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Restoration of Well-Being for Canada's First Peoples

Introduction

Aboriginal perspectives on mental health differ from those of the mainstream. These different perceptions of mental wellness/illness lead to different solutions than those based on a mainstream analysis. As a front-line First Nations educator, social development practitioner, researcher, author, and chair of the Native Mental Health Association of Canada, I offer in this paper my views on the issues, challenges, and solutions in the field of Aboriginal mental wellness.

The central issue is that mental wellness/illness is understood differently through the Aboriginal worldview than the mainstream and requires recognition of the inter-generational effects of colonization. Many Canadians and Aboriginals are ignorant of the historical context out of which mental health conditions arise. Ignorance must be replaced by knowledge of the colonizing forces that have shaped, and are still shaping, Aboriginal life. Promising solutions include decolonizing education for all Canadians, cultural safety training for health and human service workers, and strengths based life-affirming approaches that build community and individual capacity.

Aboriginal Views of Mental Wellness

Understandings of mental wellness/illness are culturally determined. Such is the hegemony of mainstream views of mental illness that many in the mainstream are blind to this fact and its implications.

There is no concept for "mental health" in traditional Aboriginal languages. The Aboriginal worldview highlights concepts of wholeness, balance, the importance of relationships with family, community, ancestors, and the natural environment. An individual's identity, status, and place in the world are tied to the family, and to one's ancestors' traditional territory and the community. Each of these elements has implications for the design and delivery of healing programs.

From an Aboriginal perspective, mental wellness is holistic. Holism includes consideration of physical, emotional, cognitive and spiritual health with particular attention to congruence between the mind and body encompassed by the spirit. Individual wellbeing is strongly connected to family and community wellness. This way of viewing mental health is very different from the Western perspective.¹

¹ Aboriginal Healing Foundation (2006). Volume 1: A Healing Journey: Reclaiming Wellness, AHF, Ottawa.

Aboriginal mental health is relational; strength and security are derived from family and community. It is a concept embedded in context, and embodied in group traditions, laws, customs and everyday practices that foster and maintain health in every dimension.

The community was the main vehicle for achieving social cohesion and individual and family wellbeing in Aboriginal societies prior to contact. No one was left alone or beyond the circle of communal identification and affiliation. When a crisis arose, all community members were responsible for its resolution. This shared responsibility was, in a sense, a psychological shield protecting members of a society from helplessness and demoralization. The community worked to nurture its members and to create accepting, genuine and empathetic interpersonal relations².

Western definitions of mental health utilized in the disciplines of psychology, social work and psychiatry tend to focus on pathology, dysfunction or individual coping behavior.

Historical Context

Prior to the colonization of Indigenous peoples, mental health issues that arose were treated in communities, using traditional practices. They were not seen as an illness, but as responses to factors both external and internal to an individual. First Nations people enjoyed relatively good health, using their traditional wisdom and ecological knowledge as foundations for maintaining and restoring their wellbeing. Elders played a critical role in contributing to the health of the people by serving as carriers of knowledge, teachers, and role models.

Contact with Europeans brought diseases and tens of thousands of deaths. There is controversy about the actual extent of decline in First Nations populations following contact with Europeans. Population patterns reveal a population as high as 188,344 on the northwest coast of British Columbia at the onset of contact and estimate a 90 percent decline by 1880. Most vulnerable were elders whose knowledge died with them, and young children, whose gifts to their communities were forever lost. Imagine the effects of such losses upon the ability of families, communities, and tribal nations to survive as viable cultural entities.

The transmission of cultural knowledge and self-sufficient ways of life were further undermined by policies of assimilation; the reserve system, laws banning spiritual practices, the Residential School system, and most recently, the “’60’s scoop” of Aboriginal children by Child Welfare authorities. The devastation to the social, cognitive, spiritual and physical health of Indigenous peoples was significant.

Beginning in 1861 and as recently as the 1970s, Indigenous children were removed from their families to be trained in residential schools, often long distances from their home community, where they were forbidden to speak their own language or to practice their

² C.C. Wesley-Esquimaux & M. Smolewski (2004:43). *Historic Trauma and Aboriginal Healing*, Aboriginal Healing Foundation, Ottawa.

cultural ways. The residential school experience inflicted traumatic experiences on the children, their families, and communal life. The physical and mental health of current generations continues to be negatively affected by these and other agents of colonization. Their effects are manifested in the altered ways in which communities have come to socialize their families and children.

While First Nations people suffer from many of the same mental health problems as the general population, rates of such problems as suicide, depression, substance abuse and domestic violence are significantly higher in many communities. The suicide rate for Aboriginal people in 1984 was 43.5 per 100,000. Although the 1984 rate showed a major decline from that reported in 1981, it was still three times the Canadian rate. More recently, suicide rates have been reported to be five to six times more often among First Nations youth than non-Aboriginal youth in Canada³, a rate that continues up to the present time.

In the 1983 Round Table discussion of the Royal Commission on Aboriginal Peoples, Dr. C. Brant, a Mohawk psychiatrist, identified poverty, despair, poor housing and political alienation as the root causes for the traumatic mental health problems that plague many Aboriginal communities. He identified suicide and depression, violence, sexual abuse, substance abuse, and child neglect and abuse as the most serious mental health outcomes of these conditions.

As caregivers and policy analysts become informed about colonial history, they do not view Aboriginal mental health problems as medically defined disorders. Instead, they contend that suicidal and other self-destructive behaviors are primary by-products of the colonial past with its layered assaults on Aboriginal cultures and identities⁴ They see these as serious threats to the survival and health of Indigenous communities. Wholeness has been broken. Cultural and self-continuity has been lost. Balance and harmony need to be restored. When Indigenous people are made to feel shamed about the effects of colonization, for example, by the predominant use of western models and labels for mental health problems, the damage is compounded. In fact, there is a lot of health in the communities and a strong tradition of healing on which to build.

Health Determinants

According to the 2005 Blueprint on Aboriginal Health, the term 'health' embraces a holistic approach encompassing the physical, emotional, intellectual and spiritual well-being of people living in harmony with well-functioning social systems in a healthful environment. It recognizes the need to address other determinants such as access to clean water, food security, education, housing, and safety of community members. For Aboriginal people the health continuum is about wellness, not illness.

³ Royal Commission on Aboriginal People (RCAP) (1994).

⁴ Royal Commission on Aboriginal People (RCAP) (1995). *Choosing Life: Special Report on Suicide Among Aboriginal People*, Ottawa, ON: minister of Supply & Services.

Recent formal federal recognition of non-medical determinants of health and the inclusion of culture as a determinant has affirmed for Indigenous people the centrality of the cultural beliefs that have guided them from time immemorial. Determinants of health have been identified as; income and social status, social support networks, education, employment and working conditions, physical environment, biology and genetic endowment, personal health practice and coping skills, healthy child development, health services, geography and culture.

These can be seen as aspects of a whole symbolized by the Medicine Wheel⁵ that features the physical, emotional/social, intellectual and spiritual dimensions of being human. To achieve holistic health, each determinant is necessary to meet needs related to the four quadrants. One is healthy or unhealthy to the degree to which each determinant meets or fails to meet physical, emotional/social, intellectual and spiritual needs.

Aboriginal people understand that “holistic health” is achievable only by building and maintaining community systems to meet basic needs that manifest their cultural beliefs and values. For many generations of Indigenous people, attainment of holistic health was made impossible by political, social, and economic forces over which they had little or no influence. Currently, we are in a period of transition in which Indigenous people are gaining greater control over the determinants of their health and consequently, a higher level of holistic health.

Paths to Recovery

Communities whose members are burdened by unresolved trauma require assistance to prevent passing their burdens on to successive generations. Any helper serving First Nations and other Aboriginal communities must have an understanding of the past, of present realities, and future possibilities. Amongst other qualities, they must have the ability to initiate community based change strategies grounded in the awareness that in the final analysis, the community is their “client”.

Cultural safety training should be a necessary part of the preparation of such practitioners. Cultural safety requires that practitioners consciously recognize and believe that we are all bearers of culture and always see others through our own cultural perspective⁶; that when we are in relationship with another person both the cultures of the practitioner and client (individual, family, and/or community) are present.

It goes beyond cultural awareness and sensitivity to understand others within the broadest context, including the historical, political and social factors that shape health and health care for all people. Through the “lens” of cultural safety, structural inequities and power imbalances are recognized and their role in shaping health and mental health can be understood and challenged. Cultural safety is both a process and an outcome. It requires

⁵ Mussell, W.J. (Bill) (2005). Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men, The Aboriginal Healing Foundation, Ottawa.

⁶ Smye, V. & A. Brown (1999). ‘Cultural Safety’ and the analysis of health policy affecting aboriginal people, Nurse Practitioner, Vol. 5, No. 3.

excellence in relational practice and enables safe services to be defined by those who receive the service⁷.

To restore wellness in our families and communities, social justice for First Nations, Inuit, and Métis is critical. Colonialism is embedded in the existing structures and processes of therapeutic models of treatment applied to Indigenous communities. Many therapists work in these communities using Western models. In the spirit of self-governance, Aboriginal people are taking back responsibility for their health. An essential element of this is the use of culturally appropriate and culturally safe treatment centered in Indigenous philosophy and practice.

⁷ Smye, V. & A. Brown (1999). 'Cultural safety' and the analysis of health policy affecting aboriginal people, *Nurse Practitioner*, Vol. 3, No. 9.