Improving Indigenous Mental Health Care Based On The First Nation's Mental Wellness Continuum Framework

by © Hilary Fry

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Abstract

Background: Indigenous Canadians are more likely to suffer from both physical and mental illnesses as compared to the general population (Nelson & Wilson, 2017). This multifaceted issue is attributed to socio-economic disparities that are a direct result of the historical impacts of colonialism. Indigenous Canadians continue to experience negative consequences of colonialism, as well marginalization and discrimination, especially when navigating the health care system. The current biomedical model fails to meet the mental health needs of Indigenous people. The purpose of this practicum is to develop an educational workshop to provide to front-line home support staff with the knowledge and skills to optimize Indigenous mental health care delivered through the Nunatsiavut Government's home support program. **Methods:** The methods, guided by Canadian First Nation's Mental Wellness Continuum Framework by Health Canada (2015), included an integrative review on Indigenous mental health care in community settings, and an in-depth consultation with management, home support staff, and clients, for the purposes of obtaining broad local perspectives. **Results:** Key results from the integrative review included: the importance of practicing cultural safety and holism during care provision, maintaining worker wellness through self-care, the development of therapeutic relationships between providers and clients, and self-determination for Indigenous care-recipients. The consultation revealed many positive impacts the home support program currently has, additional educational needs for staff, cultural care needs for clients, and various traditional self-care techniques. **Conclusion:** The framework, integrative review, and consultations were all integral components in the development of this educational workshop, which seeks to engage and empower home support staff to deliver optimal mental health care that is both fulfilling to both the provider and client.

Keywords: Community, Culture, Indigenous, Mental Health, Wellness.

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Improving Indigenous Mental Health Care Using the Canadian First Nation's Mental Wellness Continuum Framework: Final Report

Mental health issues are more prevalent in Indigenous populations in Canada (Andersen, 2021). In a recent survey by Statistics Canada, 38% of Indigenous Canadian's reported "poor" or "fair" mental health, as compared to 23% of the general population (Andersen, 2021). Depression, anxiety, and substance use disorders are also more common in Indigenous people (Nelson & Wilson, 2017). Similarly, Indigenous Canadians are much more likely to die by suicide. In Labrador, for example, suicide rates are four times higher than the rate of suicide for the Newfoundland portion of the province (Pollock, et al., 2016).

Understanding Canada's history of colonialism is key to understanding the root causes of the mental health issues in this population (Graham, et al., 2017). Because of the catastrophic loss of culture, many socioeconomic disparities exist, which negatively impact the mental health and wellbeing of the Indigenous (Nelson & Wilson, 2017). In addition, barriers exist regarding access to culturally appropriate, decolonized mental health services for Indigenous people in Canada, which also contributes to decreased mental and emotional wellbeing (Nelson & Wilson, 2017).

I have observed firsthand the prevalence and impact of mental health issues in Indigenous communities. As a Registered Nurse who has worked in mental health in Labrador and a current home support services coordinator with Nunatsiavut Government, there is a demonstrated need for guidance on care provision to Indigenous people suffering with mental illness. Regardless of education level and workplace, health care providers in general feel ill-equipped in providing care to these individuals, including basic communication, and/or engaging with those who are acutely distressed (Molloy et al., 2019).

The purpose of this practicum project is to give unregulated home support staff the opportunity to enhance their knowledge and skills to provide culturally-sensitive mental health care through participation in an interactive, educational workshop. Research has demonstrated that Indigenous consumers of the mental health care system benefit most when care is focused on social and emotional wellbeing, is decolonized, and when Indigenous communities have more control over health services through self-determination (Molloy, et al., 2018; Nelson & Wilson, 2017). Thus, the importance of the development and delivery of a culturally relevant workshop is clear.

Practicum Objectives

Several broad objectives were developed for the primary purpose of facilitating a more positive experience between home support workers and clients:

1. Identify best practices for holistic, culturally safe care to Indigenous home care recipients who are suffering with mental illness and/or mental health issues.
2. Consult with the local community on the content and activities to incorporate into the educational workshop for home support staff.
3. Identify a research-informed approach or existing Indigenous Model or Framework to guide care provision in this population.
4. Develop an interactive workshop for home support workers to increase their knowledge of Indigenous mental health, communication skills, and confidence when working with individuals with mental health issues.
5. Identify and encourage select self-care practices for home support workers.
6. Demonstrate advanced nursing practice competencies.

Framework Guiding the Practicum

The Indigenous Framework utilized to guide this practicum is entitled the "First Nations Wellness Continuum Framework" (Health Canada, 2015). Indigenous leaders recognized that mental health and wellness continues to be a major population health issue for the Canadian Indigenous, and that gaps in the current health care system fail to meet their needs. As a result, this framework was developed collaboratively between the First Nations and Inuit Health branch, Assembly of First Nations, and Indigenous mental health leaders. It is complex and rooted in culture. It recognizes that mental wellness is holistic in nature, and that mental wellness must be supported by language, culture, elders, families, and creation.

Key concepts embedded in this framework were identified as vital to the completion of this practicum. The main themes in this framework emphasize the importance of practicing self-determination and giving Indigenous people control over their health and health care services. Furthermore, the value of culture safety, Indigenous knowledge, the provision of culturally competent and trauma-informed care, and the promotion of a competent workforce through educational opportunities, professional development, and ensuring worker wellness is acknowledged.

Overview of Methods

Two primary methods were used in the completion of this practicum and the development of this educational workshop. The first was an integrative review, which used the guidelines developed by Whittemore & Knafl (2005). This method allows for the incorporation of empirical and theoretical literature to increase our understanding of a health care problem in order to improve practice (Whittemore & Knafl, 2005).

The second, a series of consultations, was completed to inform the writer of local knowledge and expertise that could have relevance for the development of the workshop. The specific objectives of the consultation were to gain the perspectives of those who 1) implement policies and procedures (management), 2) provide the front-line service (home support staff), and 3) receive home support services (clients).

Summary of the Literature Review

Search Strategy

The literature search was comprehensive and included several components (see Appendix A for the full integrative review). The guiding questions for this integrative review included:

1. How can home support staff who work with Indigenous clients living in the community who suffer from mental health issues best contribute to their mental wellness?
2. Which best-practice approaches can be utilized to care that will optimize the therapeutic relationship?

The databases CINHAL, PsycINFO, and PubMed, were searched using appropriate key terms. This search yielded a total of 768 studies. Duplicate articles (N=42) were removed, and the remaining studies were screened based on four criteria:

1. The study was a quality improvement (QI) or research project that had qualitative, quantitative and/or mixed methods designs;
2. The study had Indigenous participants and / or health care workers as study participants;
3. The study was peer-reviewed and written in the English language, and
4. The study was published between 2002 and 2022.

Studies were excluded if they were conducted in a hospital or treatment center as the focus of this educational project is on primary and community care. Following screening and full text

review, twelve studies were included in the integrative review. As a secondary search method, the reference lists of strong studies were hand searched, and an additional three studies identified. The search strategy resulted in a total of 15 research and QI projects of mixed methodologies and quality.

Data Analysis

The 15 review studies were read in detail, and relevant data were extracted from each study. Content analysis was used to organize the findings into similar categories and key themes were established. Data in each theme was then synthesized to reflect the main findings.

Overview of Study Strength and Quality

Critical appraisal of the studies for the purpose of evaluating the evidence was completed. Three of the 15 studies were quantitative designs and were evaluated using the Public Health Agency of Canada (PHAC) 2014 toolkit. The remaining 12 studies were qualitative designs and were appraised using the Critical Appraisal Skills Programme (CASP, 2017) qualitative research checklist.

Quantitative Studies. Three quantitative studies were relevant to this review (Eley et al., 2007; Hatcher et al., 2016; Tu et al., 2019). One used a descriptive methodology, one was a RCT, and one was a cohort study. Findings from the three quantitative studies were appraised as being both moderate strength and quality.

Qualitative Studies. Of the 12 qualitative studies, eight used a community-based participatory research approach (Gould et al., 2021; Hadjipavlou et al., 2018; MacDonald et al., 2015; Nasir et al., 2021; Redvers, 2020; Schill et al., 2019; Stewart, 2008; Vukic et al., 2009); two used an ethnographic methodology, (Browne et al., 2010; Molloy et al., 2018; Molloy et al., 2019; Molloy et al., 2019), one used grounded theory (McGough et al., 2018), and one was

conducted using action research (Drost, 2019). The CASP (2017) critical appraisal checklist for qualitative studies was applied and the majority were appraised as having high trustworthiness.

Results

Theme 1: Cultural Safety

Cultural safety means to respect cultural differences; to practice culturally safe care, one must be aware of their personal attitudes, beliefs, and potential biases (Eley et al., 2007; McGough et al., 2018). The First Nations Mental Wellness Continuum Framework affirmed that culture is foundational to mental wellness for Indigenous Canadians, and that cultural safety is a priority action for health care delivery (Health Canada, 2015). Culturally safe care provision has positively impacted client outcomes. The results of an RCT by Hatcher et al. (2016) indicated that their intervention group (who received culturally safe care interventions) had lower levels of depression ($p=0.05$) and fewer hospital presentations ($p=0.04$) at 3 months, compared to the control group (who received usual care only).

Although the benefits are clear, the research has demonstrated that cultural safety is lacking in Indigenous mental health care. Although most healthcare institutions have mandatory cultural safety training, evidence suggests that this training is ineffective because it is perceived as a history lesson only (Eley et al., 2007; Molloy et al., 2018; Molloy et al., 2019). Drost (2019), Molloy et al. (2019), and Vukic et al. (2009) recommended the enhancement of cultural safety through the immersion in the cultural experience, for example, staff participation in traditional cultural events, such as a sweat lodge.

Self-care. Self-care, a subtheme of cultural safety, is important to both the care provider and client. Attention to self-care is in-line with the First Nations Mental Wellness Continuum Framework as mental wellness is rooted in culture and focuses on strengths, The Framework also

identified worker wellness as a priority for action (Health Canada, 2015). Indigenous ways of caring for oneself include actions such as being on the land, connecting to culture through the practice of traditions (e.g., berry picking, hide tanning, crafting), community involvement, maintaining relationships with family, and spirituality (Drost, 2019; MacDonald et al., 2015; Nasir et al., 2021; Redvers, 2020; and Stewart, 2008). These practices are a "way of life" for Indigenous people, and adherence to tradition is a means of self-care.

Theme 2: Holistic Care

The First Nations Mental Wellness Continuum Framework describes mental wellness as "holistic," as it includes the balance of mental, emotional, physical, and spiritual aspects of an individual (Health Canada, 2015). Current mental health care delivery models, which are based on the biomedical model, fail to recognize these concepts. Health-care providers lack the education and support to practice holistic care. As a result, care delivery is inadequate, which further isolates already marginalized people, and healing is negatively impacted (Browne, et al., 2016; Drost, 2019; Gould & MacQuarrie, 2018; Hadjipavlou et al., 2018; Molloy et al., 2018).

Current mental health approaches have deep roots in "colonialist" post-secondary education, and organizational policies and practice. Recommendations include strategies that address specific social determinants of health, as well as tailoring programs and services to local contexts, cultures, and knowledge. More specifically, using a combination of holistic and western therapeutic supports, such the inclusion of an Indigenous elder in mental health care provision has been found to improve overall wellbeing (Hadkipavlou, 2018; Tu et al., 2018).

Theme 3: Therapeutic Relationship

The therapeutic relationship is of the upmost importance to Indigenous mental health care. However, the literature has revealed that mental health providers described care provision

to Indigenous people as “winging it”, leading to feelings of fear and anxiety amongst staff, which may result in disengagement and ineffective therapeutic interactions with Indigenous clients. (Browne et al., 2016; Eley et al., 2007; Hadjipavlou et al., 2018; McGough et al., 2018).

Indigenous care recipients perceived this approach as disrespectful, making recommendations for additional training for health providers to increase their knowledge and confidence when engaging with Indigenous clients (Eley et al., 2007). Similarly, Vukic et al. (2009) and Schill et al. (2019) reported many barriers to Indigenous people accessing mental health care, including: communication issues, stigma, and concerns regarding confidentiality, which has directly impacted the therapeutic relationship.

Direct benefits for the client and mental health provider result from therapeutic relationships. Tu et al. (2019) implemented a cohort study that utilized an elder in mental health care provision. As a result of this therapeutic relationship, protective factors were mobilized (e.g., sense of belonging, connection) and suicide risk decreased and was sustained over a 6-month period ($p=.005$).

Theme 4: Self-determination

The First Nations Mental Wellness Continuum Framework (Health Canada, 2015) highlighted self-determination as a key element in the achievement of mental wellness. Research has demonstrated that self-determination is a strong determinant of health for Indigenous people, enabling self-control over health and access to health care services (Browne, et al., 2016; Drost, 2019; Gould et al., 2021; Molloy et al., 2019; Nasir, et al., 2021; Vukic et al., 2009; Schill et al., 2019).

Recommendations included more Indigenous frontline health workers as well as the need for service delivery models that are designed and implemented by Indigenous officials (Molloy

et al., 2019; Tu et al., 2018). Furthermore, additional collaboration with Indigenous mental health care clients and their families, involving them in policy development, education for staff, and the promotion of mental health services is suggested (Nasir et al., 2021; Vukic et al., 2009; Schill et al., 2019).

Cultural safety and self-care, holism, and the therapeutic relationship have played an integral role in the development of the workshop for front-line home support staff. These main findings shaped the main objectives and contributed to the educational content to be delivered in the workshop, for the purposes of improving Indigenous mental health care.

Summary of Consultations

The purpose of the consultations was to inform the writer of local knowledge, expertise and any workshop priorities that would be important to incorporate into the workshop.

Methods

Setting and Sample

The setting for the consultation is the Upper Lake Melville Area in Labrador, which consists of two communities: Happy Valley-Goose Bay, and North West River. The sample consisted of six participants: one senior and one mid-level manager, two experienced Indigenous home support workers, and two long-term Inuk (Inuit descent) clients in receipt of home support services.

Recruitment of Participants

Two recruitment methods were chosen. An invitation letter was sent to management and staff that outlined the aim of the practicum, and the purpose of the consultation. If management and staff were interested in participating in the consultation, they were asked to email the writer to set up an appointment time. Clients were contacted via telephone and asked if they would be

willing to participate in a short interview. If they agreed, a mutually convenient time was established. At the time of the telephone interview, a brief script was read to all consultees, which explained the purpose of the interview, and described the voluntary nature of the consultation. Safeguards for confidentiality were also explained.

Data Collection

Once informed verbal consent was obtained, the open-ended, semi-structured interviews commenced. Two separate interview guides were utilized; one was developed for program management and home support program staff, and the other was for clients in receipt of home support services.

The interviewer took hand written notes throughout each interview. No personally identifying information was collected. At the end of the interview, the interviewer reviewed the notes with the participants to ensure the accuracy and clarity of the information collected.

Data Management and Analysis

Content analysis was used to analyze the interviews. Similar ideas expressed among the six participants were identified, grouped into categories and labeled descriptively.

Consultation Findings

Category 1: Current Mental Health Impacts

Consultations revealed that the home support services program already provide many benefits to clients. Four main impacts were identified: 1) the value of company of the home support worker, 2) the conversation that takes place, 3) something for the client to look forward to and, 4) assistance with activities of daily living.

Category 2: Current Educational Needs of Staff

Managers and HSWs identified additional educational needs for HSWs. Three subcategories highlighted those needs. The first was increased knowledge in relation to topics such as, common mental health disorders and ability to recognize them, Indigenous history and trauma, and culture and tradition. The second was additional training focused on crisis intervention and communication techniques. The third was recognizing the value and importance of home support workers.

Category 3: Optimizing Client Wellness

In addition to completing home management tasks, and social and personal care, consultees felt that it would be helpful to participate in meaningful cultural or traditional activities with the clients. Some suggestions included completing a traditional craft, or cooking a traditional meal together.

Category 4: Self-care Activities

All consultees felt that self-care was essential to practice, especially when one is in a caregiving role. Suggestions for self-care practices included: physical activity (e.g., yoga, walking, going to the gym), spending time outside in nature, taking breaks, and participation in traditional activities.

Consultation findings were very helpful in determining the content to be delivered in the workshop to the home support workers. More specifically, the knowledge-based portions which included the scenario-based education and role plays to facilitate confidence during interactions with clients, as well as the importance of worker wellness and self-care activities at the end of the workshop.

Summary of the Workshop Development

Education for front-line home support workers is just the first step to improving Indigenous mental health care. The day-long workshop developed for this practicum is authentically informed by Indigenous people, is interactive and uses Indigenous ways of knowledge sharing as a means of education. The workshop is participation based, which allows for experiential learning, keeping in-line with Indigenous learning principles.

This workshop was tailored specifically for home support staff who provide care to Indigenous elders and/or those with chronic illness or disability in the Upper Lake Melville Area. These are unregulated health care providers with mixed education, backgrounds, and experience. The workshop is "hands on" and practical; staff should find the experience will directly benefit them and the care they provide to the clients in the home support program.

The objectives of this workshop were developed by using a combination of key concepts derived from the First Nation's Mental Wellness Continuum Framework, the integrative review results, and consultation findings. The main objectives are as follows: (1) Define Inuit-specific social determinants of health, (2) Identify mental illness that are frequently experienced by our home care clients, (3) Demonstrate appropriate communication skills that enhance the therapeutic relationship, (4) Confidently intervene in crisis, applying de-escalation techniques with clients who are experiencing distress, and (5) Understand what is meant by self-care and its importance when working as a care provider with those who have experienced trauma.

The daylong workshop is divided into four main parts. It begins by stimulating discussion and assessing participants baseline knowledge using three opened-ended questions on Indigenous mental health. Responses to these questions are shared as a group and then discussed in a sharing circle. A knowledge sharing circle is an Indigenous-based way of learning, and includes the

respectful exchange of knowledge and experience. The knowledge sharing circle will also include the discussion of Inuit-specific social determinants of health (ITK, 2016), and provide opportunity to share any personal experiences related to Indigenous mental health (e.g., accessing health care).

A powerful end to the first part of the workshop is a guest speaker, a respected Inuk Elder, originally from Makkovik. She spent four years in the North West River residential school, 1975-1979, and is third-generation residential school survivor who strongly believes in reconciliation. In her presentation, she will share her experience of the residential school system and discuss intergenerational trauma and the impacts that it has on the Labrador Inuit's health and well-being. Immersing the workshop participants in this lived experience will likely have a significant impact. The emphasis on learning from and connecting with Indigenous elders is a reoccurring theme throughout the framework, integrative review, and consultations.

The second part of the workshop is the interactive, information-based portion. The topics used are a direct result of the consultation findings. These include facts and myths about Indigenous mental health, Indigenous specific mental health case studies, and two role-plays with scripts that participants will use to practice their communication skills.

The third part of workshop is a discussion of cultural safety and holism. The goal of the discussion is to define the concepts and learn from one another about how to apply these concepts in their interactions with home care clients. There will be guided learning on how to practice mindfulness and other grounding techniques. These techniques can be used with clients who are experiencing distress, but are also useful for staff as a means of self-care.

The fourth and final portion of the day is when participants have the opportunity to complete a nature walk through the historical Birch Island board walk. The Birch Island

Conservation area is located in HVGB. This area used to be inhabited by former residents of Birch Island and was an initial settlement in Goose Bay. It is full of beautiful wetlands and wildlife, and is enjoyed by many in the community, myself included. At the end of the nature walk, participants share a traditional meal, homemade partridge soup. Involvement in cultural activities is an ideal way to learn about the cultural needs of those we care for. The practice of these traditions is a "way of life" for Indigenous people; the land has the innate ability to heal (Health Canada, 2015; Redvers, 2020).

The layout of the workshop was purposely developed as "top heavy." The more knowledge-based portion of the workshop is strategically placed during the morning for the purposes of sharing new information. The afternoon is focused on self-care techniques to practice to improve worker wellness, and to participate in cultural activities together to improve staff morale. All portions of the workshop are reflective of the main concepts of the First Nations Mental Wellness Framework, the results of the integrative review, and the key findings of the consultations.

Discussion of Advanced Nursing Practice (ANP) Competencies

Advanced nursing practice involves specialized knowledge and expertise and is utilized to guide decision making while navigating multi-faceted issues, meeting complex health needs of individuals, families, and communities (Canadian Nurses Association, 2019). ANP includes specific competencies that contributes to this decision making, several of which were utilized throughout the completion of this practicum. These include: education, research, and consultation/collaboration.

The primary purpose of this practicum was to develop an educational workshop for front-line home support staff. In line with the education competencies outlined by CNA (2019), the

appropriate educational workshop was designed based on the assessed needs of the clients. The resources that the Nunatsiavut Government has, as well as the specific learning needs of the home support workers were taken into consideration and contributed to the development of the objectives for this workshop.

A significant amount of research was conducted to ensure that the workshop incorporated "best practices." The integrative review enabled the writer to identify current practices as well as new practices, which were synthesized and evaluated. New data was collected through the consultations, to supplement existing literature, for the purposes of developing guidelines for mental health care provision in the home support program.

Finally, consultation with clients, other health care team members, and key stakeholders took place in a timely manner, which played an integral role. By engaging with clients and key stakeholders, local context was gained. Communication was productive, and change was welcomed, all of which contributed to the successful development of this workshop.

Next Steps

The next major steps involved with this practicum project is the implementation and evaluation of the workshop. Approval has been obtained from management within Nunatsiavut Government for the delivery of this educational workshop to the front-line home support staff. The plan is complete this workshop in the spring, when the temperatures are warmer, which will allow for a comfortable nature walk. At the end of the workshop, participants will be given the opportunity to provide an evaluation. If the workshop is deemed successful based on that evaluation, there may be an opportunity to deliver the workshop to other unregulated providers within Nunatsiavut Government (e.g. support living staff).

Conclusion

After the completion of this practicum, it has become very clear that mental health care for Indigenous Canadians is significantly lacking on both individual and organizational practice levels. The literature is consistent in that the current biomedical model is colonialist. It restricts the ability to practice cultural safety and holism, or enable self-determination, which impedes the ability to develop a therapeutic relationship with Indigenous clients. This multi-faceted issue requires several different approaches to improve the mental health and wellbeing of Indigenous Canadians, however, the consultations demonstrated that providing culturally relevant education to front-line health care providers is a great start. I am confident that the delivery of this educational workshop will have direct impacts on the ability of home support staff to develop a therapeutic relationship with their clients, thus optimizing their mental health and wellbeing.

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Appendix A: Integrative Review

Improving Indigenous Mental Health Care Based on the Canadian First Nations Mental Wellness Continuum Framework: An Integrative Review

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Abstract

Background: Indigenous Canadians are more likely to suffer from both physical and mental illnesses than the general population. This is a result of the many socio-economic disparities they experience. Historical forces such as colonialism, marginalization, and discrimination, which are present today, have oppressed and injured Indigenous Canadians. The health care system also continues to enact these inequities and consequently fails to adequately address the physical and mental health of the Indigenous. **Aim:** The identification of effective approaches to improve the mental health and wellbeing of Indigenous home care clients living in the north. **Methods:** This integrative review followed the methodology of Whittemore & Knafl (2005), and used the *First Nations Wellness Continuum Framework* (Health Canada, 2015) as the guiding framework for the review. The integrative review question was: What best practices can home support workers implement to enhance the mental health of Indigenous clients who suffer with mental health issues. The databases CINHAL, PsycINFO, and PubMed, as well as, the reference lists of relevant studies, were searched. Key search terms included: 'nursing care', 'Indigenous and/or Aboriginal', 'mental health', 'wellness", and 'community/home care'. **Findings:** 15 research studies were included in the review and four themes were identified: i) cultural safety, ii) holistic care, iii) therapeutic relationships, and iv) self-determination. **Conclusions:** Although additional empirical studies of higher quality are recommended to provide solutions for meeting the mental health needs of Indigenous Canadians, this review revealed many implications for enhancing care provision on both individual and organizational practice levels. An educational workshop for front-line home support staff would be an effective learning strategy to initiate beneficial change to improve mental health care.

Keywords: Aboriginal, Community/home care, Indigenous, mental health, nursing, wellness.

Improving Indigenous Mental Health Care Based on the Canadian First Nations Wellness Framework: An Integrative Review

Mental health issues are more prevalent in Indigenous populations in Canada (Andersen, 2021). Statistics Canada reported that 38% of Indigenous Canadians reported "poor" or "fair" mental health, as compared to 23% of the general population (Andersen, 2021). 1 in 4 youth, and 1 in 5 adults living on reserve reported psychological distress that has led to moderate to severe mental health disorders (Graham et al., 2021). Khan (n.d.) reported that First Nations people are two times more likely to suffer from depression than the general population, and that 75% of those living on reserve feel alcohol abuse is a problem within their community. Furthermore, Indigenous people in Canada are much more likely to die by suicide. For example, the Inuit are nine times more likely to die by suicide than the general population (Graham et al., 2021). In Labrador specifically, suicide rates in all Indigenous groups combined were 4 times higher than that of the Newfoundland portion of the province, which is predominantly Caucasian (Pollock, et al., 2016). Understanding Canada's history of colonialism is key to understanding the root causes of the mental health issues in this population (Graham, et al., 2017). Because of the catastrophic loss of culture, many socio-economic disparities exist, which negatively impacts the mental health and wellbeing of the Indigenous (Nelson & Wilson, 2017).

The World Health Organization (WHO) determined that Indigenous people across the globe are the minority group least likely to receive adequate mental health care (Zink and Marmion, 2011). Current mental health care delivery models are not adequately meeting the needs of Indigenous Canadians. The health care system is based on the biomedical model, which fails to recognize the concepts that comprise Indigenous wellness (Molloy et al., 2018). Similarly, stigma and racism are still very prominent within the health care system (Boksa, et al.,

2015). Furthermore, research has demonstrated that Indigenous people are more likely to enter the mental health care system by involuntary means (Andersen et al., 2015). There are very little trained Indigenous staff, and non-Indigenous health care providers do not feel confident or competent in providing culturally appropriate care due to a lack of valid knowledge and understanding of Indigenous wellness (Boksa, et al., 2015; Molloy et al., 2018).

In order to support the mental health of Indigenous Canadians, the provision of effective, culturally sensitive strategies and interventions founded on Indigenous evidence are urgently needed (Nelson & Wilson, 2017). Furthermore, empowering individuals and communities through facilitating self-determination has been identified as an essential factor in achieving wellness (Eley et al., 2019; Montesanti et al., 2022). One approach, consistent with the main principles underlying Indigenous health and wellness, is the nature of the education provided to health care workers (HCWs). Initiatives that increase the knowledge, skills and confidence of care providers in providing culturally-safe, holistic Indigenous care have been identified as an effective way to support the mental wellness of Indigenous peoples (Molloy et al., 2019).

Evidence indicates that education based on indigenous culture and ways of knowing has a positive impact on HCWs and their abilities to develop therapeutic relationships with Indigenous clients and families and improve their communication (Health Canada, 2015; Molloy et al., 2019; Nelson & Wilson, 2017). Education that incorporates the multiple traumas that Indigenous People have had, and continue to experience, is essential to the provision of culturally safe care. Supporting Indigenous people to take control over their own mental health and wellbeing recognizes their strengths and the importance of self-determination to their health and well-being (Health Canada, 2015).

The purpose of this integrative review is to explore the evidence regarding effective approaches for fostering the mental health and wellbeing of Indigenous home care clients. This information will be used in the development of a day long workshop to strengthen the competencies of home support workers when caring for clients with mental health issues.

Background

The term Indigenous is used to describe people who have roots in ancestral lands that predate colonial incursions (Nelson & Wilson, 2017). In Canada, there are three groups of Indigenous people: First-nations, Inuit, and Metis; these groups make up 4% of the total Canadian population (Boksa, et al., 2019). History has had a significant impact on the well-being of Indigenous people. In the 1800-1900's, the Canadian Government attempted to civilize Indigenous people through assimilation into the mainstream culture (Boksa, et al., 2019). This means of cultural genocide was attempted through the mandatory enforcement of the residential school system (Nelson & Wilson, 2017). Children were forcibly removed from their families, and into schools far from home, where they were stripped of their ways of knowing and being. It was here that unspeakable forms of abuse were suffered, resulting in catastrophic loss of culture (Boksa, et al., 2019).

The intergenerational trauma as a result of the residential school system has had lasting negative impacts on Indigenous Canadians today. Over half of the Indigenous Canadians now live in urban centres, resulting in a loss of culture (Nelson & Wilson, 2017). Culture has been identified as a foundation for Indigenous wellness (Health Canada, 2015). Indigenous wellness includes a balance between physical, spiritual, mental, and emotional wellbeing, which is poorly understood by mainstream services (Venagopal, et al., 2020). As a result of the loss of culture, mental health issues, suicide, and violence are prevalent in Indigenous communities.

Colonialism has not only been found to cause mental health issues in Indigenous people, but can construct mental illness based on its own set of definitions (Nelson & Wilson, 2017). Furthermore, colonialism is embedded in our health care system and consequently in health care providers practice, often unknowingly. Health care providers admittedly feel unprepared and ill-equipped to provide adequate mental health care to Indigenous people (Molloy et al., 2019). This creates many barriers to the accessibility of culturally-appropriate, holistic mental health care, which negatively impacts the therapeutic relationship, and needs to be addressed (Boska, et al., 2019).

Indigenous Mental Wellness Continuum Framework

The Indigenous Framework utilized to guide this integrative review and workshop development is the "First Nations Wellness Continuum Framework" (Health Canada, 2015). A visual depiction of the framework can be viewed in Appendix A. Canadian Indigenous leaders recognized that mental health issues and substance abuse continues to be a concern at the forefront of Indigenous health, and that gaps in the current health care system fail to meet Indigenous wellness needs. As a result, this framework was developed collaboratively between the First Nations and Inuit Health branch, Assembly of First Nations, and Indigenous mental health leaders. It is complex and rooted in culture. It recognizes that mental wellness is holistic in nature, and consists of a balance of the: physical, spiritual, mental, and emotional. Mental wellness must be supported by language, culture, elders, families, and creation. It emphasizes that mental wellness is focused on strength and resilience, as compared to deficits.

Key concepts embedded in this framework that were identified as vital to Indigenous mental health and wellbeing are explored in the integrative review. Consideration is given to culture as a foundation, community development, ownership, capacity building, and quality care

and service delivery on a broad level. The main themes in this framework emphasize the importance of practicing self-determination and giving Indigenous people control over their health and health care services. Furthermore, the value of culture safety, Indigenous knowledge, the provision of culturally competent and trauma-informed care, and the promotion of a competent workforce through educational opportunities, professional development, and ensuring worker wellness is acknowledged. The Indigenous Framework and its recommendations played a large role in the methods of this integrative review, and will play a major role in determining the structure and content of the educational workshop.

Review Question

The review will be conducted to answer the following questions:

1. How can home support staff who work with Indigenous clients living in the community who suffer from mental health issues best contribute to their mental wellness?
2. Which best-practice approaches can be utilized to care that will optimize the therapeutic relationship?

Methods

This integrative review was completed using the guidelines set by Whittemore & Knafl (2005). This method was chosen as it allows for the incorporation of both empirical and theoretical studies, for the purposes of increasing an understanding of a health care problem, and with the goal of improving practice (Whittemore & Knafl, 2005).

Search Strategy

The literature search was in-depth and included several different approaches. As a primary method, the databases CINHAL, PsycINFO, and PubMed were searched using the key

terms: “nursing care” “Indigenous and/or Aboriginal,” “mental health,” “wellness,” and “community/home care.” This particular search yielded: 26 results from CINHAL, 78 from PsycINFO, and 664 from PubMed, bringing the total number of studies screened to 768. There were many duplicates resulting in the discard of 42 studies. A further 12 studies were unable to be accessed. Available articles were included if they met the following criteria:

a) were a quality improvement or research project that had qualitative, quantitative and/or mixed methods designs;
b) had Indigenous participants and / or health care workers as study participants;
c) were peer-reviewed and written in the English language, and
d) were published between 2002 and 2022.

Studies were excluded if they were conducted in hospital or treatment centres as the focus of this educational project is on primary and community care.

Titles of articles and abstracts of the 768 articles were read, and 30 articles were selected for full text review. This resulted in 12 studies being included in the integrative review. As a secondary search method, the reference lists of strong studies were manually searched, and an additional three studies were recruited. The literature search resulted in a total of 15 research studies of mixed methodologies and quality, the summaries of which are found in Appendix C and D.

Data Analysis

First, for organizational purposes, studies were printed to have a hard copy of each, which enabled the writer to make hand-written notes. Each study was read in detail, and key information was extracted. The key information jotted down, content analysis was used to

organize the data into similar groups. Studies were reread, key information in different groups were reviewed, and highlighters were used to identify common themes for the purposes of coding. Once key themes were identified, they were further developed. Finally, the pdf versions of critical appraisals for both qualitative and quantitative studies were printed, and the studies we reread one final time for the purpose of evaluating the evidence. Each critical appraisal was attached to the corresponding study, and given an appropriate grading based on the criteria provided in the toolkits.

Overview of Study Strength and Quality

Critical appraisal of the studies for the purpose of evaluating the evidence was completed. Three of the 15 studies were quantitative designs and they were evaluated using the Public Health Agency of Canada (PHAC) 2014 toolkit. The remaining 12 studies were qualitative designs and were appraised using the Critical Appraisal Skills Programme (CASP, 2017) qualitative research checklist.

Quantitative Studies. Three quantitative studies were relevant to this review (Eley et al., 2007; Hatcher et al., 2016; Tu et al., 2019). The scarcity of empirical studies is not surprising as community-based participatory research, which is primarily qualitative, has been identified by Indigenous peoples as the most acceptable approach to conducting Indigenous research (Christopher, et al., 2011). This approach has transformed the way that Indigenous research is conducted. It ensures that Indigenous people have control and ownership over their research, and has enabled a deeper understanding of the health inequities and disparities that exist within Indigenous communities (Christopher, et al., 2011).

The quantitative studies had three distinct designs. Eley et al. (2007) conducted a descriptive study to determine the effectiveness of mental health services to Indigenous clients in one health district. Mental health staff and Indigenous service users and their family members were surveyed using locally developed questionnaires. Although the strength of the design is weak, the quality of the project was appraised as medium. All Indigenous clients and their family members who were invited to participate completed the questionnaire (n=126). The response rate of staff was lower at 30% (n=164 of 671). Only descriptive statistics were used in the reporting of results but both groups indicated that mental health services were not adequately meeting the health needs of the Indigenous population.

Tu et al. (2019) and Hatcher (2016) conducted analytic studies that tested two interventions. A prospective cohort was used by Tu et al. (2019) to examine the impact of time with an Indigenous elder on indigenous adults suffering with depression and suicidal ideation. Individuals who participated in the Indigenous Elder Program in a Primary Care Clinic were followed over one, three, and six months post-intervention. Statistical significance was found in several of the main findings: 1) depression severity scores decreased by five points (p=.001), 2) suicide risk decreased by two points (p=.005), and 3) mental health related emergency room visits decreased by 56%. This study design is moderately strong and the study quality is medium. Hatcher et al. (2016) used an RCT, a strong study design, to examine the effect of a bundle of interventions for Indigenous adults who presented at an Emergency Department with evidence of self-harming behaviour. The control group received usual care. The interventions were designed to reduce the hopelessness that accompanies depression. Statistically significant results were found between the two groups at three months, including a decrease in beck hopelessness scale scores (p=.05), and a decrease in self-harm presentations to hospital (p=.04). However, a high

drop-out rate, and limited statistically significant results led to the study being rated as medium quality. Overall, the findings from the three quantitative studies were moderately sound.

Qualitative Studies. Aesthetic patterns of knowing help to understand the interpretation of a subjective experience, and provide a framework for qualitative research methodologies (Streubert & Carpenter, 2011). The majority of the research selected for this integrative review was qualitative in nature. Of the 12 qualitative studies, eight used a community-based participatory research approach (Gould et al., 2021; Hadjipavlou et al., 2018; MacDonald et al., 2015; Nasir et al., 2021; Redvers, 2020; Schill et al., 2019; Stewart, 2008; Vukic et al., 2009); two used an ethnographic methodology, one of which published results in three separate papers as seen in references (Browne et al., 2010; Molloy et al., 2018; Molloy et al., 2019; Molloy et al., 2019), one used grounded theory (McGough et al., 2018), and one was conducted using action research (Drost, 2019). The CASP (2017) critical appraisal checklist for qualitative studies was applied and the majority were appraised as having high trustworthiness.

The eight community-based research studies were appraised as being highly trustworthy, with one exception. MacDonald et al. (2015) was appraised as having medium credibility, was transferable and dependable, but unable to assess confirmability. No justification was given for the choice of methodology; This was due to the lack of justification for specific methodology chosen, a small sample (only 1-2 individuals from each community), and no identification of the positionality of the researcher. The remaining seven studies (Gould et al., 2021; (Hadjipavlou et al., 2018; Nasir et al., 2021; Redvers, 2020; Schill et al., 2019; Stewart, 2008; Vukic et al., 2009) were well conducted. Indigenous research principles were applied, reflexivity was practiced, triangulation was used, and data collection methods and analysis were explained in-depth with detailed findings reported.

The four articles (Browne et al., 2010; Molloy et al., 2018; Molloy et al., 2019; Molloy et al., 2019) that employed an ethnographic approach reported on two studies, both of which were appraised as having high trustworthiness. The chosen methodology was appropriate for the aims of the research, and reflexivity was practiced. Multiple sources of data allowed for triangulation, which enhances the credibility of the findings. Finally, data analysis descriptions were in-depth, and findings were both explicit and useful.

McGough et al.'s (2018) grounded theory study and Drost's (2019) action research study were appraised as highly trustworthy. In both studies the aims of the research, researcher reflexivity, and the specific methodologies were clearly described. Sampling was discussed as was the process of data analysis. In both studies data triangulation was practiced. In addition, Drost (2019) adhered to Indigenous researcher principles.

Results

Four themes were identified from the data analysis: cultural safety, holistic care, therapeutic relationships, and self-determination. All themes are unique, but are also interconnected. One theme cannot be fully achieved without the others and illustrates the importance of holism within the Indigenous culture.

Themes

Theme 1: Cultural Safety

Cultural safety simply means to respect cultural differences (Eley et al., 2019). The First Nations mental wellness continuum framework affirmed that culture must be the centre of mental wellness for Indigenous Canadians, and a priority for action included recognizing the value of cultural safety, especially regarding health care delivery (Health Canada, 2015). This

integrative review revealed cultural safety was lacking in mental health services for Indigenous people, and was identified as being of upmost importance by both health care staff and clients in various studies (Browne et al., 2016; Drost, 2019; Eley et al., 2007; Hatcher et al. 2016; McGough et al., 2018; Molloy et al., 2018; Molloy et al., 2019; Vukic et al., 2009; Redvers et al., 2020; Schill et al., 2019; Tu et al., 2019).

Molloy et al. (2018), Molloy et al. (2019), and Molloy et al. (2019) found through the implementation of an Ethnography that mental health providers had a limited understanding of Indigenous culture, which resulted in feelings of discomfort, challenges with engagement, and ultimately inappropriate mental health treatment. This was echoed in the community-based study by McGough et al. (2018); mental health staff reported feeling unprepared to deal with cultural differences, leading to a disruption in self-awareness, which is key to practicing cultural safety. Similarly, a descriptive study by Eley, et al. (2007) reported that only 55% of their mental health staff completed mandatory cultural sensitivity training, and 42% of staff were "unsure" if cultural sensitivity was being practiced in their clinical area. Current cultural sensitivity training was not having a positive impact on practice; it was perceived as merely a history lesson and failed to guide the provision of culturally safe care (Eley et al., 2007; McGough et al., 2018; Molloy et al., 2018; Molloy et al., 2019).

Drost (2019), Molloy et al. (2019), and Vukic et al. (2009) recommended the enhancement of cultural safety through training that consisted of more than just history lessons; the social determinants of health should be also be discussed, and staff should be immersed in the cultural experience, for example, the participation in traditional cultural events (e.g., a sweat lodge). This would provide a deeper understanding of the specific local culture.

Schill et al. (2019) conducted a community-based study that explored determinants of mental wellness in Indigenous elders. The study identified that culturally unsafe health care is a contributing factor to further social isolation and marginalisation of Indigenous people. Culturally unsafe care not only causes poor mental wellness, but creates a barrier to healing existing illness. Browne et al. (2016) also found through their ethnography that a key dimension in the provision of equity-oriented care includes culturally safe care, trauma and violence informed care, and contextually tailored care. Recommended strategies included: the revision of policies and procedures to include local cultural contexts and knowledge, continuously attend to power differentials (provider vs. client), and to create a welcoming milieu (e.g., a safe space).

The provision of culturally safe care can directly improve Indigenous patient outcomes. The RCT by Hatcher et al. (2016) provided the intervention group (n=95) with culturally safe interventions on top of usual care. The control group (n=72) received usual care only. Results indicated that the intervention group had lower levels of depression (p=0.05) and fewer hospital presentations (p=0.04) at 3 months, compared to the control group. Similar findings were reported in a cohort by Tu et al. (2019). The inclusion of an Indigenous elder as an additional component to the usual mental health services had a positive impact. Depressive symptoms were significantly reduced (p=0.01) by 40 %, and ER visits decreased by nearly 50%. Study results are interpreted with caution as study drop-out rates were high, and study design and sampling methods were appraised as weak.

Self-care. Self-care for the care provider is very important, especially in the field of mental health. This aligns with cultural safety, as in order to practice cultural safety, the provider must be self-aware. The importance of self-care is line with the First Nations Mental Wellness Continuum, as mental wellness is rooted in culture and focuses on strengths, and a priority for

action included the importance of worker wellness (Health Canada, 2015). Drost (2019), MacDonald et al. (2015), Nasir et al. (2021), Redvers (2020) and Stewart (2008) all had findings that discuss the importance of self-care, with specific examples pertaining to the Indigenous.

MacDonald et al. (2015) conducted a community-based research study that explored protective factors identified by Indigenous youth in Nunatsiavut regarding the maintenance of their well-being. The following themes were identified: being on the land, connecting to culture through the practice of traditions, community involvement, maintaining relationship with family, and keeping busy. Similarly, Drost (2019) an action-research design, and Nasir et al. (2021) and Stewart (2008), community-based studies, had similar findings and emphasized the significance of adhering to traditional practices (e.g., a sweat lodge), eating traditional foods, spending time in nature, reconnecting to the "country", recognizing spirituality, and the importance of family and its contribution to Indigenous wellness.

Redvers (2020) also conducted a community-based study, which sought to further understand "land-based" healing practices from traditional Indigenous healers. Redvers (2020) described the "land" as having the innate ability to heal, which is central to physical, emotional, and spiritual health. Redvers (2020) recommended participation in traditional activities on the land, including but not limited to: berry picking, hide tanning, and other ceremonial gatherings. This is a "way of life" for Indigenous people' adhering to traditions is a means of taking care of oneself.

Theme 2: Holistic Care

The First Nations mental wellness continuum framework describes mental wellness as "holistic," as it includes the balance of mental, emotional, physical, and spiritual aspects of an

individual, and involves a connection to culture, language, family, elders, and creation (Health Canada, 2015). It is very clear from the literature that current mental health care delivery models fail to recognize the concepts that comprise Indigenous wellness, health-care providers lack the education and support to practice holistic care, and Indigenous clients are suffering the negative consequences as a result (Browne, et al., 2016; Drost, 2019; Gould & MacQuarrie, 2018; Hadjipavlou et al., 2018; Molloy et al., 2018, Molloy et al., 2019; Nasir et al., 2021; Redvers, 2020; Schill et al., 2019; Stewart, 2013; Tu et al., 2019).

Molloy et al. (2018) and Molloy et al. (2019) emphasized that the concept of mental illness within the biomedical paradigm fails to address Indigenous health perceptions, and restricts the practice of holism in services. Mental health care in particular is dominated by psychiatry, and treatment consists of pharmaceuticals. There was a clear absence of Indigenous culture, and staff mis-understood the concepts of social and emotional wellbeing, which negatively impacted care (Molloy et al., 2018; Molloy et al., 2019).

The grounded theory study by McGough et al. (2018) investigated staff's experience in caring for Indigenous people. Staff often felt it was a "one size fits all approach," and commented that "mental health is mental health," in attempts to justify existing practices that were deemed inappropriate In Gould et al.'s (2021) community-based study, Indigenous participants captured what wellness meant to them through photography. Their findings suggest that mental health services should be based on an approach that encompasses all dimensions of the human being; that is, mental, physical, and spiritual, are essential to Indigenous wellbeing. Wellness is more than the delivery of a service, it involves the concepts of holism and interconnectedness (Gould et al., 2021).

Another community-based study by Nasir et al. (2019) found through focus groups and interviews with Indigenous participants, that the absence of spirituality leads to illness, and that spiritual beliefs must be embedded in the health care system. This was echoed by Drost (2019) who reported that the biomedical model is ineffective due to the exclusion of spirituality in Indigenous care. In addition, Schill et al. (2019) identified 'holistic wellness' as the main theme from sharing circles and interviews with Indigenous participants regarding what mental wellness means to them. Issues stemming from the lack of holistic care provision is complex and has deep roots in "colonialist" post-secondary education, and organizational policies and practice.

Browne et al. (2016) broadly recommends strategies that address specific social determinants of health, as well as tailoring programs and services to local contexts, cultures, and knowledge. More specifically, Tu et al., (2018), a cohort study, and Hadjipavlou (2018) a community-based study, recommended the use of an Indigenous elder in mental health care provision. The elder's holistic approach mobilized protective factors that enabled clients to strengthen their cultural identity, which ultimately improved self-esteem, sense of belonging, and overall wellbeing.

Similarly, Redvers (2020) and Stewart (20008), both community-based studies, recommend Indigenous holistic approaches in combination with western therapeutic supports. Recommendations included: land-based healing programs that used traditional healing practices and dimensions of spirituality, and the inclusion of Indigenous elders in mental health care, as well as the consumption of traditional foods in therapy sessions, taking clients into nature, and the practice of prayer.

Theme 3: Therapeutic Relationship

The development of a therapeutic relationship is essential to providing person-centered care, no matter which group of people health care providers are working with, especially when dealing with mental health issues (Wright, 2021). The literature has demonstrated that the therapeutic relationship is of the upmost importance to Indigenous mental health care, but has been lacking due to a number of factors (Browne et al., 2016; Eley et al., 2007; Hadjipavlou et al., 2018; McGough et al., 2018; Vukic et al., 2009; Schill et al., 2009; Tu et al., 2019). For example, McGough et al. (2018) reported findings from their qualitative study indicating that mental health providers felt ill-equipped to work with Indigenous populations, as they lacked confidence in dealing with cultural differences due to their limited experience. Mental health providers described care provision to Indigenous people as "winging it", leading to feelings of fear and anxiety amongst staff. This discomfort may result in disengagement and ineffective therapeutic interactions with Indigenous clients (McGough et al., 2008). Molloy et al. (2019) also reported that Indigenous people identified a lack of respect from staff when receiving mental health care. Recommendations were made for additional training for health providers to increase their knowledge and confidence when engaging with Indigenous clients.

Eley et al. (2007) conducted a descriptive study that sought to describe how both mental health nurses and Indigenous clients perceived mental health care. There were major discrepancies noted between nurses' and clients' understandings of the care being provided. Indigenous clients felt additional culturally relevant policies and programs should be implemented, whereas only 8% of mental health nurses felt this was necessary (Eley et al., 2007). Important to note is that 64% of the clients interviewed for this study had accessed mental health services involuntarily. This removal of personal rights fostered mistrust and negatively

impacted the development of therapeutic relationships. Indigenous clients also reported that nurses used inappropriate language during care, and demonstrated disrespect to clients. Furthermore, only 28% of Indigenous participants who accessed mental health services felt "welcomed" or "listened to," and that 66% felt intimidated (Eley et al, 2007).

Direct benefits for the client and mental health provider result from therapeutic relationships. Tu et al. (2019) employed a cohort study that utilized an elder in mental health care provision. Participants had visits with an elder, whereby they reported feelings of trust. As a result of this therapeutic relationship, protective factors were mobilized (e.g., sense of belonging, connection) and suicide risk decreased and was sustained over a 6-month period ($p=.005$). Similarly, Hadjipavlou et al. (2018) also emphasized the importance of the therapeutic relationship, which was observed through the inclusion of an Indigenous elder in care provision. Participants in this community-based study reported that past mental health services failed to meet therapeutic needs, and medications were used to treat problems. The Indigenous elder allowed them to find a place of healing after a prolonged period of seeking. Participants felt their relationships with elders were genuine and judgement free, and they felt accepted (Hadjipavlou, et al., 2018). Furthermore, through supportive, therapeutic relationships, Indigenous elders enabled them to "open up," improving their ability to cope with losses, and therefore, improved their mental health.

Finally, Vukic et al. (2009) and Schill et al. (2019) reported many barriers to accessing mental health care in their findings. These included: communication issues, stigma, and concerns regarding confidentiality, which has directly impacted the therapeutic relationship. Both studies emphasized the need for culturally safe, holistic approaches to care in order for therapeutic

relationships to develop and mental health care to be effective. The interconnection between first three themes provides the supportive, caring environment that is needed for growth and healing.

Theme 4: Self-determination

The final theme of this review, self-determination, refers to the ability to make individual choices and have control over ones' own life (Websters Dictionary, 2002). The First Nations mental wellness continuum framework (Health Canada, 2015) recommended self-determination as a key element in the achievement of mental wellness. Research has demonstrated that self-determination is a key determinant of health for Indigenous people, enabling self-control over health and access to health care services (Nasir et al., 2021). Enabling self-determination regarding mental health care for Indigenous people, at both individual practice levels, and organizational levels through collaboration with Indigenous communities in influencing policy, was recognized as important by both health care providers and clients (Browne, et al., 2016; Drost, 2019; Gould et al., 2021; Molloy et al., 2019; Nasir, et al., 2021; Vukic et al., 2009; Schill et al., 2019).

Repeatedly, the call for more Indigenous frontline health workers was made, as well as the need for service delivery models that are designed and implemented by Indigenous officials This was a finding in Molloy et al.'s (2019) ethnography, and demonstrated in Tu et al.'s (2019) cohort, where explicit improvement in mental health symptoms and ER presentations were reported as a result of having Indigenous clients meet with an Indigenous elder as a part of their care. Similarly, Eley et al.'s (2007) descriptive study found that 42% of staff who participated in their study indicated that having more Indigenous health staff would help improve service delivery. Indigenous participants indicated the same during their interviews, and identified an increase in Indigenous staff as a top priority. Recommendations from McGough et al.'s (2018)

community-based study included additional collaboration with Indigenous mental health care clients and their families, involving them in policy development, education for staff, and the promotion of mental health services.

The importance of Indigenous involvement was echoed in community-based studies by Nasir et al. (2021), Vukic et al. (2009), and Schill et al. (2019). They reported that the Indigenous should be caring for the Indigenous, and recommended having more Indigenous front-line staff. Furthermore, that it is important to listen to and involve indigenous communities in both front-line care, and decision making related to policy development, giving them autonomy over social and economic structures.

System-level changes to improve mental health care for Indigenous people were recommended in the community-based study by Gould et al., (2021). These strategies included the allowance of Indigenous communities to manage and maintain mental health issues, and that governments must approach challenges with culturally driven processes. Similarly, one of the main findings by the action research design by Drost (2019) included the importance of meaningful partnerships between governing organizations and Indigenous people, to ensure appropriate care provision. Self-determination would contribute to the achievement of culturally safe and holistic care provision, and subsequently assist with the development and maintenance of the therapeutic relationship. All of which have been demonstrated in the literature as being essential to mental wellness for Indigenous people, through mental health care provision.

Discussion

It is clear that the mental health needs of Indigenous populations are not being met. Bringing attention to the mental health issues of Indigenous people is of primary importance and

should continue to be a priority for public health in Canada. Cultural safety, a main theme that manifested from the findings in the review, is essential to practice; health care providers must not only possess cultural knowledge of the group they are working with, but also reflect on individual cultural identity and the power they hold in the provider-client relationship (McGough, et al., 2018). Culture is described as being central to mental wellness for Indigenous people in the First Nations mental wellness continuum framework, as is the importance of a culturally competent workforce that practices cultural safety (Health Canada, 2015). Furthermore, self-care practice and maintaining a healthy workforce is essential to mental health care delivery.

The concept of holism, another main theme revealed by this integrative review, is very important to Indigenous mental health care. Failure to recognize the balance of central concepts to wellness (physical, mental, emotional, and spiritual) as defined by the First Nations mental wellness continuum framework (Health Canada, 2015) will contribute to the already existing negative impacts of colonialism. This has also been observed first-hand through the personal experience of the writer working with Indigenous home care clients. “Western medicine” continues to dominate mental health care provision in particular.

The development and maintenance of therapeutic relationships between Indigenous clients and health care staff has also been lacking. This is directly related to the delivery of culturally unsafe care, and the failure of the health care system to recognize social and emotional wellbeing, which are concepts central to holism. In order for Indigenous clients to feel comfortable and develop trust with their care provider, providers must be able to effectively engage them, through an open and safe space. This is echoed in the First Nations mental wellness continuum framework (Health Canada, 2015), that recommends the following priorities for

action: delivering high-quality mental health care through responsibility, flexibility and reliability, that is informed by cultural and trauma-informed care. This will enhance the therapeutic relationship.

Finally, self-determination, or giving Indigenous people and communities control over their own health and wellbeing and health care services, is a priority for achieving mental wellness. Enabling these individuals to make decisions that are well-informed by Indigenous knowledge, will improve mental health care delivery. This is echoed in the First Nations mental wellness continuum framework, that identified self-determination as a key element in supporting an appropriate health care system (Health Canada, 2015).

A lack of education and inclusivity of Indigenous voices appears to be the key contributing factors in the failure of the health care system and individual health care providers to adequately address the mental health needs of Indigenous Canadians. Applying the central themes of the Mental Wellness Continuum Framework (Health Canada, 2015), integrative review findings, and the consultation of key stakeholders, will positively influence workshop development, and will have many mental health benefits for home care clients in the North. More specifically, it will ensure the practice of cultural safety and holism, which will enhance therapeutic relationships, and will encourage self-determination.

Implications and Recommendations

This review highlights important implications for both individual health care providers and health care organizations for making improvements in the delivery of mental health services.

Individual-level

It is essential that mental health care providers working with Indigenous clients are aware of and practice cultural safety. This can be achieved through enhancing knowledge regarding the culture of individuals they serve, immersion in cultural activities, self-awareness, and the practice of self-care. Care providers must also be attentive to the "whole person," shifting their focus from the biomedical paradigm of illness and deficits, to an emphasis on the strengths of the individual, rooted in their culture. The practice of holism, in tandem with person-centered care, will foster cultural safety and the trust to enter into a therapeutic relationship between the client, their family and the care provider. Respectful communication is essential to the experience of cultural safety. Care providers need to engage with their clients, get to know them through their stories and narratives and involve them in all aspects of care. These recommendations, however, cannot only shape individual practices. System-wide changes are also essential (Molloy et al., 2018).

Organizational-level

The health care system needs to reimagine and reinvest in Indigenous mental health care delivery. As the hospital setting creates additional challenges for cultural care, it is recommended that future, healing-based models of care be developed and delivered in the community (Molloy et al., 2018). This aligns with Nunatsiavut Governments mandate and vision (see Appendix B), which emphasizes the importance of promoting health through community programming (Nunatsiavut Government, n.d.). Furthermore, self-determination should be practiced through having Indigenous leaders and elders in communities as key stakeholders in policy and program development. This would enable the inclusion of Indigenous wellness concepts that focus on the whole person.

With regard to the staffing of mental health services, there are three recommendations for implementation. First is the inclusion of more Indigenous people as front-line care providers. This requires innovative employment opportunities, and professional development. The second recommendation is the mentoring of non-Indigenous health providers by Indigenous liaison staff. These are individuals who identify as Indigenous who are present within the health care system to aid in closing existing gaps, and to ensure that Indigenous clients and their families have access to culturally safe care. Finally, organizations must be responsible for ensuring that front-line staff are well-informed and equipped to care for Indigenous people with mental health issues. It is essential that they receive adequate training and mentorship, which will enhance the experience for both the provider and the client.

Limitations and Strengths

This integrative review is not without limitations. First and foremost, the search strategy resulted in a very large number of articles, many of which were not research, but classified as quality improvement projects. Consequently, a lot of time was spent by the writer in identifying research that met the inclusion criteria in this review. Similarly, there were several studies that were unable to be accessed, so the lack of their contribution to the integrative review findings is unknown. Further, there was a lack of high-quality empirical studies that would enable the direct measurement of variables and specific outcomes. It would be beneficial to have more experimental studies to see direct impacts of culturally appropriate care with clear temporal associations. Finally, although the qualitative studies were overall highly trustworthy, and contribute to the knowledge of an already existing problem, they are limited in providing clear solution(s).

There were, however, many strengths identified in this integrative review. Firstly, the review was conducted by an Indigenous woman, which decreases the potential of colonialism being unintentionally imbedded in the synthesis of findings. Similarly, the method of this review was guided by an Indigenous Canadian Framework, which was developed in collaboration with key Indigenous stakeholders (Health Canada, 2015). Furthermore, the majority of the studies included in this review included community-based research. Community-based research's purpose is to ensure research involving Indigenous peoples is premised on respectful relationships and encourages collaboration and engagement between researchers and participants; it empowers Indigenous people to take ownership of the research conducted, and research results (T.I.P.S. 2, 2018) Finally, qualitative studies were conducted in various settings, with different Indigenous groups across the world, offering many different perspectives.

Conclusion

Mental health disparities in our Indigenous populations will continue to be a major public health issue unless they are addressed appropriately. It has become very clear that this multi-faceted issue requires the modification of both individual mental health practice, and organizational mental health service delivery. The First Nations mental wellness continuum framework (Health Canada, 2015), and the findings from this integrative review suggest that mental wellness can be achieved for Indigenous people by providing culturally safe and holistic care, building therapeutic relationships, and enabling self-determination for Indigenous mental health care. Although an abundance of work needs to be completed on varying levels, positive change can be initiated through a simple educational workshop for front-line home support staff, that will help to shape individual practices, which will enable a more fulfilling experience for

both the care provider and the client. This will aid in the achievement of mental wellness for the client, which is the primary purpose of this practicum project.

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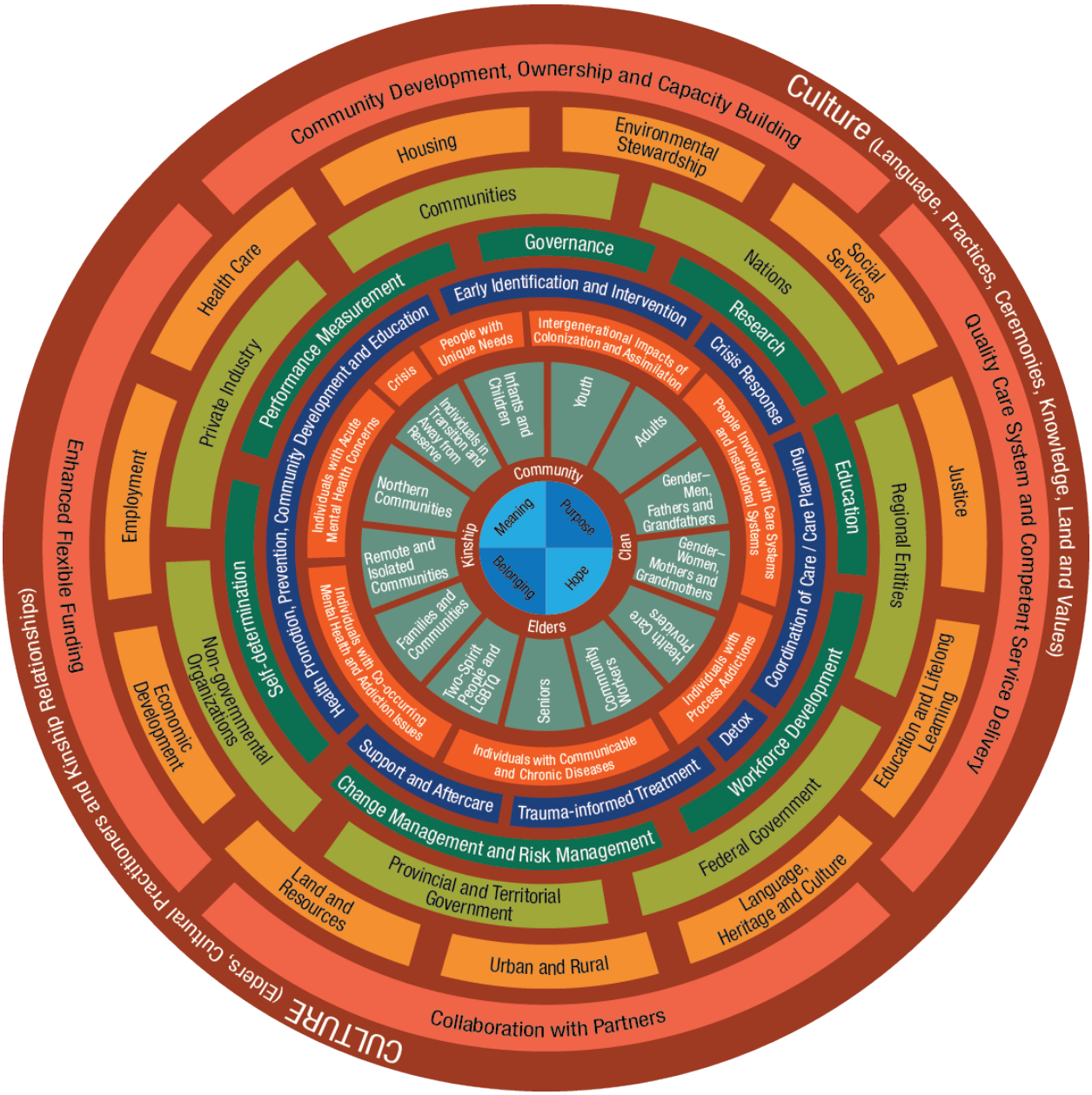
Appendix A: Mental Wellness Continuum Framework



(Health Canada, 2015)

Appendix B: Overview of Nunatsiavut Government's Department of Health and Social Development

Mandate: To deliver community health programs and services as described in the tri-partner Fiscal Financing Agreement

Vision: *Healthy individuals, families, and communities*

Mission: *Improve the health and social status of Labrador Inuit through community-based programs and services, advocacy, and collaboration*

Values:

- *Practicing and promoting Labrador Inuit culture and language*
- *Promoting the balance between rights and responsibilities*
- *Respecting yourself and others*
- *Client-centered approaches (where clients refer to the people we serve)*
- *Empowerment: Fostering independence, self-reliance, and self-worth*
- *Collaboration: Working together*
- *Accountability: Being answerable to clients and stakeholders in a clear manner*
- *Consultation: Sharing knowledge and exchanging information*
- *Leadership: Demonstrating and fostering positive role modeling*
- *Communication: Open sharing of information*

AIM: The Department does not only help people who reach services, but reaches out to the whole population and all who need help.

(Nunatsiavut Government, n.d.)

Appendix C: Literature Summary Table (Quantitative Methods)

Study/Design	Methods	Key Results	Comments
Authors: Eley et al. (2019) Design: Cross-sectional (descriptive) Purpose: To describe the quality and effectiveness of a MH service for Indigenous people.	N: 164 health care staff, 126 Indigenous participants. Country/setting: Queensland, Australia Health care staff group: N=164 participants, 65% female, and 50% were nurses. Indigenous participants group: > 126 adult participants, 52% female, 36% patients, remaining were friends/family. Data collection: > Two surveys, one for each group. Staff outcomes: 1.MH needs are being met 2. mandatory cultural awareness training 3.solutions to improve cultural safety Indigenous participant outcomes: 1.Experience with MH services 2.Accessibility of service Analysis: > descriptive analysis via SPSS.	Relevant Staff outcomes: **1. Are MH needs being met (cultural sensitivity):** A. Yes 39%(60) B. No 4%(10) C. Sometimes 42% (64) D. Did not know 15% (23) **2.. Solutions to Improve cultural Sensitivity:** A. More Indigenous staff: 42%(52) B. Culturally appropriate info: 12% (16) C. Treatment: 9%(12) D. Indigenous language: 9%(12) E. Indigenous policies: 8%(10) F. Partnerships: 8%(10) G. Respect Culture: 8%(10) Indigenous participant outcomes: **1. How did you feel accessing MH services?** A. Intimidated A lot/Quite a bit 66%(28) A little/Not at all 35%(15) B. Respected A lot/Quite a bit 33%(14) A little/Not at all 66%(29)	Strength of Design: Weak Quality: Medium Issues: > Convenience sample, less than 30% participation from staff, which is a potential bias. > Some missing data, reported as % only.

Study/Design	Methods	Key Results	Comments
		C. Comforted A lot/Quite a bit 31%(14) A little/Not at all 68%(29) D. Listened to A lot/Quite a bit 28%(12) A little/Not at all 72%(31) E. Welcomed A lot/Quite a bit 28%(12) A little/Not at all 72%(31)	
Authors: Hatcher et al. (2016) Design: RCT Purpose: To determine if culturally informed interventions	N: 167 Indigenous (Maori) with at least 1 presentation to the ER with intentional self-harm. Country/setting: seven ER's in New Zealand Intervention group: 95 Usual care group: 72 Data collection:	**1. Beck Hopelessness Scale (mean scores)** **Intervention group:** Baseline: 11.8 (6.3) 3 months: 6.6 (5.8) 12 months: 5(4.4) Change baseline to 3 months: -4.5(5.6) Change baseline to 12 months: -6.6 (6.0) **Control group:** Baseline: 8.5(5.5)	Strength of Design: > Strong Quality: > Medium Issues: > potential selection bias r/t Zelen trial design (not all those randomized chose to

Study/Design	Methods	Key Results	Comments
improve outcomes for patients who self-harm	Questionnaires & hospital data. Baseline, 3 months & 12 months post intervention Outcomes: 1. Beck Hopelessness Scale (BHS) 2. Sense of Belonging Inventory (SOBI) 3. Cultural Impact Profile (CIP) 4. Repeat ER visits self-harm 5. Other health services use Analysis: > baseline data via descriptive statistics > categorical outcomes between groups via Chi squared > ANOVA & t test for other outcome measures > kaplan meiers curve and cox proportional hazards regression modelling for hospital presentations	3 months: 7.5(5.8) 12 months: 5.7(4.8) Change baseline to 3 months: -1.3(7.1) Change baseline to 12 months: -2.8(5) **BHS change:** **3 months:** -1.7 P=0.05 **12 months:** -1.6 P=0.11 **4. Repeat ER Visits re. Self-Harm at 3 months:** **Intervention group (n=95)** 16(16.8) – 22 episodes **Control group (n=72)** 16(22.2) – 19 episodes **P = 0.04**	participate) > greater than 80% drop out rate > limited statistically significant results found > missing data re. results for some outcomes
Authors: Tu et al. (2019) Design: Cohort	N: 45 participants >18 YOA, Indigenous, no previous visits with elder. Country/setting: Western Canadian inner-	**1. Changes patient health questionaires (depression) from baseline:** 1 month: -4.9 (P=.002) 3 months: -6.2 (P=<.001) 6 months: -4.5 (P=.001)	Strength of Design: Medium Quality: Low

Study/Design	Methods	Key Results	Comments
Purpose: To determine if Indigenous Elders as part of routine primary care improves depressive symptoms and suicidal ideation in Indigenous patients	city primary care clinic. Intervention: Participants met with an Indigenous Elder as part of individual or group sessions. Data collection: baseline, 1, 3, and 6 months. Outcomes: 1. PHQ-9 (depression) 2. SBQ-R (SI) 3. ED use Analysis: Paired T-tests	**2. Changes suicide behaviours questionnaire from baseline:** 1 month: -1.5(P=.002) 3 months: - 2.3(P<.001) 6 months: -1.8 (P=.003) **3. ED Use** Decreased from 1.9 visits per year to 0.8 (p=.11)	Issues: > Small sample, random sampling not used. > Lack of exclusion criteria (e.g. comorbid conditions). > no intervention/control group. Major confounders not examined.

Legend: BHS – Beck Hopelessness scale, CIP – Culture impact Profile, ER – Emergency room, MH – Mental health, PHQ-9 – Patient Health Questionnaire, SBQR – Suicide behaviours profile questionnaire revised, SOBI – Sense of Belonging Intervention.

Appendix D: Literature Summary Table (Qualitative Methods)

Study/Design	Methods	Key Results	Comments
Author: Brown et al. (2010) Design: Ethnography Purpose: To identify strategies that promote equity-oriented health care for Indigenous people.	N: 73 patients and 41 staff at two urban Indigenous health centers. Country/Setting: B.C., Canada Data Collection: in-depth interviews, 900 hours of staff observation. Analysis: Interpretive thematic analysis, Nvivo software for coding, credibility assessed through meetings with Indigenous stakeholders.	**Key Dimensions to achieve equity-oriented care:** 1. Culturally safe care 2. Trauma & violence informed care 3. Contextually tailored care **General Approaches:** 1. Partnerships with Indigenous peoples 2. Action at all levels 3. Attend to global histories 4. Attend to unintended and potentially harmful impacts of strategies **Relevant Strategies:** 1. Develop supportive policies and processes 2. Tailor care to local Indigenous contexts 3. Actively counter racism/discrimination 4. Ensure meaningful engagement of communities 5. Address social determinants of health	Quality: **High Trustworthiness** > Indigenous community involved in research process > Reflexivity practiced > Multiple sources of data collection, triangulation > Findings validated by Indigenous stakeholders > In depth, explicit findings Issues: > Limited discussion of recruitment process, but large sample used.
Author:	N: 2 Indigenous elders, 1	**Key Themes:**	Quality: **High Trustworthiness**

Study/Design	Methods	Key Results	Comments
Drost (2018) Design: Action research Purpose: To expand traditional healing practices for Indigenous people within a health service	cultural helper, 3 community members, & 7 staff. Country/setting: Alberta health services Data collection: Interviews & focus groups. Analysis: Constant comparative method & axial coding.	**1. Enhance cultural safety training for staff/leaders** **2. Adhere to tradition** **3. Establish meaningful partnerships** **4. Strengthen program delivery** **5. Additional financial resources**	> Relationships between researcher and elders discussed > triangulation used > data analysis process described in depth
Author: Gould et al., 2021 Design: Community-based research Purpose: To explore mental wellness needs for Indigenous communities to address gaps in service delivery.	N: 11 band members, part of 1 of 2 Indigenous communities, and >18 YOA. Country/Setting: Two Indigenous communities, P.E.I. Data Collection: Sharing circles & Photovoice – participants to capture what mental wellness means to them.	**Key Themes (categorized by levels of change).** **1. System level change** > Programs to enhance QOL and feelings of safety >Services that embrace a relational focus > Trauma informed community needs >Healing services >Crisis intervention >Increase in culture, language >Increase Indigenous employment	Quality: **High trustworthiness** > Reflexivity > two-eyed approach – participants co-researchers > Debriefing for participants > detailed analysis and explicit findings Issues: > minimal discussion re. ethical issues

Study/Design	Methods	Key Results	Comments
	Analysis: Braun & Clarkes six phases of thematic analysis.	**2. Community level change** >Increased community cohesion, pride, identity **3. Individual level change** > increased awareness of mental wellness	
Author: Hadjipavloi et al. (2018) Design: Community-based research (part of a mixed-methods study) Purpose: To examine the impact of an Indigenous Elders program on the mental health of patients.	N: 37 Indigenous patients who accessed the service. Country/Setting: inner city primary care clinic, Ontario. Data Collection: Semi-structured interviews. Analysis: Interviews were audio-recorded and transcribed. Transcribed using NVivo software. Thematic analysis with elders. Compared with fieldnotes from meetings.	**Key Themes:** 1. Finding a place of healing after a prolonged period of seeking and desperation. 2. Strengthening cultural identity and belonging 3. Developing trust and opening up 4. Coping with losses 5. Engaging in ceremony and spiritual dimensions of care as a resource for hope.	Quality: **High Trustworthiness** > Indigenous elders involved with research process > triangulation through meetings and fieldnotes > thick description of findings Issues: > specific methodology not explicitly stated but determined through info provided >convenience sampling
Author: MacDonald et al. (2015) Design: Community-based research	N:17 Inuit Youth, YOA 15-25 Setting: Nunatsiavut, Labrador	**Key Themes (Protective Factors):** 1. Being on the land 2. Connecting to Inuit culture 3. Strong Communities 4. Relationships with	Quality: **Medium credibility, UTA confirmability.** Limitations: > Researcher did not provide thorough justification for

Study/Design	Methods	Key Results	Comments
Purpose: To identify protective factors for mental health & wellbeing in Nunatsiavut youth.	Data Collection: Semi-structured interviews Analysis: Constant comparative method, concept maps, thematic analysis.	family/friends 5. Staying busy	specific qualitative method chosen. > Small sample (only 1-2 from each community) > UTA if researcher examined relationship with participants (potential for bias)
Author: McGough et al. (2018) Design: Grounded theory Purpose: To explore the culturally safe care provision to Indigenous patients	N: 25 RN's, 3 psychologists. Country/setting: Public mental health services, Australia. Data Collection: Semi-structured interviews, field observation, memo writing, reflective journaling. Analysis: Constant comparative method, open coding and selective coding.	**Key Themes:** **Phases participants experienced:** 1. Disruption to self-awareness 2. Fluctuating emotions **Process of seeking Solutions:** 1. Neutralizing differences 2. Taking the next step 3. Seeking new solutions 4. Becoming a culturally safe practitioner **Theory developed:** "seeking solutions by navigating the labyrinth."	Quality: **High trustworthiness.** > purposive sampling > data saturation discussed > triangulation used Issues: Minimal discussion re. ethical issues.
Author: Molloy et al. (2018) Design: Ethnography Purpose:	N: 45 nurses across the country. Setting: MH services, Australia.	**Key Themes:** **1. Biomedical creep** > MH services dominated by the biomedical model. > Barriers to providing holistic care.	Quality: **> High trustworthiness:** > appropriate methodology > appropriate data collection with reflexivity practiced. > Data analysis provided in

Study/Design	Methods	Key Results	Comments
To explore the culture of MH nursing as it relates to caring for the Indigenous.	Data Collection: Interviews, fieldwork (participant observation). Analysis: Corbin & Strauss (2008) open coding, axial coding, and selective coding.	**2. Lip Service**	detail with explicit findings Issues: >Only a portion of the key themes provided in this paper; remainder in other papers.
Author: Molloy et al. (2019) Design: Ethnography Purpose: To explore the culture of MH nursing as it relates to caring for the Indigenous.	N: 45 nurses across the country. Setting: MH services, Australia. Data Collection: Interviews, fieldwork (participant observation). Analysis: Corbin & Strauss (2008) open coding, axial coding, and selective coding; themes derived.	**Key Themes:** **1. Mental Health Nursing & the other** > There was an obvious divide between nursing staff and the other (Indigenous client). **2. Respecting the difference** > Staff struggled to treat Indigenous clients different than other MH clients.	Quality: **High trustworthiness:** > appropriate methodology > appropriate data collection with reflexivity practiced. > Data analysis provided in detail with explicit findings
Author: Molloy et al. (2019) Design: Ethnography Purpose: To explore the culture of MH nursing as it relates to caring for the	N: 45 nurses across the country. Setting: MH services, Australia. Data Collection: Interviews, fieldwork	**Key Themes:** **1.Specialist Practice** > There is no obvious shared MH nursing practice specific for caring for Indigenous people. > Significant gaps in foundational knowledge.	Quality: **High trustworthiness:** > appropriate methodology > appropriate data collection with reflexivity practiced. > Data analysis provided in detail with explicit findings

Study/Design	Methods	Key Results	Comments
Indigenous.	(participant observation). Analysis: Corbin & Strauss (2008) open coding, axial coding, and selective coding; themes derived.		
Author: Nasir et al. (2021) Design: Community-based research Purpose: To develop a culturally appropriate MH treatment model for Indigenous people with depression.	N: 2 Indigenous elders, community members, psychologists, MH staff, former service users, > 18 YOA, contact with MH services. Setting: Community setting, Australia Data Collection: Focus groups & semi-structured interviews. Analysis: Transcribed verbatim, put into NVivo software, coding schema applied, peer reviewed, then categories/domains assigned.	**Key Themes:** **Focus Groups** 1. Holistic conceptualizations of well-being 2. Indigenous Autonomy 3. Identity **Interviews:** 1. Cultural retention & connection to country 2. Cultural/spiritual beliefs embedded in system 3. Indigenous autonomy over funding decision	Quality: **High Trustworthiness** >Purposive sampling >Researchers role and relationships considered >Community members involved in research process > Data peer reviewed > Findings explicit
Author: Schill et al. (2019)	N: 12 Indigenous elders, English speaking.	**Key Themes:** **1. Holistic wellness** **2. Determinants of mental**	Quality: **High Trustworthiness** > Postcolonial research approach used

Study/Design	Methods	Key Results	Comments
Design: Community-based research Purpose: Understand the determinants of mental wellness in Indigenous elders	Setting: Urban community setting, British Columbia. Data Collection: Sharing circles and interviews, Analysis: Qualitative data analysis for coding, themes derived, member checking.	**wellness** **3. Poor mental wellness outcomes** **4. Mental wellness as a healing journey** **5. Services & supports**	> Member checking used to validate results > explicit, detailed results provided Issues: > Exclusion criteria: must be English speaking. This limits potential important perspectives.
Author: Vukic et al. (2009) Design: Community-based research Purpose: Explore MH services in Nova Scotia Indigenous communities.	N: 22 health care providers, 15 Indigenous participants with MI. Setting: Communities in Nova Scotia. Data Collection: structured, open-ended interviews. Analysis: NUDIST software, content thematic descriptions and coding. Triagulation through auditing with fieldnotes.	**Key Themes:** **1. Barriers** • Lack of coordinated services • Lack of sustainability of services • Lack of culturally relevant services • Transportation issues • Difficulty obtaining a diagnosis • Communication issues • Lack of confidentiality **2. Successes** • Community-based activities • Working together • Fitting within an Aboriginal context	Quality: **High Trustworthiness** > Research formulated with help of community health directors > Triangulation used > Data saturation discussed Issues: > Although study specific to NS, transferability high due to thick description provided

Study/Design	Methods	Key Results	Comments
		3. Solutions • Therapist in the community • Aboriginal health care providers • Non-Aboriginal providers responsive to Aboriginal culture and history • Model specific to Aboriginal Peoples • Specific education with health care providers	
Author: Redvers (2020) Design: Community-based approach Purpose: To gain perspectives on land-based healing and its impacts on Indigenous wellbeing.	N: 11 Indigenous experts Country/Setting: Northern Canadian Territories Data Collection: In-depth interviews Analysis: Interviews transcribed, thematic analysis, sent to participants for review to ensure credibility.	**Key Themes:** 1. Land-based programs 2. Land-based healing > The innate ability of the land as a healer itself > The importance of traditional healing and spirituality > Combining western therapeutic supports	Quality: **High Trustworthiness** > Incorporation of Indigenous knowledge > Purposive sampling > Reflexivity practiced > Data collection & analysis in-depth with explicit findings
Author: Stewart (2008)	N: 5 counsellors who	**Key Themes:**	Quality: **High Trustworthiness**

Study/Design	Methods	Key Results	Comments
Design: Community-based research Purpose: To further understand health promotion in terms of Indigenous conceptions of mental health/healing.	identify as "Native." Country/Setting: Social services agency, Toronto Data Collection: Fieldnotes and interviews. Data Analysis: transcription, chunking, mapping, coding, theme identification, and integration.	1. Community 2. Cultural Identity 3. Holistic Approach 4. Interdependence	> Reflexivity practiced > Indigenous ways of knowing guiding framework for methodology > In-depth process of data collection & analysis > Thick description

Legend: MH – Mental health, MI – Mental illness, QOL – Quality of life, RN – Registered Nurse, Tx – treatment, YOA – Years of age.

Appendix B: Consultation Report

Improving Indigenous Mental Health Care Based on the Canadian Indigenous Mental Wellness Continuum Framework: Consultation Report

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NURS6660: Practicum I

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July 8, 2022

Improving Indigenous Mental Health Care Based on the Canadian Indigenous Mental Wellness Continuum Framework: Consultation Report

Indigenous Canadians are more likely to suffer from physical and mental illness than the general population, and further, are the least likely minority group to receive the appropriate health care to address their needs (Nelson & Wilson, 2017; Zinck & Marmion, 2011). This can be attributed to the many negative impacts that colonialism has had historically, and continues to be embedded in the health care system today (Graham et al., 2021). Indigenous people have experienced a lack of respect, and feeling unwelcome while seeking mental health treatment (Nasir, et al., 2021). Front-line mental health staff feel ill-equipped, unprepared, and uncomfortable providing appropriate mental health services to Indigenous clients (Molloy et al., 2019). As a result, mental health issues such as: addictions, anxiety, depression, and suicide continue to be at the forefront of Indigenous public health concerns (Khan, n.d.; Graham et al., 2021).

To address these public health concerns, Health Canada (2015) responded by collaborating with key Indigenous stakeholders to develop the First Nations Mental Wellness Continuum Framework. This framework emphasizes culture as a foundation, and provides other key components that comprise mental wellness for the Indigenous, which varies greatly from that of the needs of the general public. There is an immediate need for additional education for front-line staff in providing mental health care to Indigenous clients, that is guided by this well-informed, decolonialized framework.

This practicum project involves the development of an educational resource, more specifically, an interactive workshop for front-line home support staff in the North. The First Nations Mental Wellness Continuum Framework (Health Canada, 2015) highlighted the

importance of the relationship between self-determination and mental wellness, that is, giving Indigenous people control over their mental health and wellbeing. This is echoed in the literature, that describes self-determination as key determinant of health for Indigenous people, enabling self-control over health and health care services (Nasir et al., 2021). Subsequently, an important part of workshop development is reliant on consultations with key stakeholders.

The aim of this paper is to present the main findings from consultations with management, Indigenous home support workers (HSW's), and Indigenous clients of the home support program. The consultations revealed several positive impacts the program currently has, as well as educational needs for staff, care needs for clients, and self-care techniques. Consultation findings will play an important role in the development of this educational workshop. The methods of the consultation process will be comprehensively described, followed by a synthesis of the consultation findings, and a discussion of the relationship between the findings and the Mental Wellness Continuum Framework (Health Canada, 2015). Finally, an analysis of how the findings will be utilized to strengthen the design and content of this educational workshop will be completed. This will enable the provision of culturally safe, holistic care, and improve the therapeutic relationship between HSW's and clients.

Objectives

The purpose of the consultation was to inform the writer of local knowledge and expertise that would be applicable in workshop development, and further, to validate the First Nations mental wellness continuum framework (Health Canada, 2015). The specific objectives of the consultation are to provide the perspectives of those who 1) implement policies and procedures, 2) provide the front-line service, and 3) receive home support services. More

specifically, to obtain input regarding the information and activities that should be included in the workshop, to benefit both the care provider and the client.

Methods

Setting and Sample

The setting for the consultation is the Upper Lake Melville Area in Labrador, which consists of two communities: Happy Valley-Goose Bay, and North West River. Neither of these communities are in the Labrador Inuit land claims area, but many beneficiaries of Nunatsiavut reside in this area. The sample included a total of six participants: one senior and one mid-level manager, two experienced Indigenous home support workers (HSW's) who know the support program and clients well, and two long-term clients in receipt of home support services who are Inuk. Although general community input was considered, it was determined that the expertise of key stakeholders' knowledge about the home support program would be most valuable in helping with the development of the workshop. Home care clients, home care staff and program management were identified as key stakeholders and their perspectives were given highest priority.

Recruitment of Participants

Discussions were held with health services and home support management to obtain approval to conduct the consultations and, specifically, to ensure that clients of the program could be included as participants. Management was strongly supportive of the educational project and provided guidance on the individuals to invite for an interview. In total, six individuals were interviewed; two were managers, two were clients and two were home support workers.

To ensure an effective approach for all consultees, two recruitment methods were chosen. An invitation letter was sent to management and staff that outlined the aim of the practicum, and the purpose of the consultation (see Appendix A). If management and staff were interested in participating in the consultation, they were asked to email the writer with a designated time to set up a telephone call for the purposes of conducting the interview. Clients were contacted via telephone and asked if they would be willing to participate in a short interview. If they agreed, a mutually convenient time was established. For all consultees at the time of the telephone interview, a brief script was read prior to the start, which explained the purpose of the interview, and discussed the voluntary nature of the consultation. Safeguards for confidentiality were explained. The script for clients was written at a lower literacy level but contained the same information. As many of the clients in the home support program are seniors and have lower education levels, this was an important strategy to ensure they had a clear understanding of their participation. Telephone scripts can be referenced in Appendix B.

Data Collection

Once informed verbal consent was obtained, the open-ended, semi-structured interviews commenced. Two separate interview guides were utilized; one was developed for program management and home support program staff, and the other was for clients in receipt of home support services. Careful consideration was given to the development of the interview questions. For the interviews with the home support workers, care was taken not to pose questions that would suggest they were not doing their job well. With the client interviews, the writer wanted to avoid clients feeling as though they were suffering from a mental illness as there is much stigma attached to that; therefore, the umbrella term “wellness” was utilized.

The interviewer took hand written notes throughout each interview. No personally

identifying information was collected. At the end of the interview, the interviewer reviewed the notes with the participants to ensure the accuracy and clarity of the information collected. Very meaningful conversations took place. Participants were engaged, and voiced their pleasure at participating. They were thanked sincerely for their contribution. Interview guides are found in Appendix C.

Data Management and Analysis

Collected data was entered into password protected Microsoft word document. Content analysis was used to analyze the interviews. Interview responses were read in full, three times, to get a clear sense of the participants' main positions and perspectives. Then, the ideas that were generated from each question were identified for all participants. Similar ideas expressed among the six participants were identified, grouped into categories and labeled descriptively. Unique suggestions identified as outliers were grouped into a final miscellaneous category for further consideration. The consultation findings will guide workshop development, including the knowledge and evidence to share, and the therapeutic activities to use to help improve the mental health of Inuk clients.

Ethical Considerations

The interviewer conducted all telephone interviews in the home support office so that all identifying and contact information for clients was kept in the original place where it already exists. At the beginning of each interview, it was assessed if the participant was comfortable and fluent in speaking English. Clients were made aware that translator services were available but no translator services were requested. Informed verbal consent was obtained in two parts: i) participants were invited to take part in the interview with the writer, a Master student, and set an

interview time; and, ii) prior to beginning the scheduled interview, the consent process was reviewed with each participant.

For client-participants, it was important to explain that the interview was entirely voluntary and refusal to participate would not impact their service delivery in any way. The purpose of the consultations were explained in detail and consultees were encouraged to ask questions or discuss any issues with the interviewer. Confidentiality was described, such as, no identifying information will be collected or documented, including the specific community the participant resides. All recorded responses to questions were destroyed once the content was analyzed and common themes were developed.

Consultation Findings

Data analysis revealed four main categories: 1) current mental health (MH) impacts that home support workers (HSW's) have on their clients, 2) additional education needs for staff, 3) additional care needs for clients, and 4) self-care activities. These are described below.

Category 1: Current MH impacts

The six consultees – managers, clients and staff – were in agreement that home support workers (HSWs) currently have many positive impacts on the clients' mental health and wellbeing. Four main impacts were consistently identified: 1) the value of company, 2) the conversation, 3) something to look forward to and, 4) assistance with activities of daily living.

The Value of Company

Every consultee reported that they felt home support workers contributed to mental wellness for their clients by simply keeping them company. One manager stated that they felt

this was the most important benefit that the home support program has to offer. Many of the clients spend the majority of their time alone, so having someone present has a significant positive impact. Both HSWs echoed this response, emphasizing the value of a simple "check in," or sitting "one on one" for a short period during visits. Finally, clients in receipt of care through the program identified the company of the HSW as being the main contributor to improving their mental health and well-being.

The Conversation

Similar to the company, the conversation between staff and clients was also identified by the majority of consultees as having a positive impact on the clients' mental health and wellbeing. Chatting over a "cup of tea" was recurring throughout the consultations, as HSW's emphasized that taking the time to engage clients over something so simple plays such an important role in wellness. Furthermore, one HSW reported that "chit chat" helps her to gain the trust of her clients, and listening to "their story" helps them to heal. Another HSW reported that a simple "how are you?" goes a long way. Both clients who were consulted reported that they really enjoy the communication aspect of their visit from home support staff, and that taking the time to sit and chat, rather than just being task-orientated, is important.

Something to "Look Forward" to

Most of the elderly slow down with age, and it becomes difficult to get out to do things or see people. It was not surprising to find that most consultees identified the HSW's visit as being something the clients "look forward to." One staff reported that clients will often verbalize "I have been looking forward to your visit all week." Similarly, clients reported that they feel optimistic knowing someone will be coming by that day, as they often go days without seeing

anyone, and find the time passes by slowly. Clients express feelings of loneliness, and visits from HSW's "brightens their day."

Assistance with Activities of Daily Living

Both staff and client consultees identified having assistance with activities of daily living improves their mental health and well-being. One HSW commented that taking care of things in the home that clients are no longer physically capable of makes both them and the client feel good. Another HSW emphasized the importance of taking the time to complete tasks for even an hour a day, which makes a big difference to their (the clients) mood. This was echoed by a client who reported that home support staff take care of them and their home, which gives them a lot less to worry about.

Category 2: Current Educational Needs of Staff

Managers and HSWs identified additional educational needs for HSWs. Three subcategories highlighted those needs, including: 1) increased knowledge, 2) additional training and, 3) recognizing the home support workers value. Clients, however, verbalized they were satisfied with their services and did not have any suggestions to offer.

Increased Knowledge

Both management and HSW's identified the need for increased knowledge in several areas. First and foremost, the four consultees felt it was important for HSW's to have a general knowledge of common mental health disorders that are experienced by Inuk clients in the home support program. One manager specified it would be beneficial for HSW's to have an increased understanding of some of the symptoms of those illnesses, some of the associated behaviours, and to be able to identify deterioration. Another manager suggested that the completion of

Mental Health First Aid that is Inuit specific may be helpful. This suggestion was reiterated by both HSW's who were consulted, who expressed the need to participate in this formal training on a regular basis, comparative to the annual completion of CPR training.

Having knowledge of Indigenous history, intergenerational trauma, and residential schooling was also expressed as a need for HSW's. A manager specifically suggested it was important for HSWs to have an increased understanding of trauma and how it changes the brain and negatively impacts mental health. Although most of those consulted in this process self-identify as Indigenous, this is not true for all staff who work in the program. Both HSWs reiterated the importance of all staff having this awareness, which in turn may help explain some of the struggles that clients may experience, and enable HSW's to better help them.

An increased knowledge of culture and tradition was also a common theme that manifested from the data. Management and HSW's felt it was important for HSW's to have general knowledge regarding Inuit culture, and more specifically, what is meaningful to each individual. By possessing this knowledge, HSW's reported that they would be better able to engage their clients, and cater the care they provide to best fit their cultural needs.

Additional "Hands on" training

All management and HSW's verbalized they felt there were needs for additional "hands on" training. Crisis intervention was specifically identified, where management and HSW's expressed that many staff lack confidence in this area. Dealing with crisis is uncomfortable, and requires a specialized skillset that can be taught. One HSW reported that it was necessary to "feel good" about how to communicate with people who are experiencing distress, and that this confidence was lacking. The course non-violent crisis intervention (NVCI) was discussed by

management as something that may be beneficial to include in orientation for HSW's. HSW's suggested scenario-based education and case studies as a means of providing education on crisis intervention.

Furthermore, communication techniques were identified by all management and HSW's as being important to include in the workshop. Management felt this was a basic skill that is often lacking, especially when dealing with someone who is experiencing a mental health issue. One manager said knowing what to say, and when to say it, or when to say nothing at all is key. This was reiterated by HSW's, who also emphasized the importance of non-verbal communication, the impact of a simple smile, demonstrating compassion, and using therapeutic touch. One HSW also reflected on a past experience with a previous colleague, whereby they felt therapeutic communication was not practiced, which had a negative impact on client care. They also recommended participation in role playing during the workshop, which would enable them to share experiences in a confidential setting, and learn from one another.

The Value of Home Support Workers

The importance of the role of the HSW, and the positive impacts they have on clients was identified by all consultees. However, the HSW's expressed that not all staff shared these feelings. It is important that staff recognize their value, said one manager, and further, that it is not "just a job." One HSW passionately described what a privilege it is to provide such intimate care to others, and to build trusting relationships with these individuals. Another HSW reported how wonderful it is to do for someone what they cannot do for themselves, and that going to a job everyday where you make a difference is so rewarding, but needs to be recognized by others. HSW's acknowledged that many staff feel undervalued and unappreciated. Having confidence in

the job that you do, and the difference you make, can positively impact performance, care, and client satisfaction.

Category 3: Optimizing Client Wellness

Interview data was limited in relation to client-specific needs. However, managers and HSWs did identify the benefit of engaging clients on a different level. In addition to completing home management tasks, and social and personal care, consultees felt that it would be helpful to participate in meaningful cultural or traditional activities with the clients. One manager and HSW recommended participating in a traditional craft together, such as, making a seal skin Christmas ornament. Another HSW emphasized the importance of connecting with nature, and suggested taking clients who are ambulatory, out for a walk to enjoy the country and fresh air. The same HSW also suggested the harvesting and preparation of country food for clients, and felt that this would have great mental health benefits, specifically for those who are no longer able to practice these very important traditions.

Category 4: Self-care activities

All consultees felt that self-care was essential to practice, especially having a care-giver occupation. Some of the suggestions made for practicing self-care included: physical activity (e.g., yoga, walking, going to the gym), spending time outside in nature, taking breaks, and participation in traditional activities (e.g., crafting). One HSW, however, felt that self-care practice was often lacking among staff, and that it would be a great idea for staff to participate in an organized self-care activity as a group to help build staff morale.

Outliers

There were several unique suggestions made by consultees. Each suggestion was made by one individual only but may have potential to add value to the workshop. The four suggestions are: 1) advocacy and care coordination, 2) not too personal, 3) HSW as a student and, 4) connections with others.

Client Advocacy and Care Coordination

One manager felt the role of advocacy can play a major role in contributing to mental wellness for their clients. She further explained that the HSW's are in a unique position whereby they are the ones that spend the most time with the clients, so when they recognize issues and struggles, they can bring it to the coordinator, who can make the appropriate referrals.

Not too "personal"

The same manager also felt that HSW's are often frustrated with some of the challenging behaviors exhibited by clients in the program, who may be suffering with a mental health issue. They further eluded to the fact that this challenging behaviour often gets taken "too personally" by staff, which can negatively impact the care they provide. They felt it would be beneficial for them to learn to compartmentalize these feelings through education in the workshop.

The HSW as a Student

Another manager thought it would be a wonderful idea to give clients the means of teaching the HSW a traditional practice or skill. They affirmed that this would strengthen the therapeutic relationship between the client and HSW, and would also be fulfilling in the fact that it was giving them the opportunity to immerse themselves in Inuit culture. It was suggested to obtain country food from the community freezer, and have the clients teach the staff how to

prepare it, or to provide them with raw materials to teach the HSW how to make a traditional piece of clothing.

Connections with Others

During the consultation, a client in the home support program reported that one of their ways of practicing self-care was through communicating with family, and community members. They reported that they often sat on their deck to "chit chat" with those passing by as they lived in a busier part of town. Maintaining that connection was very important to their wellbeing, which is in-line with Indigenous values.

Discussion

The consultation process alone was very beneficial. Being able to easily recruit consultees demonstrates a willingness to participate in opportunities for growth. Carrying out productive conversation with management, staff, and clients suggests their openness to learn new ways of both providing and receiving care and support. The findings from the interviews were very insightful, and provided the writer with a greater understanding of the specific mental health needs of Inuk clients in the home support program in the Upper Lake Melville area.

Throughout the interviews, evidence was provided about the many positive impacts that HSWs currently have on their clients' mental health and wellbeing. The perspectives of management, HSW's, and clients were very similar in this category. All consultees were confident that the HSW's presence alone was of great benefit to clients. The value of having someone to keep company with and engage in social conversation is often underappreciated, especially for those with limited mobility, or do not have a strong support system. Clients describe the HSW's visit as something to look forward to; just knowing someone was coming

was enough to brighten their day. Furthermore, having assistance with activities of daily living had a significant positive impact. Both HSW's and clients felt the benefits of having someone do for them what they cannot do for themselves. This is encouraging as it not only demonstrates the positive impacts the program currently has but also provides a solid foundation for further staff and program development. The importance of one-on-one time between home support clients and home support staff will be a key message in the mental health workshop.

Educational needs were also consistently highlighted throughout the consultation process, which reinforces the value and need for this educational workshop. Management had many recommendations for increasing the knowledge of HSW's, and the HSW's were very eager to seek more opportunities for growth. HSWs discussed their current needs, but also provided insight as to what would be helpful for new staff who had limited experience working with the Indigenous, or who may not self-identify as Indigenous. Although there was an expressed need for knowledge regarding common mental health disorders, most of the suggestions for the workshop was to ensure that it was based on Indigenous ways of knowing and Indigenous culture. Consultees felt it was of the upmost importance to gain a further understanding of the culture and traditions of their clients, as well as the history of colonialism, the trauma from residential schooling, and the potential impacts that has on mental health and associated behaviours.

The need for more "hands-on" training was also a frequent theme. Management felt that this was the most important need for HSW's. Similarly, HSW's expressed a genuine interest in increased learning opportunities for enhancing communication techniques (including non-verbal techniques and listening) through scenario-based learning, case-studies, and role-playing. They felt this would enhance their confidence in intervening and engaging someone who is

experiencing distress. This would improve the trust the client has, and optimize the therapeutic relationship. Managers and HSWs also felt that it was important for staff to recognize the importance of the role they play, and that their contribution to mental health and wellbeing of their clients is very significant. Being a care-giver to the most vulnerable is a privilege but also carries significant responsibility. It is evident that confidence and capacity building are required through education and activities in this workshop.

The desire to engage clients through different approaches was also highlighted in the findings. Rather than providing standard care based on physical health needs, consultees felt it would be great to enhance connection through the participation in various cultural expressions. Providing clients with the opportunity to partake in cultural or traditional activities was the main recommendation (e.g., traditional crafts), to optimize their mental health and wellbeing. Similarly, the importance of self-care and its relationship with maintaining mental wellness was a central concept. Many different means of practicing self-care on both individual and group basis were also recommended by all consultees. This was recognized as a priority for those who provide care as an occupation.

Indigenous Mental Wellness Continuum Framework

The First Nations Mental Wellness Continuum Framework (Health Canada, 2015) emphasizes that mental wellness is achieved through a balance of four main concepts: mental, emotional, physical, and spiritual. The consultation findings are reflective of that understanding. It is clear that all consultees identify mental health and wellbeing for Inuk clients as more than just the treatment of the physical disorder. Holistic care that encompasses the "whole person," is most successful in meeting the needs of Indigenous clients.

Furthermore, the importance of Indigenous people having a sense of purpose in daily life was raised during the consultations. Although this sense of purpose may involve different priorities for each person, consultees suggested that stronger cultural involvement in Indigenous ways of doing and knowing was an essential component for all. Mental wellness for Indigenous people is rooted in culture, and demonstrated as a main theme in the First Nations Framework (Health Canada, 2015). Building knowledge related to Indigenous history, trauma, culture, and tradition through experiences and activities for both home care clients and home care staff was identified as a priority objective for the proposed workshop by managers and HSWs.

Similarly, a sense of belonging through connections with family and community is identified in this framework as being significant to Indigenous mental health. This was reiterated through the consultations, as consultees emphasized the current impacts HSW's have on their clients just through providing company and engaging in conversation. Furthermore, communicating with family, and engaging with community members was identified by a client as being a means of self-care.

Another main theme of the First Nations Framework includes community development, ownership, and capacity building. Working with Indigenous people and their communities, and providing opportunities for self-determination is key to optimizing mental wellness. The consultation process was designed to contribute to this framework goal. It sought to engage members of the Indigenous government and the community in an opportunity to have influence in shaping the mental health care provided by the home care program. Providing care that is informed by key stakeholder expertise will be a strength of the proposed workshop.

Finally, quality care systems and competent care delivery is a theme in the Framework that aligned well with the findings in this consultation. This theme emphasizes the importance of

working with Indigenous organizations and governments to ensure trauma-informed, culturally competent care is provided by the health and social care system. It supports ongoing education and professional development for staff, and has a strong focus on supporting worker wellness. These were main findings in the consultations; all consultees felt there was a need for additional cultural and trauma informed knowledge to provide best practice care, and the importance of practicing self-care to maintain care-giver wellness.

Workshop Development

The consultations were successful in identifying priority areas for inclusion in the day-long workshop. Consultation findings, in conjunction with the First Nations Mental Wellness Continuum Framework (2015), will serve as a guide for the methods and content of the workshop. The main concepts that comprise mental wellness for the Indigenous, combined with local knowledge and context, will ensure appropriateness and relevancy of the knowledge and skills that are shared with the home support staff of Nunatsiavut Government.

There will be a mixture of knowledge-based learning through the sharing of information that focuses Indigenous history and trauma, and the promotion of resiliency through culture and tradition. Common mental health disorders experienced by our people, as well as the associated trauma-informed and culturally safe care provision will be discussed. After workshop completion, home support staff will have gained a broader understanding of the negative impacts of colonialism on the mental health of the Indigenous, and further, understand how to contribute to Individual healing through appropriate home care in their community.

Interactive exercises will be integrated throughout the session; this will help to build communication skills and confidence in crisis intervention through role-play, scenario-based, and

experiential ways of learning. This will give home support staff the opportunity to share their narrative, which is a traditional way of healing, and to learn from and relate to one another. By participating in the workshop, home support staff will express confidence and competence in recognizing and providing appropriate interventions for their clients who are experiencing distress.

Finally, there will be an opportunity to practice traditional activities as a means of self-care (e.g., the preparation and consumption of a traditional meal), for the purposes of staff morale building, and to emphasize the importance of worker wellness, which positively impacts care provision. After participating in a traditional activity, home support staff will be able to relate to on a personal level, the importance of culture and its contribution to mental wellness.

Limitations

The small number of consultees (n=6) and the lack of broader community input may be considered a limitation of the consultation. For example, although confidentiality was thoroughly reviewed with participating clients, the clients had no suggestions or ideas for improvements in the home support program. They had "no complaints." Inclusion of a larger number of clients, including family members might result in more fruitful program feedback.

Conclusion

It is difficult to capture the full value of these consultations. The very meaningful conversations that resulted from the interviews has provided the writer with vast insight into the specific needs for both HSWs and clients in the home support program. Enabling the Indigenous community to play a part in shaping the care they provide to their own people is very important. Applying the local context and knowledge in the development of this workshop will aid greatly

in improving the mental health care that is provided through the home support program. By participating in this dynamic, interactive, educational workshop, that is informed by existing evidence and the First Nations Mental wellness continuum framework, the goal is that staff will feel more confident and competent in engaging clients, developing a therapeutic relationship, and providing culturally safe and holistic care.

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Appendix A: Letter of Recruitment for Management and HSW's

Upper Lake Melville, N.L.

Nunatsiavut Government

June 27, 2022

Dear _____,

I am in the current process of completing my Masters of Science in Nursing Degree through Memorial University. As part of my final course, I am developing an educational workshop that aims to guide home support staff in our home support services program, in providing care to Inuk clients that are suffering with mental health issues. More specifically, my goal is to optimize the therapeutic experience for both the home support worker and client, through additional approaches in providing culturally-safe, and holistic care.

The purpose of this letter is to inform you I am interested having a conversation with you to gain your insight. I feel that your perspective would be very beneficial in the development of this workshop, as it would provide me with further direction on the specific needs of both our clients and home support staff. Your input would be a valuable contribution to the information and activities that would be included in the workshop, and therefore used in home support practice. If you are interested, I would like to arrange a telephone call where I would ask you a few questions. Should you choose to participate, your identifying information and responses would be kept confidential and used solely for the purpose of workshop development. You can contact me at hilary.gear@mun.ca.

Kindest Regards,

Hilary Fry

Appendix B: Telephone Scripts

Telephone Script A (For Management & HSW's)

Good day. Thank you for taking the time to read my letter, and for choosing to participate. The insight you have to offer is very valuable. As previously mentioned, I am developing an educational workshop for home support staff, for the purposes of enhancing care that is provided to our clients who suffer with mental health issues. The primary purpose of the workshop is to optimize the therapeutic relationship between staff and clients, to provide staff with additional approaches to deliver culturally-safe, holistic care. I would like to learn more about what information and activities that you feel would be most beneficial to include in this workshop by asking you a few questions. Your responses will be kept confidential, and no identifying information will be documented.

Telephone Script B (For Clients)

Good day. My name is Hilary Fry, we have spoken in the past before I went on maternity leave. I am soon returning to my role as the Home Support Nurse, and am a current student working on a project to help improve home support services. I would like to have a further conversation with you, as I have a couple questions I would like to ask about our program and how we can better help you. It will only take a few minutes of your time. If you choose to participate, it is important that you understand that anything we discuss is confidential, and none of your identifying information will be documented. The sole purpose of our conversation is for me to understand how the home support program helps your mental health and wellbeing, and if there is anything additional you feel we can provide that would be of benefit to you.

Appendix C: Interviews

Interview A (For management & HSW's)

1. How do you feel home support staff contribute to mental wellness for their clients during service provision in the home support program?
2. What educational information do you feel would be the most beneficial to include, that would strengthen home supports staffs' existing knowledge in providing mental health care to their clients?
3. Are there any specific activities you can think, that may enhance interactions between home support staff and their clients (e.g., communication techniques, engagement)?
4. What is the most important message you feel home support staff should take away from this workshop?
5. It is important for care providers to practice self-care. Which self-care activities do you find most beneficial to practice?

Interview B (For Clients)

1. How do you take care of your mental health and wellbeing?
2. What does your HSW do to help you feel well?
3. Is there anything else your HSW can do to help you feel well?

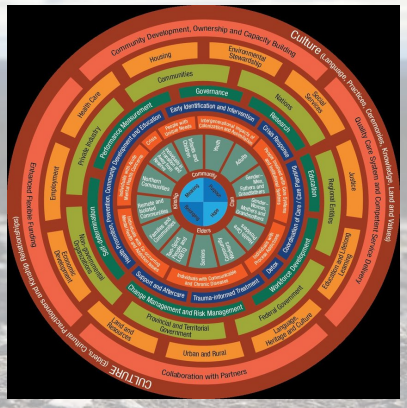
Appendix C: The Workshop: Facilitators Guide

IMPROVING INDIGENOUS MENTAL HEALTH CARE: AN INTERACTIVE WORKSHOP

Facilitators Guide

Prepared by: Hilary Fry BNRN

Improving Indigenous Mental Health Care Based on the Canadian First Nations Wellness Continuum: An Interactive Workshop

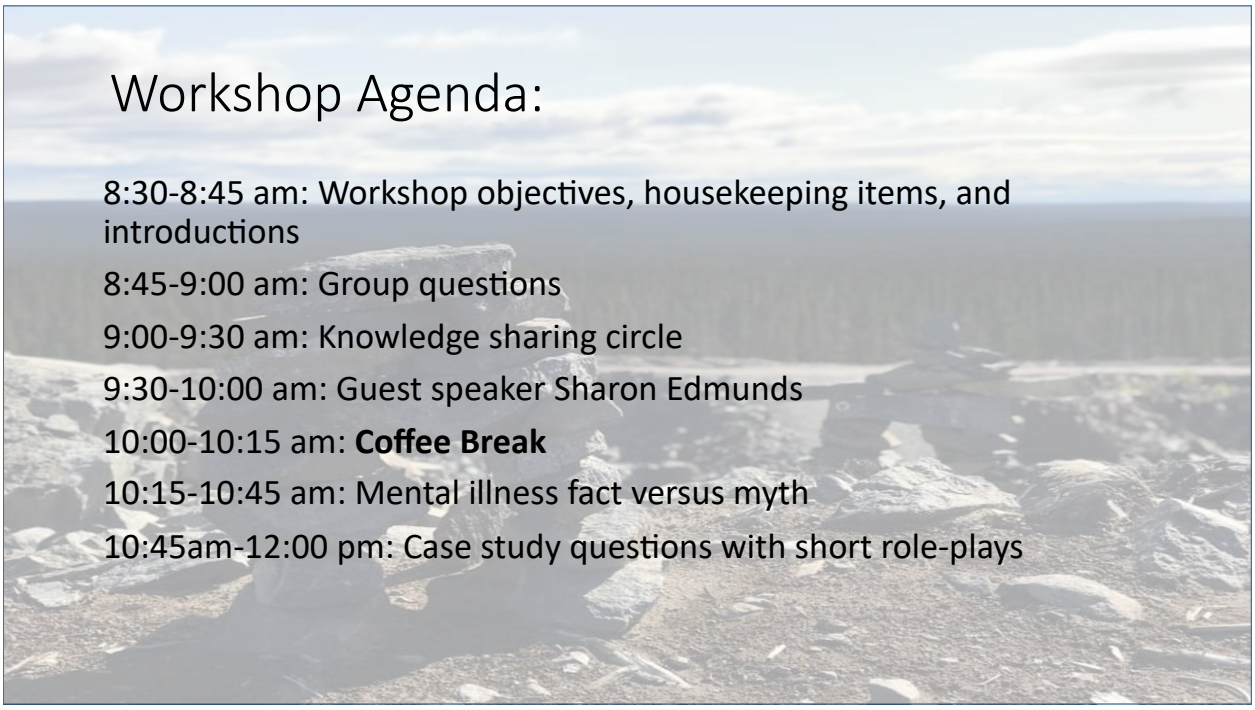


Prepared by: Hilary Fry BNRN

November 2022

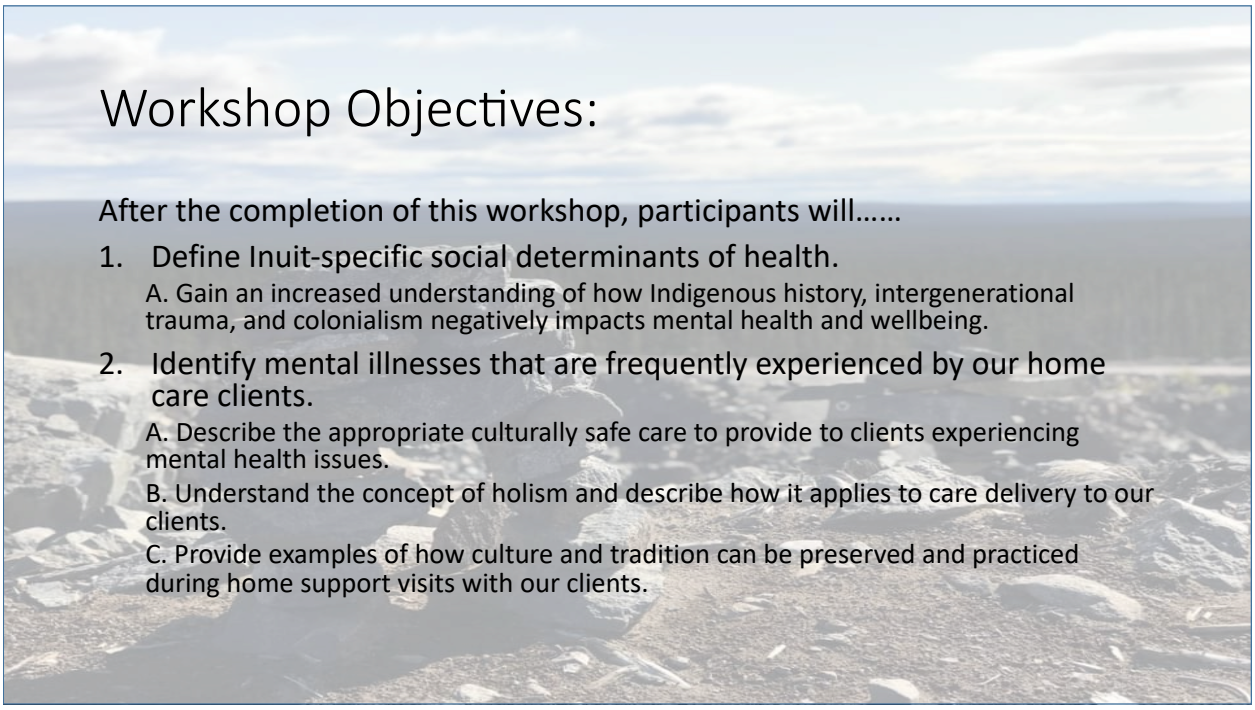
- Explain the workshop as a requirement from the Master's of Science in Nursing Program.
- Briefly discuss the First Nations mental wellness continuum framework. Include its purpose, where it came from, who collaborated to design it.

Image from: Health Canada (2015)

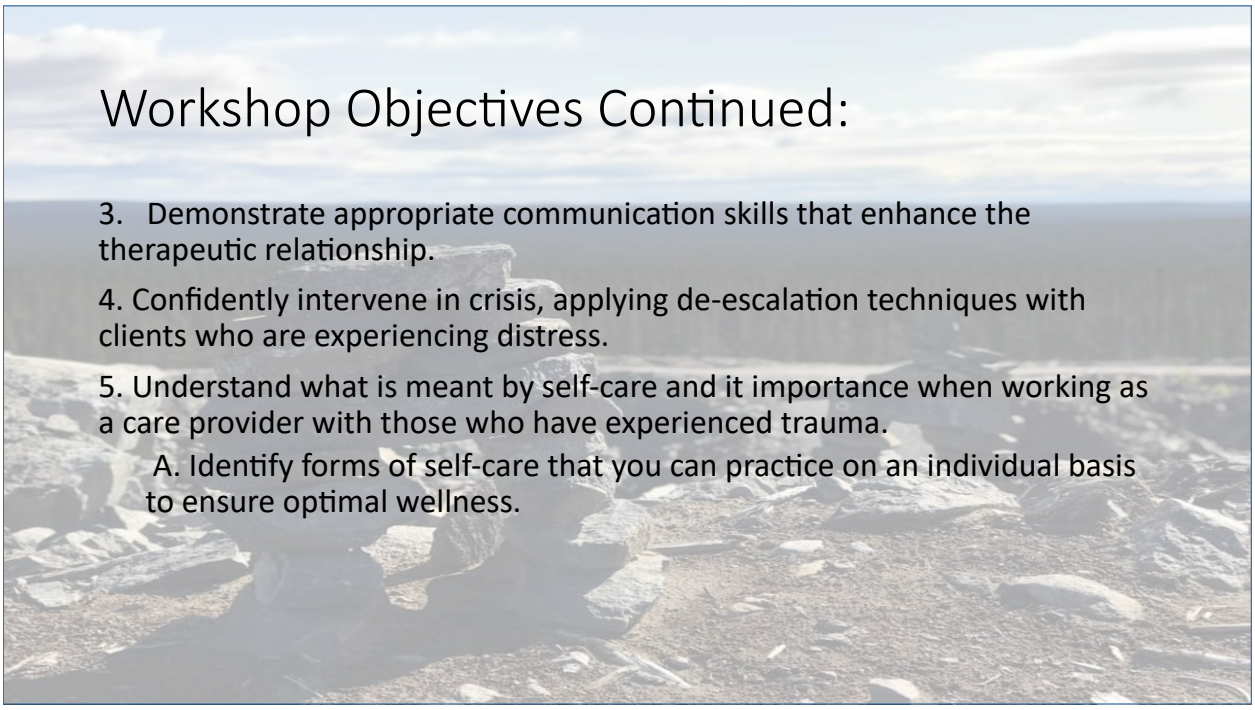


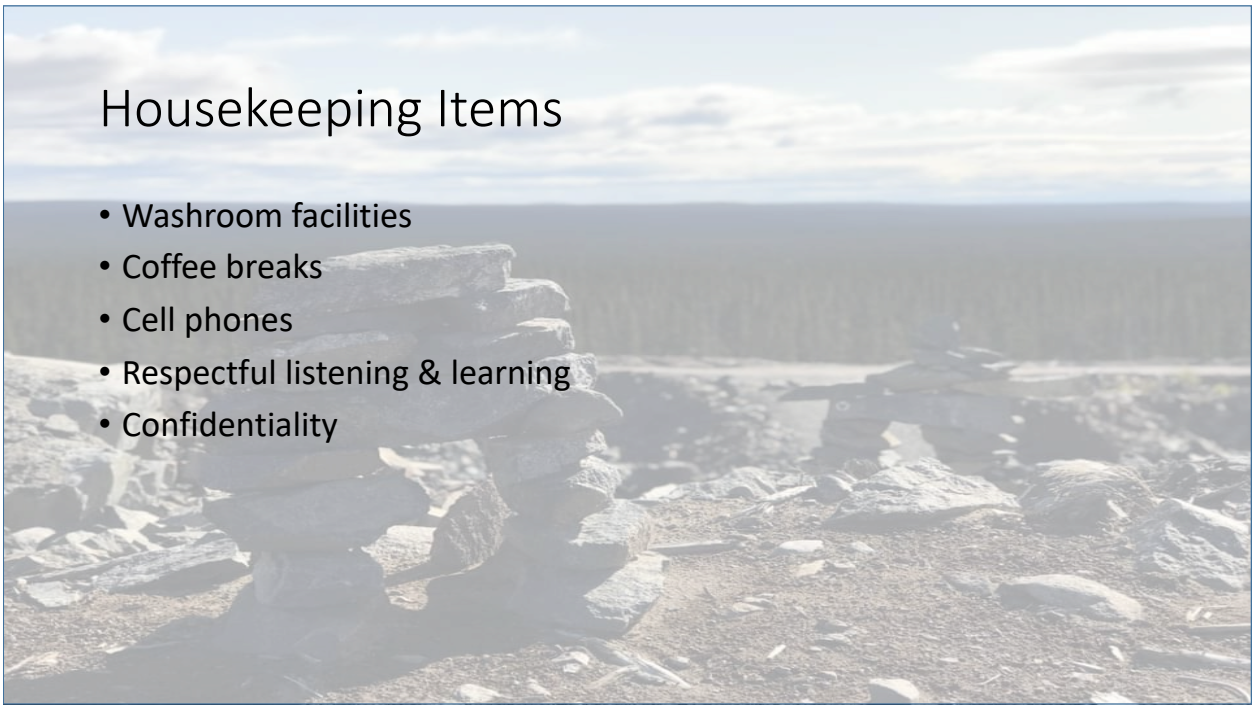
- Hard copy of agenda provided to participants as a part of their participants guide, along with a pen/pencil and scrap paper for note taking.


Workshop Agenda:
12:00-1:00 pm: **Lunch**
1:00-1:30 pm: Discuss cultural safety & holism
1:30-2:00 pm: Learn & practice: self-care techniques, mindfulness and grounding techniques
2:00-3:00 pm: Nature walk
3:00-3:15 pm: **Coffee Break**
3:15-4:00 pm: Share a traditional meal

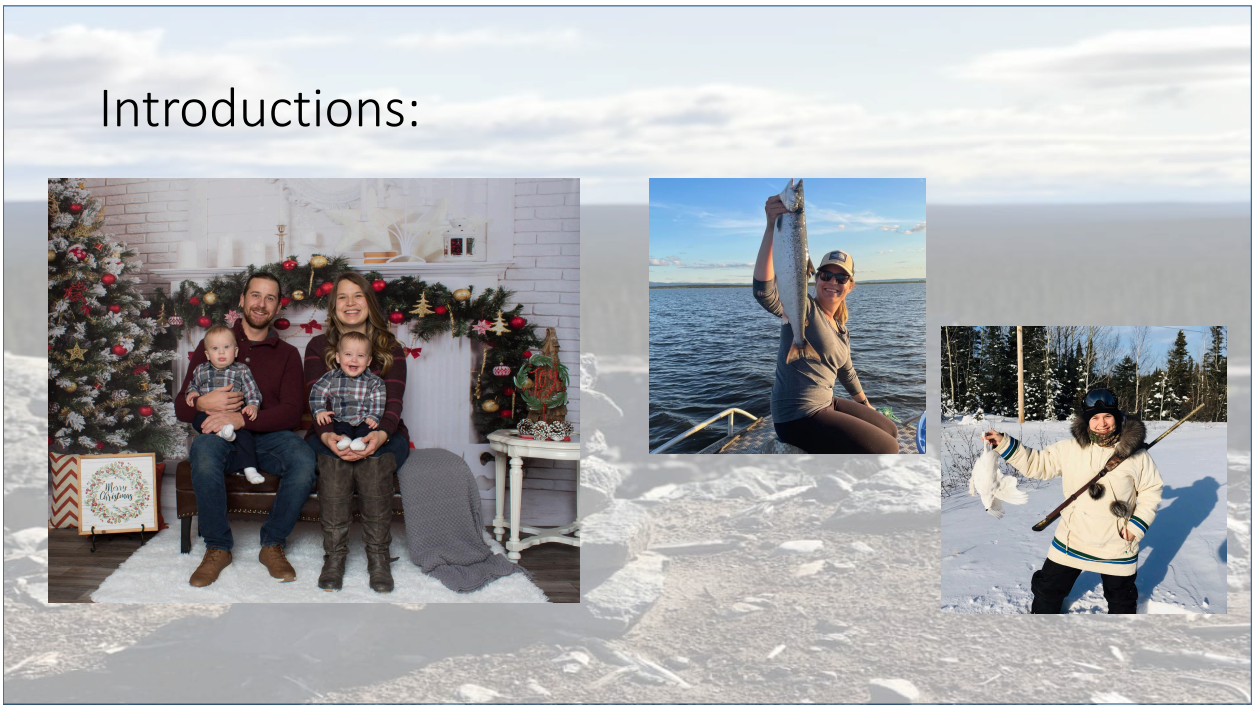


- Review main objectives. Also explain briefly steps taken to develop these objectives (through experience, research, and consultations).


Workshop Objectives Continued:
3. Demonstrate appropriate communication skills that enhance the therapeutic relationship.
4. Confidently intervene in crisis, applying de-escalation techniques with clients who are experiencing distress.
5. Understand what is meant by self-care and it importance when working as a care provider with those who have experienced trauma.
A. Identify forms of self-care that you can practice on an individual basis to ensure optimal wellness.



- Provide instruction on accessing the washroom and breakroom facilities.
- Explain the expectations around cellphone use: keep on silent, step out of the room if important calls must be made or answered.
- Respect what other participants have to say. Do not interrupt. Be sensitive to individuals shared experiences.
- Confidentiality must be maintained during the sharing of experiences; do not give any identifying information.
- Leave the room if you need space, just give me the thumbs up that you are ok.



- Start by introduction of self.
- Ask each person for generic information: name, place of birth, hobbies, and any Indigenous history or history in working with Indigenous people.
- Then request each person introduce themselves by stating something they have done that he thinks no one else in the group has.

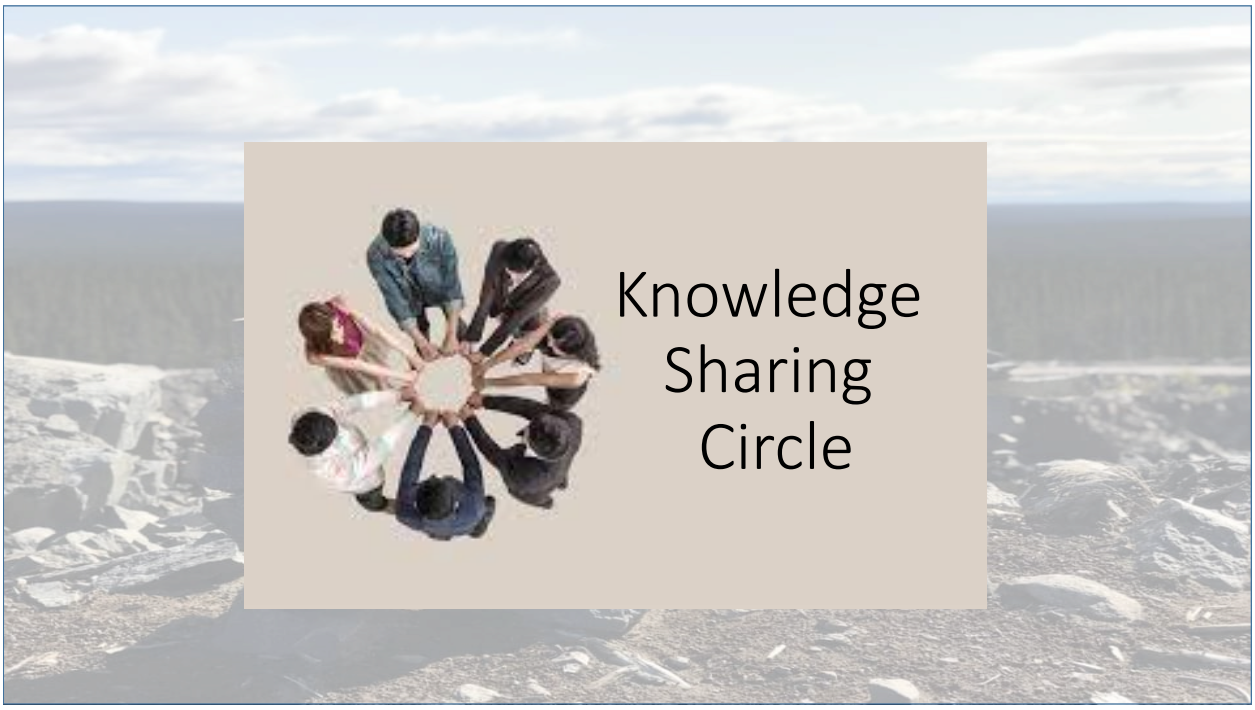
- Divide participants into groups of 2 or 3.
- Direct them to page two of their workbook to answer the questions.
- Explain that there is no right or wrong answer, and its purpose is to stimulate discussion only.
- See your participants guide for the list of questions.

Indigenous Mental Health – Discussion Questions

1. What does mental health and wellness mean to you?

2. Indigenous people in Canada have both poorer physical and mental health outcomes than the general population. Why do you think that is?

3. Research has shown that the health care system is not appropriately meeting the mental health needs of the Canadian Indigenous population. Do you agree or disagree?

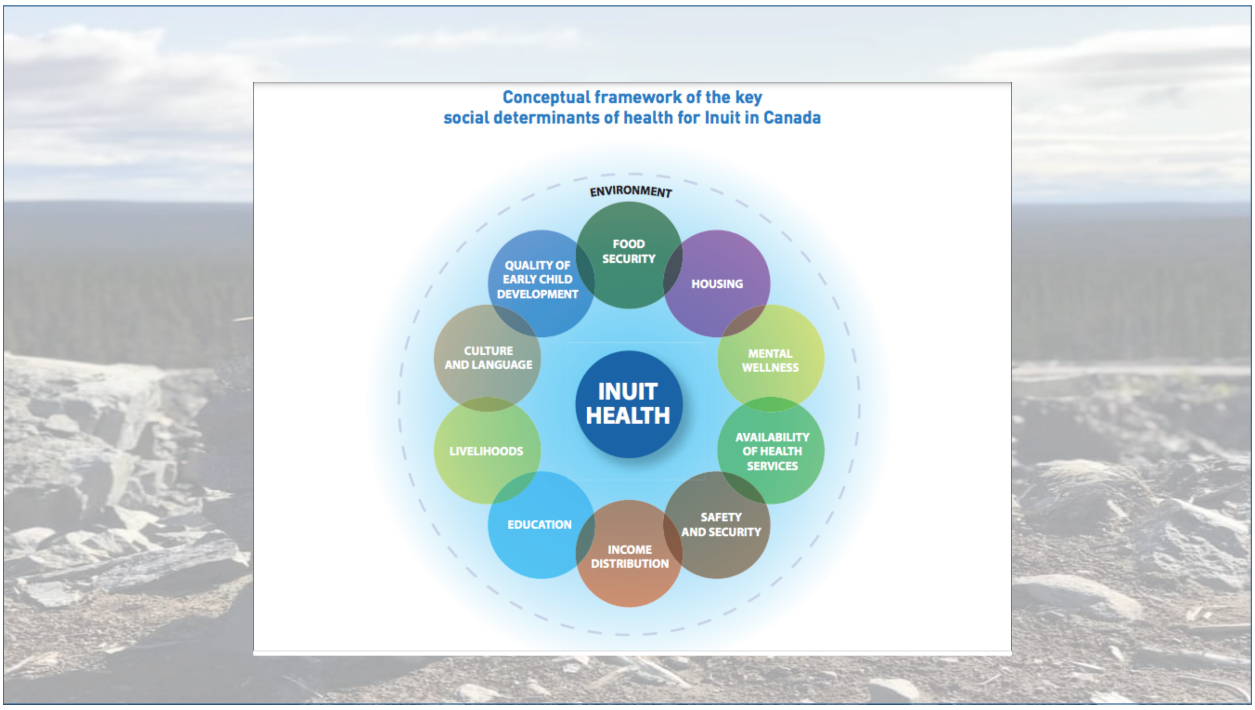


Knowledge sharing circle to include:

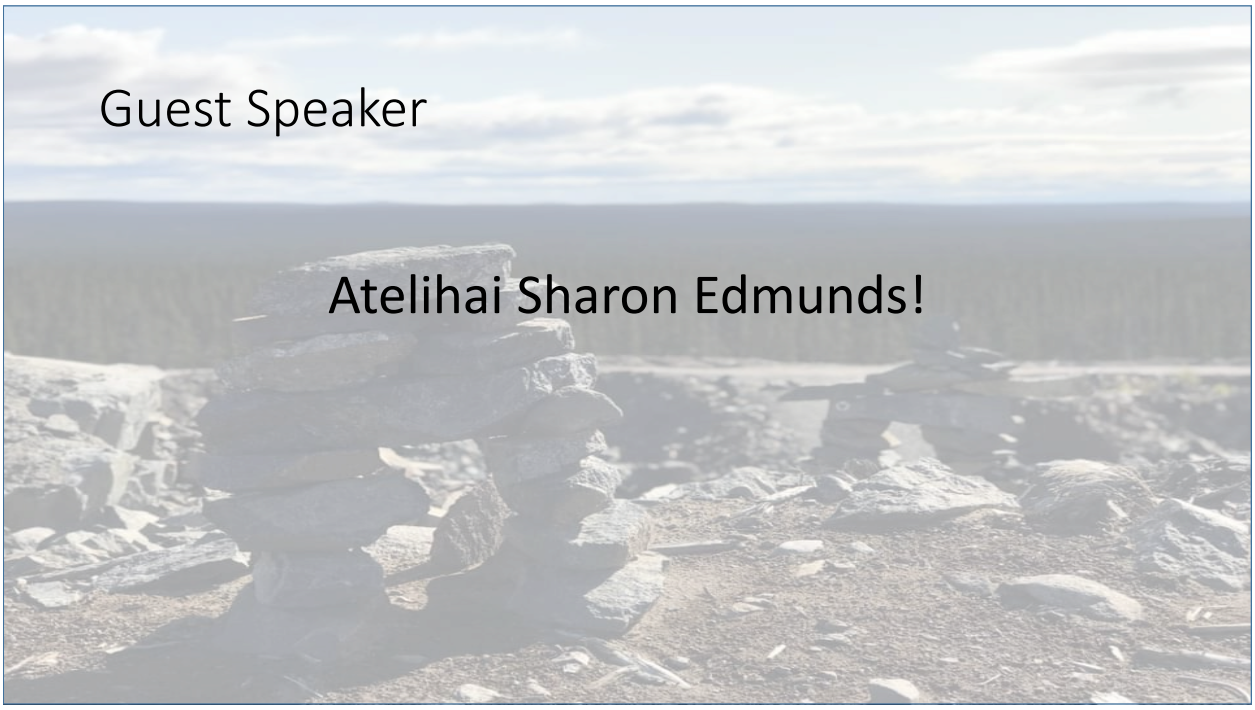
- Discussion of the group questions provided in appendix A.
- Discussion of the Inuit-specific SDOH as per the ITK (2016) – see next slide for a visual depiction.

According to the World Health Organization (WHO, 2022), "The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems."

- Open the floor for shared experiences (e.g., personal experiences, experiences with clients – no personal identifying info, racism in healthcare, etc.)
- Be sure to discuss with staff the potential sensitivity of the shared information. It could be triggering to those who have experienced their own trauma.
- Be sure to provide contact information for the MH crisis line, the MH crisis team within NG, and the Indigenous hope for wellness line.
- Also offer to provide the healing blanket to those who may need it.



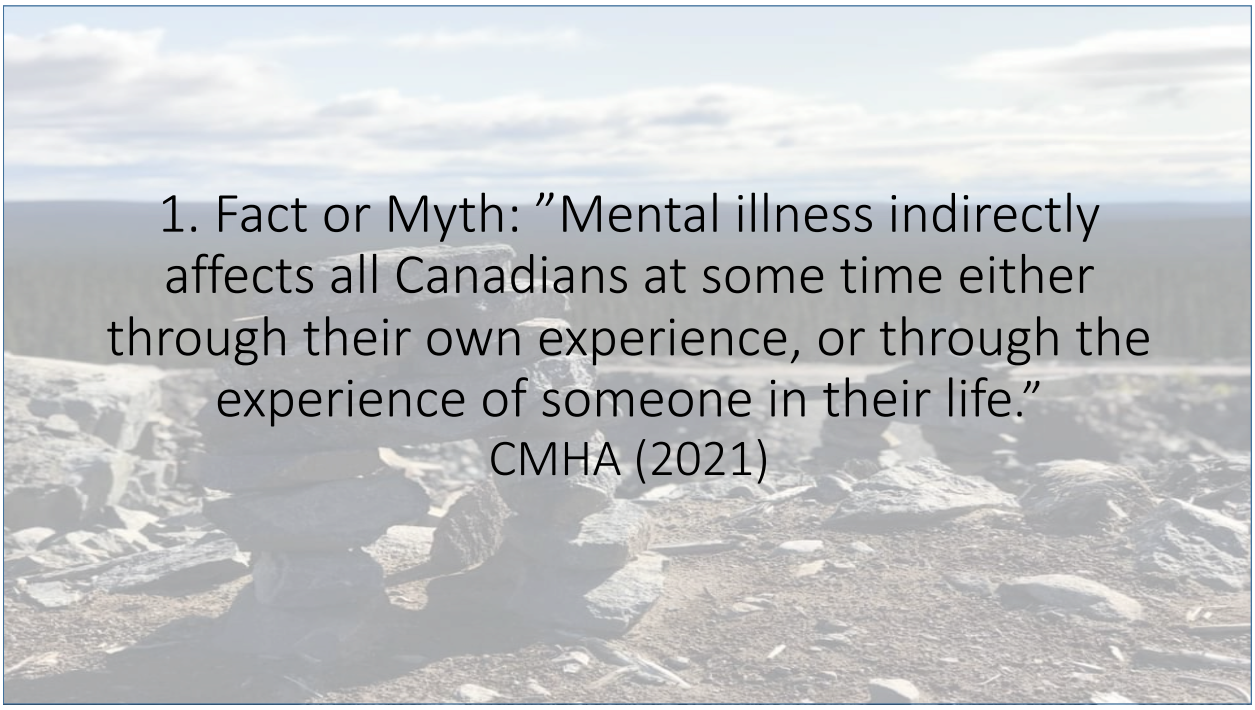
- These are the Inuit-Specific SDOH that have been identified in collaboration with key stakeholders (ITK, 2016).
- Briefly discuss each one individually.



- Sharon to share her lived experience as a residential school survivor and how it impacts Inuit MH & wellbeing

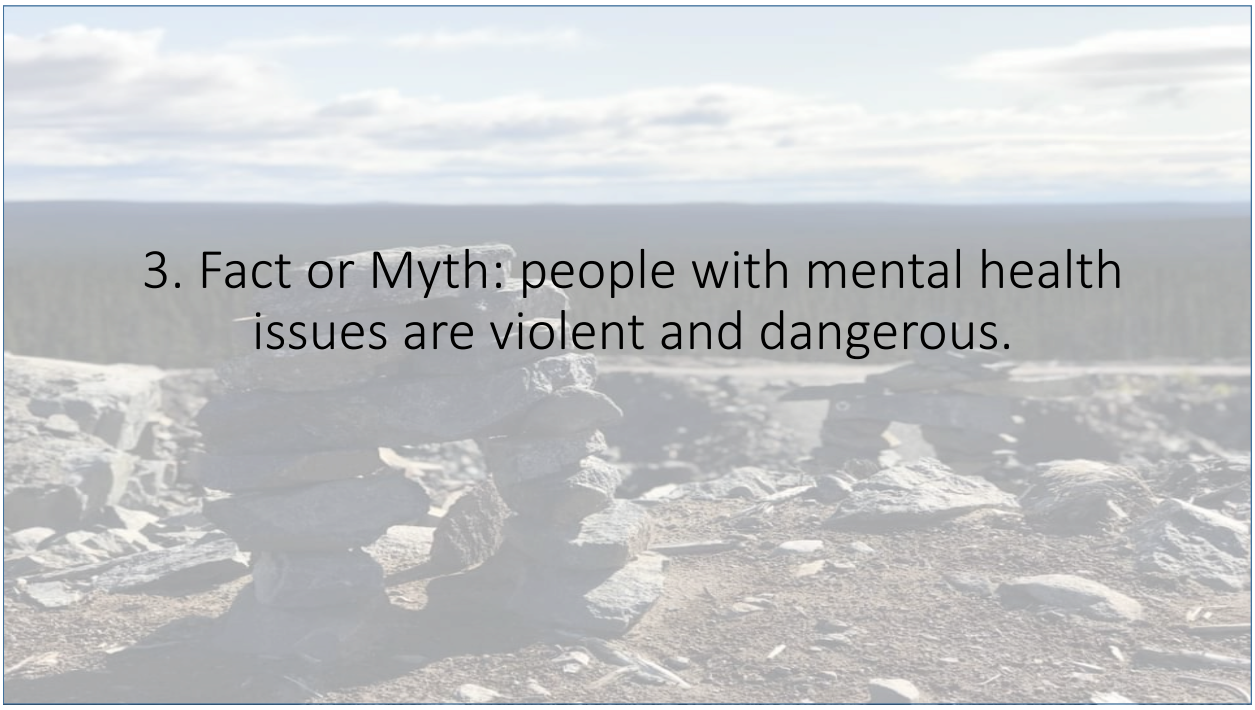
- Enjoy a 15-minute coffee break before we head into the next item on our agenda.

- Direct participants to page three of their guide.
- Explain that there will be a series of statements read surrounding Indigenous MH.
- It is up to them to identify whether or not these statements are facts or myths. Direct them to write fact or myth next to the corresponding statement number.
- Answers will be revealed at the end.

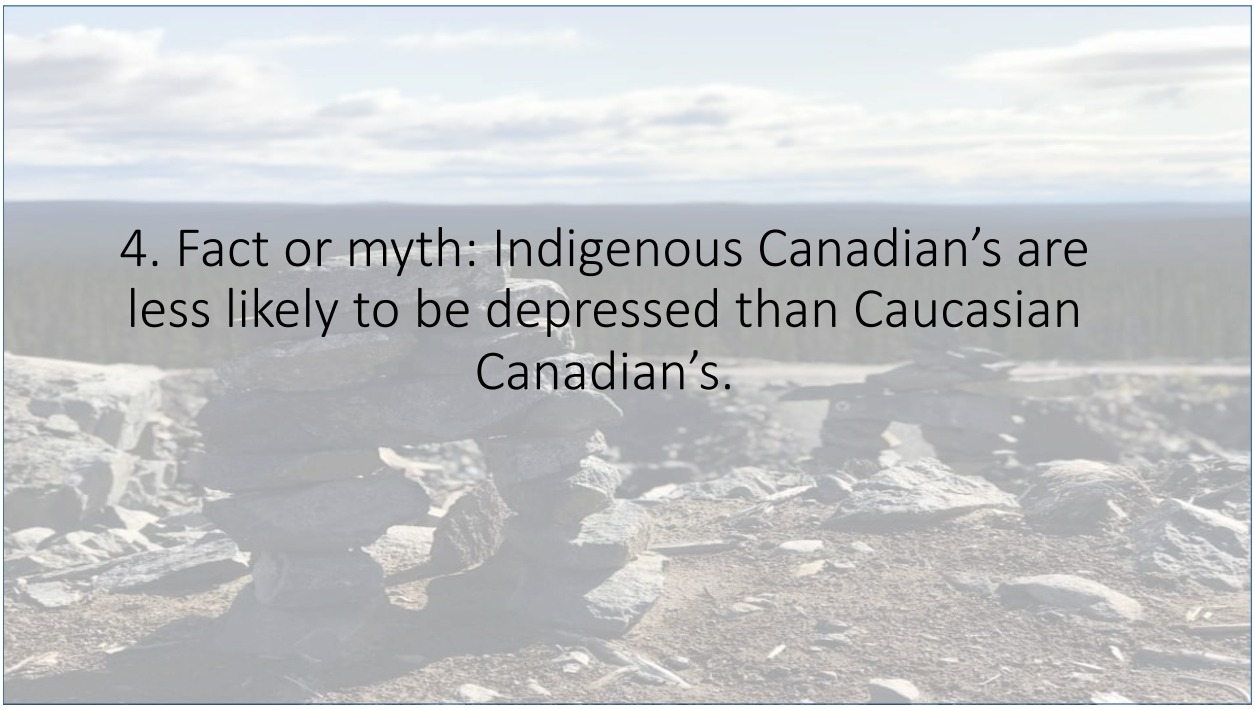


- Fact: According to the Canadian Mental Health Association (2021) mental illness affects people of all ages, education and income levels, and cultures.
- The CMHA (2021) also explained that systemic inequalities such as racism and colonialism can contribute to worsening mental health and symptoms of mental illness, which explains the increased prevalence among Indigenous populations

- Fact. This is compared to 23% of the general population. Furthermore, 1 in 4 Indigenous youth and 1 in 5 Indigenous adults have experienced mental distress leading to moderate illness (Andersen, 2021).

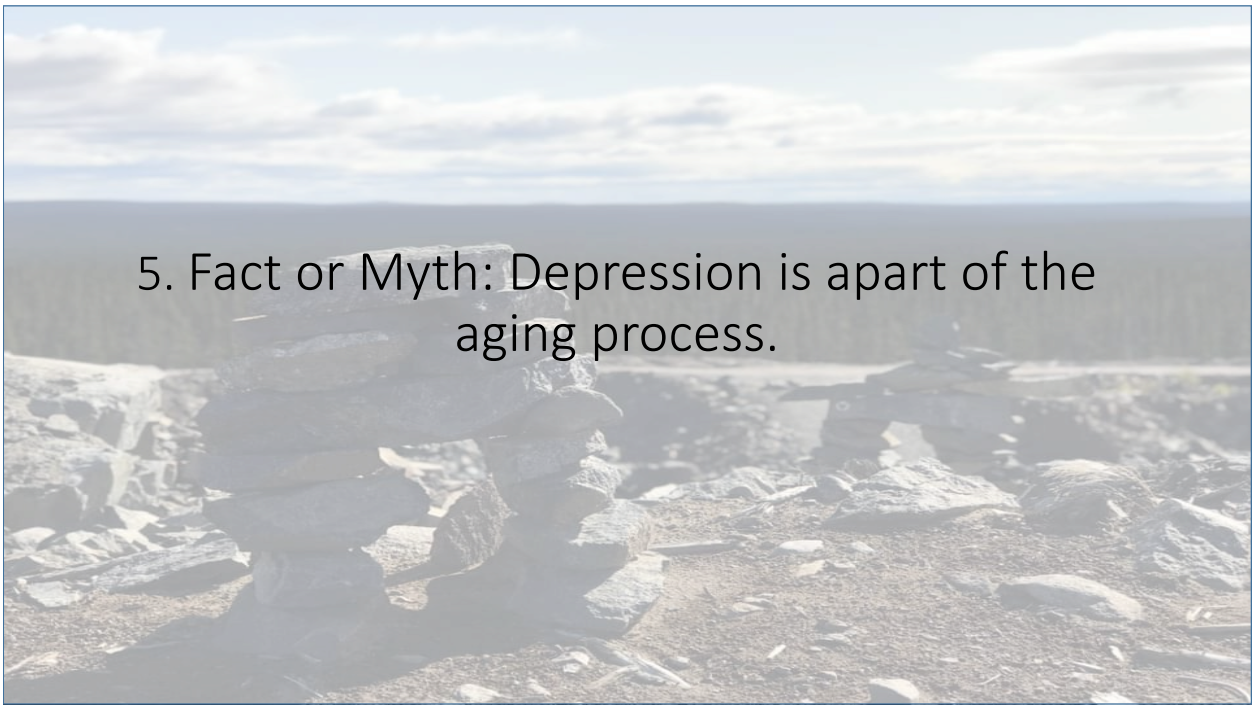


- MYTH: People who experience mental illnesses are much more likely to be victims of violence than to be violent.

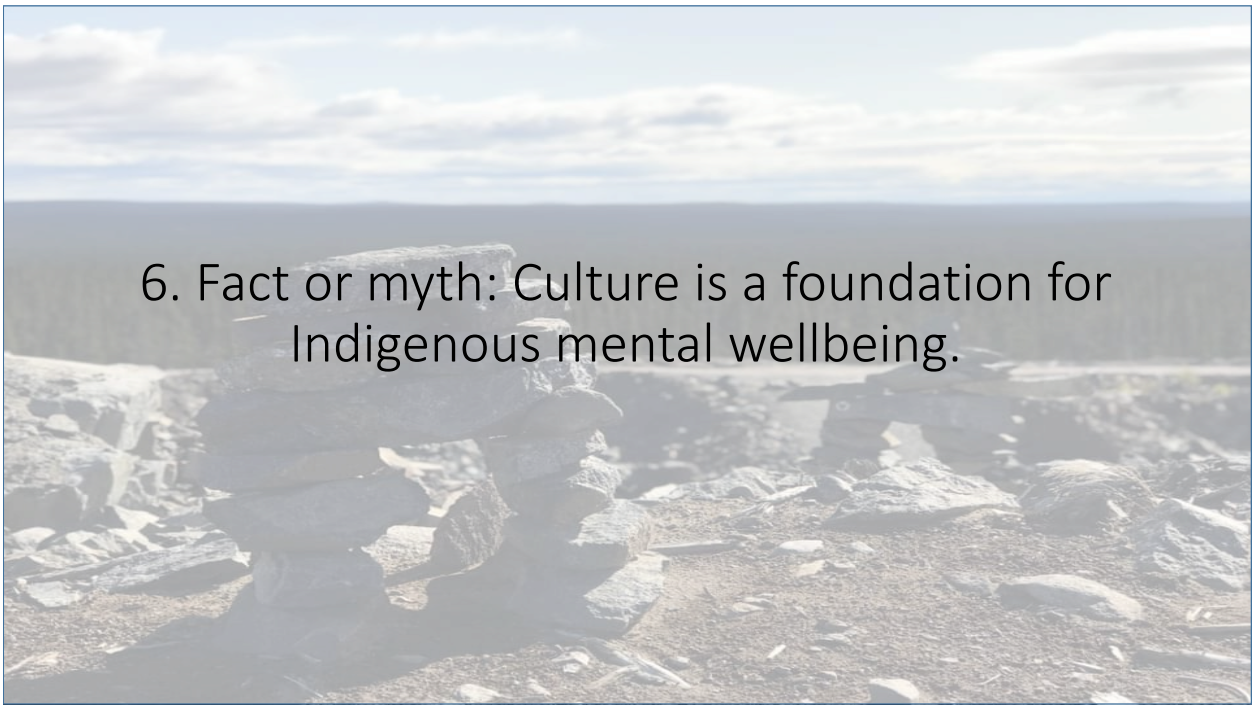


- Myth: Indigenous Canadian's are twice as likely to suffer from depression. Major depression affects approximately 5.4% of the Canadian population. Depression is a disorder that affects peoples moods (Canadian Mental Health Association, 2021)

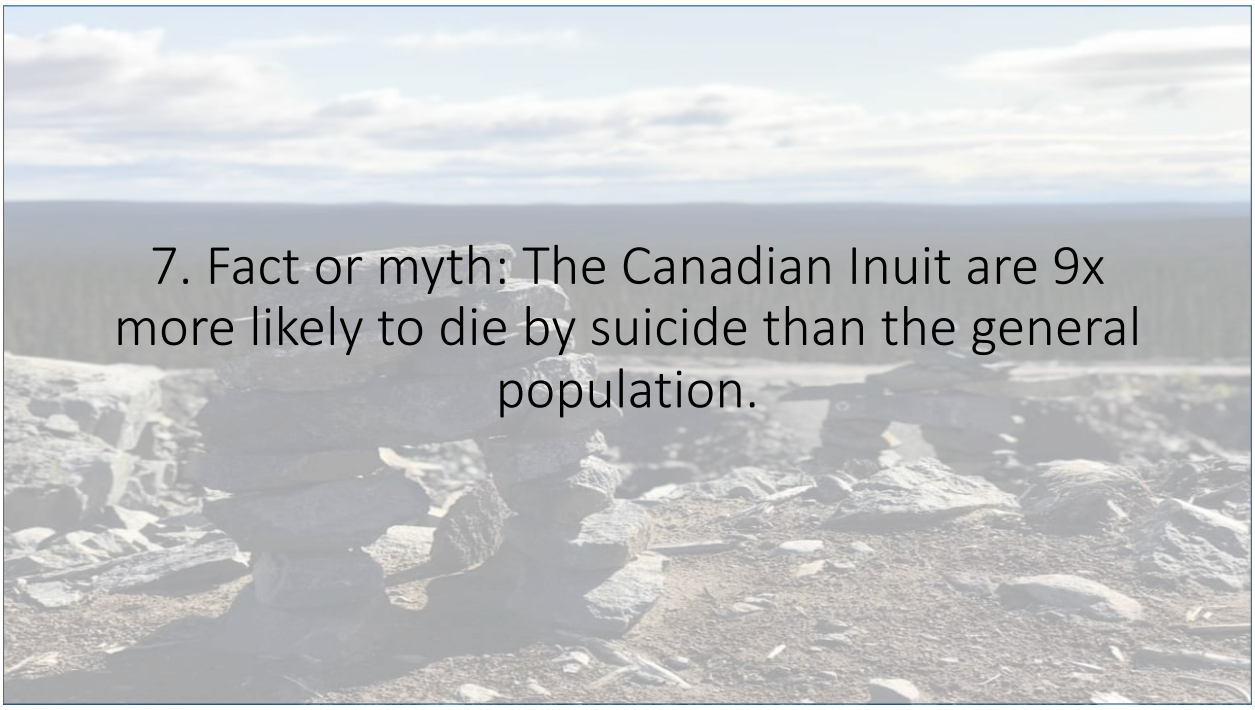
- Signs or symptoms of depression include: Feelings such as: sadness or hopelessness, anger or irritability, loss of interest in things once enjoyed, difficulty sleeping, change in appetite leading to weight gain or loss.



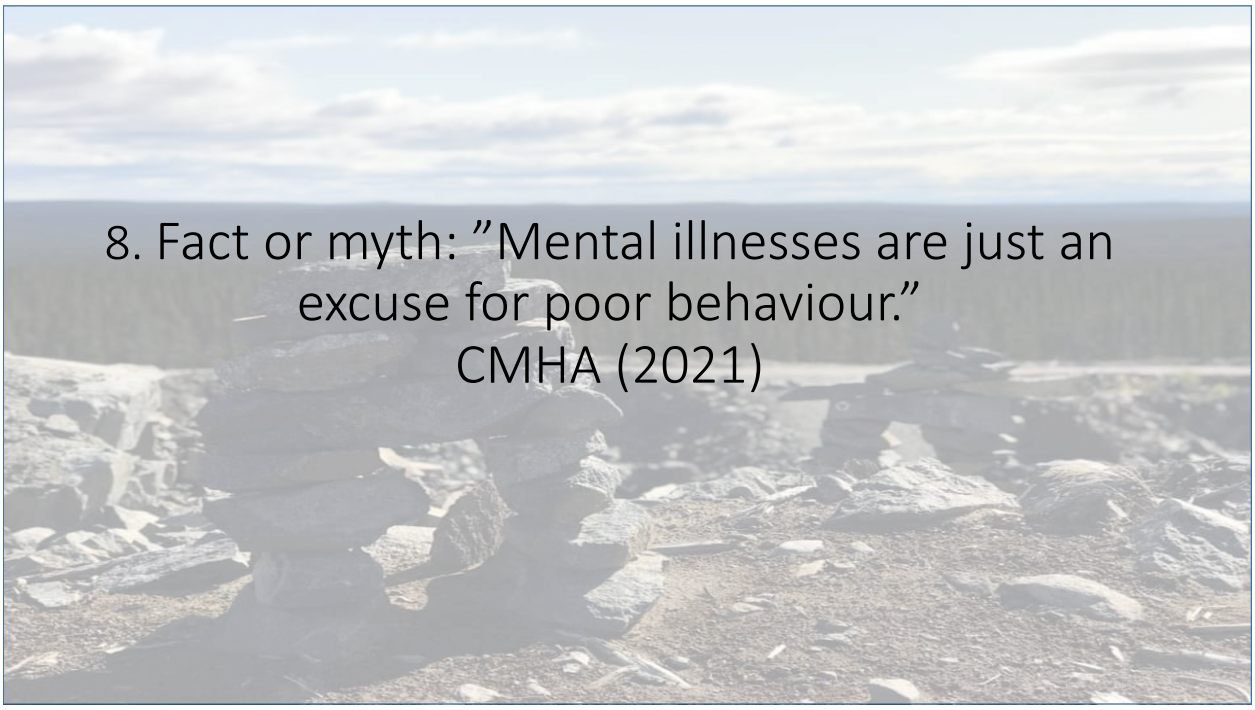
- MYTH: The Canadian Mental Health Association (2021) reported that depression is never a normal part of aging. Older adults may be at a greater risk of developing depression because they experience so many changes.
- The elderly with depression requires the same treatment and management as any adult with this mental health issue.



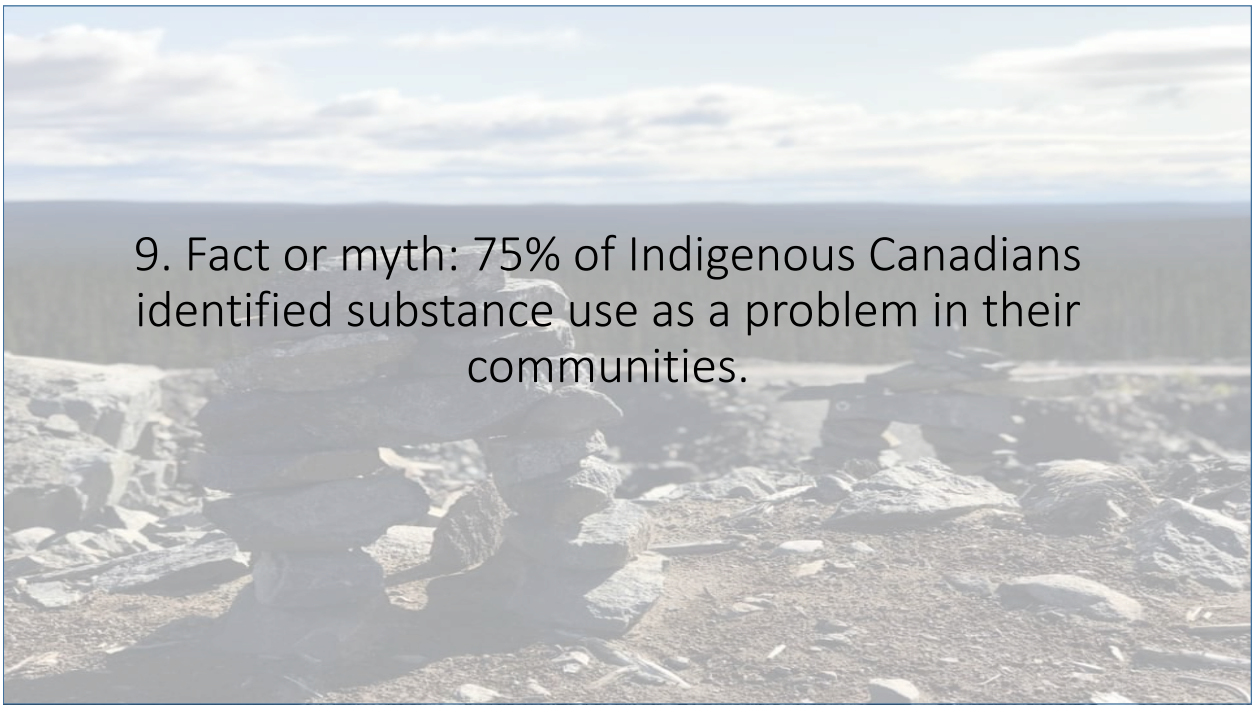
- Fact. And the loss of culture from the devastating impacts of colonialism is the main contributing factor to the high rates of mental illness in Indigenous Canadian's (Nelson & Wilson, 2017).



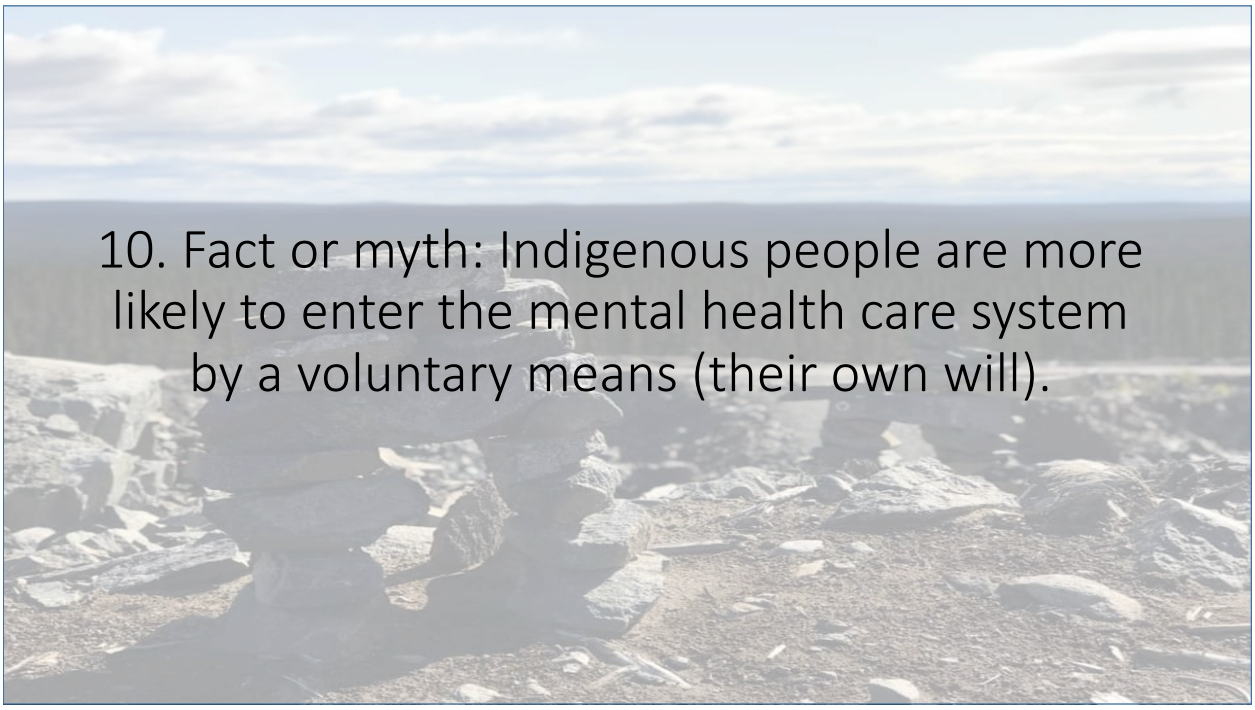
- Fact: Furthermore, Indigenous groups in Labrador are 4x more likely to die by suicide than the neighboring portion of the province (Pollock et al., 2016).
- A recent article by CBC (2022) shared that Labrador's suicide rate is 51 per 100,000 people. The national average is 13 per 100,000 people.



- Myth: Those who experience mental illness may behave in ways that are perceived as strange but this is likely a symptom of their illness and not the actual individual. (Canadian Mental Health Association, 2021).



- Fact. This was from a survey that was completed with those on reserve (Khan., n.d.).



- Myth. In fact, they are more likely to be admitted involuntarily with police presence (Eley et al., 2007). What does that tell us?

- See next page for case studies. Direct participants to page 4 of their participants guide. Provide them with 20 minutes to complete. Answers will be discussed upon completion.

Case Studies

Instructions: Please read the following case studies and answer the questions.

Scenario #1

Angela is a 31-year old Inuk woman who was recently admitted into the home support program. She had a fall, which led to the fracture of her right leg. As a result, she cannot weight-bare, and requires some assistance with personal care. During care provision, she discloses to you that she was intoxicated when her injury took place, and she does not remember what happened. She becomes tearful and explains that she has been struggling, and uses alcohol in excess on a daily basis as a means of coping.

1. Which of the following is the most appropriate response to Angela?

A. "Alcohol is bad for you."

B. "It sounds like you have been having a hard time."

C. "Perhaps you should get some help."

D. "I understand as I also have a problem with alcohol."

2. What are two ways in which the HSW can demonstrate support to Angela?

_____

_____

3. Angela asks where she might be able to seek help. What do you tell her?

_____

_____

4. Which of the following actions by the home support worker is incorrect in this situation?

A. The HSW calls the clients friend who's number is on the fridge

B. The HSW listens to the client's story and provides reassurance

C. The HSW documents the occurrence in the clients file

D. The HSW notifies her supervisor of the situation

5. True or false: substance abuse issues are frequently observed in Indigenous communities

Scenario #2

You attend a scheduled visit with one of your regular clients, Alfred, a 75-year old Inuit elder who is recently relocated from his home community for medical reasons. Alfred usually requires some assistance with meal preparation and home management. He is usually up bright and early at his kitchen table awaiting your visit. You arrive to find him sitting on his couch alone, quietly staring out the window. He doesn't look himself. You ask him how he is doing today, and he responds with "Not good. I feel like giving up today."

1. Which would be the most appropriate response to Alfred?

A. "Tell me more about how your feeling."

B. "Don't be so foolish, you have to stay positive."

C. Ignore him and ask what he would like for breakfast.

D. "We all have bad days, Alfred."

2. Which of the following group of symptoms would most likely indicate that Alfred is suffering from depression?

A. "Poor personal hygiene, lack of concentration, decreased appetite."

B. "Slurred speech, new and unexplained injuries."

C. "A racing heart, upset stomach, nail biting."

D. "Excessive laughing, erratic and repetitive behaviour."

3. You are concerned that Alfred may be at risk of harming himself. What steps should you take to ensure his safety?

_____

_____

4. What are two strategies that can be implemented in the home support program to help Alfred?

_____

_____

5. True or false: depression is just all in a persons' head.

- Advise participants that we would now be complete role play activities. See appendix next page for script. Seek a volunteer (or two) and provide them with the script. The remaining participants are to critique and provide feedback.

Role Play Activities

Instructions: Seek a volunteer from the group to participate in the following role play activities. Give the group an opportunity to determine which responses were both helpful or unhelpful. For unhelpful responses, ask for an alternative response.

Role Play #1

Setting: Darlene is a home support worker who is visiting with an elderly client, Sophie, who has a history of trauma and a diagnosis generalized anxiety disorder. Upon arrival for her scheduled visit, Darlene notices that Sophie appears agitated.

Darlene: "Hi Sophie. How are you today?"

Sophie (while pacing the floor): "Good."

Darlene (speaking firmly): "Well you don't look good. What's going on with you?"

Sophie (still pacing the floor): "I have a doctor's appointment this afternoon that I am worried about. They don't understand me or what I've been through."

Darlene: "Sit down and let's talk about it."

Sophie (sits down and becomes tearful): "At my last appointment I tried to explain how I was feeling and they made me feel silly. I wasn't taken seriously."

Darlene: "First of all, enough with the crocodile tears. I can't understand what you are saying while you are crying. There is no need of you feeling this way."

Sophie (now sobbing): "See, no one understands me or what I am struggling with."

Darlene (with frustration): "I am trying to understand you if you would give me a chance!"

Sophie: "I just feel so worried all the time. Like something terrible is going to happen. I can't eat, I can't sleep."

Darlene: "I have been there but I have learned it is no good for anybody to be worrying about things they cannot control. It's a waste of time and energy."

Sophie (now shouting): "I think it's time for you to go!"

Darlene (while leaving abruptly): "Fine. I will leave then."

Role Play #2

Setting: Angus, a home support worker, is visiting with a long-term client, George, who has recently been diagnosed with depression after the loss of his wife. Angus knocks but there was no response at the door. He then quietly enters the clients' home to find him sitting on the couch. He appears to have been crying.

Angus: "Good morning, George. How are you feeling today?"

George: "I feel terrible."

Angus (while sitting on the chair next to George. "Oh, no. I am sorry to hear that."

George (mumbling inaudibly under his breath): …….

Angus: "Would you like to talk more with me about how your feeling?"

George: "I just miss her so much."

Angus: "Do you mean your wife? It sounds like you are having a very difficult time with her passing."

George: "I am. Life just feels like it isn't worth living anymore."

Angus: "I cannot imagine how difficult it must be losing your life partner. It is ok to not be ok sometimes."

George: "Thank you, Angus."

Angus: "Are you thinking about hurting yourself or suicide, George?"

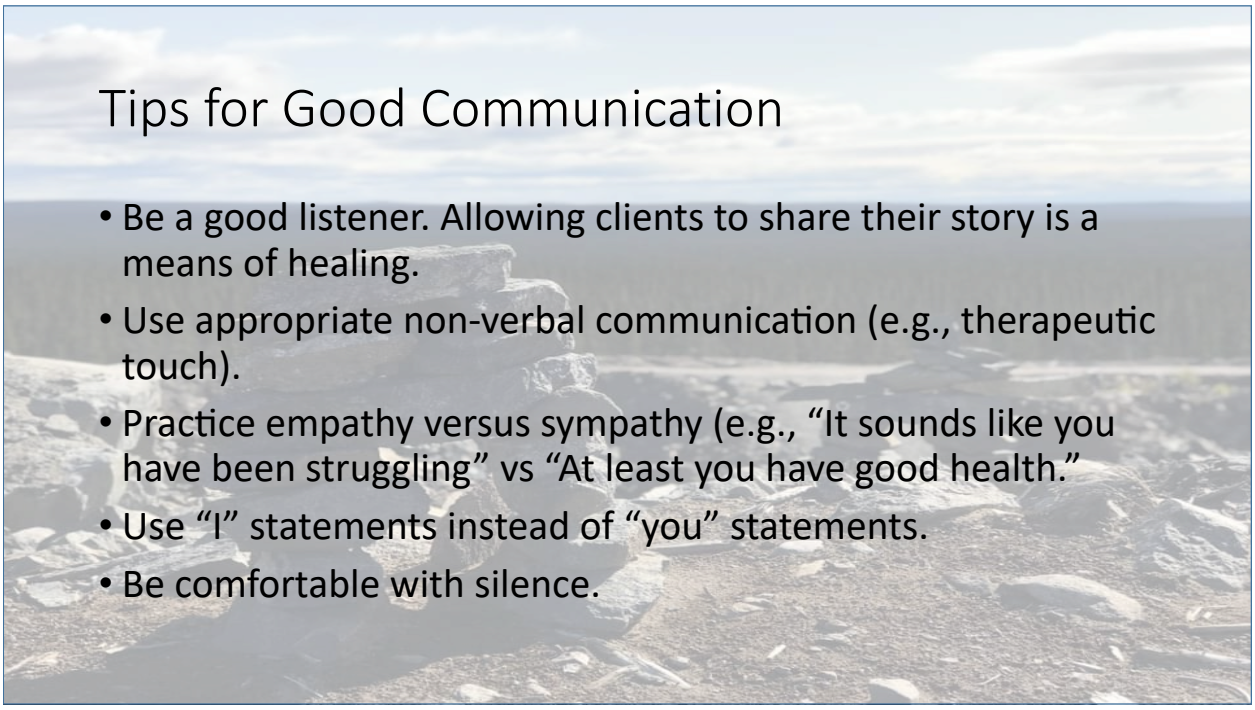
George: "Sometimes I think about it, but I would never do anything."

Angus: "I understand. Is there anything I can do for you that would be helpful?"

George: "No thank you. Just your company is what I need today so I don't feel so alone."

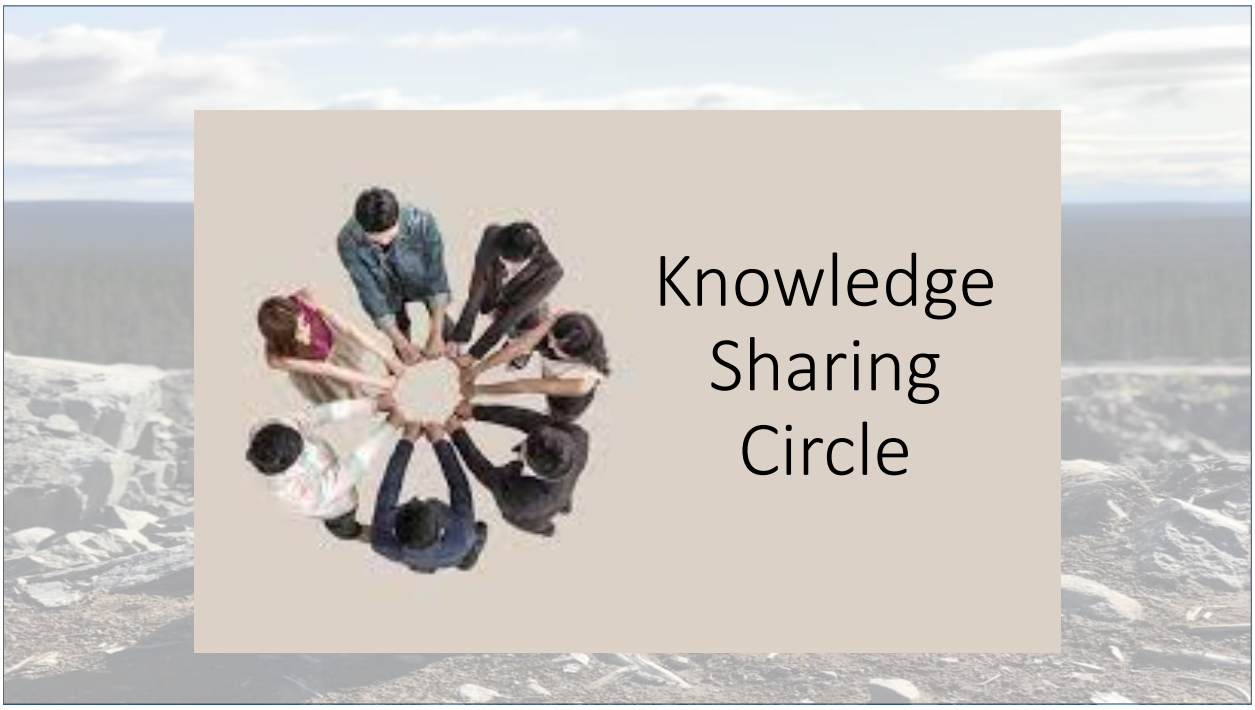
Angus: "No problem, George. I am here to listen. And before I go, how about we call your daughter together so you can share some of these thoughts and feelings with her."

George. "Ok, that would be alright."



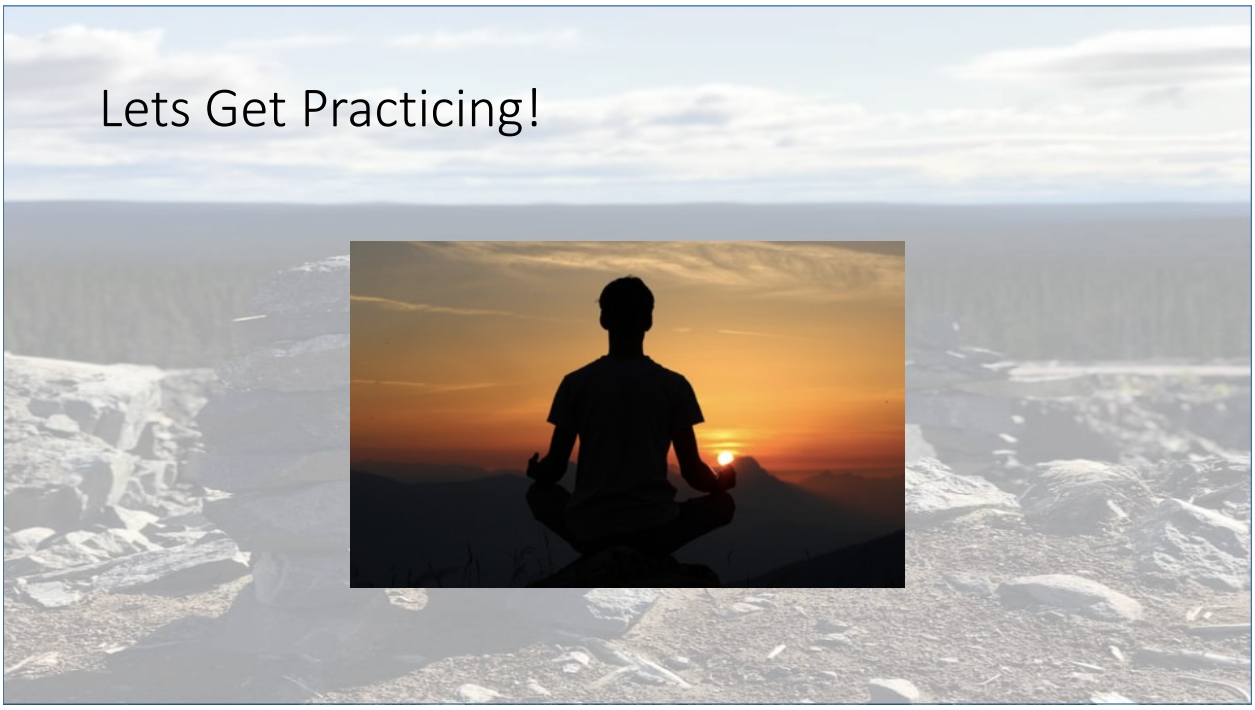
- Ask the participants if they have any additional suggestions.


LUNCH
BREAK



- Discuss the concepts of cultural safety and holism. Brainstorm how we can apply this to the care we provide to our clients.
- Cultural safety:
    - Respecting cultural differences
    - The First Nation's Wellness Continuum Framework emphasizes that culture must be the centre of mental wellness for Indigenous Canadian's.
    - Cultural safety must be considered through the delivery of health care.
    - Cultural safety has found to be lacking by Indigenous consumers of MH care.
    - Providers must be very self-aware of their own potential biases to ensure culturally safe care delivery.
    - The literature recommends that in conjunction with having cultural safety training, health care providers should have the opportunity to participate in a traditional event to provide a deeper understanding of specific local culture.

- Holism:
    - The First Nation's Wellness Continuum framework describes Indigenous mental wellness as holistic as it includes a balance of the mental, emotional, physical, and spiritual aspects of an individual.
    - It involves a connection to culture, elders, family, and creation.
    - The medical model that guides health care practice does not allow for this type of care.
    - A "one size fits all" approach is often used.



- Discuss and practice: Self-care, grounding and mindfulness techniques. See next pages for corresponding handouts**.**

Self care:

- The First Nation's Wellness Continuum emphasizes the importance of self-care and its contribution to maintaining "worker wellness."
- The research has demonstrated the importance of traditional means of self-care, which we will practice this afternoon. Adhering to traditional "ways of life"is a means of self care.

Self-Care Tips

Self-care means taking time to do things you enjoy. Usually, self-care involves everyday activities that you find relaxing, fun, or energizing. These activities could be as simple as reading a book, or as big as taking a vacation.

Self-care also means taking care of yourself. This means eating regular meals, getting enough sleep, caring for personal hygiene, and anything else that maintains good health.

Make self-care a priority. There will always be other things to do, but don't let these interrupt the time you set aside for self-care. Self-care should be given the same importance as other responsibilities.

Set specific self-care goals. It's difficult to follow through with vague goals, such as "I will take more time for self-care". Instead, try something specific, such as "I will walk for 30 minutes every evening after dinner".

Make self-care a habit. Just like eating one apple doesn't eliminate health problems, using self-care just once won't have much effect on reducing stress. Choose activities that you can do often, and that you will stick with.

Set boundaries to protect your self-care. You don't need a major obligation to say "no" to others—your self-care is reason enough. Remind yourself that your needs are as important as anyone else's.

A few minutes of self-care is better than no self-care. Set an alarm reminding you to take regular breaks, even if it's just a walk around the block, or an uninterrupted snack. Oftentimes, stepping away will energize you to work more efficiently when you return.

Unhealthy activities don't count as self-care. Substance use, over-eating, and other unhealthy behaviors might hide uncomfortable emotions temporarily, but they cause more problems in the long run.

Keep up with self-care, even when you're feeling good. Doing so will keep you in a healthy routine. Plus, self-care might be part of the reason *why* you're feeling good!

Grounding Techniques

After a trauma, it's normal to experience flashbacks, anxiety, and other uncomfortable symptoms. **Grounding techniques** help control these symptoms by turning attention away from thoughts, memories, or worries, and refocusing on the present moment.

5-4-3-2-1 Technique

Using the 5-4-3-2-1 technique, you will purposefully take in the details of your surroundings using each of your senses. Strive to notice small details that your mind would usually tune out, such as distant sounds, or the texture of an ordinary object.

What are 5 things you can see? Look for small details such as a pattern on the ceiling, the way light reflects off a surface, or an object you never noticed.

What are 4 things you can feel? Notice the sensation of clothing on your body, the sun on your skin, or the feeling of the chair you are sitting in. Pick up an object and examine its weight, texture, and other physical qualities.

What are 3 things you can hear? Pay special attention to the sounds your mind has tuned out, such as a ticking clock, distant traffic, or trees blowing in the wind.

What are 2 things you can smell? Try to notice smells in the air around you, like an air freshener or freshly mowed grass. You may also look around for something that has a scent, such as a flower or an unlit candle.

What is 1 thing you can taste? Carry gum, candy, or small snacks for this step. Pop one in your mouth and focus your attention closely on the flavors.

Categories

Choose at least three of the categories below and name as many items as you can in each one. Spend a few minutes on each category to come up with as many items as possible.

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Sports Teams	Colors	Cars	Fruits & Vegetables
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For a variation on this activity, try naming items in a category alphabetically. For example, for the fruits & vegetables category, say "apple, banana, carrot," and so on.

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Mindfulness: a state of nonjudgmental awareness of what's happening in the present moment, including the awareness of one's own thoughts, feelings, and senses.

Components of Mindfulness

Awareness. During a state of mindfulness, you will notice your thoughts, feelings, and physical sensations as they happen. The goal isn't to clear your mind or to stop thinking—it's to become aware of your thoughts and feelings, rather than getting lost in them.

Acceptance. The thoughts, feelings, and sensations that you notice should be observed in a nonjudgmental manner. For example, if you notice a feeling of nervousness, simply state to yourself: "I notice that I am feeling nervous". There's no need further judge or change the feeling.

Benefits of Mindfulness

Reduced symptoms of depression and anxiety	Improved memory, focus, and mental processing speed	Improved ability to adapt to stressful situations
Greater satisfaction within relationships	Reduced rumination (repetitively going over a thought or problem)	Improved ability to manage emotions

Mindfulness Practice

Note: Mindfulness is a state of mind, rather than a particular action or exercise. However, without practice, mindfulness is difficult to achieve. These techniques are designed to help you practice.

Mindfulness Meditation

Sit in a comfortable place, and begin paying attention to your breathing. Notice the physical sensation of air filling your lungs, and then slowly leaving. When your mind wanders—which it will—simply notice your thoughts, and turn your attention back to breathing.

Mindfulness Walk

While walking, make a point to practice mindfulness. Start by noticing how your body moves and feels with each step. Then, expand your awareness to your surroundings. What do you see? Hear? Smell? Feel? This technique can also be expanded to other daily activities.

Body Scan

Pay close attention to the physical sensations throughout your body. Start with your feet, and move up through your legs, groin, abdomen, chest, back, shoulders, arms, hands, neck, and face. Spend anywhere from 15 seconds to 1 minute on each body part.

Five Senses

Make a conscious effort to notice the present moment through each of your senses.

- **5** things you see
- **4** things you feel
- **3** things you hear
- **1** thing you taste
- **1** thing you smell

- Explain to the group that this is the last of the formal portion of the workshop.
- The remainder will take place outside for a nature walk and the opportunity to consume a traditional meal (partridge soup).
- Provide the group with the evaluation form seen below. Advise to complete at the end of the day and return tomorrow.

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Workshop Evaluation

Instructions: Please answer the following questions truthfully. Your answers will be kept confidential and used solely for the purposes of improving the effectiveness of this workshop.

1. How would you rate the usefulness of this content?

_____ very useful _____ somewhat useful _____ not very useful

2. How would you rate the effectiveness of the interactive activities?

_____ very effective _____ somewhat effective _____ not very effective

3. How would you rate the presenters' knowledge of the content?

_____ excellent _____ good _____ neutral _____ poor

4. Do you feel this workshop has improved your knowledge of Indigenous mental health?

_____ yes _____ somewhat _____ no _____ unsure

5. Do you feel this workshop will be beneficial client care provision?

_____ yes _____ somewhat _____ no _____ unsure

6. What was the most helpful thing you learned from this workshop?

_____
_____
_____

7. Can you identify any weaknesses in this workshop?

_____
_____
_____

8. Please share any additional comments if you wish.

_____
_____
_____

Thank you for your valuable time.

Appendix C (i): The Workshop: Participants Guide

IMPROVING INDIGENOUS MENTAL HEALTH CARE: AN INTERACTIVE WORKSHOP

Participants Guide

Prepared by: Hilary Fry BNRN

Workshop Agenda

8:30-8:45 am: Workshop objectives, housekeeping items, and introductions

8:45-9:00 am: Group questions

9:00-9:30 am: Sharing circle – discuss questions & SDOH

9:30-10:00 am: Guest speaker Sharon Edmunds

10:00-10:15 am: Coffee Break

10:15-10:45 am: Mental illness fact versus myth

10:45am-12:00 pm: Case study questions with short role-plays

12:00-1:00 pm: Lunch

1:00-1:30 pm: Sharing circle – discuss cultural safety & holism

1:30-2:00 pm: Learn & practice: self-care techniques, mindfulness and grounding techniques

2:00-3:00 pm: Nature walk

3:00-3:15 pm: Coffee Break

3:15-4:00 pm: Share a traditional meal

Indigenous Mental Health – Discussion Questions

1. What does mental health and wellness mean to you?

2. Indigenous people in Canada have both poorer physical and mental health outcomes than the general population. Why do you think that is?

3. Research has shown that the health care system is not appropriately meeting the mental health needs of the Canadian Indigenous population. Do you agree or disagree?

Mental Illnesses: FACT or MYTH

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Case Studies

Instructions: Please read the following case studies and answer the questions.

Case Study #1

Angela is a 31-year old Inuk woman who was recently admitted into the home support program. She had a fall, which led to the fracture of her right leg. As a result, she cannot weight-bare, and requires some assistance with personal care. During care provision, she discloses to you that she was intoxicated when her injury took place, and she does not remember what happened. She becomes tearful and explains that she has been struggling, and uses alcohol in excess on a daily basis as a means of coping.

1. Which of the following is the most appropriate response to Angela?

A. "Alcohol is bad for you."

B. "It sounds like you have been having a hard time."

C. "Perhaps you should get some help."

D. "I understand as I also have a problem with alcohol."

2. What are two ways in which the HSW can demonstrate support to Angela?

_____

_____

3. Angela asks where she might be able to seek help. What do you tell her?

_____

_____

4. Which of the following actions by the home support worker is incorrect in this situation?

A. The HSW calls the clients friend whose number is on the fridge

B. The HSW listens to the client's story and provides reassurance

C. The HSW documents the occurrence in the clients file

D. The HSW notifies her supervisor of the situation

5. True or false: substance abuse issues are frequently observed in Indigenous communities.

Case Study #2

You attend a scheduled visit with one of your regular clients, Alfred, a 75-year old Inuit elder who is recently relocated from his home community for medical reasons. Alfred usually requires some assistance with meal preparation and home management. He is usually up bright and early at his kitchen table awaiting your visit. You arrive to find him sitting on his couch alone, quietly staring out the window. He doesn't look himself. You ask him how he is doing today, and he responds with "Not good. I feel like giving up today."

1. Which would be the most appropriate response to Alfred?

A. "Tell me more about how your feeling."

B. "Don't be so foolish, you have to stay positive."

C. Ignore him and ask what he would like for breakfast.

D. "We all have bad days, Alfred."

2. Which of the following group of symptoms would most likely indicate that Alfred is suffering from depression?

A. "Poor personal hygiene, lack of concentration, decreased appetite."

B. "Slurred speech, new and unexplained injuries."

C. "A racing heart, upset stomach, nail biting."

D. "Excessive laughing, erratic and repetitive behaviour."

3. You are concerned that Alfred may be at risk of harming himself. What steps should you take to ensure his safety?

_____

_____

_____

_____

4. What are two strategies that can be implemented in the home support program to help Alfred?

_____

_____

5. True or false: depression is just all in a persons' head.

Role Play Activities

Instructions: Seek a volunteer from the group to participate in the following role play activities. Give the group an opportunity to determine which responses were both helpful or unhelpful. For unhelpful responses, ask for an alternative response.

Role Play #1

Setting: Darlene is a home support worker who is visiting with an elderly client, Sophie, who has a history of trauma and a diagnosis generalized anxiety disorder. Upon arrival for her scheduled visit, Darlene notices that Sophie appears agitated.

Darlene: "Hi Sophie. How are you today?"

Sophie (while pacing the floor): "Good."

Darlene (speaking firmly): "Well you don't look good. What's going on with you?"

Sophie (still pacing the floor): "I have a doctor's appointment this afternoon that I am worried about. They don't understand me or what I've been through."

Darlene: "Sit down and let's talk about it."

Sophie (sits down and becomes tearful): "At my last appointment I tried to explain how I was feeling and they made me feel silly. I wasn't taken seriously."

Darlene: "First of all, enough with the crocodile tears. I can't understand what you are saying while you are crying. There is no need of you feeling this way."

Sophie (now sobbing): "See, no one understands me or what I am struggling with."

Darlene (with frustration): "I am trying to understand you if you would give me a chance!"

Sophie: "I just feel so worried all the time. Like something terrible is going to happen. I can't eat, I can't sleep."

Darlene: "I have been there but I have learned it is no good for anybody to be worrying about things they cannot control. It's a waste of time and energy."

Sophie (now shouting): "I think it's time for you to go!"

Darlene (while leaving abruptly): "Fine. I will leave then."

Role Play #2

Setting: Angus, a home support worker, is visiting with a long-term client, George, who has recently been diagnosed with depression after the loss of his wife. Angus knocks but there was no response at the door. He then quietly enters the clients' home to find him sitting on the couch. He appears to have been crying.

Angus: "Good morning, George. How are you feeling today?"

George: "I feel terrible."

Angus (while sitting on the chair next to George. "Oh, no. I am sorry to hear that."

George (mumbling inaudibly under his breath): …….

Angus: "Would you like to talk more with me about how your feeling?"

George: "I just miss her so much."

Angus: "Do you mean your wife? It sounds like you are having a very difficult time with her passing."

George: "I am. Life just feels like it isn't worth living anymore."

Angus: "I cannot imagine how difficult it must be losing your life partner. It is ok to not be ok sometimes."

George: "Thank you, Angus."

Angus: "Are you thinking about hurting yourself or suicide, George?"

George: "Sometimes I think about it, but I would never do anything."

Angus: "I understand. Is there anything I can do for you that would be helpful?"

George: "No thank you. Just your company is what I need today so I don't feel so alone."

Angus: "No problem, George. I am here to listen. And before I go, how about we call your daughter together so you can share some of these thoughts and feelings with her."

George. "Ok, that would be alright."

Self-Care Tips

Self-care means taking time to do things you enjoy. Usually, self-care involves everyday activities that you find relaxing, fun, or energizing. These activities could be as simple as reading a book, or as big as taking a vacation.

Self-care also means taking care of yourself. This means eating regular meals, getting enough sleep, caring for personal hygiene, and anything else that maintains good health.

Make self-care a priority. There will always be other things to do, but don't let these interrupt the time you set aside for self-care. Self-care should be given the same importance as other responsibilities.

Set specific self-care goals. It's difficult to follow through with vague goals, such as "I will take more time for self-care". Instead, try something specific, such as "I will walk for 30 minutes every evening after dinner".

Make self-care a habit. Just like eating one apple doesn't eliminate health problems, using self-care just once won't have much effect on reducing stress. Choose activities that you can do often, and that you will stick with.

Set boundaries to protect your self-care. You don't need a major obligation to say "no" to others—your self-care is reason enough. Remind yourself that your needs are as important as anyone else's.

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Unhealthy activities don't count as self-care. Substance use, over-eating, and other unhealthy behaviors might hide uncomfortable emotions temporarily, but they cause more problems in the long run.

Keep up with self-care, even when you're feeling good. Doing so will keep you in a healthy routine. Plus, self-care might be part of the reason *why* you're feeling good!

Grounding Techniques

After a trauma, it's normal to experience flashbacks, anxiety, and other uncomfortable symptoms. **Grounding techniques** help control these symptoms by turning attention away from thoughts, memories, or worries, and refocusing on the present moment.

5-4-3-2-1 Technique

Using the 5-4-3-2-1 technique, you will purposefully take in the details of your surroundings using each of your senses. Strive to notice small details that your mind would usually tune out, such as distant sounds, or the texture of an ordinary object.

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Categories

Choose at least three of the categories below and name as many items as you can in each one. Spend a few minutes on each category to come up with as many items as possible.

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What is Mindfulness?

Mindfulness: a state of nonjudgmental awareness of what's happening in the present moment, including the awareness of one's own thoughts, feelings, and senses.

Components of Mindfulness

Awareness. During a state of mindfulness, you will notice your thoughts, feelings, and physical sensations as they happen. The goal isn't to clear your mind or to stop thinking—it's to become aware of your thoughts and feelings, rather than getting lost in them.

Acceptance. The thoughts, feelings, and sensations that you notice should be observed in a nonjudgmental manner. For example, if you notice a feeling of nervousness, simply state to yourself: "I notice that I am feeling nervous". There's no need further judge or change the feeling.

Benefits of Mindfulness

Reduced symptoms of depression and anxiety	Improved memory, focus, and mental processing speed	Improved ability to adapt to stressful situations
Greater satisfaction within relationships	Reduced rumination (repetitively going over a thought or problem)	Improved ability to manage emotions

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5. Do you feel this workshop will be beneficial for client care provision?

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6. What was the most helpful thing you learned from this workshop?

_____
_____
_____

7. Can you identify any weaknesses in this workshop?

_____
_____
_____

8. Please share any additional comments if you wish.

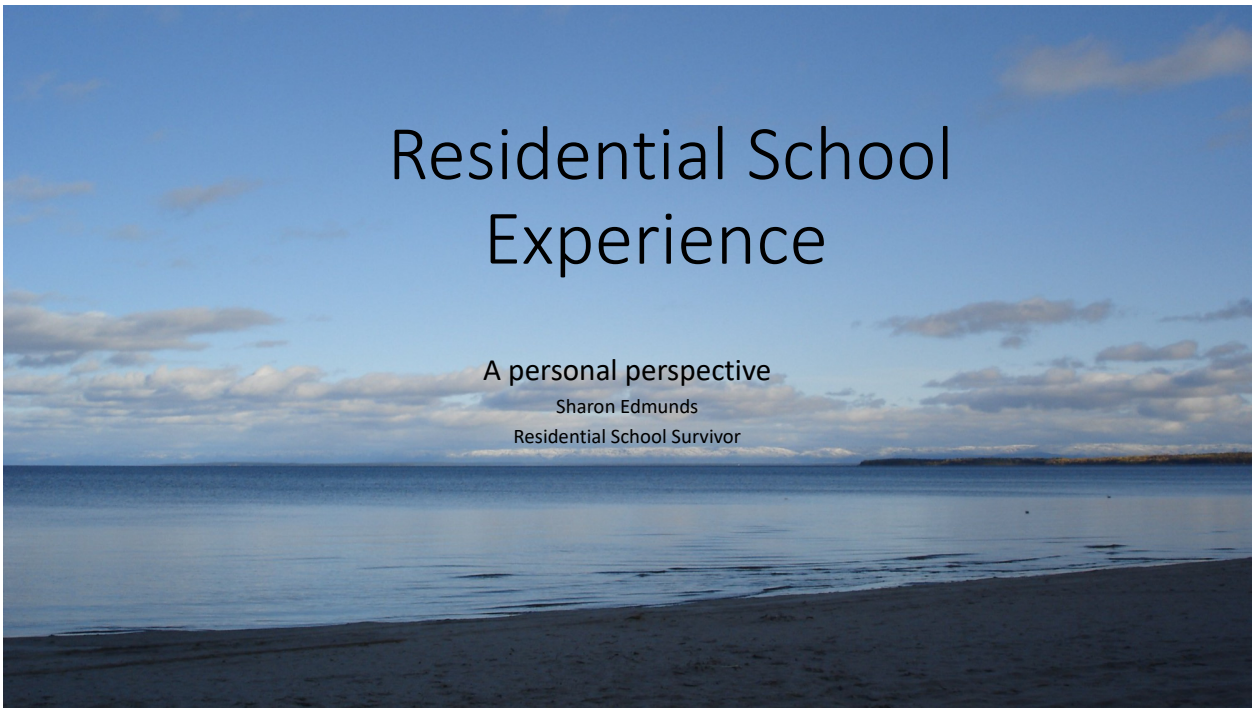
_____

_____

_____

Thank you for your valuable time.

Appendix C (ii): The Workshop: Guest Speaker Presentation



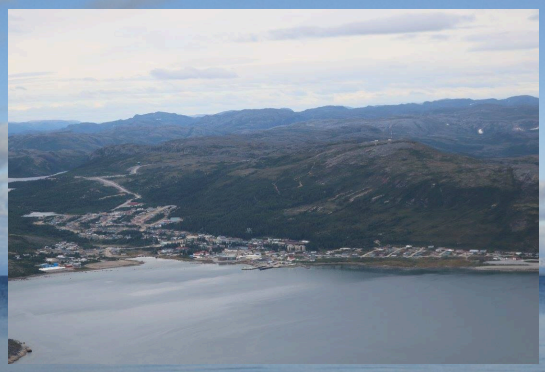
Residential School, Boarding School, The Dorm

- This topic: Nov 2017 PM apology Labrador Residential School Survivors
- 2008 PM Harper apology mistreatment aboriginal children suffered attending Indian Residential School.
- Survivors in NL intentional deliberate left out.
- Definition: of Residential School
- Three generations Grandmother, 105, Father (50), Mother (75), Self, Sister, Aunt's, Uncles, Cousins

Many Home Environments

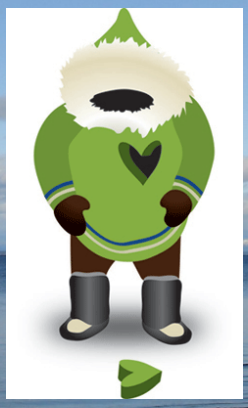
- 1 or both parents, survivors
- own issues related to abuse and mistreatment
- Addiction – tobacco, alcohol, family violence
- End result; years of anger and mistrust esp. with persons of authority
- Authority = Power
- Dorm, boarding school, away from home, safer?
- Institutionalized breeding ground power Church and the Grenfell Mission had over Inuit

Power and Abuse



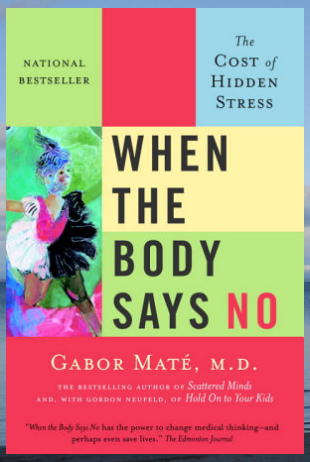
- Learned behaviour and vicious cycle continued
- Bury pain and shame with addiction- tobacco, alcohol, drugs
- Children suffer amid the violence and addiction
- Results meant parents were emotionally numb and absent
- Busy coping with their own painful experience

The Cost of Burying Pain



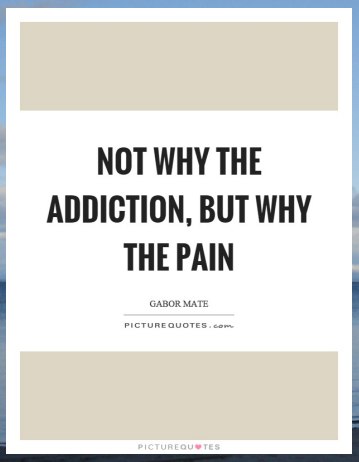
- Many embraced the Church
- Many suffered at the hands of the and paid the ultimate price
- Alcohol drugs, tobacco addiction
- Numbing
- Holding it in
- High rates of suicide
- Numbers of loss of life too great
- Communities in crises, suffer inherited grief - grief and trauma
- PTSD and other mental illnesses

Body in Pain



- Dr. Gabor Mate, Vancouver- study and treatment of addiction and mind body connection
- As humans can only bury pain and stress in our bodies so long but it Reaches point where can't hold any longer
- Therefore manifests itself as chronic disease in the body i.e. COPD, lung cancer and others, arthritis, diabetes etc.
- Indigenous comm. Dealing with crippling alcohol, drug and tobacco abuse
- People turn to things like alcohol, tobacco and drugs because these are the ways many of us cope with the burden of grief we carry. It is grief we also inherit or inherited grief passed on from one generation to the next

Intergenerational Grief and Trauma



- Like so many, it is childhood trauma that left us broken
- Abandoned by our parents and their parents before them, many continue to suffer today
- Parents were there, but weren't there. Present in body
- Intergenerational grief and trauma passed on
- Added to the layers of modern community living
- Continuing to bury pain and shame results in repressed immune systems resulting in soaring rates of illness and disease

What does it take to heal?

- Mate – Emotional competence
- "Emotional competence is the capacity that enables us to stand in a responsible, non-victimized and non self-harming relationship with our environment"
- For that we need forgiveness – the power we have to release ourselves of whatever it is that we have held on to for so long. For many, we need self forgiveness
- For many who were forced from their homes, their land, their culture, their language, their identity and sent off to school, or whatever the circumstance; we need to say IT WAS NOT YOUR FAULT

Apology

- 2008 Labrador Inuit were intentionally and deliberately excluded from the Apology from the Government of Canada for the years of mistreatment experienced by aboriginal people during the Residential School era
- In 1998 Mulroney Government apologized to Japanese Canadians for their internment during WW2
- TRC Sinclair recommendation to apologize to Labrador Inuit

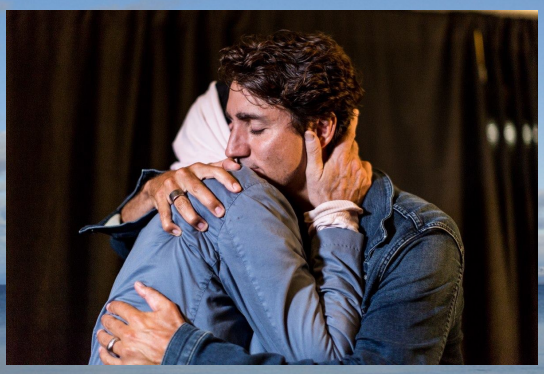
Apology

- After 10 years the Government of Canada offered up compensation to residents from NL who attended residential school apology
- 50 million dollars of which 1/3 or 16.6 million is payed as cash compensation to approx. 900 people who attended as of 1949
- Finally in August we learned PM Trudeau will offer an apology to us
- The Apology was delivered in Goose Bay on November 24th, 2017
- 2022 Statutory Holiday – National Day of Truth and Reconciliation

The significance of apology

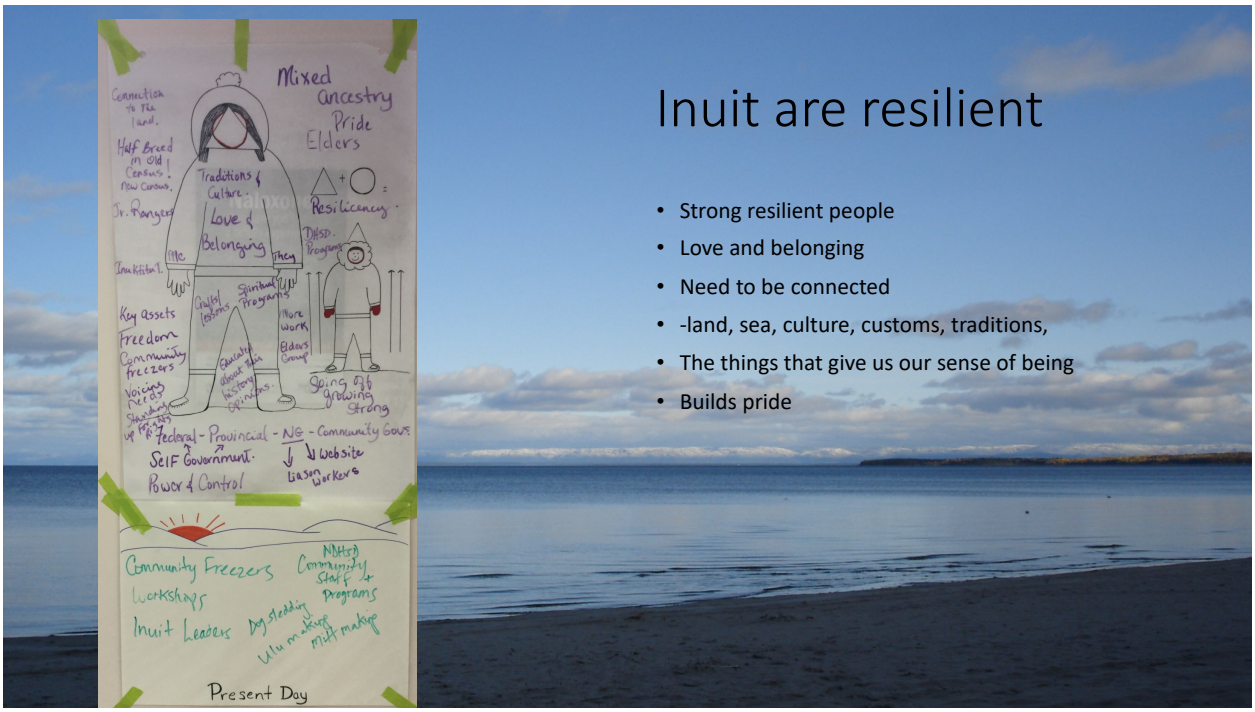
- it is empowering;
- Without it people hold on to anger and resentment and literally damage their own health and well being
- When genuine and sincere it “is received as the gift that it is and reciprocated by the gift of forgiveness, it is noting short of a miracle.”
- Apology is crucial to our mental and physical health and well being

What Reconciliation means to me



- Need to share with you our experiences
- Need to be heard
- Need to be respected
- Meaningful and non-judgmental
- You need to go forward and share this history as well
- Being heard, listened to is a respectful manner

~ Prime Minister Trudeau embraces Gord Downey of 'The Tragically Hip'


Mixed Ancestry
Pride
Elders
Traditions & Culture
Love & Belonging
Resiliency
Me
They
Key Assets
Freedom
Community freezers
Voicing
Federal - Provincial - NG - Community Govs
Self Government
Power & Control
Website
Liaison Workers
Community Freezers
Workshops
Inuit Leaders
Present Day
Inuit are resilient
Strong resilient people
Love and belonging
Need to be connected
-land, sea, culture, customs, traditions,
The things that give us our sense of being
Builds pride


Nakummek!
Thank you!
NUNATSIAVUT