “sliding scale” of resilience captures the inherent dynamism of youth strategies for “doing well” and what forces represent positive and negative influences that slide towards either personal and communal resilience or vulnerability. The model of the sliding scale is designed to reflect the contingency and interdependence of resilience and vulnerability and their fluctuations between lowest and highest points based on timing, local situation, larger context, and meaning. (PsycINFO Database Record © 2014 APA, all rights reserved)(journal abstract)

Introduction: This study examines the delivery of psychiatric consultation services using videoconferencing technology to health and mental health workers in the Nunavut territory of Canada. The research provides insights into the TeleLink Mental Health Program and the delivery of professional-to-professional program consultations and continuing education seminars. Methods: Participant observation of 12 program consultations and four continuing education sessions was conducted. Individual interviews were conducted with the consulting psychiatrist and the lead program coordinator in Nunavut. As well, a focus group was held with Nunavut workers who participated in the televideo sessions. Results: The study found a number of factors that facilitated or hindered the process and content of a consultation-based telepsychiatry program and its effect on building capacity among frontline staff. Four main themes emerged related to the delivery of psychiatric services via televideo: gaining access, ensuring culturally appropriate services, providing relevant continuing education, and offering stable and confidential technology. Conclusions: Live interactive videoconferencing technology is an innovative and effective way of delivering specialized mental health services to professionals working in remote areas of Nunavut. Study results provide important strategies for expanding this approach to other jurisdictions in Nunavut and other Inuit regions. © T Volpe, KM Boydell, A Pignatiello, 2014.

What can an exploration of contemporary Aboriginal healing programs such as those offered in Canadian prisons and urban clinics tell us about the importance of history in understanding social and psychological pathology, and more significantly the salience of the concept of “historical trauma”? The form of Aboriginal “healing” that has emerged in recent decades to become


As part of the National Action Alliance for Suicide Prevention's American Indian and Alaska Native (AI/AN) Task Force, a multidisciplinary group of AI/AN suicide research experts convened to outline pressing issues related to this subfield of suicidology. Suicide disproportionately affects Indigenous peoples, and remote Indigenous communities can offer vital and unique insights with relevance to other rural and marginalized groups. Outcomes from this meeting include identifying the central challenges impeding progress in this subfield and a description of promising research directions to yield practical results. These proposed directions expand the alliance's prioritized research agenda and offer pathways to advance the field of suicide research in Indigenous communities and beyond.


It is critical to develop practical, effective, ecological, and decolonizing approaches to indigenous suicide prevention and health promotion for the North American communities. The youth suicide rates in predominantly indigenous small, rural, and remote Northern communities are unacceptably high. This health disparity, however, is fairly recent, occurring over the last 50 to 100 years as communities experienced forced social, economic, and political change and intergenerational trauma. These conditions increase suicide risk and can reduce people’s access to shared protective factors and processes. In this context, it is imperative that suicide prevention includes-at its heart-decolonization, while also utilizing the "best practices" from research to effectively address the issue from multiple levels. This article describes such an approach: Promoting Community Conversations About Research to End Suicide (PC CARES). PC CARES uses popular education strategies to build a "community of practice" among local and regional service providers, friends, and families that fosters personal and collective learning about suicide prevention in order to spur practical action on multiple levels to prevent suicide and promote health. This article will discuss the theoretical underpinnings of the community intervention and describe the form that PC CARES takes to structure ongoing dialogue, learning, solidarity, and multilevel mobilization for suicide prevention. © The Author(s) 2016.


The need for effective youth suicide prevention is uncontested, and is particularly urgent for Indigenous populations. The Indigenous youth suicide rates in some North American communities can be 18 times greater than for other young people. Despite the clear need, evidence in support of Indigenous youth suicide prevention strategies remain mixed. The most common approach to youth suicide prevention – gatekeeper training – may have limited effects in Indigenous communities. Based on recent work undertaken with Indigenous leaders in rural Alaska, we describe culturally grounded, practical alternatives that may be more effective for Indigenous communities. We highlight the ways in which research informed, grassroots interventions can address cultural, practical and systemic issues that are relevant when addressing risks for suicide on a community level. Built on a transactional-ecological framework that gives consideration to local contexts, culture-centric narratives and the multiple, interacting conditions of suicide, the innovative approach described here emphasizes community and cultural protective factors in Indigenous communities, and extends typical suicide prevention initiatives in ways that have important implications for other ethnically diverse communities. © 2014, © 2014 Taylor & Francis.


Indigenous communities have significantly higher rates of suicide than non-Native communities in North America. Prevention and intervention efforts have failed to redress this disparity. One explanation is that these efforts are culturally incongruent for Native communities. Four prevalent
assumptions that underpin professional suicide prevention may conflict with local indigenous understandings about suicide. Our experiences in indigenous communities led us to question assumptions that are routinely endorsed and promoted in suicide prevention programs and interventions. By raising questions about the universal relevance of these assumptions, we hope to stimulate exchange and inquiry into the character of this devastating public health challenge and to aid the development of culturally appropriate interventions in cross-cultural contexts. [PUBLICATION ABSTRACT]


Objective: Our objective was to investigate change in prevalence rates for mental and substance abuse disorders between early adolescence and young adulthood in a cohort of indigenous adolescents who participated in an 8-year panel study. Method: The data are from a lagged, sequential study of 671 indigenous adolescents (Wave 1) from a single culture in the Northern Midwest USA and Canada. At Wave 1 (mean age 11.3 years), Wave 4 (mean age 14.3 years), Wave 6 (mean age 16.2 years), and at Wave 8 (mean age 18.3 years) the tribally enrolled adolescents completed a computer-assisted personal interview that included DISC-R assessment for 11 diagnoses. Our yearly retention rates by diagnostic wave were: Wave 2, 94.7 %; Wave 4, 87.7 %; Wave 6, 88.0 %; Wave 8, 78.5 %. Results: The findings show a dramatic increase in lifetime prevalence rates for substance use disorders. By young adulthood, over half had met criteria of substance abuse or dependence disorder. Also at young adulthood, 58.2 % had met lifetime criteria of a single substance use or mental disorder and 37.2 % for two or more substance use or mental disorders. The results are compared to other indigenous diagnostic studies and to the general population. Conclusions: A mental health crisis exists within the indigenous populations that participated in this study. Innovations within current mental health service systems are needed to address the unmet demand of adolescents and families. © 2014 Springer-Verlag Berlin Heidelberg.


This volume explores the first four waves of a longitudinal diagnostic study of Indigenous adolescents and their families. The first study of its kind, it calls attention to culturally specific risk factors that affect Indigenous (American Indian and Canadian First Nations) adolescent development and describe the historical and social contexts in which Indigenous adolescents come of age. It provides unique information on ethical research and development within Indigenous communities, psychiatric diagnosis at early and mid-adolescence, and suggestions for putting the findings into action through empirically based interventions. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(book)


Background: Indigenous young people are disproportionately exposed to risk factors for poor mental health. Methodologically rigorous research will be critical in the development and evaluation of prevention and treatment programs. Research examining the mental health of Indigenous young people may have been undermined by poor measurement. The extent to which research has used measures with adequate psychometrics is unknown. Methods: MEDLINE, PsychINFO and PUBMED databases, were systematically searched to identify papers published between 1998-2008 measuring the mental health of Indigenous young people from Australia, Canada, New Zealand or the US. Data extracted included type of mental health instrument, psychometric analyses reported and results. Results: Fifty-four relevant studies were identified. Seventy-nine mental health instruments were used, and 18% were bespoke. Only 14% of instruments had been validated for the relevant Indigenous population. Few studies reported assessment of the reliability or validity of instruments. Data about both the reliability and validity of 10 measures were reported. None of the measures met the standards set by the review.
Evidence of at least one type of reliability and validity was demonstrated for six measures. Conclusions: From 1998-2008 few studies of mental health in Indigenous young people used measurement instruments with previously determined reliability and validity. © The Author(s) 2013.


We addressed the positive and negative factors that influence the health and wellness of urban Aboriginal youths in Canada and ways of restoring, promoting, and maintaining the health and wellness of this population. Fifty-three in-service professionals, care providers, and stakeholders participated in this study in which we employed the Glaserian grounded theory approach. We identified perceived positive and negative factors. Participants suggested 5 approaches—(1) youth based and youth driven, (2) community based and community driven, (3) culturally appropriate, (4) enabling and empowering, and (5) sustainable—as well as some practical strategies for the development and implementation of programs. We have provided empirical knowledge about barriers to and opportunities for improving health and wellness among urban Aboriginal youths in Canada.


Background: Aboriginal children experience challenges to their health and well-being, yet also have unique strengths. It has been difficult to accurately assess their health outcomes due to the lack of culturally relevant measures. The Aboriginal Children's Health and Well-Being Measure (ACHWM) was developed to address this gap. This paper describes the validity of the new measure. Methods: We recruited First Nations children from one First Nation reserve in Canada. Participants were asked to complete the ACHWM independently using a computer tablet. Participants also completed the PedsQL. The ACHWM total score and 4 Quadrant scores were expected to have a moderate correlation of between 0.4 and 0.6 with the parallel PedsQL total score, domains (scale scores), and summary scores. Results: Paired ACHWM and PedsQL scores were available for 48 participants. They had a mean age of 14.6 (range of 7 to 19) years and 60.4 % were girls. The Pearson's correlation between the total ACHWM score and a total PedsQL aggregate score was 0.52 (p = 0.0001). The correlations with the Physical Health Summary Scores and the Psychosocial Health Summary Scores were slightly lower range (r = 0.35 p = 0.016; and r = 0.51 p = 0.0002 respectively) and approached the expected range. The ACHWM Quadrant scores were moderately correlated with the parallel PedsQL domains ranging from r = 0.45 to r = 0.64 (p ≤ 0.001). The Spiritual Quadrant of the ACHWM did not have a parallel domain in the PedsQL. Conclusions: These results establish the validity of the ACHWM. The children gave this measure an Ojibway name, Aaniish Naa Gegii, meaning "how are you?". This measure is now ready for implementation, and will contribute to a better understanding of the health of Aboriginal children. © 2015 Young et al.


This extended editorial introduces the Special Issue on Suicide and Resilience in Circumpolar Regions, the results of the knowledge synthesis project by an international research team funded by the Canadian Institutes of Health Research and endorsed by the Arctic Council. It focuses on the extent and magnitude of the problem of suicidal behaviours and thoughts from a circumpolar perspective – the variation across Arctic States and their northern regions, the excess risk among some indigenous groups and their demographic characteristics. Much remains to be learned about the design and implementation of youth-focused intervention programmes, especially in a circumpolar comparative framework. © 2015 T. Kue Young et al.