



# Development and Pilot of a Culturally Relevant Mental Health Promotion Program in Indigenous Contexts:

Lessons from the Mental Health First Aid First Nations Initiative

Monique Auger, Claire Crooks, Andrea Lapp, Kim Van Der Woerd



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We are an independent research team evaluating the outcomes, adaptation and implementation, and cultural safety of the MHFA-FN course and the views expressed in this research represent the research participants, but not necessarily the views of the Mental Health Commission of Canada.



- Need for MHFA First Nations (MHFA FN) adaptation
- Adaptation and development process
- Outcomes and lessons learned



*“Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic, and therein no Indian question.”*

(Dr. Duncan Campbell Scott, Deputy Minister of Indian Affairs, 1920)





## Residential schools era (1831-1996)





- MHFA Basic

Stigma

Awareness

Confidence

# Mental Health First Aid Canada





- Sareen, J., Isaak, C., Bolton, S. L., Enns, M. W., Elias, B., Deane, F., ... & Katz, L. Y. (2013). Gatekeeper training for suicide prevention in First Nations community members: a randomized controlled trial. *Depression and anxiety, 30(10)*, 1021-1029.
- Caza, M. (2010). *Final Report: Evaluation of the Mental Health First Aid Training in First Nations Communities in Alberta*. Final report prepared for Health Canada.
- Development of the Mental Health First Aid *First Nations* course



- MHCC, First Nations Guidance group, Reciprocal Consulting, 3 pilot site communities
- MHFA FN:
  - begins with basis of historical context and resiliency
  - “Culture is the foundation of health and wellness”
  - Walking in two worlds
  - Circle of Support
  - EAGLE





<b>Target group</b>	<b>Methods</b>	<b>n</b>	<b>Timing</b>
Course participants	Interview	89	During the last day of the training
	Paper/ online surveys	91	During the last day of the training or after training
Course facilitators	Interview	9	After delivery of at least one training
Course Implementation	Observations and field notes		



- Focus on community engagement
- Incorporate Indigenous world views and realities
- OCAP: Taking control over our lives and our land



- Most participants were female (79%)
- Most participants identified as Indigenous (84%)
- Average age = 42.1 years (ranging from 19-73)
- Training sites varied in terms of composition



- 96.6% of participants report the course was a safe space to discuss their culture and views
- Factors that promoted cultural safety among MHFA FN participants:
  - Group characteristics (shared experience, Indigenous)
  - Group process (dynamics, confidentiality, non-judgement)
  - Facilitator (supportive, Indigenous)
  - Cultural components



*“The smudge and talking circle at opening and closing were wonderful to start and end the day. I felt that the training and space worked well with my cultural beliefs but the facilitators also, repeatedly spoke about praying in our own way and offered time to share our cultural stories.”*

*- MHFA FN participant, female*



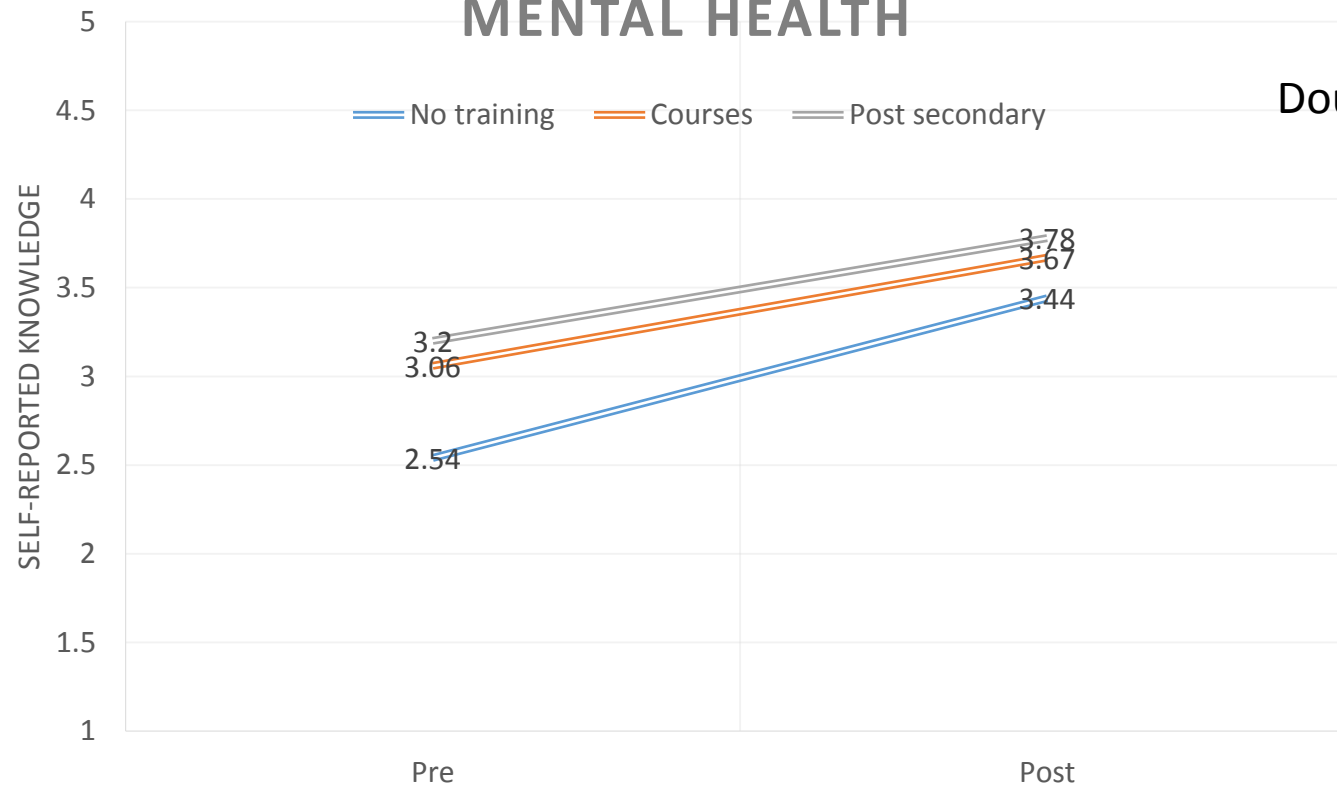


*“When I was younger, after coming out of residential school, I wondered why I drank, did drugs, it wasn’t until later I realized the issues, residential school was never a topic in mainstream schools and the conditions and the impacts... this kind of training helps me understand the parts and the roots.”*

*- MHFA FN participant, female*



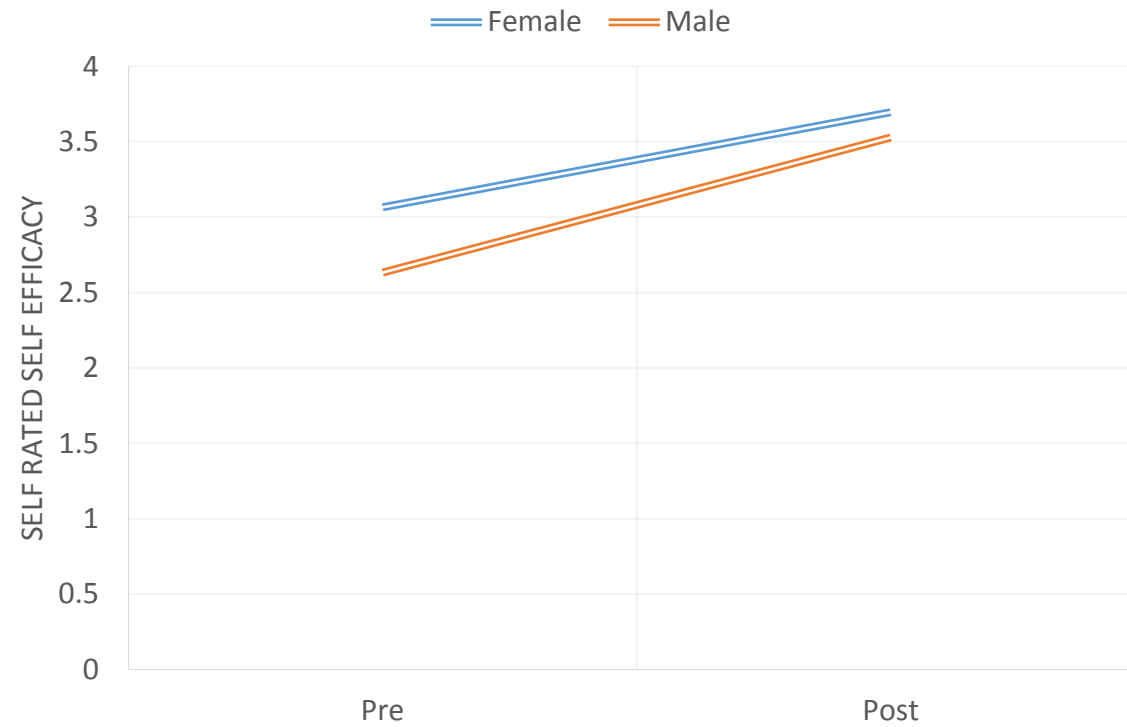
## INCREASES IN KNOWLEDGE ABOUT MENTAL HEALTH



Double check significance



## INTERACTION OF SELF-EFFICACY AND GENDER





- **Engage and Evaluate the risk of suicide or harm**

*“Acknowledging the his physical appearance and commenting on not being able to get his day to day tasks completed . Ask john if he's depressed or anxious. Ask John if he has any thoughts of harming himself.”*

- **Assist the person to seek professional help**

*“Can I help you, how can I help you. Can we go see a therapist or doctor.”*



- **Give reassurance and information**

*“I would say 'John, you are not the only one who has felt like this, I've felt this way before, it's not your fault. Let's talk about it - how often/long have you been feeling like this? Have you asked for help to deal?' If not, I would provide him with the supports he can access.”*

- female, no previous training

- **Listen without Judgement**

*“Ask him if he [is] thinking about suicide? Ask him if he has ever tried to. I would tell him I am here for him and would like to help him and he can talk to me. I would listen without judgment. Tell him that he is not alone and there is help out there for him.”*

- female, previously took MHFA

- **Encourage Self-help strategies and gather community supports**

*“John you want me to take you to see our traditional man to discuss the issues you have?”*

- male, no previous training



# Findings: Application of EAGLE Skills



EAGLE	Overall	Females	Males	$\chi^2$
<b>ENGAGE</b> and Evaluate the risk of suicide or harm	79.1%	82.9%	68.4%	$\chi^2(1) = 1.93$ , $p = .14$
<b>ASSIST</b> the person to seek professional help	46.2%	52.9%	26.3%	$\chi^2(1) = 4.22$ , $p = .04$
<b>GIVE</b> reassurance and information	51.7%	57.1%	36.8%	$\chi^2(1) = 2.47$ , $p = .09$
<b>LISTEN</b> without judgement	60.4%	62.9%	57.9%	$\chi^2(1) = 0.16$ , $p = .44$
<b>ENCOURAGE</b> self-help strategies and gather community supports	58.2%	64.3%	42.1%	$\chi^2(1) = 3.05$ , $p = .07$
<b>Mean EAGLE strategies used per response, range 0-5 M (SD)</b>	2.96 (1.3)	3.20 (1.2)	2.37 (1.3)	



Cultural safety as a guiding factor



## Localization of implementation and relationship-based evaluation



Iterative nature and time to develop

