

Telling Stories of Resistance – Calling to Ancestral Strength: An Exploration of Mental Health  
Support Service Access and Adequacy for Indigenous Mothers in Manitoba

by

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# TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

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**Abstract**

**Background.** Indigenous mothers in Canada experience disproportionate adversity related to mental health with increased risk of anxiety and depression (Black et al., 2019; Owais et al., 2020). The mental health disparity between Indigenous and non-Indigenous mothers reveals the need to provide mental health support services that are culturally aligned and meet the specific needs of this community. A subset of Indigenous identifying individuals who participated in a family mental health program for mothers of young children were contacted and invited to participate in an individual interview to share their experiences and provide their perspectives on mental health support service seeking. **Research Objective and Questions.** The aim of this study was to build knowledge surrounding the experiences of Indigenous mothers with mental health support service seeking and participation to inform improvements in mental health programming. This objective was framed around two central research questions. **1.** What are the experiences and motivations of Indigenous mothers seeking and participating in mental health programs starting in the perinatal period? **2.** How can improvements be made to existing programs? **Methods.** To lead this study in a culturally appropriate and collaborative way, the first author hosted a meet and greet gathering aimed at developing relationships and fostering a sense of community. The research team conducted seven virtual interviews with individual participants. Data was analyzed using a narrative and interpretive meaning making approach, situating results within social, cultural, kinship, and individual contexts. **Results.** Findings illustrated key storylines across sub-samples of Anishinaabe (n=3) and Métis (n=4) participants. Core storylines within reflections of Anishinaabe narrators included (1) *Taking Care of Me to Take Care of Them (Cycle Breaking)*, (2) *Honouring the Child Within (Stories of Courage and*

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*Perseverance*), (3) *Seeking Connection (Exploring Cultural Identity)*, (4) *Looking at the Bigger Picture (Wholistic Wellness)*, and (5) *Systemic Oppression (Stories of Barriers, Protection, and Survival)*. Core storylines from Métis narrators included (1) *Indigenous Enough (Stories of Connection and Disconnection)*, (2) *Wearing Many Hats (Navigating Roles and Identities within Motherhood)*, (3) *Healing the Self (Stories of Coping and Maintaining Individuality)*, and (4) *Systems Navigation (Stories of Perseverance and Exhaustion)*. Within the stories shared by participants across sub-samples, key recommendations for program improvement were made including offering weekly hybrid program sessions, integrating traditional teachings from Elders into program content, providing childcare for children of participants, implementing mandatory cultural sensitivity training for facilitators, offering free programming, and increasing opportunities for relationship building among participants. Several recommendations diverged across sub-samples including ensuring that program facilitators identify as Indigenous as noted in the Anishinaabe sub-sample exclusively. Further, providing systems navigation support for participants, separating program attendees by Nation, narrowing the age-range of children of participants, offering continued care post-program, and providing individual mental health services for mothers were recommendations unique to the Métis sub-sample. **Discussion.** Results highlight the value of relationality in the wellbeing of Indigenous mothers, as well as the importance of culturally responsive and trauma informed care in program delivery. This research will offer guidance for future studies and service providers aiming to incorporate Indigenous perspectives into program development and implementation. Findings may be used to create novel, culturally appropriate interventions to support Indigenous women and families.

Keywords: Indigenous, perinatal, mental health, service, adequacy

### **Positionality Statements**

#### **Sydney Levasseur-Puhach (First Author)**

My name is Sydney Levasseur-Puhach, and I am a graduate student in the Clinical Psychology program at the University of Manitoba. I was born in raised in Winnipeg, Manitoba and am a member of Sandy Bay First Nation on Treaty 1 Territory. I hold both Anishinaabe and settler ancestry. I am a proud Sundancer and am committed to connecting to my Anishinaabe culture through traditional ceremonial practices. I am a Co-Chair on the Board of Directors for the Indigenous-led non-profit organization Ka Ni Kanichihk with which I have been involved since 2017. My personal values and experiences inform my research interests in the wellbeing of Indigenous youth, women, and families, decolonizing the practice of psychology, understanding wholistic wellbeing, and the incorporation of traditional healing approaches into mental health treatments. I have experience in program evaluation, Indigenous advisory committee assembly and collaboration, culturally aligned wellness assessment development and piloting, and multi-organization partnerships. Co-development, advisory, and mentorship are processes that characterize my research style in striving toward best practice in respectful research with Indigenous people. I strongly believe that a central cause of mental health and wellness disparities among Indigenous Peoples is due to past and current systemic practices targeted toward the subordination of Indigenous Peoples. We are not broken, the systems within which we live are broken. Systems change, however, is an arduous and slow process. I endeavor to contribute to community-led efforts of dismantling and restructuring oppressive systems. I am also focused on understanding how the field of psychology can be improved to meet the needs of Indigenous people seeking support in living well according to individual and community values.

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### **Brooklyn Toderan (Research Assistant)**

My name is Brooklyn Toderan, and I am first the eldest daughter of three children. My tenacious parents who have molded me into the young adult I am today are Candace and Warren Toderan. They have displayed adversity, resilience, patience, passion, commitment, and above all else an unconditional love for each other and those around them, teaching strong familial values which resonate with me to this day. Throughout my childhood development, my parents' dedication to our family, our residence in a small, tight-knit community of Riverton, Manitoba, and my crucial role as an older sibling has all encouraged my academic career assessing and assisting youth who could benefit from psychological supports.

I am currently an Undergraduate student at the University of Manitoba, pursuing a Bachelor of Arts with Honours in Psychology. After completion of my degree program in Spring of 2025, I plan to attend Grad school and obtain my Master's in School Psychology. It is a goal of mine to assist Indigenous youth in the education field specializing in developmental and mental health assessments. I embody a Métis identity and am passionate about my Indigenous heritage. With my Psychology background I am determined to prioritize the mental wellbeing of Indigenous youth, women, and families through culture in collaboration with mental health treatments. My research interests for my undergraduate thesis will focus on identifying barriers discovered by Indigenous post-secondary students through narrative analysis as they attend university for their first time. I have experience as a research assistant, completing tasks such as data compilation, note-taking, language translations, and coding mother and child interactions. I am also a member of the Indigenous advisor committee and have assisted Sydney Levasseur-Puhach with research projects investigating mental health service accessibility for Indigenous mothers and striving to improve mental health care in First Nations communities in Manitoba.

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### **Morgan Hanson-Oliveira (Research Assistant)**

My name is Morgan Hanson-Oliveira, and I am an Honours Psychology student in the Faculty of Arts at the University of Manitoba. I am currently completing my second degree, having graduated in 2019 with a Bachelor of Arts, double majoring in Women's and Gender Studies and Indigenous Studies. I am of Red River Métis and Portuguese descent, born in Hudson Bay, Saskatchewan, and raised in Thompson, Manitoba. I have ancestral ties to the Turtle Mountain Indian Reserve in North Dakota and to St. Francis Xavier, Manitoba.

I maintain a strong connection to my cultural identity through my community involvement, where I have learned extensively about my Métis heritage from both my biological and chosen communities. My future plans include obtaining my Master's and PhD in Clinical Psychology at the University of Manitoba, with the intention of returning to northern Manitoba to provide mental health and therapy services to Thompson and surrounding communities. My research interests encompass mental health service accessibility, primarily within northern rural and remote communities, as well as Indigenous family, child, and youth well-being. Additionally, I have a profound passion for social justice advocacy and aim to ensure that the research I am involved in includes Indigenous rights advocacy both in research and within the healthcare system.

I have experience in community engagement and knowledge translation, and my current research utilizes qualitative methods, primarily focusing on narrative and thematic analyses. Furthermore, I am a member of an Indigenous Community Advisory Board, which was established to ensure that psychological research involving Indigenous practices and communities is conducted respectfully and ethically. Much of the work I undertake is heart work, as it holds significant personal importance to me.

**Mental Health Support Service Accessibility and Adequacy for Indigenous Mothers in  
Manitoba**

**The Issue**

Impacts of colonialism and systemic oppression including the Residential School System, the 60s Scoop, and harmful practices within the Child and Family Services system have been found to correlate with poorer wellness outcomes for Indigenous people (Gone et al., 2019; Matheson et al., 2022; Mitchell, 2019). This compounded historical trauma, coupled with ongoing oppression have resulted in significant mental health-specific wellness impacts to this population (McKinley et al., 2020). Suicide, depression, anxiety, and post-traumatic stress disorder, (PTSD) are highly prevalent in Indigenous communities within Canada and globally (Nelson & Wilson, 2017; Pollock et al., 2018). Researchers have directly linked poor mental health outcomes with internalized racism and oppression (Gale et al., 2020). When contrasting the mental health of Indigenous women compared with Indigenous men in Canada, some studies reveal that Indigenous women more-so than men have a greater likelihood of suffering from PTSD, suicidality, anxiety and depression and others report fewer gender-based differences in the mental health of Indigenous people (Bingham et al., 2019; Levesque & Quesnel-Vallee, 2019). The experience of motherhood involves numerous joys as well as challenges and can result in mental health difficulties to which women are particularly vulnerable in the perinatal period (O'Brien et al., 2023; Miller et al., 2024). Perinatal mental health challenges disproportionately impact racialized mothers, particularly Indigenous mothers (Meredith et al., 2023; Miller et al., 2024). Considering Indigenous motherhood specifically, a systematic review conducted in Canada revealed that Indigenous women had 87% greater likelihood of developing postpartum depression compared to non-Indigenous women (Black et al., 2019). Related results

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are evidenced internationally where Indigenous mothers are found to experience disproportionate adversity related to mental health starting in the perinatal period with increased risk of anxiety and depression according to a meta-analysis of Indigenous women across Canada, the United States, Australia and New Zealand compared to their non-Indigenous counterparts (Owais et al., 2020). These experiences, compounded by societal and systemic factors can result in intergenerational challenges for families (Slomian et al., 2019). Therefore, it appears that there is a mental health disparity between Indigenous and non-Indigenous mothers with repercussion spanning across generations. There is a clear need to provide opportunities for mental health support to Indigenous women. However, less is known about how this can be best addressed based on input from Indigenous mothers themselves related to priorities and values when seeking support services.

### **The Current Response**

Historically, psychological and other health care services have been unethical, harmful, and inappropriate for use with Indigenous demographics (Truth and Reconciliation Commission, 2015). In acknowledgment of this, the Canadian Psychological Association (CPA) assembled a committee comprised of Indigenous practitioners and scientists to develop action items that can be implemented throughout the field at the national level (CPA, 2018). The Task Force on Responding to the Truth and Reconciliation Commission of Canada's Report states that mental health treatments for Indigenous people must be collaborative, culturally appropriate and relevant, (e.g., considerate of and specific to cultural context) and empower Indigenous community members (CPA, 2018). Moreover, activists point to movements such as Idle No More, Land Back, and Calls to Action from the National Centre for Truth and Reconciliation to guide meaningful change and to improve the quality of life for Indigenous Peoples (Abele, 2006;

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Hudson, 2014; Kirwan, 2015; Truth and Reconciliation Commission, 2012). Here, values of self-determination and sovereignty are emphasized, along with collectivism, whereas Canada's focus on individuality is in conflict with traditional Indigenous values of connection and community (Russell, 2000).

### **A Gap in the Literature**

Extant literature highlights resilience factors evidenced intergenerationally in Indigenous families as protective against personal health consequences associated with adverse experiences associated with the impacts of colonialism and systemic oppression (Fuller-Thompson et al., 2020; Kirmayer et al., 2011). Using strengths-based approaches to facilitate wellbeing through cultural and spiritual traditions have been shown to promote resilience and wellness among Indigenous people (Ahmed et al., 2023; Brown et al., 2016; Craven et al., 2016; Gone, 2020; Koster et al., 2012). Studies have demonstrated that mental health and wellness programs developed by Indigenous communities are more successful for the people within those communities in terms of program efficacy regarding improved mental health outcomes. This is due the inclusion of culturally specific components and acknowledgement of shared historical context (Nelson & Wilson, 2017). This exemplifies the value of self-determination and Indigenous people regaining control over their own affairs. Other proposed methods for restoring wellness among Indigenous people include engaging in culturally appropriate programs and services, and returning to traditional healing modalities (Burrage, 2020; Gone, 2013). Hence, there is a growing body of documentation regarding themes and values salient to the wellbeing of Indigenous people broadly. However little research has documented the specific needs and values of Indigenous mothers starting in the perinatal period. Some studies report values of social support, family, and Indigenous identity as central to wellbeing in the perinatal period.

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Although, what is currently known includes predominantly perspectives of staff and healthcare workers on the mental health treatment of Indigenous women in the perinatal period with calls for additional Indigenous-led research on this topic in ways that emphasise Indigenous mothers' voices and detail their experiences with mental health interventions. (Meredith et al., 2023). The current thesis details a study that seeks to understand service use experiences including challenges and fruition, and strategies for improving mental health programming to meet the needs of Indigenous mothers around the perinatal period in Manitoba, Canada. This includes previously piloted programs Building Emotional Awareness and Mental Health (BEAM) and Building Regulation in Dual Generations (BRIDGE) which were developed to build emotional awareness in mothers and their children through group therapy intervention with online and app-based components (Joyce et al., 2023; Roos et al., 2023).

### **Research Objective and Questions**

The aim of this thesis was to build knowledge surrounding the experiences of Indigenous mothers regarding mental health support service seeking and participation starting in the perinatal period, (from pregnancy until 12 months following childbirth) and inform improvements in future and current programming (Noonan et al., 2017) This objective was achieved through the inquiry into three key research questions:

1. What are the experiences and motivations of Indigenous mothers regarding participation in Western mental health programs, including BEAM and BRIDGE?
  - a. What does the journey of mental health support seeking look like as an Indigenous mother?
2. How can improvements be made to existing programs?
  - a. To what extent should these programs be adapted for Indigenous women?

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The findings produced herein are intended for service providers and program developers to learn from the experiences, opinions, and recommendations of Indigenous mothers of how to best support their mental health needs starting in the perinatal period in current and future programs and services.

### **Methodological Approach**

This study was designed based on constructivist and transformative paradigms grounded in understanding human experiences and using information to effect change in a given system, (i.e., the field of psychology) respectively. Both theoretical approaches are suited to qualitative methods, however transformative paradigms are often used with mixed methods designs (Mackenzie & Knipe, 2006). Despite this, transformative orientations have been used in exclusively qualitative research, specifically in contexts where quantitative methods are inappropriate due to their strong colonial alignment (Thambinathan & Kinsella, 2021). Feminist theory was also foundational to this work, with particular emphasis on intersections of racialized people and female identity in the pursuit of justice and equity (Cudd & Andreasen, 2005; Hooks, 1984). Further, The Breath of Life Theory coined by Blackstock (2011) additionally served to inform this study. The Breath of Life Theory describes relational wellness, interconnectedness, acknowledgement multiple realities and culture as central to living well and in balance. Despite its origins in the context of First Nations child welfare, these principles are well suited to support the foundation of this study through relationship-building practices, narrative approaches involving the recognition of multiple truths, and cultural considerations in wellbeing. Traditional Indigenous storytelling principles were adopted in this work by using a semi-structured approach to interviews, allowing for participants to share their stories as they see fit while shaping discussion around key questions. This is important for the cultural appropriateness of this study

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as stories are a central source of knowledge sharing and opportunity for relationship building in Indigenous culture (Christensen, 2012; Geia et al., 2013; Rieger et al., 2023). This was also be reflected in a portion of the analytic approach detailed below.

To lead this study in collaborative way, the first author alongside other members of the research team (detailed below) hosted a meet and greet gathering prior to the interviews, aimed at developing relationships with the women participating in the study and fostering a sense of community. All eligible participants were invited to attend via email. The gathering was hosted at Acorn Family Place, a local and trusted community organization in central Winnipeg. Here, participants and the research team shared a feast, became acquainted, and engaged in an orientation to the study. The project aims and approach were discussed along with future directions and plans for long-term collaboration. Elder Sherry Copenace attended this meeting and offered an opening and closing prayer, as well as traditional teachings and input related to parenting and maternal mental health. Research team members disclosed positionality and offered personal insights into motivations for working in mental health care, to address power dynamics between researchers and participants. A smudge was made available for those who were in attendance. This is aligned with values of respect and reciprocity which are key elements outlined as part of the ethical space of engagement when working with Indigenous Peoples (Ermine, 2007). Additionally, the research team was comprised entirely of Indigenous women which is important for the foundation of sovereignty and self-determination principles underlying this work (Abele, 2006; Hudson, 2014; Kirwan, 2015; Truth and Reconciliation Commission, 2012).

Prior to conducting this research, Elder Copenace instructed the first author to offer cloth and tobacco to the land along with an excerpt of her academic writing. She explained that this

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would engage Spirit in the project and that they would provide guidance over the course of the research in exchange for the offerings. The first author fulfilled these instructions on April 19<sup>th</sup>, 2024. Analyses were also conducted in a ceremonial spirit wherein the first author lit a smudge, prayed, and worked on the land to increase spiritual connectivity and integrate intentionality into the data analysis process.

### **Methods**

#### **Overview**

Constructivist and transformative paradigms represent the foundation of this exploratory and descriptive qualitative study aimed at gaining knowledge on participant experiences and using findings to advocate for change in current practices within the field of psychology related to Indigenous priorities and perspectives. Qualitative methods are most appropriately suited to working with Indigenous populations as quantitative approaches are referenced by community members and Knowledge Keepers as being disrespectful (Lillie, personal communication 2023; Stone, personal communication, 2019). Data was collected through 46–60-minute semi-structured qualitative interviews and analyzed using a narrative approach followed by interpretive meaning making to incorporate reflexive accounts from the lead analyst (first author) (Kovach, 2010; Reissman, 1993). Participants were also given an opportunity to review the results of the narrative analysis and the interpretive meaning making to provide their thoughts and feedback to serve as a final opportunity for data analysis and revisions. Readers of this work are encouraged to develop their own meaning making of stories presented herein, with the recognition that each may be understood differently based on personal experiences, biases and values (Archibald, 2008).

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Given our objectives of understanding experiences and personal accounts of mothers in mental health programs for future improvements, a qualitative approach provided an opportunity for richness in responses. Through qualitative methods, participants can share their stories in detail and offer information in accordance with their priorities and comfort level. A narrative analytic approach is fitting to study objectives as allows for the stories shared in interviews to remain intact, instead of being fragmented as is commonly done in other qualitative approaches such as thematic analysis (Delve, 2021; Butina, 2015). This will support the sanctity of the stories aligned with Indigenous ways of knowing and doing (Christensen, 2012; Geia et al., 2013). In further support of the maintenance of oral traditional and verbal storytelling, participants were offered the option to include a supplement audio file alongside results of their interview which could be appended to the manuscript upon publication. Following narrative analysis, we analyzed stories according to historical, personal, social, kinship, and cultural contexts within them. This consideration to broad determinants of wellness will ensure we are capturing the data we are seeking to understand based on our objectives and is aligned with our theoretical foundations, particularly as outlined in the Breath of Life Theory (Blackstock, 2011). Interpretive meaning making is suited to qualitative work with Indigenous participants along with our aims and expected outcomes related to the generation of knowledge surrounding personal experiences of mothers in mental health support seeking. It provides an additional description of the results and insights into their analysis for transparency, which with further support relational elements of this study.

We did not collect quantitative data given the ethical issues surrounding the reduction of Indigenous people to numbers and the general preference for a qualitative focus to honour data as stories with spirits (Kovach, 2010). Demographic information was captured through an

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interview question asking participants to introduce themselves with whichever details they are comfortable sharing. Data was also disaggregated based on Nation-specific demographics. These approaches were used to avoid collecting pan-Indigenous and quantitative data.

### **The BEAM and BRIDGE Programs**

The BEAM Program (Building Emotional Awareness and Mental Health for mothers with young children) was designed to offer accessible online mental health group supports to mothers of young children across Manitoba and Alberta (Joyce et al., 2023). Participants included mothers with symptoms of depression who had children between 18-36 months old. BEAM consisted of a 10-week mental health intervention with a social support forum, psychoeducation modules, and weekly telehealth therapy (Joyce et al., 2023). BEAM was piloted between July 2021 and September 2021. The sample was not entirely Indigenous, however a large subset of participants identified as Indigenous via demographic questionnaires.

The BRIDGE pilot program (Building Regulation in Dual Generations) ran from July 2019 to September 2019 and was designed to incorporate Dialectical Behavioural Therapy and parenting skills in a group format for mothers of young children to address symptoms of depression and anxiety (Roos et al, 2023). The program spanned 20 weeks, consisting of weekly sessions led by DBT clinicians with 60 minutes of DBT skills training and 50 minutes of parenting skills training. Skills were explored further through role play activities and small group discussion. Handouts and worksheets accompanied lessons taught each week.

### **The Current Study**

Manitoba-residing participants who identify as Indigenous and participated in either BEAM or BRIDGE were contacted and invited to participate in interviews to share about their experiences with the programs and provide their overall perspectives on mental health support

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service seeking starting in the perinatal period. Both BEAM and BRIDGE studies were approved by the University of Manitoba's Research Ethics Board and only those participants who consented to being contacted for future research studies and meet eligibility criteria were recruited for the current study.

### **Participants**

Participants were eligible for this study if they identified as Indigenous mothers living in Manitoba who participated in the BEAM or BRIDGE programs. Thirteen individuals across both programs met these criteria. Participants were excluded if they were not currently living in Manitoba, were not Indigenous, and did not participate in either BEAM or BRIDGE. Participants may not have been currently in the perinatal period but were asked to reflect on this time to identify their needs beginning within the perinatal period and extending to the present in order to contain stories temporally during the interview. This brief reflection occurred as the question was posed to participants at the time of the interview (see Appendix A). The perinatal period is recognized as a time of substantial change and related mental health challenges (O'Brien et al., 2023; Miller et al., 2024). Therefore, it was also selected as a presumably natural starting point from which to invite participants to share about their mental health support service seeking experiences. Participants were selected based on their self-identification of Indigeneity in the BEAM or BRIDGE demographics questionnaire. These include First Nations, Métis and Inuit identities. These individuals were sent a follow-up survey in the Fall of 2022 inquiring into interest in participation in future related studies. Participants who indicated interest in participating in subsequent studies were recruited via email. Our target sample size was 10-13 participants given the limited sub-sample of previous BEAM and/or BRIDGE participants from which we recruited. In support of this sample size, a data sufficiency approach was relied upon

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as it offers flexibility in sample size based on study aims as well as the richness and quality of the data (LaDonna et al., 2021). The richness and quality of data were continually evaluated as interviews and subsequent analyses were conducted.

The research team was composed of two research assistants and principal investigator (first author). The research assistants are undergraduate university students from the University of Manitoba with experience and interest in working with Indigenous families. They were responsible for notetaking during interviews, verifying transcripts, and supporting the narrative analysis. The principal investigator led interviews, trained the research assistants in narrative analysis, and conducted the interpretive meaning making focusing on her own personal experiences related to stories shared by participants and to share her initial reactions to the data. This was implemented to offer transparency in the analytic process and to reveal biases openly.

### **Community Collaboration**

This project was conducted in collaboration with the University of Manitoba Hearts and Minds Lab PRIME Indigenous Advisory Committee. Committee members include Indigenous scholars, trainees, service providers, and community members with lived experiences in areas of mental wellness care. The committee meets quarterly and supported this work in the development of the research design and in identifying future directions based on study findings. Additional guidance regarding study design and methodology was provided through meetings with Indigenous female researchers at the University of Manitoba who have experience conducting studies of similar nature. These individuals were offered sacred medicines in exchange for their knowledge on Indigenous methodologies.

This project engaged with individual urban Indigenous people and did not take place with or on a First Nations reserve or other Indigenous community. The research design was guided by

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advice from Indigenous researchers and Knowledge Keepers who have provided feedback on the project. Elder Sherry Copenace has been a key advisor in this work.

Participants were given the option to be involved in the study more collaboratively. We presented this opportunity first at the group gathering and again following the interviews. Participants were able to confirm during their interview if they were interested in this process, or if they would prefer time to consider they were sent a follow-up email. Those who opted-in to the more collaborative level of participation were asked to provide feedback on decisions related to results presentation in reports and visual deliverables (e.g., infographics, pamphlets, etc.) and to participate in knowledge sharing presentations. These presentations may also be done in formats more highly valued by and beneficial to Indigenous community members such as through information feasts and storytelling gatherings. The verbal knowledge sharing will allow for stories to be presented in traditional oral storytelling format to preserve the original spirit of the narrative. An honorarium will be provided for those who participate in these presentations. This collaborative approach is aimed toward offering participants additional autonomy throughout the research process which is imperative for conducting research respectfully with members of marginalized communities and highly consistent with best practice in Indigenous methodologies (Kovach, 2010).

### **Research Design and Data Collection**

Given the first author's identity as an Indigenous woman and her personal opinion of the misalignment between Western psychological approaches and traditional Indigenous values, S. Levasseur-Puhach holds biases toward the importance of culturally grounded programming and services that prioritize traditional practices and worldviews. Both research assistants equally identify as Indigenous women and hold similar biases. There are no pre-existing relationships to

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disclose between research assistants and potential participants as neither party have had previous contact with the other. The first author has conducted exit interviews with BEAM participants resulting in potential overlap in participants.

This is a qualitative study with both a phenomenological and narrative inquiry where participation in BEAM and BRIDGE programming specifically and broader experiences with mental health support service seeking starting in the perinatal period are of interest. The study also invited participants to collaborate on key decisions related to data (described below). Participants were invited to disclose details of their Indigenous identity during interviews (e.g., Band/community membership) to ensure that data will be Nation-specific and to avoid pan-Indigenous research, in alignment with recommendations from the First Nations Health and Social Secretariate of Manitoba.

Virtual interviews were conducted with individual participants. This allowed participants who may face barriers related to transport and scheduling more accessibility to the interview. Audio from interviews was recorded using Zoom Healthcare software or Otter AI based on participant preferences. These were saved locally to the computer of the first author. Otter AI was selected as the recording and transcription software for interviews based on recommendations from a First Nations researcher with expertise in Indigenous research methods and data sovereignty. Otter AI facilitates data sharing with participants (i.e., transcripts) thereby promoting transparency and data sovereignty within the study. The first author facilitated interviews and guided discussion with support from a research assistant who was responsible for notetaking. The interviews lasted between 45-60 minutes each. All participants were financially compensated with a \$60 Everything Card honorarium for their time. Interview questions began with a general inquisition into mental health support service seeking starting in the perinatal

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period followed by questions specific to BEAM and BRIDGE experiences. Questions related to social supports, cultural values, and self-perception were also asked to reflect wholistic understandings of wellbeing (See Appendix A for example interview questions). Interviews concluded with a brief inquiry into the individual's desired level of participation in the study (i.e., more or less involved in decision-making regarding data).

A team of Indigenous trainees were mentored by the first author in support of this project. Training involved instruction on note taking and conducting clinically informed semi-structured interviews, community engagement practices, transcription verification, and narrative analysis. Trainees attended the group gathering and assisted in its preparation. They attended interviews and recorded observational notes, verified transcripts from interviews, and assisted in consolidating results through participation in group discussions regarding data interpretation. Research team results consultation is a valuable approach in conducting qualitative research to ensure flexibility within findings. The involvement of Indigenous research assistants in this work is an important approach for developing the skills of trainees and fostering a collaborative environment within the research team.

### **Ethics**

This study was conducted in compliance with ethical standards outlined by the Research Ethics Board at the University of Manitoba Fort Gary Campus (protocol: HE2023-0116). Ethics approval was obtained prior to contacting participants and all those who were interested in participating in an interview underwent an informed consent process which involved the signing of a consent form. The informed consent process continued throughout participation in the study with ongoing conversations regarding involvement and the opportunity to withdraw without penalty at any time. Ethical input was additionally sought from the Health Information Research

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Governance Committee (HIRGC) through the First Nations Health and Social Secretariat of Manitoba (FNHSSM). Ultimately, in consultation with HIRGC, it was revealed that this study fell beyond the scope of the committee given its focus on experiences of urban Indigenous individuals as opposed to those living on-reserve.

### **Data Analysis**

Data was analyzed using an inductive narrative approach (Delve, 2021). Audio files from interview recordings were transcribed using Otter AI and Zoom recording software. Following the transcription of audio recordings, research assistants compared the written documents with audio for accuracy. The first author then reviewed transcripts for familiarity. Importantly, pauses and filler words were left in the transcripts during the analytic stage in keeping with narrative methodology to understand how stories are shared along with their content (Delve, 2021). Narrative segments (individual stories) were identified in each interview. Segments were identified through examining *exit and entrance talk* to distinguish one narrative from another (Reissman, 1993). Here, underlying themes were identified within the narrations with particular consideration of personal, kinship, historical, and cultural contexts. Connections were made across all participant interviews to understand trends in experiences based on stories shared and overlapping themes within these narratives. This produced core narratives, with notable nuances based on unique experience (Crossley, 2002; Delve, 2021; Reissman, 1993; Weatherhead, 2011). Research team meetings were held following the individual transcript analysis of each participant and following the synthesis of core storylines to increase flexibility in interpretations of the data.

Following the narrative analysis, interpretive meaning making was used to document a reflexive account of reactions to the stories shared by participants (Kovach, 2010). The first author reviewed the narratives within each interview and described their thoughts, feelings,

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personal relevance to and interpretation of the stories. This was coloured by an explanation of the contexts that influence these interpretations as they arise including social, historical, political, and cultural dimensions of the first author.

As a final portion of the data analysis, participants were invited to provide a response to both results from the narrative analysis and the interpretive meaning making. Participants were sent copies of transcripts and initial interview interpretations along with S. Levasseur Puhach's subjective interpretive meaning making of participants' respective interviews. They were asked to review these materials and were invited to provide feedback to the research team about how their stories have been understood and structured. This procedure was used in acknowledgement of multiple truths and realities based on narrator and interviewer perspectives and experiences. Such an approach serves to increase the credibility of results and promote collaboration within this study in support of data sovereignty. Only one participant provided feedback at this stage, sharing her approval of the interpretations made and her appreciation for the insights offered through the meaning making approach.

### **Rigour**

To ensure this work is conducted to produce high-quality qualitative research, recommendations from Tracy (2010) were followed. These criteria include selecting a worthy topic, maintaining richness of rigour, sincerity, credibility, resonance, significant contribution, ethical adherence, and meaningful coherence. These pieces were applied to the current study through its theoretical foundation in constructivism, transformationalism, and feminism. Self-reflexivity among the research was used in order to continually monitor personal biases. More specifically, the first author documented the rationale behind each decision made throughout this study in a reflexive journal to later include in the final manuscript and note where biases appear.

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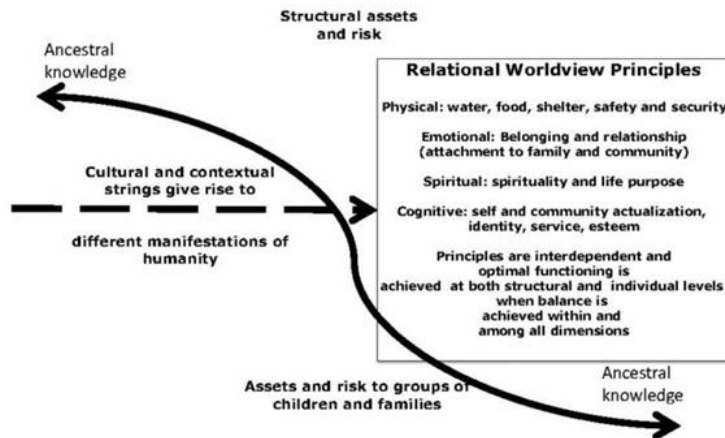
Notes were taken during interviews as an additional source of data. The collaborative nature of this study, with multiple consultations with content and process experts contributed to methodological rigour. Participant feedback seeking following analyses contributed to rigour in its alignment with methodological approaches that value multiple truths and realities and served as an opportunity for an additional source of data collection. Similarly, the immediate utility of these results for service providers demonstrates the benefits of this study and their contribution to the field. Finally, adherence to ethical protocols from both Western academic and Indigenous-led institutions is consistent with Tracy's recommendations for rigour.

Importantly, factors related to rigour according to Indigenous Ways of Knowing were considered. While there are limited frameworks describing this process, a definition proposed by researchers seeking to promote cultural rigour in work with Indigenous populations describes it as "...detailed attention to protocols of engagement with First Nations peoples in all research processes to ensure the cultural validity of the results" (Lock et al., 2021, pg. 211). With this, relational wellness values referenced in the Breath of Life Theory as exemplified through trust-building efforts, (e.g., during the meet and greet) and reliance on Indigenous methodologies such as interpretive meaning making support methodological rigour in this study (Blackstock, 2011; Kovach, 2010). The involvement of participants in knowledge dissemination processes of relevant findings serves as a practice promoting cultural rigour.

### **Figure 1.**

*The Breath of Life Theory* (Blackstock, 2011)

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### Results

#### Participants

Participants include three self-identified Anishinaabe mothers (n=3) and four self-identified Métis mothers (n=4). All participants are residents of Manitoba. To avoid pan-Indigenous research practices, analyses were conducted separately based on Nation. Results are presented accordingly in this section. All participants in the current study took part in the BEAM program, and some also participated in the BRIDGE program between 2020-2024. Participants were given the option to waive their anonymity and share their real name alongside findings consistent with the University of Manitoba Research Ethics Board practices. Results detailed below were interpreted with attention to content, (the meaning of stories) structure, (the presentation of stories), and performance (the experience of telling the stories) as outlined by Reissman's narrative methodology (2008).

Of the seven participants, Brittany, Kimberly, and Alicia elected to waive their anonymity. The remaining four participants are described below using pseudonyms (Sheryl, Alice, Katie, and Breanne). Sheryl, Alicia, and Breanne identify as Anishinaabe mothers currently living in Winnipeg. Sheryl and Breanne experienced foster care as children and Alicia spent a portion of her childhood in her home community. Katie, Alice, and Brittany identify as

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Métis mothers. Katie and Alice live in Winnipeg and Brittany lives rurally. All participants have between 1-8 children each.

### **Nation-Based Indigenous Identity Context**

Indigenous people belonging to the northern region of Turtle Island (“Canada”) hold identities of First Nations, Métis, and/or Inuit communities. First Nations include but are not limited to Anishinaabe, Inineu, Anish-Inineu, Dene, Dakota, Haudenosaunee, Blackfoot, Haida, Tsimshian, Salish, Kwakiutl, Nuu-chah-nulth, Nisga'a and Gitksan Nations. Métis citizens carry distinct and specific cultural practices and traditions based on centuries of ancestral lineage with First Nations (often Inineu, Anishinaabe, or Dene) and European (most commonly French) descendants (The Royal Canadian Geographical Society, 2018). Individuals may simultaneously hold First Nations, Métis, and Inuit identities. This sample consists of those who identify as Anishinaabe and Métis.

### **Narrative Storylines (Anishinaabe Stories)**

Narrators in the Anishinaabe sub-sample shared stories with several overlapping storylines. Core narratives across the Anishinaabe sub-sample include (1) *Taking Care of Me to Take Care of Them (Cycle Breaking)*, (2) *Honouring the Child Within (Stories of Courage and Perseverance)*, (3) *Seeking Connection (Exploring Cultural Identity)*, (4) *Looking at the Bigger Picture (Wholistic Wellness)*, and (5) *Systemic Oppression (Stories of Barriers, Protection, and Survival)*.

### ***Taking Care of Me to Take Care of Them (Cycle Breaking)***

A sentiment shared among narrators was the desire to take care of themselves well to best take care of their children. This was framed as a critical means of breaking cycles from within

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their families and ensuring that their children would experience better childhoods than they did. Breaking cycles in these contexts encapsulates several issues related to the impacts of colonial violence and systemic oppression including mental health, trauma, parenting styles, and CFS involvement. In this way, cycle breaking is connected to the pursuit of intergenerational thriving.

Sheryl (pseudonym) experienced a portion of her childhood in foster care. She shared stories about her hope to be a positive role model for her son by unlearning behaviours of substance use and relationship disfunction that she witnessed growing up. She expressed the difficulty in this process of breaking cycles which can be laden with loneliness and isolation, particularly given its co-occurrence with the Covid-10 pandemic. Sheryl highlighted this cycle breaking goal as a motivating factor in pursuing support.

And so, living with my mom, she was, well, my Mom and my Dad are both alcoholics, but we grew up with my Mom, and then we ended up in foster care. I think about I was about 13-years-old then, and so my youngest sister was, I think she was not even one when she was in care. So she's always been in care. And my Mom passed away about two years ago. And yeah, was it two years ago, it was during Covid, and my son was just born too, so she never met him, and so that was really hard...But my partner, at the time was drinking a lot too. We used to drink a lot, so he just continued on and then my mom passing, there's just lots of different things that happen, and it just got harder to manage. You can't really talk to people and can't socialize, and you know, everybody lives far away from me. And, yeah, I think that just wanting to do better for my son is well, and I wasn't working too. So I think it was on maternity leave. So I figured I have more time to actually try to work on my mental health.

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This storyline conveys Sheryl's journey as one of strength and triumph. Here, her personal identity as an adult emerges as empowered and determined following the adversity she experienced as a child.

Breanne (pseudonym) grew up in the foster care system and had recent involvement with Child and Family Services (CFS). She expressed her wish to disrupt this legacy within her family, to offer her children a stable and supportive family environment that she did not experience, as well as to prevent further involvement with the CFS system.

I want to try to break the cycle of what I grew up with and stuff like that, and just do right.... I got all the kids back. So, when we're doing activities and stuff, I go to parks, picnic stuff and movies. I lost years and things, trying to make it up.

Breanne's reflection on making up for lost time demonstrates a sense of remorse for the chapter of her life in which the CFS cycle was not being broken. As she continued to describe her current plans for engaging with her children and breaking this cycle, (e.g., committing to sobriety and disconnecting from peers who maintain lifestyles misaligned with her goals) a tone of hope appeared to emerge from her words.

Alicia spoke of cycle breaking from the perspective of cultivating emotional awareness within herself. She noted that this was not a common practice within her family and identified it as one of the ways that she seeks to care for herself today and to parent her children.

You know, it's hard, because maybe being angry in your family was, everybody's silent, nobody talked, you would just hear things you know, like slamming or whatever. And then underlying anger is sadness or whatever, being fearful, you know? I didn't realize my dad was yelling at us because he was actually scared [laughs] about us outside .... I just know sometimes we just need support, and if it's just bounce off things from people

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that's-- it's a safe risk, you know? Rather than trying to stuff it down too, which could be rich, right? And, and I need to be good for my kids.

Laughter coloured many of the stories that Alicia shared. She explored emotionally sensitive topics with lightness and joy which may serve as a resistance against the weight of the themes discussed. This conveys her personal identity as resilient and driven to continue her journey of growth.

### *Honouring the Child Within (Stories of Courage and Perseverance)*

Narrators shared stories reflecting their yearning for not only a better life for their children, but also one for themselves. Related to cycle breaking, the storyline of honoring the inner child captures the experiences of narrators in their aim to create a life that pays tribute to their younger selves. This is juxtaposed in an exploration of first, stories of CFS experiences from Sheryl and Breanne, followed by Alicia's story of thriving in her home community.

Sheryl shared that she has observed a sense of wanting to improve her circumstances throughout her entire life.

...I feel like I've always been trying to do better, right? Since I was in care, when I went in care, I was 13, but I put myself in care, you know, I knew that things weren't going good. And you know what, 13-year-old is tired? You know, because I had younger siblings, and I had to take care of them and go to school and drop them off at school and pick them up and make them supper and change their diapers. And I just knew that that's not how things should be. And so, when I went into care, even my all my school reports and everything, would always be about mental health and I had a had a presentation on how do you talk to your friend, or how do you support your friend after they've been sexually assaulted? 10 years old?

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She emphasized her young age in this story with disbelief as she recounted being a child who experienced such adversity, requiring her to mature early. Sheryl's realization of this unfairness was coupled with her recognition of her courageousness and perseverance. It is woven into this narrative with her decision to pursue a more supportive childhood for herself and her siblings despite the potential consequences. Sheryl's value of taking care of herself today honours the difficult experiences of her younger self who was not afforded the care she needed.

Similarly, Breanne spoke to the struggles that she has faced with family reunification, loss, and other CFS-related challenges.

I just got my other kids back too, just in December, and it was a three-year flight for them... And then, because, I lost my other kid two years ago, so that took a toll on me, and now he passed away and stuff... A year ago, I enrolled myself just to keep myself busy because then I was falling into the thing of addictions and stuff, I didn't like that, so I enrolled myself to take charge, and I completed the program.

Here, she describes these experiences as a fight, indicating the hardship that characterized this period of her life. This story also tells of a victor who has persevered through grief as well as other adversity as Breanne notes her determination to avoid repeating personal childhood cycles of foster care with her own children. In this storyline, Breanne is striving to become the adult that her younger self needed.

From another perspective, Alicia reflected with gratitude on her experience of belongingness in childhood as she grew up in her Anishinaabe community with her family.

Okay, well, yeah, I'm from [community], so I'm Anishinaabe too. [laughs] Yeah. And I, you know, I actually got to grow up in [community] from eight to 18-ish, something like

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that. So about 10 years on the rez, and I feel like, now, having had that I didn't realize, such a privilege, you know? Because now I come into other people who are like, 'I've never been home' or whatever. 'I never had a place there', but I still, like, consider that place very much my home, you know. And I'm like, oh no. Other people don't get that, you know, because they don't go there and recognize people they know of and whatever. So, I do feel connected to my home. I think I could always go there if I ever needed to, I could just go home.

Alicia has since moved away from her home community to a major city in Manitoba. Her current pursuit of support programs is centred around relationship building and maintaining a sense of community in an urban setting. This aligns with her positive childhood experiences of unity and connectedness which she strives to achieve outside of her home community today. This serves to honour her younger self by offering her adult self similar opportunities for connection and belongingness.

### *Seeking Connection (Exploring Cultural Identity)*

All narrators in this sub-sample described seeking connection to culture and exploring Indigenous identity in varying ways. Storylines approached constructions of Indigenous identity through engagement in traditional activities, seeking culturally specific support, acquiring traditional teachings, and being emersed in community. In their pursuit of connection to culture and community, each Anishinaabe participant sought out programs specifically for Indigenous people, often provided by Indigenous-led organizations.

Sheryl told the story of her upbringing during the time she lived with her mother, noting the traditional ways of being and doing that were imparted to her.

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I'm a Sundancer as well, and so just the stuff that we learn at in Sundance, and what I've ever I've learned from my mom, it just really resonates with me, my mom would, you know, she was very like, you turn off all the lights, you don't let the water run like, you pick up your garbage, you don't litter, and you don't go killing insects, and you don't pull out the trees, you know, or the flowers, if they're pretty, leave them there. That's how she was. But even though she's an alcoholic and she didn't follow ceremony, she was just very Indigenous, she knew that, and so growing up, now that I'm sober and I'm older and, now that I'm a mom, all these things just keep playing, stuff that she taught me...but now I think the big thing is learning my language. That's one of my main priorities.

In this story, Sheryl describes her Indigenous identity as centred around having been taught traditional ways and acquiring experiential knowledge of cultural values from her mother. With this, her mother is portrayed as a strong and resilient Indigenous woman in her connection to traditional ways of knowing and doing so despite concurrently managing substance use with little access to ceremony. This reinforces the notion that there exists a multitude of approaches to living in alignment with traditional values. She also expresses her commitment to reclaiming ceremonial practices and learning the Anishinaabe language. Here, her cultural identity construction is dynamic and continually evolving while she seeks additional opportunities for connection.

Alicia shared that her connection to her cultural identity is maintained by her participation in programs that offer opportunities for traditional activities such as rattle making and beading. However, she grapples with the conflict in her identity as an Indigenous person when reflecting on her inability speak her traditional language.

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Yeah. And then, usually, [pause to think] I used to feel like some shame, you know, about not knowing my language or whatever, or not knowing what some of the practices are, you know? But now I'm like, oh my god, I actually have these faint things of oh, it's because of this, you know, why is it called Turtle Island? You have these teachings that are just building on each other, and so, I'm learning it, and I'm like, okay it's also not my fault that I don't know them.

In this storyline, Alicia expresses simultaneous shame and self compassion as she describes her perceived lack of traditional knowledge related to language speaking, while also recalling the ways in which she feels authenticated in her cultural identity through the acquisition of traditional teachings.

Breanne disclosed that she does not feel connected to her Indigenous identity given her upbringing in the foster care system. While she does not explicitly seek out cultural identity-affirming connection opportunities, the programs that she noted participating in were largely delivered by Indigenous-led community organizations with specific support tailored to Indigenous participants. She also described that she seeks out connection with others who have shared experiences with her own, stating “I wanted to hear from other parents, I just want to hear their stories and stuff. And I just like to interact with other friends.” This demonstrates her innate values system that parallels traditional relational principles of storytelling, community building, and interconnection.

### ***Looking at the Bigger Picture (Holistic Wellness)***

Mental health was discussed in these stories as one component of wellbeing, alongside social determinants of health (e.g., interpersonal, community connection) and basic needs (e.g.,

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financial means to food security). From a traditional perspective, these suggestions are congruent with medicine wheel teachings of holism wherein the self thrives when mental, emotional, spiritual, and physical wellness domains are in balance (Sasakamoose et al., 2017).

Sheryl spoke about her journey seeking healing from community-based programs and traditional ceremonies. She notes that both programs and ceremonies have had a positive impact on her wellbeing, while not being specifically focused on mental health. She describes the benefits of these experiences as including processing adverse experiences in childhood.

Yeah, yeah, I did take this program at [community organization], and it was their [traditional healing program name]. And that was that was a really good one, because it was for domestic abuse. But I wasn't in a domestic abuse relationship, but just seeing my mom and her relationships and so that really helped with a lot of that childhood trauma stuff. And always had time to share and cry [long pause] and, yeah, it was that was a really good that was a really good program. So did that one, and then I went to the [traditional Indigenous-led healing program]. And that was very helpful, too. And I think just, just going to sweat and ceremony, all of it is just really beneficial. Yeah, yeah. And I think now I don't really go out that much, but I have had a couple of cedar baths, and those have been really helpful too.

In this way, Sheryl examines her mental health support storyline from a perspective that encompasses emotional, physical, and spiritual care. She approached the memory of this process with intention, as evidenced by thoughtful pauses for reflection during her narration.

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Sheryl additionally noted that financial considerations impact her wellbeing and influence her pursuit of support programs. The following narrative segment further highlights her value of social connection with peers and its utility in alleviating parenting stress.

I think it was obviously getting paid, you know, that was a huge thing, because I was on sick leave or mat leave, and so money was tight, but then it was nice to have conversations with other moms, and, you know, just the reassurance of it's okay if your child just wants to eat applesauce all day, as long as they're getting something, you know, because I was always beating myself up about that, or if they just want to eat fries, or if they just want to eat nuggets, like, and I always thought, if I'm going to be a good mom, I have to have these home cooked meals, and my house needs to be clean. And, you know, there has to be a routine. And they're little kids, so you have to wipe everything down, and they're like, no, it's okay. So, it was nice to have those group chats and just talk about things that we hope we could have improved on that day, and one thing we were proud about ourselves for that day, and everyone was just congratulating each other and supporting each other.

This narrative illustrates Sheryl's self criticism in her role as a mother. It speaks to the power of social connection in increasing a sense of pride, parental competence, and mutual empowerment.

In keeping with broad conceptualizations of mental health, Alicia also shared of the benefits she reaps from participation in community programs that provide opportunities for social engagement.

I just know sometimes I just need other people, and sometimes you get that from around you. That kind of just really helps me, because no one really says, oh, you should take a program. [laughs] In my family, they tell me, don't! [laughs] Because they're like, you're

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all over the place... Yeah, I'm not being afraid, you know, anymore too, because it actually did start out by me trying to not be so shy, because I was shy as a kid, and so when I go to the spaces, you're kind of forced to engage and, and so I'm also looking too, for a community, you know, to be with other people.

In this excerpt, Alicia's self-concept as someone who frequently seeks out social connection is constructed by both perceptions from family members and herself. She describes this as a personal victory against social anxieties from her childhood through years of exposure to settings that would have previously caused her distress. In this way, the social engagement that was once a challenge to her mental wellbeing now serves to uphold her personal wellness. In this story, Alicia emerges triumphant.

Breanne explained that she too seeks community connection for wellness support.

...I'm trying to explore, to find some kind of, I don't know, group or something, I don't know some help like that... you know, it's really hard when I'm just on my own and I just want to hear other people's story.

Here, her sense of isolation is elucidated in her expression of frustration over struggling to connect with a group-based support program. Situating this comment within the context of her upbringing in foster care, considerations of belongingness may become particularly relevant in her story. As someone who was disconnected from family and community from a young age, Breanne is seeking connections in service of her current wellness needs.

Breanne also described the barriers that she faces related to support needs in terms of high cost of living. She shared that her priorities are to provide for children, though inflation has made meeting basic needs of housing and food security challenging.

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Right now for the cost of living it's just ridiculous. And then the inflation with how much groceries are, I don't know, kind of unreasonable. The rent in a lot of places now, is rent plus utilities... And food banks, they're so full, there's 1000 mouths that are in need all the time.

Here, it becomes apparent that there are systems-level inequities in resources to support individual and family quality of life. Breanne's frustration around these circumstances reveals the personal importance of this issue and the injustice that she feels through this hardship. It also challenges her sense of self-efficacy as a parent who has been undermined by systems through her involvement with CFS. Furthermore, these unmet needs taking priority in her life create difficulty in her ability to engage meaningfully in mental health programming, thereby restricting her opportunities to engage with wellbeing services and increasing this support disparity.

### *Systemic Oppression (Stories of Barriers, Protection, and Survival)*

Negative experiences with systems result in participants feeling guarded, needing to protect themselves, and prioritizing psychological survival. This can lead to vulnerability challenges in mental health and wellness program participation. It also becomes relevant for trauma informed care considerations in programs to best support Indigenous women.

Sheryl relates her drive for self-protection to impacts of colonial violence and hardships experienced in her adolescence. She notes that she gravitates toward services led by Indigenous people as they feel safer and more trustworthy.

I just feel like, because of all the effects of colonization, my boundaries are, are up, right, and I'm very cautious of who I talk to and or share space with, and so if I feel like I don't get a good vibe from somebody, I'm not gonna do it, you know. No, thank you. And

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yeah, I think I'm just very cautious of people's intentions. What are their intentions and like, how are they treating me? And honestly, I still kind of feel like why are they being so nice to me? You know, what are they going to get out of this? I still have that a little bit in me, and it's like being a teenager, that's just what I grew up knowing. And so, it's not as intense now. But yeah, I'm just very cautious for I just find if it's Indigenous, then that's where I want to go. That's where I always try to find Indigenous organizations to go to for healing, like cedar baths, or any cultural stuff, that's my go to, yeah. And I just haven't sought out help from any other non-Indigenous places in years. So that's just, how it is.

In this narrative, Sheryl identifies as a cautious person who scrutinizes the intentions of others in order to protect herself from potential harm. She described that she has developed her intuition in doing so, which has increased her self-assurance. She noted that her tendency to be hypervigilant and guarded has decreased in intensity, implying that what she once needed to do to protect herself can now create barriers against healing (i.e., alluding to negative effects of remaining in 'survival mode').

Breanne disclosed her fear of sharing honest responses in weekly surveys during her time in the BEAM program based on previous involvement in other programs that resulted in CFS reporting, breaching her trust.

With all the questions that they said for at the end of every reading and stuff, I guess, or weekly whatever, I just felt like because [name] went down to CFS, so I just felt like I was on eggshells, and I decided I didn't want to say, oh, I'm not sleeping well, or something better. And I guess if I stay in my state of mind I kind of can't really be truthful, because I feel like I was gonna be reported to CFS...I just didn't want to be

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reported...Because I was seeing a counselor too at [location, organization]. And I said something wrong, because she did report me to CFS. I thought I could open up and be truthful, but I guess now I quit it. I was like, you know, I don't even want to talk to you. No more. I didn't want to tell her how I feel... Because they're like, I don't think you can parent your kids for now. I thought, just leave my kids alone. My kids are good. It's just, you know, I was just trying to reach out to, trying to talk to somebody, if you can lead me to the right direction.

Here, Breanne expresses her struggles to be emotionally transparent and vulnerable when participating in mental health services as a direct result of feeling betrayed by services in the past. Her closing remarks in this excerpt were shared in a tone that reflected a plea for support after being failed by the services she sought out to help her. This storyline sees the CFS system and those who facilitated Breanne's involvement in it as central antagonists in her story.

Alicia spoke of her challenges with feelings judged and disrespected by mental health service providers over the course of her support seeking journey. She added that she has come to appreciate the value of remaining anonymous when seeking support from online platforms. This serves as a defense process against the fear of vulnerability that has been cultivated from prior undesirable interactions with service providers.

Yeah. [laughs] But I've honestly, really liked their help too, because it's anonymous, you know, and I kind of like that for myself, like, if I don't want to share with them, this is our fourth time fighting, you know what I mean? [laughs] They're not going to be like, hmm, already said this, you know? [laughs].

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The storyline again was shared with laughter consistent with Alicia’s presentation of many of her personal narratives. This communication style parallels Alicia’s program engagement preference of anonymity in that it shields her from hardship (i.e., experiencing negative affect when discussing emotionally arduous topics and feeling judged by services providers respectively).

### **Dominant Narrative (Anishinaabe Stories)**

#### ***Ancestral Strength Despite Colonial Harms***

Across core narratives from Anishinaabe participants, a dominant narrative of *Ancestral Strength Despite Colonial Harms* became clear in an examination of overarching storylines from a broad socio-political lens. Narrators’ stories revealed their connection to traditional ways of being, knowing, and doing demonstrated in their yearning for community, value of family thriving, along with a wholistic perspective on wellness. This was evident despite experiences of injustice, systemic discrimination and varying levels of identification with their Indigeneity.

### **Key Recommendations for Programming (Anishinaabe Participants)**

The experiences and stories shared by the Anishinaabe participants in this study reveal both the strengths and challenges they face when accessing mental health services. Their insights emphasize the importance of cultural grounding, community connection, and trust in the delivery of these services. To ensure that mental health programs are truly effective and supportive for Anishinaabe mothers, it is crucial to incorporate their voices and lived experiences into program development and implementation. The table below outlines specific recommendations provided by the Anishinaabe participants, highlighting key elements that they believe would enhance the relevance, accessibility, and impact of mental health programs for Indigenous mothers.

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<b>Recommendations</b>	<b>Quotations</b>
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Include Indigenous facilitators (benefit of shared experiences and firsthand understanding).

*“That’s like the number one thing I was looking for. Because, yeah, one time I went to I found a therapist, and it was, like, a white male, and I’m like, what does this guy know? Well, he doesn’t know anything about me. It didn’t last very long.”*

-Sheryl

Weekly hybrid program sessions.

*“Well, my baby was born in 2021 and prior to that, I wasn’t really able to take any courses, like, because they’re always in the daytime, you know, like, and so what I liked about beam was it was online, you know, in some of the stuff, or, like, at your own pace. And then you got to choose, like, the time frame that works. And so, like, after, like, during BEAM, and then after, like, there were still parenting programs online. And so I got to take all the ones I kind of wanted to.”*

- Alicia

Teachings from Elders as part of content.

*“I know I would just say, like, smudging in songs and teachings and having, like, like a grandmother there or somebody...”*

-Sheryl

Provide childcare space for children of participants.

*“I think, like a lot of programs, they offer things in the evening, and then I just want to spend time with my son, so then I don’t go, yeah, yeah. I think that’s the only thing I said, Yeah, they just have lots of evening and Saturday stuff, but you can’t bring your kids”.*

-Sheryl

Implement mandatory cultural sensitivity training for facilitators.

*“I think that like, just to be, like, sensitive and kind like, if you have like, a receptionist, that’s that, that receptionist needs to have some sort of sensitivity training or something like that.”*

-Sheryl

Offer free programming.

*“Right now, for the cost of living it’s just ridiculous. Then with the inflation with how*

*much groceries cost, I don't know, it's kind of unreasonable."*

-Breanne

Increase opportunities for relationship building (reduce the structure of program, though some liked the structure and routine that the content provided for in-home routine).

*"Something I'd feel when I was in that thing like, oh my God. Then you see the timer going down. And even if things were happening, like, organically, like, I don't think it would have went too much longer, right? Having flexibility really makes, you know, people who are a little shy to jump in or-- or be like, oh, I want to hear from blank and then say their name, you know? Just to give them the chance to because not everybody's going to chime in, you know, as they say that."*

-Alicia

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## **S Levasseur-Puahch's Subjective Interpretive Meaning Making (Anishinaabe Stories)**

### ***Sheryl's Interview***

When reflecting on this interview, I recall feeling a sense of kinship to Sheryl in our mutual experience as Sundancers. I admire her pursuit of language reclamation and hope that I will be able to do the same one day. I also feel the weight of Sheryl's troubling past experiences in this discussion and the difficulty of challenging ruptures in trust between ourselves and systems. This raises concern in me for the young people of today who may be struggling similarly and demonstrates how slowly systems level progress occurs. I also feel compelled to acknowledge the difficulty in working on the frontlines of trauma with our own people, as Sheryl has done. It is hard, *heart* work, particularly when those being supported are experiencing similar harms as the supporters once did. This work is conducted with our relatives, (based on a broad relational perspective of interconnection) making it particularly emotionally taxing.

### ***Alicia's Interview***

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

Throughout this interview, a lot of laughter was shared. This reminded me of teachings I have received about laughter being a form of healing, alongside crying, and other forms of expression. It is also a vehicle for connection which I felt during this conversation. I resonated with both a yearning to be able to speak my traditional language and gratitude for the cultural connectedness that I do feel in other ways, similar to what was shared in Alicia's stories. I also felt hopeful that she was able to access so many resources and programs that integrate cultural practices and traditions. I left feeling inspired about the work that Alicia invests in surrounding herself with community and making the effort to immerse herself in opportunities that meet her needs, and in awe of how much work must continually be invested to seek out these programs and services. As someone of mixed settler and First Nations ancestry, I found myself wanting for the sense of belonging in traditionally First Nations spaces that Alicia described as critical to her wellness. I was also moved by the experiences shared about clinical services within which Alicia felt disrespected and unseen. This discussion served to me as a promise of progress being made, while also highlighting the ongoing need for improvements in mental healthcare for Indigenous mothers.

### ***Breanne's Interview***

My biggest takeaway from this conversation was that stories about mental health often went back to stories of survival. Surviving systems, surviving loss, and surviving in general. The cost-of-living increase has taken a toll on the quality of life of many families. This coupled with the navigation of systems of oppression including CFS, results in tension between considering mental health and general survival. Another layer of complexity is added with the goal of breaking cycles and disrupting a history that has caused harm in the lives of Breanne's family. Her sense of self expressed in this discussion is coloured by the perspectives of those working

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

for systems of oppression, including CFS. These negative experiences and perceptions have challenged Breanne’s autonomous control of her livelihood and that of her children. I am in awe of the strength and resilience that Breanne has demonstrated in the pursuit of her ideal life and am angered that she has *had* to become so strong/resilient to endure what she has experienced.

### **Narrative Storylines (Métis Stories)**

Core narratives across the Métis sub-sample included (1) *Indigenous Enough (Stories of Connection and Disconnection)*, (2) *Wearing Many Hats (Navigating Roles and Identities within Motherhood)*, (3) *Healing the Self (Stories of Coping and Maintaining Individuality)*, and (4) *Systems Navigation (Stories of Perseverance and Exhaustion)*.

### ***Indigenous Enough (Stories of Connection and Disconnection)***

Participants in this sub-sample were united in their experiences of feeling disconnected from their Indigenous identity. This manifested in a belief of ‘not being Indigenous enough’ and feeling guilty for claiming this identity. Participants pointed to impacts of colonialism and systemic racism in the perpetuation of identity-based shame within their families resulting in intergenerational disconnection from their cultural heritage. Participants also shared their desire to become better connected to their Métis culture by seeking traditional knowledge and community engagement while noting that they struggle to know where to begin this process of reclamation.

Alice (pseudonym) articulated her challenges with cultural identity construction. She explained that her perception of her own Indigeneity is in conflict with her appearance. She views herself as not sufficiently ‘Indigenous looking’ and that this has consequently afforded her certain privileges that most Indigenous people do not have (i.e., avoiding racial discrimination).

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

She concluded that this seemingly unique and isolating experience dilutes her claim to an Indigenous identity. Ironically, most women in this sub-sample shared this belief.

Alice was also reluctant to offer input related to cultural considerations in programming due to her perception of not being ‘Indigenous enough’. Despite this, Alice expressed her sense of connection to cultural values including community, kinship, and collectivism.

That's interesting. I think that is a little bit challenging for me. I always feel really conflicted about this, because I do identify as being Métis, but I'm very white passing, so I haven't had to deal with a lot of the same things. A lot of families who have not had to-- have not been able to hide, you know, and [deep sigh] there's a lot of guilt associated with that too, because I sort of feel fraudulent for identifying sometimes as an Métis because I've had all of, I guess, the benefits, but none of the real, personal traumas that have gone around with just being a person who looks a certain way that people can identify. I think that talking about cultural traditional healing and having an Elder there, and different than Western cultures ways of dealing with mental health and the other really wonderful thing about like Indigenous culture is community and fostering community and raising children together, and motherhood is like there's a kinship there that is very non-western, and that focus is beautiful, but has not been in the way that I was raised. And I feel like I can't talk for a lot of Indigenous voices.

This narration illustrates the complexity of Alice’s cultural identity and highlights a dialectic wherein Alice’s self-concept is characterized simultaneously as being ‘not Indigenous enough’ and being deeply connected to traditional values (e.g., relational wellbeing).

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

Kimberly also expressed feelings of disconnection from her Indigenous identity. She highlighted shame and fear narratives shared within her family that prevented cultural connection throughout her life. Despite this, today she is motivated to reclaim her Métis identity.

... I am Métis I feel a little disconnected from the Métis community, especially with a lot of my family and my family history, there was a lot of hard feelings towards the Métis people. So, when my grandfather left [community], his homeland, he left because he was not able to obtain a foreman position because of his nationality. So he came to [location] and basically hid who he was in order to advance his career. And so we were always told, growing up, that we were not to tell anybody that we were Métis and that it could prevent us from, you know, getting a job, going to school, that sort of thing. So we were always told to hide who we are, and I've just now started to reconnect with my background.

This narration tells the story of overcoming shame and Kimberly's role as a reformer within her family. She is combating years of denying her family's cultural lineage. In this story, Kimberly specifies that her disconnection from her identity is also characterized by her disconnection from the Métis community (i.e., the people). This speaks to her perception of Indigeneity as intrinsically linked to kinship ties.

Katie (pseudonym) noted that she lacks knowledge about her ancestry and seeks to understand more about her identity as a Métis woman.

But, yeah, I am Métis and I'm not I don't have much to say about my culture, because I don't know very much about it. So, I do like to reach out and learn a little bit more about my ancestry so my family's slowly kind of getting back into learning about themselves and where they came from. But so yeah, it's nice to get those extra supports and guidance along the way.

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

She described this process as one that she is embarking on with other family members, highlighting the connection between cultural reclamation, identity construction, and family. Here, Katie conceptualizes her identity as bound to the knowledge she holds. In this way, her cultural identity appears to be defined by something she *has* (or does not have), rather than something she *is*.

Brittany shared that she strives to increase her connectivity to her Métis identity, though struggles to access opportunities to do so. She noted that she seeks to learn teachings from traditional Elders with lived experience in areas related to parenting and mental health.

I think it would just want to know and hear from different people and different resources. And I want maybe Elders who had experience certain things or how they deal with things. And I think I'd like to know. I just love to know all that information. And I think that's helpful for me.

Brittany framed her yearning for cultural connection around acquiring knowledge and forming relationships with knowledge keepers to offer guidance in her roles as a mother and individual. Her narrative was informed by both a desire for information and challenges with stagnation in connection. Here, she identified a struggle in not knowing where or how to begin the next chapter of her story.

### ***Wearing Many Hats (Navigating Roles and Identities within Motherhood)***

Métis narrators explored the various responsibilities that exist within the role of motherhood along with the sacrifices that are made (e.g., being the family manager). Multigenerational caregiving is discussed within identities of both mother and daughter.

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

Participants expressed the emotional burden of these responsibilities and the aim to disrupt generational cycles that are misaligned with personal values.

Brittany stated that she views herself as a highly productive person who puts the needs of her family before her own. “Now, I don't even know. I am a very busy mom, so I feel like a lot of my stuff gets kind of put on the back burner...” With this, she views her identity as a mother as existing at the expense of her individual self and personal needs.

The sentiment of sacrifice in the motherhood identity is shared by Katie who has taken on a caregiving role for not only her child but for her mother and the father of her child as well.

I'm the main support system. I don't have very many supports. My mom helps out but I find myself helping them more than I give back or that I get back. Which is okay, but yeah, so I find that I'm more of the rock and I keep everyone together. And even with my child's father because he doesn't have very much family due to them being sick and have passed on. So, his family is my family.

In her description of herself as her own support system, it became apparent that Katie's identity as a mother is influenced by her role in the life of others. In this way, she is responsible for her family and herself, managing her home, relationships, the wellbeing of others, and her own.

Kimberly also described the various roles she plays for her children in her maternal identity as an emotional caretaker. She draws parallels to her role as a daughter in navigating relational responsibilities to her own mother. Kimberly aims to mend the challenging relationship she has had with her mother while ensuring that she fulfills her role as a mother for her children to the best of her abilities.

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

I think I'm a kind of a catch all, you know, it's one of those things. I am all those things, but I'm so much more to my kids. I'm their safety net, I'm their home, I'm their comfort. I'm all these things, and when they have a bad day, I have to be their emotional regulators, because they are not able to do that themselves... So, I am their outlet, if you will. I have to kind of make sure that I'm that for them, while also maintaining my own emotional regulation, making sure that I'm available for them emotionally, but also I need to save a little bit for myself, if that makes any sense. As for a daughter, when it comes to daughter and wife and, especially with my mom, we've not always had a great relationship. It's always been a little bit strained, trying to separate old feelings from new and moving past some of those barriers, you know, and just kind of realizing my mom's getting a little bit older, she's going to need more help as she gets, as she gets older, and sometimes it means having to let go of some of those past grudges, if you will.

Kimberly's articulation of her maternal identity is characterized by nurturance and security for her children which she acknowledges requires in turn her own caretaking of herself. Her role as a daughter is characterized by forgiveness and acceptance. This suggests that her identities of the self, the mother, and the daughter are distinct though often interacting in her pursuit of personal and familial wellbeing.

### *Healing the Self (Stories of Coping and Maintaining Individuality)*

In this central storyline connecting narrators, participants explored the ways in which they take care of themselves as individuals. Mental health values were discussed from a perspective of seeking personal growth. Program support seeking motivation was identified as critical to healing and maintaining a sense of self.

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

Alice acknowledged the struggle that she has experienced in navigating the loss of her personal identity through motherhood. She added that colonial societal values of individualism can be harmful to mental wellness.

Despite it being something that humans have done for millions of years, being a parent is really hard, and there are a lot of sacrifice that goes into being a mom. Either your body or your mental state. I think there's a lot of joy in that, but also a lot of loss of self, and... [pause] our westernized way of everyone has to be independent and everyone has to be self-sufficient is not really conducive to caring about women's health and mental health.

This storyline is complicated in its contradiction of Alice's position on individuality. She both grieves the loss of her individual identity, while also recognizing the harms of individualistic societal practices in the Western world. Here she oscillates between herself as seeking both independence and interdependence.

Katie shared that she finds herself in a continual state of striving to heal in order to parent her son in alignment with her goals.

Because of my history with how I know I am and my past struggles, I find that it's easier when you have that support. And I wanted the best for my son. And I know that I'm not at the best place mentally 100% of the time, and I don't want that to impact my baby. Right, so, it would just be better for me to work on myself and to make sure I'm doing the best for him. So, if there's programs that are free and available out there that I can involve myself in, I want to take the opportunity to do that. While I can before I just, try to wing it and then get overwhelmed at the at the end of it, so it's just easier to get the support....so that you can do the best that you can for your child, right?

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

It is important to note the slight divergence in this storyline with Katie's narrative wherein individual self-prioritization is done to care for another. Therefore, it is perhaps ultimately more reflective of collectivist values. This sentiment is congruent with recurrent cycle breaking storylines.

Similarly, Kimberly described her personal mental health care as reliant upon asserting boundaries to prioritize her emotional wellbeing. She described having learned to do this without guilt after several years of communicating her needs while also balancing this with her care for others.

So, I think I'm a very giving and very in touch with that part of myself that I know when I can say enough is enough, I can't give anymore. I think, [pauses] honestly, I've always been really honest, even if some people don't always want to hear it it's just been okay, well, you know, I can give you this much, but whether that's financially, or just monetary some of my time, but I need to take some of this for myself, right? I need to be able to say and I can do that. And I think a lot of people, it kind of puts them off a little bit when I set those boundaries, but being very honest with what I'm capable of while still trying to be that caring and giving person... And I think I've, I've struggled with that a little bit in my earlier years, but as I get, you know, well into my 30s now, right?

This storyline demonstrates Kimberley's value of self-respect and her journey toward self-assuredness and personal growth. Her ability to set boundaries reflects a deep understanding of her own limits and the importance of maintaining a balance between giving to others and preserving her own well-being. This self-awareness has developed over time, suggesting that her earlier struggles with boundary-setting were part of a learning process that has led to greater emotional awareness and resilience. Kimberley's emphasis on honesty, even when it may not be

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

well-received by others, indicates a commitment to authenticity in her relationships. This approach, though challenging, allows her to maintain integrity while remaining a supportive and caring individual. Her experience underscores the importance of boundaries in maintaining mental health and highlights how personal growth often involves learning to prioritize one's needs without compromising the care given to others.

### *Systems Navigation (Stories of Perseverance and Exhaustion)*

The final core narrative among Métis participants elucidates the hardships of systems navigation and support service accessibility related to financial and physical location barriers as well as long waitlists. Narrators highlight the injustice in these experiences and the tiring process of self-advocacy.

Brittany shared of her struggles with accessing mental health services due to high costs and inaccessibility given her rural residence.

I think for me personally, I feel like money is a big thing that steers me away or doesn't allow me to access those programs at all. So that's where [brief pause, becomes tearful]. I don't know why I'm getting emotional. But that's where I find it's just limited that you can't have access to those things, which I feel is a little unfair. I don't know why I'm crying [tearful]. I think that's where I struggled a lot during that time cause we didn't have access to it. So, I just can't get better because of that, that's where I think I still struggle.

But I think I felt very lost in that, which is obviously still affecting me.

Through her emotional narrative, it was evident that the experience of seeking mental health support and struggling to receive it has in turn had a profound impact on her mental health.

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

Nevertheless, Brittany continues to pursue opportunities for support, persevering through periods of hopelessness and discouragement.

Likewise, Katie expressed her pain as she recounted her experiences of being unable to access the wellness supports that she seeks.

I think it is it is hurting because it's like, oh, this is available, so it gives people hope. And they think that okay I'll just wait until I'll get contacted for this. I'll be on the waiting list and then you just never get contacted and I've had that happen to me like a good five times. I think now probably more than that with other counselors and programming, even finding a psychiatrist. I had to keep pushing and going back to find a psychiatrist. And when I finally got one, it was because of all the effort I put in to push my provider to find them because they were all full... It is it was very exhausting to try to. Cause I've given up at a few times. And then I feel like, no, I need to go do this and then I kept pushing and kept pushing, but it's feels like you want to give up often, so yeah.

In this storyline, the self is articulated repeatedly as a fighter, not accepting defeat, and striving for the care that she knows she deserves. Katie conveys the unfairness of this experience and the effort that is required to continue this fight.

### **Dominant Narratives (Métis Stories)**

In an examination of overarching socio-political considerations within core narratives across the Métis sub-sample, dominant narratives of Striving for Belongingness and The Injustice of Resilience were identified.

#### ***Striving for Belongingness***

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

All narrators expressed struggling to feel a sense of connection to their Indigenous identity, highlighting personal appearance discrepancies, interpersonal and community-based points of disconnection, as well as lacking cultural knowledge. Narrators also all indicated their hopes for connection to the Métis community. Other storylines were impacted by the issue of belonging as it relates to parenting and social considerations, as well as serves as a motivating factor in support service seeking.

### *The Injustice of Resilience*

Resilience was highlighted alongside perseverance-based storylines of self-advocacy and systems navigation. It appeared however that in addition to resilience, feelings of anger were often present in an examination of the unfair nature of needing to develop resilience at all, much less relying on it for persisting through a lifetime of mental health support service seeking adversity.

### **Key Recommendations for Programming (Métis Participants)**

The Métis participants in this study shared valuable perspectives on the unique challenges they encounter in their mental health journeys. Their stories underscore the need for programs that recognize and respect the distinct cultural identities of Métis mothers while addressing the systemic barriers they face. The following recommendations, drawn directly from their experiences, offer guidance on how to create more inclusive, supportive, and culturally relevant mental health services for Métis women. These insights are essential for developing programs that truly resonate with and empower Métis mothers.

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<b>Recommendations</b>	<b>Quotations</b>
Weekly hybrid program sessions.	<i>“If I, when I went to these things, I think, I think that there could be, you know, like, an</i>

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*option for in person and virtual. I found that it was either virtual during the pandemic, there was no option, obviously, right. But once in group, appointments started up again. They no longer offered the virtual. So kind of, there was that barrier. There first, maybe some folks that wanted to attend but couldn't for various reasons. There was no option for a virtual and in person... even if it's not a hybrid, every single meeting, and it's just one of those, you know, this week we're going to be talking about this, it's going to be a hybrid. So if you are able to join great, if not, you know, and giving people the option, because, you know, like, there were weeks that, like, I just, I could not get out of the house, right, for one reason or another, and be like, I need to be able to kind of break myself from that cycle of staying at home just being focused on me and the baby the whole time, versus, you know, just trying to get myself out of the house sometimes felt too overwhelming...”*

-Kimberly

Provide space for children.

*“And I don't know of any that also incorporate like, like kids playing together, kids group, or that kind of stuff. So, like, we pay to put our kiddo in in soccer so she can, like, socialize with other kids, and we can meet parents there too. And like the parents would like, chat about stuff. So it even be nice to have, like, an element of that, you know? Not necessarily playing soccer, but two-year-olds don't really play soccer. Play parent group anyway”*

-Alice

Facilitators do not need to be Indigenous but must understand intergenerational trauma and have sensitivity training.

*“Um, I find that places are just starting to like recognize that sometimes, Indigenous people might need a little bit more support due to past traumas and starting to be opening more programs like this one, to, to recognize that kind of, you know, to, to recognize that there might be some, like generational issues and stuff like that, that*

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

*people might need help getting through or just want support, if that's like available..."*

-Katie

Integrate culturally relevant activities for families into program content.

*"I think that talking about cultural, like, traditional healing and having an elder there, and different than Western cultures ways of like, dealing with mental health and-- the other really wonderful thing about like Indigenous like culture is community and fostering community and raising children together, and motherhood is like there's a kinship there that is very non-western, and that focus is beautiful."*

-Alice

*"Like, if there was some actual activities there that are, they've been like, little crafts and things that you can do to make a little toy for your baby, right? Like, something that's more culturally appropriate, you know, like, I had a lot of go aside, do hopscotch, you know, like, that sort of thing. But if they had just like those little activities, little activities that help, you know, and even if it, when it comes to some of the teachings, you know, having some of the teachings in there, you know, like, I think that would be, you know, at the at the very least, you know, like you're doing an activity, and here's the teachings behind this activity, you know, and then the historical importance of it, I think that would be very, very nice to have in there."*

-Kimberly

Reduce the structured nature of program format to allow more time for group members to connect socially (though some enjoyed the structure and homework).

*"And it's like, I have friends that have family that are really helpful and involved, and it makes a huge difference. Like, it can be really isolating when you don't have that. So, not assuming, I guess that family – people have villages, because I know a lot of families are doing it on their own, and they're doing the best they can with the tools that they have."*

-Alice

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

Include traditional teachings related to parenting and mental health from Elders.

*“I think even just consulting with like an Elder or someone that has more of that lens, because having just like a person that has never lived that experience, like even, like, if I don't think I could properly facilitate that on my own, either as a health like, I'm in healthcare too, so I-- I feel like that there has to be a partnership with this that's cultural and like, the people that you're trying to help, there has to be like, an element of that culture and that community in there in order to help, because then we're just like, repeating previous issues where you just have people that have no idea, necessarily, of the culture trying to impose their own peace, I guess.”*

-Alice

*“And, you know, like having those teachings coming from an Elder and outlining why it's important to that area, you know, I think that's probably going to be beneficial. And I don't think, I don't think a quick and I don't want to say a quick Google search, because that's really not what I mean. But just having somebody who doesn't have a lot of experience or knowledge, I don't think they should be the ones putting together those activities. I think it needs to come from somebody who's done it, who's taught it, who, you know is, is going to have the knowledge on why and how?”*

-Kimberly

Offer free programming.

*“So that group therapy was really, really good for me, because it was-- it was free, which was good because we were on mat leave. There's not a lot of, you know, money for extra things [laughs]. And also, like the clinical counseling, it's awesome, but it eats up your benefits really quickly because of the prices.”*

-Alice

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

Connect participants to resources during program.

*“The only other thing that I think would be beneficial is when you're kind of building the program, if you had to, you know, like, different resources available for different folks depending on what their needs are, and just having, like, a quick resource guide, you know, like, like, one of the things I've struggled with is just being able to find information, find resources, and I know that things like that can change, and so maybe it, You know, it might warrant some periodic review, but just having a general idea of different resources that are available for, for parents.”*

*-Kimberly*

Provide systems navigation support.

*“...for some people, it doesn't just go away, you can't just, you know, put them in this program and they'll be fixed right after. But like, yeah, some things that like either takes a lot more time and everyone works at different paces... like, if they just took it a little bit more seriously, and like if these waiting lists weren't so long, that I feel like people wouldn't be if they were able to get into something right away instead of waiting like a year, and then forgetting that you're on this waiting list and then not even hearing from them. That's what I found that the waiting list that I've been on. They just never contact you.”*

*-Katie*

Programs should be separated by Nation (at least include different teachings from Elders reflecting various Nations).

*“But, you know, like, even if there was something coming from, if we had some Elders that would kind of go through and, and say, this is the teachings behind this, and have an Elder outline how that is, and then obviously reference back saying, this is from, you know, like there would be different teachings from different, you know, Ojibwe, Cree, like it's going to vary a little bit, right? And, you know, like having those teachings coming from an Elder and outlining why it's important to that area, you know, I think that's probably going to be beneficial. And I don't think, I don't think a quick and I don't*

## TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

*want to say a quick Google search, because that's really not what I mean. But just having somebody who doesn't have a lot of experience or knowledge, I don't think they should be the ones putting together those activities. I think it needs to come from somebody who's done it, who's taught it, who, you know is, is going to have the knowledge on why and how?"*

-Kimberly

Offer follow-up check ins post group (individual and group formats).

*"Sort of like the same thing, but like, almost like six months down the road to see if there's been like changes, or kind of like expand upon it, or get the group back together and just do more of like, the group, even without the goal of the giving the programming and suggestions, even just like, what-- what's worked for you, what hasn't worked anybody, and like, share ideas and things like that. You can check in with the whole group, would have been really cool."*

-Alice

More narrow age range of children.

*"It was a little bit challenging, because I think during the beam program, a lot of the parents that were there were second time parents or families with older children, like more around the age of my kid now. So although it was like really awesome to hear all their perspectives and everything, I was not in that point yet that I could really share a lot of that experience at the same like, level."*

-Alice

Continued care post-program.

*"Maybe even just like, like offer a group or support that's ongoing after the program. So it doesn't need to be like anything big or anything but just like even like just once in a while, like meetups to see how everyone's doing just counseling maybe to help with parents who is struggling, because counseling is a big one that's hard to get into here and*

*it's expensive and like so. Yeah, even like the free programs like there's waiting lists that are so long. So, even if they could do like a group counseling like going after the program for people who need the extra support.”*

-Katie

Provide individual mental health services for mothers (or have smaller group sizes for more in-depth care).

*“I don't really know, like what I think my issue is more the therapeutic route like that part that I need more. Like I take, I don't even know a handful of medication just to like you know, be good every day, but I think it's therapy is what I need the most. And some I find it's just like a lot of just like that very general high surface anxiety which I don't think is my main problem. I think it's deeper than that.”*

-Brittany

*“And then after that, I think I started individual therapy again. [pause to think] I think after the BEAM project was done, because I recognized that I still had some individual work to do, and I'm continuing with that. So, I see a therapist on a monthly basis now.”*

-Alice

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## **S Levasseur-Puahch's Subjective Interpretive Meaning Making (Métis Stories)**

### ***Katie's Interview***

During our conversation, I related to Katie's experience of being an Indigenous person who feels they do not look Indigenous, and the complex identity considerations associated with it. I think about my family's process of reclaiming and reconnecting to cultural traditions. All the learning and unlearning that happens throughout, as well as the grieving that can occur when intergenerational hardships are revealed. I admire Katie's commitment to caring for her

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wellbeing with the aim of being the parent she hopes to be for her son. I see the effort that she continues to invest and the exhaustion that this results in as she seeks opportunities for further supporting her wellness.

Our emotional conversation around the challenges with systems navigation and waitlists reminded me of a discussion I had several years ago with a healthcare educator who shared the sentiment that we as a society have collectively neglected to embed love into health systems. Ideally, the care with which we treat our friends and family should be replicated in the systems that people rely on for healing and wellbeing. We would not let our brothers, sisters, mothers, fathers, aunts, uncles, grandparents, cousins and friends wait months and years before offering support after learning about their struggles. Of course, the scope is exponentially broader in the case of public health, posing feasibility and bandwidth challenges, but nonetheless, the importance of interconnectivity, community responsibility, and shared humanity remain parallel.

### *Kimberly's Interview*

Reflecting on this interview, I can appreciate the difficulty of exploring cultural reclamation while other family members remain resistant to this process. I am the granddaughter of a Residential School Survivor who has battled similar identity complexities to Kimberly's experiences. When I began Sundancing, I was met with negative responses, attitudes, and perspectives from those in my life most impacted by colonial violence. It can be a painful experience to become personally connected with cultural pride while knowing that shame around this identity is still pervasive within our families. This makes it even more challenging when we start wanting to know more, see more, and do more culturally, but do not know where to begin or who to turn to for opportunities to facilitate this. Kimberly's words resonated with me in this experience.

### *Alice's Interview*

Duality was a central point of reflection for me after this interview. I found myself considering the complexities in identity factors that were discussed in this conversation, from the simultaneous guilt and pride associated with Indigenous identity as a white-passing person, to the joys and hardships of maintaining a sense of self throughout motherhood. I can personally relate to the question of what it means to be Indigenous and have grappled with that part of my own for many years. In doing so, and after conducting several of these interviews, I am becoming more aware that many Indigenous people feel that they are in some way not “Indigenous enough”. Some feel this way because they don’t believe that they look “Indigenous enough”, others because they did not grow up with their traditional culture, and some because they have not experienced intergenerational hardships or discrimination. In this way, Indigenous identity becomes measured by what we lack. Perhaps instead we can contemplate what unites us all, what we collectively seek; connection, community, family, love, strength, pride, thriving.

### *Brittany's Interview*

This interview became very emotional, particularly when discussing financial hardships and the barriers that this creates to support service access. It angers me that the cost of living has risen to the point where the cost of living *well* appears to be limited to the wealthy. The injustice of costly, urban-based mental health services was illuminated through this interview, especially for families living rurally. As a non-mother, I also reflect on how this creates additional challenges and worries in the context of providing for a family. With this, it is difficult to overlook the reality that systems in our society have failed those who rely on them most.

### **Reflections on Performative Perspectives of Interviews**

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Reissman suggests that narrative data be reviewed for performative context in addition to content and structural components (1993). With this, participants appeared to experience these interviews positively as evidenced by active engagement in conversation and willingness to share their experiences with authenticity and vulnerability. The first author's reciprocal and intentional personal disclosures throughout and at the onset of interviews additionally contributed to a mutually connected and trusting relational experience of interviews. Furthermore, Kimberley reported valuing the objective of the current study, noting the importance of striving to operationalize improvements in mental health care for Indigenous families. Sheryl disclosed that the collaborative and relational approach of this work is a critical factor in conducting research respectfully with this community. Finally, all participants indicated interest in participating in future meetings and collaborative endeavors related to the on-going development of related projects. This inclination to continue our relationships long term demonstrates participants' satisfaction and comfort in the current research process and relationship building efforts. The first author facilitated these connections by sharing her positionality and personal experiences with mental health support service seeking at the onset of interviews as well as by relating to elements of participants' stories by disclosing her personal anecdotes as a means of developing rapport throughout conversations with participants. Participants may have experienced nervousness and reluctance to share their stories, especially those who indicated being mistrustful of mental health services, systems, and institutions given the project's association with the University of Manitoba. It is likely that the participants who took part in the initial meet and greet gathering (Brittany and Kimberly) experienced less nervousness at the onset on the interviews in preparation for discussing highly personal and

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sensitive topics given the relationship that had been previously established between them and the research team, particularly with the first author.

### **Achieving Rigour**

Rigour was achieved in this study by adhering to criteria from Tracy (2010) as well as through processes of participant engagement in alignment with cultural rigour (Lock et al., 2021). First, the relationship building meet and greet gathering sought to develop trust between the research team and participants. The integration of traditional teachings from Serry Copenace, sharing of a feast, and use of medicines through smudging were completed in fulfillment of cultural protocols for engagement with Indigenous participants. Next, a reflexive approach was used by the first author to track personal reactions to data collection and analyses over the course of the study by documenting reflections in a reflexive journal. Additionally, notes taken during interviews served as an additional source of data and adding to the richness of results. Moreover, participants were asked to provide feedback on initial summaries of the narratives identified within their stories and the first author's meaning making reflections of their interview in order to increase the credibility of results. One participant provided feedback noting that she was pleased with the interpretations and reflections of the first author, suggesting no revisions. Further, meetings held with research assistants aimed at discussing storylines identified within interview data served to increase the flexibility of the analyses. Finally, participants were provided with the opportunity to have a supplement audio file included alongside results of their interview to maintain the integrity of the oral storytelling. When presented with this option, two participants responded. One expressed indifference and the other indicated that she was opposed to this approach as she wanted her stories to remain as anonymous as possible. The lack of

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responses from the remaining participants may indicate that the maintenance of oral stories was not a priority.

### **Integration of Findings**

The first author's reflexive journal housed her initial impressions immediately following interviews which informed meaning making reflections. They are therefore inherently and intrinsically linked to the experiences and lens of the first author along with those of the researcher assistants given the research team's interpretation conversations. Meaning making analyses were then used to inform the development of storylines for each participant, after which core storylines were formulated based on similarities in themes across participants in each subsample. Observational notes were used to support the understanding of the structure component of narrations in providing contextual information from the recounting of stories. Similarly, meaning making analyses provided insights into the performative elements of the analysis. Lastly, key recommendations were formed based on both the content and structure of core storylines outlines within each sub-sample.

### **Comparing Core Storylines and Recommendations Across Sub-Samples**

Storylines across both Anishinaabe and Métis sub-samples bore similarities including *Systemic Oppression (Stories of Barriers, Protection, and Survival)* within Anishinaabe stories and *Systems Navigation (Stories of Perseverance and Exhaustion)*. Here, both Anishinaabe and Métis mothers described their frustrations with systems-level inequities along with challenges in accessing meaningful and supportive mental health services. Parallels are also observed in Anishinaabe storylines of *Seeking Connection (Exploring Cultural Identity)* and Métis storylines of *Indigenous Enough (Stories of Connection and Disconnection)* wherein participants explored the nuances of their cultural identity and expressed values of cultural connectedness. However,

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these storylines differed across samples in the level of belongingness that participants identified with their cultural identity, where Metis participants appeared to struggle most with a sense of cultural belonging. Additionally, storylines of *Taking Care of Me to Take Care of Them (Cycle Breaking)* and *Honouring the Child Within (Stories of Courage and Perseverance)* from Anishinaabe participants are similar to the Métis sample storyline of *Healing the Self (Stories of Coping and Maintaining Individuality)* in their telling of the importance of taking care of oneself and navigating the complexities of family dynamics toward wellbeing.

Within these narratives, key recommendations for program improvement were made within each sub-sample. Anishinaabe and Métis participants were united in suggesting offering weekly hybrid program sessions, integrating traditional teachings from Elders into program content, providing childcare for children of participants, implementing mandatory cultural sensitivity training for facilitators, offering free programming, and increasing opportunities for relationship building among participants. Other recommendations diverged across sub-samples including ensuring that program facilitators identify as Indigenous as noted in the Anishinaabe sub-sample exclusively. Further, providing systems navigation support for participants, separating program attendees by Nation, narrowing the age-range of children of participants, and providing individual mental health services for mothers were recommendations unique to the Métis sub-sample.

### **Discussion**

This study sought to generate knowledge of the experiences of Indigenous mothers seeking mental health support starting in the perinatal period to inform improvements in future and current programming. Elucidating these questions, results found five core storylines in the experiences of Anishinaabe mothers (1) *Taking Care of Me to Take Care of Them (Cycle*

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*Breaking*), (2) *Honouring the Child Within (Stories of Courage and Perseverance)*, (3) *Seeking Connection (Exploring Cultural Identity)*, (4) *Looking at the Bigger Picture (Wholistic Wellness)*, and (5) *Systemic Oppression (Stories of Barriers, Protection, and Survival)* and four core storylines in the experiences of Métis mothers (1) *Indigenous Enough (Stories of Connection and Disconnection)*, (2) *Wearing Many Hats (Navigating Roles and Identities within Motherhood)*, (3) *Healing the Self (Stories of Coping and Maintaining Individuality)*, and (4) *Systems Navigation (Stories of Perseverance and Exhaustion)*. Dominant narratives of Anishinaabe and Métis sub-samples were summarized as Ancestral Strength Despite Colonial Harms as well as Striving for Belongingness and The Injustice of Resilience respectively. Narratives of both Métis and Anishinaabe sub-samples bore similarities, however, core storylines were identified based on story content emphasized most within each sub-sample.

Overall, these findings highlight the perseverance within this demographic along with the imperative of developing and implementing culturally specific programs to best meet the unique wellness needs of Indigenous mothers. This work is critical to advancing mental health care toward equitable and responsive services. It provides a foundation from which program co-development can occur with Indigenous mothers, in promotion of self-determination practices. By co-creating novel opportunities for wellbeing support to serve a demographic that has experienced historic and current mistreatment, Indigenous mothers may find the optimal care that they deserve through both development and implementation processes.

Taken together, meaning making results emphasize the strength and resilience of Indigenous women faced with histories of adversity and current challenges in navigating identity, family dynamics, and systemic oppression. Importantly, the injustice identified through meaning making reflections concerning the development of resilience is a tension captured in

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critical feminist and intersectional research led by Black and Indigenous scholars through an examination the conceptual pitfalls of resilience. These works propose to instead emphasize *resistance* when describing the psycho-social-political experience of change-driven empowerment in the wake of adversity (De Saxe & Trotter-Simons, 2012; Goodkind et al., 2020). *Resilience* can imply an acceptance of harmful actions toward an individual or group, whereas *resistance* better encapsulates the nuances of actively advocating for change and fighting against oppression, a theme expressed throughout the reflections of narrators in the current study. *Resilience* is further criticized as being limited to an individual, whereas *resistance* is conceptualized as applicable to a collective through justice-oriented action (De Saxe & Trotter-Simons, 2012; Goodkind et al., 2020). The collectivistic value of mutual support is particularly aligned with an Indigenous worldview which prioritizes collective wellbeing over that of the individual (Russell, 2000). These perspectives of resistance and collectivism are paramount in accurately conveying the experiences of this sample framed within autonomy, agency, empowerment, and unity.

### **Figure 2.**

*Meaning Making – Resistance in Action*



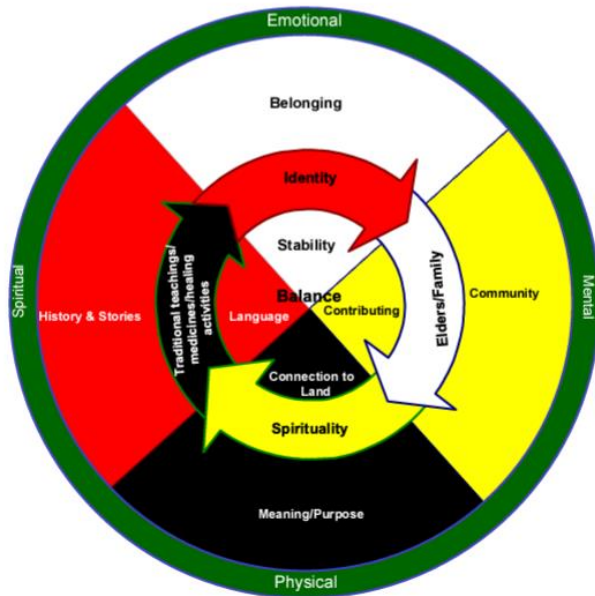
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Core storylines from Anishinaabe narrators tell of participants' mutual desires to disrupt legacies of colonialism within their families, seek connections to culture and community, practice wholistic wellness, and persevere through adversity despite a systemic oppression. These findings can be considered within the framework of self-determination theory in its focus on social factors that serve as facilitators or barriers to wellbeing (Ryan & Deci, 2017). This is related to the expressions of relational and wholistic values observed across narrators' experiences. The Breath of Life theory is equally aligned with findings in its emphasis on interconnection, wholism, and traditional knowledge in the experience of thriving among Indigenous people (Blackstock, 2011). Findings are consistent with extant literature demonstrating the wellness needs of First Nations people are related to systems level impacts of colonization as well as intrinsically linked to relationality, and cultural connection (Gould et al., 2021; Kyoon-Achan et al., 2021; Thunderbird Partnership Foundation, 2015). Figures 3 and 4 below depict visual representations of wellbeing conceptualized by First Nations communities as wholistic, socially determined, and influenced by systemic factors (Kyoon-Achan et al., 2021; Thunderbird Partnership Foundation, 2015).

### **Figure 3.**

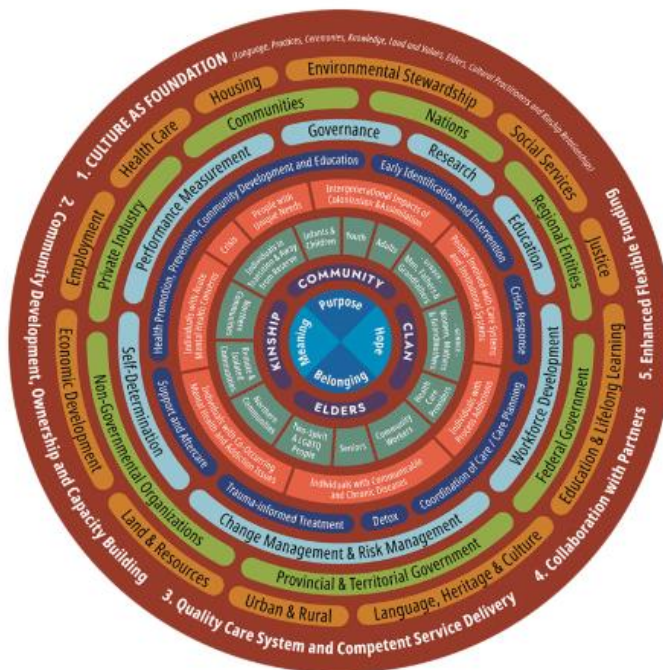
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*First Nations Mental Well-Being Framework* (Kyoon-Achan et al., 2021)



**Figure 4.**

*First Nations Mental Wellness Continuum Framework* (Thunderbird Partnership Foundation, 2015)



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Core storylines from Métis narrators speak to issues of identity and cultural belonging along with challenges related to systems navigation. Tajfel’s social identity theory can be applied to these findings in its conceptualization of the various identities people hold both socially and individually (Hogg, 2016). In this sub-sample, conflicts in identities were explored through participants’ experiences navigating motherhood, personal identity, and cultural identity. Participants expressed disconnection from their Métis identity, which has been cited as occurring due to Western practices of the racialization of cultural identity, wherein Métis people are discredited in their Indigeneity based on the notion that their genetic claim to the identity is insufficient (Macdougall, 2017). From the perspective of social identity theory, this experience will facilitate the marginalization of Métis individuals from the Indigenous “in-group” based on non-Indigenous perception and will similar challenge other personal and social identities according to social interactions, personal beliefs, and cognitions. In this way, the identity challenges across roles of motherhood, Métis community membership, and the individual self may be intrinsically connected. Literature has demonstrated the common experience of identity loss and mourning connected to the transition into motherhood reflected in the stories shared in the current study (Babetin, 2020). Relatedly, belongingness has been found to be a central pillar of wellbeing across domestic and cultural settings for Métis women (Auger, 2021; Flaminio et al., 2020). Similarly, the challenge of systems navigation can be conceptualized within the issue of belongingness as participants in this sample articulated these hardships as an experience of being lost and alone. With this, there is emerging evidence in support of a systems navigation approach to facilitate the receipt of adequate care services for individuals seeking additional wellness engagement opportunities and social connection (Rankin et al., 2022; Teggart et al., 2023).

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Key program recommendations across both sub-samples include offering weekly hybrid program sessions, providing childcare onsite, including traditional teachings related to parenting and mental health from Elders, offering free programming, connecting participants to resources during program, providing systems navigation support, offering follow-up check ins post group (individual and group formats), continuing care post-program for tailored in-depth support, implementing mandatory cultural sensitivity training for facilitators, and increasing opportunities for relationship building. In addition to consistency with the Breath of Life Theory (Blackstock, 2011) and self determination theory (Ryan & Deci, 2017) in the emphasis on relational wellbeing and wholism, social determinants of health are highlighted in explicit recommendations from participants. Social determinants of health have been recognized as a crucial point of understanding for service providers when working with Indigenous people given the history of colonial violence within this populations, and its impact on wellbeing across multiple domains (Kim, 2019).

Health and wellness equity for Indigenous people is disrupted by systemic barriers and oppressive policies that target Indigenous families (Nguyen et al., 2020). Researchers recommend that a trauma informed approach be adopted among service providers to mitigate the perpetuation of further systemic harms (Kim, 2019; Substance Abuse and Mental Health Services Administration, 2023). Participants' recommendations align with best practices in trauma informed care including developing trust, fostering empowerment, using a collaborative approach, ensuring safety, providing peer support with those who share lived experience, and developing an awareness of cultural or historical factors impacting clients or participants (Koury et al., 2022; Substance Abuse and Mental Health Services Administration, 2023; Pinderhughes et al., 2016). Structural factors impacting health and wellness equity for Indigenous have also been

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cited as including financial barriers, inaccessible services, and a lack of collaboration with Indigenous community members in policy development. Researchers recommend increasing the cultural relevance of programs and services in partnership with Indigenous community members (Nguyen et al., 2020). These barriers and corresponding recommendations are well aligned with recommendations from participants in the current study along with the approach of this body of work.

Furthermore, participant feedback detailing the value of integrating cultural teachings into programs by engaging Elders and other community members in their development is highlighted by extant literature. Research details the positive impact of cultural connection on mental health outcomes for Indigenous community members, particularly when mental health support programs are developed with representatives of the community they are meant to serve (Nelson and Wilson, 2017). This appears to be connected to uniting factors of shared histories and experiences. Similarly, adopting traditional healing modalities to promote wellbeing has been found to be an effective means of facilitating wellness in Indigenous communities (Burrage, 2020; Gone, 2013) With this, a traditional healing often involves ceremonial practices which involve teachings and social connection with other community members. These practices were identified by participants as critical in maintaining their wellbeing and of high priority to include in a wellness program. The Canadian Psychological Association's task force recommendations in response to the Truth and Reconciliation Commission's Calls to Action reflect similar priorities in mental health service delivery for Indigenous people. Responding to Calls to Actions detailing the need to support the self-determination of Indigenous People, the Canadian Psychological Association's task force calls for the collaborative development of culturally specific support with and for Indigenous people (CPA, 2018; TRC, 2012). This recommendation

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is made in acknowledgement of the harms that have occurred within healthcare and academic systems wherein neither collaboration nor culturally specific approaches were centred (CPA, 2018). In this way, to facilitate individuals' and families' opportunities for wellness support, systems level change is required to restructure approaches used for both the development and delivery of services.

Notably, the Métis and Anishinaabe sub-samples diverged in recommendations regarding the importance of Indigenous facilitators. A majority of Anishinaabe participants indicated that this is critical, whereas most Métis participants perceived this as not vital to programming for Indigenous women. This may be due to the identity disparity between sub-samples wherein Métis participants felt less connected to their identity as an Indigenous person than the Anishinaabe participants. In practice, this holds implications for programs delivered to participants of a given Nation. Specifically, service providers might consider ensuring that facilitators of tailored Anishinaabe programs are themselves Anishinaabe, while facilitators for tailored Métis programs may not require such identity-matched leadership. Divergence was also observed across and within subsamples regarding the level of structure preferred in mental health programming. Some participants indicated that they perceived the BEAM program specifically to be too highly structured, limited opportunities for relationship building. Others reported enjoying the structure of the program as it taught strategies for implementing structure within their home environments. Therefore, adopting a flexible approach when delivering programs may be beneficial to ensuring that structure is available to those who seek it, and opportunities for informality can be offered to others.

Given the discrepancies in recommendations across sub-samples and the maintenance of Nation-specific research, future program development considerations such as the cultural

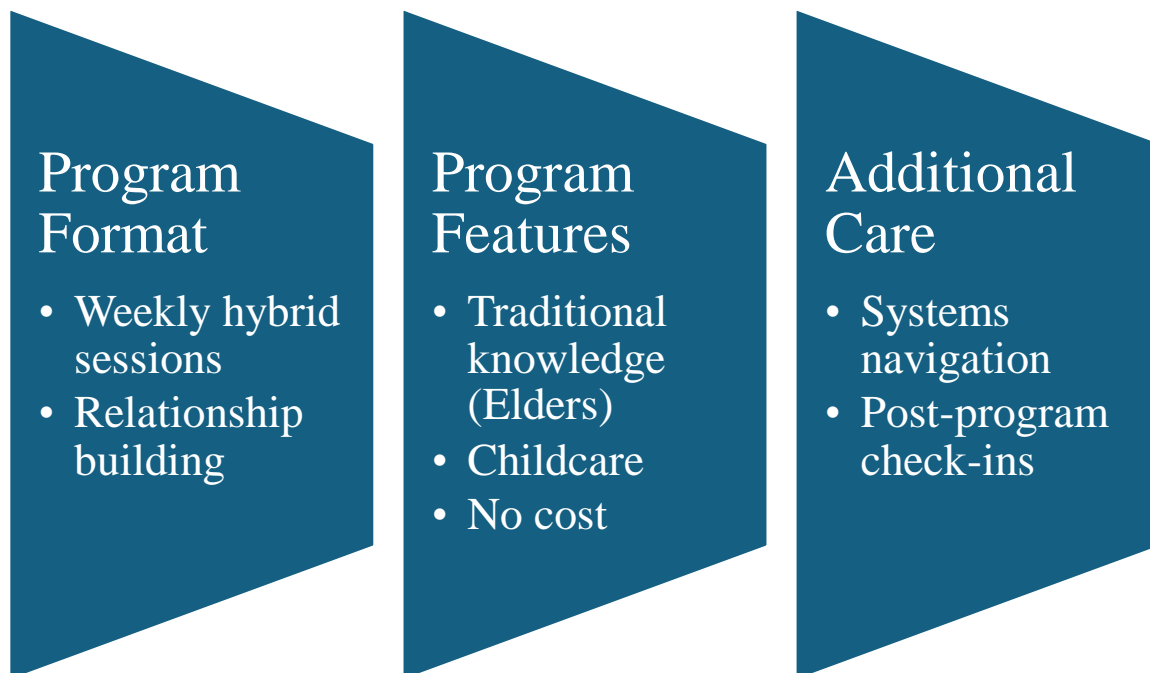
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adaptation of the BEAM program might include distinct projects for Métis and Anishinaabe program development respectively.

Importantly, the BEAM and BRIDGE programs have undergone updates since the programs began. With participants in this study having taken part in BEAM and BRIDGE at various periods, certain modifications have already been made to these programs (e.g., systems navigation support, tailored resource provision, post-group check-ins, and individualized psychological service accessibility). Recommendations most relevant to facilitators and BRIDGE programs include offering weekly hybrid program sessions, providing childcare onsite, including traditional teachings related to parenting and mental health from Elders, implementing mandatory cultural sensitivity training for facilitators, and increasing opportunities for relationship building.

### **Figure 5.**

#### *Summary of Key Recommendations*



### **Limitations**

Several limitations to this study must be noted. First, transcription and data management software including Otter AI are Western-developed tools that may not be congruent with traditions of Indigenous knowledges. Specifically, despite the efforts of the research team in mitigating these issues, the alteration of an oral story as shared during an interview into a written transcript may impede upon the sanctity of the spoken words in their original form. Although participants did not indicate that this approach was problematic or misaligned with their values, it is unknown whether this approach was a deterrent for others to participating in this study. Additionally, storytelling principles vary by Nation and emphasize not only their content, but also their delivery. The design of this study does not allow for diversity in such practices due to constraints of time, space, and resources. Furthermore, voices of Indigenous mothers not captured in this work include those who participated in the BEAM and BRIDGE programs but did not wish to participate in the current study, as well as those who did not participate in the BEAM and BRIDGE program. The absence of these perspectives limits the generalizability of findings to a broader population within the scope of Indigenous maternal mental health in Manitoba.

### **Implications and Future Directions**

Findings produced through this work will contribute to filling a gap in the literature concerning Indigenous perspectives on mental health support and service seeking starting in the perinatal period. These results contribute to a vital area of research aimed at challenging the historical development of programs embedded in Western values systems that do not serve the needs of Indigenous people. Mental health programs and services developed without consultation or partnership with Indigenous community members can produce harm within this population

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and further perpetuate health inequities for Indigenous people (CPA, 2018). Program and systems level inaccessibility to health services equally contributes to inequities in wellness outcomes for Indigenous people (Nguyen et al., 2020). This research offers insight into the importance of programming that is both accessible and directly responsive to the needs and values of the demographic that it is intended to serve. This information will be beneficial to service providers, community organization representatives, researchers, and academics who seek to implement transformative practice toward equity-driven and cultural relevant care into their research, programs, and/or services. The study design and engagement processes can serve as an example of collaborative and respectful research with Indigenous people and contribute to an emerging best practice in this area of Two-Eyed Seeing research, integrating traditional Indigenous ways of knowing and doing with Western research practices (Hatcher et al., 2009). This work will inform future program development and culturally appropriate treatment models by integrating the feedback solicited herein to create novel support opportunities for Indigenous mothers in the province. Finally, relationships developed herein will be built upon for additional research and partnerships in advisory and co-development roles for on-going related projects to maintain connection and offer novel opportunities and resources to participants. The development of a novel program will involve the collaboration of Indigenous mothers, Knowledge Keepers, Elders, and academics with experience in program development. Program content and structure will be developed collectively using recommendations from the current study, followed by a pilot trial to assess the initial feasibility and acceptability of this support opportunity. This program will be aimed at offering accessible, and culturally specific support to Indigenous mothers to promote intergenerational family thriving.

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**Appendix A:****Example Interview Questions**

<b>Central Question/Theme of Conversation</b>	<b>Follow-Up Question Suggestions</b>
<b>Introduction/biographical:</b> Can you tell me a little bit about yourself?	<ol style="list-style-type: none"> <li>1. Whatever you are comfortable sharing</li> <li>2. How do you describe your Indigenous identity?</li> <li>3. To what Nation or community do you belong?</li> <li>4. In what ways do you feel connected to your Indigenous identity?</li> </ol>
<b>Introduction/biographical - Values and meaning:</b> How do you describe yourself as a person and parent, and in your other roles or relationships?	<ol style="list-style-type: none"> <li>5. What are your most important personal values?</li> <li>6. What are your most important cultural values?</li> <li>7. What does it mean to be an Indigenous parent?</li> <li>8. What makes your process of seeking services as an Indigenous mother unique?</li> </ol>
<b>Support service journey - Motivations and experiences:</b> Can you tell me the story of your journey seeking mental health supporting starting around your pregnancy?	<ol style="list-style-type: none"> <li>9. What motivated you to seek out support services around your pregnancy?</li> <li>10. What were you looking for in a support program?</li> <li>11. What have been positive experiences throughout that process?</li> <li>12. What was challenging / what were obstacles related to accessing programing you were interested in?</li> <li>13. What has been the most helpful support program you have accessed?</li> <li>14. What were some difficult experiences during your time in a program?</li> <li>15. What were some positive experiences during your time in a program?</li> </ol>
<b>Social and historical context:</b> How has this journey been impacted by other things, thinking about family, community, society, or your culture?	<ol style="list-style-type: none"> <li>16. Who is in your support system?</li> <li>17. What role does your support system play in the support service seeking process?</li> </ol>

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	<p>18. In what ways has your personal history impacted the support service seeking for you?</p> <p>19. In what ways has societal/cultural history impacted the support service seeking for you?</p>
<p><b>Specific program experience:</b> Can you tell me about your time in BRIDGE/BEAM?</p>	<p>20. What was appealing to you about the BEAM or BRIDGE program?</p> <p>21. What made you decide to engage in BEAM or BRIDGE?</p> <p>22. How did you hear about the program?</p> <p>23. What made you look into it?</p> <p>24. What did BEAM or BRIDGE lack?</p> <p>25. In what ways was BEAM or BRIDGE well matched to your personal values?</p> <p>26. In what ways was BEAM or BRIDGE not well matched to your personal values?</p> <p>27. In what ways was BEAM or BRIDGE well matched to your cultural values?</p> <p>28. In what ways was BEAM or BRIDGE not well matched to your cultural values?</p> <p>29. How could BEAM or BRIDGE be made better for Indigenous mothers specifically?</p> <p>30. In what ways should it be adapted differently for Indigenous mothers, if at all?</p> <p>31. What have been the lasting impacts from your time in BEAM or BRIDGE?</p>
<p><b>Additional program experience:</b> Can you tell me about your experience with other programs or services?</p>	<p>32. Are there other programs you looked into but turned down?</p> <p>33. What were the reasons you turned them down?</p> <p>34. Are you aware of Indigenous-led services in the city/province?</p> <p>35. How can improvements be made to the process of getting into support programs?</p> <p>36. How can improvements be made to other programs you have been involved with?</p>

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	<p>37. What do you wish service providers understood about your needs and experiences?</p> <p>38. Is Indigenous leadership important in programming you seek out?</p> <p>39. What are your current needs and is there a program that you are aware of that could meet them?</p>
<p><b>Future Engagement:</b> Are you interested in participating more collaboratively in this study moving forward?</p>	<p>40. Would you like to review a summary of your data?</p> <p>41. How would you like your data represented in writing, audio, visuals, etc.?</p> <p>42. Would you like a final copy of the project deliverables (e.g., papers, posters, etc.?)</p> <p>43. Would you like to tell your stories during results sharing presentations?</p> <p>44. Would you like to be part of an advisory board for related projects moving forwards?</p>

**Appendix B:**  
**Mental Health and Wellness Resource List**

## 1) Services you can attend if you are in crisis:

*If you are in danger due to crisis call 911 for immediate assistance*

<i>Organization</i>	<i>Servicing</i>	<i>Contact Information</i>
Crisis Response Center	<ul style="list-style-type: none"> <li>- Open 24/7</li> <li>- In person community intake (walk-in)</li> </ul>	<ul style="list-style-type: none"> <li>- Community intake: 204-788-8330</li> <li>- 817 Bannatyne Avenue, Winnipeg MB</li> </ul>
Winnipeg Regional Health Authority Hospitals	<ul style="list-style-type: none"> <li>- Community and hospital settings</li> <li>- Mobile crisis service</li> <li>- Crisis stabilization unit</li> </ul>	<ul style="list-style-type: none"> <li>- Mobile crisis service: 204-940-1781</li> <li>- WRHA Mobile Crisis Service TTY DeafAccess: 204-779-8902</li> <li>- Crisis Stabilization Unit: 204-940-3633, press 2</li> <li>- Adult mental health page: <a href="https://wrha.mb.ca/mental-health">https://wrha.mb.ca/mental-health</a></li> </ul>
Interlake-Eastern Regional Health Authority	<ul style="list-style-type: none"> <li>- 24/7 crisis lines</li> <li>- Mobile crisis services</li> <li>- Crisis stabilization unit</li> <li>- Community mental health intake</li> </ul>	<ul style="list-style-type: none"> <li>- 24 hour crisis lines: 204-482-5419, Toll free: 1-866-617-7715</li> <li>- Mobile crisis: 204-482-5376/1-877-499-8770</li> <li>- Adult 2:00pm-2:00am/ Youth 1:30pm-9:00pm</li> <li>- Crisis stabilization: 204-482-5361/1-888-482-5361</li> </ul>
Southern Health – Santé Sud	<ul style="list-style-type: none"> <li>- 24/7 crisis line</li> <li>- Community mental health services</li> </ul>	<ul style="list-style-type: none"> <li>- 1-888-617-7715</li> <li>- <a href="http://southernhealth.ca/en/finding-care">http://southernhealth.ca/en/finding-care</a></li> </ul>
Prairie Mountain Health	<ul style="list-style-type: none"> <li>- 24/7 crisis lines</li> <li>- Crisis stabilization</li> <li>- Mobile crisis</li> <li>- Community mental health</li> </ul>	<ul style="list-style-type: none"> <li>- Adult crisis line: 1-888-379-7699</li> <li>- Under 18 crisis line: 1-866-403-5459</li> <li>- Crisis stabilization: 1-855-222-6011/204-727-2555</li> <li>- Mobile crisis unit: 204-725-4411</li> <li>- <a href="http://prairiemountainhealth.ca">http://prairiemountainhealth.ca</a></li> </ul>

## 2) Mobile Services: Support, Distress, and Crisis Lines:

<i>Organization</i>	<i>Servicing</i>	<i>Contact Information</i>
Addictions Helpline	<ul style="list-style-type: none"> <li>- Helpline</li> <li>- Programs and services for youth, adults, and families</li> </ul>	<ul style="list-style-type: none"> <li>- 1-855-662-6605</li> <li>- <a href="https://afm.mb.ca">https://afm.mb.ca</a></li> </ul>
Canadian Mental Health Association Crisis	<ul style="list-style-type: none"> <li>- Mental health and well-being</li> <li>- COVID-19 related</li> </ul>	<ul style="list-style-type: none"> <li>- Toll free: 1-888-617-7715</li> <li>- <a href="https://cmha.ca">https://cmha.ca</a></li> </ul>

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Services	supports	
Crisis Response Center	- Mobile crisis service - Community intake	- Crisis service: 204-940-1781 - Intake: 204-788-8330
Crisis Services Canada (Ontario-based)	- Crisis and suicide prevention - 24/7 - Call or text - English & French	- 1-833-456-4566 - Text: 45645 (4pm-12pm EST) - <a href="https://crisisservicescanada.ca/en/">https://crisisservicescanada.ca/en/</a>
Critical Incident and Reporting Support Line	- Support/Distress Line - 24/7	- 204-788-8222
Domestic Abuse Crisis Line	- 24/7 - Confidential - Support - Identify and understand abuse	- 1-877-977-0007
Gambling Helpline	- 24/7	- Toll Free: 1-800-463-1554
Interlake-Eastern Regional Health	- 24/7 line - Mobile crisis services - Crisis stabilization - Stress supports - English & French	- 24 hour crisis lines: 204-482-5419, Toll free: 1-866-617-7715 - Mobile crisis: 204-482-5376/1-877-499-8770 - Adult 2:00pm-2:00am/ Youth 1:30pm-9:00pm - Crisis stabilization: 204-482-5361/1-888-482-5361
Manitoba Farm, Rural & Northern Support Services	- Support/Distress line	- Toll free: 1-866-367-3276 - <a href="http://www.supportline.ca">www.supportline.ca</a>
Manitoba Suicide Prevention & Support Line	- Crisis line - 24/7	- Toll free: 1-877-435-7170 - TTY: 204-784-4097 - <a href="http://www.reasonstolive.ca">www.reasonstolive.ca</a>
Mood Disorders Association of Manitoba – Post-partum Warmline	- Baby Blues & Better Days: text or call - 1 pm – 9pm, 7 days a week	- 204-391-5983
Northern Health Region	- 24/7 crisis for youth and adults	- Mobile team: 12pm-12am, daily - Thompson youth mobile crisis: 204-778-1472 - Hope North Crisis Response: 204-7787-9977 (M-F 8:30-4:30) - <a href="http://www.northernhealthregion.com">www.northernhealthregion.com</a>

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Prairie Mountain Health Regional Crisis Services	<ul style="list-style-type: none"> <li>- Crisis services 24/7</li> <li>- Mobile crisis unit</li> </ul>	<ul style="list-style-type: none"> <li>- Adult crisis line: 1-888-379-7699</li> <li>- Under 18 crisis line: 1-866-403-5459</li> <li>- Crisis stabilization: 1-855-222-6011/204-727-2555</li> <li>- Mobile crisis unit: 204-725-4411</li> <li>- <a href="http://prairiemountainhealth.ca">http://prairiemountainhealth.ca</a></li> </ul>
Seneca House	<ul style="list-style-type: none"> <li>- 24/7 Support Rooms for 5 guests for up to 5 nights (pre-crisis)</li> <li>- Warmline</li> </ul>	<ul style="list-style-type: none"> <li>- 24-hour line: 204-942-9276</li> <li>- Seneca Warmline (quarantine with abusive partner): 204-942-9276</li> </ul>
Seniors Abuse Support Line	<ul style="list-style-type: none"> <li>- 9am-5pm</li> </ul>	<ul style="list-style-type: none"> <li>- Toll free: 1-888-897-7183</li> </ul>
Sexual Assault Crisis Line	<ul style="list-style-type: none"> <li>- 24/7</li> <li>- Supports</li> </ul>	<ul style="list-style-type: none"> <li>- Phone: 204-786-8631</li> <li>- Toll free: 1-888-292-7565</li> <li>- <a href="https://klinik.mb.ca/in-person-counselling/sexual-assult-crisis-counselling/">https://klinik.mb.ca/in-person-counselling/sexual-assult-crisis-counselling/</a></li> </ul>
Southern Health – Santé Sud	<ul style="list-style-type: none"> <li>- 24/7</li> </ul>	<ul style="list-style-type: none"> <li>- 1-888-617-7715</li> </ul>
Trafficking Hotline	<ul style="list-style-type: none"> <li>- 24/7</li> </ul>	<ul style="list-style-type: none"> <li>- Toll free: 1-844-333-2211</li> </ul>
Winnipeg Regional Health Authority (WRHA): Mobile Crisis Service	<ul style="list-style-type: none"> <li>- 24/7</li> </ul>	<ul style="list-style-type: none"> <li>- Mobile crisis service: 204-940-1781</li> <li>- WRHA Mobile Crisis Service: TTY Deaf Access: 204-779-8902</li> </ul>
Worker’s Compensation Board Distress Line	<ul style="list-style-type: none"> <li>- Support/Distress line</li> <li>- 24/7</li> </ul>	<ul style="list-style-type: none"> <li>- Phone: 204-786-8175</li> <li>- Toll free: 1-800-719-3809</li> </ul>
Winnipeg Police Service Non-Emergency Line	<ul style="list-style-type: none"> <li>- 24/7</li> </ul>	<ul style="list-style-type: none"> <li>- 204-986-6222</li> <li>- <a href="http://winnipeg.ca/police/protection/domestic.stm">winnipeg.ca/police/protection/domestic.stm</a></li> </ul>

3) Counselling & Peer Support:

<i>Organization</i>	<i>Servicing</i>	<i>Contact Information</i>
Anxiety Disorder Association of Manitoba	<ul style="list-style-type: none"> <li>- Anxiety and worry support program</li> <li>- Peer support</li> <li>- Cognitive behavioural group programs</li> </ul>	<ul style="list-style-type: none"> <li>- 204-925-0600</li> <li>- Toll free: 1-800-805-8885</li> <li>- Email: <a href="mailto:adam@adam.mb.ca">adam@adam.mb.ca</a></li> <li>- <a href="https://adam.mb.ca">https://adam.mb.ca</a></li> </ul>
Addictions Foundation of Manitoba	<ul style="list-style-type: none"> <li>- Residential and community treatment</li> <li>- Prevention education and programming</li> </ul>	<ul style="list-style-type: none"> <li>- 1031 Portage Ave, Winnipeg MB</li> <li>- 204-944-6200</li> <li>- <a href="https://afm.mb.ca">https://afm.mb.ca</a></li> </ul>

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ADHD Peer Support Meetings	<ul style="list-style-type: none"> <li>- Mondays at 6:30pm Online</li> </ul>	<ul style="list-style-type: none"> <li>- Meeting Link: <a href="http://www.global.gotomeeting.com/join/412037549">www.global.gotomeeting.com/join/412037549</a></li> </ul>
Age & Opportunity Counselling Services	<ul style="list-style-type: none"> <li>- Seniors 55+</li> <li>- Free</li> <li>- Support, education, social programming and counselling (including caregiver support)</li> <li>- Waitlist: 4 months</li> </ul>	<ul style="list-style-type: none"> <li>- 204-956-6440</li> <li>- <a href="http://www.ageopportunitymb.ca">www.ageopportunitymb.ca</a></li> </ul>
Aulneau Renewal Centre	<ul style="list-style-type: none"> <li>- French and English</li> <li>- Service charges vary, sliding scale, free for CFS clients</li> <li>- Counselling for individuals, couples, families, group sessions</li> <li>- COVID wellness checks by video or phone</li> <li>- Evening and weekend appointments</li> </ul>	<ul style="list-style-type: none"> <li>- 204-947-7090</li> <li>- <a href="https://aulneau.com">https://aulneau.com</a></li> </ul>
Aurora Family Therapy Centre	<ul style="list-style-type: none"> <li>- Family, couple, individual, group therapy</li> <li>- Free therapy programs for immigrants and refugees</li> <li>- Group sessions for parents, women, cultural groups, youth</li> <li>- Sliding scale</li> <li>- Current waitlist: 4-5 months (ind) 6-8 weeks (couple/family)</li> </ul>	<ul style="list-style-type: none"> <li>- 5<sup>th</sup> floor, 491 Portage Ave (Rice Building), Winnipeg MB</li> <li>- 204-786-4259</li> <li>- Email: <a href="mailto:aurora@uwinnipeg.ca">aurora@uwinnipeg.ca</a></li> <li>- <a href="http://www.aurorafamilytherapy.com">www.aurorafamilytherapy.com</a></li> </ul>
Canadian Mental Health Association Manitoba and Winnipeg	<ul style="list-style-type: none"> <li>- Mental health</li> <li>- Addictions</li> <li>- Recovery support</li> </ul>	<ul style="list-style-type: none"> <li>- 204-775-6442</li> <li>- <a href="http://mbwpg.cmha.ca">mbwpg.cmha.ca</a></li> <li>- Portage: 204-239-6590</li> <li>- <a href="http://www.central.cmha.ca">www.central.cmha.ca</a></li> <li>- Swan River: 204-734-2734</li> <li>- Thompson: 204-677-6050</li> <li>- <a href="http://Thompson.cmha.ca">Thompson.cmha.ca</a></li> </ul>

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Centre de Sante	<ul style="list-style-type: none"> <li>- Community health</li> <li>- French and English</li> <li>- Counselling for individuals, couples &amp; families</li> <li>- Assessments</li> </ul>	<ul style="list-style-type: none"> <li>- 204-235-9310</li> <li>- <a href="http://www.centreedesante.mb.ca">www.centreedesante.mb.ca</a></li> <li>- <a href="https://wrha.mb.ca/mental-health/community-services/">https://wrha.mb.ca/mental-health/community-services/</a></li> </ul>
	<ul style="list-style-type: none"> <li>- CBT groups</li> </ul>	
Elmwood Resource Centre	<ul style="list-style-type: none"> <li>- Crisis counselling/long-term counselling by phone and text</li> <li>- Gender-based violence prevention</li> <li>- Women’s awakening empowerment program (grouptherapy)</li> <li>- Inspiring men’s programming</li> <li>- Counselling, community supports, parent program, support for children</li> <li>- Drop in- M-F- 9:00-4:00pm</li> <li>- Neighbourhood immigrant settlement program</li> </ul>	<ul style="list-style-type: none"> <li>- 204-982-1720</li> <li>- <a href="http://www.elmwood.crc.ca">www.elmwood.crc.ca</a></li> <li>- Warmline (quarantine with abusive partner) call or text: 431-275-2290 between 10 am and 6 pm</li> </ul>
Family Dynamics	<ul style="list-style-type: none"> <li>- Family supports and resources</li> <li>- Counselling- free and sliding scale</li> <li>- Programs for newcomer families</li> <li>- Parent coaching, behaviour support, in- home support</li> </ul>	<ul style="list-style-type: none"> <li>- 401-393 Portage Avenue (Portage Place)</li> <li>- 204-947-1401</li> <li>- Email: <a href="mailto:info@familydynamics.ca">info@familydynamics.ca</a></li> <li>- <a href="http://www.familydynamics.ca">www.familydynamics.ca</a></li> </ul>
First Nations & Inuit Hopefor Wellness	<ul style="list-style-type: none"> <li>- Counselling</li> <li>- English, French, Cree, Ojibwe, and Inuktitut</li> <li>- 24/7</li> </ul>	<ul style="list-style-type: none"> <li>- Toll free: 1-855-242-3310</li> <li>- online chat counselling, 24/7:</li> <li>- <a href="https://www.hopeforwellness.ca/">https://www.hopeforwellness.ca/</a></li> </ul>

TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

<p>Fort Garry Women's Resource Centre</p>	<ul style="list-style-type: none"> <li>- Counselling</li> <li>- Individual and group counselling</li> <li>- Child counselling for children with experience/witness family violence</li> <li>- One time support about resources</li> </ul>	<ul style="list-style-type: none"> <li>- 204-477-1123</li> <li>- <a href="http://www.fgwrc.ca">www.fgwrc.ca</a></li> </ul>
<p>Huddle (Youth Huddle)</p>	<ul style="list-style-type: none"> <li>- Manitoba-wide youth support centre</li> <li>- Peer support groups</li> <li>- Mental health services Winnipeg, Brandon and Selkirk locations</li> </ul>	<p><a href="https://huddlemanitoba.ca/">https://huddlemanitoba.ca/</a></p>
<p>Klinic Community HealthCentre</p>	<ul style="list-style-type: none"> <li>- Free community health</li> <li>- Wellness and support groups</li> <li>- Free Counselling services, family violence, post-trauma counselling, sexual assault crisis counselling</li> </ul>	<ul style="list-style-type: none"> <li>- Drop in counselling available at 870 Portage and 845 Regent Avenue West</li> <li>- 204-784-4090</li> <li>- <a href="http://www.klinic.mb.ca">www.klinic.mb.ca</a></li> </ul>
<p>The Laurel Centre</p>	<ul style="list-style-type: none"> <li>- Sexual abuse therapy</li> <li>- Individual and group</li> <li>- Women and youth</li> </ul>	<ul style="list-style-type: none"> <li>- 204-783-5460</li> <li>- <a href="https://www.thelaurelcentre.com/home/">https://www.thelaurelcentre.com/home/</a></li> </ul>
<p>Learning Disabilities Association of Manitoba</p>	<ul style="list-style-type: none"> <li>- Free Learning Resources: <a href="https://www.ldamanitoba.org/helpfulresources">https://www.ldamanitoba.org/helpfulresources</a></li> <li>- Virtual programs: <a href="https://www.ldamanitoba.org/programs">https://www.ldamanitoba.org/programs</a></li> </ul>	<ul style="list-style-type: none"> <li>- 1-204-774-1821</li> <li>- 8 am to 4 pm</li> <li>- <a href="https://www.ldamanitoba.org/">https://www.ldamanitoba.org/</a></li> <li>- 617 Erin Street, Winnipeg</li> </ul>
<p>Ma Maw iwi Chi Itata Centre</p>	<ul style="list-style-type: none"> <li>- Community and family valuebase</li> <li>- Indigenous Knowledge Programs</li> <li>- Child and Youth Therapy</li> </ul>	<ul style="list-style-type: none"> <li>- Gathering place: 445 King Street: 204- 925-0300</li> <li>- McGregor site: 363 McGregor street: 204-925-6816</li> <li>- Spence site: 443 Spence Avenue: 204- 925-0308</li> <li>- Toll free: 1-888-962-6294</li> </ul>

TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

		<ul style="list-style-type: none"> <li>- Email: <a href="mailto:info@mamawi.com">info@mamawi.com</a></li> <li>- <a href="https://www.mamawi.com/">https://www.mamawi.com/</a></li> </ul>
Manitoba Farm, Rural & Northern Support Services	<ul style="list-style-type: none"> <li>- Telephone counselling and support</li> <li>- Monday-Friday: 10 am - 9pm</li> </ul>	<ul style="list-style-type: none"> <li>- 204-571-4180</li> <li>- Toll free: 1-866-367-3276</li> <li>- <a href="http://www.supportline.ca">www.supportline.ca</a></li> </ul>
Manitoba Schizophrenia Society AKA Peer Connections Manitoba	<ul style="list-style-type: none"> <li>- Offers peer support groups</li> <li>- Women's support groups</li> <li>- Career support</li> </ul>	<ul style="list-style-type: none"> <li>- 204-786-1616, Leave a message and they will call you back</li> <li>- <a href="https://mss.mb.ca/">https://mss.mb.ca/</a></li> </ul>
Main Street Project	<ul style="list-style-type: none"> <li>- Drop in services- 637 Main-9:30am-3:30pm</li> <li>- Women's shelter- 190 Disraeli-4:30pm-7:30am</li> <li>- Men's shelter- 637 Main-5:30pm- 7:30am</li> <li>- Emergency and social services</li> <li>- Addiction support, residential support, housing, food bank</li> </ul>	<ul style="list-style-type: none"> <li>- 204-982-8267</li> <li>- Women's shelter- 204-306-8378</li> </ul>
Mood Disorder Associations of Manitoba	<ul style="list-style-type: none"> <li>- Free one on one booking</li> <li>- Online peer support</li> <li>- Resources</li> <li>- Post-Partum Support Group: Baby Blues &amp; Better days</li> <li>- Education</li> </ul>	<ul style="list-style-type: none"> <li>- 204-786-0987</li> <li>- Toll free: 1-800-263-1460</li> <li>- Email: <a href="mailto:info@moodmb.ca">info@moodmb.ca</a></li> <li>- <a href="http://www.mooddisordersmanitoba.ca/regions/">http://www.mooddisordersmanitoba.ca/regions/</a></li> <li>- Baby Blues &amp; Better Days: 1 pm to 9 pm, 7 days a week: text or call: 204- 391-5983</li> </ul>

TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

Mount Carmel Clinic	<ul style="list-style-type: none"> <li>- Community centred care</li> <li>- Nursery, childcare</li> <li>- Mental health and counselling; phone counselling for North End residents</li> <li>- Pregnancy/parenting</li> <li>- Sage</li> </ul>	<ul style="list-style-type: none"> <li>- 204-589-9477</li> <li>- <a href="https://www.mountcarmel.ca/">https://www.mountcarmel.ca/</a></li> </ul>
North End Women's Centre	<ul style="list-style-type: none"> <li>- Drop in 8:30-4:00: information, harm reduction, hygiene products</li> <li>- Resources</li> </ul>	<ul style="list-style-type: none"> <li>- Phone: 204-589-7347</li> <li>- Facebook link: <a href="https://www.facebook.com/northendwomenscentre">https://www.facebook.com/northendwomenscentre</a></li> </ul>
Nor-West Co-op/Community Health	<ul style="list-style-type: none"> <li>- Medical Care</li> <li>- Counselling</li> <li>- Programs for families, youth, parenting, newcomers</li> </ul>	<ul style="list-style-type: none"> <li>- 785 Keewatin Street</li> <li>- 204-938-5900</li> <li>- <a href="http://www.norwestcoop.ca">www.norwestcoop.ca</a></li> </ul>
OCD Centre Manitoba	<ul style="list-style-type: none"> <li>- Support groups</li> <li>- Resources</li> </ul>	<ul style="list-style-type: none"> <li>- 204-942-3331</li> <li>- 930 Portage Ave</li> </ul>
Recovery of Hope	<ul style="list-style-type: none"> <li>- Offering appointments through video-conference or telephone</li> <li>- Sliding scale fees</li> <li>- Therapy</li> <li>- Individual, couples, families</li> </ul>	<ul style="list-style-type: none"> <li>- 204-477-4673</li> <li>- Toll free: 1-866-493-6202</li> <li>- 24/7 helpline: 1-888-617-7715</li> <li>- Email: <a href="mailto:info@recoveryofhope.ca">info@recoveryofhope.ca</a></li> <li>- Locations: <u>Winnipeg, Steinbach, Altona, and Portage la Prairie</u></li> <li>- <a href="https://edenhealthcare.ca/roh/">https://edenhealthcare.ca/roh/</a></li> </ul>
Sara Riel – Seneca Respite	<ul style="list-style-type: none"> <li>- Community based supports/mentorship</li> <li>- Mental health &amp; counselling</li> <li>- Long term care workers program</li> <li>- 24/7 warm line</li> </ul>	<ul style="list-style-type: none"> <li>- 204-231-0217</li> <li>- 24-hour line: 204-942-9276</li> </ul>
U of M Psychological Service Centre	<ul style="list-style-type: none"> <li>- New client intake in August for therapy in September</li> <li>- Counsellors are Masters &amp; Ph.D. students of psychology, supervised by psychologists.</li> <li>- No charge</li> </ul>	<ul style="list-style-type: none"> <li>- 204-474-9222</li> <li>- <a href="https://umanitoba.ca/faculties/arts/departments/psych_services/">https://umanitoba.ca/faculties/arts/departments/psych_services/</a></li> </ul>

TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

Winnipeg Regional Health Authority	<ul style="list-style-type: none"> <li>- Programs supporting: anxiety disorders (including perinatal)</li> <li>- Mood disorders</li> <li>- Women’s health</li> <li>- Trauma-related disorders</li> <li>- Sleep disorders</li> <li>- Disordered eating</li> <li>- Referrals required from physician</li> </ul>	<ul style="list-style-type: none"> <li>- 204-788-8330</li> <li>- <a href="https://wrha.mb.ca/psychology/referral-information/">https://wrha.mb.ca/psychology/referral-information/</a></li> <li>- <a href="https://wrha.mb.ca/files/psychology-brochure-e.pdf">https://wrha.mb.ca/files/psychology-brochure-e.pdf</a></li> <li>-</li> </ul>
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4) Psychologists & Counselling:

<i>Organization</i>	<i>Servicing</i>	<i>Contact Information</i>
Cognitive Behavior Therapy Institute of Manitoba	<ul style="list-style-type: none"> <li>- Registered psychologists and associates</li> <li>- Variety of therapists and specialties</li> <li>- Day, evening, weekend appointments</li> </ul>	<ul style="list-style-type: none"> <li>- 204-982-3810</li> <li>- <a href="https://cbtmanitoba.com/">https://cbtmanitoba.com/</a></li> </ul>
KidThink	<ul style="list-style-type: none"> <li>- Registered psychologists and associates</li> <li>- Mental health needs for children under 12</li> </ul>	<ul style="list-style-type: none"> <li>- 431-388-5373</li> <li>- <a href="https://www.kidthink.ca/">https://www.kidthink.ca/</a></li> </ul>
Heartwood Healing Centre	<ul style="list-style-type: none"> <li>- Counselling (12 free sessions)</li> <li>- Programs and services for coping and awareness, trauma processing, and moving forward</li> </ul>	<ul style="list-style-type: none"> <li>- 104 Roslyn Rd Winnipeg, Manitoba R3L 0G6</li> <li>- <a href="tel:204-783-5460">1 204-783-5460</a></li> <li>- <a href="https://heartwoodcentre.ca/contact-us/">https://heartwoodcentre.ca/contact-us/</a></li> </ul>
Manitoba Psychological Society	<ul style="list-style-type: none"> <li>- Find a psychologist near you</li> </ul>	<ul style="list-style-type: none"> <li>- 204-488-7398</li> <li>- <a href="https://mps.ca/find-psychologist/">https://mps.ca/find-psychologist/</a></li> </ul>
Jewish Child and Family Counselling Services	<ul style="list-style-type: none"> <li>- Counselling and mental health support</li> <li>- Individuals, couples, and families</li> <li>- Services in 7 languages</li> <li>- Fees start at \$10 a session and are on a ‘sliding scale’ (calculated on individual capacity)</li> </ul>	<ul style="list-style-type: none"> <li>- 123 Doncaster Street</li> <li>- 204-477-7430</li> <li>- Email: <a href="mailto:jcfs@cfswinnipeg.org">jcfs@cfswinnipeg.org</a></li> <li>- Phone: 204-477-7430</li> </ul>

TELLING STORIES OF RESISTANCE – CALLING TO ANCESTRAL STRENGTH

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5) Other drop-ins:

<i>Organization</i>	<i>Servicing</i>	<i>Contact Information</i>
Wahbung Abinooonjiiag (Indigenous services)	<ul style="list-style-type: none"> <li>- Family violence support</li> <li>- Parenting programs</li> <li>- Housing</li> </ul>	<ul style="list-style-type: none"> <li>- 204-925-4610</li> <li>- <a href="https://gov.mb.ca/healthychild/ncd/forum2016-dv_addications_empowering_community.pdf">https://gov.mb.ca/healthychild/ncd/forum2016-dv_addications_empowering_community.pdf</a></li> </ul>
Wolseley Family Place	<ul style="list-style-type: none"> <li>- Community support</li> <li>- Education</li> <li>- Parenting</li> </ul>	<ul style="list-style-type: none"> <li>- 204-560-3141</li> <li>- 202-222 Furby Street</li> <li>- To make an appointment email: <a href="mailto:admin@wfpwpg.ca">admin@wfpwpg.ca</a></li> <li>- <a href="https://wolseleyfamilyplace.com/what-we-offer/our-programs/drop-in/">https://wolseleyfamilyplace.com/what-we-offer/our-programs/drop-in/</a></li> </ul>
New Directions	<ul style="list-style-type: none"> <li>- Parenting programs</li> <li>- Community homes for children</li> </ul>	<ul style="list-style-type: none"> <li>- 204-786-7051 ext. 5279</li> <li>- Email: <a href="mailto:childhomesupports@newdirections.mb">childhomesupports@newdirections.mb</a></li> <li>- 500-717 Portage Ave.</li> </ul>

6) Free Mindfulness & Meditation Apps:

<i>App</i>	<i>Information</i>
Calm	<a href="https://app.www.calm.com/meditate">https://app.www.calm.com/meditate</a>
Calm in the Storm	<a href="http://calminthestormapp.com/about">http://calminthestormapp.com/about</a>
Headspace	<a href="https://www.headspace.com/headspace-meditation-app">https://www.headspace.com/headspace-meditation-app</a>
Insight Timer	<a href="https://insighttimer.com">https://insighttimer.com</a>
Mylife	<a href="https://apps.apple.com/us/app/mylife-meditation-mindfulness/id778848692">https://apps.apple.com/us/app/mylife-meditation-mindfulness/id778848692</a>
Smiling Mind	<a href="https://www.smilingmind.com.au/">https://www.smilingmind.com.au/</a>
Stop, Breathe, Think	<a href="https://www.stopbreathethink.com/press/">https://www.stopbreathethink.com/press/</a>
Virtual Hope Box	<a href="https://onemindpsyberguide.org/apps/virtual-hope-box-review/">https://onemindpsyberguide.org/apps/virtual-hope-box-review/</a>