

CASE 6

“I know there is hope, even in a world of loss”: A Local Community-Based Intervention to Address Mental Health Challenges Among First Nations Men and Boys

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Moving back and forth between multiple treatment centres across Ontario and his home community, River Rock First Nation (RRFN)¹, Kieran has lost invaluable time that could have been spent with his four-year-old daughter, Sara. When Kieran is home, not away at a treatment centre, he works full-time as a carpenter during the spring and summer months. He has been steadily working his way up the company ladder since he started carpentry in high school and was well on his way to becoming a crew leader until he started misusing pain medication that was prescribed to cope with an injury he sustained at work. Once his injury had healed, Kieran tried to quit using the prescription medication; however, he found the withdrawal symptoms too overpowering. When his prescription eventually ran out, he had to buy his drugs on the street to ward off unbearable withdrawal symptoms. Kieran’s addiction to pain medication was further compounded by other self-destructive behaviours, such as marijuana and alcohol use, which he used to deal with his deep-seated trauma from ongoing family disputes and his recent separation from his wife. When he visited the doctor seeking help for his addiction, Kieran was also diagnosed with anxiety and depression. Despite his efforts to get help, the health care providers told him to “tough it out”. Kieran’s self-medication with pain pills, marijuana, and alcohol sent him into an uncontrollable downward spiral. Fearing he might lose his job and precious time with his daughter if he did not regain control of his life, Kieran’s anxiety worsened as his addiction became all consuming.

The people who Kieran went to for help outside his community tried to give him advice; however, they had no understanding of his background or culture. He remembered the Elders from his community telling him that to assess a person’s health and well-being, the physical, mental, emotional, and spiritual aspects of health must be understood. However, when Kieran tried to explain these needs outside his community, there was no one to talk to who would listen to him or try to understand where he was coming from. Most treatment centres did not address the underlying issues he faced. Kieran knew that he wasn’t the only one facing these issues. He had seen other people from his community, especially young men, go down this path. Dreading he might miss yet another one of Sara’s birthdays, Kieran began to wonder why there were no mental health services for boys and men in his own community that were rooted in his own culture. Something had to be done. But what could be done and who could help make this happen?

¹The name of the community is fictional.

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BACKGROUND

Mental health is a major public health concern in Canada. Approximately one in five Canadians will be directly affected by a mental illness over their lifetime, while the remaining four in five will have a family member, friend, or co-worker who has personally experienced mental illness (CMHA, 2016). According to the Centre for Addiction and Mental Health (CAMH), “mental illness is a leading cause of disability in Canada” (CAMH, 2012). Mental health concerns affect a person’s ability to perform daily activities, resulting in employment instability, disrupted sleep patterns, and impaired cognitive functioning (CAMH, 2012). Results from the 2012 Canadian Community Health Survey – Mental Health (CCHS – MH) indicated that 7.8% of all Canadians surveyed rated their mental health as fair or poor (Statistics Canada, 2013). Negatively perceived mental health is linked to poor health outcomes and comorbidities, such as depression, suicide, stroke, and diabetes (Olfiffe & Phillips, 2008). Most troubling is the link between mental illness and suicide. Suicide is a leading cause of death, especially among young people across all ethnicities (CMHA, 2016). Given that every Canadian is either directly or indirectly affected by mental illness and poor mental health is one of the leading causes of death in youth, improving mental health services is a major priority that could have an important positive impact on the entire country.

Although mental health and mental illness are defined, expressed, and experienced in different ways by different subpopulations, Indigenous populations² have been disproportionately affected by mental health challenges. It is well recognized that these challenges largely stem from the effects of colonization, everyday racism, and structural violence (Allan & Smylie, 2015). Survey data collected from two First Nations communities in Southwestern Ontario revealed that, of the men surveyed, 80% were treated unfairly at restaurants, 86% were treated unfairly by police or other law enforcement personnel, 65% were treated unfairly by doctors or other health care providers, and 65% were treated unfairly in the workplace (George, 2013-2016). These everyday encounters are major mental health stressors for Indigenous People. With an improved understanding of these issues, it may be possible to start breaking down barriers to optimal health for Indigenous Peoples and those involved in the struggle for equity.

Statistics and other information from large surveys, such as the CCHS – MH, are useful when trying to understand major patterns in health problems across the country. For example, one study found that death due to suicide is five to six times more likely among First Nations youth than among non-First Nations youth (Health Canada, 2013). However, these statistics identify general patterns and do not highlight the uniqueness of each community’s situation. While overall rates of suicide may be disproportionately high for Indigenous populations, Hallett, Chandler, & Lalonde (2007) found that First Nations communities in British Columbia have reduced their rate of suicide to below the national average by focusing on cultural continuity, such as language retention. Thus, on the surface it would appear that suicide and suicide prevention should be a focus in every Indigenous community. However, this broad generalization pathologizes communities and does not consider the uniqueness of each community.

Gender differences with regards to mental health must also be considered. For example, Olfiffe & Phillips (2008) have asserted that men’s and women’s expression of depression is different. To further complicate matters, the current diagnostic criteria to detect depression are based on

² *When possible, it is imperative to use the specific name of the group or community that researchers are working with. When one specific community cannot be identified, the term “Indigenous” will be used throughout this case to encompass all First Nations, Inuit, and Métis peoples. Although the all-encompassing term “Indigenous” will be used, it should be reinforced that every individual, family, and community has their unique cultural experiences, strengths, and challenges.*

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women’s rather than men’s symptoms of depression, resulting in underreporting and misdiagnosis in male patients. They further explain that the social construction of the ideal male persona is a major barrier to seeking and accessing the mental health services that boys and men may need (Oliffe & Phillips, 2008). Many organizations, both nationally and internationally, have specialized programs addressing women’s health. This may be due to consistent evidence that women have higher rates of mood disorders than men, while men have higher rates of substance use disorders than women (Pearson, Janz, & Ali, 2013). These findings suggest that a female focus on mental health and a male focus on substance use may be justifiable. However, mental health and substance use challenges often go hand-in-hand. For example, close to one in five people within the mental health system have a concurrent substance use disorder (Rush & Koegl, 2008). Overall, from an equity standpoint, it is important for males to have improved access to mental health services.

It is also important to note that the use of opioids is a major public health concern not only globally, but in Canada as well. In 2012, it was estimated that nearly 200,000 Canadians were addicted to opioid based painkillers (Webster, 2012), with Canadians ranked among the highest opioid consumers in the world (United Nations Office on Drugs and Crime, 2014). Canada’s dependence on opioid based painkillers can be attributed to the over prescription of these addictive medications (Webster, 2012). Clearly, professionals in the health care field, pharmaceutical companies, and the general public need to work together to tackle this ever growing concern.

MEET YOU AT THE USUAL SPOT – HOW THE IDEA GERMINATED

While watching the water crash on the rocks at the bottom of River Rock falls, Kieran and his childhood friend, Jake, got to talking. The two often met by the water to de-stress and clear their minds. After a long moment of silence, Kieran confided in Jake, “You know what? I wish we had a place to go for help that is right here in River Rock and follows the teachings of our Elders.”

Confused by what he meant, Jake replied, “What are you talking about, man?”

Kieran replied, “Our brothers, sons, and fathers – we have suffered a lot and some of us need help, but we need help that understands our people. We need a place to go where our well-being follows the medicine wheel, including physical, mental, emotional, and spiritual well-being, following the history of our peoples.”

At first, Jake silently nodded his head in agreement and eventually spoke, “Have you heard that Jade is back in town?”

“No. What is she up to? I thought she got her PhD or something,” replied Kieran.

“She’s the new person at the community health centre. Jade did her PhD on mental health. Guess the city wasn’t for her and she came back.”

The friends united in deep belly laughter.

The next day Kieran and Jake went to the health centre to meet with Jade and tell her about their riverside conversation. Jade agreed that a mental health program designed specifically for men and boys was greatly needed. The trio decided to become a mental health taskforce team, but they knew they needed outside supports. After contemplating the different avenues this new project could take, Jade decided that the Centre for Addiction and Mental Health (CAMH) would be a great organization to partner with. She had heard about a research project at CAMH that

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had identified men’s mental health as an important issue. Working together would be of mutual benefit for both the community of RRFN and CAMH.

CENTRE FOR ADDICTION AND MENTAL HEALTH (CAMH)

CAMH is a large teaching hospital and a leading research centre in addiction and mental health that collaborates with other research centres worldwide (CAMH, 2016). Recent CAMH initiatives include research on cannabis, alcohol, and prescription opioids, as well as mobile applications designed to improve access to mental health resources. CAMH is also strengthening its partnerships with First Nations, Inuit, and Métis peoples to provide culturally appropriate clinical support. CAMH recently opened a sweat lodge on traditional ceremony grounds at the CAMH Toronto location. CAMH also supports research and knowledge exchange to improve Indigenous mental health. More specifically, the research project that Jade had heard about aimed to improve the understanding, prevention, and treatment of co-occurring mental health, substance abuse/addiction, and violence challenges in diverse communities across Ontario. Among the communities involved in this project were two First Nations. In this research, Jade found out that “more than 20% of male study participants in [one community] reported that they needed help for their emotions or mental health but did not receive it” (George, 2013-2016, p. 5).

Drawing on what she had learned throughout her schooling and the research done by CAMH, Jade knew that the best way to ensure that this project would be successful was to involve the community every step of the way. They needed to start a mental health program for boys and men, uniquely led by men in the community, backed by research and the lived experiences of the participants, their families, and community members. Kieran, Jake, and Jade decided to organize a community barbeque on the following Friday to engage with community members and to hear what they had to say about the idea of a mental health program for boys and men.

While waiting for the event, Jade decided to review scientific papers and unpublished reports to find any available information on Indigenous mental health programs. To her dismay, she found very little information about Indigenous-specific mental health programs and even fewer on male-specific programs. After discussing her scan of the literature with Kieran and Jake, the trio decided that they should look at local research data to identify community needs and strengths, as well as opportunities for improvements. This information would be used to make their program meaningful and appropriate to the community, and therefore the best it could possibly be.

RIVER ROCK FIRST NATION (RRFN)

In order to provide the best programs for the community, it is imperative to understand the needs of the specific community at hand. Located on the southern shore of the St. Lawrence River, RRFN has approximately 1,000 people living on reserve. RRFN houses a health centre that provides services to all of the surrounding communities. At the centre, clients can access primary care doctors, nurses, dentists, mental health and addictions services, educational programs for all ages, and medical transportation for hospital visits. Along with the health centre, there is a grocery store, gas station, a few small family businesses, and an elementary school on the reserve.

Through determination, perseverance, and the support of community members, Kieran was able to complete his high school diploma and continue his job with the construction company. Jade was also given a great deal of support and completed her PhD. However, Jake only got to grade 10 before quitting high school. While there has been a narrowing in the gap, educational attainment of working age (i.e. ages 25 to 64) Indigenous Peoples remains lower compared with

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non-Indigenous people, with many Indigenous Peoples still not receiving a high-school diploma (Gordon & White, 2014). This lower incidence of high school completion can be partially attributed to the fact that many people have to commute long distances to receive secondary schooling. For the people of River Rock, the closest high school is a 45-minute drive outside of the community. Communities of a similar size with a high school on the reserve tend to fare better in educational attainment (Aboriginal Affairs and Northern Development Canada, 2014). With lower levels of education, it can be more challenging to attain steady employment, which could lead to higher rates of food insecurity and absolute poverty.

Although Kieran, Jake, and Jade knew a great deal about their community, they didn't know about the specific needs of boys and men or the strengths they draw on to heal that could be used to develop a mental health program. The trio decided that research was needed to better understand the experiences of boys and men in RRFN, how they face mental health issues, where they go for help, whether their experiences are positive or negative, and to learn how positive change can be made in the community.

While they knew that research was needed, they were worried that research alone might not provide the answers they were looking for. Through their community barbeque they learned that people in other communities were unhappy with how research was conducted in their communities and how it was used. The people they spoke with felt like the researchers were only in the community for a self-serving purpose that did not benefit those who participated. Considering this, the trio decided to find out more about how to do research in a community like theirs to ensure a mutually beneficial relationship between researchers and the community.

GUIDING ETHICAL RESEARCH PRINCIPLES

Historically, research has been done on or to Indigenous Peoples and the resulting data was taken away from the community, sometimes never to be returned, with little to no benefit to the individuals or communities that participated in the project (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, 2014). The research participants were treated as passive observers as opposed to active participants in research. The knowledge of the Indigenous Peoples was devalued and largely ignored. Without consulting the individuals, groups, or communities involved in the research, there was little consideration of their unique worldviews. This misrepresentation has led to Indigenous mistrust in, and unwillingness to work with, researchers.

This negative research legacy has led to the development of multiple ethical guideline documents for working with Indigenous Peoples in Canada. Four of the main overarching documents include: 1) The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Second Edition (First Nations, Metis, and Inuit focused); 2) Ownership, Control, Access, and Possession (OCAP) Principles (First Nations focused); 3) Principles of Ethical Métis Research (Métis focused); and, 4) Inuit Perspectives on Research Ethics (Inuit focused). It is important to also consider any guidelines that an individual community may have, such as Manitoulin Island's Guidelines for Ethical Aboriginal Research.

The Tri-Council Policy Statement has the three main principles of respect for persons, concern for welfare, and justice (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, 2014). The OCAP Principles assert that information is owned collectively by the participants and researchers. Indigenous Peoples control all aspects of research and information management that pertains to them. They must have access to the data and it is the

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community that possesses the rights to the data (First Nations Centre, 2007). The Principles of Ethical Métis Research has six principles including reciprocity, respect, safe inclusive environments, diversity, relevance, and Métis worldview (National Aboriginal Health Organization, 2010). Inuit Perspectives on Research Ethics focus on a population specific approach, relationship building, cultural competency training, privacy, and consent (Nickels & Knotsch, 2011). Any community specific documents, such as the *Guidelines for Ethical Aboriginal Research in the Manitoulin Area*, must be considered on top of the Tri-Council Policy Statement and OCAP principles. The criteria for this document are similar to the above overarching documents; however, its main focus is respect (Noojmowin Teg Health Centre, 2003).

DECIDING ON THE RIGHT APPROACH

As there are currently no specific guiding documents for research with RRFN, the Tri-Council Policy Statement guidelines and the OCAP Principles must be followed to properly conduct research with this community. Kieran, Jake, and Jade were now faced with deciding what type of research would best address these ethical principles. Jade had heard about Participatory Action Research (PAR) but the trio felt they needed to know more about how to conduct this type of research properly. They contacted a CAMH researcher who had previously used PAR in a different First Nation community with great success.

Participatory Action Research (PAR)

PAR is a research methodology that sees participants as active and intelligent individuals of a community, or a subset of a community, who are working collaboratively with relevant stakeholders in every aspect of the research project to tackle challenges that are identified as important in the local context. This approach was introduced in the 1940s by Kurt Lewin as a way to promote social justice and change in marginalized populations (Castleden, Garvin, & HUU-ay-aht First Nation, 2008). PAR is appropriate in Indigenous communities as it starts to break down divisions of power, sees participants and researchers as equals, and allows open communication for ethical research practices, such as the OCAP Principles. PAR has been found to create a sense of ownership, build capacity and trust, and acknowledge the incorporation of Indigenous worldviews (Castleden et al., 2008). Ultimately, these qualities create community buy-in, which may foster a continuation of the research project after the main researchers or funding are gone. There are many different approaches to PAR, including photovoice, body mapping, music therapy, art therapy, and peer led support groups.

Photovoice

Photovoice is a PAR approach in which participants take photographs that elicit emotions backed by a narrative to accompany the photograph. In some projects, the researchers and participants come up with a particular theme, such as environmental problems or mental health challenges. The participants and researchers then engage in a meaningful and action-oriented discussion about the photographic images. These discussions can then be used to influence policy makers and key stakeholders (Castleden et al., 2008). This approach appears to be appropriate for Indigenous communities as it gives people the platform to talk openly about a difficult topic in a constructive environment and it is in line with the Indigenous value of storytelling (See Exhibits 1 & 2 for examples from the Photovoice project).

HOW IT ALL CAME TOGETHER

After careful consideration, Kieran, Jake, and Jade decided that the best approach to conducting research in their community was to use Participatory Action Research through Photovoice. The next challenge was to secure funding for their project. The trio searched for potential grant opportunities to support their community-led intervention to develop a boys' and

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men’s mental health program that incorporates physical, mental, emotional, and spiritual aspects of health. After months of applying to different grant programs, they finally received funds from a worldwide investor in men’s mental health for a three-year period to develop a boys’ and men’s mental health program. The objectives of the program were to: 1) raise awareness and knowledge of First Nations boys’ and men’s mental health; 2) reduce stigma; and, 3) support prevention, early recognition, and recovery (George, 2013-2016). The team planned to achieve these objectives using a consumer-driven and holistic approach that builds on existing community strengths.

As part of the project, the team decided to develop user-friendly knowledge translation toolkits that are evidence-based, culturally-safe, and gender-specific to address boys’ and men’s mental health and can be adapted and used by other Indigenous communities across Canada. As part of their knowledge translation strategy, they planned to develop a widely accessible website with a discussion board and interactive videos.

First, however, the trio needed to recruit a group of men who would participate in the Photovoice project. Following PAR principles, they decided to have a few information sessions where they could consult with the community on the most appropriate method to recruit participants and inform the community about the project. At the sessions, Jade prepared a short presentation that informed the viewers about PAR and Photovoice, followed by a question and answer period. By the end of the information sessions, they had secured the participation of six willing boys and men of varying ages, who all faced unique mental health and substance use challenges. During their first meeting as a group, they decided to take photos that explored the underlying causes of these challenges for each participant.

After a period of six months, the men and boys had taken upwards of 100 photographs each. When Jade asked her contact at CAMH if this was an average amount, her contact informed Jade that many of the women’s groups she had led only produced approximately a quarter of that number. Thrilled by the results, Jade began to conduct follow up interviews where the participants talked about their photos and what they meant to them. Throughout the process, the health centre offered debriefing, counselling, and education for the participants and their families.

After the overwhelming success of the Photovoice project and realizing that they were becoming positive role models in the community with the potential to influence change, the participants decided they needed to offer further supports for the boys and men in their community. Witnessing young boys struggling with the justice system, the boys’ and men’s group decided to create a comprehensive mentorship program for male youth. As part of the mentoring program, the boys’ and men’s group organized an art program, workshops on traditional practices facilitated by respected community Elders, and a recovery drum circle. These programs were made available to boys and men throughout the year to ensure ongoing supports.

KIERAN’S CONTINUED MENTAL HEALTH JOURNEY

Prior to his riverside conversation with Jake, Kieran was facing multiple mental health challenges. He was misusing pain medication that was originally prescribed to him, partying with marijuana and alcohol, and had been diagnosed with anxiety and depression. After confiding in Jake and creating the mental health taskforce team with Jade, Kieran started to develop a stronger social support network. Hearing the inspirational stories from the other men and boys in the group, Kieran’s thought patterns became more positive and open-minded. As a result, his depression lessened, although his anxiety remained the same. The health team started him on a low dose of suboxone to help curb his pain medication addiction. Although life is currently

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looking better for Kieran, he must continue his self-care journey, and remember his support system when he starts to feel like starting up old habits.

WHAT NEXT?

As the end of the three-year funding window creeps closer and closer, the community must come up with a way to sustain their largely successful program for boys and men. What is the best way to sustain the program in their community? What could be some barriers to continuing the programming? What other community initiatives might be needed in River Rock and other First Nations? What is the next move for the boys' and men's group? What about Kieran, Jake, and Jade?

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EXHIBIT 1



“I have been telling my family since I was little that I want to be a Warrior and to learn about and practice cultural ways. They get angry when I talk about it and tell me that Christianity is the only way to live. I believe that everyone should be free to choose their spiritual path, but I am afraid I will lose connection with my family if I choose traditional ways”.

– Photovoice Participant, 2016

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EXHIBIT 2



“This reminds me of my healing journey. The stem of the feather is my life and each little hair represents all the paths I need to go down to heal”.

– Photovoice Participant, 2016

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INSTRUCTOR GUIDANCE

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BACKGROUND

Kieran, a young man from River Rock First Nation (RRFN), is frustrated that there are no evidence-based, culturally-safe, and male-specific mental health resources available at any of the treatment centres he has attended. Kieran and his friend Jake partner with Jade, a recent PhD graduate, to initiate a boys' and men's mental health program in the community. Using the information Jade gathered for her PhD as a foundation, as well as drawing on applied research at the Centre for Addiction and Mental Health (CAMH), the team uses a participatory action research approach, including photovoice, to address mental health challenges of boys and men in RRFN.

The goal of this case is to provide a platform for the reader to think critically about how mental health concerns can be addressed in Indigenous communities and have meaningful impact using the resources available to the community. This case will also allow students to explore methods that can be employed to build community capacity to develop evidence-based and culturally appropriate programming within a resource-scarce environment. After reading the case, students will start low on the Bloom's cognitive taxonomy pyramid; through class discussions and instructor guidance the learners will advance to a higher cognitive domain.

OBJECTIVES

1. Identify and differentiate between the proximal, intermediate, and distal social cultural determinants of health (SCDOH) that affect the mental health of Indigenous Peoples in Canada and specifically in the fictional community of RRFN.
2. Explain mandatory ethical research principles used when conducting research with Indigenous Peoples.
3. Discuss the importance of community involvement in research projects.
4. Critically analyze potential intervention strategies to mitigate mental health disparities using the resources available to the community.

DISCUSSION QUESTIONS

1. Why is it important to consider the SCDOH of the community you are working with?
2. What are the potential risks of participatory action research? How can these risks be mitigated?
3. Do you think this program would work in other Indigenous communities? Why or why not? How can the transition to other communities be made easier?

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4. How would you implement a mental health program with little to no funding?
5. How would you ensure that this program continues when the funding stops?

KEYWORDS

First Nation; Indigenous; participatory action research; mental health; addiction; male.