Indigenous Mental Health: a special issue of Transcultural Psychiatry (OA)

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By

This open-access special issue of [Transcultural Psychiatry](#) examines mental health among Indigenous populations, with an emphasis on service provision. As the organizers state in their introduction, the articles in this issue "illustrate some of the distinctive ethical, conceptual and methodological challenges in contemporary Indigenous mental health research." They continue:

> "
> In most parts of the world, Indigenous peoples have experienced colonization by European or other settler societies. As a result, such communities continue to suffer from high rates of mental health problems, including depression, substance abuse, and suicide. Indigenous mental health is a key area of concern in cultural psychiatry because of specific social and psychological challenges as well as distinctive forms of resilience, healing, and
> " ([Gone and Kirmayer 2020](#))
> creative self-transformation.

[Advancing Indigenous Mental Health Research: Ethical, conceptual and methodological challenges](#)

Joseph P Gone, Laurence J Kirmayer

The articles in this issue of *Transcultural Psychiatry* point the way toward meaningful advances in mental health research pertaining to Indigenous peoples, illuminating the distinctive problems and predicaments that confront these communities as well as unrecognized or neglected sources of well-being and resilience. As we observe in this introductory essay, future research will benefit from ethical awareness, conceptual clarity, and methodological refinement. Such efforts will enable additional insight into that which is common to Indigenous mental health across settler societies, and that which is specific to local histories, cultures and contexts. Research of this kind can contribute to nuanced understandings of developmental pathways, intergenerational effects, and community resilience, and inform policy and practice to better meet the needs of Indigenous individuals, communities and populations.

[Aboriginal peoples in complete mental health: A nationally-representative Canadian portrait of resilience and flourishing](#)

Esme Fuller-Thomson, Siwon Lee, Rose E Cameron, Philip Baiden, Senyo Agbeyaka, Talib M Karamally

This study aimed to document the prevalence and factors associated with complete mental health (CMH) among Aboriginal peoples living in Canada. CMH is comprised of three parts: 1) the absence of major depressive episode, anxiety disorders, bipolar disorder, serious suicidal thoughts, and substance dependence in the past year as measured by the World Health Organization (WHO) versions of the Composite International Diagnostic Interview (WHO-CIDI), 2) happiness and/or satisfaction with life in the past month, and 3) psychological and social well-being. The method involved secondary analysis of Statistics Canada's 2012 Canadian Community Health Survey-Mental Health (CCHS-MH). Responses from Aboriginal peoples living in Canada off-reserve ($n = 965$) were examined to determine what percentage were in CMH and what characteristics are associated with being in CMH. Data analysis involved both bivariate and multivariate analytic techniques to examine factors associated with CMH among Aboriginal peoples. Overall, two-thirds of Aboriginal peoples (67.9%) living in Canada were in CMH. Those with a post-secondary degree, who had a confidant, and those who were free of disabling chronic pain were more likely to be in CMH. Additionally, the odds of CMH were higher among those without a history of suicidal ideation, major depression, alcohol dependence, drug dependence, anxiety disorder, or difficulty sleeping. Findings from this study provide indications of substantial resiliency among Aboriginal peoples in Canada.

[The prevalence of distress, depression, anxiety, and substance use issues among Indigenous post-secondary students in Canada](#)

Nolan K Hop Wo, Kelly K Anderson, Lloy Wylie, Arlene MacDougall

This study aimed to estimate the prevalence of mental illness and substance use among Indigenous students attending Canadian post-secondary institutions. We obtained data from the National College Health Assessment - American College Health Association Spring 2013 survey, which includes 34,039 participants in 32 post-secondary institutions across Canada. We calculated prevalence estimates with 95% confidence intervals (CI). We compared Indigenous and non-Indigenous students using age- and sex-adjusted prevalence ratios (PR) obtained from Poisson regression models. Of the total sample, 1,110 (3.3%) post-secondary students self-identified as Indigenous. Within the past 12 months, Indigenous students had higher odds of intentionally injuring themselves (PR = 1.53, 95% CI = 1.27–1.84), seriously considering

suicide (PR = 1.32, 95% CI = 1.12–1.56), attempting suicide (PR = 1.74, 95% CI = 1.16–2.62), or having been diagnosed with depression (PR = 1.26, 95% CI = 1.08–1.47) or anxiety (PR = 1.18, 95% CI = 1.02–1.35) when compared with non-Indigenous students. Indigenous students also had higher odds of having a lifetime diagnosis of depression (PR = 1.31, 95% CI = 1.17–1.47) when compared with non-Indigenous students. Indigenous students were more likely to report binging on alcohol (PR = 1.10, 95% CI = 1.02–1.19), using marijuana (PR = 1.21, 95% CI = 1.06–1.37), and using other recreational drugs (PR = 1.32, 95% CI = 1.06–1.63) compared to non-Indigenous students. This study demonstrates that Indigenous students at post-secondary institutions across Canada experience higher prevalence of mental health and related issues compared to the non-Indigenous student population. This information highlights the need to assess the utilization and ensure the appropriate provision of mental health and wellness resources to support Indigenous students attending post-secondary institutions.

[Suicidal behaviors among American Indian/Alaska Native firefighters: Evidence for the role of painful and provocative events](#)

Ian H Stanley, Melanie A Hom, Austin J Gallyer, Jacqueline S Gray, Thomas E Joiner

Firefighters represent a group at elevated suicide risk. Identifying segments of the fire service at increased risk may facilitate the targeted provision of suicide prevention initiatives. Among the general population, American Indian/Alaska Native (AI/AN) individuals report higher rates of suicide attempts. This study sought to examine suicide attempt rates among AI/AN firefighters and to determine if greater exposure to painful and provocative events and/or fearlessness about death explains the relationship between AI/AN identity and suicidal behaviors. A total of 917 US firefighters completed a web-based mental health survey (6.2% AI/AN). Participants completed a modified version of the Self-Injurious Thoughts and Behaviors Interview-Short Form, the Painful and Provocative Events Scale, and the Acquired Capability for Suicide Scale–Fearlessness About Death scale. Bootstrap mediation analyses were conducted, controlling for years of service as a firefighter. Although AI/AN firefighters accounted for only 6.2% of the sample, they accounted for 34.4% of the career suicide attempts. AI/AN firefighters were 16.31 (95% CI = 7.96, 33.42) times more likely to report a career suicide attempt history than non-AI/AN firefighters, adjusting for years of service as a firefighter. Painful and provocative events, but not fearlessness about death, was a statistically significant mediator of the relationship between AI/AN identity and suicide attempts. Firefighters identifying as AI/AN represent a subgroup within the fire service at increased risk for suicide. Findings suggest that greater exposure to painful and provocative events

among AI/AN firefighters may explain the elevated suicide risk among this population.

The Historical Oppression Scale: Preliminary conceptualization and measurement of historical oppression among Indigenous peoples of the United States

Catherine E McKinley, Shamra Boel-Studt, Lynette M Renner, Charles R Figley, Shanondora Billiot, Katherine P Theall

Indigenous peoples of the United States are distinct from other ethnic minorities because they have experienced colonization as the original inhabitants. Social and health disparities are connected to a context of historical oppression—the chronic, pervasive, and intergenerational experiences of oppression that, over time, may be normalized, imposed, and internalized into the daily lives of many Indigenous peoples (including individuals, families, and communities). As part of the critical Framework of Historical Oppression, Resilience, and Transcendence (FHORT), in this article, we introduce the Historical Oppression Scale (HOS), a scale assessing internalized and externalized oppression. Our study reports on survey data (N = 127) from a larger convergent mixed-methodology study with scale items derived from thematic analysis of qualitative data (N = 436), which informed the resultant 10-item scale. After six cases were removed from the 127 participants who participated in the quantitative component to the study due to missing data across two tribes, the sample size for analysis was 121. Confirmatory factor analysis testing of the hypothesized unidimensional construct indicated acceptable model fit (X^2 = 58.10, $?^2/??$ = 1.94, CFI = .98, TLI = .97, RMSEA = .088, 90% CI = .05, .12). Reliability of the 10-item scale was excellent (? = .97) and convergent and discriminant validity were established. The HOS explicates complex associations between historical oppression and health and social disparities and may be an important clinical and research tool in an understudied area.

Identification with ancestral culture is associated with fewer internalizing problems among older Naskapi adolescents

Adrienne Blacklock, Louis A Schmidt, Stephanie A Fryberg, Gillian H Klassen, Johanna Querengesser, Jillian Stewart, Colin Andrew Campbell, Heidi Flores, Ashley Reynolds, Curtis Tootoosis, Jacob A Burack

The manifestations of externalizing and internalizing behaviors among minority adolescents might best be understood by examining their relation to culturally specific factors, such as cultural identity, as well as to factors that seem to be relevant across cultures, such as age and gender. In this study, we examined the roles of age and gender in moderating the relation

between self-reported cultural identity and externalizing and internalizing problems and the interaction between Indigenous and Mainstream cultural identity in relation to problematic behaviors. The participants included 61 students (32 female) with a mean age of 14.5 years (SD = 1.69) from a Naskapi reserve in Quebec, Canada. Age moderated the relation between identification with Indigenous culture and internalizing symptomatology. Indigenous and Mainstream cultural identity did not interact in predicting internalizing or externalizing problems. Consistent with the available evidence regarding the centrality of identity in adolescent development, the magnitude of the inverse relation between identification with Indigenous culture and number of clinical internalizing symptoms appears to increase in significance later in adolescence. The lack of an interaction between Indigenous and Mainstream cultural identity in relation to internalizing and externalizing problems suggests that it is the need to consider both cultures individually without the assumption that one negates the other.

Metaphors and cultural narratives on adaptive responses to severe adversity: A field study among the Indigenous Pitaguary community in Brazil

Iara Meili, Eva Heim, Ana C Pelosi, Andreas Maercker

The expressions *resilience* and *posttraumatic growth* represent metaphorical concepts that are typically found in Euro-American contexts. Metaphors of severe adversity or trauma and the expressions of overcoming it vary across cultures—a lacuna, which has not been given much attention in the literature so far. This study aimed to explore the metaphorical concepts that the Indigenous Pitaguary community in Brazil uses to talk about adaptive and positive responses to severe adversity and to relate them to their socio-cultural context. We carried out 14 semi-structured interviews during field research over a one-month period of fieldwork. The data were explored with systematic metaphor analysis. The core metaphors included images of battle, unity, spirituality, journeys, balance, time, sight, transformation, and development. These metaphors were related to context-specific cultural narratives that underlie the Pitaguary ontological perspective on collectivity, nature, and cosmology. The results suggest that metaphors and cultural narratives can reveal important aspects of a culture's collective mindset. To have a contextualized understanding of expressive nuances is an essential asset to adapt interventions to specific cultures and promote culture-specific healing and recovery processes.

Conceptualizations of help-seeking for mental health concerns in First Nations communities in Canada: A comparison of fit with the Andersen Behavioral Model

Corinne A Isaak, Natalie Mota, Maria Medved, Laurence Y Katz, Brenda Elias, Javier Mignone, Gary Munro, Jitender Sareen

This qualitative study explored the fit between on-reserve First Nations community members' conceptualizations of help-seeking for mental health concerns and the Andersen Behavioral Model of Health Services Use. Youth, adults and elders (N = 115) living and or working in eight distinct First Nations communities within a tribal council area in Canada participated in focus groups or individual interviews that were transcribed, coded and then analyzed using a thematic analysis approach informed by grounded theory methodology. Resulting themes were then mapped onto the Andersen Behavioral Model of Health Services Use. Participants' conceptualizations of predisposing characteristics including social structures, health beliefs and mental illness, enabling and impeding resources had a high degree of fit with the model. While perspectives on perceived need for mental health care, and spirituality as a health and lifestyle practice had only moderate fit with the model, these domains could be modified to fit First Nations' interpretations of help-seeking. Participants' perceptions of avoidant strategies and non-use of mental health services, however did not map onto the model. These findings suggest conceptualizations of help-seeking for mental health issues in these First Nations communities are only partially characterized by the Andersen Behavioral Model, suggesting there are a number of considerations to Indigenize the model. Findings also highlight potential explanations for why some members of this population may not access or receive appropriate mental health treatment. Multi-pronged efforts are warranted to link culturally normed pathways of help-seeking with effective mental health supports for First Nations community members in Canada.

[Clinicians' assumptions about Sami culture and experience providing mental health services to Indigenous patients in Norway](#)

Inger Dagsvold, Snefrid Møllersen, Bodil H Blix

This qualitative study explores Sami and non-Sami clinicians' assumptions about Sami culture and their experiences in providing mental health services to Sami patients. The aim is to better understand and improve the ways in which culture is incorporated into mental health services in practice. Semi-structured interviews were conducted with 20 clinicians in mental health outpatient clinics in the northern Sami area in Troms and Finnmark County in Norway. The findings show that clinicians' conceptualizations of culture influence how they take cultural considerations about their Sami patients into account. To better integrate culture into clinical practice, the cultures of both patient and clinician, as well as of mental health care itself, need to be assessed. Finally, the findings indicate a lack of professional team discussions about the role of

Sami culture in clinical practice.

[Mahi a Atua: A M?ori approach to mental health](#)

Diana Maree Kopua, Mark A Kopua, Patrick J Bracken

M?ori are the indigenous people of Aotearoa New Zealand. European colonisation had a devastating effect on their communities and their way of life. While there is some evidence of a renaissance of M?ori culture in recent years, like other indigenous people across the world, they continue to be massively overrepresented in their country's figures for poor mental and physical health. In this paper, we briefly review the literature on the Movement for Global Mental Health and review the case that has been made for the use of indigenous psychologies in place of approaches based on Western psychiatry and psychology. We present two case histories where an intervention based on an indigenous M?ori approach to negotiating emotional conflicts and dealing with mental health problems was used. This approach, called Mahi a Atua, was developed by two of the authors over a number of years. We conclude that indigenous approaches to mental health offer not just an adjunct to, but a real alternative to, the interventions of Western psychiatry. They provide a framework through which individuals and families can negotiate their journeys through mental health crises and difficulties. However, such approaches can also work on a socio-cultural level to promote a positive identity for indigenous communities by celebrating the power of indigenous deities, narratives, and healing practices that were marginalised and suppressed by the forces of colonisation.

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