



Western
Centre for School
Mental Health

Development and Pilot of a Culturally Relevant Mental Health Promotion Program in Indigenous Contexts: Lessons from the Mental Health First Aid, First Nations Initiative

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Introduction: First Nations peoples in Canada continue to experience significant health inequities in virtually every domain compared to their non-Indigenous counterparts. The need for community-based, accessible mental health promotion has reached crisis proportions in many First Nations communities. Developing culturally-relevant programming requires an examination of the historical and current contexts in which communities exist. Specifically, there is a need to acknowledge the severe impact of colonization on families and communities. Over the past four years, the Mental Health Commission of Canada has worked with six First Nations communities to develop a culturally-relevant version of the evidence-based Mental Health First Aid program. Similar to the basic Mental Health First Aid course, this new course teaches participants to recognize signs and symptoms of mental distress and respond in a safe way. However, the content and approach of the course was extended significantly to increase cultural relevancy and safety.

Methods: This presentation provides a brief overview of the multi-stage process through which the evidence-based Mental Health First Aid was extended and adapted to be more culturally relevant and safe for individuals in First Nations contexts. We will present findings from a mixed methods evaluation to highlight the impacts of the course and the findings related to cultural safety and the relevancy of the adaptations. Our research team conducted 10 site visits during which we observed the three day course and conducted participant interviews (n=70), participant surveys (n=80), and reflection circles. We also conducted facilitator interviews (n=8) and surveys (n=16) to obtain a multi-informant perspective.

Results: Participant surveys and interviews demonstrated significant gains in knowledge, self-efficacy, and skills related to identifying and responding to mental health challenges in others. There were common themes across sites with respect to creating 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. It was important to participants that culturally relevant content was integrated throughout the course versus being seen as an add-on. The framing of wellbeing within the context of colonization was viewed positively by participants. Finally, participants identified the benefits of specific concepts such as walking in two worlds, and circles of support (which do not exist in the basic MHFA).

Conclusions: We will conclude with recommendations both for adapting existing evidence-based programs for Indigenous contexts, and also strategies for promoting cultural safety in both programming and evaluation.