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Mental Health

Mental Health First Aid First Nations: Program Outcomes and Importance of Cultural Safety in Programming and Research

Andrea Lapp, Claire Crooks,
Monique Auger

Over the past four years, the Mental Health Commission of Canada has worked with six First Nations communities and other community partners to develop a culturally-relevant version of the evidence-based Mental Health First Aid program. Mental Health First Aid First Nations (MHFAFN) is created for First Nations peoples and individuals living and working in Indigenous contexts. The program teaches participants to recognize signs and symptoms of mental distress and respond in a safe way. The content and approach of the course was extended significantly to increase cultural relevancy and safety. This presentation will review the findings of our evaluation from 2013-2017, presenting the effectiveness of the course, the impacts for participants, and the extent to which the course was perceived as culturally safe for First Nations peoples in Canada.

The health of Indigenous peoples in Canada continues to be adversely affected by many underlying factors including the intergenerational effects of colonization and residential schools.

One barrier to positive mental health and wellbeing for Indigenous people lies within the, “general lack of appropriate and engaging mental health services,” especially in small and remote First Nations communities (Boska, Joober, & Kirmayer, 2015). There is a critical need for culturally relevant and culturally safe mental health promotion programs. Cultural safety can be defined as both an outcome, as it is assessed by those who are receiving service or care, and a process based on respectful engagement. This evaluation of MHFAFN utilized a mixed methods approach, with a stronger weight placed on the importance of stories through qualitative data. Our research team conducted 10 site visits during which we observed the three day course and conducted participant interviews (n=89) and participant surveys (n=91). We conducted facilitator interviews (n=9) and collected facilitator surveys (n=19) and participant follow up surveys (n=27) to obtain a multi-informant perspective. MHFA FN was overwhelmingly perceived as culturally safe by participants (97%). There were common themes across the implementation sites with respect to the experience of cultural safety. Both participants and facilitators identified the importance of culturally relevant content and inclusion of holistic models of wellbeing that were consistent with Indigenous worldviews. Participant surveys and interviews demonstrated significant gains in self-rated knowledge on mental health, and increased self-efficacy and skills related to identifying and responding effectively to mental health problems in others. Stigma attitudes around mental health challenges were reduced among participants. Follow up surveys identified participants’ use of the MHFA FN skills used in real world examples of mental health crises intervention. The presentation will conclude with factors that promote cultural safety in both mental health programming and program evaluation.

Boska, P., Joober, R., & Kirmayer, L. J. (2015). Mental wellness in Canada’s Aboriginal communities: striving toward reconciliation. *Journal of Psychiatry & Neuroscience* : JPN, 40(6), 363–365. <http://doi.org/10.1503/jpn.150309>