WIDENING THE CIRCLE

NEWSLETTER OF THE NATIVE MENTAL HEALTH TEAM

Volume 3, Issue 1 Winter 2000

Community Profile

First Peoples' House

Tracee Diabo

Director, First Peoples' House, McGill University

The First Peoples' House strives to foster a sense of community, belonging and voice for Aboriginal students studying at McGill University. The First Peoples' House is a 'home away from home', providing Aboriginal students with a place to get together and support one another in their academic endeavours. Through the gathering of a multiplicity of Aboriginal students, the First Peoples' House promotes the expression of their unique voices and perspectives in McGill's academic setting. One of the goals of the First Peoples' House is to promote innovative partnerships between Aboriginal students, Aboriginal communities and McGill University through collaborative research and mutual learning.

IN THIS ISSUE

1 Community Profile

2 Conference Review

4 Update on Members

5 Recent Publication

6 Research Opportunities

7 Upcoming Conference

8 Review of Previous Meetings

The First Peoples' House invites both Aboriginal and non-Aboriginal speakers and lecturers to present on various sociocultural themes. These forums allow for dialogue and discussion between students and professors. These lectures provide students, professors and the McGill community with a cogent understanding of the significance of the diversity of perspectives.

This semester several guest lectures presented at the First Peoples' House, including Brian Thom, PhD Candidate, Department of Anthropology, McGill, who spoke on the Sto:lo Land Claims Process; Louise Johnston, PhD Candidate, Department of Religious Studies, McGill, who spoke on Metaphor and Communication in 17th Century European Iroquois Councils; Ellen Gabriel, Mohawk Activist and Artist, who spoke on the Role and Responsibilities of Mohawk Women; and Dr. Jolene Rickard lecturer and artist, SUNY, Buffalo, who spoke on Stories of Survival and Iroquois Women.

The First Peoples' House is committed to promoting cultural awareness and understanding among peoples. Future presentations will hopefully include: Audra Simpson, PhD Candidate, Department of Anthropology, McGill; Stephanie Phillips, MA Candidate, Department of Anthropology, McGill; Kahá:wi Jacobs, MSC Candidate, Department of Transcultural Psychiatry, McGill; Caroline Tait, PhD Candidate, Department of Anthropology, McGill; Mary Ellen Macdonald, PhD Candidate, Department of Anthropology, McGill; and Dr. Lori Alvord, University of Dartmouth, on Traditional Navajo Medicine.

Hope to see you there!

The First Peoples' House is located at 3505 Peel Street. For more information, call 514-398-3217. ⁕

Conference Reviews

Mary Ellen Macdonald
Department of Anthropology, McGill University

- The Native American Prevention Convention, Oklahoma, June 1999

The First National *Native American Prevention Convention*, titled "The Spirit of the Empowering Heart in the 21st Century," was held at Oklahoma University in Norman, Oklahoma from June 2-4, 1999. The conference was sponsored by the *American Indian Institute* of the College of Continuing Education, University of Oklahoma, and was co-sponsored by the *American Center for the Application of Prevention Technologies* (Southwest Region and Western Region). While this was the first conference of its kind, it was well-organised and attended, with about 130 participants (Native and nonNative) from across the States, and a few from Canada. While mostly representing the United States, the keynote speakers also included the renowned Bea Shawanda (Odawa-Pottowotomi) from Manitoulin Island, Ontario, and Harold Tarbell (Mohawk) from Akwesasne (presently the President of the National Association for Native American Children of Alcoholics).

The conference was chaired by Anita Chisholm (Absentee Shawnee) of the American Indian Institute, and Henry Lozano (Apache), CEO of the Western States Youth to Youth Alliance. The organisers stressed at various points throughout the conference that they hoped next year it could be more "international" - meaning more involvement from "north of the border." This wish is consonant with the mandate of the American Indian Institute, which claims to be "Serving North American Indian Tribes of United States and First Nations of Canada." While wanting to expand the conference across the continent, the organisers are also concerned to maintain local relevance - not an easy task, they are well aware. While the content this year was mainly American in focus, there were positive attempts to include Canadian peoples, and there were many issues which naturally crossed the border; while issues such as gun control are more pressing in America, they are not irrelevant to Canada. The organisers seemed very happy to hear about our Native Mental Health Team, and were quick to offer us a place to present Canadian material at next year's conference if we would so desire.

The conference focused on three large health prevention areas - substance abuse, violence, and disease - which was perhaps a bit much given the time allotted. The keynote speakers were well chosen, however, and most were highly relevant, well-experienced and well-spoken. Unfortunately, participants only really started asking questions on Day 2. I think they might have been intimidated by the calibre of the speakers; as well, they were not explicitly encouraged to participate. Once participants understood they were welcomed to ask questions and make comments, the sessions became a lot more interesting and interactive.

Together, the eleven keynote addresses served many purposes: some provided overviews of issues; others focused specifically on funding possibilities; still others were explicit calls for help. The major criticism I heard from participants was that there were no tailored models for prevention offered, just general comments on what needed to be done, and how to access funding or 'model' program designs in order to develop one's own community program. Some participants seemed to want a specific recipe for how to tackle their own community's problems, and were not satisfied with getting models from successful programs that would then have to be adapted to specific community/cultural circumstances. Furthermore, the workshop time allotted to really get into prevention strategies was sadly lacking - we only had two opportunities to go to workshops out of a possible seventeen offered, which was frustrating given the large number of interesting titles and guest speakers. ✻

- Native Mental Health Association Conference, Saskatoon, September 1999

I also attended the *Native Mental Health Association* annual conference titled "Journey Towards Wellness: From Trauma and Loss to Cultural Healing and Restoration," in Saskatoon in September. I first heard about the NMHA when they held their annual meeting in Montreal last year. This association and their conferences focus more on the front-line treatment and prevention side of mental health than on academic research. Their concerns include such topics as how to support caregivers, and how to develop therapies based on the medicine wheel teachings. This year, the conference was very well attended, with participants from across Canada. As was the case last year, the conference was set up to be interactive, with only one main keynote lecture, and the rest of the time spent in more intimate workshop settings. Workshop leaders and participants were mostly people who work in the capacity as community workers, 'healers,' or therapists, many of whom have arrived in these roles via their own personal journeys through addictions, residential schools, or abuse issues.

Discussion

Before going to Saskatoon, I must admit that I was intrigued by the use of the term *trauma* in the conference title. The focus on *trauma* seems a current trend in Aboriginal healing discourse. For example, at the annual *Canadian Anthropological Association* meetings last May, there was a First Nations therapist/anthropologist arguing for the usefulness of the PTSD diagnosis for issues of colonial and multigenerational trauma. As she saw it, 'trauma' can provide a diagnosis and label for the inchoate, making it more meaningful and containable. In Oklahoma, trauma also appeared on the agenda, but in a slightly different light. In her closing address, Bea Shawanda soft-pedalled trauma to avoid the trap of victimization rhetoric. While she wanted to acknowledge the very real effects of colonisation and multigenerational abuse patterns and their consequences, she was also concerned to move away from the blame model (e.g., whites caused our trauma); she argued that there were many 'traumas' prior to European contact (e.g., war, famine, tribal feuds). Shawanda also expressed concern about titles such as 'residential school survivor'. She would rather see people use their traditional resiliency to acknowledge their pain, deal with it through traditional ceremony and ritual, and then 'get a life', as she would say, and move past the trauma instead of clinging to it as an identity marker.

The Saskatoon conference was very different from Oklahoma: the NMHA is set up and run primarily by caregivers and therapists; whereas the American Indian Institute is located within an academic institution, and is therefore more concerned with research. Science appeared on the Oklahoma agenda front and centre, while in Saskatoon it was mostly present as a foil for traditional healing. In Oklahoma, one main theme was how to translate 'traditional healing' into the language of science in order to appeal to granting agencies and government programs; in order to be understood by funding agents, one must speak a language of risk factors and evidence-based decision making. In Saskatoon, the concern was more about creating a space for, and thereby validating, the traditional. This was particularly salient for Native therapists trained in EuroWestern models of mental health (e.g., psychology and psychiatry) and working in traditional First Nations settings.

For example, the keynote speaker, Dr. Ed A. Connors (Irish-Mohawk), was trained originally as a psychologist but is presently working in Rama, Ontario as a community healing and wellness worker. His address grappled with the possibility (or lack thereof), of linking Western science with traditional First Nations healing. From his personal experience, his training in Western academic models is inappropriate for his work in First Nations communities where he feels traditional spirituality and healing are more efficacious.

This perspective was challenged by a presentation by Dr. Cornelia Wieman, a psychiatrist (indeed, the only Native psychiatrist in Canada at present) who specifically insisted that she was not a 'traditional healer.' However, Wieman also espoused traditional community values and demonstrated that she was working to link Western medical knowledge with traditional values. For her, marrying these perspectives requires personally integrating into community life (e.g., attending community social functions as a way to breakdown the image of the psychiatrist as a 'crazy worker' isolated in the clinic), and working alongside traditional healers to validate their perspectives (e.g., hiring healers to hold workshops at the clinic and reimbursing their services with honoraria). For Wieman, commitment to the community is essential if the professional is really serious about their helping capacity. The legacy of the foreign white doctor arriving cold in the community and leaving after a very short stay is well known to community members. In order to build up the community's trust - in you as a person, but also in the language of healing that you profess - the professional must prove that they respect community values, and that they are going to invest in the community and not simply take off when a more lucrative job arises in the city or across the border.

For more information on the Oklahoma conference, visit the NMHT office where you will find the conference program, as well as American Tribal promotional material, and useful addresses of key players, and organisations. Also, in the near future, a full report detailing the plenaries and some workshops will be available on the NMHT website. Please look us up: www.mcgill.ca/psychiatry/transcultural/native.html Also, you can contact the Institute at:

American Indian Institute
Anita Chisholm, Director
College of Continuing Education
University of Oklahoma
Norman, OK.
73072-7820
Phone: 405-325-4127; Fax: 405-325-7757
aii@cce.occe.ou.edu
www.occe.ou.edu/aii

For information on the Native Mental Health Association of Canada, and for the conference proceedings, contact:

Native Mental Health Association of Canada
PO Box 242
Chilliwack, BC
V2P 6J1
Phone: 604-793-1983; Fax: 604-793-4557
nmha@dowco.com ✲

Update on Members

· Kristiann Allen

Greetings from cold but not so snowy Prince George, BC. Since arriving here at the University of Northern BC from McGill last spring, my contact with the NMHT has been sporadic, so I appreciate the opportunity to catch up.

Currently, I am a research associate at the Northern Secretariat of the *BC Centre of Excellence for Women's Health*. This is the northern arm of one of 5 such centres across the country. The Centres of Excellence program was initiated in 1996 by the Women's Health Bureau of Health Canada, with a mandate to facilitate research on the social determinants of health for marginalised women. In the case of the Northern Secretariat, this can mean – among other factors – living in rural, remote and northern regions.

The Northern Secretariat fulfils this mandate by providing resources and seed grants, hosting visiting researchers, training community-based researchers, and conducting primary research through its associates both within and outside the university (e.g., regional health board, service providers, non-profit agencies). In addition to incubating new researchers and PhD students (currently in Nursing, Education and Interdisciplinary Studies at UBC), there are a variety of research projects conducted through the Northern Secretariat.

One current project involves a participatory study of women's strategies to prevent FAS/E (Fetal Alcohol Syndrome/Effect). This project has brought together a group of women who self-identify as mothers coping with FAS/E in their families. In the dual role of researcher and participant, the women meet for a weekly discussion that provides an opportunity for both support and data collection on coping and prevention strategies. Currently at the stage of data analysis, these women are examining the themes and strategies that emerged through their discussions. The project then places their experiences within the larger contexts of FAS/E to critically examine the real and lived implications of the dominant discourses surrounding it.

Another current project is working in collaboration with women from a nearby First Nations community. At the request of the community, Northern Secretariat researchers in Nursing, Anthropology and Women's Studies are combining their efforts with local health representatives to examine First Nations women's encounters with mainstream health care. This project has immediate implications for recommendations to the regional and provincial health authorities, and is also helping to develop a framework for understanding the ways in which policy discourses shape and position subjectivities – in this case, the medical subject.

As an arm of the BC Centre for Excellence, the Northern Secretariat also maintains strong links with UBC and the Women's Hospital, as well as with UNBC and health organisations in northern communities. The BC Centre has recently published a study of mental health care for women. The most comprehensive study of its kind in BC, this report makes several recommendations for improving the existing mental health care system. Following this work, the BC Centre has recently released a call for proposals to develop Women and Mental Health Demonstration Projects to be implemented across the province. Proposals are requested for projects that seek to improve mental health outcomes for:

- women diagnosed with serious mental illness who have suffered violence/trauma.
- immigrant and refugee women, women of colour, and Aboriginal women diagnosed with serious mental illness.
- women in the forensic psychiatry/prison system who are diagnosed with serious mental illness.
- women diagnosed with serious mental illness who are mothers.
- assessing the role of peer support for women diagnosed with serious mental illness.

For more information about this research initiative, see the BC Centre's website: www.bccewh.bc.ca. Project applications are due **January 28, 2000**.

For a copy of the report: *Healing Women's Voices: Mental Health Care for Women* by Marina Morrow and Monika Chappell, contact the BC Centre at 604-875-2633.

For information about projects or activities through the Northern Secretariat (including support for visiting researchers at UNBC): Phone: 250-960-5602; Fax: 250-960-5644
Email: northsec@unbc.ca or Kristiann at allenkr@unbc.ca ✻

· Leigh Bulmer, Diane Gattermann

We (Leigh Bulmer and Diane Gattermann) would like to take this opportunity to introduce ourselves as relatively new members of the Native Mental Health Team. Leigh is a drama therapist and I am an art therapist. We are working on a collaborative effort which focuses on the usage of the creative arts (e.g., art, dance, drama, music, and storytelling) in promoting health in North American Aboriginal communities. We are assembling a resource document that will list projects in First Nations communities that incorporate the creative arts and wellness. This guide will also define creative arts therapies and how they can be implemented. Our main sources of information are literary documents and interviews. However, we believe that although the creative arts have been used in Native communities, their documentation may be limited. We would therefore appreciate any information that people have concerning activities involving the creative arts in prevention, intervention, or postvention projects. This information may include literary references or names of persons involved in such programmes. These persons may include educators, social workers, counsellors, recreation facilitators, spiritual leaders, or other community members who have applied or used the

arts in a programme with the goal of increasing wellness. Please address any relevant information to either Diane (dgatte@po-box.mcgill.ca) or Leigh (leighbulmer@hotmail.com) ⁕

· Gregory M. Brass

Hello everyone! I would like to take this opportunity to introduce myself. Since mid-November, 1999, I have been acting as coordinator of the Native Mental Health Team (I apologize for any inconveniences caused by the delay in getting the meeting posting out!). Currently I am awaiting the reviews of my Master of Arts thesis (Cultural Anthropology) at McGill University. I was involved with the team in 1996 as one of the first summer students. At that time, I completed an annotated bibliography on New Age influences on pan-Amerindian healing practices. This is a topic I am still interested in and with which my thesis research was partially concerned. I am planning on doing a PhD in the near future and would like to investigate this topic more fully. I have two young daughters, Kanontienentha, age 4 and Tekanenhorens, age 2. My parents are originally from the Key and Keeseekoose First Nations, two Saulteaux (Anishnawbe) communities near Kamsack, Saskatchewan. I am looking forward to coordinating future activities of the Team. I can be reached at the Culture and Mental Health Research Office at the ICFP/JGH, 514-340-8222, x5246 or via email: Saulteaux@hotmail.com ⁕

Recent Publication

Ann C. Macaulay, Laura E. Commanda, William L. Freeman, Nancy Gibson, Melvina L. McCabe, Carolyn M. Robbins, Teter L. Twohig, for the North American Primary Care Research Group.

"Participatory Research Maximises Community and Lay Involvement." 1999 *BMJ* 319:774-778.
See www.bmj.com (for a pdf version of this article).

SUMMARY POINTS:

- The knowledge, expertise, and resources of the involved community are often key to successful research.
- Primary features of participatory research include collaboration, mutual education, and acting on results developed from research questions that are relevant to the community.
- Partnerships are strengthened by joint development of research agreements for the design, implementation, analysis, and dissemination of results.
- Results of participatory research both have local applicability and are transferable to other communities.

KEY TERMS:

A *community* is a group of people sharing a common interest – for example, cultural, social, political, health, economic interests – but not necessarily a particular geographic association.

Participatory research is the process of producing new knowledge by "systematic inquiry, with the collaboration of those affected by the issue being studied, for the purposes of education and taking action or effecting social change."

Collaboration in participatory research is a partnership among equals with complementary knowledge of expertise.

A partnership is a mutually respectful relationship based on sharing responsibilities, costs, and benefits leading to outcomes that are satisfactory to all partners.

What the researcher and the participating community should negotiate:

- Research goals and objectives.
- Methods and duration of the project.
- Terms of the community-researcher partnership.
- Degree and types of confidentiality.
- Strategy and content of the evaluation.
- The location where the data are filed, the current interpretations of data, and the future control and use of data and human biological material.
- Methods of resolving disagreements with the collaborators.
- Incorporation of new collaborators into the research team
- Joint dissemination of results in lay and scientific terms for communities, clinicians, administrators, scientists and funding agencies. ⁕

Research Opportunities

· Multi-Cultural Eating Disorders Curriculum

The Office on Women's Health, in the U.S. Department of Health and Human Services, is presently working on an eating disorders prevention program targeting young girls, age 9-12, in middle schools. In order to provide a multicultural component, they are presently looking for Native American researchers working in the area of eating disorders. For more information, contact: Mary Lou Rife, Project Director, at 1-800-628-8442; www.4women.gov/owh/index.htm ⁕

· Suicide Information and Education Centre (SIEC)

SIEC is the largest English language suicide information resource centre and library in the world. Established in 1982, SIEC holds the world's largest English language collection on suicidal behaviours, containing more than 26,000 print and audiovisual materials on all aspects of suicidal behaviour.

SIEC has extensive information on suicide prevention, postvention, and intervention efforts and trends. They can provide the information needed to develop successful suicide prevention, intervention, and postvention programs. Statistical information, key resource people, computer literature searches, and document delivery are some of the resources they offer.

The SIEC database is updated regularly. Computer literature searches and document delivery services are handled promptly with minimal turnaround time

SIEC RESOURCES:
The SIEC database is a catalogue of their library's collection on suicide. The database contains a detailed record for each resource in their collection. SIEC has developed a thesaurus of suicide related concepts from which the database records are indexed.

The collection, spanning more than 40 years of published research, is found in many formats including: pamphlets, books, journal articles, unpublished government reports, and conference proceedings (numbering in the thousands). Their collection is supported by an in-house bibliographic database that uses more than 700 index terms, including such access points as subject, geographic and key word terms.

SIEC will perform a database search upon request to retrieve all relevant bibliographic records in their library. This search will result in a printout of database records which includes author, title, source and abstract where available. Searches cost $25 for the first 100 citations, and 25 cents for each additional citation.

SIEC has a collection of more than 40 videos and films in which the subject matter serves to stimulate public awareness about suicide prevention and also provide assistance for those bereaved by suicide.

Video circulation is restricted to Alberta at $5.00/week. However, they include a list of Canadian distributors and their addresses in the SIEC Film & Video List.

Suicide Information and Education Centre (SIEC)
201, 1615 – 10th Avenue S.W.
Calgary, Alberta, Canada T3C 0J7
Phone: (403) 245-3900; Fax: (403) 245-0299
Web: http://www.siec.ca ✻

***Widening the Circle* is published by the**
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Upcoming Conference

12th Inuit Studies Conference

Inuit Communities, the Northern Environment and Global Processes, University of Aberdeen, Scotland.
23 – 26 August 2000

Extended Deadline For Abstract: **1ST FEBRUARY 2000**

The 12th Inuit Studies Conference will be held at the University of Aberdeen, Scotland between 23-26 August 2000. The central organising theme of the conference is the increasingly complex and problematic relationship between people, resources, the environment and global processes in the North. The natural resources of land and sea are under pressure from growing human demand, unsound environmental practices, pollution, climate change, tourism development, and global models of environmental management. While affecting the North as a region, these issues cannot be viewed in isolation, but must be seen in relation to global social, economic, and political processes, which are the specific underlying causes of the global dimensions of environmental change and resource pressure. Such processes impact upon and threaten the economic and cultural viability of numerous Inuit communities, where people depend on resource extraction for their livelihoods. At the same time, self-determination, globalisation, modernity and resource development all bring positive challenges for Inuit communities as they seek appropriate forms of sustainable livelihoods.

The conference sub-themes will also explore many other topics related to the study of Inuit culture and society, such as

- culture and identity
- Inuit history and prehistory
- self-determination and self-government
- Inuit languages and linguistics
- Inuit world view
- art and literature
- health, education and welfare

Sessions suggested so far include:

- Inuit communities, Indigenous Knowledge and Climate Change
- Resource Development and Sustainability
- Historical Whaling
- Local Fisheries in a Global Marketplace
- Information Technology in the Arctic
- Education
- Writing Inuit History
- Languages, Identity and Modernity
- Culture, Identity and Modernity
- Arctic Economy and Globalisation
- Cultural Consequences of Sustainable Development
- Tourism and Inuit Communities
- Living Conditions in the Arctic Project
- Special Session on Student Research: Opportunities and Challenges in Inuit Studies

Abstracts are invited for individual 20-minute papers relating to the conference theme, and for inclusion in any of the sessions, as well as suggestions of other themes and topics related to the spirit of the biennial Inuit Studies Conference.

Please submit a hard copy of a one-page abstract to:

Dr. Mark Nuttal
Conference Organiser
12th Inuit Studies Conference
Department of Sociology
University of Aberdeen
Aberdeen AB24 3QY
Scotland, UK
Or e-mail: inuitstudies@abdn.ac.uk

On the abstract include the title of the proposal and the following information: author(s); academic affiliation(s); postal address; e-mail; telephone; fax (if available). ⁕

Previous Team Meetings

· May 1999

- Mary Ellen Macdonald, Graduate Student in Anthropology at McGill, presented a review of the American Indian Institute's Native American Prevention Convention she had just attended in Oklahoma. (Please see review above).

- Kahá:wi Jacobs, Graduate Student in Transcultural Psychiatry at McGill, presented preliminary results from a health survey which sampled parts of Montreal's urban Aboriginal population, a project she has been working on with Professor Kathryn Gill. ⁕

· September 1999

- Gail Valaskakis, recently hired as the Research Director at the Aboriginal Healing Foundation, gave an overview of the Foundation.

- Mary Ellen Macdonald, Graduate Student in Anthropology at McGill, presented a review of the Native Mental Health Association's annual conference she had just attended in Saskatoon. (Please see review above). ⁕

WHAT IS THE NMHT?

The Native Mental Health Team is a collaboration between Native organizations and researchers that aims to promote the development and evaluation of effective and appropriate mental health programs for Native populations and communities.

The team is funded by the CQRS (Conseil québecois de la recherche sociale) under a special program for partnerships between practice and academic institutions. The partners include representatives of the Inuit and Cree Regional Boards of Health and Social Services (Santé Nunavik, Cree Board of Health) and the Native Friendship Center of Montreal, members of the Culture & Mental Health Research Unit of the Jewish General Hospital, Montreal, the Addictions Research Unit, Montreal General Hospital and the McGill Division of Social & Transcultural Psychiatry.

The team brings together expertise and experience in public health, health planning and promotion, cultural psychiatry, epidemiology, psychology, social work, nursing, and anthropology. Affiliated members have clinical expertise in the range of mental health services.

The team is available to help plan and conduct research on mental health problems and solutions in Native communities, including:

- planning and evaluation of mental health services, training and promotion

- epidemiological and ethnographic research on prevalence and risk and protective factors for mental illness

- a "map" of the range of mental health initiatives currently underway in specific regions

- a guide to mental health promotion approaches for Native communities

- a manual on evaluation of mental health programs and services in Native communities

- a summer research internship program for Native students pursuing careers in mental health related fields

- conferences on research and practice in Native mental health that bring together practitioners, planners and researchers to explore key issues facing mental health in Native communities.