Widening the Circle

National Network for Aboriginal Mental Health Research

Spring/Summer 2005 **Volume 7, Issue 1**

NAMHR Logo
"The Tattooed Hand"

Open Hand - The open hand communicates different meanings including peace, salutation or farewell. Enough! Stop! or Attention! The hand is also a symbol for labour, healing and comfort.

Four Directions - The artist uses the circle as representing the four directions: yellow for East, red for South, blue for West and white for North.

Thumb - The thumb is meant to represent community through the artist's use of the 4 directions and the igloo seen from above.

Index Finger - The index finger represents the natural world with its stylized depiction of birds and clouds.

Middle Finger - The radiant sun of the middle finger reflects hope. It is also the symbol of life and renewal

Third Finger - *The* third finger reflects the phases of the moon.

Little Finger - The little finger represents growth and renewal as depicted by plant life. ◈

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The Collectivism-Individualism Divide: Is it really that clear in Aboriginal Communities?

By Kelly McShane

Doctoral Student, Department of Psychology, Concordia University

The concepts of collectivism and individualism have been discussed in many contexts in the social sciences. Cross-cultural research has further elaborated on the concepts, with cultures often being characterized as either collectivist or individualist. Triandis and others describe individualist cultures as viewing individuals as autonomous from groups and collectivist cultures as viewing individuals as part of groups. As a result, individualists see the self as independent and are concerned with their own success, whereas collectivists see the self as interdependent with others and are concerned with the success of a group. Individualists will give priority to their own goals and collectivists will give priority to their group's goals. Some researchers have suggested that collectivism and individualism are opposite ends of a continuum, which precludes the existence of high levels of both collectivism and individualism within a given culture. But this duality appears to exist comfortably within many Aboriginal cultures.

Aboriginal communities have typically been described as collectivist, with researchers citing the emphasis of getting along with others, reliance on the social group, and shared child-rearing responsibilities as evidence. However, it has also been particularly perplexing to me that the label is applied categorically in light of certain features of Aboriginal culture described by Brant and others. Specifically, one feature of Aboriginal cultures is the ethic of noninterference which places a high degree of respect for each individual's autonomy. Yet, this is a hallmark feature of individualism, and not collectivism. How can one reconcile this?

Researchers have recently suggested that perhaps cultures are better described along two dimensions: relatedness and autonomy (see Rogoff, 2003). *Relatedness* encompasses love, attachment, mutual obligations, and belongingness; whereas *autonomy* refers to personal choice, self agency, and psychological independence. In particular, researchers note that Native Americans foster autonomy through noninterference, which is designed to promote empathy, valuing of harmony and other cooperative characteristics. In turn, these characteristics would support relatedness by building community integration and mutual supportiveness. In other words, Native American cultures evidence high levels of both relatedness and autonomy, and their cultural practices promote these values as complementary, rather than antithetical. Therefore, instead of applying the 'collectivist' label, the use of both relatedness and autonomy dimensions allows for more accurate representations of Aboriginal culture.

Traditionally, much of cultural psychology has followed an "east versus west" approach. Recent advancements in theories and perspectives have emerged as researchers have looked to the values and practices of a wider diversity of cultures. Recognizing that traditional models of culture do not apply to Native American cultures – and to many other cultures as well – will be essential for developing our understanding of these communities, allowing us to more effectively address their concerns and needs. ◈

"Resilience and Healing in Aboriginal Mental Health" – 2004 NAMHR Annual Co-Investigators' Meeting

By Ken Paul

Masters Student, McGill University

"…resilience should be thought of as dynamic, relational and domain -specific rather than static or global."

The NAMHR Annual meeting held in Montreal on October 18-19, 2004 brought together researchers, students, and board members to provide updates on research activities, share experiences, and exchange ideas on the theme of the meeting, "Resilience and Healing in Aboriginal Mental Health." Dr. Laurence Kirmayer, NAMHR Co-Director, chaired the morning session.

On short notice, Ms. Madeline Dion-Stout, former faculty member of Carleton University and a Cree from Saskatchewan, graciously offered to stand in for Dr. LaFramboise, who was unable to attend. Ms. Dion-Stout's introduction, "Tapestry of Colours," set the stage for the meeting as she wove together personal stories of adversity and resilience with theoretical attempts to "deconstruct" the concepts of dysfunctional families, pathology, and criminality in creating workable notions of resiliency.

The next speaker, Dr. Joseph Gone, trained in the areas of clinical and community psychology and a member of the Gros Ventre tribe in Montana, presented research he has conducted on the provision of mental health services to Gros Ventre communities. He suggested that the individual psychotherapy provided by the Indian Health Services acts as a subtle form of "colonization" and that clinicians need to rethink their work to take into account cultural incompatibilities toward the goal of developing interventions which can redistribute power and embrace cultural differences.

The afternoon session on "Models and Metaphors of Healing" consisted of a number of short presentations. Dr. Gail Valaskakis, AHF Director of Research and NAMHR Co-Director chaired the first half of the session. The authors of the three-part volume report for the Aboriginal Healing Foundation started the session. Ms. Kim Scott, a consultant with experience in health program development and evaluation and an Anishnabekwe from Kitigan Zibi, presented on the volume titled "Impact". Dr. Marlene Brant, Castalleno Professor Emerita of Trent University and a Mohawk from the Bay of Quinte, then presented on the volume titled "Narrative". Ms. Linda Archibald, currently coordinating the Aboriginal Healing Foundation's research on best practices, presented on the volume titled "Promising Practices".

Given the number of community projects that were to be reported on and the time limitations the session quickly moved into the updates on various projects that were funded by the Aboriginal Healing Foundation. Dr. Jim Waldram of University of Saskatchewan directed this part of the session and panel presenters included: Dr. Naomi Adelson of University of Toronto, Amanda Lipinski (Research Assistant-University of Toronto), Dr. Chris Fletcher of University of Alberta and Dr. Joanne Fiske, of University of Lethbridge. Each project was presented as a case study on the meaning of health and healing at the individual and community level and how each could be used as a model of "best practices". This was followed by a panel discussion about the methodological issues in studying the concepts of health and healing. The challenges of conducting research in various Aboriginal communities were raised with discussion on how some of these challenges could be overcome.

Day two was chaired by Dr. Michael Chandler of the University of British Columbia, and started with a presentation by Dr. Jake Burack of McGill University and Dr. Grace Iarocci of Simon Fraser University on the potential contributions of the field of developmental psychology to research on resiliency among Aboriginal adolescents. They provided a broad overview of current theories, suggesting that resilience should be thought of as dynamic, relational and domain-specific rather than static or global. They then discussed their research with Aboriginal adolescents.

Dr. Michael Chandler and Dr. Christopher Lalonde of University of Victoria presented their findings on "cultural continuity" and suicide. They suggested that "resilience" should be thought of as a "verb" and that the notions of "elasticity" and "buoyancy" are useful in conceptualizing resilience.

Continued on page 3

2005 Annual NAMHR Co-investigators' Meeting

The 2005 annual NAMHR Co-investigators' meeting will be held in Vancouver, BC on November 7 & 8, 2005. Dr. Michael Chandler, NAMHR co-investigator, and his research team at the University of British Columbia will host this year's meeting.

The meeting is open to researchers, students, Aboriginal organizations and community resource persons interested in Aboriginal Mental Health.

More information will be posted on the NAMHR website in the coming months.

Resilience and Healing in Aboriginal Mental Health *(continued)*

They identified variables such as self-government, land claims, and quality of education that put some First Nation communities at higher risk for suicide, thus suggesting specific avenues for intervention. In addition, they argued that their results dispel the commonly held notion that First Nation communities are a homogenous population with suicide rates higher than Canadian rates.

Dr. Cornelia Wieman, of the University of Toronto and holding the added distinction as the first Aboriginal woman to train as a psychiatrist in Canada, presented a series of anonymous case histories based on her work at the Six Nations Mental Health Services. Each case demonstrated that even when facing extraordinary adversity and repeated tragic life events, clients continued to have the "will to live". She suggested that future work on resiliency amongst Aboriginal peoples could benefit from an approach which focused on "surviving" rather than "thriving" and a specific understanding of their "will to live".

Dr. Rod McCormick, a Mohawk psychologist from the University of British Columbia, then followed with a unique presentation in which he distributed to the audience a series of excerpts on small pieces of paper from his forthcoming book on Aboriginal paths to healing through nature. Audience members read their respective excerpt and were asked to provide their feelings regarding the excerpt. At the end of the readings other members of the audience were asked to provide their feelings on what was read. The presentation was very moving as it demonstrated in an experiential way how powerful nature can be as a source of strength and healing during times of adversity.

Dr. Caroline Tait, a Métis woman from Saskatchewan with a recent faculty appointment at the University of Saskatchewan, presented her work on resilience within communities in Saskatchewan. She argued that research on resilience must look at community understandings and local concerns. She then provided methodological suggestions for community involvement in research and stressed that research must recognize socioeconomic inequality and racism, and not just cultural differences.

Dr. Adrian Tanner, a retired faculty member of Memorial University and anthropology professor for over 30 years, presented his work amongst Cree communities in northern Quebec. He argued that anthropologists do not adequately recognize social suffering in First Nation communities but favour examining topics such as "culture" or "kin-based social organization". He then briefly traced some of the specific destructive effects of colonization to historically situate the social problems that these communities now face.

The last presenter, Dr. Kenneth Hart, from the University of Windsor, presented a draft of a proposed research project that would examine the use of a combination of a 12-step program and traditional Aboriginal teachings in various Aboriginal alcohol and drug rehabilitation centers as a model for lowering relapse rates. In his concluding remarks he made a request for Aboriginal collaborators, which then sparked a series of reactions from various Aboriginal audience members, some of whom argued that ideal forms of research collaboration are still rare and that there continue to be disparities in power and biases in knowledge in Aboriginal mental health research endeavours that must be addressed.

The meeting concluded with a roundtable discussion. The discussion primarily focused on how to bridge the health and healing needs of communities with the research methods and theories of resiliency proposed by the academic community. Although contentious points were raised, the conference ended with a collective willingness to continue productive dialogue on difficult but important issues. ⟡

Written by Ken Paul

I also wish to extend my gratitude & to acknowledge the contribution of Dr. Kelly McKinney in her feedback and comments on earlier drafts of this article. Any errors are solely the responsibility of the author.

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 pose questions or to locate resource people.

If you are interested in joining the NAMHR mailing list, send a registration request directly to the listserv program.

The e-mail address of the listserv program is: LISTSERV@LISTS.MCGILL.CA.

In this e-mail please leave the subject line blank, and the body of your e-mail should contain only the following (one) line:

- SUB NAMHR *First name Last name* (Replace the first name and last name with your *first and last names*).

If you experience difficulty with the above method, please contact the Network to process your request. ⟡

A special thank you to all presenters, invited guests, and attendees without whom the 2004 annual meeting would not have been a success.

We look forward to seeing you again at the next NAMHR meeting in Vancouver, BC.

Remembrance of Illness and Recovery: Identity Changes of Inuit Men and Women Who Were Treated in Southern Hospitals in the 1950's

By Ebba Olofsson, Ph.D.

Postdoctoral Student, McGill University

My postdoctoral research will explore the narratives of Inuit men and women from northern Quebec who underwent medical treatment for diseases such as tuberculosis in hospitals in Montreal, Hamilton, and Toronto. I will focus on those individuals sent south for treatment in their youth or childhood and who are today in their 50's and 60's. The research will extend the focus on the ethnic identity of the individual, which was the topic of my Ph.D. project, *In Search of a Fulfilling Identity in a Modern World: Narratives of Indigenous Identities in Sweden and Canada*. Therefore, I will look into how these individuals were affected by the hospitalization in the south, with the focus on the ethnic identity of the individuals. I will examine how these individuals coped or could not cope with the changed living conditions and changed cultural context, as well, how it changed their perception of themselves and others' perception of them. My study will involve life history interviews with persons living in Montreal and persons living in Kuujuaq, with 5-7 persons interviewed in each location, and each person being interviewed on several occasions to give the person time to tell his/her life history. As a complement to my own research, I will analyze a collection of interviews with Inuit Elders held at Avataq Cultural Institute. I will supplement the life histories with documentary research of the archival material of the hospitals as well as, interviews with former doctors and hospital personnel at the hospitals.

The Inuit men and women, who are the participants of the research, have experienced two major changes in their lifetime caused by colonization: firstly, the profound transformation brought on when the Inuit moved into the Euro-Canadian settlements in the 1950's and the subsequent modernization of Inuit life, and secondly, the hospitalization which forced them to live in a very different environment from that to which they were accustomed. These individuals were often not given any notice before leaving for the south. In some cases, they packed a few belongings and had to leave the same day as they were examined and diagnosed with tuberculosis or another serious condition. Furthermore, they did not always know where they were going or what was going to happen to them. Once in the hospital in the south, after a long journey, they were submitted to an intensive medical treatment – bed rest, surgery, and in later years drug therapy. There were several problems with communication between the medical personnel and the Inuit patients; for example, there was often no one to explain to them why they had to go through this treatment. For the Inuit patients this must have been a severe shock especially at the beginning of their hospital stay. Still, the majority somehow managed to adjust to the life in the hospital and to the life in the south. The treatment for tuberculosis was long, and these patients needed to stay away for years before they were released and sent back home again. Returning back to their home community, many individuals experienced problems adjusting back to the life in the north, this was especially true for the young children.

To answer the questions of how hospitalization altered these Inuit men's and women's individual ethnic identity, I will inquire into people's experiences of departure, of travelling, and of their sojourn in an unfamiliar environment, as well as their lives after the hospital stay. Some of these persons stayed away for many years, some never to return, making a new life in the south or died in the hospitals. Pertinent questions in this research are: How did those persons who returned to their home community manage to once again go through a change of cultural context and living conditions? How were the ones returning perceived by the other Inuit in their home community? In addition, what happened with the survivors who stayed in the south; were they able to find a meaningful life?; how did they adjust to the life in the south and how did they perceive themselves? Furthermore, my research will fill the gap between the research that has been done on residential schools, studies in medical history, history and ethnology of the Inuit, and studies in individual identity in psychology. It will complement similar research on the effects of residential schools on individuals, their descendants and their communities and provide another dimension to work already carried out or underway regarding mass hospitalization of the Inuit. ◈

"…they packed a few belongings and had to leave the same day as they were examined and diagnosed with tuberculosis or another serious condition."

" Stigma and the Dynamics of Social Integration" Advance Summer Institute - Division of Social and Transcultural Psychiatry, McGill University

The Advance Study Institute in Social and Cultural Psychiatry was held on April 28 & 29, 2005 at the Institute of Community and Family Psychiatry, Jewish General Hospital in Montreal, QC. This year's theme was "Stigma and the Dynamics of Social Integration."

The conference included a group of international researchers that gathered to address 'psychiatric stigma and social integration in the context of cross-national differences in culture and social structure.' More specifically, the following four topics were discussed: (1) cross-national comparative studies of stigma in mental illness; (2) the social dynamics of stigma and exclusion; (3) interactions of racism and other forms of prejudice with psychiatric stigma; and (4) novel approaches to promoting social integration *(Course Description Program, p.5).*

Presentations were by guest faculty: Sergio Aguilar-Gaxiola, Suman Fernando, Byron Good, Frederick Hickling, Sushrut Jadhav, Janis Jenkins, Miguel Jorge, Roland Littlewood, Guido Mazzotti, Samuel Noh, along with the McGill faculty: Ellen Corin, Jaswant Guzder, Eric Jarvis, Laurence Kirmayer, Karl Looper, Ashok Malla, Duncan Pedersen, and Cécile Rousseau.

A reception and poster session followed Thursday's presentations. This provided many participants with the opportunity to present their research studies or intervention programs. The evening concluded with a drama performance by a group of Concordia & McGill researchers and students, lead by Dr. Frederick Hickling from Kingston, Jamaica. This performance highlighted the different viewpoints and emotions of the multi-cultural group of performers regarding the subject of Quebecoise "Pure Laine." ◈

(Source: The 11th Annual Summer Program in Social & Cultural Psychiatry Course Description Program, McGill University, Division of Social and Transcultural Psychiatry, 2005).

McGill 11th Annual Summer Program – Division of Social and Transcultural Psychiatry

The Division of Social and Transcultural Psychiatry is holding it's 11th annual summer Program in Social and Cultural Psychiatry between May 2 and May 30, 2005. Courses and workshops offered this year include: Cultural Psychiatry, Psychiatric Epidemiology, Working with Culture, Qualitative Research Methods, Quantitative Methods in Cultural Psychiatry and Community-Based Participatory Research.

All courses and workshops will take place in the Research & Training building of the Department of Psychiatry, 1033 Pine Avenue West, Room 138.

For more information about the McGill Summer Institute or Advance Study Institute visit: www.mcgill.ca/tcpsych or e-mail at: tcpsych@mcgill.ca. ◈

To Contribute to the NAMHR Newsletter

Please send your comments, suggestions or articles to:

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Or E-mail:
marsha.vicaire@mail.mcgill.ca

Community-Based Research

Kahnawake Schools Diabetes Prevention Project

This workshop, facilitated by Kahnawake Schools Diabetes Prevention Project researchers and community members, will address participatory research based on their experiences. Topics will include: the participatory research theory; building and maintaining healthy and respectful research partnerships; developing collaborative project strategies from design through dissemination; ownership or research data; maximizing benefits and minimizing community risks; capacity building and sustainability. The development and application of the Kahnawake Schools Diabetes Prevention Project Code of Research Ethics will be highlighted. Obligations of researchers and community partners will be discuss in the context of the new ethic of respecting community.

The workshop will be held on May 30, 2005 from 9 am to 6 pm. To register, please call (514) 398-7302. ◈

(Source: The 11th Annual Summer Program in Social & Cultural Psychiatry Course Description Program, McGill University, Division of Social and Transcultural Psychiatry, 2005.)

Publications

Chandler, M. J., Lalonde, C.E., Sokol, B.W., & Hallett, D. (*2003)*. Personal persistence, identity development, and suicide: A study of Native and non-Native North American adolescents. *Monographs of the Society for Research in Child Development, 68(2): vii-130.*

Bartlett, J.G. (2003). Involuntary cultural change, stress phenomenon and Aboriginal health status. *Canadian Journal of Public Health,* 94(3): 165-168.

Freedenthal, S., & Stiffman, A.R. (2004). Suicidal behavior in urban American Indian adolescents: A comparison with reservation youth in a southwestern state. *Suicide & Life-Threatening Behaviour, 34(2): 160-171.*

Fryberg, S.A., & Markus, H.R. (2003). On being American Indian: Current and possible selves, *Self & Identity,* 2(4): 325-344.

Les Whitbeck, B., Chen, X., Hoyt, D.R., & Adams, G.W. (*2004)*. Discrimination, historical loss and enculturation: Culturally specific risk and resiliency factors for alcohol abuse among American Indians. *Journal of Studies on Alcohol*, 65(4): 409-18.

Letendre, A., & Caine, V. (2004). Shifting from reading to questioning: Some thoughts around ethics, research and Aboriginal People. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 2(2): 7-37.

Mignon, J., & O'Neil, J. (2005). Social capital and youth suicide risk factors in First Nation communities. *Canadian Journal of Public Health*, 9 (Supp1): s51-4.

Nebelkopf, E., & Phillips, M. (2004). Healing and mental health for Native Americans: Speaking in Red, in *American Indian Involvement in the Criminal Justice System*, Walnut Creek, CA US: AltaMira Press.

Tester, F.J., & McNicoll, P. (2004). Isumagijaksaq: mindful of the state: social constructions of Inuit suicide. *Social Science & Medicine*, 58(12): 2625-36.

Weley-Esquimaux, C.C., & Smolewski, M. (2004). *Historic Trauma and Aboriginal Healing*. Published by the Aboriginal Healing Foundation. *

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* ***Note****: A report sponsored and published by the Aboriginal Healing Foundation. A copy of this document in PDF format can be downloaded from the AHF website at: www.ahf.ca (under section research series).* ◈

Information Centre

The information centre, at the Culture and Mental Health Research Unit, contains a collection of resources related to Aboriginal mental health. The following list includes a number of new materials recently added to the collection.

CD ROM

It's All Relevant: A compilation of Suicide Prevention Info & Resources. Help Line, Youth Help line.

The Ethics of Research Involving Indigenous Peoples – Report of the Indigenous Peoples' Health Research Centre to the Interagency Advisory Panel on Research Ethics.

VIDEOS

Glad by Jill Milroy –A story of an Aboriginal woman's identity and resilience in Western Australia.

Once We Were Warriors by Maori Director Lee Tamahori. "A story about a family beset by domestic strife in New Zealand Maori underclass."

BOOKS

Echoes of the Past – Sister Kate's Home Revisited by the Centre for Indigenous History and the Arts, School of Indigenous Studies, University of Western Australia.

NGULAK NGARNK NIDJA BOODJA our mother, this land by the Centre for Indigenous History and the Arts, University of Western Australia. ◈

Coyote Wisdom: The Healing Power of Story

by Lewis Mehl-Madrona

The cover reads: Stories are powerful sources of meaning that shape and transform our lives. We tell stories to track our process of personal and spiritual growth and to honor and respect the journeys we have made. Through stories we are provided with experiences of spiritual empowerment that can lead to transformation. In *Coyote Wisdom,* Lewis Mehl-Madrona explores the healing use of stories passed down from generation to generation in Native American culture and describes how we can apply this wisdom to empower and transform our own lives. A storytelling approach to transformation starts with how we were created and how we can re-create ourselves through the stories we tell. As we explore the archetypal characters and situations that populate the inner world of our stories, we can experience breakthroughs of healing and even miracles of transformation. This approach to healing runs counter to the current model of modern psychology—the stories we tell about ourselves may model our lives, but by introducing new characters and plots, we can come to see ourselves in a new way. ◈

Annual NAMHR Summer Student Internship Program

The National Network for Aboriginal Mental Health Research (Network or NAMHR) is focused on training new researchers, especially from Aboriginal backgrounds, to develop the capacity for mental health research in Aboriginal communities. In fulfilling this objective, the Network offers the NAMHR Summer Student Internship Program each year. This is a 10-week paid internship which provides full-time undergraduate and graduate students with the opportunity of working duly with exceptional researchers in various aspects of the research process (planning, data collection, analysis, and/or synthesis).

Internship projects are designed and supervised by members of the Network. In previous years, areas of research included: suicide prevention, substance use, Fetal Alcohol Syndrome, access to mental health services, and models of healing.

This year, the Network received seventeen (17) applicants from various provinces, unfortunately only three (3) internships will be awarded. The three (3) successful candidates will be announced in the next edition of the newsletter. ◈

Past NAMHR Quarterly Meetings

NOVEMBER 19, 2004

Ebba Olofsson, Ph.D., presented her work, *In Search for a Fulfilling Identity in a Modern World: Narratives of Indigenous Identities in Sweden and Canada*. This study examined the identity of individuals with parents from two different ethnic groups. Results of her research showed that "individuals with mixed parentage can reinforce their Saami/Native cultural islands in the midst of mainstream society in order to practice their cultural identities in that space."

FEBRUARY 18, 2005

At the last NAMHR quarterly meeting, the film *"Glad"* by Jill Milroy was shown. The 90-minute film tells a story of an Aboriginal women's identity and resilience in struggle in Western Australia. The film was followed by a discussion led by Dr. Laurence Kirmayer. ◈

All NAMHR quarterly meetings are held on Friday's between 12:30PM and 2PM in room 218B at the Institute of Community and Family Psychiatry, 4333 Côte Ste. Catherine Montreal, QC. Please consult our website for dates.

UPCOMING EVENTS

Crystal Opportunities: Building Resiliency in Youth At-Risk
May 18 - 20, 2005

This conference will be held in Corning, New York. For more information visit ruraljustice.org or phone (607) 871-2984.

NAMHR Quarterly Meeting
"Identifying the 'Risks' within Aboriginal Health"
MAY 20, 2005

The next NAMHR quarterly meeting will be held on Friday, May 20, 2005. Grass Brass, Ph.D. candidate, will present *"Identifying the 'Risks' within Aboriginal Health."* For more information, call (514) 340-8222 ext.2192.

Pathways to Resilience: International Conference
June 15 - 17, 2005

This conference is hosted by the International Resilience Project based at the Dalhousie University, Halifax NS. It will include a number of international speakers. More information is available at: www.resilienceproject.org.

"Coming Together for Canada's Children"
June 28 - July 3, 2005

The conference will be held at the University of Calgary, Calgary, AB and will focus on 'strengthening foster care practices' systems to enrich the life opportunities for Canada's children and youth in care.' For more information visit: www.afpaonline.com.

"The Voices Continue to Speak"
5th Annual National Student ACADRE Gathering
August 26 - 28, 2005

The Student ACADRE Gathering will be held in Regina, SK by the Indigenous People's Health Research Centre at the First Nations University of Canada on August 26-28, 2005. For more information, please e-mail kim.mcnabb@uregina.ca or ness200m@uregina.ca.

"Rural & Northern Health Research: Bridging the Distance"
6th Annual Scientific Meeting of CRHRS
October 27 – 29, 2005

This conference is sponsored by the *Canadian Society for Circumpolar Health (CSCH) & Canadian Rural Health Research Society (CRHRS)*. It is scheduled to take place on October 27-29, 2005 in Quebec City, QC and is open to researchers, decision-makers, practitioners, educators, community members and others interested in circumpolar, northern and rural health. Please visit http://crhrs-scrsr.usask.ca/eng/meetings/current.php for more information.

National Network for Aboriginal Mental Health Research

WIDENING THE CIRCLE

is published by the National Network for Aboriginal Mental Health Research

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ABOUT The Network...

The National Network for Aboriginal Mental Health Research (*NAMHR or the Network)* 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.

Networking is facilitated by maintaining a central office at the Culture and Mental Health Research Unit (CMHRU) of the Jewish General Hospital of Montreal.

CONTRIBUTORS

Thank you

KELLY McSHANE, is a doctoral student at the Centre for Research in Human Development and the Department of Psychology at Concordia University. Her Ph.D. is entitled *Parenting and family health in an urban Inuit community: Promoting a participatory action research agenda* and she is supervised by Dr. Paul Hastings and Dr. Janet Smylie.

KEN PAUL has an undergraduate joint Honours Bachelor of Arts Degree in Economics and Native Studies from Trent University. He is currently in his second year of a two-year Masters of Science Degree program in Division of Social and Transcultural Psychiatry at McGill University. His first language is Mi'kmaq and his family originates from the Eskasoni First Nation in Cape Breton, Nova Scotia.

EBBA OLOFSSON, Ph.D., received her Ph.D. in Cultural Anthropology at the Uppsala University, Sweden. The title of her dissertation is *In Search of a Fulfilling Identity in a Modern World: Narratives of Indigenous Identities in Sweden and Canada*. The dissertation was published at Uppsala University and is available at the McGill University library and at several Aboriginal organizations in Montreal. She is doing a postdoctoral study at the Culture and Mental Health Research Unit at the Jewish General Hospital in Montreal.

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- **2005 NAMHR Annual Co-investigators' Meeting**
- **2005 NAMHR Summer Student Interns**
- **Local Events and Meetings**
- **Recent Publications**

To contribute to the NAMHR Newsletter, please send your comments, suggestions or articles to:

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