Wiingushk Okaadenige

The Sweetgrass Braid

A BRAIDED MENTAL HEALTH APPROACH FOR INDIGENOUS YOUTH

NICOLE INEESE–NASH & MAGGIE STEIN
FINDING OUR POWER TOGETHER

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EXECUTIVE SUMMARY

This report details a braided mental health approach to youth mental health, designed in response to a synthesis of knowledge from three systematic literature reviews and four informant consultations with mental health providers in various disciplines. The braided approach is comprised of key principles of Indigenous mental health models (IK). Child and Youth Care (CYC) approaches, and Dialectic Behaviour Therapy practices (DBT). The purpose of this approach is to best serve the mental and spiritual health needs of Indigenous youth across Canada during the COVID-19 pandemic.

This report was prepared for Finding Our Power Together, an Indigenous youth organization working to support Indigenous youth to overcome mental health challenges in order for them to reach their self-determned goals.

Method

This approach was developed through a three stage approach: (1) three simultaneous systematic literature reviews on Indigenous youth mental health, child and youth care approaches with Indigenous youth, and DBT with Indigenous youth; (2) key informant interviews with a traditional Indigenous practitioner, an Indigenous CYC, a non-Indigenous CYC, and a DBT therapist; (3) a thematic analysis of key approaches to develop an integrative (or braided) model of Indigenous youth mental health support.

Findings

The research team identified 76 academic articles to be reviewed for the purposes of this project. Through a thematic analysis of these articles, 10 key themes were identified as being core to an effective mental health strategy.
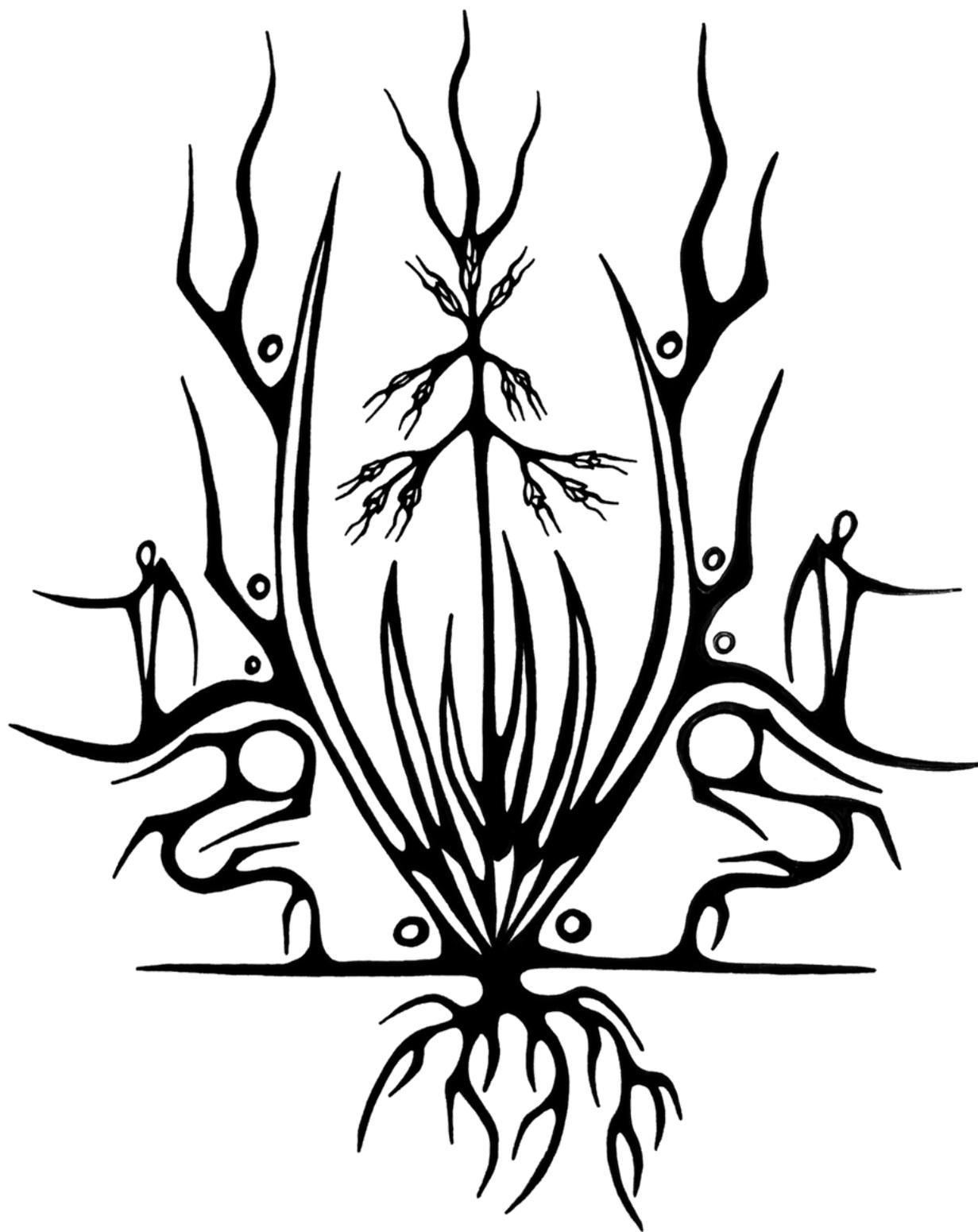
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ABOUT THE TITLE

Wiingushk Okaadenige

Wiingushk is the Anishinaabemowin word for Sweetgrass, a traditional medicine that is often referred to as the hair of our mother the earth. Sweetgrass is used for purification and for healing. However, blades of sweetgrass in their own are easily broken. It is when we weave sweetgrass into braids or bundles (Okaadinige) that the medicine can be stronger.

The sweetgrass braid reminds us of the strength that comes from working together, of weaving various perspectives together for the purpose of a stronger path. In this toolkit we describe an approach to mental health that integrates best practices from three different diciplines, which we believe to be a stronger, more balanced way of supporting young people on their healing journeys.

"Nookomis Wiingushk"
(Grandmother Sweetgrass)
by Nyle Miigizi Johnston

Authors

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Nicole Ineese-Nash is an Anishinaabe (Oji-Cree) scholar and a member of Constance Lake First Nation. Nicole is currently completing a PhD in Social Justice Education and Indigenous Health at the Ontario Institute for Studies in Education at the University of Toronto where she is researching land-based education as a mechanism for youth leadership and spiritual healing. Nicole completed both her BA and masters degrees in Early Childhood Studies and Psychology at Ryerson University. She is the director and co-founder of Finding Our Power Together: A non-profit organization providing mental health services, cultural programming, and educational support to Indigenous youth.

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Maggie Stein is a Master of Social Work Candidate at the University of Toronto. She earned an honours BA.Sc in Psychology at the University of Guelph and a diploma of General Arts and Sciences from Humber College. Maggie has 5-years of experience working directly in clinical practice and indirectly through academic research with Adolescents and Young Adults facing a variety of mental health concerns. She works from a trauma-informed and strengths-based perspective, taking a collaborative and client-centered approach when delivering evidence-based interventions for those with whom she works with, and for. Maggie has a background in cultural safety practices, attachment theory, emotion regulation, Adverse Childhood Experiences (ACEs), mental health policy and advocacy.

INTRODUCTION

This project presents a theoretical grounding for approaching mental health service delivery with Indigenous youth in remote First Nations communities in Northern Canada. The braided approach detailed in this report was developed through a systemic research strategy, involving systematic literature reviews of three approaches to youth mental health (DBT, CYC care, and Indigenous methods of healing) to support the development of an integrated approach that may be applied by clinicians and youth workers working with First Nations youth in the context of COVID-19. The project also involved community consultations with practitioners in the above mentioned fields. Data collection through literature review and consultations are synthesized and adapted into the development of this approach.

Indigenous Youth Mental Health in Context:
A Review

Mental health services are a broad category of interventions and supports that seek to assist individuals in attaining mental wellness. While various pragmatic definitions of mental wellness or mental health exist, mental health is a highly subjective state of being that is contextually based. Mental health support refers broadly to services offered to individuals experiencing mental health challenges. These supports range from acute individual services to community-based interventions. Mental health is often an overarching term that encompasses a wide range of professional designations, including psychology, psychiatry, therapy, counselling, case work, diagnostic medicine, psycho-education, and other services related to supporting individuals and communities with mental health concerns.

In Canada, mental health support services are offered through both private and public systems, which can be confusing and difficult to navigate, as well as expensive. The public mental health sector is considered a branch of health services which are generally provincially funded and administered, resulting in variance from province to province.

For Indigenous communities (including First Nations, Metis, and Inuit populations) the provision of health and related services are the responsibility of the federal government. The federal government is not well equipped to manage these services which often leads to barriers to access, reduced funding, and complicated service pathways to navigate. Indigenous populations, who are considered to be one of the most vulnerable in Canada, are therefore forced to navigate additional layers of this already complicated system.

COLONIALISM & MENTAL HEALTH

Indigenous communities have complex mental health needs, resulting largely from generational trauma and oppression caused by settler-colonialism, cultural genocide, and forced relocation. The establishment of residential schools in particular, has had long lasting impacts on Indigenous populations.

Although the last residential school was closed in 1996, the devastating effects continue to impact Indigenous youth and communities. Many survivors and their descendants share the burdens of loss of culture, traditions, and languages, and have experienced trauma, and compromised family systems as a result.The effects of residential schools has been shown to have contributed to the high rates of self-harm and suicide among young Indigenous people. Colonialism continues to oppress Indigenous populations through discriminatory practices in the education, health, and social services, which leads to the overrepresentation of Indigenous people in nearly every social service system.

""Those schools were a war on Aboriginal children, and they took away our identity." - Doris Young

Young Indigenous people are tasked with the impossibility of thriving in a colonial reality that was never meant to serve them. Many Indigenous youth are living in poverty, have experienced intergenerational and first-hand trauma, and are attempting to learn who they are in a world that has attempted to erase them. Without the adequate resources and support to overcome these difficulties, Indigenous youth often struggle to achieve mental wellness which has resulted in a prevalence of mental health crises and suicidality.

Particularly in northern parts of Canada, Indigenous communities have seen a considerable increase in youth suicide over the last decade. Suicide rates among Indigenous youth are consitently higher than non-Indigenous youth. Research shows the suicide rate among First Nation people is three times higher than the rate among non-Indigenous people. Youth living on-reserve have higher rates of suicide than young people living off-reserve, likely due to the deeper feelings of social isolation, health disparities, and lack of connection to the outside world.

Suicide and self-inflicted injuries are the leading cause of death for First Nation youth and adults in Canada. Young people (those under 25 years of age) also represent a significant percentage of the population in Indigenous communities, ranging from 40-80%. This population is quickly growing, with one of the highest growth rates in the world. There is presently no federal plan to address the high rates of youth suicide in Indigenous communities nor does a systematic method to support Indigenous youth mental health currently exist in Canada.

Indigenous communities continue to be under-resourced, under-funded, and overly managed, which has only been exacerbated by COVID-19. The pandemic has had (and will continue to have) a profound impact on thousands of young people. The pandemic has left First Nation communities struggling to manage their existing social conditions while also increasing their anxiety and fear of the virus. If young people continue to be left without appropriate or effective access to mental health support, medical care, or educational opportunities in this time, we will surely see a steady increase in the number of deaths in our communities. These conditions have existed long before the COVID-19 pandemic, and will likely persist as we transition back to a more 'normal' way of living.

Indigenous worldviews, cultures, and lifeways are premised on survivance through overcoming hardship. From struggle, we learn new ways of being, of surviving, and of thriving. Lower suicide rates are linked to several resiliency factors that include Indigenous traditions and cultural practices as a way to mitigate physical and mental health issues. Indigenous communities know best how to help their youth to heal from the harms that have been caused, but sometimes, integrative approaches are needed to best support the complex needs of Indigenous young people.

"You have a reason to be here because you have a voice. Our voices need to heard. Our voices need to be rising"
- Isabel Sofea, Nibinamik FN Youth Council

MOVING FORWARD IN A GOOD WAY

In the face of all these challenges there is a need for research to identify an evidence-based approach to supporting youth mental health. This time in history will provide opportunities for radical possibilities of relating to one another on a global scale; we can create a new 'normal' together. Throughout the COVID-19 pandemic, we have seen communities returning to more traditional communal ways of being through reciprocal caregiving and a prioritization of social welfare over economic expansion. Young people are returning to the land as a way to sustain themselves and their communities. There is potential for developing new programs that prioritize Indigenous perspectives and circumstances. Young people are taking up their roles as Oshkaabewisuk, or helpers, in their communities, guiding the way forward and forging new potentialities outside of colonial existence. But they often need help. We know that we will collectively become stronger if we act in solidarity. Supporting Indigenous youth in this unprecedented time allows for us to see and walk a good path together.

It allows us to find our power together.
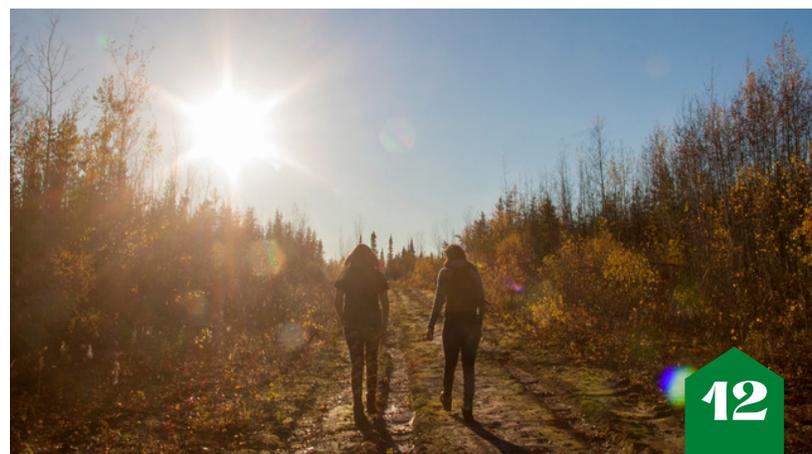
This project seeks to develop a theoretical grounding for approaching mental health service delivery with Indigenous youth in remote First Nations communities in Northern Canada. The braided approach detailed in this report was developed through a systemic research strategy, involving systematic literature reviews of three approaches to youth mental health (DBT, CYC care, and Indigenous methods of healing) to support the development of an integrated approach that may be applied by clinicians and youth workers working with First Nations youth in the context of COVID-19. The project also involved community consultations with practitioners in the above mentioned fields. Data collection through literature review and consultations are synthesized and adapted into the development of this approach.

THE NEED FOR INTEGRATIVE APPROACHES FOR INDIGENOUS YOUTH MENTAL HEALTH

This project seeks to better understand current evidence-based approaches to Indigenous youth mental health service provision. Particularly at a time where in-person delivery is limited, there is a need to determine how best to support young people facing complex social conditions which may include social isolation, anxiety, lack of opportunity, and limited access to social determinants of health, in turn resulting in negative mental health outcomes. Research suggests that Indigenous youth benefit from caring relationships with caregivers, peers, and professionals who support them in all aspects of their lives, accounting for not only their mental wellbeing, but also their emotional, physical, and spiritual health. Indigenous communities have their own healing methods which are wholistic in nature, however in the present reality of colonialism, these healing methods and medicines are sometimes not sufficient alone. While indigenous culture supports healing and spiritual growth, it is not intended to function as a targeted intervention for one specific issue; it is rather a way of being in the world.

Indigenous culture is not an intervention; it's a way of life

Indigenous peoples of Canada possess a wealth of diverse healing traditions that remain despite the cultural oppression of colonization. However, the current experience of mental health challenges for Indigenous people is one of the disconnection from these traditions and high levels of mental and emotional distress that are reflected in high rates of depression, suicidal ideation, and death by suicide.

The issues Indigenous youth are presently facing are relatively foreign to indigenous communities which call for the use of innovative approaches that integrate various models of support.There is limited research available on effective integrative interventions with Indigenous youth, however, there is a growing body of literature to suggest that positive outcomes can be found in Indigenous healing programs, Child and Youth Care approaches, and DBT strategies respectively. As of yet, these approaches have not been used in combination to support Indigenous youth mental health on a large scale.

INDIGENOUS HEALING

Indigenous communities in Canada are diverse, with various approaches, philosophies, and practices. However, there are some core principles that can be found across Indigenous cultures. Generally, Indigenous communities operate with the belief that all life is interconnected through complex social and spiritual relations. Indigenous approaches to mental health therefore emphasize relationality, spirituality, and experiential healing. Illness is considered a result of living in imbalance; therefore healing is thought to occur not only in one area, but in the mental, emotional, physical, and spiritual realms simultaneously. Indigenous methods of healing are often ceremonial in nature, involving the use of traditional medicines, rituals, and cultural teachings.

Traditionally, healing ceremonies were performed by those in communities who held specific gifts that allowed them to communicate with spirits and ancestors. These ceremonies were understood to be a conduit to individual and collective healing, yet there is an understanding that the ability to heal already exists within each individual. From this perspective, an individual must be willing and at a point in their life journey to fully accept the support and guidance offered by traditional teachings, medicines and practices. Unlike other mainstream approaches, individuals are not obligated to engage in healing, but rather participation is a choice through which autonomy and sense of self are honoured. Healing therefore occurs through active participation, self-discovery, and the nurturing of one's own gifts and path in life. Healing is also a collective pursuit, as there is an understanding that individual wellbeing is a reflection of the wellbeing of the community.

Mainstream mental health practices often conflict with Indigenous perspectives of healing, as they are generally more individual and intervention based. Interventions which take Indigenous worldviews into account have been proven effective but lacking institutional stability to serve Indigenous youth adequately. Indigenous approaches to mental wellness include innovative and effective programming based on a strong sense of community, identity and culture. Institutionalized Indigenous healing strategies often integrate elements of Western medicine with local cultural approaches, such as land-based and other traditional practices. A key component to these integrative models is cultural safety, which is a practice in social services in which cultural diversity is acknowledged and respected and brought into the therapeutic relationship on the participant's own terms.

DIALECTIC BEHAVIOUR THERAPY (DBT)

Developed by Dr. Marsha Linehan, Dialectical Behavior Therapy (DBT) has become a well established evidence-based treatment for borderline personality disorder in addition to other comorbid disorders and symptoms, notably suicidality and substance use disorder. DBT is a manualized therapeutic treatment intervention offering step-by-step instructions to ensure that therapy is provided in a relatively consistent manner. Engagement in DBT however, requires voluntary participation on the part of the participant, offering each individual the freedom to choose whether they are willing to develop tools towards building a life worth living.

DBT combines and emphasizes acceptance based strategies and change based strategies. According to the theory behind DBT (The Biosocial Theory), psychological distress and mental health concerns occur as a result of predetermined biological vulnerabilities, such as genetics and family mental health history, as well as socio-ecological factors, such as early childhood trauma and/or an invalidating environment.

The central tenet of DBT is that of dialectics; a philosophical view that believes two extremes, or contradictions, exist as a whole, as opposed to two separate entities. All things, and reality itself, are seen as fluid, dynamic, and ever-changing as opposed to linear and static. Each opposite extreme depends on the other in order to exist. This philosophy posits that dialectic problem solving involves acknowledging and reconciling two opposing truths or contradictions as a means to reduce mental, physical, and emotional suffering experienced moment-to-moment.

Essential to DBT practice is the development of a strong, supportive, and positive relationship between client and therapist. This relationship is nurtured through engagement in weekly individual therapeutic work with a primary therapist. In addition to individual therapy, comprehensive DBT requires weekly engagement in a DBT skills building group as a means to build connection with others and work towards generalizing skills outside of a therapeutic setting. It is also common for on-going telephone crisis coaching as needed for individuals to reach out to their therapist when experiencing distress and wanting to engage in skills support. Although comprehensive DBT is the manual standard, DBT skills groups alone have been seen to be effective for youth. There are Four Core DBT Skills Modules: Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness. The adapted version of DBT for adolescents (DBT-A) includes an additional skill module called Walking the Middle Path, designed to target adolescents' increased polarized thinking and conflict with parents and care-givers. Practitioners implementing DBT treatment are mandated to engage in 2-hour weekly team consultation meetings with other clinicians in order to reflect on their own biases, beliefs, and judgments that will inevitably arise when working with individuals.

DBT, while designed as a clinical approach to mental health intervention, lends itself to exploring various perspectives and interpretations of lived reality. Particularly in considering the unique needs of Indigenous young people, DBT can theoretically be adapted to addressing distress caused through colonialism and systematic oppression. There is however extremely limited research investigating this potentiality.

CHILD AND YOUTH CARE (CYC)

Child and Youth Care (CYC) is a relatively new profession and approach to mental health that focuses on supporting the needs of young people and their families, while promoting growth, development, and social competence in their life-space. CYC practitioners can be found working with youth in a variety of settings including community-based developmental programs, community mental health programs, parent education and family support programs, school-based programs, hospitals, group homes, residential settings, and home-based programs. Within these diverse settings, CYC are trained to offer a wide range of supports such as education, advocacy, mental health and behavioral interventions, and recreational programming. CYCs serve as a liaison for young people to access resources within and across various social systems. The role of a CYC practitioner is to support the diverse needs, goals, and desires of young people in their present reality.

The CYC approach to mental health is a relational practice founded on professionally based characteristics organized into a three-part framework called BID: Being, Interpreting, and Doing. This framework informs therapeutic relationships which promote personal growth, change, and enhanced learning. It is believed that effective change occurs when a therapeutic relationship has been established between practitioners, youth, and their families, formed through trust, empathy, and care. Relational practice is more than just 'having a relationship'; rather, it encourages the practitioner to consistently focus on the co-created space between the self and other by attending to the ever-changing needs of the young person. As CYC practitioners are situated as youth advocates and catalysts for individual change with young people, they are well suited to support young people in making informed decisions about their mental health journeys. In the context of Indigenous young peoples lives, CYC practitioners facilitate self-improvement through enhanced knowledge and access to various support systems.

However, the profession of CYC stems from the field of social work, which has historically imposed colonial ideals of normative functioning and familial structures, which has resulted in the overrepresentation of Indigenous children and youth in the child welfare system. There is thus a need to consider Indigenous realities when working with Indigenous populations. As the profession of CYC has evolved, the emphasis on relationality allows CYC practitioners to emphasize the reciprocal and co-created spaces and actions which can lead to healing for young people, rather than on imposed interventions.

There is little evidence-based research to suggest that CYC practices are effective in mitigating mental health concerns. This is likely due to the nature of the CYC approach, in that 'being' with young people is the intervention which is not quantitatively measurable. Despite the lack of literature in this area, there are promising examples of CYC approaches that are effective with Indigenous communities, particularly those done in partnership and alignment with Indigenous communities.

METHODS

This project is a knowledge synthesis from two distinct sources: (1) data from three systematic literature reviews and (2) four key-informant consultations.

1

Phase 1: Systematic Literature Review

In order to better understand the current approaches to mental health service provision with Indigenous young people, three separate systematic literature reviews were completed examining the use of Dialectical Behaviour Therapy (DBT), Child and Youth Care and Indigenous approaches and interventions used to support Indigenous youth mental health. These specific approaches were chosen through ongoing dialogue with the Finding Our Power Together team, which is an interdisciplinary group of professionals working from these frameworks to support Indigenous youth in Canada. Scholarly databases including Proquest, ERIC, PsycInfo, Pubmed, and Google Scholar, were used to collect peer-reviewed academic articles using a systematic search protocol. Each review consisted of three levels of search criteria; (1) population based terms to identify studies with Indigenous populations; (2) intervention approach terms; and (3) demographic terms to identify studies involving young people (see table 1) using Boolean connectors "AND" and "OR". The data sources included English articles with no limit on publication date.

Consistent with the objective to review literature on each of the three indicated supportive approaches for working with Indigenous youth, only articles involving indigenous youth aged 15 - 21 were included. Additionally, the research team performed manual searches using reference lists from other systematic literature reviews, meta-analysis, and articles.

Following each systematic literature search, all included articles were uploaded to Qualitative Data Analysis Software: NVivo for thematic analysis within and across topics. Data from each review were first analyzed within their cohort. Themes were derived in each area of study utilizing various data analysis methods on NVivo (i.e. text queries, word trees, etc.). These themes were then collectively analyzed, with a particular attention to commonalities across disciplines. Superordinate themes were then created to represent these commonalities. Themes derived in this way, informed the key-informant consultation protocol.

2

Phase 2: Key Informant Consultations
In total four key-informant consultations were conducted and recorded using Zoom Video Communication Software. Video consultations were conducted with a DBT trained Clinical Psychologist who works with Indigenous youth in Canada, a traditional Indigenous practitioner, a trained child and youth care practitioner, and an Indigenous child and youth care practitioner. Verbal consent was given by each of the four community consultation members for recording, disseminating and archiving video content for the purpose of this project. Key informants were consulted to determine the validity of the findings to their professional practice. During the course of these consultations, key-informants were asked to share their professional experience, mental health approach, and to reflect on the identified emergent themes as they relate to their experience with Indigenous youth. These consultations provided rich data to inform the design and development of an integrated approach that may be applied by clinicians and youth workers working with First Nations youth in the context of social isolation measures.

3

Phase 3: Data Analysis

Data from the above mentioned sources (literature review and informant consultations), allowed for triangulation as a means to increase validity of research findings.The understandings garnered from this research informed the development of a culturally responsive framework integrating the three mental health approaches studied. This framework is presented in this report as a mental health toolkit and will be presented to mental health service providers in an online webinar.

The research that we do as Indigenous people is a ceremony that allows us a raised level of consciousness and insight into our world.
- Shawn Wilson

INDIGENOUS HEALING

BRAIDED
APPROACH

CHILD/YOUTH
PRACTICES

DBT SKILLS
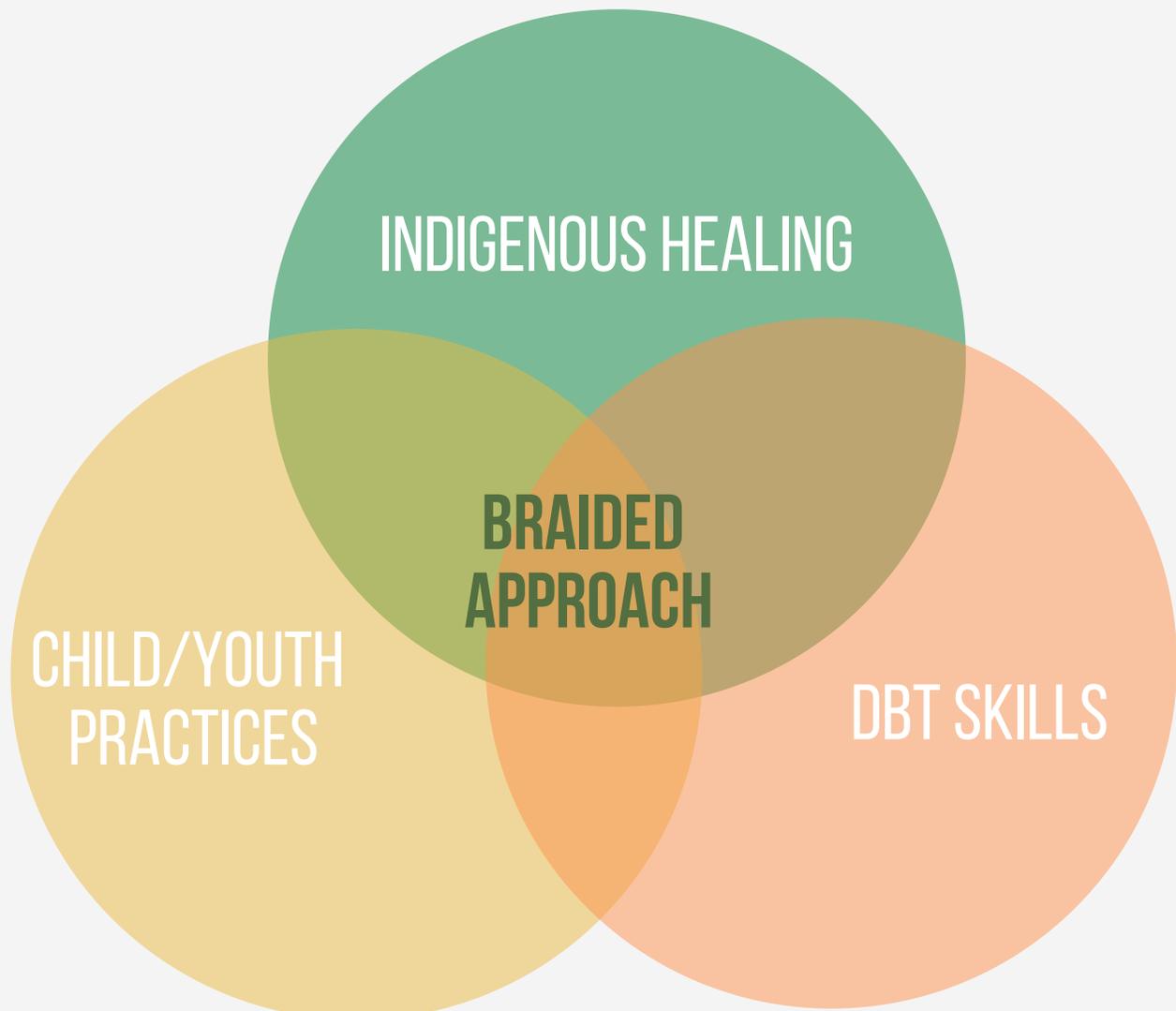
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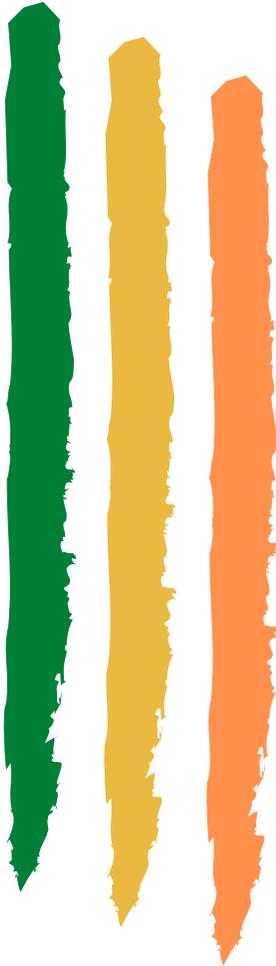
LITERATURE SOURCES

Each literature review yielded a variety of results. For the purposes of this review, a total of 76 academic articles met the inclusion criteria (that is that the study directly addresses a particular mental health approach with Indigenous youth). Each discipline-specific search was thematically analysed before being synthesized into the overarching themes described in the next section of this report.

Indigenous Healing

Searches of academic databases were performed in order to capture Indigenous specific understandings and practices of mental health support for Indigenous youth. Academic articles (n=24) which were included were authored by Indigenous and non-Indigenous scholars engaged in a variety of practices and approaches to mental health service provision with Indigenous youth. Emergent themes from this cohort of studies included (1) culture, (2) identity, (2) interconnectedness, (3) two-eyed seeing, (4) relationships, (5) land, (6) mindfulness, (7) strengths-based approaches, (8) wholism, and (9) balance.

The use of traditional knowledge and skills was discussed in the literature as an important consideration for mental health professionals working in Indigenous contexts. Culture was also discussed in terms of participants and clinicians; cultural safety and cultural competency were regarded as crucial to cross-cultural relationships between Indigenous youth and mental health workers, encouraging professionals to practice sensitivity and self-awareness of their inherent cultural biases. Cultural connectedness is a concept discussed in a number of articles in different ways, referring to the degree to which a young person feels connected to their cultural practices and communities. Culture is seen as the most important factor in mitigating mental health challenges and suicidality in young Indigenous people. Other themes discuss the importance of positive role models and relationships, and believing in oneself. In addition to key factors promoting mental health, protective factors were also highlighted relating to mental health outcomes for Indigenous youth.
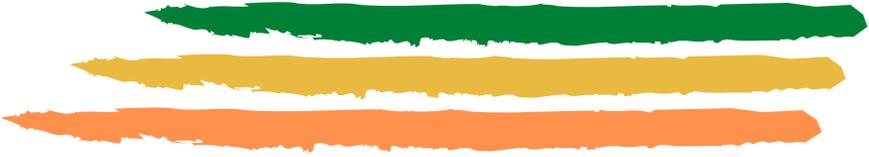
Specifically, levels of familial and community involvement were identified as key protective factors. Mental health interventions in this area focus on two-eyed seeing approaches (those which integrate Indigenous and Western knowledge systems); culturally based interventions (including ceremonial and land-based interventions); and relational strengths-based approaches (such as therapeutic models).

Dialectic Behaviour Therapy (DBT)

In order to better understand how specific interventions such as DBT are currently used in Indigenous contexts, a search of academic databases was performed yielding 19 results (n=19). In this cohort of studies, DBT is employed in a variety of ways. As DBT is a manualized treatment, it is considered to be a formal mental health intervention; however, many mental health researchers use DBT as informing their practice without formally following the manualized treatment procedure. This resulted in a variance of the application DBT components with Indigenous youth.

Themes in this cohort of studies included (1) mindfulness, (2) culture, (3) identifying and understanding emotions, (4) physical regulation, (5) coping skills in the moment and (6) positive relationships. As DBT is a skills focused intervention, most articles discussed the aforementioned themes in relation to DBT and DBT-A modules: Mindfulness, Distress Tolerance, Emotion Regulation, Interpersonal Effectiveness, and Walking the Middle Path. Of these skills, mindfulness, distress tolerance, and emotional regulation were most prevalent in the studies addressing Indigenous youth mental health. Mindfulness skills were operationalized as the primary means to integrate Indigenous cultural understandings into the intervention. Specifically, an emphasis on the incorporation of land-based activities, nature-exploration, and spiritual and cultural practices were seen to increase positive outcomes. Distress Tolerance skills appeared frequently as a means to foster effective coping strategies and behaviours particularly in relation to impulsivity associated with high suicidality and substance use. Emotion Regulation skills were often discussed in relation to understanding and identifying emotions. Using personal values in difficult situations is regarded as a way to mitigate intense emotional dysregulation. A small number of articles discuss personal values as another mechanism to integrate Indigenous knowledge into the DBT module of emotional regulation through the use of teachings and metaphors. Additionally, establishing and nurturing relationships with others, such as elders and community members, was discussed as an aspect of interpersonal effectiveness.

Largely studies that employ DBT informed practice with Indigenous youth focused on suicidality and substance abuse, while also addressing Indigenous youth broadly as a high-risk population. Notably, Indigeneity is discussed in these articles from an external perspective (i.e. non-Indigenous practitioners) with one exception in which traditional healers were involved in the design and implementation of an adapted model of DBT for Indigenous youth. Findings from this article specifically indicate that adapting DBT skills in a culturally responsive way holds promise in improving mental health challenges experienced by Indigenous youth, however is not statistically significant enough to make generalizable conclusions.

Child and Youth Care (CYC)

As CYC is a profession uniquely positioned to support Indigenous youth mental health, database searches were performed to identify potential promising practices. The data set from this search yielded 33 results addressing CYC approaches to Indigenous youth mental health service provision.

The most common emerging themes in this cohort were (1) relational practice, (2) trauma-informed practice, (3) meaning-making, (4) youth-centeredness, and (5) strengths-based approach. The core tenant of relational practice is central to CYC as a profession and was therefore prevalent in all articles, discussed as the establishment of truthful, caring, and consistent relationships between workers, youth, and communities. Cultural competency of CYCs and their ability to recognize wholeness, strengths, and the needs of young people and their communities was regarded as integral to fostering positive therapeutic relationships with youth.

Meaning-making, referred broadly as the meaning youth assign to their experiences, was discussed as an important consideration for practitioners when working with Indigenous youth. In particular, meaning making can allow for a sensitivity toward cultural meanings and understandings that youth hold about their lives, experiences, and relationships. Meaning-making is also described as a way to foster positive relationships between youth and practitioners, as well as with other young people and members of the community through shared experiences and co-created spaces of engagement.Interventions in this cohort use various forms of therapy such as art therapy, wilderness therapy, nature-based therapy, and narrative therapy (storytelling) in their support of Indigenous youth mental health.

KEY-INFORMANT CONSULTATIONS

Key informants were consulted in order to gain first-hand perspectives on best practices of mental health support used with Indigenous youth across disciplines. Overarching themes derived from the systematic literature searches guided the consultation protocol. Informants discussed a variety of experiences working with Indigenous youth in one-on-one, group, and community settings. Of the four informants, two identified as Indigenous, and two identified as non-Indigenous.

Practitioners discussed their strategies and challenges when working in Indigenous contexts. In terms of challenges, practitioners discussed difficulty, particularly early on in their careers, with engaging youth in meaningful ways. There was an understanding across each consultation that community experiences differed from their academic training which required them to adapt to new circumstances in the moment. Practitioners described often struggling to maintain relationships with youth over time and that engagement strategies needed to adapt to the needs and circumstances of each individual and community. At times, this flexibility made it difficult for practitioners to maintain professional boundaries with young people, who may have wanted to engage with practitioners outside of program hours (such as text messages late at night). All practitioners identified the need for open discussions about mental health and suicide as they all identified high rates of suicides in the communities in which they have worked. Youth suicide is an experience that affected a number of the informants personally, which has impacted their practice and self-care procedures. Professional burn-out occurred with practitioners who were not well equipped to manage the death of a client with whom they had worked closely, therefore practitioner self-care was regarded as paramount to providing long-term effective care for Indigenous youth.
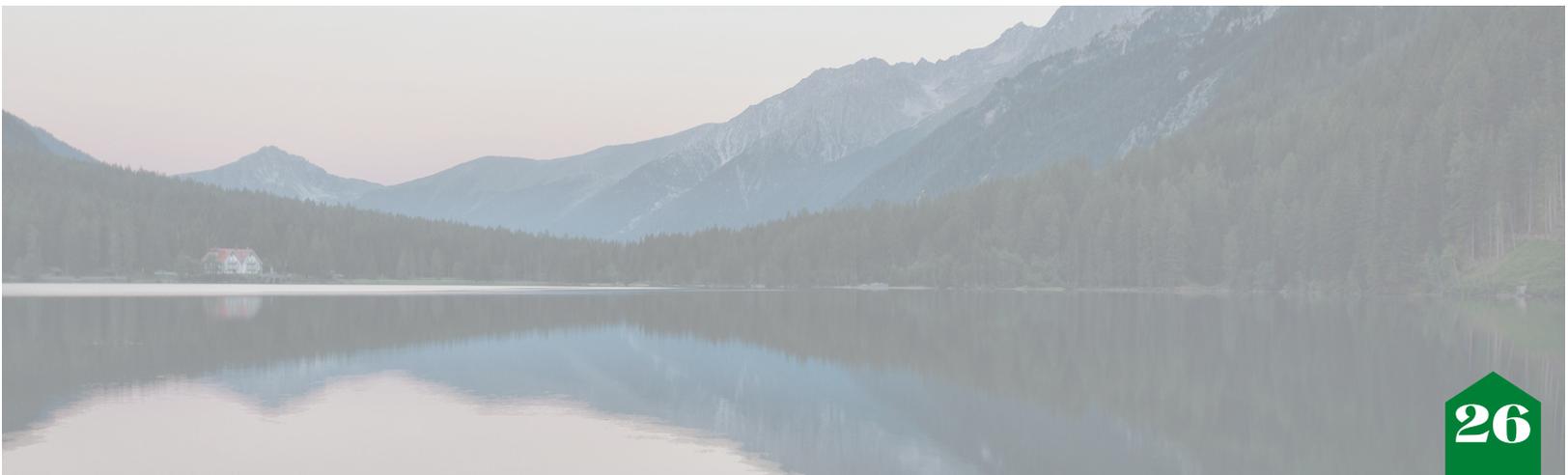
Culture was discussed by all informants as being core to the therapeutic interventions they engage in. However, non-Indigenous practitioners were unsure of how and when to best approach discussions of culture in their relationships with Indigenous youth. Indigenous practitioners also discussed culture as informing their mental health practices, but shared that their understandings of cultural practice are limited to their own experience. Cross-cultural engagement therefore requires practitioners to identify their positionality and actively work with communities to best support young people from a culturally specific perspective. Acknowledging social location and privilege was discussed as challenging in the early stages of practitioner's professional development but fostered meaningful relationships once addressed. In almost every case where a practitioner identified a challenge in their practice, growth and learning occurred which allowed them to feel more confident and effective as a mental health support worker.

Informants described their strategies for working with Indigenous youth in ways that demonstrated the professional development which took place over increased experience. Particularly for Indigenous practitioners, it was important for them to share their own histories, cultures, and experiences with young people in meaningful ways. All informants agreed that genuine and meaningful relationships with Indigenous youth resulted from intentional authenticity on the part of the practitioner. Self-disclosure and non-hierarchical exchanges allowed practitioners to model vulnerability and support Indigenous young people to be themselves.
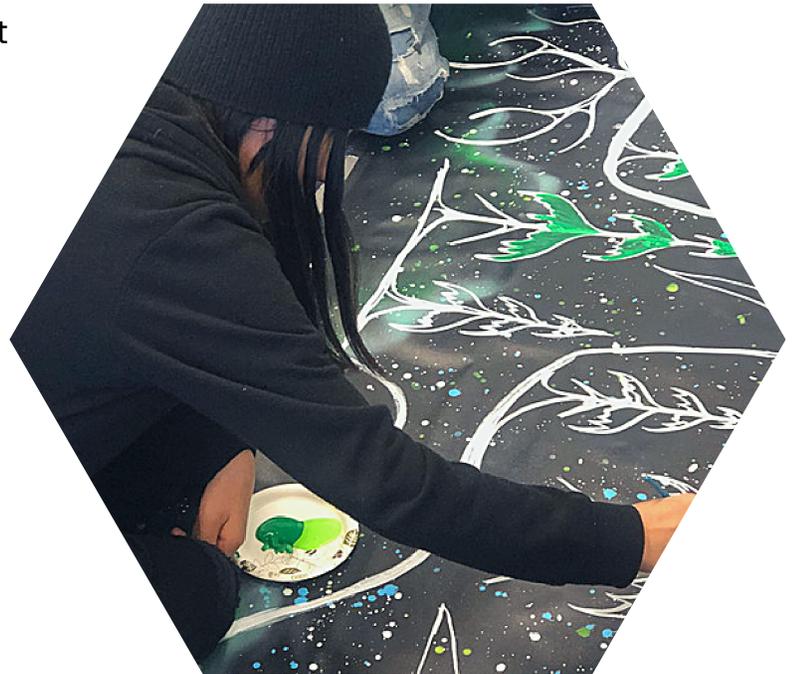
These authentic exchanges occur not only within therapeutic settings, but also through shared experiences in communities, such as land-based activities, community events, and informal interactions. This community-based approach supports youth to develop an understanding of the practitioner before entering into an intervention-based dialogue, increasing autonomy on the part of the client. Effective therapeutic relationships are often described as occurring gradually through authentic mutual understanding and trust building between youth and practitioners.

"The relationship is the intervention"

Once a therapeutic relationship has been established, informants describe the importance of maintaining a consistent youth-centered approach wherein they work with young people in the ways they determine for themselves. This approach requires adaptability and flexibility on the part of the practitioner to meet youth "where they are at" in a way that is empowering and non-judgemental. This means actively listening and honoring young people's perspectives, needs, and preferences regarding their healing journey and a willingness to offer accommodations to increase engagement. For example, informants describe scheduling group interventions later in the day, offering support through various methods (i.e. social media, in-person, telephone, individual, group, culturally based methods), and engaging with members of the community to address needs they cannot meet themselves. Humility was discussed by informants as being crucial to the maintenance of long-standing respectful relationships with Indigenous youth and communities. Humility was described as a willingness to position oneself as a learner, admit and repair mistakes, and commit to working towards shared understanding with clients. Practitioners describe their practice as being inherently relational, not only with clients, but with communities and other professionals. All informants work in collaborative team environments and suggest this approach as being crucial to effective mental health support for Indigenous young people. Following the discussion on professional experiences, challenges, and strategies, informants were asked to reflect on their guiding principles to mental health practice and compared these principles with the themes derived from the literature review. These themes are synthesized and described below.

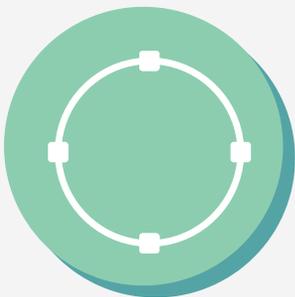# PRINCIPLES OF A BRAIDED APPROACH

CULTURE

INTERCONNECTION

RELATIONALITY

SELF-DISCOVERY & DETERMINATION

WHOLISM

BALANCE

SPECIFICITY

CULTURE

The customs, practices, and beliefs of a particular nation, people, or social group.

We promote culture by incorporating Indigenous teachings, values, and languages into our mental health interventions

INTERCONNECTION

The understanding that human beings are connected to one another, to the earth, and to non-human entities

We encourage interconnection by welcoming relationships with land, ancestors, and spirit into our mental health practice

RELATIONALITY

How one understands, communicates, and conceptualizes relationships with the self and others, both internally and externally within their immediate life-space and beyond

We foster caring, reciprocal, and respectful relationships with the self, individuals and communities in order to nurture the connections we have with all things in creation

SELF-DISCOVERY & DETERMINATION

The process of learning about one's self and the ability to make wise decisions on one's own behalf

We support youth to better understand themselves, their emotions, and their reactions in order to provide appropriate options for their healing
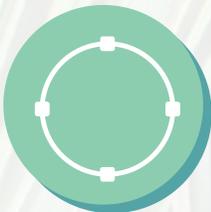
WHOLISM

The consideration of the entirety of a person, including not only their mental state, but also their physical, emotional, and spiritual aspects.

We support wholism through honouring individuals in all facets of the self and promoting self-acceptance

BALANCE RESTORATION

The process of rebalancing the different aspects of one's life to be able to live more harmoniously

We encourage the exploration of balanced living through reflection and practice of care within all aspects of the self

CONTEXT SPECIFICITY

The adaptation of approaches to address different contexts and lived realities

We actively acknowledge environmental and historical factors that have and continue to impact each individual and their lived-reality and adapt to suit the specific needs of individuals and communities

PRINCIPLES OF A BRAIDED APPROACH: OVERVIEW

A braided approach to mental health support is an integrative model that recognizes the individual strengths and limitations to any one approach alone. A braid is woven with intention, in order to acknowledge and honour identity, culture, and spirituality. The braided approach is formed by the principles described below. While each strand of the approach is important on its own, it is through the interrelationship they hold with one another that a strong braid is built. It is integral to consider each part as related to the whole.

CULTURE

Culture refers broadly to the customs, practices, and beliefs of a particular nation, people, or social group. Culture is of particular importance to Indigenous youth within the context of colonial history and present day realities, where Indigenous cultures, languages, and practices have been marginalized. Culture is regarded as the most important principle in mental health service provision with Indigenous youth. This may mean collaborating with cultural practitioners, teachers, and community members to facilitate long-term and meaningful cultural relationships for Indigenous youth.

WE PROMOTE CULTURE BY INCORPORATING INDIGENOUS TEACHINGS, VALUES, AND LANGUAGES INTO OUR MENTAL HEALTH PRACTICE WHERE APPROPRIATE.

ASPECTS OF CULTURE

CULTURAL CONNECTEDNESS

Cultural connectedness is the degree to which an individual feels connected and a part of a cultural group. Cultural connectedness is considered across disciplines as a substantial protective factor for Indignenous youth. Increased feelings of connectedness to one's culture supports youth in developing resiliency in the face of challenging circumstances. Culture connectedness supports Indigenous youth in developing an understanding of their identity which brings about feelings of rootedness and increased resiliency.

CULTURAL SAFETY

Mental health interventions, regardless of theoretical approach, need to be compatible with Indigenous cultural understandings and practices. Historically, mental health strategies have invalidated the experiences and lifeways of Indigenous peoples, which have produced negative mental health outcomes and a disinclination to participate in mental health service systems. Cultural safety requires practitioners to develop culturally responsive practices in which Indigenous ways of being are validated and honoured in the therapeutic process. This means practitioners working with Indigenous populations should approach discussions of culture with humility, responsiveness, and respect. Cultural safety is a practice where we work to co-create environments that are safe with and for Indigenous young people so that they are able to engage as their whole selves.

INTERCONNECTION

Interconnection refers to the understanding that human beings are connected to one another, to the earth, and to non-human entities. Interconnection is a core concept to Indigenous value systems which shape the ways Indigenous people live, think, and respond to their environment. This principle can guide mental health strategies through the understanding and reference to the complex relationships Indigenous young people hold in their immediate and external environments. Ancestry, community, land, and spirit all impact mental health and healing and should be acknowledged and honoured as integral to positive mental health outcomes.

WE ENCOURAGE INTERCONNECTION BY WELCOMING RELATIONSHIPS WITH LAND, ANCESTORS, AND SPIRIT INTO OUR MENTAL HEALTH PRACTICE.

RELATIONALITY

Relationality refers to how one understands, conceptualizes, and behaves in relationships with the self and others. Relationality is the practical application of interconnectedness, which aims to nurture the complex relations individuals hold in various capacities. Relationships can support positive mental health outcomes when they are based on authentic and meaningful exchanges. Practitioners must first build relationships with Indigenous youth that are caring, reciprocal, and secure in order to then address mental health concerns. This relationship can model and teach youth interpersonal skills wherein they are better able to maintain self-respecting and important relationships with themselves and others. Relationships provide the framework for change.

WE ENCOURAGE INTERCONNECTION BY WELCOMING RELATIONSHIPS WITH LAND, ANCESTORS, AND SPIRIT INTO OUR MENTAL HEALTH PRACTICEWE FOSTER CARING, RECIPROCAL, AND RESPECTFUL RELATIONSHIPS WITH THE SELF, INDIVIDUALS AND COMMUNITIES IN ORDER TO NURTURE THE CONNECTIONS WE HAVE WITH ALL THINGS IN CREATION

SELF-DISCOVERY AND DETERMINATION

Self-discovery refers to the process of learning about one's self; self-determination is the ability to make wise decisions on one's own behalf. Self-discovery for Indigenous youth in particular is founded upon an understanding of identity, relations, and experiences. Self-discovery and determination involve deep reflection on all aspects of our lives, supporting us in becoming active participants in determining our futures.

SELF-DISCOVERY

Self-discovery is an investigation of the self, critically examining our past and present realities. It involves exploring our emotions, our thoughts, our behaviours, and our coping strategies in adverse situations. Self-discovery can also support young people to identify their values, their desires, their abilities, and what they want for their future.

SELF-DETERMINATION

Self-determination is the ability to make choices on one's own behalf. Practitioners can support self-determination by regarding youth as the expert of their own lives and their associated goals, desires, needs and wants. Allowing youth to determine and select which skills work for them, supports them in becoming active participants in their healing journeys. Self-determination requires self-discovery and acceptance, as change cannot occur until we accept where we are and where we want to go.

WE SUPPORT YOUTH TO BETTER UNDERSTAND THEMSELVES, THEIR EMOTIONS, AND THEIR REACTIONS IN ORDER TO PROVIDE APPROPRIATE OPTIONS FOR THEIR HEALING.
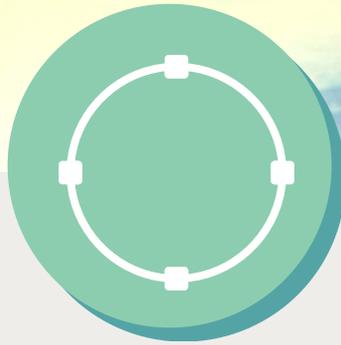
WHOLISM

Wholism refers to the consideration of the entirety of a person, including not only their mental state, but also their physical, emotional, and spiritual aspects. It is important when working with Indigenous youth to consider the complex impacts that result from adverse experiences. An adverse event does not occur in isolation; rather, symptoms that are categorized as mental health concerns may be caused by or facilitate physiological, emotional, and spiritual distress. Mental health professionals therefore should support clients to explore and identify the ways in which stressors impact their wellbeing in multiple areas and promote more fulsome healing. Mindfulness is a critical tool in identifying and responding to the ways stressors impact the various facets of wellbeing moment-to-moment. From this perspective, intervention needs to account for all aspects of an individual's wellbeing, while also providing direct support for the concern identified by the client in the moment.

WE SUPPORT WHOLISM THROUGH HONOURING INDIVIDUALS IN ALL FACETS OF THE SELF AND PROMOTING SELF-ACCEPTANCE.

BALANCE RESTORATION

Balance restoration refers to the process of rebalancing the different aspects of one's life to be able to live more harmoniously. From an Indigenous perspective, distress originates from imbalance. Living in harmony, or Mino Bimaadiziwin, is a way of orienting oneself towards the ongoing pursuit of balance within ourselves, our relationships, and our environments. This mirrors the concept of 'walking the middle path' used in DBT to describe the understanding that everything in life exists along a spectrum, with polarizing extremes. By acknowledging that extremes may be harmful to wellbeing, individuals may be able to find a more balanced approach in their lives. Balance is a contextual concept, which is ever changing based on internal and external factors within an individual's life. Practitioners can support Indigenous youth to understand and identify how polarized thoughts, emotions and behaviours diminishes capacity for balance. These crucial discussions can foster spaces for acceptance and change to occur.

WE ENCOURAGE THE EXPLORATION OF BALANCED LIVING THROUGH REFLECTION AND PRACTICE OF CARE WITHIN ALL ASPECTS OF THE SELF

CONTEXT SPECIFICITY

Context specificity is the adaptation of approaches to address different contexts and lived realities. At its core, context specificity is the understanding that there is not a formulaic approach to supporting Indigenous youth. Practitioners must be willing to address and discuss environmental factors openly, including Indigenous experiences of colonization and systemic oppression, as well as the unique histories, circumstances, and barriers that impact Indigenous clients. In doing so, practitioners may be able to reduce feelings of shame associated with the development and reliance on ineffective and dangerous coping styles. Operating with context in mind, practitioners must be willing to be flexible in both content and delivery format when working with Indigenous populations in order to reduce potential barriers to access and facilitate appropriate intervention. Honouring context entails the meaningful engagement with Indigenous communities who hold valuable understandings, approaches and resources to support the healing of Indigenous youth. It is essential that practitioners enter into the life-spaces of young people within their communities rather than regarding youth as isolated from these spaces, cultures, and traditions.

WE ACTIVELY ACKNOWLEDGE ENVIRONMENTAL AND HISTORICAL FACTORS THAT HAVE AND CONTINUE TO IMPACT EACH INDIVIDUAL AND THEIR LIVED-REALITY AND ADAPT TO SUIT THE SPECIFIC NEEDS OF INDIVIDUALS AND COMMUNITIES.

More Tips for Supporting Indigenous Youth

Supporting Indigenous youth requires a flexible relational approach that is trauma informed and culturally safe. When approaching mental health service provision with Indigenous youth and using an integrated or braided approach, here are some additional things to consider.

1

Make it accessible: Go to where youth are at and provide services in ways that are most accesible to them in their circumstances

2

Folow community lead: Differ to what the community is asking for. Try to involve community in the development and implementation of your work as much as possible.

3

Involve family: Understanding your client may mean getting to know their family as well. When appropriate, invite family members to be part of the healing process.

4

Build Capacity: Provide Indigenous communities with the skills and tools to support their own community members. Understand your role as an outsider.

5

Practice reciprocity: Relationships are two ways. This means you may need to give something to get something. Be yourself and be candid about your experiences.

6

Check your biases: Be careful not to assume you know what is best or acceptable. Allow young people to guide the healing journey and be mindful of the cultural biases you are holding.

Limitations

Each data source in this review was limited in terms of scope and relevance, as the studies did not often focus specifically on Indigenous youth engaged in a specific intervention. That is to say that studies focused primarily on youth generally with a small cohort of Indigenous participants, or were focused on Indigenous adults with a small number of youth participants. Particularly in the Indigenous healing section of this review, there were a significant number of articles discussing the specific needs and interventions for Indigenous youth, however these articles were largely theoretical and lacked empirical grounding. The literature review method, while helpful in quickly identifying potential sources for the purpose of this review may not accurately reflect the specific knowledge transmission methods of all disciplines, particularly Indigenous and CYC approaches.

Discussion

The current study offers an important perspective in supporting the need for an integrated approach to support Indigenous youth mental health in Canada, incorporating Indigenous perspectives, DBT, and CYC models of care. It is encouraging to see promising possibilities through shared commonalities between and amongst the three mental health approaches investigated in this study. There are however distinguishing features of each approach which are notable when considering an integrative model of mental health service provision. For one, Indigenous models of healing are specific cultural practices that are not generalizable or transferable to non-Indigenous practitioners or participants. Second, as a comprehensive manualized treatment modality, DBT necessitates rigourios training and accreditation in order for practitioners to engage in formal services with clients. Similarly, CYC is a recognized profession offering specialized services to youth. This toolkit has been informed by the common practices between these approaches however, it does not condone the use of discipline specific mental health strategies to be used without appropriate consultation and supervision by mental health professionals.

Conclusion

There is a need to further identify evidence-based practices that support Indigenous youth mental health. The high prevalence of suicide, substance dependence, and poor mental health functioning among Indigenous youth indicates a gap in effective strategies and treatments that directly address the unique experience, needs, and cultures of this population. Indigenous youth are experiencing social conditions resulting from colonialism which are difficult to accurately identify and address. In the context of COVID-19, these social conditions are exacerbated by an increased sense of uncertainty, social disconnection, isolation, and barriers to accessing mental health support. It is imperative that service providers adapt quickly in this time as it presents new opportunities to what mental health support can and should look like. Failure to address the needs of Indigenous young people will inevitably lead to devastating loss for individuals, communities, and nations. For Indigenous people, youth represent the future of their peoples; a future that has been at threat of erasure. In order for there to be a future worth living for Indigenous young people, Indigenous lifeways need to be honoured, valued, and held in high regard. The braided approach to mental health that has been presented here is just one step of many on a path towards less harmful relations between Indigenous youth and mental health service providers.

OUR ROLE AS HELPERS TO INDIGENOUS YOUTH IS TO GUIDE THEM ALONG THEIR OWN PATH, SO THEY CAN HOLD HOPE AND DESIRE FOR THE FUTURE.

FINDING OUR POWER TOGETHER

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