WIDENING THE CIRCLE

Newsletter of the National Network for Aboriginal Mental Health Research

Introducing the 2007 NAMHR Summer Student Interns

We are pleased to announce this year's NAMHR Summer Student Interns. The NAMHR Summer Student Internship program is a 10-week paid internship open to full time students across Canada. The internship projects are designed and supervised by members of the NAMHR, and students work with these mentors in various aspects of the research process including planning, data collection, analysis, and/or synthesis. Research projects must be related to one of the NAMHR research themes, which include: cultural continuity and the mental health of Aboriginal populations, barriers to mental health service utilization, social contexts of substance use, models and metaphors of mental health and healing, suicide prevention, and resilience.

This year, four exceptional individuals have been selected as NAMHR Summer Student Interns: Emily Bennett (McGill University), Cindy Deschenes (University of Lethbridge), Taylor Bassingthwaite (University of Saskatchewan), and Morgan Kahenton:ni Phillips (Concordia University). These students will be exploring various research topics, including the geographies of Aboriginal health, "bingo orphans," the social determinants of Indigenous women's mental health, and resilience among Indigenous people.

For more information about the NAMHR Summer Student Internship program, please visit www.mcgill.ca/namhr.

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The National Network for Aboriginal Mental Health Research was developed in December 2001 as a partnership between Aboriginal communities and academic researchers. The NAMHR is funded by the Canadian Institutes of Health Research (CIHR) and includes a network of researchers from across Canada with extensive experience in Aboriginal health and related areas.

The priority of the Network is to develop research capacity. To that end, the emphasis is on networking and training for existing researchers and conducting a series of pilot projects that provide a basis to seek funding for larger scale projects from other sources including regular CIHR competitions, federal and provincial programs and Aboriginal organizations.

Tuberculosis: "a history kind of disease"

Ebba Olofsson, PhD

Most people, when they hear about tuberculosis (TB), think that it a disease of the past, that it is "a history kind of disease." Although there is efficacious treatment for tuberculosis today, there are still people who contract and die from tuberculosis - not only in the developing world, but also right here in our rich country. While there is no consensus in the literature on the rate of tuberculosis in Canadian Aboriginal communities (Gibson et al. 2002), the rate of tuberculosis is higher in Aboriginal populations then in the general Canadian population.

Background

While the prevalence of TB disease has been dropping steadily over the past several decades in Canada, FritzGerald and colleagues suggest that First Nation peoples and Inuit still have rates almost five times higher than the Canadian population as a whole. The prevalence of tuberculosis infection is much higher in Aboriginal communities than among Canadian-born non-Aboriginal people and it is likely that TB will remain a major problem in the First Nation and Inuit population for the foreseeable future. Factors such as stress, diabetes, HIV infection and substance abuse increase the probability of progression of TB infection to disease. Many of these risk factors are found in urban Aboriginal populations (Farkas et al. 1986).

Research about tuberculosis

What can be done to help Aboriginal people infected with TB living in Montreal? With the CIHR research study "Tuberculosis among urban Aboriginals in Montreal," we are trying to find answers to this question.

This project began at the Native Friendship Centre (NFCM) in January, 2005. It is a joint project of McGill University Health Centre (MUHC) and NFCM, lead by Paul Brassard, M.D., from the Division of Clinical Epidemiology at Royal Victoria Hospital. The research team includes two anthropologists – Mary Ellen Macdonald and Ebba Olofsson - as well as the staff of NFCM. Together, our research goal is to better understand how to increase awareness and accessibility to primary care for Aboriginal people in Montreal.

The data from the first stage of this project has already been collected and is currently being analyzed. For the first stage, a research nurse recruited and screened 164 Aboriginal community members for tuberculosis (over a period of 15 months). The nurse also administered a questionnaire about the sociodemographic status (gender, nation, income, schooling, living conditions, and so on), medical history and risk factors (such as drug and alcohol abuse, or HIV infection) and knowledge about tuberculosis. Those with a positive reaction to the skin test were referred for a medical evaluation at the Montreal Chest Institute. However, many of those who were referred to the medical facility never went to the hospital.

Involving the community

We are currently in the second stage of the project. We are using a qualitative research approach to understand how community members perceive TB, and why some might not seek medical care even when they have positive skin tests for TB. Through talking circles (focus groups) and individual interviews with community members, we are exploring perceptions of TB, as well as strategies to encourage participation in preventive medical services,

medical evaluation and potential treatment of latent tuberculosis infection. Our goal is to contribute to maintaining as well as increasing the overall health status and well being of urban Aboriginal peoples in Montreal. So far 23 individuals have been interviewed. The results of the interviews will be the basis for the discussion of the talking circles, to be held at the NFCM in June. The project team will also help organize an information session on TB at the NFCM, which will be open to the public.

If you would like more information on this project please contact Ebba Olofsson by phone at 514-499-1854 or by e-mail at: ebba.olofsson@mail.mcgill.ca.

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FitzGerald JM, Wang L, Elwood RK. Tuberculosis: 13. Control of the disease among aboriginal people in Canada. CMAJ 2000; 162(3):351-355.

Gibson N., Cave A., Doering D. Targeting TB. (2002) Sociocultural factors affecting tuberculosis treatment and prevention in Aboriginal and immigrant populations in Alberta.

"Family is where you go when you can't go anyplace else"

Sherri Pooyak, MSW Candidate

As a First Nation woman from the Cree Nation, I am excited to offer a brief overview of the research I am about to embark on. I am a student in the Social Work program at the University of Victoria, and the field work for my research is being conducted under the supervision of Dr. Caroline Tait at the University of Saskatchewan. My research project is entitled: *"Family is where you go when you can't go anyplace else:" Understanding the relationship between First Nation female youth who have had involvement in the sex trade and their family members*. In addition to exploring the experiences of First Nation youth who have been involved in the sex trade, this research will explore how this population's familial relationships have contributed to their resilience. The final thesis will incorporate the findings from this research to give insight into how the social work profession can better assist these youth and their families.

Methodology

The methodology for this study will be based in a resilience framework using open-ended interviews to explore the protective factors (in this case family members) that have contributed to youths' resilience. The research project will be conducted in a Saskatchewan city and will focus on the experiences of First Nations female youth between the ages of 13 and 15, and who have been involved in the sex trade. I have chosen this age because there is minimal first hand accounts documented on the subjective experiences of this population.

Each participant will be requested to participate in a one-hour audio taped interview. The methodology to be used in this study is a process of documenting the stories of the participants. In First Nations cultures stories play many roles, and as the teller shares his/her experiences the listener is given a life lesson. It is a way of gently and respectfully offering advice. In their own voice, the youth who I interview will be encouraged to share personal stories of the ways in which their family members have contributed to their resilience. In conducting the data analysis, I will look for themes of protective factors which are culturally relevant

and that have otherwise not been identified in the resilience literature. Recruitment will be done through a residential facility in Saskatchewan, and each participant will be offered "gifts" of sweetgrass, money and a blanket.

Literature Review

Current literature on this topic tends to focus on the victimization of First Nations female youth involved in the sex trade. I have therefore chosen the above methodology as an attempt to reframe how this population tends to be constructed as victims of sexual exploitation. I do not disagree that this population is being victimized, however I think it is equally important to gain insight into their strengths, supports, or positive family systems. Moreover, the literature focuses on the "why" of the issue, rather than on the "what:" what can the social work profession do to assist these youth and their families in preventing youth from entering the sex trade in the first place, and how can the social work profession shift their thinking about this population and begin to see the strengths of the cultural family dynamic that may exist within this population?

Over the next summer months I will be conducting interviews and writing the thesis, and I hope to defend the thesis in December, 2007. I am excited to begin this next part of my academic journey. It has been an exciting and interesting process, and one that has brought many challenges and rewards - the challenge of attaining ethics approval from two universities (which I have received) and the reward of being supported financially through the National Network for Aboriginal Mental Health Research.

For more information about this study, please contact Sherri Pooyak by e-mail at: pooyaksd@Uvic.ca.

TRAINING OPPORTUNITIES

Inuit Health Research and Planning Summer Institute

August 13 - 31, 2007
University of Ottawa, Ottawa

The first Inuit summer institute on health research methods and planning will be held at the University of Ottawa from August 13-31, 2007. This launches an Inuit graduate program on health research, which will eventually include an Inuit Masters and Doctoral cohort.

Anisnabe Kekendazone, run by CIET Canada at the Univeristy of Ottawa, has teamed with the Inuit Tapiriit Kanatami and other ACADREs to bring together research trainers from across the country with Inuit participants. The hosting institutions came together in 2006 to address the lack of access to graduate studies in health research and planning among Northern Inuit. The August 2007 institute is the beginning of a process to improve that access and to build research and planning capacity across Inuit communities.

The summer institute offers a foundation for Inuit who wish to continue on to a graduate studies program. The seminar will not be restricted to candidates with undergraduate level education; it offers an opportunity to any Inuit working in health planning and research who want to further develop their skills in these areas.

This three week introduction to scientific research methods focuses on methods that are relevant to Inuit lives and communities. Participants will also study practical applications of research evidence for planning. The program covers historical and contemporary Inuit health issues, Inuit health/life transitions, and environmental changes, as well as the

articulation of scientific methods and traditional knowledge. It will also consider differences across regions.

Application guidelines are now available online at www.ciet.org.

13th Annual McGill Summer Program in Social & Cultural Psychiatry

May 7 - June 4, 2007
McGill University, Montreal

In 1995, the Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University inaugurated an annual summer school in social and cultural psychiatry and psychiatric epidemiology. The program provides the conceptual background for research and clinical work in social and cultural psychiatry and is of interest to:

- postdoctoral trainees, researchers, and clinicians in psychiatry and other mental health disciplines
- residents and graduate students in health and social sciences
- physicians, psychologists, social workers and other health professionals

The summer program forms part of the training activities of the Montreal WHO Collaborating Centre and is endorsed by the Canadian Academy of Psychiatric Epidemiology. For more information, visit:
www.mcgill.ca/tcpsych/training/summer/

Canadian Indigenous Languages and Literacy Development Institute (CILLDI)

July 9 -18 & 18 – 27, 2007
University of Alberta, Edmonton

The University of Alberta will be holding its eighth annual Canadian Indigenous Languages and Literacy Development Institute (CILLDI) in July 2007. The CILLDI provides a unique opportunity to earn university credit while learning about selected Canadian Indigenous languages and cultures. Participants include undergraduate and graduate students interested in learning an Indigenous language or gaining expertise in the areas of linguistics, language and literacy, curriculum development, second language teaching and research.
In addressing issues of Indigenous language loss in Canada, CILLDI has been expanding to include a wide range of courses based on needs expressed in Indigenous communities. The first block of courses will run from July 9 - 18, 2007. The second block of courses will run from July 18 - 27, 2007.

For information about course offerings and costs please visit:
www.uofaweb.ualberta.ca/elementaryed/CILLDI.cfm.

Prairie Region Health Promotion Research Centre Summer School

June 25 – 28, 2007
University of Saskatchewan, Saskatoon

This provincial, national and international learning event will focus on the holistic space for health promoters in all areas (practitioner, student, policy maker, researcher, community activist, etc.).

Approaching the practice of population health promotion as an art, science, and relational practice the Summer School will begin with explorations of practitioners as instruments for change in the context of local and global relationships. Ways of addressing the root causes of health inequities within an ecological framework will be explored, through experiential learning that combines personal change

with social change work. Participants will have the opportunity to combine critical thinking and practical skills around health promotion practice, research and evaluation, knowledge translation and policy issues.

For further information please visit: http://www.usask.ca/healthsci/che/prhprc or call 306-966-7939.

Nechi Training Institute 2007 Training Program

Nechi Training Institute, St. Albert, Alberta

Nechi Institute offers in-house and off-site training programs in the following areas: Addictions Counselling, Program Management, Training of Trainers (TOT), Aboriginal Addictions Services Certificate (AASC), Community Wellness Certificate (CWC) and Aboriginal Addictions Services Diploma (AASD). Also offered are several five-day workshops. These include: Family Violence, Adult Children of Alcoholics and Problem Gambling workshops. Nechi Institute also facilitates community development workshops and contracted training projects in all provinces and territories of Canada.

For information about the 2007 training schedule please visit: http://www.nechi.com/training/main.php.

Kahnawake Schools Diabetes Prevention Project Training Program in Diabetes Prevention

June 4 - 8, 2007
Kahnawake Mohawk Territory
(15 minutes from Montreal, Quebec)

The KSDPP Training Program covers the following topics around community mobilization in an interactive and community oriented setting: creating a community vision of wellness; developing teams and building community coalitions; diabetes prevention curriculum for elementary school children; creating supportive environments in school and community; planning and evaluating diabetes prevention activities; creating effective dissemination programs and information on diabetes, nutrition, physical activity and personal wellness.

This program would be of interest to workers in health promotion, diabetes prevention, diabetes and wellness, nutritionists, recreation facilitators, teachers and guidance counselors, health directors / managers, school administrators and program coordinators.

A registration fee of $500 is required to register. Registration deadline is May 18, 2007. To Register, and for details about the KSDPP Training Program, please contact Judi Jacobs, Training Coordinator, by phone at 450-635-4896, or by e-mail at judij@sympatico.ca. Or visit http://www.ksdpp.org/training.html.

UPCOMING CONFERENCES

Restoring our Balance: Fifth Continental Meeting of Indigenous Women of the Americas

July 9-12, 2007
Survival School, Kahnawake, Quebec

Continental meetings of Women of the Americas have been major events for Indigenous community leaders and organizations from North, Central and South America. They are coordinated by the Continental Network of Indigenous Women of the Americas (ENLACE).

For more information please visit www.faq-qnw.org/5conti/ or contact Joanne Ottereyes,

International Relations Coordinator, at (450) 632-0080 ext. 222.

7th International Conference on Diabetes & Indigenous Peoples: Learning from the Past to Restore Balance

August 29 - September 1, 2007
Ottawa Congress Centre, Ottawa, Ontario

For information contact Hunter-Courchene Consulting Group, Conference Co-ordinators by phone at 1-866-778-4610 or by e-mail at main@huntercourchene.com.

SCHOLARSHIPS & AWARDS

Aboriginal Health Careers Bursary & Scholarship Awards 2007-2008

In 1998, Health Canada transferred the management of its Indian and Inuit Health Careers Program to National Aboriginal Achievement Foundation (NAAF). The program provides support to students who are pursuing accredited health studies leading to employment in the health professions and who have demonstrated the potential for academic success.

Eligible fields of study include health sciences such as: medicine, nursing, dentistry, biology, chemistry, physiotherapy, pharmacy, clinical psychology, laboratory research and technology and any other health field in which a study of the hard sciences is a pre-requisite. Eligible programs of study include certificate programs, undergraduate, professional and graduate degree programs of at least two academic years at accredited Canadian colleges and universities, CEGEPs and technical institutes. Study outside of Canada is considered for support at graduate level.

Deadline for applications is June 1, 2007. Please visit www.naaf.ca for further information and application guidelines.

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To download previous editions of Widening the Circle please visit www.mcgill.ca/namhr.

NAMHR Mailing List

The NAMHR mailing list is for researchers, health professionals, and others interested in Aboriginal mental health. The mailing list is a useful place to post announcements, pose questions or locate resource people.

To subscribe to the NAMHR listserv, please contact Shannon Dow, NAMHR Coordinator, by e-mail at shannonaudrey.dow@mail.mcgill.ca, or by phone at 514-340-8222 ext. 2192.

PUBLICATIONS

Below is a list of recent publications by NAMHR investigators. NAMHR investigators' names are highlighted in bold.

Adelson, N. (2006). Visible / Human / Project: Visibility and Invisibility at the Next Anatomical Frontier. In R. Shteir, & B. Lightman (Eds.), *Figural Vocabularies of Gender and Science*. Hanover: University Press of New England.

Chandler, M. J., & Proulx, T. (2006). Changing selves in changing worlds: Youth suicide on the fault-lines of colliding cultures. *Archives of Suicide Research*, 10(2), 125-40.

Culhane, D. (2006). Their Spirits Live Within Us: Aboriginal Women in Downtown Eastside Vancouver Emerging Into Visibility. *American Indian Quarterly*, 7 (3/4), 593- 606.

Fiske, J. (2006). Aboriginal Citizen, Discredited Medical Subject: Paradoxical Constructions of Subjectivity in Health Care Policies. *Policy Sciences*, 39(1), 99-111.

Fletcher, C. (2006). Environmental Sensitivities: Equivocal Illness in the Context of Place. *Transcultural Psychiatry*, 43 (5-6), 86-105.

Kirmayer, L.J. (2006). Beyond the 'New Cross-cultural Psychiatry': Cultural Biology, Discursive Psychology and the Ironies of Globalization. *Transcultural Psychiatry*, 43 (1): 126-144.

Lalonde, C.E. (2006). Identity Formation and Cultural Resilience in Aboriginal Communities. In R.J. Flynn, P. Dudding, & J. Barber (Eds.), *Promoting Resilience in Child Welfare*. Ottawa: University of Ottawa Press.

Tanner, A. (2007). On Understanding Too Quickly. Colonial and Post-Colonial Misrepresentation of Indigenous Fijian Land Tenure. *Human Organization*, 66(1), 69-77.

Waldram, J.B. (2006). The View from the Hogan: Cultural Epidemiology and the Return to Ethnography. *Transcultural Psychiatry*, 43: 72-85.

Wieman, C. (2006). Improving the mental health status of Canada's Aboriginal youth. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 15(4), 157-158.

Contributors

Ebba Olofsson, PhD, is an anthropologist and postdoctoral fellow at the Institute of Community and Family Psychiatry in the Culture and Mental Health Research Unit, Jewish General Hospital, Montreal, Quebec. Her doctoral dissertation explores the identity of individuals with parents from two different ethnic groups, focusing on individuals in Sweden with one Saami parent and one Swedish parent, and individuals in Canada with one native parent and one Euro-Canadian parent. Her dissertation is entitled, *In Search of a Fulfilling Identity In a Modern World: Narratives of Indigenous Identities in Sweden and Canada*.

Sherri Pooyak is a master's student in the school of social work at the University of Victoria, Victoria, BC.