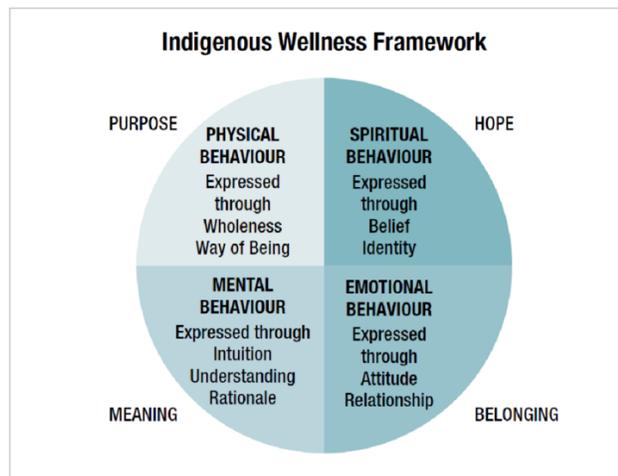


Indigenous Conceptions of Mental Health

Indigenous conceptions of mental health do not assume a division between mind and body that often frames western beliefs about mental health but, rather, focus on developing an understanding of the body and mind as a whole and how illness is symptomatic of an imbalance between the individual, the society, and the spiritual realm. Mental health includes self-esteem, personal dignity, cultural identity and connectedness in the presence of a harmonious physical, emotional, mental and spiritual wellness.



First Nations Mental Wellness Continuum Framework (Canada) – Health Canada, 2015

There is no singular Indigenous worldview of mental health; however, commonalities across many First Nations, Inuit and Métis communities in Canada assert a holistic approach that accounts for cultural context and considers the person and the community (relations among the person and community) and their past, present, and future intersections. As such, mental wellness includes having good social relationships a sense of connectedness to the community. The impacts of intergenerational trauma, owing to assimilation policies and practices, must be considered when addressing current mental health and coping strategies (Dell, Seguin, Hopkins, & Tempier, 2011).

Historical trauma was introduced into the clinical and health science literatures to contextualize, describe, and explain disproportionately high rates of psychological distress and health disparities among Indigenous populations. Indigenous historical trauma (e.g., historical loss, residential schools) is distinguished by its emphasis on ancestral adversity that is intergenerationally transmitted in ways that compromise descendent well-being (Gone, Hartmann, Pomerville, & Wendt, 2019). Research on the mental health of First Nations, Inuit and Métis peoples of Canada provides evidence for the social origins of mental health problems and illustrate the ongoing responses of individuals and communities to the legacy of colonization. The associated negative effects on Indigenous peoples' and communities' health and well-being continue to be felt within communities, particularly among youth populations, across the country. Despite these challenges, many communities have done well in promoting wellness, and there is much to learn from Indigenous approaches (Kirmayer, Brass, & Tait, 2000).

Factors related to Mental Health and Wellbeing

Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Colonization • Historical trauma (e.g., residential schools) • Loss of language and culture, and disconnection from the land • Spiritual, emotional, and mental disconnectedness • Racism and discrimination • Substance use • Comorbid internalising symptoms, • Negative parental behaviours 	<ul style="list-style-type: none"> • Aboriginal identity • Self-esteem • Living on land • Resilient family and community • Role model • Connectedness • Historical consciousness and Indigenous culture connections • Incorporation of traditional First Nations practices into everyday life

(MacDonald, Willox, Ford, & Rigolet Inuit Community Government, 2015; Malcolm, Smith, & Gracey, 2009)

Some key characteristics of holistic lifelong learning for First Nations, Inuit and Métis are:

- Learning is holistic.
- Learning is a lifelong process.
- Learning is experiential in nature.
- Learning is rooted in Aboriginal languages and cultures.
- Learning is spiritually oriented.
- Learning is a communal activity, involving family, community and Elders.
- Learning is an integration of Aboriginal and Western knowledge.

(Canadian Council on Learning, 2009)

Blended approaches, combining multiple Indigenous perspectives, e.g., Two-Eyed Seeing (Bartlett, Marshall, & Marshall, 2012) can benefit from the strengths of Indigenous knowledges and ways of knowing as well as the strengths of Western knowledges and ways of knowing.

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Resource Examples

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