

NAMHR Annual Meeting

August 25, 2017

Institute of Community & Family Psychiatry
4333 Côte-Ste-Catherine Road
Montréal, Québec H3T 1E4

Program

- 8:30 - 9:00 **Registration**
- 9:00 - 9:30 **Welcome & Introduction** – Laurence J. Kirmayer
- 9:30 - 10:30 INDIGENIZING MENTAL HEALTH
- Understanding Aboriginal Children's Perspectives and Expression of Pain:
 Generating Community Knowledge to Reduce the Hurt**
Margot Latimer, *Dalhousie University and the IWK*, & John Sylliboy, *Aboriginal
Children's Hurt & Healing Initiative Research Manager*
- It started making more sense when the Elder said we were “spiritual beings
 experiencing a human existence.”** Gerald P. McKinley, *Western University*
- Creating Ethical Space for First Nations-Led Neuroscience Research**
Amy Bombay, *Dalhousie University*
- 10:30 - 11:00 BREAK
- 11:00 - 12:30 WELL-BEING & QUALITY OF LIFE
- A Strength-based Framework for Promoting Wellness: General, Cross-
 cultural, and Indigenous Perspectives**
Samuel Veissière, *McGill University*
- First Nations Model of Well-Being**
Carol Hopkins, *Thunderbird Partnership*
- Two-Eyed Seeing and Well-being**
Albert Marshall, *Eskasoni*
- 12:30 - 2:00 LUNCH & POSTER SESSION

2:00 - 3:00 SUICIDE PREVENTION AND MENTAL HEALTH PROMOTION

Mental Health First Aid - First Nations: Program Outcomes and Importance of Cultural Safety in Programming and Research

Andrea Lapp, Claire Crooks, & Monique Auger, *Western University*

Listening to One Another to Grow Strong

Laurence J. Kirmayer, *McGill University*

3:00 - 4:00 RACISM & RESILIENCE

Indigenous women's racism experiences

Anita Benoit, *University of Toronto*

Cultural strategies for prevention to address social determinants of youth suicide and resilience in Indigenous communities

James Allen, Stacy Rasmus, & Bill Charles, *University Minnesota, Duluth*

4:00 - 5:00 PANEL DISCUSSION: THE FUTURE OF INDIGENOUS MENTAL HEALTH RESEARCH

James Allen, Anita Benoit, Amy Bombay, Carol Hopkins, Margot Latimer & Albert Marshall

Presentation Abstracts

Cultural strategies for prevention to address social determinants of youth suicide and resilience in Indigenous communities

James Allen, Stacy Rasmus, & Bill Charles, *University Minnesota, Duluth*

This presentation will discuss selected highlights coming out of two decades of research in Alaska seeking a different approach to addressing a significant area of community concern. These efforts began with discovery-based research on pathways to Alaska Native sobriety, and now includes testing an intervention to prevent co-occurring suicide and alcohol misuse risk. Qungasvik, a Yup'ik word for toolbox, is a strengths-based, multi-level, community/cultural intervention for rural Yup'ik youth ages 12–18. The intervention uses “culture as intervention” to promote reasons for life and sobriety in young people using local expertise, high levels of community direction, and community based staff. A Yup'ik Indigenous theory of change developed through this previous qualitative and quantitative work guides intervention. Preliminary findings from a prevention trial showed identified significant intervention effects on Reasons for Life protective from suicide risk in high contrasted to lower intensity intervention. Other new work embarking on an effort to describe a broadened understanding of community-level resilience factors and the mechanism by which these factors impact well-being and suicide will be briefly described.

Indigenous women's racism experiences

Anita Benoit, *University of Toronto*

Mixed methods research was used to present the discourse on racism by Indigenous women living in two urban Canadian cities. The literature on racism concerning Indigenous people in Canada as well as in other countries such as the United States, Australia and New Zealand has focused largely on health care experiences through either quantitative research methods or qualitative research approaches exclusively. A failure to recognize the systemic levels of racism for Indigenous women has not emerged from the literature. Indigenous methodologies can be implemented and explored within mixed methods research without compromise. Stories of racism, impacts and responses were identified in sharing circles and interviews with Indigenous women and racism tools were also used to quantify the experiences of racism in the lives of Indigenous women.

Creating Ethical Space for First Nations led neuroscience research

Amy Bombay, *Dalhousie University*

The historical role of Euro-Canadian academic institutions as tools for assimilation has contributed to mistrust of scientific research, as have past academic research practices, in which investigators define the research agenda, methods, and interpretation and dissemination of study results. On top of that tension, researchers have explicitly broken the trust of First Nations communities in Canada in research contexts, paralleling similar stories with other Indigenous populations in the United States and around the world. The collection of biological samples in particular carries with it particular concerns relating to mistrust stemming from past negative experiences. As a result, Indigenous populations and other marginalized cultural groups across the world are less likely to participate in biomarker research. With the potential benefits of biological health research in mind, the Thunderbird Partnership Foundation, the First Nations Wellness Circle, and the First Peoples First Person Hub of the Canadian Depression and Intervention Network came together on several occasions over the past year to learn about and discuss recent advances in health research that

involves the collection of biospecimens, and to discuss whether or not such research should be pursued in relation to First Nations health and wellness. It was considered that mistrust of western science and academic institutions, a perceived mismatch in ways of thinking about health, a lack of education of biological health processes, and a perceived lack of benefits of such research would be among some of the key concerns or barriers to carrying out such research among First Nations populations. In order to remove these barriers, it was decided that an educational curriculum be developed and made available to interested First Nations communities and organizations that provide an introduction to health research exploring biological, genetic, and neurophysiological processes involved in contributing to health and wellness. In order to ensure that the curriculum is offered within a two-eyed seeing framework, this curriculum is being developed by learning from First Nations Elders from across Canada, and will incorporate First Nations teachings regarding traditional knowledge in relation to health and wellness. The ultimate goal of both the curriculum and the proposed research is to provide a foundation for translational research studies of genotype, environment, gene-environment interactions, biomarkers and family history associations with health, disease, and wellness among First Nations peoples in Canada. Our team will continue to work and co-learn with those communities/organizations who are interested in developing their own neuroscientific research projects that will meet their health priorities and objectives.

Listening to One Another to Grow Strong: Culturally based, family centered mental health promotion for Indigenous youth

Laurence J. Kirmayer, *McGill University*

Cultural identity, knowledge and values are important resources for the mental health and wellbeing of youth. Indigenous communities in Canada have diverse cultures but have faced a common history of suppression of their language, traditions and spirituality. Exposure to the residential school system disrupted the transmission of culture and distorted parenting practices. This presentation will explore the process of implementation and potential mechanisms of efficacy of an innovative mental health promotion program that aims to improve Indigenous youth wellbeing and parenting. A mixed-methods process evaluation of the cultural adaptation and implementation in 15 First Nations communities in Canada of *Listening to One Another to Grow Strong*, a 14-session program for Indigenous youth ages 10-14 and their families that uses culture as a vehicle to promote positive mental health through communication skills, emotion regulation, positive family interactions, and coping with social stressors. The implementation begins with a community workgroup that adapts the program to local language and culture incorporating local stories, activities, and exercises that link traditional knowledge and values to current challenges, promoting resilience strategies grounded in Indigenous cultures. The program was well-received and there was evidence for significant spill-over effects to others in the community. Local cultural adaptation itself is a key part of the intervention because it mobilizes local knowledge holders, elders, and community resources and appeals to many in the community. A strategy for cultural adaptation based on the study will be presented.

Mental Health First Aid – First Nations: Program Outcomes and Importance of Cultural Safety in Programming and Research

Andrea Lapp, Claire Crooks, Monique Auger, *Western University*

Over the past four years, the Mental Health Commission of Canada has worked with six First Nations communities and other community partners to develop a culturally-relevant version of the evidence-based Mental Health First Aid program. Mental Health First Aid First Nations

(MHFAFN) is created for First Nations peoples and individuals living and working in Indigenous contexts. The program teaches participants to recognize signs and symptoms of mental distress and respond in a safe way. The content and approach of the course was extended significantly to increase cultural relevancy and safety. This presentation will review the findings of our evaluation from 2013-2017, presenting the effectiveness of the course, the impacts for participants, and the extent to which the course was perceived as culturally safe for First Nations peoples in Canada. The health of Indigenous peoples in Canada continues to be adversely affected by many underlying factors including the intergenerational effects of colonization and residential schools. One barrier to positive mental health and wellbeing for Indigenous people lies within the, “general lack of appropriate and engaging mental health services,” especially in small and remote First Nations communities (Boska, Jooper, & Kirmayer, 2015). There is a critical need for culturally relevant and culturally safe mental health promotion programs. Cultural safety can be defined as both an outcome, as it is assessed by those who are receiving service or care, and a process based on respectful engagement. This evaluation of MHFAFN utilized a mixed methods approach, with a stronger weight placed on the importance of stories through qualitative data. Our research team conducted 10 site visits during which we observed the three-day course and conducted participant interviews (n=89) and participant surveys (n=91). We conducted facilitator interviews (n=9) and collected facilitator surveys (n=19) and participant follow up surveys (n=27) to obtain a multi-informant perspective. MHFA FN was overwhelmingly perceived as culturally safe by participants (97%). There were common themes across the implementation sites with respect to the experience of cultural safety. Both participants and facilitators identified the importance of culturally relevant content and inclusion of holistic models of wellbeing that were consistent with Indigenous worldviews. Participant surveys and interviews demonstrated significant gains in self-rated knowledge on mental health, and increased self-efficacy and skills related to identifying and responding effectively to mental health problems in others. Stigma attitudes around mental health challenges were reduced among participants. Follow up surveys identified participants’ use of the MHFA FN skills used in real world examples of mental health crises intervention. The presentation will conclude with factors that promote cultural safety in both mental health programming and program evaluation. (Boska, P., Jooper, R., & Kirmayer, L. J. (2015). Mental wellness in Canada’s Aboriginal communities: striving toward reconciliation. *Journal of Psychiatry & Neuroscience*, 40(6), 363–365. <http://doi.org/10.1503/jpn.150309>)

Understanding Aboriginal Children's Perspectives and Expression of Pain: Generating Community Knowledge to Reduce the Hurt

Margot Latimer, *Dalhousie University and the IWK* & John Sylliboy, *Aboriginal Children’s Hurt & Healing Initiative Research Manager*

Aboriginal children experience high rates of pain that can interfere with healthy development and wellbeing. This pain experience is believed to be a lingering effect of the historical trauma and colonization efforts that were tragically thrust on Aboriginal people globally. Physical, emotional, mental and spiritual pain continue to exist for young people but there are few resources and mechanisms to assist in addressing the hurt. The Aboriginal Children's Hurt & Healing (ACHH) Initiative is a two-eyed seeing, community-based project lead by an Indigenous and Western team with the aim of better understanding how to mobilize the youth and community voices to reduce the hurt and improve overall wellbeing.

It started making more sense when the Elder said we were “spiritual beings experiencing a human existence.”

Gerald P. McKinley, *Western University*

In the winter of 2016 the knowledge translation (KT) and outreach teams from the Canadian Biomarker Integrated Network on Depression (CAN BIND) and The Ontario Brain Institute (OBI) entered into an agreement with Whitefish River First Nation (WRFN) to co-develop a strength-based outreach program to decrease depression, substance abuse, self-harm, and suicide within WRFN. Our goal as a team is to be good learners and partners who can respond to Indigenous determinants of mental health within the community. As a result of a co-KT model and a two-eyed seeing approach the team has developed a four seasonal workshops program, which incorporates local knowledges and evidence-based research into action. Workshop themes include belonging, identity, self-esteem, and purpose and take place in the community and on their traditional territories. This presentation will discuss the development of the partnerships and the first two workshops from 2017. The objective of the talk will be the articulation of the process of the KT team learning how to be good partners, a rethinking of KT away from unidirectional translation into the sharing of ideas, and how we work for sustainability beyond financial resources.

A Strength-based Framework for Promoting Wellness: General, Cross-cultural, and Indigenous Perspectives

Samuel Veissière, *McGill University*

Strength-based approaches aim to identify, locate, study, and enhance individual, psychological, social, and cultural capabilities for adaptation, resilience, growth, and flourishing. Human wellness in turn, is a multi-faceted, culturally and individually variable construct that eludes measurement. In the psychological literature, well-being is generally understood as arising through the additive effects of personal dispositions, the social and environmental conditions in which people live, and the voluntary steps that people can take to adopt a positive outlook, find support, and enhance their quality of life. In addition to conceptual issues in the definition of well-being, scholars are divided on methodological lines: what indicators should one privilege for studying wellness? How can wellness be measured? Indigenous approaches are similarly complex, diverse, and multidimensional. A recent literature review of Indigenous models of strength-based research from Australia, Aotearoa/New Zealand, Canada, the United States, and the Circumpolar North, however, found similarities across these varied contexts, and general ecological philosophies that differ from the mainstream models of general surveys. In particular, indigenous emphases on social, land-based, and interconnected indicators of wellbeing present a sharp contrast from the near-exclusive focus on psychological factors and indicators found in the general literature.

Poster Abstracts

Geographies of Sleep Among Homeless Inuit in Montreal

Vincent Laliberté, & Laurence J. Kirmayer, *McGill* & Christopher Fletcher, *Université Laval*

Over 10% of the Inuit population of Nunavik now lives in southern cities, primarily Montreal. While most of this population is well-housed and employed, a significant number are homeless. and about 40% of the Indigenous homeless population in Montreal is Inuit. This ethnographic study of the temporal and socio-spatial aspects of sleep among homeless Inuit. Choices about where, when and with whom to sleep are influenced by a wide range of individual and structural factors, including drug use, season and proximity to services for the indigent. Patterns of sleep also interact with identity and life trajectory. We will explore these dimensions of the urban geography and social ecology of sleep by investigating participants' previous sleep locations (e.g. shelters or friend places) and future possibilities (e.g. finding a home or returning North). Through identifying sleep patterns, we will also be able to explore themes of marginality, mobility and belonging. This study is one step toward creating culturally appropriate services for homeless Inuit in Montreal.

Cultural Safety in Counselling Psychology Education: Is it time for a paradigm shift?

Anoushka Moucessian, Erin Steen, & Lucie Lévesque, *Queen's University*

Indigenous communities require culturally relevant mental health support (Allan et al., 2009; Gone, 2013), yet it is unclear if current postsecondary education in Ontario is adequately preparing counsellors to meet these needs. Research shows that counsellors educated in a Western paradigm currently face barriers to providing culturally competent and safe support (Shahid et al., 2013; Woolley et al., 2013). Cultural safety education can help bridge gaps in mental health service delivery by encouraging counsellors to understand that their own cultural position is a result of historical/societal factors (Ramsden, 2002). Based on the Truth and Reconciliation Commission (TRC; 2015) report, we explored institutional readiness to respond to recommendation 23 (iii), which calls on governments and institutions to provide “cultural competency training for all healthcare professionals” (p.164). This presentation will share the results of an Ontario-wide environmental scan of accredited counselling psychology graduate programs.

Culture, Identity and Parenting Practices as Determinants of Indigenous Youth Wellbeing

Cassandra Poirier & Laurence J. Kirmayer, *McGill University*

Background: Canadian indigenous peoples suffer from higher rates of mental health problems than the general population. This has been related to the transgenerational effects of colonialism, institutionalized discrimination, geographic displacement, political oppression, forced assimilation, and cultural suppression. Despite this history, cultural continuity and involvement, resilience, family support and cohesiveness, and self-identity have been linked to indigenous youth well-being and positive mental health. Objectives: To evaluate the relative contributions of family relationships, cultural connectedness and sense of belonging to positive mental health in young indigenous adolescents (10-14 years old). Methods: Indigenous families from 11 First Nations communities across Canada participated in a 14-week culturally-based, family-oriented program. The present study uses data from baseline measures of 117 young indigenous adolescents (42% male, 48% female). Participants answered questions pertaining to family relationships, ethnic socialization, ethnic identity, community connectedness, thoughts and feelings regarding historical losses, as well as several measures of mental health. Multivariate models tested the contributions of family

relationships and cultural identity and sense of connection to positive mental health. Results: The results of this multiple linear regression indicated that five predictors accounted for 69.5% of the variance ($R^2 = .70$, $F(5,31)=14.14$, $p<.001$). Parenting practices were significantly associated with positive mental well-being ($\beta=.58$, $p<.001$), as were family ethnic socialization ($\beta=.36$, $p<.01$), cultural connectedness ($\beta=.35$, $p<.01$), and ethnic identity ($\beta=-.32$, $p<.05$). Discussion/Implications: Both cultural connectedness and parenting style are potential contributors to indigenous youth well-being. Understanding the complex interplay of protective factors at individual, family and larger sociocultural levels for positive mental health can help shape interventions targeting indigenous youth and adolescents.

Evaluation of a culturally-based, family-centered mental health promotion program for Aboriginal youth and their guardians

Cassandra Poirier, Dominique Geoffroy, & Laurence J. Kirmayer, *Culture & Mental Health Research Unit, Lady Davis Institute*

Background: Over the past several decades, the rates of suicide among Canadian Indigenous Peoples have markedly elevated in comparison to the general population. Understanding the risk and protective factors for mental health problems among Indigenous Peoples remains an urgent health priority in Canada. Several intervention programs have been implemented in American Indian (AI) communities in the U.S. Despite the great deal of research that has been done with AI families, the impact of a culturally-based, family-centered intervention program on mental health and well-being remains to be assessed in First Nations communities across Canada. Objectives: To evaluate the impact of a novel 14-week family-centered, culturally based program on the mental, emotional, and social well-being among Canadian Indigenous youth and their caregivers. Methods: One hundred and twenty-three children (mean age, 12 years) and 114 adults (mean age, 40 years) from 11 different Aboriginal communities across Canada participated in a 14-week culturally-based, family-oriented program. They completed pre- and post-program questionnaires on their well-being, family-specific constructs (e.g. parent-child communication, ethnic socialization), and culture-specific constructs (e.g. cultural connectedness, ethnic identity). Wilcoxon signed-rank analyses were performed to identify any pre- versus post-program differences on composite scores. Results: Youth participants reported significantly higher levels of family ethnic socialization, which is the perception of the extent to which their families have socialized them with regards to their culture, from beginning to end of the program. They also reported having a stronger sense of ethnic identity and exhibiting more prosocial helping behaviors within their community from beginning to end of the program. Parents reported higher levels of emotional, social and psychological wellbeing from beginning to end of the program. They also reported feeling better prepared to address situations of racism and discrimination with their children by the end of the program. Discussion/Implications: The results of this study will help shape and improve future family-based intervention programs aimed at promoting mental health and well-being among Indigenous Peoples living in Canada.

Biographical Notes

James Allen is Professor in the Department of Biobehavioral Health and Population Sciences, University of Minnesota Medical School, Duluth Campus and senior scientist with the Memory Keepers Medical Discovery Team for Rural and American Indian Health Equity. Previous to this, he was Associate Director of the Center for Alaska Native Health Research (CANHR) and graduate faculty in clinical psychology at the University of Alaska Fairbanks, and a Fulbright Scholar at University Oslo Medical School. Research interests include Indigenous suicide and substance use prevention, cultural continuity and individual and community resilience, community-based participatory research, research methods for the study of cultural factors in health and of health disparities, and multi-level intervention. Current efforts include the prevention of co-occurring suicide and alcohol risk with rural Yup'ik Alaska Native, and research on community resilience. This research seeks to develop an evidence base for a multi-level strengths-based culturally-based intervention to promote protective factors in the prevention of youth suicide and alcohol risk, and to better understand the role of community-level resilience structures that influence individual level youth in their well-being outcomes.

Anita Benoit, MSc, PhD is Assistant Professor, Dalla Lana School of Public Health, University of Toronto and Adjunct Scientist, Women's College Research Institute. She is Mi'kmaq from the Esgenoopetitj First Nation and French Acadian from Brantville, New Brunswick. She received her Ph.D. from the University of Ottawa, her M.Sc. from Dalhousie University in Microbiology and Immunology and a M.Sc. from the Institute of Health Policy, Management and Evaluation in Health Services Research. Her research interests include Indigenous women's health, HIV pathogenesis, intervention research, health service outcomes and evaluation, chronic stress and mental health and determinants of health.

Amy Bombay, PhD is an Ojibway (Rainy River First Nation) new investigator who joined Dalhousie University in 2014 as an Assistant Professor, being split between the Department of Psychiatry and the School of Nursing. Amy has led and been involved in various quantitative, qualitative, and mixed-methods projects investigating factors related to well-being and mental health among Indigenous adults and youth living on- and off-reserve in Canada. Her primary areas of inquiry have focused on exploring the relationships between historical trauma, contemporary stressor exposure, and stress-related pathology among Indigenous peoples. Cultural identity is also a focus of her research, focusing on how different facets of identity influence well-being through various mechanisms. Her main program of research has explored the different pathways by which Indian Residential School trauma is transmitted across generations, which has garnered extensive media interest and has been influential in influencing policy and practice related to Indigenous health.

Carol Hopkins, Nozhem ("Mother Wolf"), of the Wolf Clan, is from the Delaware First Nation of Moraviantown, Ontario. She is the mother of 4 and grandmother of 6. She is the Executive Director of the National Native Addictions Partnership Foundation, an organization whose mandate is to support Canada's First Nations Addictions programs. She was founding Director of Nimkee NupiGawagan Healing Centre Inc., a youth solvent abuse treatment centre that is founded on Indigenous culture and life ways, and Co-Chair, of the First Nations Addictions Advisory Panel whose mandate was to develop a renewal framework for the national Native Alcohol and Drug Abuse and the Youth Solvent Abuse programs. Carol now co-chairs the Leadership Team whose mandate is to implement the renewal framework. This process is a partnership between the Assembly of First Nations, National Native Addictions Partnership Foundation, and First Nations

and Inuit Health Branch of Health Canada. Carol's work in the field of addictions also included serving as the Chairperson for the National Youth Solvent Addiction Committee (YSAC) from 2000 to 2007. This national committee has maintained a partnership with many groups to develop best practice guidelines for culturally based inhalant abuse treatment. Carol has represented First Nations clients on the Board of Directors for the Canadian Council for Health Services Accreditation, now known as Accreditation Canada. With YSAC, Carol was involved in the development of the Accreditation program and standards. She also was a Surveyor for CCHSA in both the mainstream health care system within Canada and within First Nations community health and addictions organizations. Carol is also a Professor in the Social Work Program at Kings University College of the University of Western Ontario. She holds a Masters of Social Work Degree from the University of Toronto. Carol has received the Walter Dieter Award from the Assembly of First Nations in recognition of academic achievements made in the field of Social Work with First Nations.

Laurence J. Kirmayer, MD, FRCPC, FCAHS, FRSC, is James McGill Professor and Director, Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University. He is Editor-in-Chief of *Transcultural Psychiatry*, and directs the Culture & Mental Health Research Unit at the Department of Psychiatry, Jewish General Hospital in Montreal where he conducts research on the mental health of Indigenous peoples, mental health services for immigrants and refugees, psychiatry in primary care, and the anthropology of psychiatry. He founded and directs the Network for Aboriginal Mental Health Research. His past research includes funded studies on: cultural concepts of mental health and illness in Inuit communities; risk and protective factors for suicide among Inuit youth in Nunavik; resilience among Indigenous peoples; the development and evaluation of a cultural consultation service in mental health; pathways and barriers to mental health care for immigrants; and somatization in primary care. He co-edited the volumes, *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives* (Cambridge University Press), *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (University of British Columbia Press), *Encountering the Other: The Practice of Cultural Consultation* (Springer SBM) and *Re-Visioning Psychiatry: Cultural Phenomenology, Critical Neuroscience, and Global Mental Health* (Cambridge).

Andrea Lapp is Ojibwe from Aamjiwnaang First Nation. Andrea is currently a Project Coordinator for the MindUP for Young Children Project at the Centre for School Mental Health. She has worked with Indigenous youth in healthy relationships program development, implementation, and evaluation for the past 7 years. Andrea is a mother, partner, mentor, collaborator, writer, and researcher with interests in the areas of wellness, school success, and positive mental health for First Nations youth. Andrea has a Bachelor of Medical Science in Biochemistry and a Certificate in Writing from Western University.

Margot Latimer, RN, PhD, completed her BSc in Nursing and a Masters of Nursing at Dalhousie University. She worked as a nurse at the IWK Health Centre for many years before completing her PhD in Nursing from McGill University (2006) and a post doctorate in neuroscience from Laval University (2010). Margot is an Associate Professor in Dalhousie University's School of Nursing and holds research funding for several projects from the Canadian Institute of Health Research, and recently received the Early Career Research Excellence Award from Dalhousie University's Faculty of Health Professions (2014). Dr. Latimer's research interests are associated with children's pain management and relief and clinician empathy for pain. More specifically her research is focused on exploring Aboriginal children's expression of pain and how the context of culture and tradition can impact pain expression and management. Dr. Latimer has been working to establish strong partnerships with Aboriginal communities to learn from a 'two-eyed' Indigenous and Western perspective how to best assess and manage Aboriginal children's pain experience. Ultimately, she

seeks to improve wellbeing and quality of life for Aboriginal children through many avenues including the development of learning opportunities never before offered to students in the Faculties of Health Professions, Sciences and Medicine. Dr. Latimer is also interested in the role that empathy plays in health clinician's management and treatment of pain and uses novel approaches like fMRI to examine this area.

Albert Marshall is a highly respected and much loved Elder of the Mi'kmaw Nation. He lives in Eskasoni First Nation in Unama'ki (Cape Breton), Nova Scotia, and is a passionate advocate of cross-cultural understandings and healing and of our human responsibilities to care for all creatures and our Earth Mother. He is the "designated voice" with respect to environmental issues for the Mi'kmaw Elders of Unama'ki and he sits on various committees that develop and guide collaborative initiatives and understandings in natural resource management or that serve First Nations' governance issues, or that otherwise work towards ethical environmental, social and economic practices. In October 2009, he and his wife Murdena were awarded Honorary Doctorates of Letters by Cape Breton University for their work which seeks the preservation, understanding, and promotion of cultural beliefs and practices among all Mi'kmaw communities, and encourages a strong future for the Mi'kmaw Nation and its peoples.

Gerald P. McKinley, PhD, is a Medical Anthropologist based in the Department of Pathology and Laboratory Medicine, Schulich School of Medicine and Dentistry, Western University. Dr. McKinley is teaching faculty in the Schulich Interfaculty Program in Public Health. Dr. McKinley completed his post-doctoral training in the Social Aetiology of Mental Illness Training Program housed in the Department of Psychiatry at the University of Toronto and the Centre for Addiction and Mental Health. Utilizing community based and ethnographic research methodologies he specializes in the social determinants of Indigenous mental health in Ontario. As a CAN BIND researcher, Dr. McKinley is working to tackle youth suicide among First Nations populations in Ontario. This research focuses on the interaction of social and biological factors contributing the development of depression, self-harm, substance abuse and suicide in First Nations youth.

John R. Sylliboy is the Community Research Program Coordinator for the Aboriginal Children's Hurt and Healing Initiative, IWK Research Centre. John is from Millbrook Mi'kmaw Community and resides in Halifax. He graduated in International Relations from *Universidad Nacional*, Costa Rica. John worked over 15 years in Costa Rica, Washington, DC, and Colombia in education, youth leadership and community development. In 2007, John returned to Mi'kma'ki to work with Atlantic Policy Congress of First Nations Secretariat (APCFNC) as coordinator of Aboriginal Health Human Resources Initiative (AHHRI) to develop strategies to promote health human resources in health care and post-secondary education in Atlantic Canada. In addition he has worked for Atlantic Aboriginal Economic Development Integrated Research Program (AAEDIRP) as well as Mount Saint Vincent University. John is enrolled at Mount Saint Vincent University in MAEd in Educational Foundations.

Samuel Veissière, PhD, is Assistant Professor in the Division of Social and Transcultural Psychiatry and the Culture Mind, and Brain Program. He holds an associate appointment in the Department of Anthropology and the Raz Cognitive Neuroscience Lab. An anthropologist and cognitive scientist by training, Dr. Veissière studies the interactions between cognition and culture in evolutionary, developmental, and experimental perspectives. His work in the lab examines the use of culturally mediated suggestion, attention, and expectations to facilitate healing. In the field, he specializes in the culturally-based promotion of resilience, primarily in Indigenous contexts.