



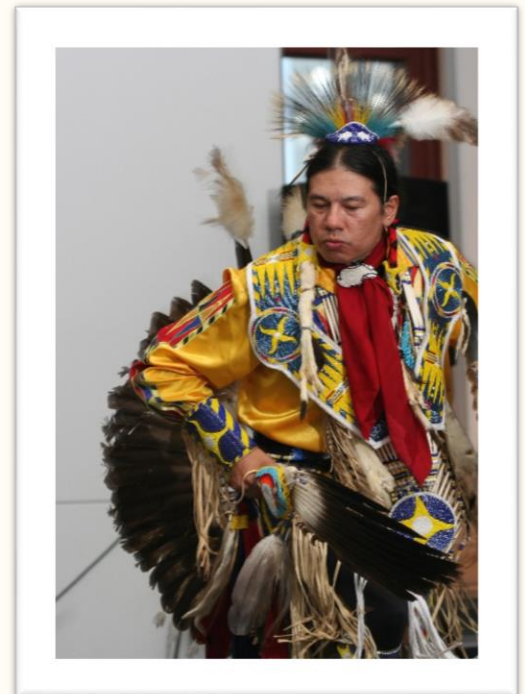
Objective: The Canadian Counselling and Psychotherapy Association (CCPA) aims to raise awareness about the urgent need to increase and improve mental health services for Indigenous peoples in Canada.



Indigenous peoples in Canada are the fastest growing population in the country. Data from the National Household Survey (NHS) show that 1,400,685 people in Canada identified as Aboriginal, representing 4.3% of the total Canadian population (National Collaborating Centre for Aboriginal Health, 2011). The Indigenous population increased by 232,385 people, or 20.1% between 2006 and 2011, compared with 5.2% for the non-Indigenous population. As the Indigenous population in Canada continues to rise, the need for community-based mental health services will also increase.

Indigenous peoples in Canada understand mental wellness as a state of balance, harmony, and connectedness between all aspects of a person (physical, mental, emotional, and spiritual) and the surrounding environment (Royal Commission on Aboriginal Peoples, 1996). The cultural loss and dislocation resulting from the residential school system along with other forms of colonial trauma such as forced relocation and the Sixties Scoop, manifests in unresolved grief, loss of cultural identity, high rates of anxiety, depression, and post-traumatic stress disorder, substance abuse, and suicide (Truth and Reconciliation Commission of Canada, 2015). These attempts at assimilation have contributed to mental health challenges for First Nations, Inuit, and Métis peoples which, in turn, have profoundly affected Indigenous communities (Truth and Reconciliation Commission of Canada, 2015).

Situated in the socio-economic context of poverty, lack of adequate housing and access to clean water, underfunded education, lack of employment, and environmental degradation, mental health issues such as substance abuse, depression, and suicide are even more challenging to address (Shepherd, Li, Mitrou, & Zubrick, 2012). For Inuit and Inuvialuit peoples, the transition from a nomadic, land-based lifestyle to settlement in communities has created similar mental health issues. In particular, Aboriginal youth die by suicide about 5 to 6 times more often than non-Aboriginal youth while suicide rates for Inuit youth are 11 times the national average or among the highest in the world (Health Canada, 2011). In a national survey conducted between 2008 and 2010, First Nations communities who participated reported that for on-reserve communities alcohol and drug abuse were the number one challenge (82.6% of respondents), (Health Canada, 2011). According to Kumar (2016), women in all three Indigenous groups (25.8% of off reserve First Nations, 23.8% of Inuit, and 23.4% of Métis) were more likely than non-Indigenous women to report suicidal thoughts (13.8%). In comparison with non-Indigenous men (11.1%), Inuit men (23.1%) and off-reserve First Nations men (21.4%) were also more likely to have had suicidal thoughts (Kumar, 2016).



In response to this need, Indigenous mental health has emerged as a specialized field in the mental health profession (Thomas, 2006). However, at present, mental health services are seriously underfunded in Canada, and even more so for Indigenous mental health services (Cultural Safety Working Group, 2011). Many Indigenous communities do not have access to community-based mental health practitioners; northern, rural and remote communities may only have services available for a few days each month (National Collaborating Centre for Aboriginal Health, 2011). When Indigenous people access services in the mainstream health care system, they often encounter practitioners who have limited or no training in culturally safe mental health practice from an Indigenous perspective (Vukic, Gregory, Martin-Misener, & Etowa, 2011).



Culturally Safe Mental Health Practice

Culturally safe approaches to mental health services for Indigenous peoples are based on an understanding of the social determinants of health unique to an Indigenous context, such as cultural identity and community connectedness, lack of self-determination, and racism (Reading & Wien, 2009). Culturally safe mental health practice combines Indigenous ways of knowing and beliefs about health, and traditional healing, with approaches from mainstream mental health care (Cultural Safety Working Group, 2011). An approach known as “Two-Eyed Seeing” can address the cumulative and collective emotional and psychological

wounding affecting many generations, compounded by ongoing racism and inequities Indigenous peoples continue to endure (Brave Heart & Deschenie, 2005; Marsh, Coholic, Cote-Meek, & Najavits, 2015).

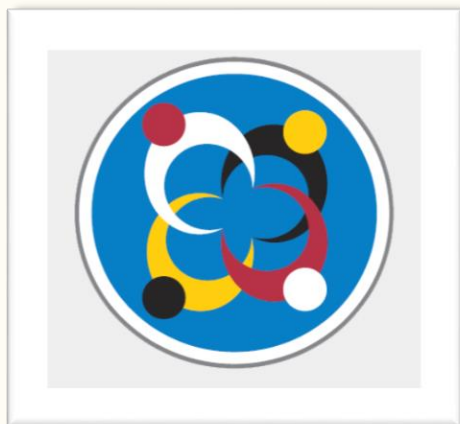
“Aboriginal people from almost every culture believe that health is a matter of balance and harmony within the self and with others, sustained and ordered by spiritual law and the bounty of Mother Earth.” (Royal Commission on Aboriginal Peoples, Volume 3, 1996, p.184)

Emerging best practices in Indigenous mental health foreground Indigenous knowledge, strengthen individual’s connection to their

culture and language, and provide services in the communities where Indigenous people live (Vukic et al., 2011). In community-based settings, best practices in mental health services would involve incorporating the wisdom carried by Indigenous Elders and embedded in Indigenous languages. When traditional cultural and healing practices are integrated into community-based services that include individual, family and group therapy as well as community wellness programs, this resilience contributes to improved mental health outcomes for Indigenous peoples (Currie, 2009). Where Indigenous people are living in urban environments, efforts can be made to integrate cultural practices into the healing process (Thomas, 2006). Best practices in mental health care in Inuit and Inuvialuit communities emphasize reconnecting with knowledge of the land, weather, and ancestral traditions and spirituality (Kirmayer, Fletcher, & Watt, 2009).

While many Indigenous communities may hold their own teachings about mental health, the Medicine Wheel is widely recognized as it is a healing and teaching tool that conceptualizes Indigenous views on wellness through a holistic approach. The circle represents the wholeness and cyclical nature of life. Each dimension (physical, mental, emotional, and spiritual) carries its own teachings and while these directions have different meanings and expressions for different communities, some of the principles are universal (Graham & Stampler, 2010; Svenson & Lafontaine, 2003). When one part of the Medicine Wheel is not healthy, the other aspects are also affected and this creates imbalance. Wellness is restored by identifying and acknowledging the imbalance that exists in their lives and addressing each of the four directions (Chansonneuve, 2005). As mental health represents only one aspect of wellness according to Indigenous views, it is important for practitioners and policy





makers to consider each direction of the Medicine Wheel as equally important and incorporate more holistic approaches as best practice in Indigenous mental health program and service delivery (Twigg & Hengen, 2009).

What CCPA is Doing

CCPA is committed to improving the mental health of Indigenous peoples in Canada and continually strives to find ways to help meet

needs in the area of holistic health and wellbeing. CCPA's Indigenous Circle Chapter (ICC) provides an Indigenous voice in the Association—raising awareness and creating a network for Indigenous and non-Indigenous counsellors to work together on issues that affect Indigenous clients, families, and communities. The ICC provides opportunities for members to share effective practices and resources so that networks can build and expand upon collective knowledge in an Indigenous context and contribute to the evolution of this field within mental health. CCPA strongly supports ongoing professional development for all members and promotes the pursuit of learning opportunities that foster both breadth and depth of knowledge acquisition and competency development. The ICC hosts complimentary webinars and professional development activities on the distinct field of Indigenous mental health—combining Indigenous healing approaches with Western-based therapeutic approaches. The Indigenous Director position on CCPA's national Board of Directors ensures that Indigenous issues are addressed in all national policy and program decisions.

What You Can Do

Given the importance of mental health to all Canadians and the presence of mental illness nation-wide, CCPA recommends that dedicated and targeted investments be provided for better and more equitable access to mental health services by appropriately qualified professionals, including counsellors and psychotherapists working with First Nations, Métis and Inuit peoples, their families and communities. Collaboration with other organizations is essential to addressing the shortage of mental health resources in Canada. Specifically:

1. Through consultation with Indigenous organizations, and in partnership with the Government of Canada, and provincial/territorial health ministries, provide sustainable funding for local and regional Indigenous mental health and related counselling services for Indigenous peoples on- and off-reserve, and in northern, rural and remote communities.
2. Work with the provinces and territories to support a culturally safe mental health framework for Indigenous peoples which integrates Indigenous ways of knowing and beliefs about health, and traditional healing, with approaches from mainstream mental health care.
3. Provide funding for education, skills development and related employment initiatives that will increase the number of Indigenous learners becoming qualified to work in the field of Indigenous mental health counselling and psychotherapy – with a particular focus on rural areas, remote and northern regions of Canada.

Canadian Certified Counsellors

CCPA provides a national certification program for professional counsellors across the country. The Canadian Certified Counsellor (CCC) designation identifies to the public those counsellors who CCPA recognizes as qualified to provide counselling services in Canada. Obtaining the status of Canadian Certified Counsellor (CCC) includes recognition of standards of professional preparation, continuing education, a formal code of ethics and corresponding standards of practice. As a self-regulating body, CCPA provides advice and discipline for certified members on matters of professional conduct. Many CCCs, both Indigenous and non-Indigenous, practice in the field of Indigenous mental health, working on the front lines in Indigenous communities throughout Canada.

References:

- Brave Heart, M.Y.H, & Deschenie, T. (2006). Historical trauma and post-colonial stress in American Indian populations. *Tribal College Journal of American Indian Higher Education*, 17(3), 24-27.
- Chansonneuve, D. (2005). *Reclaiming connections: Understanding residential school trauma among Aboriginal People*. Ottawa, ON: Aboriginal Healing Foundation.
- Cultural Safety Working Group, First Nation, Inuit, and Métis Advisory Committee of the Mental health Commission of Canada (2011). "One focus; many perspectives" – A curriculum for cultural safety and cultural competence education. Ottawa, ON: Mental Health Commission of Canada.
- Currie, A. (2009). Resilience as a factor in the mental health of Indigenous Peoples: Stories from We'koqma'q. Unpublished paper, Centre for American Indian Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD.
- Graham, H., & Stamler, L. L. (2010). Contemporary perceptions of health from an Indigenous (Plains Cree) perspective. *Journal of Aboriginal Health*, 6(1), 6-17.
- Health Canada. (2011). *First Nations and Inuit Health Program Compendium 2011/2012*. Ottawa, ON: Government of Canada. H34-178/2011E-PDF.
- Health Canada (2015). *First Nations & Inuit health – mental health and wellness*. Retrieved from <http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php>.
- Kirmayer, L. J., Fletcher, C., & Watt, R. (2009). Locating the ecocentric self: Inuit concepts of mental health and illness. In L. J. Kirmayer & G. Guthrie Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal Peoples in Canada* (289-314). Vancouver, BC: UBC Press.
- Kumar, M.B. (2016). Lifetime suicidal thoughts among First Nations living off reserve, Métis and Inuit aged 26 to 59: Prevalence and associated characteristics. Retrieved from <http://www.statcan.gc.ca/pub/89-653-x/89-653-x2016008-eng.pdf>.
- Marsh, T. N., Coholic, D., Cote-Meek, S. & Najavits, L. M. (2015). Blending Aboriginal and Aboriginal healing methods to treat intergenerational trauma with substance use disorder in Aboriginal Peoples who live in Northeastern Ontario, Canada. *Harm Reduction Journal*, 12(14), 1-12.
- National Collaborating Centre for Aboriginal Health (2011). *Social determinants of health: Access to health service as a social determinant of First Nations, Inuit and Métis Health*. Prince George, BC: University of Northern British Columbia.
- Reading, C. L. & Wien, F. (2009). *Health inequalities and social determinants of Aboriginal Peoples' health*. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- Royal Commission on Aboriginal Peoples (1996). *Report of the Royal Commission on Aboriginal Peoples*. Ottawa, ON: Government of Canada.
- Shepherd, C.C., Li, J., Mitrou, F., Zubrick, SR. (2012). Socio-economic disparities in the mental health of Indigenous children in Western Australia. *BMC Public Health*, 12(756), 1-12. .
- Svenson, K.A. & Lafontaine, C. (2003). *The search for wellness - First Nations and Inuit regional health survey*. Ottawa, ON: First Nations and Inuit Regional Health Survey Steering Committee.
- Thomas, W. (2006). *An evidence-based formative evaluation of a cross cultural Aboriginal mental health program in Canada*. University of Northern British Columbia: Prince George, BC.
- Twigg, R.G., & Hengen, T. (2009). Going back to the roots: Using the medicine wheel in the healing process. *First Peoples Child & Family Review*, 4(1), 10-19.
- Truth and Reconciliation Commission of Canada (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Winnipeg, MB: Truth and Reconciliation Commission of Canada.
- Vukic, A., Gregory, D., Martin-Misener, R. & Etowa, J. (2011). Aboriginal and Western conceptions of mental health and illness. *Pimatiswin: A Journal of Aboriginal and Indigenous Community Health*, 9(1), 65-86.