

Indigenous Ways of Living, Culture, Language, and Connection as a Source for
Mental Wellness for Individuals, Families, and Community

by

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Abstract

TITLE: Indigenous Ways of Living, Culture, Language, and Connection as a Source for Mental Wellness for Individuals, Families, and Community

INTRODUCTION: Canada's Indigenous peoples experience a disproportionate burden of mental health conditions, including significantly higher rates of suicide, depression, and substance use problems than the general population. While a number of studies have investigated patterns of mental health conditions across First Nations populations in Canada and predictors of mental wellness, very few studies have explored from the perspectives of community members, the factors that work to protect and promote mental wellness. Hence, the objective of this qualitative study was to investigate the ways in which members of a tribal council and a remote, fly-in Saulteaux community in Manitoba understand how family and community environments protect and promote mental wellness.

METHOD: This study was guided by a community-based participatory research (CBPR) approach. This study was framed by Indigenous methodological research design principles and utilized a modified grounded theory approach for thematic analysis and data organization. A combination of purposive and snowball sampling was employed to recruit a total of 17 participants from a First Nation Tribal Council and a First Nations community located within the Tribal Council area (Manitoba). Interviews were conducted using a conversational approach with open-ended, semi-structured interview questions to prompt conversation and facilitate participant and researcher co-creation of knowledge.

RESULTS: Three intertwining thematic areas arose around participants' understandings of community wellness and mental wellness: Anishinaabe ways of living; connection and relationships; and making meaning. Importantly, discussions of Anishinaabe culture, spirituality, and language intersected each of these themes in crucial ways, along with notions of change and loss attributed to historical and on-going colonizing forces.

CONCLUSION: Mental health promotion and policy with Indigenous communities should consider incorporating activities that promote and protect Indigenous culture, spirituality, and language as an important means of building community unity and promote collective healing from the impacts of colonization on community and family wellness, as well as the mental wellness of individuals.

Keywords: Indigenous, First Nations, mental wellness, culture, language, community

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Situating Self

Boozhoo, Aaniin, Hello my name is Erynne Sjoblom. For the past 10 years, I have been on a path of learning and reconciliation, guided by friends, colleagues, classmates, acquaintances, and strangers. As I situate myself within the context of the research I am about to embark upon, I acknowledge that this journey has been one of outward exploration—listening to the stories, lessons, and experiences of others—as well inward examination—diving into my own experiences, assumptions, biases, relationships, and worldview. I have always struggled with explaining what has drawn me towards Indigenous culture and wellness. This is often a question that is asked of me when presenting in communities or in discussing my work with friends and colleagues. I can't point to a specific situation that sparked this fire, but can best describe it as a series of fortunate coincidences that grew into a yearning to learn deeply about the teachings, histories, stories, and realities that I would otherwise only get (or had already only gotten) surface understandings of.

I have also never felt much connection to my “own” cultural heritage. I grew up in northeastern British Columbia, on Treaty 8 territory along the Alaska Highway. I am of settler origin, however, which combination of settlers from which European origins is not so clear. My education on Canada's history and relationship with Indigenous peoples was, like for most Canadians, extremely lacking and flawed, even into my undergraduate studies in Calgary. I often reflect on my relationships with Indigenous friends and classmates I grew up with and feel regret about not having learned or experienced much at all about their communities, histories, culture, and language.

Throughout this project, it was clear that what I was documenting was already well known amongst the community members I was interviewing, who live it every day. As a result, I

feel that this project was more of a personal learning experience than a project of knowledge generation; however, I feel that bringing forward this knowledge to others like myself is important for wider reconciliation efforts and for creating space within our health and social service systems for Indigenous notions of healing and wellness. I am grateful all who have taken time to share their culture, language, and knowledge with me and I acknowledge my responsibility to carry this experience and knowledge forward with me in my work and in my everyday life to advocate for social justice and action to address inequities Indigenous peoples face in Canada.

A note on terminology

“Aboriginal Peoples” is a term representing all of the first peoples of Canada and their descendants, and appears in Section 35 of the *Constitution Act* of 1982. This section specifies that the Aboriginal Peoples in Canada comprise three distinct groups – Indian (First Nations), Inuit, and Métis (*Constitution Act*, 1982, s 35(2)). The term “Indigenous” means “native to the area,” and has been used to refer to Aboriginal peoples internationally (National Aboriginal Health Organization, 2017). The term Indigenous, however, is becoming increasingly favoured over the term ‘Aboriginal’, particularly in Canada. In this document, the terms Aboriginal and Indigenous are sometimes used interchangeably. Other terms unique to this study are as follows. This study was conducted in partnership with a First Nations’ Tribal Council and an Anishinaabe-Ojibway-Saulteaux First Nation community. These community group descriptors are unique to these peoples and the tribal council that represents them and have been used when referring to the findings of this study. Anishinaabe is the autonym for peoples from a culturally related group of Indigenous peoples in Canada and the United States (Encyclopedia Britannica, 2016). There are several different versions of the meaning and origin of the term *Anishinaabe*, however the term is commonly translated to mean “from whence lowered the male of the species” (*ani* meaning "from whence," *nishina*, meaning "lowered," and *aabe*, meaning "the male of the species") (Benton-Benai, 1979; Anderson, 2011). The meaning is said to have derived from the Creation story in which the Creator made man from the four sacred elements and then lowered him down to the earth (Mishkeegogamang Ojibway Nation, 2010). The groups represented include the Odawa, Potawatomi, Mississaugas, Chippewa, and Algonquin peoples, as well as the Ojibway nations, who participated in this study (Encyclopedia Britannica, 2016). The term Saulteaux means "people of the rapids" and represents a cultural group that are a

branch of the Ojibway nations (Saulteaux First Nation, 2007; Saskatchewan Indian Cultural Centre, n.d.). Historically, this group settled around Lake Winnipeg and Lake Superior and had developed a distinct dialect of the Ojibway language, also called Saulteaux (Moseley, 2007).

Chapter I: Introduction

First Nations, Inuit, and Metis constitute over 1.6 million people, or about 4.9% of the Canadian population (Statistics Canada, 2016). There are more than 50 nations and 50 First Nation languages, distributed among 630 First Nation communities, and among those members residing in cities and rural communities throughout Canada (Indigenous and Northern Affairs Canada, 2016). In Manitoba, First Nations, Inuit and Metis peoples represent approximately 18.0% of the total population (Statistics Canada, 2016). First Nations peoples represent approximately 10.5% of the total population in Manitoba (Statistics Canada, 2016) with 63 First Nations communities and five different language groups (Indigenous and Northern Affairs Canada, 2014). Overall, the cultural and linguistic differences among many Indigenous groups are greater than the differences between European nations (Kirmayer, Brass, & Tate, 2000). These diverse cultural and linguistic differences include a vast diversity of worldviews, lifestyles, and values. This rich diversity, shared history of being indigenous to Turtle Island (North America), and self-determination were disrupted by colonization. Indigenous peoples across Canada have a shared history of colonialism and experience on-going oppression, expressed as racism, social exclusion, cultural repression, and historical trauma, all of which impact, similarly, the health and wellness of Indigenous individuals, families, and communities.

Found among many Indigenous groups is a disproportionately high burden of mental health conditions, such as significantly higher rates of suicide, depression, and substance use (MacMillan et al., 2008; Statistics Canada, 2006). At the root of mental health problems at both the individual and community level is historical and contemporary forms of oppression and the resultant social inequities experienced such as poverty, unemployment, and discrimination (Nelson, 2012).

Western notions around health and wellness—along with Western health systems and research approaches including modern epidemiology—have been characterized as individualistic in nature, focusing primarily on individual behavioural/risk factors in the production of disease (Rockhill, 2005; Lomas, 1998; Goldberg, 2012). Subsequently, the majority of mental health research with Canadian Indigenous populations to date has focused on the prevalence of mental illness or mental health problems, such as high rates of suicide, substance abuse or addiction, violence, depression, and anxiety. Investigations of predictors of mental health problems have primarily centered around individual-level risk factors such as exposure to trauma or abuse (linked to colonial processes) or access to resources such as mental health services (Kirmayer et al., 2007; NAHO, 2005; Reading & Wein, 2009). While investigations into individual health behaviours and risk are undoubtedly valuable, Reading and Wein (2009) contend these behaviours/risk “must be considered within the socio-political context of Aboriginal peoples’ lives to avoid an individualistic perspective.” (p. 11)

This focus on the individual is also reflected in mental wellness interventions, while important, have been and continue to be employed in First Nations communities. Mental health interventions such as one-on-one mental health counselling, individual-focused mental wellness promotion programming, inpatient addictions treatment, or crisis response and trauma debriefing are available (Health Canada, 2017; Health Canada, 2012). A growing body of evidence, however, has also highlighted the importance of community-level factors—such as communities’ efforts to preserve or reclaim the continuity of their collective culture and local autonomous control over governance structures, health, social, and education systems—in the mental wellness of Indigenous individuals and communities (Chandler & Lalonde, 1998; Anderson & Kowal, 2012; Mead et al, 2010; Reading & Wien, 2009). As this thinking has

evolved and been refined, funding for community-level interventions has been limited. While Building Healthy Communities and Brighter Futures programs funded for First Nation communities are designed to promote community wellness and address health problems, these programs are still bound to a colonial structure (i.e. Health Canada), have limited budgets, and, in some cases, a lack of local capacity to successfully implement (Sjoblom, field notes, 2017).

As a result, Indigenous scholars and leaders continue to call for increased efforts to promote community-level attributes as a means to improve the mental wellness of Indigenous peoples and to address the collective, cumulative and intergenerational impacts of colonization (Lavallee & Poole, 2009; Gone, 2013; Mignone & O’Neil, 2005). Despite the growing research into how community-level factors relate to community wellness, few studies have explored, from the perspectives of community members, why and how community-level factors work to protect and promote mental wellness of individuals. Moreover, the role of family and household environments—which have been historically fractured by the Residential School system and other intrusions and constructions of colonization—have to date been overlooked in examinations of community-level factors and mental wellness in Indigenous contexts. Consequently, the objective of this qualitative study was to investigate the way Indigenous peoples understand how community and family environments protect mental health and wellness and how these environments can be strengthened and supported in a way that acknowledges the realities of their community.

Chapter II: Literature Review

To set the context of this study, a review of peer-reviewed literature was carried out, using Google Scholar, Pro Quest, EBSCO, OVID, Psych Info, sociological abstracts, PubMed and sources cited by other authors. The review focused on the 1) factors that contribute to or detract from mental wellness in Indigenous communities today, and 2) factors that contribute to community resilience, perseverance, and strength in the face of adversity. The keywords searched included: mental health, mental wellness, wellness, Indigenous, Aboriginal, First Nations, Ojibway, Anishinaabe, community, resilience and Canada. A grey literature search was also conducted using Google Search and focused on news articles, community and agency publications, and government documents. From this review, four thematic areas emerged: 1) colonization and Canada's First Nations peoples; 2) colonization and health; 3) colonization and mental health; and 4) factors promoting and protecting mental wellness. These thematic areas are described below, starting with an overview of colonization.

Colonization and Canada's First Nations Peoples:

This section begins with a discussion of who First Nations are, followed by a brief overview of colonization and First Nations in Canada from pre-contact to current day. The purpose of this section is to set the stage for a discussion on colonial impacts as an important social determinant of health for Indigenous peoples generally and on the physical, mental, spiritual, and emotional health of Canada's First Nations peoples specifically (Czyzewski, 2011). To begin this discussion, it is important to distinguish colonialism and colonization. The term 'colonialism' speaks to the political, social, and philosophical factors that accompany colonization. Colonization refers to the geographic, social, and economic processes that occur

when a territory and society are invaded by a society from another territory. It is defined by Kelm (1998) as,

“...a process that...includes geographic incursion, sociocultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level social services and finally, the creation of ideological formulation around race and skin colour which position the colonizer at a higher evolutionary level than the colonized.”
(p. xviii)

The following history illustrates these differences. Since time immemorial, the ancestors of First Nations peoples have populated the lands of Turtle Island, also called North America. While little has been written about pre-colonial history on Turtle Island, the Royal Commission on Aboriginal Peoples (1996) and the First Nations Health Council (2011), drawing on historical documents and oral histories, reported that Indigenous populations were large—with some estimates suggesting a population size that exceeded 2 million—and thriving as diverse and complex societies, prior to Europeans arriving in what is now known as North America. Prior to contact, oral histories and observations highlighted that First Nations experienced no diabetes or dental cavities (Hopkinson, Stephenson, & Turner, 1995) and had healthy traditional diets and lifestyles (First Nations Health Council, 2011). In some societies, women were valued and held prominent roles in leadership (Van Kirk, 1988), and complex systems of healing and traditional knowledge had evolved to safeguard collective wellness (First Nations Health Council, 2011).

Upon the arrival of Western societal explorers and fur traders, First Nations peoples still experienced periods of relatively good health. However, these periods were punctuated by infrequent but severe European-introduced epidemics, such as influenza and smallpox, that devastated Indigenous populations in North America and caused entire bands to disappear in Manitoba by the early 1700s (Hackett, 2005). These epidemics continued throughout Canada

and North America, causing dramatic population declines, disrupting food harvesting, and contributing to widespread malnutrition, beyond those typically associated with periods of environmentally induced food shortages (Royal Commission on Aboriginal Peoples [RCAP], 1996). This impact set in motion the trajectory for infectious diseases such as tuberculosis and venereal diseases and contributed to a widespread loss of oral knowledge when traditional knowledge experts perished (RCAP, 1996; First Nations Health Council, 2011).

The early relationship between First Nations peoples and the British Crown was characterized as being founded on mutual respect, sharing, and recognition of First Nation sovereignty, as evidenced in the treaty-making process that resulted in what First Nations have considered to be formal agreements between sovereign nations (RCAP, 1996; Rotman, 1996; *Haida Nation v British Columbia*, 2004; Aboriginal Justice Implementation Commission, 2001). Following population collapse, interventions into Aboriginal societies by governments and churches increased, as non-Aboriginal society was “no longer willing to respect the distinctiveness of Aboriginal societies.” (RCAP, 1996, p. 42) These later dealings began to characterize First Nations as wards of the Crown who needed to be taken care of as if they were children (RCAP, 1996). The federal government declared itself responsible for First Nations and reserve lands with the introduction of the *Indian Act* in 1876. This legislation allowed for the creation of a land reserve system. As this system evolved, First Nation bands were relocated to new, unfamiliar and barren lands to make available for settlers the vast lands outside reserve borders (Harris, 2002). This sentiment that reserve land was unwanted land is even reflected in the Ojibway/Saulteaux language, with the term for reserve, *Ishkonegan*, literally meaning “leftover land” (Simmons, personal communication, March 1, 2017).

Additional sections of the *Indian Act* (1876) aimed to assimilate and control First Nations peoples by controlling identity, education, health, and political systems. Amendments to the Act led to the suppression of traditions, culture, language, and autonomy (Lavallee & Poole, 2010). Some missionary publications divulge overt descriptions of attempts to suppress traditional practices in communities, including methods of traditional healing, spiritual ceremonies, cultural events and gatherings such as pow-wows, and destruction of sacred places (Sjoblom, field notes, 2017).

Another major colonial assimilation tool was the residential school system, which exacerbated and advanced cultural genocide by the Canadian government and churches. The residential school system persisted for over a century, from the 1870's to 1996 when the last government-run residential school closed (Truth and Reconciliation Commission of Canada [TRC], 2015). The residential school system was established to remove children from their families with the intent to “kill the Indian in the child” (TRC, 2015). While attending residential schools, children experienced physical and sexual abuse, physical punishment for using their language, and high rates of malnutrition and mortality (TRC, 2015). Another regressive policy that followed was the removal of children from their families and communities, known as the 60's scoop whereby child welfare agencies removed children and placed them with other families, often non-Indigenous families. This processes “deprived children of the information, skills, and resources to address the poverty, disempowerment, multi-generational grief and loss of parenting knowledge” (Blackstock & Trocme, 2005, p. 16). This apprehension legacy continues, whereby First Nations children are apprehended by child welfare agencies at an alarming rate (Trocme et al. 2004) and available support and resources are far less for on-reserve

children compared to their off-reserve counterparts (Blackstock, 2009; First Nations Caring Society, 2016).

Colonization and Health

This colonial legacy has been cited as the primary cause of the intergenerational health and wellness gap between Canada's Indigenous peoples and the general Canadian population (Czyzewski, 2011). As discussed, the historical mechanisms of colonization in Canada were wide-ranging and modern forms continue to play out in policies, institutions, and systems which perpetuate health disparities between First Nations and the general Canadian population. While First Nations peoples' survival in the face of colonial adversities is undoubtedly profound, the effects of a protracted history of inequity are apparent. For instance, Canada's First Peoples bear a disproportionate burden of illness and morbidity, across almost every health and wellness indicator (Newbold, 1998; Adelson, 2005; Martens et al., 2002; Martens, Sanderson, & Jebamani, 2005).

As Naomi Adelson (2005) indicates, health disparities are indicators of a disproportionate burden of disease relative to a specific population. Health inequities, on the other hand, "point to the underlying causes of the disparities, many if not most of which sit largely outside the typically constituted domain of 'health'." (p. S45) The literature on the disparities experienced by First Nations, relative to the general Canadian population, consistently shows direct and indirect links to a colonial-shaped socio-cultural, political, economic, and environmental context in which First Nations live today.

Colonization and colonialism have intersected almost every social determinant of health, and the health and wellness of First Nations peoples are strongly influenced by social determinants (Reading & Wein, 2009). As Reading and Wein (2009) indicate, social

determinants influence a broad array of health capacities and vulnerabilities and can be categorized by their impact level. According to the authors, distal determinants denote broader historical, political, social, and economic factors that influence health indirectly through intermediate determinants (Reading & Wein, 2009). Intermediate determinants, which include factors such as community infrastructure, resources, systems, and capacities, work to shape proximal determinants such as health behaviours and the physical, and social environments. While proximal determinants of health represent the direct causes of health inequity among Indigenous communities, intermediate and distal determinants such as colonization forces can contribute to social inequalities and systemic racism and are also a source of proximal determinants. Reading and Wein indicated that “[d]istal determinants have the most profound influence on the health of populations because they represent political, economic, and social contexts that construct both intermediate and proximal determinants” (2009, p. 22).

First Nations peoples and communities, therefore, face significant health and social determinant challenges, which are compounded by a lack of autonomy in addressing their health and social needs. For example, physical environments are a proximal determinant that shapes the health of populations (Reading & Wein 2009). In First Nations communities, the physical environments that adversely impact health include federal funding structures that contribute to poor housing quality and housing shortages, which in turn can lead to overcrowding, contaminated living spaces via mould and pests and increased transmission of respiratory infectious diseases (e.g. tuberculosis and severe respiratory tract infections) (Canadian Mortgage and Housing Corporation, 2004; Kovesi, 2012) and chronic conditions like severe asthma and allergies in children (Berghout et al., 2005; Strachan, 2000; Lawrence & Martin, 2001).

The reserve system and geographic isolation is another challenging physical environment that impacts the health of community members. First Nations living in remote rural, reserve communities encounter food security issues due to difficulties in accessing traditional and store-bought foods (McIntyre, Connor, & Warren, 2000). Poverty also impacts everyday life in a multitude of ways. The extent to which individuals can access traditional foods through hunting, fishing, and trapping can be limited by resource extraction supply costs (e.g. boats, rifles, nets, fuel, etc.) (Moffat, 1995; Reading & Wein, 2009) which, when limited, impacts the transmission of traditional land use knowledge. Poverty also limits access to market foods in remote communities, where food transportation costs inflate food costs to community members, particularly with respect to fresh, unprocessed foods (McIntyre, Connor, & Warren, 2000). Food insecurity in First Nations communities is a result of a lack of access to healthy market foods, which is compounded by a loss in traditional knowledge and limited traditional land use harvesting have contributed to nutritional deficiencies, obesity, and diabetes (Willows et al., 2011; Skinner, Hanning, & Tsuji, 2006; Collins, 2009).

Socio-economic status (SES), represented by indicators of education, employment, and other income-generating activities, is another important determinant, impacting an individual's ability to access the resources necessary for health and wellbeing (Adler & Newman, 2002). Colonization, historical and contemporary, and systemic racism have limited the participation of First Nations peoples in activities to maximize SES levels (Reading & Wein, 2009). This dynamic of exclusion, compounded by geographic location, overtime has resulted in high rates of unemployment, low literacy and educational attainment, limited income generating and business opportunities and a scarcity of community resources (O'Donnell & Tait, 2003; First Nations Centre, 2004).

In summary, while the health disparities and inequities discussed in this section are not exhaustive, a link is clearly established between the distal forces of colonization and the proximal determinants that directly shape the observed health disparities between First Nations peoples and non-Indigenous Canadians today. The following section looks at these processes in relation to mental health.

Colonization and Mental Health

Significant mental health disparities between First Nations peoples and the general Canadian population have been well documented. One of the most notable disparities is suicide. Suicide rates among First Nations are twice the national average (Kirmayer et al., 2007), and in some regions in Manitoba, the rates are four to five times those observed in the general population (Katz et al., 2006). Some communities have experienced suicide clusters and epidemics, while others have few or no suicides for several years (Chandler & Lalonde, 1998). Gender differences in suicide attempts and rates of completed suicide in First Nations populations reflect those in the general population. More First Nations women attempt suicide than men, but young adult men are more likely to complete suicides. However, this gender difference is not as large as that observed in the general population (Kirmayer et al., 2007).

Individual factors associated with suicide among First Nations in Canada are similar to those of the general population and include depression, low self-esteem, hopelessness, a negative self-image, trauma, substance use, suicide of a family member or a friend, a history of physical or sexual abuse, family violence, and for youth, unsupportive and neglectful parents, poor peer relationships or social isolation, and poor performance in school (Kirmayer et al., 2007). The associated factors, which set First Nations apart from all other Canadians, is a history of colonization, residential school impacts, historical trauma, and historical and current interactions

with Canadian social and political institutions (Kirmayer et al, 2007; Elias et al., 2012; Dion Stout & Kipling, 2003; NAHO, 2005). As summarized by Kirmayer et al. (2007), colonization, forced assimilation, and relocation resulted in social breakdown and disruption in First Nations communities, contributing to increased individual vulnerabilities that, when combined with precipitating factors (such as loss of a close relationship, rejection, getting into trouble with the law) and enabling factors (such as substance use, access to firearms, or attitudes towards suicide), contribute to the possibility of a person committing suicide. Nevertheless, this portrait of suicidality among First Nations does not fully explain why there is variation in suicide rates across different communities.

Other mental health conditions often linked to suicide behaviours are depression, anxiety, post-traumatic stress disorder and personality disorders, and these conditions are disproportionately high in the First Nations population (Bellamy & Hardy, 2015a; Bellamy & Hardy, 2015b; Bellamy & Hardy, 2015c). An examination of the *First Nations Regional Longitudinal Health Survey* (2002/2003) found that 34.5% of First Nations women and 25.7% of First Nations men reported that they felt sad or depressed for 2 weeks or more in the past year (NAHO, 2005). Another study found that First Nations living off reserve, when compared to the general population, had a higher rate of depression (13.2% versus 7.3%) (Tjepkema, 2002). In a review of twenty-three studies examining Indigenous youth suicide in North America, New Zealand and Scandinavia, depression and having a friend that died by suicide were two of the strongest factors associated with suicidality (Harder et al., 2012).

Amongst First Nations, colonization, forced assimilation, and relocation have been identified as the root causes of depression, and these macro events have also contributed to the loss of factors that were once protective against depression (Bellamy & Hardy, 2015c). For

instance, broken attachment relationships due to residential schools and harmful child welfare practices impacted parenting and were transmitted across generations (Bombay, Matheson, & Anisman, 2009). Another impact of broken attachment was the loss of traditional knowledge and spiritual practices that promoted resiliency (Hatala, 2013; Bellamy & Hardy, 2015). The transmission of depression, with its origin in residential schools, has also become intergenerational (Bellamy & Hardy, 2015c). Furthermore, colonization and on-going colonial activities have been implicated in higher rates of anxiety and post-traumatic stress disorders experienced by First Nations. With origins in the residential schools system, and then further shaped through involvement in the child welfare system, there are now generations of First Nations peoples with these conditions and they, in turn, become the environments that contribute to the intergenerational expression of these conditions (Bellamy & Hardy, 2015b; Bellamy & Hardy, 2015c).

Other types of mental health issues include substance use, abuse, and addiction. Although the average number of First Nations who drink alcohol is lower than the general population (65.6% versus 79.3%), research suggests that binge drinking tends to be higher (First Nations Centre, 2005; First Nations Information Governance Centre, 2012; Elton-Marshall, Leatherdale, Burkhalter, 2011). Illicit substance use among First Nations also appears higher than that among the general Canadian population. Slightly over a quarter (26.7%) of First Nations adults have reported past-year use of cannabis in the *First Nations Regional Longitudinal Health Survey* (2002/2003) versus 14.1% of adults in the general Canadian population (First Nations Centre, 2005; Fischer, Rehm, and Hall, 2009). With the pending legalization of cannabis, however, these numbers may change. In recent years, for example, illicit substance use among First Nations has been increasing. From the 2002/2003 to the

2008/2010 First Nations Regional Health Survey, cannabis use among First Nations adults increased from 26.7% to 32.3% (First Nations Information Governance Centre, 2012). While empirical research into prescription drug misuse has been limited, there is even less research investigating the misuse of prescription drugs among First Nations in Canada. Nevertheless, existing research coupled with concerns from communities, treatment centres, and First Nations governments, is indicating a growing problem of prescription drug misuse (National Advisory Committee on Prescription Drug Misuse, 2013; Dell et al., 2012; Webster, 2012). This concern was corroborated in a survey of 44,344 adolescents in grades 7 to 12 living across Canada's 10 provinces by Currie and Wild (2012) that found that the prevalence of prescription drug use to get high among First Nation youth was almost double that of the national prevalence (11.0% versus 5.9% respectively).

Evidence further suggests that First Nations experience a disproportionate burden of harm associated with substance use. For instance, alcohol-related deaths amongst First Nations people were six times higher than those in the general population (NAHO, 2005). Associated with the use of illicit substances were higher rates of Hepatitis C, HIV, (Sadler & Lee, 2013; Uhanova et al., 2013; Spittal et al., 2007) and incarceration (Marshall, 2015). Colonization has also been identified as a major catalyst for alcohol and substance use among First Nations, indicating that substance abuse was likely a coping mechanism for dealing with trauma and a growing loss of culture and identity (NAHO, 2005; Health Canada, 2000). For instance, First Nations persons who experienced a history of sexual and physical abuse or neglect in childhood, have a history of familial alcoholism, attended a residential school, or were a victim of violence are at greater risk for alcohol and substance abuse (NAHO, 2005).

In summary, this overview has shown that colonization and its links to health and mental health have disproportionately impacted First Nations peoples in Canada. Individual risk factors—shaped by this colonial legacy—such as trauma and sexual abuse, gender, and income have been associated with gambling, addictions, suicide, self-harm, anxiety, feelings of hopelessness, and suicide ideation respectively (Dion et al., 2010; Elias et al., 2012; Alaghebandan et al., 2005; Kirmayer, Brass & Tate, 2000; Raphael, Swan, Martinek, 2008; Lemstra et al., 2009). That being said, there are factors that have been identified as working to protect and promote First Nations mental wellness, with a particular focus on positive collective impacts via families and communities, which is the subject of the next section, starting with intersecting individual and community factors.

Factors Promoting & Protecting Mental Wellness

Intersecting Individual and Community Factors

To date, several Western frameworks have evolved to guide research into mental wellness. One concept explored is resilience, which is an individual-level factor that protects and promotes mental wellness. It is defined as a pattern of positive adaptation in the midst of or following significant stress, adversity, or risk (Masten, 2014). This positive adaptation arises through dynamic and complex interactions of protective factors in the social or cultural environments, including by way of individual psychological and emotional skills, spiritual capabilities, and highly responsive biological systems (Hatala, 2011; Hatala, Waldram, & Crossley, 2013; Ungar, 2008). Research has shown that personal psychological, emotional, and social assets (i.e., creativity, problem-solving ability, internal locus of control, good peer relations, optimism, emotional stability, social support) were associated with individual

resilience and positive mental health outcomes (Andersson & Ledogar, 2008; Kirmayer et al., 2007).

Another protective factor is having a positive cultural identity, and this factor is particularly important to the mental health of Indigenous individuals (Kirmayer et al., 2007). In the context of colonization, Indigenous peoples experienced significant cultural marginalization, whereby identity formation was interrupted. When combined with other forms of marginalization, this dynamic may have put Indigenous peoples generally and Indigenous youth in particular at a greater risk for suicide (Kirmayer, 2007; Chandler & Lalonde, 2008). That being said, research conducted in other marginalized populations such as the African American community in the United States has shown that cultural beliefs within this community can produce a sense of self-worth in the face of wider negative perceptions, which may partially explain the lower suicide rates among African Americans (Ellis & Range, 1991).

A number of frameworks informed by such theories of cultural connection, cultural continuity, resilience and mental wellness processes have been investigated among Indigenous populations across North America (Chandler & Lalonde, 2008; Kirmayer, 2014; Wexler, 2014). One theory, that has been popularized, is “cultural continuity,” which is the degree to which a community partakes in actions symbolic of their sense of community as a cultural group and which can function as a powerful protective factor for community members. This theory, which is attributed to Chandler and Lalonde (1998), two Western researchers who described a pattern of key community-level aspects that were associated with reduced rates of completed suicide. These aspects were forms of community engagement, and this engaged was grouped into the following six factors: 1) attendance of students in band-run schools, 2) band-controlled health services, 3) presence of band-controlled police and fire services, 4) history of land claims, 5)

self-government, and 6) cultural facilities (Chandler & Lalonde, 1998). In their study, rates of completed suicide in communities that had all of these factors were low or zero, and communities that had none of these factors had high rates of completed suicide. In a subsequent study using data from 1993 to 2000, these cultural continuity factors were confirmed, and three additional factors associated with decreased rates of suicide were identified. Rates were lower where women were in the majority of elected officials, where the community was at an advanced stage of land claims negotiations; and where the community had local child protective services (Chandler and Lalonde, 2003). Hallett, Chandler, and Lalonde (2007) updated their analyses in 2007 and found that Indigenous language use as a significant predictor of cultural continuity. First Nations communities, where 50% or more of members had Indigenous language knowledge, tended to have youth suicide rates that were six times less than those First Nations communities with less than 50% of members having language knowledge. These findings overall confirmed what Chandler and Lalonde postulated earlier. A community's effort to preserve the continuity of their collective culture can impact continuity at the individual-level and act as a hedge against suicide by facilitating individuals' endurance through life's routine hardships (Chandler & Lalonde, 1998).

Reflecting on this work, Kirmayer et al (2007) described cultural continuity as a form of culture that is "potentially enduring or continuously linked through processes of historical transformation with an identifiable past of tradition" (p. 77). A further examination of the cultural continuity proxies used by Chandler and Lalonde suggest that some of these proxies may have been measuring self-determination or a level of local autonomous control (Ladner, 2009). Indeed, self-determination—which encompasses "[equal participation] in political decision-making, control over their lands, economies, education systems, and social and health

services.” (Reading & Wien, 2009; p 23)—has been purported to be one of the most important health determinants among Indigenous peoples (Madden, Graham, & Wilson, 2005; Ladner, 2009). Self-determination, when measured at the individual level, may also have significance in terms of mental wellness; that is, those who feel in control of their lives may be less likely to experience feelings of depression or suicidal ideation (Reading & Wien, 2009).

In summary, the intersecting individual and community-level factors appear to play an important role in the mental wellness of Indigenous peoples. While investigating these levels have tremendous merit, we know little about the way the family environment positively impacts the mental wellness of individuals. Of interest is the way that the family can mediate the role of community and other intermediate and distal determinants of health.

Intersected by Gender:

Gender, for instance, is a culturally based and historically specific Western societal construct that refers to the socially prescribed and experienced dimensions of “femaleness” or “maleness” (Johnson, Greaves, & Repta, 2007). The experiences and cultural values surrounding gender contribute to socially prescribed gender roles that influence an individual’s everyday actions, expectations, and experiences. Gender rules are further reinforced by social norms and practices that “affect gender identity at the individual level, gender relations at the interpersonal or group level, and institutional gender in the social realm.” (Johnson, Greaves, & Repta, 2007; p. 5).

Gender is an important determinant of health and mental health (Canadian Women’s Health Network, 2006) and mediates experiences of mental health in a number of ways. Biological and socially constructed differences between men and women interact to affect individual susceptibility to particular mental health conditions, health-seeking behaviours, and

the how the healthcare sector and society as a whole respond to mental health (Public Health Agency of Canada [PHAC], 2012). The impacts of gender on mental health are highlighted in a report from the Canadian Women's Health Network [CWHN] (2006). Women tend to experience more "interpersonal victimization, including childhood abuse, sexual abuse, and intimate partner violence." (p. 4) As survivors of violence, trauma, and abuse, they tend to experience higher rates of substance use and other mental health conditions (CWHN, 2006). That being said, gender differences have been noted in the manifestation of suicide. Men account for four out of every 5 deaths by suicide in Canada, whereas women make 3 to 4 times more suicide attempts than men (PHAC, 2012; Canadian Mental Health Association [CMHA], 2015). Gender has also been associated with different rates of depression among men and women (Kuehner, 2003). As for determinants, factors are often unequally distributed among the genders. For instance, poverty, social isolation, low education, and low power have been linked to increased risk for depression in women (Kuehner, 2003).

There is now a strong body of literature that shows gender as a social determinant of health in Canada's Indigenous communities and the way gender interacts with other determinants such as class and race to produce health inequities between Indigenous men and women (Kirmayer et al., 2000; King & Gracey, 2009; Iwasaki et al., 2004). For instance, there are gender differences in the way culture change and colonization impacted traditional roles. Young First Nations men have experienced a significant disjuncture in social roles including loss of valued status and direction, which Kirmayer et al. (2000) have postulated as a reason for the high suicide rates in this group. King and Gracey (2009) and Kirmayer et al. (2000) have also contended that Indigenous men's experiences of isolation, alienation from their families, society

and culture, and incarceration could lead to mental health conditions, including suicidal ideation and attempted suicide.

Colonization and colonial policies and practices have also influenced gendered impacts by “[destroying] women’s traditional roles within clan, kinship, and governance systems...[and] systematically [devaluing], [undermining] and [subjugating] Indigenous women.” (Native Women’s Association of Canada, 2010; p. 11-12). In addition, colonization has acted to dismantle “traditional cultural principles that fostered a sacredness of sexuality,” effectively destabilizing preventative values and traditions that had previously thwarted sexual violence in Indigenous communities (Mehrabadi et al., 2008). Consequently, sexual violence towards Indigenous women in Canada, the United States and Australia have reached epidemic proportions (Brownridge, 2003; Evans-Campbell, Lindhorst, Huang, & Walters, 2006; Raphael, Swan, & Martinek, 2008; Walters & Simoni, 2002), increasing Indigenous women’s vulnerability to trauma-related mental health conditions such as substance abuse, depression, posttraumatic stress syndrome and injection drug use (Mehrabadi et al., 2008). Overall, the gendered impacts of colonization have been linked to disproportionately high rates of depression, attempted suicide, substance use among, and violence against Indigenous women and girls (Varcoe & Dick, 2008; Native Women’s Association of Canada, 2010; MacNeil, 2008).

While the aforementioned frameworks showed value, a gender lens has not been applied to mental wellness. This gap thus prompts the call to advance a gender lens for understanding mental wellness of First Nations men and women and to inform strategies that will be effective in the mental wellness promotion of community members of all genders.

Intersecting Family and Community

Another perspective to understand mental wellness and to frame mental wellness strategies concerns the role of families and household environments in protecting, promoting or reducing harm in First Nations communities (McCloskey, Figueredo, & Koss, 2008; Turagabeci et al., 2007). For instance, a strong, positive, and “close-knit” family and household environment may act as a buffer against the negative consequences of broader social, political, and economic factors (Martin & Yurkovich, 2013). For instance, social cohesiveness, supportiveness, flexibility, and co-residence of the father have been cited as significant predictors of the mental wellness of children (Weiss & Seed, 2002; Thompson et al., 2007). Other family characteristics associated with the mental wellness of adult family members were being married (Helliwell, 2003; Haller & Hadler, 2006; Helliwell & Putnam, 2004), the quality of marital harmony (Williams, 2003), and family stability (Rask et al., 2003). Conversely, some factors of family and household environments may pose a risk for the mental health of family members. Family environments that are characterized as unsupportive, neglectful, or cold have been associated with a number of mental health risks for children. Such environments could contribute to internalizing issues that result in depression, suicidality, anxiety, and externalizing behavioural problems such as aggression, hostility, and opposition towards others, including “delinquent” behaviour (Repetti, Taylor, & Seeman, 2002). What these studies have shown is that family environments have an important role in the mental health of family members by acting as a buffer to harmful external factors or may contribute to mental health problems via certain dimensions of family functioning or parental behaviours.

Much of this research, however, has been criticised as being heteronormative and culturally biased; that is, reflecting and (re)constructing a normative definition of the

heterosexual nuclear family - the married couple, co-resident with their biological, dependent children (Kitzinger, 2005; Niel et al., 2013; Golding, 2006). What these studies fail to account for is the diversity of family life and may pathologize families and practices that do not fit within this normative construct (Kitzinger, 2005; Niel et al., 2013). This social-cultural bias has implications in research with Indigenous families. Families and households in Indigenous communities may be comprised of extended family members such as aunts, uncles, grandparents, nieces, and nephews (Greenwood & Shawana, 2000). In addition, child-rearing responsibility may extend beyond the family to the community, with a high value placed on experiential learning which involves little caregiver interference and a high level of respect for child autonomy (Greenwood & Shawana, 2000).

Another consideration is the way colonization has impacted Indigenous families, parenting and gender roles (Evans-Campbell, 2008; TRC, 2015; Simard & Blight, 2011; Neckoway, Brownlee & Castellan, 2007). Colonial systems disrupted Indigenous conceptions of family and introduced and perpetuated dysfunctional values, beliefs, and behaviours that became a normal part of child rearing in Indigenous communities (Dorion, 2010). Indigenous families have had to cope with historical traumas due to colonization, residential schools, and continued child welfare apprehensions. These circumstances have disrupted family structure, cohesion, and quality of family life, which impacted child-rearing practices and created significant inter-familial and intra-community disunity (Lafrance & Collins, 2003; Wesley-Esquimaux & Smolewski, 2004; Sarche & Whitesell, 2012; BraveHeart, 1999). For example, Western cultural processes justified and normalized residential schools and child welfare practices, which identified Indigenous mothers and their families as deficient (Thobani, 2007). British informed colonial practices and policies reflected a nuclear, social-biological family system, and this

family construct was imposed on Indigenous families and communities, which thereby marginalized cultural family forms by reinterpreting them as problematic, wrong or abnormal (Dua & Robertson, 1999). French colonizers also attempted to transform Indigenous family forms to conform to their own values of monogamy, patriarchy, discipline and dependency (Dua & Robertson, 1999). Evidence of this imposition was found in Tribal Council held United Church and Mennonite missionary texts, which revealed active efforts by the church to eliminate traditional family structures in the research communities (Sjoblom, Text Review Field Notes, 2016). In some communities, the practice of men having multiple wives was condemned by these missionaries and community members were told “they could only have one wife when they became Christians,” despite acknowledgement that such family structures facilitated survival in harsh conditions and the sharing of women’s workloads (Sjoblom, field notes, 2016). Later, British colonizers sought to “disrupt the ability of First Nations people to participate in either European or First Nations patterns of families” by using cultural genocide practices (Dua & Robertson, 1999; p. 243). For instance, the residential school and child welfare systems evolved to not only “alter family practices but to destroy the fabric of First Nations communities” (Dua & Robertson, 1999; p. 243). Notably, child welfare apprehensions were most likely to occur in families that did not conform to the norms of a patriarchal nuclear family (Dua & Robertson, 1999; p. 243). Some scholars have noted that colonial imposition of the nuclear family system on Indigenous communities had eroded and undermined traditional living arrangements that safeguarded against family violence, reduced women’s workloads, and facilitated the sharing of goods (Dua & Robertson, 1999).

In summary, this section provided an overview of theories and research into individual-family-community-level factors that protect and promote mental wellness among First Nations.

Understanding this dynamic in communities is therefore key to decreasing the mental health disparities that emerged as a result of shared, collective, and historical traumas associated with colonization and on-going post-colonization activities. What this section and others have shown is that there is an intersection of critical social determinant characteristics, which are now encapsulated in a theory of intersectionality.

Applying a Theory of Intersectionality

While this proposed study aims to examine overarching determinants of First Nations mental wellness, namely community, family, household, and gender as determinants, intersectional theory will be incorporated into this study in order to explore complex interactions of power relationships and social processes.

Intersectionality theory is a paradigm that frames how social categories such as gender, ethnicity, class and education interact, intersect, and mutually reinforce each other to produce different health outcomes among and between social groups (Reid, Pearson, & Dupere, 2012). It has application for health promotion and health research, as the framework effectively organizes the multitude of factors that work to influence health, how these factors interact, and the social and institutional power structures and systems that produce and perpetuate health disparities (Reid, Pearson, & Dupere, 2012).

Because this study will adopt a positive mental health approach to identify the strengths and virtues that enable an individual, family or community to achieve mental wellness, intersectional theory will be incorporated to examine how individuals, families, and communities resist and counteract the social and institutional power structures and systems that produce and perpetuate mental health disparities. An intersectional lens will ensure that this study aligns with an Indigenous worldview that emphasizes the interconnectedness among all

things: individuals, families, organizations, communities, Nations, and all of Creation. Within this belief system, constructs such as race, culture, and gender cannot be compartmentalized and separated.

That being said, Indigenous peoples also have had a long history of resilience and resistance against colonial powers, and continue to make strides to repair, rebuild and strengthen their families, communities, and nations (Native Women's Association of Canada, 2010; Taiaiake Alfred, 2009). To understand that contribution, the following section illustrates the value and merit of elevating Indigenous-based knowledge when investigating the mental wellness of Indigenous peoples.

Elevating Indigenous-Based Knowledge

A growing literature on Indigenous knowledge and Indigenous ways of being illustrates a number of enriched factors that have promoted the mental wellness and health of Indigenous peoples. As noted by Saskatchewan Cree Scholar and activist Priscilla Settee (2007), “[t]raditional Indigenous knowledge systems promoted practices that were sustainable, community-centered, and provided a good life within natural surroundings” (p. 7). This perspective was acknowledged and promoted in the recent Truth and Reconciliation Commission of Canada (TRC) and its Calls to Action report (TRC, 2015). In keeping with the resurgence of Indigenous concepts and voices, it is essential to engage these perspectives in the coming years, combined with Indigenous ethical research approaches, to address the health and social issues facing First Nations peoples in Canada (Isbister-Bear, Hatala & Sjoblom, 2017).

Although values and beliefs vary greatly across Indigenous nations, there are many similarities. Within the philosophies of many Indigenous peoples are the beliefs and teachings

about creation, life, spiritual practices, the maintenance of wellness, and relationships with all aspects of creation, including with the land, animals, and Mother Earth (NAHO, 2005). Many Indigenous cultures, including the Anishinaabe of Manitoba, approach health and wellness through the teachings of the Medicine Wheel, which guide the promotion of health and wellness of individuals, families, and communities (NAHO, 2005). The Medicine Wheel teachings are founded on a principle of holism, putting forth the importance of a balance between all four domains of humanity, namely the mental, physical, emotional, and spiritual (Lavallée, 2007). Thus, in contrast to Western medicine's understandings of mental health, which aims to "to separate parts from the whole and to concentrate on the parts that need the most attention" (NAHO, 2002; p. 9), an Indigenous approach to the mental wellness of an individual, family, or community cannot be considered in isolation of the whole of a person's being. Instead, living a good life, also known in Ojibway as *mino-pimatisiwin*, becomes the focus, where there is an emphasis on achieving balance in all aspects of the mind, body, emotion, and spirit (NAHO, 2002).

The merit of elevating this approach is illustrated in the literature. Most Indigenous scholars propose that the wellness of Indigenous communities can only be adequately addressed with the incorporation of an Indigenous knowledge framework that is inclusive, holistic, and respectful of the balance between the spiritual, emotional, physical, and mental aspects of wellness (Settee, 2007; Stewart, 2007; Martin-Hill, 2003; Kelm, 1998; Duran & Duran, 1995). Elders interviewed, as part of Martin-Hill's (2003) research, framed Western concepts as disconnected from culture, families, and community. In contrast, the incorporation of Indigenous knowledge supports an interconnected and interrelated approach to examining and addressing social phenomena, with a focus on holistic and collectivist approaches to healing that consider

individuals, families, peers, schools, local culture, society and environmental factors (Martin-Hill, 2009; Mussell, Cardiff & White, 2004). Other scholars have pointed to how incorporating Indigenous knowledges, ways of being, and ways of knowing can decolonize the research process and contribute to the renewing and healing of the communities involved (Smith, 1999; Wilson, 2008). Moreover, the incorporation of Indigenous knowledges into mental wellness and addictions prevention, promotion, and intervention initiatives has also been associated with positive wellness outcomes (Dell et al., 2011; Kirmayer, Simpson & Cargo, 2003; Mushquash, Comeau, McLeod, & Stewart, 2010).

In the study of resilience, several researchers have advocated for culturally contextualized models as a means to move beyond Western knowledge frameworks, which have been criticized for extending beyond the scope of privilege, which is based on race/ethnicity, sex/gender, class, and other associated factors (Isbister-Bear, Hatala, & Sjoblom, 2017; Wexler, DiFluvio, & Burke, 2008; Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011; Tousignant & Sioui, 2009; Ungar, 2008). For example, Bonanno (2004) highlighted how the common practice of looking at “adversity,” “trauma,” or “risk” in relation to resilience can contribute to the negative conceptualization of behaviour that may actually constitute positive adaption. Other researchers have noted how research into youth resilience has often labelled some types of behaviours as “delinquent,” where contextual definitions may instead endorse such behaviours as ‘healthy adaptations’ through which young people endure the difficult personal circumstances that have arisen from distal and intermediate health determinants (Liebenberg, Ikeda, & Wood, 2015; Bottrell, 2007; Ungar, 2008). Overall, the consensus is that there is merit in elevating Indigenous knowledges and concepts as it permits the facilitation of a more holistic, collective, decolonized, and culturally and contextually grounded understanding

of health and resilience that can better enable consideration of the distal and intermediate determinants of health that are at the root of the health inequities experienced by Indigenous populations.

Summary

In summary, this review identified a number of conceptual domains to explore pathways to mental wellness in First Nations communities in Canada. A number of gaps were also identified. First, the vast majority of paradigms utilized to examine and address mental wellness among First Nations populations were Western-based, with many scholars calling for increased research integrating Indigenous approaches and knowledges. Second, most research into mental wellness in First Nations populations has focused on deficits, centering on the factors that have contributed to poor mental outcomes, as opposed to factors that contribute to the protection and promotion of mental wellness. A major exception is the work on cultural continuity. Indigenous scholars and leaders highlight the need for strengths-based approaches that emphasize documenting, affirming and enhancing the existing capabilities, interests, knowledges, and resources in research with First Nations communities as a means to better operationalize and strengthen existing capacities for solving community needs. Third, while research into Indigenous culture, community, and mental wellness has been growing in recent years, there is still a paucity of research into this relationship within Anishinaabe contexts and Saulteaux contexts in particular. Lastly, there is a lack of research investigating how the role of culture and community in the mental wellness of First Nations individuals, families, and communities, including how the aspects may be intersected by gender, the family, and household environments.

Study Focus and Research Questions

To this end, this study is an investigation of the way First Nation individuals view how the community, family, and household environments, when mediated by gender, protect the mental wellness of a community and its members. The results of this study would contribute to what determines the mental wellness of First Nations. By taking a cultural approach, this study situates a multitude of pathways that, when understood, may more fully inform mental wellness programs and mental health service delivery in these communities. Indeed, by taking a culturally-situated and gender-cognizant strategy via intersectionality and by applying Indigenous perspectives, the results of this study could be utilized to effectively mobilize, beyond individual assets, Indigenous family and community assets to promote mental wellness. The following research questions were framed to guide this research:

1. How do cultural-community factors shape individual mental wellness and overall community wellness in a First Nations community?
2. Beyond individuals, how do family environments or networks mediate the effects of cultural-community factors in promoting mental wellness in a First Nations community?

Chapter III: Methods

Community-based Participatory Research and Indigenous Methodology

This study utilized community-based participatory research (CBPR) methodological principles and adhered to the First Nations principles of Ownership, Control, Access and Possession (OCAP) (National Aboriginal Health Organization [NAHO], 2007). In utilizing a CBPR approach, I strived to equitably involve community partners throughout the research process, drawing on their knowledge and experience, and sharing decision-making responsibilities. While traditional research typically seeks to explore and understand social

structures, individual experiences, and relationships between phenomena, the overarching goals of CBPR is to “equalize power differences, build trust, and create a sense of ownership in an effort to bring about social justice and change.” (Castleden et al., 2008, p. 1394). Founded in 1998 during a meeting by the National Steering Committee (NSC) of the First Nations and Inuit Regional Longitudinal Health Survey, OCAP “are a set of standards that establish how First Nations data should be collected, protected, used, or shared.” (First Nations Information Governance Centre, 2017) The principles of OCAP are designed to address the issue of power imbalance between Indigenous communities and researchers by ensuring Indigenous jurisdiction and self-determination over the entire research process (NAHO, 2007).

This study employed a mixed qualitative approach, utilizing an Indigenous methodological research design, with a modified grounded theory method for data organization. Grounded theory is inductive, aiming to systematically develop theory about a phenomenon of interest that is grounded in observations (Liamputtong, 2013). A modified grounded theory approach, put forth by Kovach, follows constructivist grounded theory tenets which compliment an Indigenous methodological research design while utilizing the analytical techniques of grounded theory methods (Kovach, 2010). Implementing a modified grounded theory approach was necessary to create space for integrating aspects of an Indigenous methodology that might otherwise conflict with the tenets of classic grounded theory (Charmaz, 2005; Kovach, 2009). Classic grounded theory—put forth by Glaser and Strauss in 1967—values the upholding of objectivity through the avoidance of preconceived ideas and espouses the emergence of theory purely from data (Glaser & Strauss, 1967). Later writings on grounded theory by Kathy Charmaz countered the positivism of Glaser and Strauss’ classic grounded theory, stating that neither data nor theories are discovered, but are constructed as a result of the positioning of the researcher in

relation to the participants, the analysis of data, and the rendering of participants' experiences into theory (Charmaz, 2005; Mills, Bonner, & Francis, 2006). Charmaz (2005) indicated that a constructivist grounded theory "emphasizes the studied phenomenon rather than the methods of studying it" (p. 509) and that "grounded theory methods are a set of flexible analytic guidelines that enable researchers to focus their data collection and to build inductive middle-range theories through successive levels of data analysis and conceptual development" (2005, p. 507).

According to Charmaz, a constructivist grounded theory welcomes epistemological based methodologies, such as an Indigenous research methodology, to utilize the "flexible analytical guidelines" found in grounded theory (2005). An Indigenous research methodology necessitates a modified grounded theory approach in order to allow for 1) Indigenous epistemologies and theory to guide the research process and interpretations, 2) an integrationist and inductive approach, enabling the integration of the researcher's knowledge as well as past research on the subject area, 3) pragmatic analysis that can provide space for practical recommendation on top of theory development, and 4) interpretation of findings that are consistent with Indigenous perspectives (Kovach, 2011). This research, therefore, utilized qualitative methods because they strive "to understand human experiences from the perspective of those who experience them" (Yegidis, Weinbach, & Myers, 2012, p. 21). Moreover, as Faulkner and Faulkner (2014) indicate, qualitative methods are more appropriate and complementary within an Indigenous framework because such methods enable the research to solicit a wider range of peoples' experiences via observations and interactions with the researcher, thus honouring Indigenous ontologies of relationality.

Indigenous methodologies involve a paradigmatic approach that is based upon an Indigenous philosophical positioning or epistemology. In a paradigmatic approach to research,

“the paradigm influences the choice of methods (i.e. why a particular method is chosen), how those methods are employed (i.e. how data is gathered), and how the data will be analyzed and interpreted.” (Kovach, 2010, p. 41). Cree scholar Shawn Wilson (2001) defined a paradigm as “a set of beliefs about the world and about gaining knowledge that goes together to guide people’s actions as to how they are going to go about doing their research” (p. 175). As Wilson (2001) discussed, the four facets that combine to compose a research paradigm, include: 1) Ontology: belief in the nature of reality and what is understood to be real in the world, a way of being; 2) Epistemology: how reality is understood, a way of knowing; 3) Research methodology: how an epistemology is used to gain more knowledge about reality; and 4) Axiology: a set of morals or ethics. (p. 175)

In describing Indigenous ontology as defined by Wilson, Hart (2010) highlights the interrelationship between ontology and worldview, in that “how people see the world, will influence their understanding of what exists, and vice-versa.” (p. 7). Wilson points out that an Indigenous worldview emphasizes relationality, and puts forth that knowledge is relational as well (2001). Subsequently, with Indigenous ontology, it is not the realities, knowledges or ideas themselves that are important, but the relationship we share with them (Wilson, 2001).

Indigenous epistemology is described as a fluid, nonlinear and relational, arising from the interconnections of the physical, mental, emotional, and spiritual aspects of individuals with all living things and with the earth, the star world, and the universe (Lavallee, 2009; Hart, 2010). Indigenous epistemology has also been contrasted to positivist epistemology, which purports that research can be objective and neutral (Lavallee, 2009; Hart, 2010). Following from the ontologies of interconnectedness and relationality, Indigenous epistemology characteristically sees value in subjectivity, with researchers connected to subjects of research and emotions

connected to mental processes (Hart, 2010). Because Indigenous methodology advances these ontologies and epistemologies, it also requires relational accountability and inward reflexivity as part of the research process (Wilson, 2001; Hart, 2010). In utilizing an Indigenous methodology, researchers are answering to all their relations, which requires reflection on how they are fulfilling their roles and obligations in the research process. In other words, the paradigmatic approach of Indigenous methodologies requires research approach to “[flow] from an Indigenous belief system that has at its core a relational understanding and accountability to the world” (Kovach, 2010, p. 41). In this sense, the axiology acts to guide the researcher and methodology, ensuring that knowledge is gathered in a manner that fulfills their end of the research relationship (Wilson, 2001). Despite these characterizations of Indigenous ontology and epistemology, it is important to highlight the diversity amongst Indigenous communities within Canada and Manitoba, and hence the diversity of Indigenous ontologies, epistemologies, and knowledges that impact how the research methodology and axiology take shape. This study was thus grounded in the values, beliefs, and knowledge of the Indigenous partner community via CBPR principles, whereby OCAP principles guided the development of this study’s axiology.

Working with the partnered Tribal Council and communities, the study was carried out in two phases. Phase I involved exploring participants’ perspectives, using a conversational qualitative interview, on how cultural-community factors along with family, and household environments play a role in the mental health of community members and the wellness of the community overall. From the interviews, phase II, the analysis phase, involved identifying and then incorporating core themes into a conceptual framework. This framework evolved into a classification system for visually mapping the pathways of mental health and wellbeing to show in what way the community and family environments along with sources of resiliency for

individual community members were revealed to protect and/or promote the mental wellness of community members and the wellness of the community as a whole.

Research Setting

This study was conducted in partnership with the Southeast Resource Development Council Corp. (SERDC), who directed the development of the research questions, methods, interview guide, and participant recruitment approaches. SERDC is a tribal council incorporated and recognized in 1978. It is a formal unification of eight Ojibway/Saulteaux First Nations communities in South-Eastern Manitoba and is accountable to approximately 14,000 community members (INAC, 2017). Four of the SERDC's member communities are accessible by all season road and four are remote, fly-in communities accessible by winter road or plane only (See Figure 1 Map for SERDC communities).

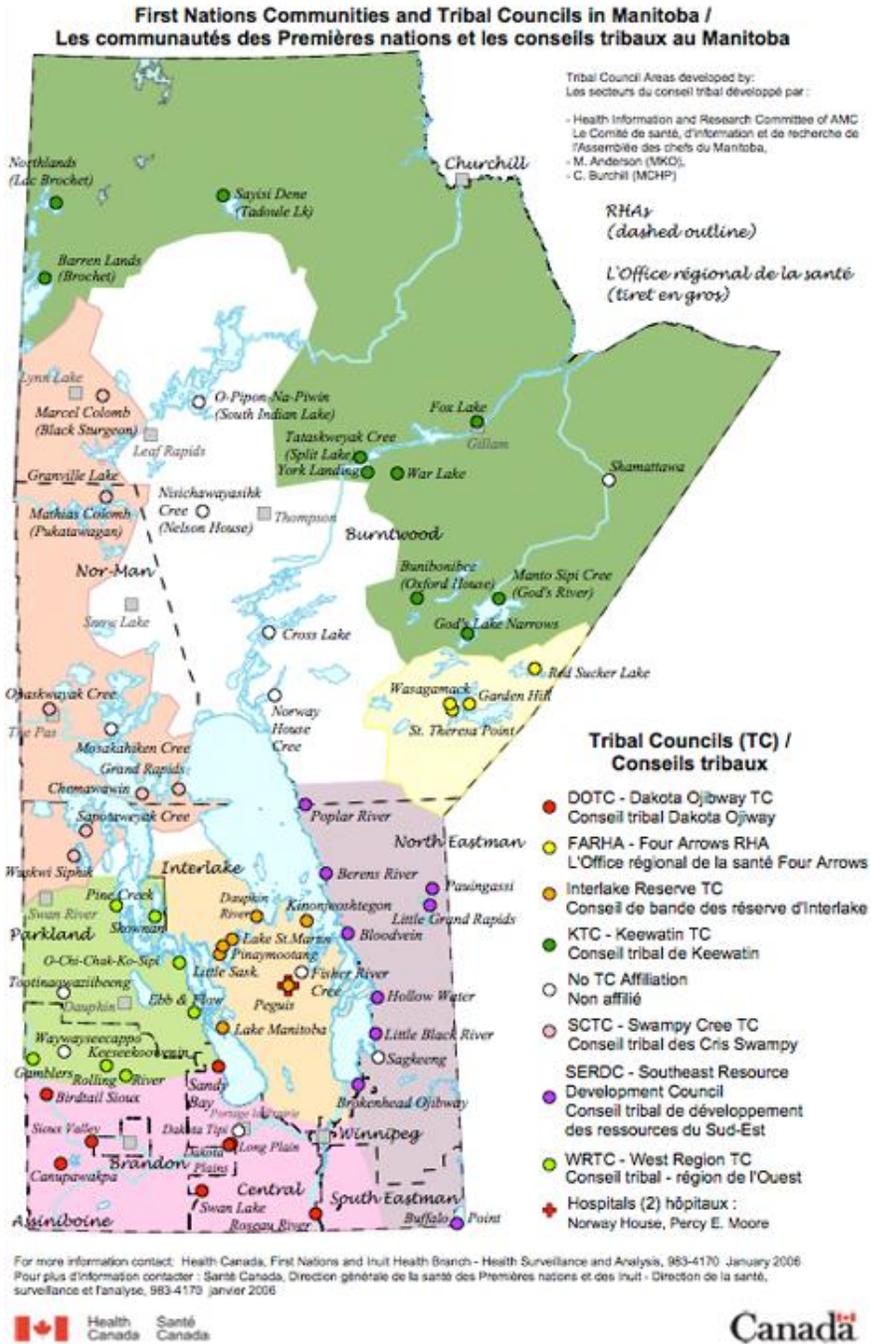


Figure 1: Map of First Nations Communities and Tribal Councils in Manitoba (Health Canada, 2006)

Participants were recruited from the SERDC tribal council and from one SERDC community. To respect the anonymity and confidentiality of participants from this community,

the research partners and this researcher chose not to identify this community by name, but will describe some characteristics of the community to help contextualize the study findings. The community, where the majority of the interviews, took place is a rural Anishinaabe community accessible by vehicle during the winter road season and by plane for the rest of the year. The majority of community members speak Saulteaux as their first language, which is a dialect of Ojibway. The community is geographically situated within a network of lakes and abundant wildlife.

Sampling

A combination of purposeful and snowball sampling methods was utilized to recruit a total of 17 participants. A maximum variation approach—defined by Patton (1990) as a “strategy for purposeful sampling aims at capturing and describing the central themes or principal outcomes that cut across a great deal of participant or program variation” (p. 172)—was utilized to ensure a diversity of perspectives on the relationship between community, family, household environments, gender, and mental wellness. In the community, the following participants were recruited: adult family members and front-line health and social service workers (e.g., traditional healers, health centre/nursing station staff, child welfare staff, and/or community wellness workers). At the tribal level, participants were recruited from health and social program administrators and staff. Recruitment continued until the research questions were sufficiently answered. In this sense, the focus of sampling was placed less on size and generalizability, and more on sample adequacy so that depth and breadth of information were achieved (Bowen, 2008). Consistent with CBPR and OCAP principles, tribal and community representatives were engaged in the recruitment of key interviewees, establishing participant inclusion and exclusion criteria, and determining when an adequate sample had been reached. Additionally, in utilizing a

snowball sampling strategy, participants or informants with whom contact had already been established were asked to refer to the researcher other people who could potentially participate in or contribute to the study.

Instrument Design and Data Collection

Interviews were conducted to elicit participants' perceptions of the factors that promote and protect community members' mental wellness using a conversational method (Kovach, 2010). Conversational method is a method that elicits "story, through conversation, as a culturally organic means to gather knowledge." (Kovach, 2010, p. 42) This method is congruent with an Indigenous paradigm and Indigenous methodologies as it is inherently relational (Kovach, 2010; Wilson, 2001). According to Maori researcher Russell Bishop (1999), the story and conversation approach can be dialogic and collaborative, where the researcher is positioned as participant and both parties become engaged in collaborative storytelling, contributing to the building and deepening of relationships. This approach is capable of incorporating decolonizing methods that break down the power hierarchy between researcher and participant and enable both parties to engage in examining their storied experiences in the context of life, culture, society, and institutions in ways that challenge dominant perspectives of wellness, mental wellness, and mental health care. In accordance with CBPR and OCAP principles, Tribal area leaders and representatives were engaged in developing an open-ended, non-directive interview guide that was used to prompt conversation and facilitate participant and researcher co-creation of knowledge. Interviews were conducted over a three-week period, with additional time allocated to revisit questions and reach a reciprocal understanding, namely with tribal representatives.

Data Analysis

This study utilized a modified grounded theory approach for thematically organizing the qualitative data for analysis. This approach was utilized to build theory—within the context of existing literature—on the pathways through which community, family, and household environments protect and/or promote the mental health of community members and overall community wellness.

The interviews were audio recorded, and the recordings transcribed by the interviewer as data collection took place. Ongoing transcription permitted interim thematic analysis of the qualitative data, when possible. This iterative process to thematic data analysis ensured that subsequent interviews are informed by data gathered in previous interviews. Entire transcripts were imported into the qualitative data analysis software Dedoose Version 7.0.23 (2016), and coded into core themes using the participants' language wherever possible.

Participant member checking was also conducted, but only with tribal council participants to generate insight into rethinking wellness programs that they offer in the tribal council affiliated communities. A draft thematic summary was generated for member checking to ensure validity and accuracy in understanding the participants' responses and to enable participants to have another opportunity to add information that was not discussed in the initial interview. Qualitative data resulting from member checking was incorporated into the thematic analysis. In situations, when my interpretations of data were inconsistent, this incongruity was incorporated by reflexive analysis, where I examined how I might have misunderstood or misinterpreted the stories told by participants. Member checking also provided an opportunity to remove information that may be invalid or inaccurate, or information that the participant found politically problematic and asked for its removal. Throughout the analysis, core themes

generated from the interviews were incorporated into a conceptual framework that was also informed by the literature.

Ethical Considerations

Ethical consent, project approval and permission to conduct this research was received from the University of Manitoba Health Research Ethics Board, Southeast Resource Development Council and the First Nations community with whom the research was conducted. Interview participants were given full disclosure of the nature and objectives of the research project, both verbally and in writing, and each was asked to give explicit free and informed consent to the interview and the digital audio recording. Participants were provided with an information package on the project, including an introduction and welcome cover page that introduced the researchers and community partners, the project, how participants were selected, what the data would be utilized for, and also indicated that participation is optional and confidential. Each participant was given the option to sign a consent form, or to indicate consent orally. Oral consent is recognized as a culturally appropriate alternative to written consent for research with Indigenous peoples (Canadian Institute of Health Research, 2013).

The safety, privacy, anonymity, and confidentiality of research participants was conserved and protected throughout this study. Interviews were completed in a discrete and confidential location that the participant was comfortable with to ensure confidentiality. When reporting participants' experiences, direct quotations that may identify a participant were not used. Participants' statements were reported using randomly assigned numbers to further protect the study participants' anonymity. To ensure confidentiality, no identifying information from participants was attached to audio recordings or transcribed documents. All interviewee digital information (email correspondence, audio recordings, and interview transcripts) was stored on a

password-protected computer. Audio-recorded interviews were deleted once transcribed and any printed documents and consent forms were safeguarded within a locked file cabinet at Tribal Council offices. While traveling, all paper documents were stored and transported in a locked briefcase. Any documents that needed to be disposed at study-end were destroyed using ethics approved confidential shredding.

This study adopted a strengths-based approach that emphasized discovering, affirming, and enhancing the capabilities, interests, knowledge, resources, goals, and objectives of participants (Cederbaum & Klusaritz, 2009). One important benefit of a strengths-based approach, as opposed to a deficit-focus approach, is that there was less focus on problems, pathologies, and deficits and more of a focus on capacities, possibilities, resiliencies and solutions. In this sense, this approach attempted to facilitate participants' recognition of their own power to overcome or prevent difficulties. Nevertheless, an anticipated risk of participation for the study participants was emotional distress during the interview process. In following CBPR principles, Tribal Council representatives were consulted to determine appropriate, on-going support for participants who may have required it.

At the end of the data collection, a total of 17 participants were interviewed, with 2 participants interviewed twice. One participant chose not to be audio recorded, and thus analysis was conducted on field notes taken during and after that interview.

Reflexivity

Reflexivity is defined as the “awareness of the influence the researcher has on the people or topic being studied, while simultaneously recognizing how the research experience is affecting the researcher” (Probst, 2015, p. 37). My experiences working in a mental health agency and various health departments of Indigenous and First Nations organizations and

governments provided me with an understanding of the realities that First Nations communities experience with respect to mental wellness challenges. I was, however, acutely aware that my perspective was one that is very much from the outside looking in, as I have never lived in a First Nations community, nor personally experienced many of the challenges that First Nations experience every day.

After each interview, I reflected on the process and what was being shared with me at the time. There were often times during the interviews that the participants would report something or discuss concepts that I had not seen or heard before. In those cases, I would explore these concepts further with the participant(s) to ensure that I understood their ideas appropriately and to avoid influencing their thoughts with my own biases on the topic. I would also repeat back my own understanding of what a participant had said about specific concepts, and then seek further clarification where necessary. I also kept a field notes journal throughout the research project to record what was happening and my own thoughts regarding the interviews and interactions within the community. Nevertheless, while transcribing some interviews, I became aware of my own misinterpretations and biases. In this sense, transcribing was an important exercise in self-analysis and learning. To ensure the accuracy of transcripts, I presented tribal council participants' transcripts back to them for their review, approval, and comments. This ensured that what was transcribed accurately reflected what the participant had intended and mitigated any bias in the way the transcriptions were done. Unfortunately, due to the remoteness of the community and tribal council concerns over anonymity and confidentiality in using the community mailing system, I could not send transcripts back to community participants. Moreover, throughout the process of analyzing the interviews, I frequently consulted a friend and colleague at the tribal council who is an Ojibway language speaker, a member of a tribal

council community, an Elder, residential school survivor, and spiritual leader to help understand concepts and explain linkages between concepts.

Chapter IV: Results

In this chapter, the findings are presented through three main and intertwining thematic areas, which encompassed participants' understandings of community wellness and mental wellness. The thematic areas are Anishinaabe ways of living, connection, and making meaning. Discussions of Anishinaabe culture, spirituality and language intersected each of these themes, along with notions of change and loss attributed to colonizing forces. While many topics discussed within each theme could easily fit under the other themes, topics were organized according to the predominant contexts in which they were discussed. For example, the topic of parenting and raising children could have been organized under the theme of Anishinaabe ways of living. Instead, it was placed under the theme of connection, as participants spoke to connection as being a primary driver in how parenting occurred.

Anishinaabe Ways of Living

Anishinaabe ways of living emerged as an important theme describing community wellness and the mental wellness of families and individuals within the community. Participant reflections of these ways of living primarily centered on ties and use of the land for harvesting and ways of generating a livelihood. When I asked participants about what mental wellness means to them, what community wellness means to them, and what strengths exist in the community with respect to wellness, I was frequently presented with reflections on Anishinaabe ways of living. In particular, participants spoke about how traditional land use and the daily

tasks required to live in a remote community were an important source of wellness and mental wellness.

The mechanisms through which these Anishinaabe ways of living promoted mental wellness were through access to healthy foods, connection to the land and spirituality, recreation (or “things to do”), spending time with family, getting away to relax, and through fostering a sense of purpose. For example, one participant spoke about how the time spent at a cabin located outside of the community was a chance to get away from the community, relax, bond with her daughters, and refresh after a long week of challenging work as a service worker:

Interviewer: When you’re hunting, do you think there is something about hunting or being on the land that helps you heal or makes you strong?

Participant: It’s relaxing, and the adrenaline is so high, it’s so...I can’t explain it it’s just....that’s why I have a cabin an hour from here. It’s for fishing, and we hunt, we trap.

Interviewer: Do you do that with family?

Participant: I take my daughters about once a year. But we go out there whenever we can, whenever we get a chance to. We go over there to experience how it was a long time ago because we don’t have running water there and we have an outhouse. We build a fire outside, cook outside, fish, whatever.

Interviewer: That’s pretty cool that it’s a way of experiencing how your ancestors lived.

Participant: Yeah.

Interviewer: Do you feel that that helps you feel kind of connected to them or what is it about living like that?

Participant: I don’t know, I just find that being over there brings me like. Let’s say if I have a rough week at work, then I’ll jump in the boat Friday and I feel so refreshed coming back like it, it’s like a different person coming back. (Interviewee 11, 2016)

Two participants noted how being on the land promoted their wellness by facilitating a connection to the spirit world. One participant told of a time when he was a small child, his grandparents took him to an island close to the community known for its spiritual significance.

They did not express to him why they were taking him there, but helped him start a fire and left him there for the night. That night he had visions of spirits dancing around the fire, and he later realized that they had sent him on a vision quest. He noted that his grandparents might not have been able to explain why they brought him to this island because it conflicted with their Christian faith (Sjoblom, field notes, 2016). Another participant, in noting how dreaming was a connection to the spiritual world where people learn lessons from the spirits, noted that the trap line was traditionally where people could have these types of dreams:

Participant: I don't think nobody knows anything now. It's like if somebody is sick right now, and nobody has the medicine for it. Everything is gone, I think.

Interviewer: I wonder how we can bring that back.

Participant: I don't know if...I don't know. I guess a long time ago, how they got those medicines, they dream about it. But I never had that kind of dream.

Interviewer: Have you had other kinds of dreams?

Participant: Not really no.

Interviewer: I've heard stories about people having dreams, and then the dreams taught them something.

Participant: Yeah, that's how they were yeah. But I don't think nobody would dream here. When those people went to their trap lines, I guess that's how, where everything was quiet.

Interviewer: And that's where they would dream.

Participant: That's why nobody would dream here. They had to go and spend a night somewhere else or in an island, that's how they got to know everything. Even medicine.

Interviewer: What kinds of things did they learn about medicine? What other kinds of things did they learn about?

Participant: There's some good people and bad people. Good people learn about medicine, and bad people, like, um I don't know... they learn how to do something wrong to that person. That's how they were. (Interviewee 3, 2016)

In this sense, being on the land and at specific sacred locations had spiritual significance, where community members could gain knowledge and guidance from the spiritual world that would help them to be well.

Moreover, one participant noted that many people in the community rely on the land, possess the knowledge needed to live off the land, and pass this knowledge onto their children, which she felt deserves more praise:

Participant: Most, all these guys can snare a rabbit, anybody can put a snare in and get you a rabbit. They all have that, like I don't even know how [spouse] knows how. [Spouse] taught my brother how, my brother and [spouse] went hunting with them every year for the moose harvest for 5 years straight. He's 18 now, his last year when he was 17. So he went every year with them before that. So the kids are taken [taken], somewhat. I dunno, I know a lot of people that take their kids with them and show their boys and stuff like that, especially their boys. And fishing. Praises on fishing here. It's a way of life for people too, because some people when you're waiting for welfare and you got nothing to eat, there's always fishing. There's always a way to cook it outside still.

Interviewer: So there's, they have more resources than they might realize sometimes. Right there [pointing to lake]. Whereas other communities, I've heard, if they run out of money, people might have to, I don't know...

Participant: Here too, people worry right away when their milk and they things runs out. And electricity, it's unfortunate...because I have generators but when I don't have gas for my generator, I'm shit outta luck too. That's when you get outside and make a fire. And that's another thing, people don't run on a lot of furnaces, people still run on wood stoves in their house. And they don't praise them, like these guys are going to cut wood, that's hard work, man. I had to do that for 2 years, so I know how it is having to chop wood and make a fire at 6 in the morning. Yeah, like that way of life, some people are still in that style. (Interviewee 2, 2016)

Participants expressed that Anishinaabe ways of living were also important for spending time with family and simply having things to do. One participant linked “not having things to

do” to many of the contemporary issues facing the community, namely for youth who resort to “vandalism and breaking and entering” when they have nothing to do. She then reflected on her own youth and how spending time in the winter on the trap line kept her busy and was an important opportunity to spend time with family:

Interviewer: So when you were a child, for example, going on the trap line, how did that make you feel?

Participant: Well I got used to it by just eating fish, that’s all we had every day, fish. That’s how I...and moose meat and ducks, that’s what we had all the time. We didn’t know anything that we have now. We never saw those things before. That’s how I survived.

Interviewer: And you went out with your family on the trap line?

Participant: With my parents, my grandfather, and my uncles.

Interviewer: Was it good to be with your family?

Participant: Oh yeah, kind of...I think it was good yeah. We had to chop wood every day. Get water from the lake. (Interviewee 3, 2016)

This sentiment of young people “having nothing to do” was also expressed by many other participants, and was linked to some of the issues observed in the community that negatively impact wellness. While these expressions did not explicitly refer to Anishinaabe ways of living, they reflect the current realities of life in the community for young people that were seemingly not such an issue in the past when ways of living were different:

“Because they have nothing to do here, the reserve. It’s not how the city is, it’s not how the reserve is. ‘Cause there’s lots of things going on in the city that people could do. Young people. In here, they have nothing. They have nothing to do.” (Interviewee 10, 2016)

Other participants spoke about how Anishinaabe ways of living protected the community and its members from influences that would otherwise adversely impact their mental wellness, such as by providing a sense of independence or self-sufficiency. One participant reflected on

the ways practiced by her parents. She indicated how living off the land was a means of self-reliance and independence, which many participants pointed to as important for wellness:

“As a culture, as a people. And we’re, the things that we’re experiencing and the way of life that we have now, just from when my mom was a young girl, like 5, 6 years old. ‘Til now, which is only 70 years, is just a whole different way of life. Like my mom lived in a Tipi. Her father, if he didn't do the hunting, you know trapping the fox, the rabbit, fishing, getting the tubers, the wild rice, there was actually corn here at one time. ...So, you know, being self-reliant in and unto ourselves, was a way of life 70, 80 years ago. That’s such a short period of time. Where do we go from here?” (Interviewee 12, 2016)

These ways of living also protected and promoted individual mental wellness by fostering a sense of purpose and pride through being able to provide for family and community. One participant reflected on this concept while considering how colonization and shifts in ways of sustaining livelihood—from Anishinaabe ways of living such as chopping wood, hauling water, trapping furs, to a dependence on social assistance—impacted individuals’ senses of purpose, pride, and self-esteem, particularly among men whose ability to contribute to their families have been significantly impacted with this loss:

“I think because of the... well let's just call it colonization the whole gambit of colonization and there's many, many different spokes in that cog, but especially male responsibility has been skewed, lost, changed. Social assistance as part of that where adult males don't necessarily have a role and responsibility anymore in their family. It's changed since I've been around because when I first started to on the east side of Lake Winnipeg there was no Hydro so people have to really make sure that they were good for wood to burn in their wood burning stoves in the, in the winter. So the male role was to do the wood fetching and chopping and the fires, but the hydro’s taken away that responsibility....Same with fetching water and things like that. The price of fur has dropped so the traditional male role of earning an income through the fur trade has basically dried up. Even fishing, there’s still some commercial fishermen and people net or angle for

their own food...but a lot of that's been lost too. So the female role hasn't really changed all that much over the years because they've always been responsible for the children and for the maintenance of the household. And regardless of what kind of source of income you have you still have those roles responsibilities. So the men are cheated out of that because you don't have a role and responsibility if you aren't able to be a contributing member to your family and to your community, your self-esteem your mental health or your ability to see yourself in a positive way is lost. (Interviewee 6, 2016)

This participant later went on to explain that community members do have many opportunities to find other means to provide for their families, and thus bolster self-esteem and purpose as spiritual leaders or in jobs in and outside of the community:

Interviewer: And do you think there are... have you seen examples where families or men in communities are trying to find another role and that's like positively impacted their well-being?

Participant: Yeah, yeah, sometimes finding a role for spirituality to be a spiritual guide or leader not a whole lot of men that I know do that but that's something that boosts their self-esteem and their purpose. Things like participating in the very things that took away their ability to contribute to like the hydro working for Hydro, working for the East Side Road, is another one that's been a good employment in the past little while. Working at the Bissett Mine. (Interviewee 6, 2016)

As touched upon in some of the excerpts above, Anishinaabe ways of living were consistently viewed as a source of strength and wellness in the past, as loss and rapid change—facilitated by the introductions of technologies, changes to methods of sustaining livelihood, and colonial pressures—had meant that for many, these ways of living had rapidly disappeared, ultimately having adverse an impact on wellness. For example, when reflecting on community wellness, one participant pointed to how changes in ways of sustaining a livelihood, namely a shift from living off the land to more formal occupations within the community, impacted diet, and health:

Participant: I don't know when this diabetic started, things like that. Everybody was healthy. Like, they were eating traditional food. Like moose meat, fish, things like that. And then all of a sudden, I don't know when. Maybe 10 years, the diabetic started.

Interviewer: And why do you think did people stop eating those traditional foods?

Participant: Cause there was welfare, child tax, things like that. They have to buy food 'cause men were busy working. Yeah.

Interviewer: What kind of work did the men do?

Participant: They build houses, they...things like that, build houses. They start working at the band office, started sitting at the band office all day. Nobody had time to go hunting. (Interviewee 3, 2016)

Another participant, when asked to elaborate on what made people well in the community in the past, highlighted how the introduction of electricity and television influenced certain activities in the community that negatively impacted wellness, namely alcohol use, fighting, and suicide:

Participant: No, they didn't have problems like that. Ever since that alcohol, ever since we had TVs like, what's going on in movies, that's how people got...I don't know how to say that....Yeah they see that, what's going on. And that's how bootleggers start bootlegging.

Interviewer: And so there never...so when TV came, that's when people started drinking and things like that?

Participant: Yeah, when electricity. When we first had electricity.

Interviewer: Is that when you saw a change happen?

Participant: Yeah, yeah. Everything changed.

Interviewer: How did things change?

Participant: Like, um, they start drinking. Everybody start drinking. Fighting, suicide, things like that. (Interviewee 10, 2016)

In reflecting on ways of living in the community as recent as the mid-1980's, one participant tied the shift away from spending time on the land harvesting rice to increases in alcohol use in the community:

“But, yeah I remember [my grandparents] taking me to camping, out in the wilderness. I remember when I was young, people were still doing the rice harvesting in some areas. Yeah the grains, and they knock them into...the boat and then packaging them and putting them in that store building. It was right by the shoreline and there's docks there, and I guess the plane would land and pick up the grains and package the grains. Yeah, I remember that stuff. That was in the mid-80's. But then it started disappearing, you started seeing less and less of that. And there wasn't a hell of a lot of drinking back then. I noticed that. People had a real respect, you know, they would only drink on weekends, maybe 1 day. You know, you didn't really see that much drinking, and you saw a lot more families stay camping, you know, going out.”
(Interviewee 1, 2016)

Anishinaabe ways of living were also viewed as important for community connection and unity. While these ways of living would foster independence and self-reliance, they would also facilitate bonds between community members and families. One participant, who asked not to be recorded, talked about how meat from hunting was often shared with the whole community, which also helped to bolster food security. The following excerpt is from my field notes taken during and after my interview with her:

When someone killed a moose, they would share with the whole community and there was food for everyone. Now people use money to exchange for fish, moose, and now even rabbit. There is more of a focus on greed now, where people look something for themselves (money) instead of a focus on sharing and reciprocity. (Sjoblom, Field Notes, 2016; Interviewee 14)

Overall, most participants talked about how ways of living in the community had changed rapidly, but fortunately, not all have disappeared. One cause of rapid change that

participants frequently pointed to was the introduction of different technologies. Some participants remembered the times when there was no electricity or running water, where community members had to chop wood to heat their homes and haul water from the lake to drink, cook, and clean with. For example, one participant remembered the introduction of generators followed by hydroelectricity and a winter road to the community:

“...back years when I was a teenager, we didn’t have anything. We didn’t have hydro, we only had those candles or kerosene lamps. We were talking about that one time, me and my older people that I grew up with, and so we were talking about it sometimes and I guess I’ll say we survived for that, what we had at that time when I was younger. So later on, I noticed that they were talking about that there will be generators here, for we’ll have hydro and that. So we had 3 generators. So that’s what I guess, lights will go around. Yeah, we’re kind of...we were kind of amazed at that, we seen the light. Because in those younger days, we only had a stove and they used to have a lot of wood for us to warm and finally when I seen that in, also they were talking about to have a road.” (Interviewee 10, 2016)

Participants also talked about the influence of a heavy church and missionary presence in the community, which they felt had impacted Anishinaabe ways of living. According to one participant, Christian influences hindered living off the land, ultimately contributing the community’s reliance on market foods:

“Personally, I have nothing against the Christian world. Because all have one God, it comes down to...You know? It narrows down to one Creator. That is what we believe in, our people, in the Creator....The way how I see how Christianity played a big role in how our people changed and the way our people are, in a slum I guess you could say, as to how, the way they lived back in the day and the way, health-wise, how healthy people were back then. ‘Cause they weren’t eating this nitrated, microwavable frozen food you know what I mean? Nor eating meat that was from a thousand miles away, you know what I mean? It was not like that.” (Interviewee 5, 2016)

Importantly, as already indicated by some excerpts noted above, participants pointed to some community assets that have helped offset some of the negative impacts that a loss of traditional ways of living has had on community wellness and mental wellness. Notably, employment and economic opportunities within the community have been important in taking over more traditional ways of sustaining a livelihood and in fostering a sense of purpose and self-esteem. It was apparent, however, that many in the community could not access these opportunities. Moreover, recreation (including recreational uses of the land) has been an important source of wellness in the community. Such recreational activities identified as important for wellness included community shore lunches and fishing and moose derbies. Some participants noted that these activities are not accessible to all community members due to the cost of hunting and fishing supplies and transportation to events (i.e. most shore lunches are located far from the community and require a motorized boat to get to). Many participants also cited that an element of competition in events such as fishing and moose derbies might sometimes be problematic as the healing essence of being on the land and opportunities to connect with community members may be marred by competition. Indeed, competitiveness in a range of activities related to traditional land use was overwhelmingly perceived as negative, as competition detracted from collaboration and sharing among community members.

On the other hand, participation in recreational and competitive sports—particularly in regional competitions where communities compete against each other (i.e. the SERDC Winter Tribal Days hockey tournament)—was acknowledged as important for wellness, as they provide “things to do” and foster community collaboration, and a sense of collective identity and pride. Community health staff also discussed making a strong effort to promote engagement through other recreational activities in the community, such as cook-offs, talent shows, weekly bingo

nights, and more. These activities were cited as being important for fostering wellness in the community by creating opportunities to come together and, as one participant noted, praise existing talents and skills in the community:

Participant: Yeah, and the kids are so into their sports. They don't realize how our kids can play hockey. 'Cause they'll play volleyball at a young age....you'll see like young kids can swim, these kids can swim at 5 or 6 years old in the deep water. They can swim, no swimming lesson man, these kids learn on their own. Yeah.

Interviewer: that's pretty cool.

Participant: the kids, I dunno, self-entertain lots I guess thought right? I don't know, they don't praise for how...a lot of these women here can cook man. We're having a cook-off actually next month. Yeah, I wanted to try it 'cause nutrition month is March. I always wanted to try a cook-off, doesn't have to be in March. But I honestly am gonna do a men's bannock thing cause there's lots of guys, they don't praise, they're always making bannock. Guys are good cooks here. I don't know how to make bannock, it's my common law that does. (Interviewee 2, 2016)

In conclusion, participants identified Anishinaabe ways of living as a critical promoting factor for community wellness and for the families and individuals residing within the community by fostering self-esteem, a sense of purpose or having “things to do”, access to healthy foods, connections between community and family, and self-reliance. While rapid change, loss and colonial forces have transformed the way of life for many people in the community and in turn adversely impacted wellness, many participants indicated that they still use the land today or could live off the land if necessitated given the abundance of natural resources in the close geographical vicinity of the community, and this was identified as a profound community strength.

Connection & Relationships

Connection and relationships emerged as a central theme in participants' discussions of community wellness and the mental wellness of families and individuals. Notably, the factors that promoted connection were often described as working across the levels of community, family, and the individual. Each of these levels, however, had their own unique factors that played an important role. That being said, just as stories of rapid change, loss and colonizing forces had impacted Anishinaabe ways of living, this history also significantly influenced participants' sentiments around the current state of connection across the community, between families, and within individuals.

At the community level

Most participants described community connectedness and unity, overall, as a defining characteristic of wellness in the community. Participants described connectedness at the community level as being accountable and respectful to each other, helping and caring for each other, and working together to achieve common goals. Wellness at that level was defined as a connection to home, community, land, culture, and overall collective Anishinaabe identity. It was these factors that work together to link individuals and families into a community. To illustrate how wellness was defined as unity, one participant, when questioning my use of the word "wellness," suggested a better term in describing what enables living a good life in the community:

Interviewer: One of the things I'm interested in too is that connection to the land and how that is important for wellness...

Participant: Can I say something? You keep saying wellness...

Interviewer: The only reason why I say that is because when I say health, people automatically assume I'm a medical person. Is there a better word for it?

Participant: I'm thinking, because every time you say it I kind of, um...

Interviewer: Some people call it living a good life...*mino-pimatisiwin*.

Participant: Becoming one with who you are, finding yourself. I don't know...Finding oneness, yeah. Yeah, finding your oneness. And once you find your oneness, like right now, as a people, as an individual, as a community, we're very divided with our thoughts and our beliefs and our actions. And once you find your oneness, you come into, you know, how things should be, how you should be, how you discovered, you've discovered. (Interviewee 12, 2016)

According to participants, this unity and connectedness are essential for living a good life, for living well at the community level, facilitating the coming together of community members to tackle collective issues and heal the shared experiences of colonization and historical trauma. This sentiment is illustrated in an interview with a participant who shared some of her ideas about how to promote and protect such wellness in the community:

“Even though we live in a very confined area, we're so disjointed and disconnected from each other. I would like to see, just having talking sessions and have our Elders talk about how things were before and become, get people more community involved with the issues that we have. Instead of having a child raising itself. We need to have the community raise our children. We need to do this together...We have this ability that has been granted to us for self-government and we're throwing this opportunity away... We need to come together as one entity and work together to deal with vandalism, to deal with sexual assault, to deal with spousal abuse, to deal with family violence. We need to come together as a community. We need to make people responsible in a communal way, not only responsible in a negative way but in a communal way, receiving the support spiritually that they need to begin that healing to feel that they're not alone, to feel that. And you can feel it. It's a tangible thing you can feel it. It's a powerful thing. You know, love is the most powerful thing in the universe and we need to open our love that we have for each other and use that in a way as a community...That's our antidote to everything, is stop being disconnected from each other and start working together as a community.” (Interviewee 16, 2017)

Nevertheless, just as with the theme of Anishinaabe ways of living, rapid change, loss, and colonizing forces also significantly and adversely impacted connection in the community.

Consequently, when describing the importance of connectedness for community-level wellness, most participants spoke about the absence of connection, just as touched upon in the above excerpt. Participants noted how this absence or disconnection had negative impacts on community wellness in multiple ways. First, many noted how community disconnection adversely impacts the accountability of leadership to community members, hindering overall capacity to tackle issues around nepotism, housing, curriculum in the band-run school, and other community-based programming. Notably, one participant identified colonial political and governance systems and the reserve system as the origin for the demise in leadership accountability to community members:

“...the whole reserve system and the whole way that the reserve system works, it sets the natives up as a people to fail. Because it takes away our ability to become proud. To have inherent pride in what we have, because everything is given to us. How do we get around that? We need responsive chief and council. That’s where a lot of our healing with start. Is with our elected officials. The people that we elect to speak for us, have to start speaking for us. Have to start having our best interest at heart. And that’s not happening.” (Interviewee 12, 2016)

Another participant linked how disconnection at the community-level, due to harmful child welfare practices, has had negative implications for how leadership are accountable to community members:

“I find that the leaders of today are the kids that grew up during the 60’s scoop. So they kind of, in some way, lost the sight of community. Whereas the old leaders, they had set up all this around them to benefit the community, right? But the people who are in power today are just after the money. They just wanna build their little empires, basically. Even at the cost of the community. Like for instance, these people, they’ll run, they’ll set up a store, they’ll rob the community of opportunities to get paid. A new health centre, a new arena, or a recreation centre. They get the money and say, ‘Oh, I can fix up my store. It’s beneficial to the community. But really that money is going into my pocket because I get a bigger store and sell more stuff.’” (Interviewee 1, 2016)

Several participants also spoke about how leadership would utilize their resources to purchase alcohol in exchange for votes during elections. Two participants described it as a cycle, where community members would feel happy around election times because they could “get what they want” with respect to alcohol or other goods. Then, they would become depressed when they realized that leadership was not meeting community needs between election seasons.

Participants also spoke of the way disconnection between community members manifested in the proliferation of gossip, jealousy, blame, shame, and the undermining of other community members’ wellness endeavours:

“You know, I’ve seen parents who really, really, try to get sober and stay sober. And they have family and friends who go out of their way to make sure that that doesn't happen. Why, I don't, I can't wrap my head around, you know, I'm very strong and my people and we are family, we are community, to have us within the community turn against each other in a way that is so heartbreaking.” (Interviewee 13, 2016)

Another consequence of community-level disconnection was the impact on collective care for children. Most participants spoke about how caring for children, teaching children, ensuring child safety, and to some extent, disciplining children had been a responsibility of the community in the past. One participant, when reflecting on past community connectedness, spoke of a system the community used to call children home for meals or bedtime. She described how “when someone needed to find a child or any person to tell them to come home, one person would yell their name and “Come home!” and the neighbours would repeat it until the message reached the other side of the community.” (Sjoblom, Field Notes, 2016, Interviewee 14)

Participants attributed the change in collective responsibility for children to disconnection

among people in the community, and that attempts to care for a child that was not your own were now often met with unfavourable responses from their family:

“Yeah and then it was like, the community took care of the kid right? If you, back in the day, if your kid was, you seen them in the yard, you’d phone the other person and say “Oh yeah they’re just sitting out here.” But nowadays, it’s like people aren’t like that, right? Like if I seen somebody else’s kid in my yard and I try to yell at them about not doing something, that kid will go home and “Oh this person was yelling at me.” And then you have the parent, “Oh why were you yelling?” Well ‘cause your kid was doing this. But you’ll see a lot of that, like “Why are you yelling?” or “Why did you say this to my kids?” or “Why did you do that?” Like they are so defensive right away. Well why don’t you find out what the problem is first before you start accusations, man.” (Interviewee 2, 2016)

This sentiment is also demonstrated in one participant’s story of an incident of vandalism at the band office:

“Our band hall was newly renovated and within 3 days, the 3 front windows in the front were smashed out of it. Were the children that did that held accountable? So, unfortunately no. So not only were they not held accountable, a teaching experience a learning circumstance was lost. Not only for the children that did the vandalism but for the whole community. That should have been an opportunity for the community to get together to bring our respected elders fourth and have our elders proclaim a consequence on our young people who defamed something that should have been shared by the whole community.” (Interviewee 13, 2016)

As many participants noted, despite the close relations that all in the community have to each other, divisions occur across and within families, between different church groups, and geographical location in the community and that these disconnections are being transmitted across generations:

Interviewer: If you were to talk about what a mentally well or even just a well community looks like, what would that look like?

Participant: Everybody getting along. The thing is everybody has their cliques. I like on the north side, there’s the south side, I’m going back as

far as 10 years, it's probably even further, but there's always the conflict between both sides. Like, meanwhile we live in 1 community.

Interviewer: So there's like a division?

Participant: Yeah and we're really only one place. It's more of a name than anything.

Interviewer: Do you think that division impacts people?

Participant: It does, because you look at the younger generation right they see what the older generation is, and most of the older generation is that way so the younger generation sees it and they think, that's all they know and see and it's normal for them.... it seems like a never-ending cycle, right? Until you can stop it somewhere. You know, you can't stop everything but to avoid some things like that right, to show them that's not...we're one place, we're together. (Interviewee 2, 2016)

Many participants pointed to churches and missionaries as being the origin of many of these divisions. Indeed, the community has two separate "neighbourhoods" or sides: The "UC side", or United Church side, and the "RC side", or the Roman Catholic side. One participant, who asked not to be recorded, stated that many years ago, when the Roman Catholic and United Church missionaries first came to the community, a family with two brothers split into two, with one brother joining the Roman Catholic church, and the other joining the United Church. This ultimately impacted how the community was physically and socially organized, and was identified by many participants, as illustrated in the following quote, as the origin of the current disconnections at the community-level experienced today:

Interviewer: What do you think has been the cause of that?

Participant: I don't know, it's been like that for years, because that's Roman Catholic, and that's UC, United Church. It starts back then, like when churches are brought here. (Interviewee 5, 2016)

While the United Church is no longer present in the community, participants indicated that the remaining, heavy Roman Catholic presence and that of the Mennonite and Pentecostal Churches continue to divide the community today. One participant quantified the impact of Christian organizations in the community:

“Yeah that’s exactly what I meant about how much of an influence that onto our people, you know what I mean? It’s...from what I see in how Christianity works here is wants money. We got a population of what, 1,200 people in this community and 6 different church groups.”
(Interviewee 17, 2016)

According to some participants, divisions along church lines also impact local politics, with church groups playing an important role in elections of Chief and Council:

Participant: People need to learn like, actually make a change, get people that aren't doing their jobs, and that’s all of them. And put people in there that will actually make the change. Or keep a few of them in there if you want to, a few of them there do their work. But you need to put...’cause every one of those counsellors have been a counsellor for years already or one before. And they keep on going from one Chief to another Chief. It really just needs to be a new one altogether. You need to put a new one there so you can actually see some change.

Interviewer: So why do people keep choosing them?

Participant: Cause it’s one side of the family, that’s [name detracted] family. That’s the [name detracted]. [pointing to the RC and UC sides]

Interviewer: Oh so that’s interesting, so like the community is split in 2 and the...

Participant: That’s church, church people vote with [name detracted] and other ones don’t like [name detracted], cause that’s [name detracted]’s brother. (Interviewee 2, 2016)

Another participant expressed frustrations with contemporary Christian organizations that come into the community with “good intentions” of helping:

Participant: Because remember I talked to you before about how the path to hell can be paved with good intentions. Well their intentions were very good, but it was very condescending and it was very offensive...

Interviewer: What were they saying?

Participant: You know, just, how they’re here, how they're going to make a difference, and how they're gonna do this, and they're gonna do that, and they're gonna fix this. They're going to show these young people.

Interviewer: There's people here that are perfectly capable of doing these things.

Participant: That's exactly what I said, and where do you get the arrogance to come not only onto the reserve but into my home and think that you are the saviour and you are everything, when ultimately, in reality, you are the core of the problem. Not you per se, but what you believe in and you know, the church that you belong to and your belief system were the ones, were the leaders, were the ones that came onto our land and broke our chain of belief and broke us as a people. And now you sit here in your youth and naivety, telling me that you're going to save us? You know, you really have to leave... (Interviewee 12, 2016)

Overall, the historical and contemporary impacts of church and missionary presence in the community remain important factors in how the community is organized and how individuals in the community relate to each other. Despite many of the participants identifying the way churches and missionaries have adversely impacted connectedness and unity at the community level, two participants contrasted this view by expressing that their church network was an important source of bringing people in the community together, especially in times of need such as when a death of a community member occurred.

Lastly, the residential school system, historical and contemporary child welfare practices, and the lack of access to high school education in the community were also cited as damaging connectedness and unity. Several Elder participants told stories of being hidden in the bush as children by their parents and grandparents when they heard the sound of a plane engine approaching the community. They explained that they were being protected from being abducted by residential school and child welfare officials. Historical and on-going child welfare practices that remove children from the community and their families were also cited by many participants as having a negative impact on community unity, as children who return at the age of 18 are disconnected and subsequently experience challenges integrating:

“Well I think I've been here long enough that I can see the impact of residential schools, the impact of the 60's scoop, and now the impact of whatever is happening in CFS the total need for them to apprehend every child under 18 sometimes it appears that way.... So the community perception of wellness, this is the idea of being responsible not only to your immediate family but also to your extended family and knowing what those linkages are, knowing how you're connected to extended family, knowing the cycle of the medicine wheel as far as what stage you are in age and what your role and responsibility is for that.” (Interviewee 6, 2016)

Other participants echoed this sentiment while referencing the requisite for children to leave the community to pursue secondary education:

“We need to keep our children here in the community. Children leaving here, to go to high school is the beginning of the end. And then they come back, and they're like these aliens that are newly here. They are not connected, connected to the community. They're not a part of the community. They're from here, their family is from here, their parents are from here. But their formative years were not here.” (Interviewee 12, 2016)

According to participants, children leaving for secondary education not only face challenges upon their return to community, but also while attending school located away from the community. In many remote communities in Manitoba and elsewhere, local schools may only offer education up to grade nine. Children wishing to pursue further education must leave the community at the age of 14 to study in urban centres, where, as many participants pointed out, they may be vulnerable to gangs, sexual exploitation, or other urban influences. Participants talked about the high dropout rate among children leaving the community, and how children struggled with feelings of isolation while away.

As noted, community connectedness and unity defined through notions of reciprocal accountability and mutual respect were discussed by almost all of the participants. Despite the

significant community-level disconnect expressed by community members, many also cited a number of factors important in maintaining some community unity in the face of divisive forces. These unifying factors included Anishinaabe cultural teachings, the Saulteaux language, community programs and events that bring people together, and as previously mentioned, Anishinaabe ways of living, particularly spending time together on the land.

Participants consistently spoke to one Anishinaabe cultural teaching that was important in upholding community-level accountability and respect. This teaching, called *onjinay* in Saulteaux, is an Anishinaabe spiritual principle that was explained as similar to the principle of karma. The premise of *onjinay* is that anything bad you do to others, the land, trees, or animals, will come back to you or your future generations “in a bad way.” Participants explained that the purpose of this teaching was to impart the importance of respect, mindfulness of how your actions impact others, and introspection. One participant spoke about how the teaching of *onjinay*, imparted to her from her Grandmother, was important in shaping who she is today:

Participant: Like when my grandma used to say to be kind to everything, be kind to trees, to be kind to people, to be kind to animals, to be kind to the land. And she would say, like if I don't respect the trees and people, the land. She would say *Kik-onjinay*. I don't know how to explain it but I understand what it means....She said, she said that to me so we understand that we do not give disrespect anything. That everything was alive.

Interviewer: And that word is about that respect?

Participant: Yeah, it's about respect, it's gonna be what becomes of us, what is gonna happen to us. It's all connected, if we disrespect.

Interviewer: Do you think that teaching is helpful, do people use it in the community?

Participant: Oh they should, I think they're very scared of that. I don't know if they are scared of it but I think that's what shapes me to be who I am today. Her teachings and the stuff that she taught with it....And she would be doing her chores but she would make me sit right beside her and she would teach me things. She would make me count to as far as she could count. And teach me words and teach me stuff. And then her other

word she told me, *Iamgwaunmisin*, means be careful. (Interviewee 10, 2016)

Kik-onjinay, which translates to “You’ll be cursed,” (Sjoblom, Field Notes, 2017) imparts the lesson of caution in how you treat living things around you, for risk of having actions coming back to you in a bad way. Many participants had stories about how their maltreatment of animals as a child came back to them in a bad way. For example, one participant spoke of a time she had a problem with her eye that she attributed to a time when she had poked a frog’s eye as a child:

Participant: Even though I was like that maybe, um, 10 years ago. My eye was, I had a painful on my eye. It went on sideways. Oh it was so painful. I didn’t even know what was going on. I thought something, somebody did something to me, but one night I remembered I was...this frog, a big frog, when we went to the trap line, I kind of poked his eye, and it would grow big. And the other eye too. So that frog went away.

Interviewer: So it was, that was the *onjinay*?

Participant: Yeah that’s what I thought yeah, I did that to the frog.

Interviewer: It sounds like there’s a lesson with that. What does it teach? What do you think, why is there *onjinay*, what is the purpose of it?

Participant: Cause you’re not supposed to do anything to animals, or birds. (Interviewee 10, 2016)

In this sense, the teaching of *onjinay* encourages respect and accountability by steering community members to reflect on their own actions and how they may contribute to any problems they are facing, instead of blaming others around them. For another participant, the teaching of *onjinay* imparted unto her from an Elder helped her forgive and let go of an urge to retaliate against someone who had done harm to her partner:

“[*Onjinay*] gives me the reassurance, when [the Elder] told me that, you don’t know how much I wanted to backfire....do you know how much it takes to not wanna turn around and like, go after them and do to what they did to him? It was like the hardest thing to just put off and not do anything about.... My common law got his memory back. We thought he

wouldn't get his job back, he started last week Monday. And like it didn't break our family. It didn't break us, we're still...yeah. I always think to myself if I would have backlashed and when back for revenge, right?... Cause I think it would've just backlashed on us too.” (Interviewee 2, 2016)

In summary, the teaching of *onjinay* was expressed as important for connectedness and unity at the community level as it facilitates self-reflection—thus minimizing the blaming of others—and encourages accountability and respect among community members, people, animals, plants, and the land around them.

As these reflections illustrate, the Saulteaux language was a crucial unifying force in the community. To many participants, the resilience of their language was a source of pride in the collective identity of Anishinaabe people, a source of connection to their history and ancestors, which has become an important emblem of the community's resiliency in the face of the challenges they endure:

Participant: Yeah, 'cause I don't speak the language. My mom does and so does my brother. There's words in their language that there's no meaning in English. So that's special and that's unique. And their language has been the same for thousands of years. Where English we have...mind you there's some dialects. So what they speak in [community name] and then from Lake Manitoba and they'll tell you there are differences. What was the question?

Interviewer: Just how language can impact mental health. Learning the language.

Participant: Well I think 'cause it gives a connection to your ancestors and your history....it's belonging, pride... (Interviewee 4, 2016)

Another participant indicated that the ability of children and youth in the community to speak the language was also a great source of community pride:

“I think we're one of the last communities, we have fluent language in English, right, but you should see the generation of kids speaking our language, man. Like speaking Saulteaux, and that's one of the better things in the community.” (Interviewee 2, 2016)

The Saulteaux language also supports wellness in the community in another interesting way. Several participants expressed how Saulteaux is a humorous language with many jokes that cannot be expressed in English:

Participant: Yeah, we joke around in Saulteaux and it's funny. I tried to explain it to my husband and it doesn't sound funny.

Interviewer: I've heard that before actually, that Saulteaux is more humorous. There's more comedy in it.

Participant: He's like, "Well what's so funny?" And I'm trying to explain it and he's like "That's it?" I said, "it sounds more funny."
(Interviewee 15, 2016)

While working at SERDC, I often heard from community members, staff, and Elders about how the humour in Saulteaux was an especially important asset in community discussions about issues such as trauma, depression and substance abuse. While these topics are typically heavy and taxing to discuss in English, Saulteaux allows for the introduction of humour, making these topics easier to talk about and less burdensome on the attendees during, for example, workshops and sessions (Sjoblom, field notes, 2017).

Community-driven programming and initiatives were also cited as an important source of community-level connectedness. Participants noted that cultural activities such as men's drumming groups, pow-wows, and Treaty Day celebrations, in particular, were key in bringing the community together. One participant, who led recreation programming within the community, talked about the way community events promoted connection and the bringing of people together, even when tensions were present:

"I do because treaty days is like, you'll see everybody come out for the games and they like to come out and play cause it's, yeah there's a little competition. But you can see how people interact together, like you'll see them laughing, you might see a bit of scraping here and

there but most of the part, you'll see them interacting..." (Interviewee 2, 2016)

Pow-wows, for instance, were especially important in engaging children and youth in the community, and bringing them together. One participant noted that he wished to get more involved in organizing community pow-wows for the youth but that he had reservations about doing so because of community-wide stigma toward traditional practices and events, including pow-wow:

Participant: And when you look at it this way, everybody was starting to fade from that old ways. Of the traditional ways.

Interviewer: I know a lot of communities that are trying to kind of rebuild that after what Christianity has done...

Participant: I think that, for me, the only way you can do it is by bringing the younger people together. And you look at it, when you have pow-wows. When we have pow-wows here we have kids, they're interested. Completely interested in what's going on. You know what I mean? They're not ashamed of who they are and stuff like that. They want to be involved. You know what I mean? And that's something that I really wanna...for myself, want to accomplish here.... What we were trying to do a few years back. My brother was the one that started to bring these things back into the community, he started the pow-wow back [inaudible], started the pow wow, started the sweat lodge, started the shaking tent ceremonies. But what ended up happening was that church clique started getting in the way. (Interviewee 5, 2016)

As touched upon under the theme of Anishinaabe ways of living, other recreational events and land use activities such as talent shows, sports competitions, women's sewing and cooking groups, community gardening, shore lunches, and fishing and moose derbies were viewed as important for promoting community connectedness. One participant cautioned that introducing more of these activities is just one path in a spider web of paths that can foster community connection and that connection should not solely be a result of competition:

“So the opportunities are there. You know, so you were saying what can you do to combat, again so that would be another one of our spider web to our goal of community wellness is to implement more community activities that bring us together as a community. Like you said community garden, a skating rink, treaty days, we can have whatever. A fair day, whatever. I can't come up with stuff off the top of my head but I'm sure if you sat down, you could come up with a whole bunch of things that could bring the community together. But not in a way that competes us against each other, in a way that's communal.” (Interviewee 12, 2016)

Many participants also spoke of how competition and incentives such as door prizes in such events thwarted their connection thus generating impacts and that there was a need to find better ways to engage community members to participate in events and activities.

Lastly, participants highlighted how a community-driven Child and Family Services program had significant positive impacts on community connectedness and unity. This program enables children who have been apprehended into the care of Child and Family Services to remain in the community and stay connected to their family while in care. One participant eloquently describes the positive impact of this program, which bolsters a number of in-community foster homes where children can remain in the community instead of being sent to foster families or group homes in Winnipeg:

“The group home type of system that they had set up for children in care, was very transient, a lot of support workers and you know, no steady caregiver there. So that's why they created the [program name], is to provide stability to the children that come into the home. Expanding on that concept, the overall concept is to try and keep the children that come into care with child and family, in their home community. If it can't be to their parents due to addiction, or you know, mental health issues, or whatever family issues, they want to keep the children in the community because everyone here is obviously so interconnected and so interwoven. You know, with relations and you know, who is related to who. I am related personally to probably half of the reserve. So if children can't be with their

parents, they can in their community. Familiar surroundings, familiar area, cousins, grandparents, you know everybody, everybody has extended families here. So you want to maintain contact with extended family to minimize the trauma of being put in care on children.” (Interviewee 12, 2016)

In conclusion, community connectedness and unity were seen as critical factors contributing to community wellness. The disruption to this connectedness as a result of colonizing forces, however, had resulted in diminished accountability and respect between community members that reverberated up to the leadership, where in turn, their diminished accountability to the community also had an adverse impact on wellness. Despite this disruption, Anishinaabe cultural teachings, the resilience of the Saulteaux language, cultural and recreational events that bring people together, and child welfare programs that enable children to stay in the community remain as important unifying forces that are key to strengthening community connectedness and wellness.

At the family level

Connection and relationships were also identified as an important source of wellness at the family level, with many participants indicating how their relationship with the family unit as a whole and with individual family members such as parents, grandparents, foster parents, siblings, partners, and children were important sources of their own mental wellness. Strong parental figures including grandparents, foster parents, or biological parents were referenced by almost all participants as a source of their strength and mental wellness. One participant pointed to how her mom’s stern discipline when she was a child had buffered her from some of the troubles that her peers experienced with when she was a youth:

Interviewer: Can I ask you where you get your strength from?

Participant: My mom was a hard ass, man. She didn't let me do what I wanted. She was always on me. But if I didn't have her on me all the time while going to school, or pushing me towards the right way and telling me what I was doing wrong, I probably would've ended up just like them. But I had that, like, pushing like, yeah. I had really, I'm gonna say it was my parents. They're strict. If I wasn't home at a certain time, trust me my dad was out there looking for me. I wasn't just not allowed to. And that's another thing with a lot of parents here, like they think just allowing their kids to do what they want is caring and loving them and the right thing. (Interviewee 2, 2016)

Another participant talked about the role his foster mom had in teaching him about the importance of respecting women, despite having grown up witnessing his own mother experience violence:

“That’s something my foster mom taught me. My foster mom always taught me to never hit a woman. And I learned how to love people not the way I was brought up in my own personal life. Because I used to see my mom getting hit, I used to see my mom getting beat and that traumatized me. And the way I look at it today, that’s not the way a woman should be treated. A woman, my foster mom told me is a woman is who brought you into this world, you should respect her. So that’s today what I live by. And go around living by that, that’s something that I will never do is hit a woman, no matter what....And I’m just very thankful for what my foster parent taught me....And I’m very thankful for what she taught me. If she hadn’t taught me that I would either be in jail or, you know, I wouldn’t be here today.”
(Interviewee 5, 2016)

Another participant spoke about how her late mother had cared for her, supported her, and encouraged her to walk a traditional path to explore her spirituality, which ultimately contributed to her healing from childhood traumas and recovering from many years of addiction. She noted that now she is on a journey of healing and has a strong connection to her spirituality, and she has now taken on the same role her mother played in her own family:

“So, I’m really grateful that [relationship with the Creator] been brought into my life in a way that I never even dreamed was possible. So within our family, I was kinda like a little bit, I kinda slipped into my mom’s role because my mom was the centre, the nucleus of the family, the stream kinda thing. And if you needed to talk, you could, she’d talk to you and you could talk to her and that kinda stuff. My auntie’s daughters and stuff will kinda talk to me when stuff’s going on. And it’s pretty bizarre. But in a good way. So it’s good to be able to give back that thing that my mom gave to me, and my mom gave to them.” (Interviewee 4, 2016)

For many participants, their children or grandchildren were also key motivations for pursuing a healthy life, physically and mentally. One participant noted that his children were the reason he was alive and had the strength to quit using prescription drugs:

Participant: I’ve had a few, I’ve had one, two near misses. And I got mixed up on drugs, lots of pharmaceuticals and stuff like that. Once I noticed that I was going the wrong way I just boom, I saw the light and that was it. I quit everything.

Interviewer: What made you see the light, may I ask?

Participant: My children. My children are the most important thing to me and that’s something that I’ll never forget. (Interviewee 5, 2016)

Although many participants indicated that having strong parental figures and/or children were important in buffering them from some of the community contexts that would otherwise negatively impact their wellness, most highlighted the breakdown in parenting in the community. According to participants, this breakdown was due to colonizing forces such as residential schools and the child welfare system, which was transmitted across generations. This breakdown was perceived to have had serious consequences for the community as a whole and for the children and youth within it. Many spoke to the stresses and consequences that young people have to deal with in the community today because of this breakdown in parenting. One participant noted that many people in the community have had significant interactions with Child and Family Services (CFS) in their lives as children, as parents, or both. She noted that

this widespread involvement of CFS in the community and its impacts on parenting possibly had contributed to anxiety, depression and subsequent coping through substance use:

Interviewer: What would you say, if you were to look at the community as a whole, the biggest challenge for mental health in the community, or the biggest issue that you can see overall?

Participant: I guess, um, I guess that would be depression and anxiety and I guess when they start to feel like that, they turn to drugs and alcohol. Because no one wants to talk to them or help them how they can deal with it.

Interviewer: Right. Do you...when you were a kid do you remember being like that in the community? Or do you think things have changed since you were a kid?

Participant: Yeah, I think so. There's a lot...I don't remember people being like they are now. Like they used to be lots of sobriety here. People would drink but not all the time. And now...and people would look and care after their kids. And today, no one cares anymore. They drink every weekend and every week.

Interviewer: And they, don't take of their kids as well as they used to?

Participant: Yesterday, there was...even like sometimes I go for a ride at night just to see what's going on in the community. I see little kids running around, thinking "why are these kids running around?"

Interviewer: Why do you think it's changed, even in that short amount of time? It seems like it's changed quite a bit.

Participant: I would probably say just some, probably, grief and some...and end up in CFS care and they don't really have that, you know, like from going home to home and they don't have that, or don't see the way parents or grandparents would care for their children because they're moved around more or someone moves them somewhere.
(Interviewee 15, 2016)

Another participant contrasted the parenting of her mother with the parenting her peers had growing up. She discussed how many parents are missing opportunities to guide their children to make good choices:

“With half of the people I grew up with, their parents weren't like that, only a few of them. So they were only like, given that freedom at a young age and it's just like, making their own choices and they don't

even know what the proper choices are, what are the better choices....I think there's a lack of a lot of parenting and if you don't adjust the parenting now, they're just going to continue parenting their kids the way they are, right? And then their kids have kids, and they're gonna parent the way they seen and it's just gonna be a never-ending thing.” (Interviewee 2, 2016)

She and several other participants noted that parental guidance and structure provided to children while they are students in the community was key for their success, particularly when they leave at age 14 for high school in the city, where they must practice self-discipline and make good choices to be successful in school and navigate harmful external influences.

To foster and revitalize parenting and family connections, I noted while working at the tribal council, a range of tribal council initiatives. While not mentioned directly by participants, Southeast Child and Family Services (SECFS), under the guidance of the communities they serve, has increasingly directed resources towards family enhancement programming in order to be able to work more closely with families at risk to prevent children from coming into care (SECFS, 2017). Also, SERDC Health Services and community staff offer a number of parenting programs and workshops, including those dealing with teachings around traditional parenting and the history of residential school system, to support parents in the community in raising their children and to revitalize some of the knowledge and practices around parenting that has been lost with residential schools and child welfare practices.

In summary, participants talked about the value of connection at the family level as a key factor in protecting and promoting the wellness of participants and their children. The disconnection experienced in the community was due to colonizing forces such as residential schools and child welfare practices that led to a breakdown in parenting. This adversely impacted the wellness of community members as children and then as they grew into adults and parents

themselves. In response, the community is attempting to implement programming and services aimed to build broken connections within families and prevent the same circumstances that damaged these connections in the first place.

At the individual level

Connection expressed at the individual level emerged as a critical theme with respect to the wellness and mental wellness of participants. Discussions within this theme centered on the importance of establishing a connection to self, answering the questions: “Who am I?”, “What is my purpose?”, and “Where did I come from?” Several participants spoke of the times when they had struggled with mental health problems and addiction issues, and attributed those struggles to not knowing who they were or not having pride in identity. One participant, in noting that she had not developed a strong sense of self when she was younger, described how she would change who she was and how she acted depending on with who she surrounded herself, which was ultimately detrimental to her wellness:

“I used to be really somebody who would react to a situation. So, and I changed who I was by who you were and how you treated me. So if they were a cheater, then I would start cheating too, which damages me in my spirit because that behaviour is unhealthy. And there’s shame and stuff that goes with that. Or if you were angry, then I would be angry. If you were hurt, then I would be hurt. You know so what I try to do today is find that balance where I can respond to a situation and not react to it. And to unpersonalize a lot of things, because everyone is on their own journey and really it has nothing to do with you.”
(Interviewee 4, 2016)

Having a strong sense of purpose was also put forth by participants as key to developing one’s sense of identity and pride in identity, and hence their overall mental wellness. Mental wellness, as poignantly phrased by one participant, is about

“Finding your purpose. Are you just sitting there converting oxygen to carbon dioxide or are you doing something?” (Interviewee 9, 2016)

Many participants, however, noted that the rapid change that followed colonization had negatively impacted community members' sense of purpose. Indeed, the very loss in Anishinaabe ways of living has not yet been substituted with other education, employment or economic opportunities in the community. One participant, who was a member of a neighbouring community and a service provider, discussed how the absence of a sense of purpose among community members impacted their mental wellness:

“Like when I was first here, when I first came here, I did a lot of observing and thinking ‘Ok, what does the community need?’ You know like, just to, like they don’t know what they have. I was in ooo and awe over the scenery, over the nature. How beautiful it is. But like I said, a lot of the people here, they don’t have a purpose. They don’t have a reason to wake up at 9 o’clock the way we do, we have a job. We get up at 9, 5 o’clock we’re spent. So it’s a routine for us. So that’s what I started thinking about families. Just getting that routine... Because there’s a lot of disconnect between those relationships, between the generations. So like, just getting up, getting a routine. Finding a reason to wake up, I try to tell them like taking care of your kids. That’s why we push school so much, because they get that routine... They have to do that job. A job needs to be done. And that’s what I try to tell parents, like, get up with your kids. Cause a lot of time the kids are just getting up themselves and just stumbling out the door. Yeah, like “Oh mom’s passed out” or “Dad’s sleeping.” So yeah, just finding something to wake up for... Like even with hydro and things like that, a person can find purpose. If you wake up, wash your face. But they just don’t know what they have here. But because, well I don’t want to go on a rant for residential schools, but they haul them out of this place, put them somewhere to learn, a Western education. Didn’t expect to bring them back here and to what? They weren’t taught to hunt, they weren’t taught to learn the traditional way, they weren’t taught to know the seasons and what you can hunt. So that’s what’s hurting purpose. So I think that’s why there’s not a big importance for school too. Because they went to residential school and didn’t have good experiences. So why would this school treat my kids any better if they didn’t treat me good?” (Interviewee 8, 2016)

Having pride in identity as an Indigenous person, as an Anishinaabe, was also important to foster one's mental wellness. Several participants spoke about how many community members have a sense of shame about being Indigenous. This sense of shame was created by negative and racist perspectives from non-Indigenous Canadians, along with not having the historical context to be able to understand some of the problems community members face today. One participant noted that her mother's sense of shame about being Indigenous not only negatively impacted her mother, but was passed down to her as a child, resulting in her not formulating a strong sense of identity as an Indigenous person and not learning about her heritage and language:

“The separation from our ability to pass our beliefs and our power. It's not just folklore, it's not just legend, it's not just natives talking to each other. There's power and magic involved in this, and you know, I say it with such awe because I wasn't raised like that. I went to church. I had my communion, I was baptized. It was, you know, everything that is so far away who in my core I was when I was born, a lot of factors came into that to make who I am and why I am doing what I'm doing. You know, the shame that my mother had, and shame is almost like this label that I see older natives walking around with. Is like shame, above their head. Because that's how my mom was. My mom was full of shame, because that was drummed into her. That was what was told to her by the people that she was exposed to at a very early time in her life. You know, 11, 12, 13, 14 which is what I said before is our formative years. So if you're told that “you're a dirty Indian” that you're useless, that you're worthless, that you're not even human like a white person, you know, you really start to doubt who you are in your core. And that comes out in your eyes. That comes out in your, it comes out. And children can see that, I as a child could see that with my mother. And I couldn't understand, you know, I couldn't really verbalize and put a word on what it was, but as I got older, it dawned on me. It was shame. My mom was ashamed.” (Interviewee 12, 2016)

Participants also noted that learning about one's own history and heritage was critical to developing a sense of pride in identity as well as for insight into some of the issues occurring in the community and within themselves today. As one participant noted, community members

“have a calling” to know about themselves and where they come from and that the disruption in understanding one’s own history, caused by colonizing forces, negatively impacted mental wellness. She also noted that community members strong link to Christianity were often a barrier to talking about history, because they did not necessarily want to have discussions that reflect negatively on their faith:

Participant: So I find a lot of people now don't know their ways. Like there's a calling. And some people call it blood memory, and there is resistance to it, I find, from First Nations people, some of them. 'Cause, um, they're Christian, they don't wanna talk bad about their religion or their beliefs or their practices.

Interviewer: Do they find it conflicting?

Participant: Yeah, they find it's disrespectful too as well, to talk negatively, but it's not what a lot of...some people do. I guess, I found a lot of IRS [Indian Residential School] folk that suffered abuse and wot not, in Residential Schools tend to, and their families as well....So yeah I think it's just, yeah there's definitely a calling because people are wanting to know. For example we don't know our own history, and that definitely plays a part in mental wellness. I find when we talk to students or even older people on our history, it...they leave a workshop or the conversation with their heads lifted a little higher, shoulders up a bit.

Interviewer: Does it give them a sense of identity and pride and stuff?

Participant: Yeah, we're not...a lot of times all they see is destruction, unhealthy use, kids in care, substance abuse, poor mental health, all sorts of things. It gives them a little bit of an understanding like “Hey, you know this happened to us” and, you know “This is why I did this”, or “This is why mom did that.” (Interviewee 7, 2016)

In this sense, understanding collective history appears to help contextualize current realities. As the same participant noted, understanding this history contributes to the mental wellness of individuals by enabling them to let go and stop “blaming and feeling shame....it gives an understanding that they're not failures, this has happened. They're not the only ones....Let go and reclaim. We call it reclaiming our indigenusness.” (Interviewee 7, 2016)

Learning about cultural and spiritual heritage was also described by participants as crucial for forming a positive self-identity, particularly among children and youth who do not get many opportunities to learn about themselves, in a positive way. Almost all participants noted that children are hungry to learn about their own identity in this way, and by doing so would have important implications for their mental wellness:

“Yeah, they're hungry for that information and they're always saying like, cause that's information that they are not talked about lots right? And it's not talked about in the home, it's not talked about in school really either. So when they hear about it, they know that that's their background, right? Just by, you know by books or you know, somebody talking to them, “Oh this is your, like your Aboriginal, your background. These things and this culture.” So when they see it, it's like “Oh, I wanna know this.” Because they are never taught it. Everybody's scared of it, right? And that generation from like, being scared to do those things is still there. And then you have the churches invading into all of it. And then it's like, you still kinda have that where some people are kinda hesitant toward it or hesitant for their kids. But their kids wanna be in it.” (Interviewee 2, 2016)

Another participant noted that learning about local Anishinaabe cultural and the community would help youth form a better self-image and self-confidence. This would counter some of the negative messages and misrepresentations they learn about themselves, as Indigenous people, in the media and even in school textbooks:

“I was thinking about a project of hiring youth to go and record Elders' stories. You know, traditional medicines, local knowledge about the area. And then really turning it into some kind of...and putting it in the school, so the little ones can know what they have in the community....Because I think the community, for especially education, that should be something that the school and somebody should be looking at. Creating content that's relevant to [community name]. Putting it at the school for kids to see so the kids can be like ‘Oh yeah, I'd like to go and find out about that when I'm older.’ And get interested in their community, rather than just ‘Oh, I'm interested in

that rap group' or 'Oh, Facebook'....It's also making them a little more proud to be from [community name]. Because when you open a, I remember opening a textbook here a couple years back when I was in school in a social studies course. I was looking at the early sections of the book. It talks about cavemen, and then all the sudden there's an area about Indians. And I'm like, 'Oh, we're not that far off from cave people apparently.' And how does that effect a young person seeing that? 'Oh you're primitive right?' When the white people found you, you were primitive. And I was laughing at it, I was like "What? We're not that far off from cave people?" (Interviewee 1, 2016)

One participant noted that learning about his culture from medicine women helped him feel pride in his identity as a two-spirited person and supported his mental wellness, especially in the face of Christian oppression of traditions around two-spiritedness:

Participant: Yeah, so those [medicine women] are the ones I'm learning from and those are the ones that helped me find my sanity. To be able to do this job that I do [social worker]. Because also it's one of my traditional roles as a two-spirited person. That's one of our traditional roles is being a counsellor. We can related to men and we can related to women as well. Traditionally we were also the child carers and elderly. We were the social workers of the tribes back then. Because most of us were single, you know so if a husband died or got really sick, a two-spirited person would go help that person, hunt, feed the children, take care of them until they got better.

Interviewer: Are there people that you've met in the community that are two-spirited that have also taken on that role?

Participant: No, no a lot of them, like, a lot of the traditions have been lost in isolated communities like this because of Christianity. You know, Christianity doesn't think too highly of two-spirited people. You know, they just see two men having sex, or two women having sex. They just boil it down to that. (Interviewee 8, 2016)

In conclusion, participants highlighted how learning about their cultural and spiritual heritage and the history of their community and, generally, of Indigenous peoples in Canada is important for supporting the mental wellness of individuals. This knowledge helped them contextualize current realities and facilitated a positive

perspective on their Anishinaabe identity, thereby building a connection to self and consequently bolstering their self-image and self-confidence.

Making Meaning

Processes of making meaning emerged as an important mechanism for promoting and protecting the mental wellness of community and tribal council participants. These processes were largely facilitated by Anishinaabe culture and spirituality and consisted of reflecting on the self and relationships with others, coming to terms with the past and healing from past traumas, and finding answers and receiving guidance for the future.

An ability to reflect on the self and on one's relationships with others arose as critical for the participants' mental wellness. As already discussed in the previous section, Anishinaabe cultural teachings were key to facilitating this process of self-reflection. For instance, participants highlighted the teaching of *onjinaay*, similar to karma, as a facilitator of this self-reflection, impacting mental wellness by enabling participants to reflect on how their own actions may have contributed to current wellness struggles. In discussing *onjinaay*, one participant noted that the teaching encouraged him to let go of things, others' wrongdoings, and pray for the Creator to show love to those that wronged him:

“I believe about treating people the way you want to be treated and then just finding something that makes you happy. Sometimes I have to pray in the morning to ask for something to bring me happiness...Cause like, when I'm angry, I have a hard time sleeping at night if something happened in the day that's bugging me, or if something someone said or did is bugging me. I have to ask God, to take that anger from me. To show them love, you know, like whoever pissed me off or, I ask Creator to show them love. 'Cause I can't, you know? [laughing] I don't like holding on to things because a lot of the times it's either family or somebody I work with. So I don't want it to be lingering there, for me to be mean. Like don't get me wrong, I can have my mean side, I have my mean streaks but I try hard.” (Interviewee 11, 2016)

Essentially, this teaching enabled participants to gain an internal form of control. It also made it possible for them to transform from a powerless victim to an empowered actor by reflecting on how they contributed to their own circumstances, by learning from mistakes, and by being able to seek help for ‘wellness troubles’ from the Creator, an Elder, or a traditional healer. It also teaches to let go of blame or hate, helping to maintain relationships with others in the community.

During a reflective discussion with an Elder about the teaching of *onjinay*, I learned that teachings like *onjinay* and an accompanying teaching called *ki-ka pa-ta-itiss*—which roughly means “You will get in too deep and won’t be able to get out”—imply bad omen and “may be at the core of why many of our people shun traditional spirituality.” However, he noted that these teachings are an indication that one needs to change or “look and learn from experience.” His perspective helped explain why many participants expressed that *onjinay* was not a good thing and should be approached with caution. A question this discussion raised was whether a part of this teaching had been lost, resulting in a half-truth. He told me, “Someone once wrote, ‘beware of half-truths, you may have gotten hold of the wrong half.’” (Sjoblom, Field Notes, 2017) So while this teaching may currently have negative connotations within the community because of a potential loss of an important part of its intent, it still is important in facilitating meaning-making among participants, promoting mental wellness through reflection on the self and relationships with others.

Anishinaabe culture and spirituality also contributed to the mental wellness through the process of making meaning of the past, helping participants come to terms with and heal from past traumas and get guidance for the future. Many participants spoke of the role of an

Anishinaabe ceremony, called the Shaking Tent Ceremony, in connecting community members to the spiritual world to get answers on how they can heal and what they need to do in their life to be healthy. The Shaking Tent Ceremony is conducted by a community spiritual healer or Elder, who sets up a small cylindrical tent and enters the tent to summon spirit helpers, whose arrival is signified by the shaking of the tent. When this ceremony was practiced in the community as recently as 10 years ago, community members would gather around the tent and ask the spirits questions about troubles that were ailing them. An Elder from the community explained this ceremony and its role in promoting wellness by way of providing answers and guidance to community members:

Participant: Even like my father in law, he used to have a shaking tent here.

Interviewer: Really? Can you tell me about the shaking tent?

Participant: Well, he made it before dawn and he had a lot of different sticks, not just same sticks but different ones. He used to do it after dark. And the tent would go and they ask if somebody, somebody ask for “How long is my life?” and that person...there were lots of, I don’t know what you call those, lots of spirits I guess, in the shaking tent. And they were talking. I didn’t believe it at first, I thought he was shaking it. But that shaking tent was powerful.

Interviewer: And do you think that helped people?

Participant: Yeah, when they ask questions like things “Why, why am I sick?” or something like that. Or if somebody is missing, where he is. So the person that’s in the shaking tent told them where that person was. That’s how they found somebody. And I think it was, that thing was, um, I guess powerful stuff to do, yeah.

Interviewer: That’s very cool, I’ve heard a lot, some people have told me about the shaking tent. Um, were there other things kind of like the shaking tent, where people could learn or find answers?

Participant: Yeah, they found answers there too yeah. This one guy was there, ‘cause he wanted to know why he was sick. He couldn’t walk. So he asked that person there in that shaking tent, he was asking why, and where that came from...and so I guess you’re not supposed to do something to animal. Like I guess he broke the dog’s legs, that’s how he got. That’s how the dog felt. (Interviewee 10, 2016)

Other participants highlighted how the shaking tent ceremony was an event that drew the community together, to bond and laugh at jokes and stories told by the spirits, contributing to community unity and connection. From this ceremony, participants received their gifts, such as the guidance a participant received for introducing her daughter to pow-wow dancing, including the colours that now make up her pow-wow regalia.

Overall, the shaking tent ceremony was important in promoting mental wellness by helping guide community members through struggles related to wellness and by helping them make meaning of their past experiences and traumas. In addition, the ceremony was an opportunity to come together and learn traditional teachings and stories. Nevertheless, the tradition was not continued after the Elder that conducted the ceremony passed away. Community members and community health staff have attempted to bring in Elders from other communities to continue the ceremony, along with attempts to conduct sweat lodge ceremonies in the community. However, as one participant indicated, Christian organizations and community members have prevented this from happening:

“My brother was the one that started to bring these things back into the community, he started the pow-wow back [inaudible] started the pow-wow, started the sweat lodge, started the shaking tent ceremonies. But what ended up happening was that church clique started getting in the way.” (Interviewee 5, 2016)

Dreaming was also another way of finding answers and receiving guidance from the spiritual world. It was also a means to travel to other locations and learn teachings. Two participants spoke about astral travel and dreaming, and how it facilitated their connection to the environment, the spiritual world, and ultimately to their own spirit. One participant spoke about a dream he had had after receiving his spirit name in a sweat lodge ceremony:

Participant: And after I got it, I had a dream. And a pack of wolves, it was in this community but I wasn't in this community when I got that dream. I was in Nelson House, MB. In my dream, we were at my cousin's place. And we were ready to walk across and she told me "No, we can't," she says, "Look at all those wolves," she says. So we looked down on the ice and there was a big pack of wolves, probably like 30 of them. "Oh," she says. "No, no, no, no, don't worry," I told, "Don't worry this is good." I remember my grandma telling me that back in the day when they used to be on the trap line, they used to carry a big iron, something loud that would scare, make a sharp sounds, like that. Make loud sounds like that. So I remember telling her in my dream that "Grab a big iron, cast iron frying pan so that everywhere, we're walking across [the ice] with a cast iron in our hand, eh?... And so when we got to this big island, 6 wolves had come and huddled in front of that whole path. And that one wolf come up, well 6 of them, they came like how me are you are sitting. That one wolf had white right here, and white right here. And this wolf had white whiskers. He goes "Don't, don't ever be scared of me my son," he says to me. "We're you're guardians," he said. "Never be scared," he says. "If you ever need anything, close your eyes and you pray, and you pray very hard," he says to me.

Interviewer: Very cool, very cool.

Participant: Not only that, the thing he told me he says, "You put tobacco down and you make an offering." So I did. After I had that dream, I made an offering and I put tobacco down. And that is a dream that I'll never forget because they are my guardians. (Interviewee 5, 2016)

For this participant, dreaming was his connection to his community while far away and to the spiritual world, where he received reassurance that he was not alone, and that his spirit guardians will always be there to guide him when he needed it. Another participant noted that Indigenous peoples are particularly good at astral travel—which involves the spirit leaving the body to travel to other locations, typically during a dream—and illustrated the energy that Indigenous peoples are connected to, including a connection to the environment:

"At our core as a people, that's who we are. That yearning, that desire, that addiction to know who we are, I think is more overwhelming for us

as a native people because of our unique connection that we have with our environment. I really do. Energy does not go away. Energy changes form, so you know a plant growing, a river flowing, an animal passing, all is a change of energy that we as native people were connected to, that we were aware of, that we used, that we drew from, that we got our power from. You know, astral travel was something that natives were good at.” (Interviewee 12, 2016)

One participant, who asked not to be recorded, indicated that her grandmother learned how to pick medicines from the bear spirit that came to her in her dreams. The bear spirit would take her to spots around the community where medicines grew, and teach her how to use them for different ailments. Her grandmother then used this knowledge to help community members who were sick (Sjoblom, Field Notes, 2016; Interviewee 14).

In conclusion, Indigenous culture and spirituality facilitated meaning-making processes among participants, helped them in reflecting about themselves and their relationships with others, in coming to terms with the past, and receiving answers and guidance for living a good life. Unfortunately, many of these practices, according to some participants, have been “forgotten” or suppressed, which has contributed to mental wellness problems among community members who may no longer receive the teachings or have access to ceremonies that had helped them be well in the past.

Chapter V: Discussion & Conclusion

This study aimed to explore the perspectives of community members regarding the factors that protect and promote community and family wellness and the mental wellness of individuals within the community. The findings revealed three primary themes, namely Anishinaabe ways of living, connection and relationships (at the level of the community, family, and individual), and making meaning. Weaved throughout these themes were narratives of the

harmful impacts of colonization on community and family wellness and individual mental wellness, and the crucial role of Anishinaabe culture, spirituality, and language in the resiliency of the community in the face of these colonizing forces. The following discussion explores the relationship of these themes relative to the academic literature.

Anishinaabe Ways of Living

Anishinaabe ways of living were identified by participants as crucial to the wellness of the community, to the families within the community, and to individual community members. Living off the land and connection to the land and nature enabled self-sufficiency and independence, fostered a sense of purpose, brought families and the community together, provided recreational opportunities to community members, and were a way to connect with nature in order to re-energize and heal. These findings were consistent with the literature, where a multitude of Indigenous and non-Indigenous authors highlighted the importance of having a connection to traditional ways of living for health and wellbeing (Fleming & Ledogar, 2008; Kirmayer et al., 2011; Chandler et al., 2003; Reading et al., 2007; Wilson, 2003). In her health geography study, Wilson (2003) explored the importance of therapeutic landscapes in the maintenance of physical, emotional, mental and spiritual health of Anishinabek (plural of Anishinaabe) individuals and communities in northern Ontario. She noted the interconnectedness of land, health, and healing, which are bridged by cultural and spiritual conceptualizations of health and place. Consequently, wellness, in this instance, cannot be achieved without the connection to land as a significant cultural component. The findings from the present study confirm Wilson's findings. This connection between culture, spirituality, the land, and wellness were also expressed by participants, who identified 'being on the land' as a

space where they could connect with the spirit world and receive guidance about living a good life.

Participants also emphasized the importance of living off the land as a means of self-reliance and independence. Other studies have found Indigenous ways of living off the land as important for sentiments of individual self-reliance and capacity to take care of oneself, where community members are empowered to practice self-care instead of purely relying on the provision of government services and resources (Parlee & O’Neil, 2007; Richmond & Ross, 2009). In the present study, participants expressed how living off the land was particularly important for ensuring self-sufficiency in two ways. First, there was access to healthy traditional foods, so that they did not need to rely on expensive and unhealthy market foods. Second, it was a means of self-care for promoting mental wellness and healing rather than relying on support from the community nursing station and the mental health therapist.

Parlee and O’Neil also highlighted how Dene ways of living off the land facilitated community connection and capacity to work together—defined by participants in our study as a crucial sign of community well-being—where “people shared and helped one another without being paid.” (2007; p. 120). This link between land use and community and family connection was echoed in our findings. Spending time on the land to fish, hunt, trap and share the harvest was an important opportunity to bond with family and community.

This study also demonstrated how colonization had adversely impacted community wellness through dislocation from the land, loss of culture and traditional knowledge around land use, and the introduction of technologies and different ways of sustaining a livelihood that no longer necessitates using the land. This finding is consistent with findings from other studies that have investigated how colonizing forces have dispossessed Indigenous peoples from their

land and negatively impacted their health and wellness. A study by Richmond & Ross (2009) found that participants defined environmental dispossession as a process with negative consequences for health, particularly in the social environment, resulting in “major changes within their community’s every day social context, as there is less trust among community members, and increased competition for scarce resources from the material and physical environments (e.g., for jobs, or in obtaining traditional foods from the land)” (p. 409). The Richmond and Ross (2009) study also linked dispossession from the land and the resulting impact on the social environment to problems around unemployment, over-eating, alcoholism and drug abuse, which was attributed to community members’ frustration at their inability to generate economic opportunities from the land (Richmond & Ross, 2009). Moreover, they found that the growing social divide between families, manifested by more and less economic resources, was a result of this dispossession and had consequently created greater dependence and frustration, which then cycled back into mental wellness problems (Richmond & Ross, 2009). In our study, the impacts of ‘dispossession from the land’ on the social environment were exhibited as a loss of purpose which contributed to alcoholism, substance use problems, a sense of powerlessness, and depression as community members cope with a lost way of life while living in poverty and widespread dependence on health and social services.

Many authors put forth reconnection to the land as a means of healing from the longstanding impact of colonization, intergenerational trauma, and bolstering mental wellness in communities (Wilson, 2003; Taiaiake Alfred, 2009; Lavallee, 2009), and a number of recent reports highlighted the need for integrating traditional land use with services to address mental health and addiction-related health issues (TRC, 2012; Mental Health Commission of Canada, 2012). Communities and service providers in communities across Canada are increasingly

integrating traditional land use into wellness promotion activities (Health Canada, 2015). For example, the Jackson Lake Wellness Team in Kwanlin Dün First Nation integrates land- and culture-based programs and services with clinical mental health services and programs, and there has been strong community uptake and positive outcomes on mental wellness (Restoule et al., 2016). Many addictions treatment centres and programs also incorporate land-based programming, which has been shown to improve client functioning in all areas of wellness for the treatment of substance use problems and addictions (Rowan et al., 2014).

Despite a growing acknowledgment of the value of incorporating traditional land use and Indigenous ways of living into individual and community mental wellness programming and treatment, this study showed that communities are still struggling to acquire adequate resources to implement these types of programs, especially from a promotion and prevention angle.

Connections & Relationships

Within an Indigenous worldview, “a person is viewed as an extension to, and is integrated with a family, community, tribe, and the creation/universe” (Lowe, 2002, p. 6). This worldview emphasizes connectedness to a sense of self, to creation and the universe, and acknowledges the interdependence and interrelatedness of all things within the creation (Lowe, 2002). In *Trauma and Recovery*, Herman (1997) outlines how connecting with others is vital to healing:

“The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation” (p. 133)

In this study, connectedness arose as a central in participants' discussions of community wellness and the mental wellness of families and individuals. Participants asserted that connection and unity at the community level manifested as accountability and respect towards each other, helping and caring for each other, and working together to achieve common goals. This community-level connectedness was facilitated by Anishinaabe cultural teachings, the Saulteaux language, community programs and events that brought people together, and Anishinaabe ways of living.

The Assembly of First Nations (2012) identifies such community involvement and unity as essential to community development initiatives, and states that:

“Community unity is often the outcome of an appreciation for the strengths and assets within one’s community, and a newly developed sense of pride that may have previously been absent. The coalescing factor in building a community is the group’s unified desire for change that would ultimately benefit the members of the community. In this case, the most important benefit would be the achievement of self-sufficiency for as many community members as possible.” (p. 24)

Much research, as illustrated below, has focused on the connection to community as important for wellness overall and for mental wellness in particular. A sense of connectedness and belonging has been shown to be important to mental wellness and resiliency of individuals, families, and whole communities in non-Indigenous and Indigenous populations alike (Acton & Malathum, 2000; Henry & Milstein, 2004; Topf, Frazier-Maiwald, & Krovetz, 2004; Hill, 2006; Berkman, 1995; Lowe, 2002). This literature highlights how a sense of belonging or connectedness plays a role in the development of ethnic identity (Leroy, Rees, & Vera, 1998) and can facilitate a shared sense of socially constructed meaning (Andersen et al., 2000). Wexler, DiFluvio, & Burke (2009) discussed how collective meaning-making among Indigenous peoples can facilitate the reconceptualization of personal difficulty into a collective struggle, fostering

political engagement of communities and the development of united social justice efforts. Additionally, Kirmayer et al. (2011) linked community efforts to strengthening individual and collective agency whereby political activism, empowerment, and reconciliation promote positive mental health outcomes in individuals whose sense of self-esteem and self-efficacy is strengthened by such collective efficacy.

Just as Anishinaabe traditional teachings were highlighted by participants as key to facilitating community unity, research in other Indigenous contexts has also shown that traditional storytelling and oral traditions are key to connecting individuals, families and the community by transmitting core values and beliefs about how community members should relate to each other and about health and wellness in general (Hill, 2006). Indeed, traditional storytelling has been employed in a number of interventions to help individuals, families and the community reconnect with each other and to core Indigenous values and beliefs that kept communities and community members well in the past (Hodge et al., 2002)

This study also found that Indigenous language was an important vehicle for the intergenerational transmission of Indigenous values, beliefs, knowledge, and teachings and a crucial source of community connectedness and unity. Some research has investigated how language is linked to community wellness and mental wellness in Indigenous contexts. Research that has investigated this relationship has focused primarily on how Indigenous language strengthens resiliency in the aftermath of colonization. Battiste (1998), for example, found that loss or disconnection from language among Indigenous youth implied disruption of cultural connection, and adversely impacted the resiliency of youth. A study by Liebenberg, Ikeda, & Wood (2015) found that speaking their Indigenous language positively impacted the resiliency processes among Inuit youth in Labrador, as reflected in both qualitative findings and

quantitative data from a Pathways to Resilience Youth Measure (PRYM). Kirmayer et al (2011) put forth that efforts to revitalize language were sources of individual and collective resilience, enabling “self-fashioning, collective solidarity, and individual and collective healing...[that] strengthens a sense of identity and directly counteracts the cultural discontinuity and dispossession that resulted from the colonial enterprise and its aftermath.” (Kirmayer et al., 2011, p. 89).

Perhaps a more novel finding of this present study is how participants expressed Indigenous language as a force of emotional connection to other language speakers and to the community as a whole, facilitating this sense of solidarity and of being at home when surrounded by other speakers. This study also revealed the healing properties of the Saulteaux language itself, as the humour inherent in the language transformed a potentially traumatizing topic during a discussion into a topic that was more approachable, and through laughter, could provide healing.

Overall, this study highlighted a strong recognition of the importance of Indigenous language to the mental wellness of Indigenous communities, families and individuals. In Health Canada’s (2015) Mental Wellness Continuum Framework, culture was identified as the leading theme under the Framework and Continuum, and “Understanding the Role of Language in Mental Wellness” was identified as a key priority for action underneath this theme (p. 6). A report of the 2002/2003 First Nations Regional Longitudinal Health Survey highlighted how indicators of community wellness were explicitly tied to language, and that “as First Nations People, we are connected to Creation through our culture, which is expressed through our language, which contains our worldview, which is an expression of our spirituality.” (First Nations Centre, 2005, p. 4) The Assembly of First Nation’s Wholistic Policy and Planning

Model also highlights preservation and promotion of Indigenous languages to improve access to opportunities for better health and well-being of First Nations. While the federal government has increased funding to support First Nations culture and language in kindergarten to grade 12 education (Indigenous and Northern Affairs Canada, 2017), there is still a paucity of resources directed toward language protection and promotion for the purpose promoting and protecting health and wellness, and mental wellness in particular.

Community events and activities were also seen as important in bringing people together and revitalizing connection and unity. These events included cultural and artistic activities such as pow-wow dancing sessions, pow-wow competitions, drumming groups, land-based activities such as fishing and moose derbies as well as shore lunches, and recreational activities such as cooking classes, bingo and sports. Other studies, noted below, have highlighted how community events and cultural and arts-based activities creative arts can have healing properties at the community level. A study by Archibald et al. (2010) found that participants in an Indigenous cultural creative arts program reported that as a result of the program, relationships were built and connections were made, leading to a decreased sense of isolation, overall increased community involvement and leadership skill development particularly among youth (i.e. in political, sport, and community development activities), and improvements in relationships within families (Archibald et al., 2010). Other studies have also echoed the importance of cultural activities such as Indigenous arts and crafts, sweat lodges, and other spiritual ceremonies that bring community together as important mechanisms for promoting harmony, connectedness, cultural pride, individual identity, and mental wellness (Iwasaki & Byrd, 2010; Iwasaki et al., 2009; Lee et al., 2008; Stone et al., 2006). Few studies have specifically investigated how organized recreational activities are linked to community connection in other Indigenous

contexts, however one study by Mignone & O’Neil (2005) found that these activities and other youth programming—coined as *socially invested resources* by the authors—were associated with bonding social capital within communities, namely levels of trust, norms of reciprocity, collective action and participation.

Colonizing forces, specifically Christian missionaries, the residential school system, historical and contemporary child welfare practices, and lack of access to secondary education within the community were revealed as ways that contribute to a breakdown in connection and unity at the community level. In this present study, this breakdown in connection and unity at the community level manifested as jealousy, gossip, blaming, shaming, and community members undermining each other’s wellness endeavours. This phenomenon has been investigated thoroughly in recent years and has been coined as “Aboriginal Lateral Violence.” Lateral violence was defined by Middleton-Moz (1999) as when members of an oppressed group feel powerless to fight back against a powerful oppressor and eventually turn their anger against each other in the form of “shaming, humiliating, damaging, belittling and sometimes violent behavior directed toward a member of a group by other members of the same group.” (p. 116)

The oppression and abuses that occurred in the residential school system have been suggested as the primary origin of Aboriginal lateral violence, where adult-to-student and student-to-student abuse contributed to a great number of Aboriginal children being victimized (Bombay, 2014). As Bombay points out, these experiences of victimization “would have resulted in a greater proportion of youth returning to their communities and carrying the increased risk for various negative outcomes associated with their experiences, including an increased risk for continuing their aggressive behaviours.” (2014, p. 50) The aggressive behaviours carried out by Indian Residential School survivors in the community included “bullying, gossiping, feuding,

shaming, and blaming other members of one's own social group as well as a lack of trust toward other group members" (Bombay, 2014, p. 50). The findings in this present research also point to Christian missionaries working within the community and harmful child welfare policies as potential and continuing contributors to these behaviours, creating further divisions between different Christian faiths and particularly between those that practice Christianity and those that practice Indigenous spirituality.

This present study echoes the findings by Bombay, where participants highlighted how unhealthy Indian Residential School survivors in positions of power in the community may contribute to issues around poor financial accountability, nepotism, and misuse of power (Bombay, 2014). In this present study, participants highlighted how political leaders were commonly "60's scoop kids" that had "lost the sight of community," that leveraged alcohol and promises for votes and directed resources towards their own family members as opposed to those in need (Interviewee 1, 2016).

These developments are contrasted to the past. Indigenous political institutions that existed before the arrival of colonizers were typically consensus-based processes and ensured the people and the community were included in the decision-making processes (Bombay, 2014; McGuire, 2008; Taiaiake Alfred, 2009). In this sense, colonial political and governance systems imposed on Indigenous communities have also contributed to this observed lack of accountability by the current leadership to community member wellness, and now leadership only makes decisions for the community instead of in partnership with them.

This study also found that wellness and mental wellness was linked to participants' connection to family members including parents, grandparents, foster parents, children and grandchildren. Parenting was indicated by participants as crucial to community wellness and the

mental wellness of families and individuals. Many studies have investigated the role of family and parenting in mental wellness. Supportive, cohesive, and harmonious relationships with family are important for ensuring a sense of feeling cared for, loved, esteemed and valued, and as a result they have a protective effect on mental wellness (van der Woerd et al., 2005; Davis, 2012).

Nevertheless, the findings from this present study revealed a breakdown in connection at the family level, which according to participants, manifested as poor parenting practices that negatively impacted the wellness of children and youth in particular. Participants linked this breakdown in parenting to the residential school system, past and current child welfare practices, and the lack of access to secondary education within the community—all of which contributed to the removal of children from their homes and community. These findings echo the findings of many studies that linked colonial policies and practices to the breakdown in parenting in First Nations communities (Evans-Campbell, 2008; Truth and Reconciliation Commission, 2015; Simard & Blight, 2011; Neckoway, Brownlee & Castellan, 2007). Colonial systems fostered instead dysfunctional values, beliefs and behaviours that have become a normal part of child rearing in Indigenous communities in Canada (Dorion, 2010). Moreover, trauma experienced by children in residential schools or while in the care of child welfare has caused maladaptive behaviours within families including domestic violence and child maltreatment (Wesley-Esquimaux & Smolewski, 2004). Lastly, the disruption of cultural practices and family relationships meant that knowledge around traditional parenting practices was also lost, along with community and extended family involvement in child rearing and the loss of experience of a traditional family life that resulted in children being raised without having any parental models (Sarche & Whitesell, 2012; Braveheart, 1999; Lafrance & Collins, 2003). While it is well

established that these disruptions in parenting are still on-going with modern child welfare practices (Trocme, Knoke, & Blackstock, 2004), a perhaps more novel finding of this present study is the disruption in parenting and family and community connection caused by children leaving the community to attend secondary education in urban centres.

This research found that connections to Anishinaabe identity were important for mental wellness at the individual level, but were also influenced by family and community-level factors such as opportunities in the community to learn about Anishinaabe history and culture. Participants spoke to how an ability to answer the questions “Who am I?”, “Where did I come from?” and “What is my purpose?” was critically linked to mental wellness, and that connections to Anishinaabe and Christian spirituality and learning about collective history and culture helped participants form a connection to self. The role of identity development in mental wellness has been explored by a number of scholars in recent years. Kirmayer, Simpson, and Cargo (2003) point out that Indigenous identity in-and-of-itself can be a unique resource for mental wellness promotion and intervention. They note that: “It is likely that the mediating mechanisms contributing to high levels of emotional distress and problems like depression, anxiety, substance abuse, and suicide are closely related to issues of individual identity and self-esteem. These, in turn, are strongly influenced by collective processes at the level of band, community, or larger political entities.” (Kirmayer et al., 2000, p. 611) Revitalizing values toward collective Indigenous identity may also help counter the negative impacts on mental wellness that individuals experience as a result of being subjected to racism and other forms of discrimination (Kirmayer et al., 2000; Kirmayer et al., 2003; Galabuzi, 2004; Chandler et al., 2003).

Moreover, according to social identity theory (Tajfel & Turner, 1986), an individual’s self-concept is, in part, derived from their membership in a relevant social group with

racial/ethnic/cultural identity having a particularly strong influence (Haslam et al., 2009). In this regard, learning about the positive qualities of a collective culture and identity can mean positive reflections of the self (Burkley & Blanton, 2005; Biernat, Vescio, & Green, 1996). As this study has shown, Indigenous culture and spirituality have key roles in the positive identity formation of Indigenous individuals. According to Wexler et al. (2009), traditional forms of Indigenous culture give rise to resilience among Indigenous youth primarily “because the production of culture creates collective meaning” and that “a strong cultural identity distinguishes a Native young person from the dominant society and offers him or her a way to positively understand this difference” (p. 568). Overall, “cultural continuity,” or the degree to which a community participates in actions symbolic of their sense of community as a cultural group have been shown to have positive implications for mental wellness and resilience in Indigenous contexts across North America (Wexler, 2014; Chandler & Lalonde, 2008; Kirmayer, 2014)

In the present study, participants emphasized the importance of knowing their history—answering the question “Where do I come from?”—for the mental wellness of individuals. Knowing one’s history referred in part to learning about their community’s traditional cultural and spiritual practices and values to develop a sense of self, but was also important to enable community members to situate some of the problems occurring today within the context of what happened in the past. According to the Truth and Reconciliation Commission’s final report, truth telling “restores the human dignity of victims of violence and calls governments and citizens to account. Without truth, justice is not served, healing cannot happen, and there can be no genuine reconciliation between Aboriginal and non-Aboriginal peoples in Canada.” (2015, p. 12) Consequently, knowing one’s history is essential for healing and wellness in the future.

Making Meaning

Processes of meaning-making also emerged as an important mechanism for promoting and protecting the mental wellness of participants in this study. These processes were largely facilitated by Anishinaabe culture and spirituality and consisted of reflecting on the self and relationships with others, coming to terms with the past and healing from past traumas, and finding answers and receiving guidance for the future. Wexler et al. (2009) call attention to a need for research to acknowledge systems of personal and collective meaning-making in resilience processes, as they ultimately impact how individuals and communities negotiate, make sense of, and respond to the world around them, including experiences of hardship. As results from this study indicate, participants' culturally and spiritually-bound processes of meaning-making allowed them to refashion personal assaults from others into opportunities to reflect on themselves and their own behaviours, transforming them from victim to actor and changing a hardship into an opportunity to reflect and learn. This process—purported in the psychology literature as a personal construct based on Rotter's social learning theory (1966)—involves a shift in *locus of control*, from an external locus of control to an internal. Generally, individuals who tend to have a greater internal locus of control and a greater sense of self-efficacy have a greater sense of self-determination over their own wellness and have been shown to have higher levels of mental health (Karayurt & Dicle, 2008; Adolfsson et al., 2005). While this construct has not been thoroughly investigated in Indigenous contexts, one study by Bals et al (2011) found that language competence and involvement in cultural activities increased Indigenous Sami youth's sense of self-efficacy which were identified as protective factors against mental health problems.

Participants in this study discussed how Indigenous spirituality and ways of knowing helped them to make meaning of the past, which enabled understanding and healing from past trauma. Connection to their Indigenous spirituality also enabled participants to acquire knowledge from the spirit world to guide them in living their life in a good way. Dreaming and ceremony (i.e. the Shaking Tent Ceremony), were identified by participants as a sacred gift from the spirit world where community members acquired knowledge, found answers, and received guidance, and were invaluable to the mental wellness of participants and the community.

In Anishinaabe and other Indigenous traditions, dreaming is an important way of knowing (Rowe, 2014; Goulet, 1993) and has for a long time been linked to healing traditions. For example, oral traditions around the origins of the Jingle Dress Dance—a women’s pow-wow dance in which the dancer wears a dress adorned with metal cones that jingle with movement—tell how the dress and dance appeared in vivid, recurring dreams to a man whose daughter was gravely ill. The man then constructed the dress and instructed his daughter how to dance according to the vision he had in his dream. As she danced, she began to heal and eventually recovered. As a result, the jingle dress dance is now widely known as a healing dance, and many people at pow-wows will offer jingle dress dancers tobacco in exchange for a prayer for themselves or a loved one that is ill (Sjoblom, Field Notes, 2017).

Dreaming and its role in wellness and mental wellness from neurobiological perspectives has been extensively investigated through the fields of neuroscience, psychiatry, and psychology. This research has attempted to investigate links between dreaming and several spheres of human health and functioning including emotional processing and mental disorders such as schizophrenia, manic episodes, and depression; however, thus far, definitive neurobiological functions of dreaming and sleep remain elusive and subject to considerable

debate (Palagani & Rosenlicht, 2011). Some cross-cultural perspectives on dreaming align with the findings in this study. For instance, from a historical perspective, ancient Mesopotamians and Egyptians viewed dreams as from a divine origin and a means for the Gods to communicate with mortals—a belief that carried forward to ancient Greek and Roman times (Oppenheim, 1956; Pangas, 2006; Palagani & Rosenlicht, 2011). Spaulding (1981) notes that how different cultures classify their dreams is intricately linked to their worldview. He highlights how Indigenous North Americans, for example, might distinguish between personal dreams, that speak to the experiences of the individual, and culturally-patterned dreams—largely unknown to members of contemporary Western society—in which the dreamer receives a message for the community (Spaulding, 1981; Mageo, 2012). In writing about the cultural aspects of dreams, Kracke (1992) notes that dreams are important in a number of cultures for activities that can have therapeutic value, including in ceremony, ritual, and other processes that facilitate the deriving of personal and collective meaning from dreams. Despite some anthropological investigations into dreaming in Indigenous contexts, the link between dreaming and wellness or mental wellness in Indigenous contexts in North America has not been thoroughly investigated in the academic literature. Results from this study show the importance of dreaming and ceremony for community members to connect with the spiritual world, make meaning, and find guidance to live a good life. Connection to the spirit world through dreaming and ceremony thus fulfills the spiritual components of participants' well-being, supporting the balance and harmony between the mental, physical, emotional and spiritual aspects of wellness.

Study Limitations and Strengths

This research is limited in a number of ways. First, a key limitation of this research is that it cannot be generalized to all First Nations communities due to the limited number of

participants who were drawn from a specific geographical location, specific cultural and linguistic background (Anishinaabek, Ojibway/Saulteaux language), and with some unique historical and contemporary colonial experiences. The research is, therefore, more localized in its application until these concepts can be explored in other contexts. Another study limitation is that about half of the participants interviewed were community-based staff, working in health programs or in Child and Family Services. While these participants were community members and offered important perspectives on community wellness and mental wellness, interviewing more community members not involved in health or social services might have revealed different themes. In addition, member checking was only conducted with tribal council participants due to lack of access to the community following fieldwork and confidentiality concerns with mailing completed transcripts to community member participants. This may have resulted in an increased likelihood for bias and inaccurate interpretations of community members' accounts. Lastly, this research is limited because interviews were conducted in English. While many participants' first language was Saulteaux, the exclusion of potential participants who could only speak Saulteaux may have impacted the types of themes that did or did not emerge, particularly around the role of Indigenous language in personal and collective wellness.

This project also has a number of strengths. First, this study employed a positive mental health approach (as opposed to a deficit model) and sought to identify the strengths and virtues that foster mental wellness in individuals, families, and communities. A strengths-based approach better aligns with mental wellness goals relevant to First Nations—not just service providers—where there has been a strong shift away from deficit models towards more community-based empowerment strategies (Personal communication, Dr. Avery-Kinew, March

25, 2014; Personal communication, Alan Katz, April 9, 2014). A focus on strengths directly challenges notions of risk and risk management that commonly prevail in health promotion discourses, and that can be particularly harmful in the context of First Nations health. Mair (2011) points to how a focus on risks can be used to partition certain groups from the general population based on their risk behaviours or characteristics, resulting in the labeling of such groups as problematic. This process can serve to justify paternalistic interventions that are discriminatory and that reinforce the “marginalization of the already marginalized.” (Poudrier, 2007, p. 256; Mair, 2011, p. 133). A focus on community strengths and resiliency—defined as “positive adaptation despite adversity” (Fleming & Ledogar, 2008, p. 7)—emphasizes positive attributes and successes and seeks to operationalize existing capabilities and resources to solve community needs (Brownlee et al., 2010).

Secondly, understanding the role that the First Nation community and family play in relation to the mental wellness of individuals provided valuable information for effective mental health promotion, intervention, and policy. While examining individual risk factors is important for the development of cost-effective service provision and targeted interventions, it is equally as important to understand the community and family contexts of First Nations mental health. This is especially true considering that First Nations peoples have experienced both personal levels of trauma (i.e. childhood adversity, abuse) and shared, collective, trans-generational experiences of trauma (i.e. residential schools, colonialism, racism, cultural erosion) (Bombay et al., 2009). These shared collective experiences of trauma arguably call for unique solutions that go beyond Western biomedical mental health treatment approaches to solutions that focus on targeting the community-level consequences of collective trauma which can adversely affect social dynamics, processes, structures, and functioning (Bombay et al., 2009). Findings of this study can thus

inform intervention strategies that target bigger picture issues—such as strengthening community unity through cultural teachings—to improve mental wellness. Additionally, this research can inform efforts to foster community members’ mental wellbeing or bolster a community’s capacity to handle mental health crises by utilizing existing strengths.

Conclusion

This study has revealed how community members in a tribal council and Saulteaux First Nation community in Manitoba understand and define mental wellness at the level of community, family, and individual. Intersecting themes of Anishinaabe ways of living, connection and relationships, and processes of making meaning were revealed as crucial to the wellness of the community and mental wellness of community members. Weaved throughout these themes were discussions of how Anishinaabe culture, spirituality and language reinforced the ways in which Anishinaabe ways of living, connection and meaning-making supported wellness and mental wellness, while colonizing forces continued to adversely impact wellness and mental wellness. These findings advance those put forth in the work of Chandler and Lalonde and other researchers regarding the roles of Indigenous cultural continuity and community self-determination in protecting and promoting mental wellness.

Overall, many similarities were found between the study’s findings and the existing literature. This study, however, uncovered the disrupting of meaning. The study revealed how the community is currently struggling to re-engage with their traditional culture due to on-going Christian influences that continue to stigmatize and demonize traditional Indigenous cultural and spiritual beliefs, values, and practices and sabotage community efforts to revive cultural and spiritual events and ceremonies (such as pow-wow and Shaking Tent Ceremony). Another important finding concerned how a lack of access to secondary education within the community

contributes to community-level and family-level disconnection, much in the same way as child welfare practices that continue to apprehend and remove children from the community. One more noteworthy finding was the inherent healing properties of Sauteaux. Humour is intrinsic to the Sauteaux language and it enables the transformation of potentially traumatizing topics of discussion into those that were more approachable and that could provide healing through laughter.

The results of this study are consistent with those elements identified in the Indigenous Wellness Framework (see Figure 2), which identifies hope, belonging, meaning and purpose as important factors in wellness (University of Saskatchewan, 2013). According to this framework:

“Spiritual wellness is achieved through the presence of Indigenous values, identity, and belief, and the result is *hope*. Emotional wellness is achieved through relationships, a connection to family, community, and having an attitude toward living, the result of which is *belonging*. . . . Mental wellness is achieved through rational and intuitive thought, and these two aspects of thought are woven together to create understanding, the outcome of which is *meaning* for and about life. Finally, physical wellness is achieved through an Indigenous way of being and living life with wholeness, the outcome of which is *purpose*.” (Restoule et al., 2015, p. 92)

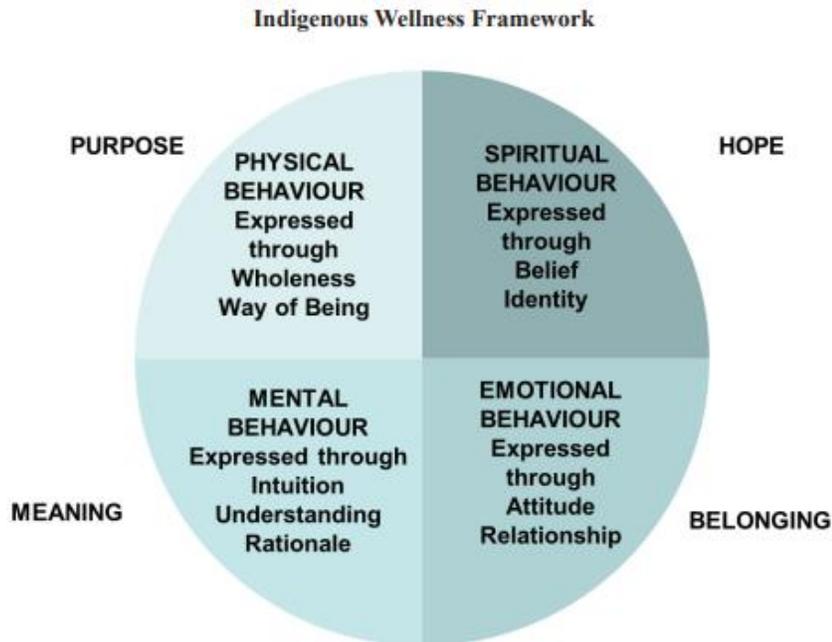


Figure 2: Indigenous Wellness Framework (University of Saskatchewan, 2013)

The theme of Anishinaabe ways of living relates to the physical dimension of wellness, resulting in purpose. The theme of connection and relationships corresponds to the emotional dimension of wellness, resulting in belonging. The theme of making meaning, while primarily facilitated by Indigenous teachings and spirituality in this study, could appropriately fit into the mental dimension of wellness, resulting in meaning for and about life. Lastly, discussions around the importance of culture, history, and spirituality as crucial for identity development, particularly among children and youth, represent the spiritual dimension of wellness culminating in hope. It is worthwhile noting that in my interviews, I got the sense that participants' hope for the future and wellness of the community was markedly vulnerable. The rapid change and loss that has occurred within the span of many participants' lifetime had seemingly hindered participants' sense of hope for positive change in the near future, and efforts to revitalize a sense of hope and empowerment could potentially go a long way.

While the findings of this study fit various dimension of existing frameworks, a Saulteaux conceptual model evolved in partnership with the tribal council staff as illustrated in Figure 3.

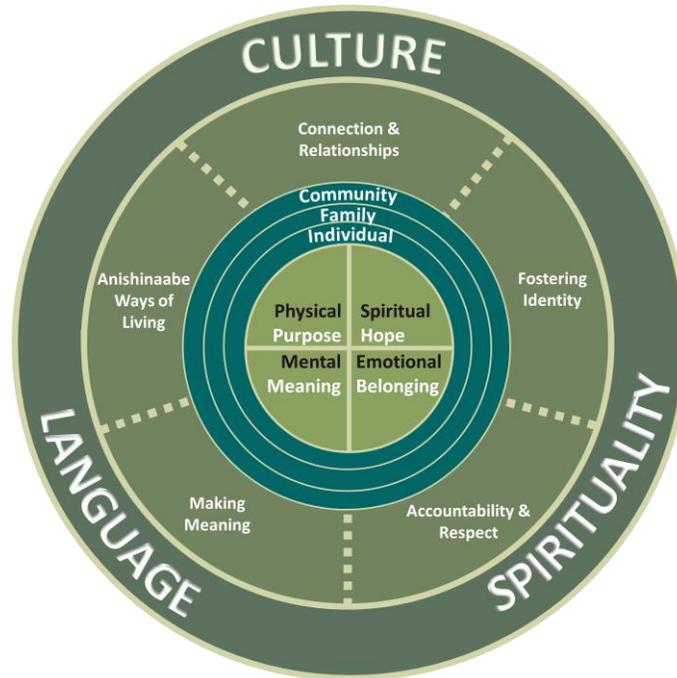


Figure 3: Saulteaux Wellness Framework (Adapted from Indigenous Wellness Framework from University of Saskatchewan, 2013)

From this figure, this work clarified mechanisms that connect culture, language and spirituality to wellness and mental wellness. Many of the findings presented reflect perspectives and knowledges that have been put forth by Indigenous healers, leaders, scholars, Elders and community members for a long time. I thus hope that Indigenous communities and organizations can utilize this research to add yet another piece of evidence for the value and necessity of developing community-driven programs and initiatives that integrate Indigenous culture, language, and spirituality.

Study Implications

A number of important implications for health research and policy ensue from the findings of this research. First, this research reinforces the need for programs aimed to improve

the wellness of First Nations communities to assess the unique circumstances that culminate to impact the overall wellness of the community and mental wellness of individuals residing with the community. As the study findings indicate, some communities, especially those with a continued presence of Christian establishments that perpetuate stigma towards Indigenous culture, knowledge, healing, and spirituality, may first require innovative efforts to engage the community in reducing stigma before implementing projects aimed at revitalizing traditional knowledge, history and culture.

Secondly, the results of this study offer effective strategies to integrate First Nations and biomedical ideologies in the treatment and prevention of mental health conditions and promotion of mental wellness in First Nations communities in Manitoba (i.e. combining Anishinaabe cultural teachings with therapy). As previously mentioned, First Nations perspectives of mental health and mental health experiences have been frequently studied from a biomedical point of view, with a focus on individuals rather than families or communities (King, Smith, & Gracey, 2009; Taylor et al., 2005). Some researchers have argued that because First Nations perspectives on mental wellness are frequently overlooked, programs directed at mental health promotion, illness prevention, and management are often rendered ineffective (Martin & Yurkovich, 2013). Understanding of First Nation community and family values and beliefs and how they relate to mental wellness can be used to advocate for their integration into federally-, provincially-, and regionally-delivered mental health treatment, promotion and prevention services for First Nations in Manitoba.

Lastly, the importance of community connectedness and unity to wellness and mental wellness in this community highlights an important intervention opportunity in terms of community unity building that could potentially be applied in other similar communities. The

findings here reveal how Anishinaabe cultural teachings and Indigenous language are important in community unity, and thus present a possible avenue for supporting and strengthening unity in the community. Future research investigating other factors that can be utilized in building and strengthening community unity in First Nations communities would provide valuable contributions to informing programs and policies in this area.

Findings from this study have already been used in program development at the tribal council level. As part of my involvement with Southeast Resource Development Council, I helped to develop a proposal for a Tribal Council Mental Wellness Team that aims to integrate cultural and recreational activities as a means to promoting mental wellness within tribal area communities. The results from this study along with input from community engagement sessions consistently pointed to how the lack of these activities contributes to poor mental wellness in the communities. Moreover, regional data from Health Canada on mental health therapy utilization revealed very low uptake of therapist services in tribal area communities, leading the staff to suspect low community acceptability of therapy services (likely due to concerns about confidentiality, and language barriers and limited cultural competency of therapists) and a need for improved outreach to community members to help remove barriers to wellness services. SERDC was ultimately successful in acquiring funding for this Mental Wellness Team.

Moreover, I am currently working with the community to acquire funding to promote Indigenous culture and language through documenting community Elders' traditional stories and teachings and transmit them to children and youth in community schools. The goal will be to seek Elders with knowledge of traditional teachings and stories that relate to mental wellness, record and transcribe the stories in both Saulteaux and English, and implement workshops in the community school where Elders will teach children and youth the stories and the teachings

around mental wellness and resiliency. We then plan to implement an art contest through the school, where the children and youth will illustrate their favourite part of the teachings/stories. We then plan to compile the illustrations into a digital story medium, narrated by the Elders in both Saulteaux and English, and share the videos with members in the community, across the other Manitoba First Nation communities, and beyond to First Nations communities across Canada.

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Appendices

Appendix A: Consent Form



UNIVERSITY
OF MANITOBA

Faculty of Health Sciences
College of Medicine
Department of Community Health Sciences
S113 – 750 Bannatyne Avenue
Winnipeg, Manitoba
R3E 0W3

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

Title of Study: “The way First Nations promote and advance mental health and well-being”

Principal Investigator: J. Erynne Sjoblom
Department of Community Health Sciences
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University of Manitoba, Winnipeg, MB R3E 0W3
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Co-Investigator: Marsha Simmons and Dora Simmons
Southeast Resource Development Council Corp.
6th Floor-360 Broadway
Winnipeg, Manitoba R3C 0T6
Phone: (204) 956-7500 Fax: (204) 956-7382

You are being asked to participate in a research study. Please take your time to review this consent form and feel free to ask me any questions. You may take your time to make your decision about participating in this study and you may discuss it with your friends or family before you make your decision. This consent form may contain words that you do not understand. Please ask me to explain any words or information that you do not clearly understand.

Purpose of Study

This research study is being conducted in partnership with the Southeast Resource Development Council to study is to explore how aspects of First Nation community, family, and household environments protect the mental health and wellbeing of community members in this tribal council area. A minimum of 15 participants will participate in this study.

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FEBRUARY 1, 2016

PARTICIPANT INITIALS: _____

The Way First Nations Promote And Advance Mental Health And Well-being

Study procedures

Participation in this study will involve an interview which should take no longer than 2 hours. I will be asking about mental wellness and the things that bring your community or family together in a good way to help you and others to be mentally, spiritually, and emotionally well.

If you choose to consent to audio recording of your interview, the audio will be later entered into text word for word using a computer. I will later analyze the text and group it into themes.

The interview will take about 1-2 hours but can be stopped whenever you wish.

We may decide to take you off this study if it becomes apparent that the interview conversation is harmful for you or if the study is stopped by one of the study partners. Your participation is 100% voluntary, and you can stop participating in this study at any time.

Risks and Discomforts

A potential risk of participation may be emotional distress or anxiety related to the conversation topics that may come up during the interview. For some study participants, reflecting on their mental wellness, family, or community experiences could contribute to, or bring out emotions or remembrances which may potentially cause distress or result in traumatization or re-traumatization.

Benefits

There may or may not be direct benefit to you from participating in this study. We hope the information learned from this study will benefit First Nation communities that are aiming to develop programs to promote and protect the mental health of their community members.

Costs

All the procedures, which will be performed as part of this study, are provided at no cost to you.

Payment for participation

Once the interview is over, you will be given a \$30 gift card that can be used at the Northern Store as a thank you for sharing your time and knowledge for this study.

Confidentiality

Information gathered in this research study may be published or presented in public forums; however your name and other identifying information will not be used or revealed. Despite efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law. In reporting of the study results, direct quotations which may identify you will not be used. Your experiences will be reported using assigned a fake name or fake initials.

To ensure confidentiality, no identifying information (such as your name or address) will be

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PARTICIPANT INITIALS: _____

The Way First Nations Promote And Advance Mental Health And Well-being

attached to audio recordings or transcribed documents. Your interview data including audio recordings and the typed transcripts will be stored on a password protected computer. Audio recorded interviews will be deleted once typed out, and any printed paper documents including this form will be safe guarded within a locked file cabinet until the study is finished. While traveling, all documents will be stored and transported in a locked briefcase. Once the study is complete, paper documents will be destroyed in confidential shredding.

The University of Manitoba Health Research Ethics Board may review records related to the study for quality assurance purposes. Otherwise, only I will have access to the information on this form.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not affect your relationship with me or the study partners. If I feel that it is in your best interest to withdraw you from the study, I will remove you without your consent.

Services for Injury While Participating

In the case you may experience emotional distress resulting from this study, necessary mental health resources will be available at no additional cost to you.

You are not waiving any of your legal rights by signing this consent form nor releasing the researchers from their legal and professional responsibilities.

Questions

You are free to ask any questions that you may have about your your rights as a study participant. If any questions come up during or after the study or if you have a research-related concern, please contact the study the Principal Investigator Erynne Sjoblom by phone at [REDACTED] or by email at sjoblomj@myumanitoba.ca.

For questions about your rights as a study participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at (204) 789-3389.

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent

I have read this consent form. I have had the opportunity to discuss this research study with the Principal Investigator, Erynne Sjoblom. I have had my questions answered by her in language I understand. The risks and benefits have been explained to me. I believe that I have not been unduly influenced by any study team member to participate in the research study by any statements or implied statements. Any relationship (such as employer, supervisor or family member) I may have with the study team has not affected my decision to participate. I

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FEBRUARY 1, 2016, VERSION 1

PARTICIPANT INITIALS: _____

The Way First Nations Promote And Advance Mental Health And Well-being

understand that I will be given a copy of this consent form after signing it. I understand that my participation in this study is voluntary and that I may choose to withdraw at any time. I freely agree to participate in this research study.

I understand that information regarding my personal identity will be kept confidential, but that confidentiality is not guaranteed. I authorize the inspection of any of my records that relate to this study by The University of Manitoba Research Ethics Board, for quality assurance purposes.

By signing this consent form, I have not waived any of the legal rights that I have as a participant in a research study.

Type of consent:

Oral consent Signed consent

Oral Consent:

"I read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it."

Participant agrees to be contacted for future follow-up in relation to this study:

Yes ____ No ____

Participant contact information:

Mailing address: _____

Phone number: _____

Email address: _____

Preferred method of contact: Mail Email Phone

Name of participant: _____ **Date:** _____
(day/month/year)

Researcher's signature: _____

The Way First Nations Promote And Advance Mental Health And Well-being

Signed consent:

I agree to be contacted for future follow-up in relation to this study,

Yes ___ No ___

Participant contact information:

Mailing address: _____

Phone number: _____

Email address: _____

Participant signature: _____ **Date:** _____
(day/month/year)

Participant printed name: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: _____ **Date:** _____
(day/month/year)

Signature: _____

Printed name: _____