
WIDENING THE CIRCLE

Newsletter of the Native Mental Health Research Team

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Urban Aboriginal Health Survey

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This project is the result of a research partnership that was initiated in 1996 between the Native Friendship Centre of Montreal and the Native Mental Health Research Team. The project's main investigators are Dr. Kathryn Gill, and myself, a graduate student.

With over 200 respondents, the *Urban Aboriginal Health Survey* has been completed. The end result is a sample of Montreal's urban Aboriginal population that crosses many socio-economic strata. Participants in the study were status and non-status Natives, Métis, and Inuit who were sixteen years of age or older and who resided in Montreal and surrounding areas. Efforts were made to interview individuals from Native-run businesses and organizations, educational institutions, drop-in centers, and from the streets of Montreal.

The surveys, which were conducted in both English and French, collected a wide range of information, including socio-demographics, legal status, family and social relationships,

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Pimadiziwin

Quebec Native Women's Conference

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November 11-13, 1998 the second symposium sponsored by Quebec Native Women Inc., on the promotion of non-violence and justice in Aboriginal communities was held at the Wyndham Hotel in Montreal. It was a huge event with an attendance of over 600 participants, and with dozens of presentations daily. The conference endorsed a holistic perspective on life and healing, incorporating the physical, intellectual, spiritual, and emotional elements of our beings. Conference presentations focused on community justice, healing a wounded sexuality, and devictimization. Plenary presenters included Susan Esau, Richard Kistabish, and Maxime Quoquoci on healing from residential school; Dr. Eduardo Duran on postcolonial psychology; Rupert Ross on justice as healing; and Flora B. Kitchen, Carol LaPrairie, and Angaangag Lyberth on community justice. The workshops explored the capacities of men, women, and youth to identify problems, to take action in their resolution, and to initiate the healing process both individually and collectively.

Two books written by Clotilde Pelletiere were launched during the conference. *Beyond Violence: Sexuality in the Circle of Life* addresses healing a wounded sexuality, and draws upon personal accounts of individuals who were sexually abused while attending a residential school. In addition, it explores an Aboriginal approach to sex education from the perspective of Mary Coon, a respected Aboriginal woman and community intervention

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psychological status, drug and alcohol problems. The analysis of this rich database is currently in progress, and will greatly benefit the urban Aboriginal community in program development by providing a systematic analysis of inter-related health and wellness determinants. The analysis of the data collected can be used as a base for the submission of various health and social programming related proposals that can elicit changes for the benefit of the well being of the urban Aboriginal community. We are currently analyzing the data for use in a forthcoming article on the topic of substance abuse that will be submitted for publication.

With this stage of the project completed, another stage has begun which qualitatively examines barriers to wellness among urban Aboriginal peoples. Currently I am conducting in-depth, semi-structured interviews in order to gain knowledge and insight about individual help-seeking patterns of resort, interpersonal violence, drug and alcohol issues, and general beliefs about addictions.

I would also like to acknowledge the work of Natalie Lloyd, our Drug and Alcohol Referral Worker, who has recently left the project. Natalie has assumed the post of Addictions Response Worker at the Shakotiiatakehnas Community Centre in Kahnawake. We wish her all the best in her new endeavors and thank her for her important contribution to the success of the project. *

Elmer Ghostkeeper at NMHRT Meeting Aboriginal Wisdom & Wellness

On October 26, 1998 the NMHRT held their quarterly meeting where Elmer Ghostkeeper, the New Sun Visiting Scholar at McGill University and Dr. Laurence Kirmayer of the NMHRT each gave presentations (see page 4 for information about Dr. Kirmayer's talk). Mr. Ghostkeeper began by introducing the concept of *Wechewehtowin*, which loosely means 'partnership' in Plains Cree. He then went on to explain that in his work he makes a distinction between *wisdom* and *knowledge*, meaning that everything is one as created by the Great Spirit, and has four aspects: mind, body, emotion, and spirit. Ancient wisdom is learnt from experience and taught by wise old people; it has equity with other knowledge systems.

Through use of the Cree concept of 'partnership', Mr. Ghostkeeper argued that both Aboriginal wisdom and western scientific knowledge could be accommodated, and one way to approach it was a puzzle whereby each

knowledge system supplied certain pieces. Mr. Ghostkeeper used the example of 'cultural land use' and applied this to the types of edible berries found in the boreal forest. In this example, which he illustrated with a photograph of the forest, scientific knowledge identifies six edible berries, while within the local Aboriginal wisdom system seventeen edible berries can be identified. In other words, the land base, and the values attached to it, are different depending on the system referred to. Mr. Ghostkeeper feels that what normally happens is that Aboriginal peoples have not been able to express their wisdom, as a partnership has not traditionally existed between the two different knowledge systems.

Mr. Ghostkeeper then turned to the question of mental illness and stated that the same principles can apply. While scientific knowledge addresses some aspects of an individual's well being it leaves out important aspects which it cannot explain through its system of knowledge production. For example, science cannot measure love, loneliness, or spirituality, and therefore it fails to recognize these aspects of an individual, and instead represses them.

Aboriginal wisdom has many levels of awareness, and one of the biggest keys is language. If Aboriginal peoples lose their language they lose important meaning. As well, a large portion of Aboriginal people who have mental illnesses cannot speak English or French, yet are tested by doctors who only speak these languages. It is important, Mr. Ghostkeeper stated, that testing be done in the patient's own language, by their own people. Furthermore, concepts such as 'mental' need to be questioned as to how they are applied when considering Aboriginal wisdom. Aboriginal wisdom relies on Elders who look at the spiritual aspects of self and who have the experience of visiting the spiritual world, communicating back and forth.

NMHRT Advisory Committee Meeting

A meeting of the NMHRT Advisory Committee will be held on April 19, 1999. Members of the committee are: Caroline Alexander, Linda Cree, Mark Horn, Natalie Lloyd, Caroline Oblin, Lorraine Spencer, Jo-Ann Stacey, Jean Stevenson, Caroline Stone, and Gail Valaskakis. The Advisory Committee meets once a year to review the team's activities and works to insure that research is appropriate and meets the needs of Native communities. Advisory committee members also act as liaisons to Native groups and communities to improve communication about NMHRT projects and resources.

Calendar of Events

NMHRT ADVISORY COMMITTEE MEETING

INSTITUTE OF COMMUNITY & FAMILY PSYCHIATRY
4333 COTE STE.-CATHERINE RD., MONTREAL, QC
APRIL 19, 1999 1:00-3:00 PM

NMHRT QUARTERLY MEETING

INSTITUTE OF COMMUNITY & FAMILY PSYCHIATRY
4333 COTE STE.-CATHERINE RD. MONTREAL, QC
JUNE 7, 1999 1:00-3:00 PM

ALCOHOL AND DRUG ABUSE IN CHILDREN AND ADOLESCENTS: EPIDEMIOLOGY, TREATMENT AND PREVENTION 10TH ANNUAL CONFERENCE

MCGILL UNIVERSITY, DIVISION OF CHILD PSYCHIATRY
APRIL 16, 1999 8:15 – 5:00 PM
514 934-4449 NPRUPSY@MCH.MCGILL.CA

A CULTURAL CURRICULUM DEVELOPMENT WORKSHOP:
FOCUSING ON NATIVE LANGUAGES
AMERICAN INDIAN INSTITUTE, COLLEGE OF
CONTINUING EDUCATION
APRIL 25-29, 1999
MISSUOLA, MONTANA

INTERPROVINCIAL CONFERENCE ON FETAL ALCOHOL SYNDROME

UNIVERSITY OF CALGARY, CALGARY, AB
May 4-7, 1999
LYNE CALLAN: 403 297-3019
LYNE.CALLAN@AADAC.GOV.AB.CA

1ST NATIONAL NATIVE AMERICAN PREVENTION
CONVENTION
SPIRIT OF EMPOWERING HEART IN THE 21ST CENTURY
JUNE 2-4, 1999 NORMAN, OKLAHOMA

CANADIAN ASSOCIATION FOR SUICIDE PREVENTION
10TH ANNUAL CONFERENCE
OCTOBER 13-16, 1999 HALIFAX, NS

THE MILLENIUM CONGRESS
ELEVENTH INTERNATIONAL CONGRESS ON
CIRCUMPOLAR HEALTH
HARSTAD, NORWAY
JUNE 4-9, 2000

THE NMHRT OFFICE HAS INFORMATION FLYERS ON
THESE EVENTS.

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worker in Wemotaci. The book provides basic information for teenagers and adults concerning issues of sexuality. The second book, *Respecting Our Human Dignity: Justice In Aboriginal Community*, looks at the meaning and functioning of justice, with the promotion of “respect and honesty as the foundations of justice.” The book discusses issues of social peace, conflict resolution and mediation, family violence, and community justice in Aboriginal communities. Both publications are available from Quebec Native Women, Inc., 460 St. Catherine Street West, suite 503, Montreal, Quebec, H3B 1A7, Telephone: (514) 954-9991 or 1-800-363-0322. ✱

Video Review

On March 9, 1999 the Native Friendship Centre of Montreal (NFCM) and the Native Mental Health Research Team held a screening of the video *Urban Elder* at the NFCM. Eight people attended the screening during the lunch-hour, which was followed by a brief discussion of the video.

Urban Elder is the story of Vern Harper, a Cree spiritual Elder who lives and works in Toronto. The video, which was released in 1997, follows Harper as he attends to various activities, including leading a Sweat Lodge purification ceremony, conducting a private healing ceremony, counseling Native prisoners at Warkworth Federal Prison, and passing on traditional Aboriginal medicine teachings to his eleven-year-old daughter. While the video illustrates the application of Aboriginal spirituality and healing in the urban and prison milieus, viewers felt the video gave an impression that these beliefs and practices are homogeneous among Aboriginal peoples. Some viewers also expressed their belief that ceremonies such as Sweat Lodges and healing ceremonies are sacred events that should not be video taped.

Where the strength of *Urban Elder* as a tool for Aboriginal community organizations and workers may lie is in the historical narrative Harper tells of his own life, and the ways in which the legal and prison systems worked, or did not work, for Native people during the 1950s and 60s. By tracing his own experiences, Harper illustrates how structural racism in the legal and penal system discriminated against Aboriginal people who faced criminal prosecution during this period. He then contrasts this to recent Aboriginal initiatives and interventions, such as Aboriginal Elders working with Native prisoners. In this way, Harper suggests that Aboriginal peoples must collectively fight against problems of structural

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racism in the legal and prison systems, while simultaneously working with Aboriginal prisoners in a process of rehabilitation that re-enforces positive views of Aboriginal identity and culture.*

OTHER NMHRT VIDEO RESOURCES

HEALING JOURNEY – a teenage suicide prevention video with a facilitator's guide, 1995, 24 minutes

CALL OF THE DRUM – Nippissing Band Reserve; The impact and positive effects of role models and responsible resource persons have on the reserve lifestyle. 1990, 23 minutes.

Native Mental Health Research Team Quarterly Meeting

Models for Suicide Prevention in Aboriginal Communities

Dr. Laurence Kirmayer

Native Mental Health Research Team

At the October meeting of the NMHRT, Dr. Laurence Kirmayer gave an overview of models for suicide prevention in Aboriginal communities. He began by stating that suicide rates in some Aboriginal communities are higher than in others; however, systematic comparisons have not been done. What has dominated in suicide research is an individual approach that seeks to identify and help individuals at risk. However, in some cases it may be that the whole community is at risk.

programs have not occurred in a systematic way, and therefore it is not clear what effects the programs are having. While it is assumed that these programs are contributing to reduced rates of suicide, in some cases there are indications that programming may in fact be adding to the problem.

Dr. Kirmayer went on to discuss a recent health forum he had attended in Quebec City that was hosted by the provincial government. The purpose of this meeting was to address the question of youth suicide in Quebec and Labrador. During this meeting no direct reference

was given to Aboriginal peoples, or other ethnic groups, but rather all groups were considered together. Participants who were invited to the meeting were namely mental health professionals, and were asked to identify strategies for prevention of suicide, with a primary focus on youth. The group came up with three components: 1. A telephone crisis line; 2. Intervention follow-up; and, 3. Post-intervention.

Dr. Kirmayer went on to explain why there were several problems with this model when applied to Aboriginal communities: 1. Lack of resources; 2. Workers in Aboriginal communities are not in the same position as workers in large urban centers. For example, workers are sometime related to the person and a suicide affects the worker on a personal level; 3. Mental health models make assumptions about meaningful life, how to cope etc., which may not translate into what is meaningful among Aboriginal peoples. Dr. Kirmayer concluded by using the example of suicide initiatives in British Columbia where more local control has translated into lower suicide rates.*

Over the past years, prevention programs have been developed to address the problem of suicide. However, evaluations of these

meeting was to address the question of youth suicide in Quebec and Labrador. During this meeting no direct reference

Community Profile

Native Women's Shelter of Montreal

Jean Stevenson

Interim Executive Director, Native Women's Shelter of Montreal

In 1986 the Native Friendship Center of Montreal conducted a needs assessment for Aboriginal women who were in conflict with the law in Montreal. This document was the formal tool used by concerned women to acquire funding to set up facilities and services for homeless Aboriginal women in Montreal. A Board of Directors was formed in August 1986 and a project was presented to the Quebec Housing Corporation in October 1987 for a start-up grant. This project was accepted and funding was received.

The Native Women's Shelter of Montreal is a non-profit organization, incorporated in 1987, that officially opened in October 1988. It is the only shelter in Montreal and the surrounding area which specifically addresses the needs of Aboriginal women and their children. The Native Women's Shelter provides shelter for up to sixteen women and children per day, 365 days of the year.

The purpose of the Native Women's Shelter is to respond to the immediate needs of Aboriginal women and their children who, in difficult times, require a safe and supportive haven. The goal is to give Aboriginal women an opportunity to focus on their various challenges and rebuild their lives with guidance and services that empower and promote Aboriginal women's independence, self-esteem and cultural identity. The objectives of the shelter are the following: 1. To provide short-term temporary shelter to Aboriginal women in difficulty; 2. To promote and reinforce understanding of Aboriginal identity, culture and heritage among Aboriginal women in the community at large; 3. To establish and maintain an environment conducive to Aboriginal cultural retention; 4. To provide appropriate facilities, (referral and counseling services to enable Aboriginal women to utilize community resources, and information and counseling necessary to adjust to urban community living and to promote autonomy); 5. To provide the administration of the shelter with input from a broad range of Aboriginal representatives; 6. To participate with other Aboriginal organizations in activities designed to promote the

aims and objectives of the shelter; 7. To plan with governmental agencies, and other Aboriginal organizations, to ameliorate the quality of services and facilities for Aboriginal women in the community by: a) assisting in, or partaking of, any program or activity designed to promote the welfare of Aboriginal women in the community; and, b) encouraging the public in the promotion of these objectives and in the general welfare of Aboriginal women; 8. To examine and to encourage open-minded inquiries in the study of problems encountered by Aboriginal women in their own communities and in Montreal; 9. To provide Aboriginal women with a significant and major role in the programming and management of the shelter; 10. To refer clients to legal, medical, and other services.

The residents of the Native Women's Shelter are Aboriginal women and their children, mainly from the urban area of Montreal and from northern Quebec. Some of the problems Aboriginal women and their children face are: language barriers, culture shock, isolation, poverty, conjugal violence, legal problems, substance addictions, homelessness, racism, and the need for health care.

The Native Women's Shelter offers a compassionate and caring atmosphere, which provides emotional support and security in a safe environment. It also provides shelter, food, and clothing; information on obtaining financial assistance, low-cost housing, identification, education, employment; referrals for detox, treatment, psychotherapy, legal, and medical needs; one-on-one counseling; workshops; accompaniment; advocacy; weekly Healing Circles; and in-house AA meetings.

The Native Women's Shelter of Montreal is currently conducting a fundraising campaign. More information can be obtained from Jean Stevenson at (514) 933-4688. ☒

Resource Materials

Strength of the Spirit: A Community Effort in the Treatment and Prevention of Drug Abuse. Final report of a 1993/94 community-based research project in Alberta. Ref.: AD-5

Your Sobriety! Our Future! –A Spiritual Model of Recovery. A manual prepared to assist Native and Inuit alcohol and drug rehabilitation staff in helping Aboriginal people find a new way of life. Ref.: AD-11

Resource Manual for Prevention Workers in First Nations Communities. Ref: AD-14

The Effectiveness of Native Halfway Houses in the Treatment of Alcohol Abuse. Information, knowledge and experience from Native halfway houses in the United States. Ref.: AD-17

Prevention Framework. Examines the needed elements to run a good addiction prevention program. Ref.: AD-19

Child Development Framework. The results of a think-tank that brought together First Nations and Inuit to discuss elements that should be included in a framework document. 1995. Ref.: CD-2

An Annotated Inventory of Maternal and Child Health Programs. A comprehensive and inclusive list of maternal and child health programs offered by MSB in Aboriginal communities. Ref.: HB-3

Maternal-Child Health Care Programs for Aboriginal People: A Review of the Literature. A review of Aboriginal infant, child, maternal, and dental programs over the past 10 to 15 years; identification of effective, efficient and culturally appropriate programs; and recommendations for future programs. Ref.: HB-4

Final Report-James and Hudson Bay Child Health Project: Pilot study. This study aims to identify options for interventions to improve the quality of life for children. Summer, 1995. Ref.: MC-8

Peace River Area School Project-Guide for Teachers. Curriculum outlines for grades K to high school about solvent abuse. Ref.: SA-3

Presentation Model-Solvent Abuse. This model is to assist presenters and is suitable for an overhead projection presentation. Ref.: SA-5

First Nations and Inuit Community Youth Solvent Abuse Survey and Study. A perspective on the treatment of solvent abuse among First Nations and Inuit youth. Includes updated survey results. Ref.: SA-11

Your Community! Our Future! A resource kit on solvent abuse to help community workers plan and implement solvent abuse prevention programs. Ref.: SA-12

Solvent Abuse Treatment Outcome Evaluation Study. Independent overview of the effectiveness of treatment programs by Medical Services Branch, Health Canada. October, 1996. Ref.: SA-13

The Next Generation Solvent Abuse Community Intervention and Resource Project. A demonstration project to test a community-based solvent abuse intervention model. Ref.: SA-14

Suicides, Violent and Accidental Deaths Among Treaty Indians in Saskatchewan. This research project was initiated in response to the crisis situation faced by Aboriginal communities, especially in the area of youth suicides. Ref.: SC-1

Your Life! Our Future! A suicide prevention resource kit containing current and valuable information about new intervention and development models. Ref.: SC-2

National Suicide Prevention Workshop Proceedings. Convened by the Minister of Health and Welfare Canada. March, 1993. Ref.: SC-3

WHAT IS THE NMHRT?

The Native Mental Health Research 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 québécois 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:

1. planning and evaluation of mental health services, training and promotion
2. epidemiological and ethnographic research on prevalence and risk and protective factors for mental illness
3. a "map" of the range of mental health initiatives currently underway in specific regions
4. a guide to mental health promotion approaches for Native communities
5. a manual on evaluation of mental health programs and services in Native communities

6. a summer research internship program for Native students pursuing careers in mental health related fields
7. 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.