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Facilitating Mental Health Literacy: Targeting Canadian First Nations Youth
Faciliter la littératie en santé mentale : Cibler les jeunes Canadiennes des Premières Nations

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ABSTRACT

As reported rates of mental illness and suicide among Canadian First Nations youth continue to rise, counsellors are uniquely placed to contribute to mental health literacy. Development of contextually appropriate programs requires knowledge of the myriad of contributing factors including residual issues of colonization, discrimination, marginalization, and socioeconomic struggles that play pivotal roles in wellness and mental health risks. Given the potential contribution of such programs and the dearth of literature in this area, we reflect on what factors would contribute to facilitating or adapting existing mental health literacy programs to target Canadian First Nations youth. We explore ideas for integrating culture and context, youth engagement, and youth empowerment.

RÉSUMÉ

Comme les taux déclarés de la maladie mentale et le suicide chez les jeunes des Premières Nations canadiennes continuent d'augmenter, les conseillers sont particulièrement bien placés pour contribuer à la littératie en santé mentale. L'élaboration de programmes adaptés au contexte nécessite la connaissance d'une multitude de facteurs en jeu, y compris les questions résiduelles de la colonisation, la discrimination, la marginalisation, et les luttes socio-économiques qui jouent un rôle essentiel dans les risques à la santé mentale et le bien-être. Compte tenu de la contribution potentielle de ces programmes et de la pauvreté de la littérature dans ce domaine, nous réfléchissons sur les facteurs qui pourraient contribuer à faciliter ou à adapter des programmes existants d'alphabétisation en santé mentale afin de cibler les jeunes Canadiens des Premières Nations. Des idées sont explorées sur l'intégration culturelle et le contexte, l'engagement des jeunes, et le renforcement de l'autonomie des jeunes.

First Nations (FN) youth[1] represent 25% of the total deaths by suicide in Canada, rates that are sadly on the rise (Kirmayer, 2012; MacNeil, 2008). There are a myriad of reasons proposed as to why this rate is greater than the rates for Canadian youth overall, including longstanding effects of colonization and ongoing discrimination, marginalization, and socioeconomic struggles (Gone, 2009). Despite the obvious benefits of targeted mental health literacy, such programs, and literacy specific to FN youth, are sorely lacking. Canadian counsellors have a

role to play in FN youth mental health literacy programs that engage these youth in culturally appropriate ways and empower them to overcome longstanding multigenerational issues that arose surrounding the effects of colonization.

We begin with personal placement of ourselves as authors. The first author identifies herself as a Metis woman with Cree and Acadian roots. She is currently pursuing graduate studies to foster her passion and curiosity in developing culturally relevant tools for mental health education and counselling youth. The second author identifies herself a member of the cultural majority and as an ally to her FN family, friends, and neighbours. She is a registered psychologist and Canadian Certified Counsellor who has a clinical practice in rural northeastern Alberta and a passion for professional ethics.

In this article we provide an overview of considerations required for effective mental health literacy for Canadian FN youth. We review mental health considerations for youth, highlight the situation for FN youth, provide an overview of literacy programming, and then suggest how to integrate culture and context, youth engagement, and youth empowerment to facilitate the program development or adaptation of existing mental health literacy programs to effectively target Canadian FN youth.

Mental Wellness and Canada's Youth

Our youth are our future and our responsibility. As Canadians, particularly those of us in the helping professions, we see that our roles include fostering the mental health and wellness of the upcoming generation. We take the stance that, as a society, we are failing in this role and failing our youth. The prevalence of mental illness among Canadian youth is estimated at 15% (Standing Senate Committee on Social Affairs, Science and Technology, 2004) with 50–75% of adult mental disorders manifesting during youth (Kessler et al., 2005). Depression is the most commonly cited mental illness, for which treatment is sought at a rate of 1 in 10 youth (Government of Canada, 2006). This rate is consistent with international increases in depression and subsequent disability in general (Blease, 2012; World Health Organization, 2001).

Mental wellness is thus impacted in a profound way, and the risks are exacerbated during this developmentally sensitive age. Depression and other disorders impact the daily functioning, self-esteem, and relationships of youth (Corrigan & Lundin, 2001; Moses, 2009). The Canadian Mental Health Association (2014) and Kirmayer (2012) remind us of the sobering reality that suicide is the second leading cause of death among youth. Furthermore, suicide rates and suicide risk are higher for FN youth compared to non-FN youth (Kirmayer, 2012; MacNeil, 2008; Weir & Wallington, 2001). Since "up to 25% of the total deaths by suicide in this age group may be attributed to FN youth" (Kirmayer, 2012, p. 1016), a statistic increasing at an alarming rate (Kirmayer, 2012; MacNeil, 2008; Weir & Wallington, 2001), it is essential to look specifically at the context for FN youth in Canada.

FN YOUTH IN CANADA

Given our broad definition of FN peoples (see Note 1), we do not aim to present the reader with a cohesive definition of who FN youth are. Rather, we wish to unpack some of the cultural and contextual aspects that have impacted this diverse group as a whole in Canada. We cannot understand this current context without first setting the sociohistorical stage.

Canada has a vast range of FN groups, often called "bands" or "tribes," each with distinct culture, language, beliefs, and traditions, yet together sharing both historical and cultural similarities. Historically, Canadian FN peoples were considered healthy and lived off the land, holding unique belief systems, political structures, and traditions until colonization during the 17th century (Goulet, Linds, Episkenew, & Schmidt, 2011; Malone, 2012). The physical health of FN peoples was impacted when European settlers introduced novel diseases and illnesses. The mental health impacts of colonization were particularly significant, as this process of colonization "destroyed resources, decimated populations, fractured family and community relationships, externalized decision making, and created poverty" (Goulet et al., 2011, p. 90). FN people were killed, died of diseases, or were forced into isolation through relocation and reservation systems inconsistent with individual well-being (Ferry, 2000; MacNeil, 2008). Survivors endured an imposed compulsory belief system and were denied the celebration or use of their own languages and traditions. This was further perpetrated for youth who were forcibly separated from their families into compulsory residential schools, which have been subject to staggering reports of horrific abuse of students (Gone, 2009).

Over the past 400 years, FN peoples have continued to struggle with oppression and demoralization (Hanrahan, 2008). Psychosocial and health issues are exacerbated in such settings and continue to be perpetuated as FN people struggle to maintain their cultural identity (Gone, 2009; Hanrahan, 2008). Many FN Canadian communities are in rural and remote locations with high unemployment rates and low incomes. FN individuals suffer inadequate healthcare and basic needs compared to the rest of Canadians in the 21st century (Malone, 2012; Nuttgens & Campbell, 2010). Although FN groups have their own traditions, beliefs, and ways of learning (McKeough et al., 2008; Mihesuah, 2003), there is little evidence that FN peoples play a substantial role as key stakeholders within Health Canada (the primary systemic provider of services to Canadian FN peoples). Furthermore, their communities remain ultimately dependent on government policy makers for significant decisions impacting community health and wellness (Ferry, 2000; Hanrahan, 2008; MacNeil, 2008). There are disproportionately high levels of community disconnect, low self-esteem, inhibited confidence, and overall feelings of hopelessness in Canadian FN communities (Chandler & Lalonde, 1998; MacNeil, 2008), which may be attributed to the high rates of mental illness among FN groups and the rising rates of suicide of FN youth (Ferry, 2000; Gone, 2009; Goulet et al., 2011; MacNeil, 2008; Tait & Whiteman, 2011).

An Aaniih/Nakoda Elder of Fort Belknap Indian reservation in north-central Montana once said that "you look at the big picture—you look at your past, your history, and where you come from" (Gone, 2004, p. 14). He went on to suggest that current treatments of "whiteman" may do more harm than good for FN youth, involving a "subtle but significant form of cultural brainwashing," essentially overpowering the FN people's own traditions with western ones. Accordingly, he suggested that an awareness of sociohistorical context is essential to understanding why FN groups feel defeated and have high levels of government dependency, and why FN people have progressively less sense of identity and have feelings of hopelessness, and how all of this impacts mental wellness, illness, and suicide in FN communities. "Knowledge of the past is crucial for their identity growth and development, pride, problem-solving strategies, and cultural survival. Studying the FN's past offers solutions to current problems" (Mihesuah, 2003, p. 471).

Colonization and historical messages continue to have an impact on FN mental health (Ferry, 2000; Gone, 2007, 2009; Goulet et al., 2011; MacNeil, 2008; Tait & Whiteman, 2011). We were disappointed that existing literature does not appear to sufficiently acknowledge the impact of this context on FN youth mental health and suicide risks (Tait & Whiteman, 2011). Health and wellness care for Canadian FN peoples overall tends to lack cultural sensitivity, and is often delivered from the perspective of western medicine and practices without integrating traditional FN healing techniques or adaptations (Nuttgens & Campbell, 2010). Change can occur but we must begin by enhancing mental health literacy among FN youth.

considerations for mental health literacy programs

There have been studies on improving youth mental health literacy, and literature supporting programs developed for schools and communities to help lower the risk of mental illnesses, substance use, and suicide. Most of these existing programs fail to consider the essential FN cultural and contextual differences, which is critical to successful prevention and intervention strategies (Boothroyd, Kirmayer, Spreng, Malus, & Hodgins, 2001; MacNeil, 2008). The goal of this article is to set the context for appropriate development or adaption of programming for our FN youth.

First, we wish to speak briefly to mental health literacy. Increasing mental health literacy fosters the identification of signs and symptoms of both wellness and mental illness. Such programs often involve education about key mental health issues and access to services, support, and treatment, in addition to ways to facilitate mental wellness and resiliency. People with high levels of mental health literacy are better able to identify such strengths and needs in themselves and others, are better equipped and more empowered to seek appropriate supports, and report lower levels of mental health stigma (Canadian Alliance on Mental Illness and Mental Health, 2007; Potvin-Boucher, Szumilas, Sheikh, & Kutcher, 2010).

At present, North American mental health literacy programs focus primarily on prevention, treatment, and health promotion through school-based mental health clinics (Brown & Bolen, 2003; Carlson, Paavola, & Talley, 1995; Perfect & Morris, 2011). Some schools integrate mental health literacy directly into the school curriculum (Perfect & Morris, 2011).

A review of many of these mental health programs appeared to indicate that they were developed for youth in general, and we were not able to find content that was tailored to or easily adapted for FN youth. This is consistent with the findings that most mental health interventions fail to take cultural differences into consideration (MacNeil, 2008), reducing their suitability across groups (Griner & Smith, 2006; Niezen, 2007). Given the potential contribution of such programs and the dearth of literature in this area, we reflect on which factors would contribute to facilitating or adapting existing mental health literacy programs to target Canadian FN youth. Specifically, we wish to set ideas for culturally relevant literacy programs, programs that promote FN youth engagement, and ways to foster FN youth empowerment.

ADDRESSING CULTURAL RELEVANCE

There is so much diversity among FN peoples that characterizing these groups is difficult. FN peoples have great heterogeneity and include such groups as the Mi'kmaq of Eastern Canada, Ojibwe of Ontario, Plains Cree of Saskatchewan and Alberta, and Salish West Coast peoples. That said, distinct concerns and characteristics of FN peoples have been proposed. In general, FN peoples believe in a higher spirit and that everyone and everything in life is interconnected (McKeough et al., 2008). Most FN peoples identify with learning through holistic and spiritual processes of building awareness to "all life and one's role in creation" (McKeough et al., 2008, p. 150), and that learning tends to centre around the use of story-telling to teach lessons of life and to preserve culture and language (McKeough et al., 2008; Mihesuah, 2003). When it comes to mental wellness, FN groups tend to prefer an integration of traditional healing techniques alongside western interventions to achieve full wellness, as many believe conventional mental health therapies are not adequate (McCabe, 2007). In fact, it has been suggested that FN groups "mistrust white health care professionals, resulting from historical and ongoing power differences" (Nuttgens & Campbell, 2010, p. 116).

Kanu (2011) found that many educators had little knowledge of FN cultures and learning styles and concluded that students were far more successful when instruction was culturally appropriate, given that each FN tribe has specific belief systems and ways of learning. Also, when counsellors receive cultural sensitivity training (CST), they are taught what culture is and how it affects beliefs, values, and ways of learning. CST also teaches the impact that stereotypes and racism can have on minority groups and how to overcome any preconceived notions one may have for any given race or culture. In essence, CST helps

counsellors learn to accept everyone as equals while acknowledging differences in cultures so they can adapt their approach to the specific needs of a specific group without biases. In taking part in this type of training, counsellors may then become "more capable than those with limited training in demonstrating empathy in an appropriate cultural context and may be more insightful in connecting the racial context with clients' problems" (Chao, Wei, Good, & Flores, 2011, p. 74). How then should we tailor mental health literacy programs for FN youth? Key suggestions include appropriate development or adaptation of programming and cultural sensitivity training for those who administer those mental health literacy programs.

Mental health literacy programs that are developed and applied locally by FN people themselves are more effective than attempting to adapt general programming to include consideration of cultural differences (Niezen, 2007). Although this may pose challenges related to the supply of FN people to foster such programs, it also provides an opportunity for those allies outside the community to engage with FN people in community-based participatory action research and to create or adapt appropriate programs.

Cultural sensitivity training for those who deliver mental health literacy programs for FN youth is also essential. "Before we can presume to know how to help First Nation communities in culturally appropriate ways, we must first study the cultural underpinnings of wellness from the perspective of contemporary community members" (Gone, 2004, p. 14). This means a commitment to understanding and working within a "specific" community, as FN groups vary "greatly in terms of language, lifestyle, values and spirituality—not just from one community to another, but within communities" (Niezen, 2007, para. 18).

Gone (2004) suggests four principles to be taken into consideration. First, culture awareness is the key. One must gain an understanding of our own preconceived notions of what FN means to us and how our own traditions, training, and techniques are culturally bound. Second, we must consider the individualization of everyone's unique experiences and level of acculturation and identity. Third, it is important to become part of the naturally occurring community by collaborating with local community members, elders, and spiritual healers, fostering cultural relevance and ongoing community support. Finally, Gone stresses the value of ongoing program evaluation by creating or adapting mental health literacy programming to be culturally and contextually sensitive by first acknowledging the past and present. Ensuring that such programming engages youth will allow, and becomes another tool in, reversal of the effects of colonization to empower FN youth to reclaim pride and mental wellness.

Engagement through Mental Health Literacy

Youth engagement is a strategy shown to reduce (a) premature school termination, (b) alcohol and substance use, (c) sexual activity, and (d) other potentially negative behaviours. Youth engagement may foster long-term positive outcomes if

youth continue to be involved and engage in healthy activities (Crooks, Chiodo, Thomas, & Hughes, 2010). Effective mental health literacy programs should incorporate strategies targeted at FN youth engagement, such as the inclusion of FN customs, beliefs, and relevant experiences.

Often, a precursor to fostering identity and pride is gaining an understanding of history and context. One way to change the lingering negative effects of colonization is to acknowledge the past and engage FN youth for a better future. FN youth benefit from an awareness of issues surrounding colonization, since many will still feel the effects from many generations of demoralization, socioeconomic struggles, and discrimination (Gone, 2009). Identity and cultural teachings can then be fostered more effectively through techniques that include traditional methods with hands-on approaches that respect everyone's place in life and in the world (McKeough et al., 2008). This may mean both counsellors and FN youth getting into nature and engaging in activities such as traditional methods of hunting, fishing, preserving language, and conducting ceremonies, rather than being lectured or reading about such activities in a classroom setting. Mihesuah (2003) adds that those who teach FN youth should learn and use the names of all the students, and to fully involve and engage all students in the learning process, not singling out FN students.

One example in studying engagement strategies to promote positive outcomes and connectedness among FN youth comes from the work of Crooks et al. (2010). A team of five mental health professionals collaborated with educators, youth, and community members to design an initiative entitled "Uniting Our Nations: Relationship-Based Programming for FN Youth." This strength-based program considered Canadian historical context and was intended to engage the youth through three programs: (a) peer mentorship, (b) a FN cultural leadership course, and (c) Grade 8 transition conferences.

The peer mentorship component was used to promote positive mental health by connecting FN youth transitioning from elementary school to high school with healthy positive senior FN student role models. Through this program, young people had someone to look up to and confide in, and they were able to successfully build healthy relationships. The second program, an FN cultural leadership course, was offered for school credit and fostered teamwork and healthy relationship building. The Grade 8 transition conferences were aimed at preparing students for high school with sessions that stressed the importance of "engagement in extracurricular activities, building confidence, and making positive choices" (Crooks et al., 2010, p. 165). These conferences also involved cultural traditions and resource packages for students. Key benefits appeared to be the receipt of relevant information and local media attention. Programs such as this one offered during a transitional period in young people's lives coincides with the period in which mental illnesses may first be diagnosed. As such, we would suggest that each aspect of this program could be enhanced with mental health literacy training for all students involved. Although considered a success, programs like this also benefit from incorporating strategies for empowerment.

empowerment through mental health literacy

Engaging youth facilitates the delivery of mental health literacy programming. Empowering youth facilitates their resiliency. Overall, FN peoples value respect, which is "the belief that every individual is responsible for themselves" (Rattray, 2010, p. 1). Empowerment programs boost self-esteem, confidence, and leadership abilities (Janelle, Laliberte, & Ottawa, 2009; Mihesuah, 2003; Tacker & Dobie, 2008). Respecting FN beliefs and the view that everyone is responsible for their own actions may be more effective than strategies that target discipline (Rattray, 2010).

Empowering FN youth to make healthy decisions has the potential to reduce high-risk behaviours and increase mental wellness. Empowerment programs can help FN youth choose paths that are right for them. Ideally, such programs foster youth inspiration to gain knowledge and support self-expression and critical thinking in addition to promoting the notion of giving back to their community, boosting self-esteem, community/cultural pride, and identification (Mihesuah, 2003). Consistent with engagement strategies, empowerment is fostered by direct activities that involve cultural identification, such as taking part in traditional activities in nature and learning cultural beliefs (Janelle et al., 2009).

As part of a study among Atikamek people of Manawan, Quebec, Janelle et al. (2009) took on the task of determining if traditional activities do in fact "increase cultural pride, foster pro-social behaviour, and empower First-Nation youth" (p. 108). In this study, adult supervisors were matched with teen boys with alcohol abuse problems who had dropped out of high school and were considered high risk for suicide. The group remained in the wilderness for 5 weeks while engaged in traditional activities such as hunting, fishing, camp building, and story-telling. Closing interviews indicated increased feelings of pride and empowerment among the Atikamek boys.

A similar empowerment story from the literature took place in a Mi'kmaw community in Nova Scotia (Lewington, 2012). The Potlotek FN community took on the challenge of creating their own high school to better serve their people and developed their own curriculum by incorporating community values and traditions through teaching at a time of day (3 pm to 8 pm) that was most suitable for their FN youth. Rather than enduring typical measures of discipline, students were empowered to make a choice to remove themselves from school if they were of legal age, or they could create a wellness plan and discuss the incident with students and elders in the form of a talking circle. Essentially, this method respects individual decisions and empowers the students to take charge of their own life as opposed to being forced to travel to off-reserve provincial schools that do not coincide with FN ways, where they are bullied and have low graduation rates. One student graduated the year after the high school opened up in Potelotek with an intake of 35 students, and more are expected to graduate the following year and move on to postsecondary education (Lewington, 2012). It was unclear if the students had any specific mental health literacy or support within this school.

DISCUSSION

Mental health problems and suicide rates are increasing among FN youth in Canada (Kirmayer, 2012; MacNeil, 2008; Weir & Wallington, 2001), yet, sadly, research on the topic of mental health literacy programs for FN youth seems to be sparse and fragmented. Through historical colonization, FN people were forced into upheaval with new belief systems imposed upon them while their families were ripped apart and their languages lost (Hanrahan, 2008). This turmoil has led to a loss of culture and identity, and an overall sense of hopelessness with continued marginalization and discrimination today (Goulet et al., 2011). These effects of colonization have continued through generations and have decreased individual and group resiliency and mental wellness (Gone, 2009).

Increasing mental health literacy can lower the rates of mental illness and suicide (Canadian Alliance on Mental Illness and Mental Health, 2007; Potvin-Boucher et al., 2010); however, programs for FN youth need to be culturally and contextually appropriate for successful mental health intervention. Furthermore, Canadian counsellors would benefit from cultural awareness and sensitivity in the development of mental health literacy programs for FN youth that involve engagement and empowerment strategies. Ideally, such programming is developed for and with specific FN communities and will include FN beliefs, ways of learning, and traditions. Traditional teaching methods within FN cultures utilize hands-on approaches, engagement in outdoor activities, and practice rituals and ceremonies in addition to lectures in a classroom setting. Empowerment programs can enhance self-efficacy in FN youth and promote positive prosocial behaviours while fostering cultural identity and pride. The few existing examples of related programming lacked mental health literacy components, but are illustrations of creative ways to build strength and resilience in FN youth.

Given that mental illness and suicide rates among FN youth are on the rise, it is clear that mental health programs must be developed or tailored specifically for FN youth. To facilitate maximum engagement, schools are a logical place for such mental health literacy programs (Puddy, Roberts, Vernberg, & Hambrick, 2012) and need to consider culture, youth engagement, and empowerment.

Cultural considerations are critical. Mental health literacy programs for FN youth must include FN traditions, beliefs, and practices, and respect their ways of learning. Individuals involved in the development and/or teaching of such programs should be familiar with the history and context of the FN culture. They should have training not only in mental health but also in FN culture and history. To be effective, such programming must also engage FN youth. Ideas for engagement include youth involvement in program design and integrating activities with a hands-on approach. Mental health literacy curriculum should cover topics such as common types of mental illness (e.g., anxiety, depression, suicide, alcohol and substance use) in addition to coping strategies, how to recognize signs and symptoms in themselves and others, and resources indicating where and how to seek help. Engagement is enhanced when taught in ways that

foster critical thinking and involvement of students, such as open class discussions and group work. Finally, such programming should include empowerment strategies for FN youth. Knowledge is power; if a program can educate FN youth about mental illness in a cultural context and reinforce that every individual is responsible for his/her own outcome, FN youth may feel more empowered to make healthy decisions for themselves and avoid behaviours that may lead to mental health problems.

Finally, we want to emphasize the need for and benefit of collaborating directly with FN communities. Rather than adapting a program designed for the general population, mental health literacy programming developed for and by FN members—including mental health workers, educators, elders, community members, and youth—increases relevance, ownership, and collective resiliency. Involvement of allies (outside the FN community) may be part of this process, but it is critical that such helpers have sufficient background knowledge of FN culture and be very familiar with the specific FN community in which the program is being implemented. If we design and offer programs to help strengthen pride in FN culture and respect the beliefs of FN peoples while increasing mental health awareness, we are on the right path to making a difference in the lives of FN youth. Ideally any mental health literacy program for FN youth will increase participants' awareness of mental wellness and illness, increase self-help, and break stigmas. Such programming has the potential to assist FN youth to build healthy relationships, regain pride in their culture, increase their confidence levels and self-esteem, and reduce the risk of mental health issues and suicide among FN youth.

CONCLUSION

Although much research has been done on mental illness and suicide rates, it seems little research and few programs have been developed to meet the needs of FN youth. We suggest three aspects of any mental health literacy program that should be considered in developing a successful program for FN youth: cultural sensitivities, youth engagement strategies appropriate for the FN culture, and culturally appropriate youth empowerment strategies. Ideally, these programs are developed with and for FN communities and involve naturally occurring supports such as elders, teachers, mental health workers, and students. As Canadian counsellors, we have a role to play in the facilitation and development of such programming and ongoing research into program evaluation. Because mental illnesses and suicide rates are on the rise among FN youth, it is essential we work together to address mental health literacy and break the cycle as a larger community of caring.

Note

1 We refer here to First Nations as comprising all of the original peoples of Canada, in particular those impacted by colonization. We take this to include those who may identify themselves as First Nations, Aboriginal, Metis, Inuit, or Non-Status Indian. To be consistent with the majority of the literature reviewed, we define youth as those Canadians currently between the ages of 14 and 24.

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