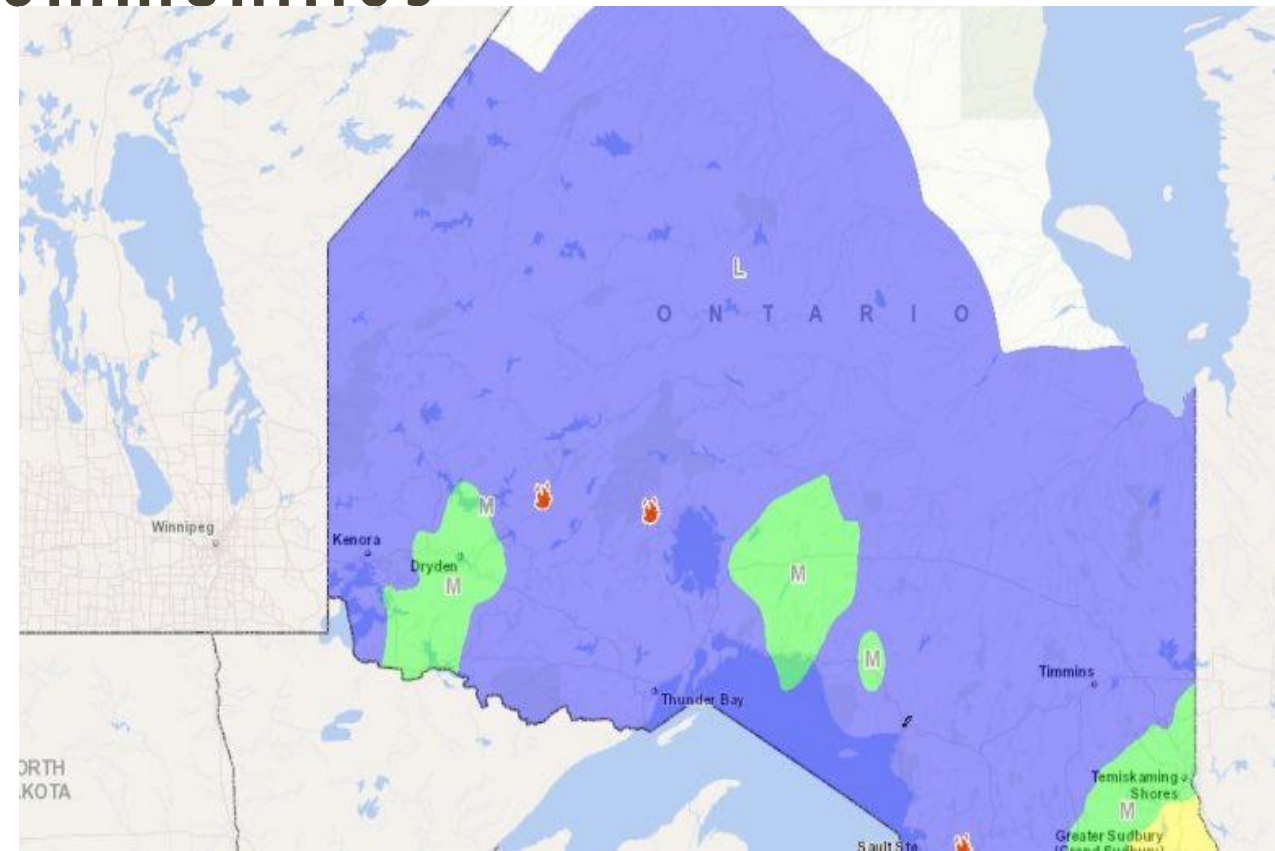


We acknowledge that we are on the traditional territory of the Ojibwe *Obishikokaang* (Lac Seul) First Nation, a signatory of the Treaty #3 signed in 1873 between the Crown and the people of the land.

# INDIGENOUS MENTAL HEALTH IN REMOTE COMMUNITIES IN CANADA

Joyce Timpson  
Lydia Sherman  
Sally Bunting

**CANADA** – 10 million sq km with 40 million people  
**ONTARIO** – size of Japan with 14 Million people  
**NORTHWESTERN ONTARIO** – 1/3<sup>rd</sup> size of Japan,  
30,000 people in 32 fly-in communities



Source: Canada - Ilike2learn.com; Northwest Ontario – CKDR.net/news

# WHERE WE ARE: Sioux Lookout, 6,000 people in the middle of wilderness, hub of the north



Source: Municipality of Sioux Lookout

There are Ojibway people in the southern part and Cree people in the north. In between are “Oji-Cree”, also the name of the language.



Source: Sioux Lookout First Nations Health Authority



# Typical fly-in communities: Populations range from 50 to 3,000



Source: Photographs taken by Joyce Timpson

Canadian Indigenous people are very diverse:  
different nations, different cultures

**First Nations (formerly called Indians):** About 1 Million and 70 distinct languages. 50% live on “reserves”, land set aside by the government, and the rest live in urban settings

**Inuit:** about 70,000 in the high Arctic

**Metis:** about 700,000 persons of mixed race

**HISTORY: European explorers looking for a shorter sea route to India and China on the East coast of the Americas around 1500 AD.**



[Christopher Columbus - Facts, Voyage & Discovery | HISTORY](#)



The white explorers met people with brown skin. Thinking they had reached India, they called them “Indians”. “Indigenous” is more appropriate.





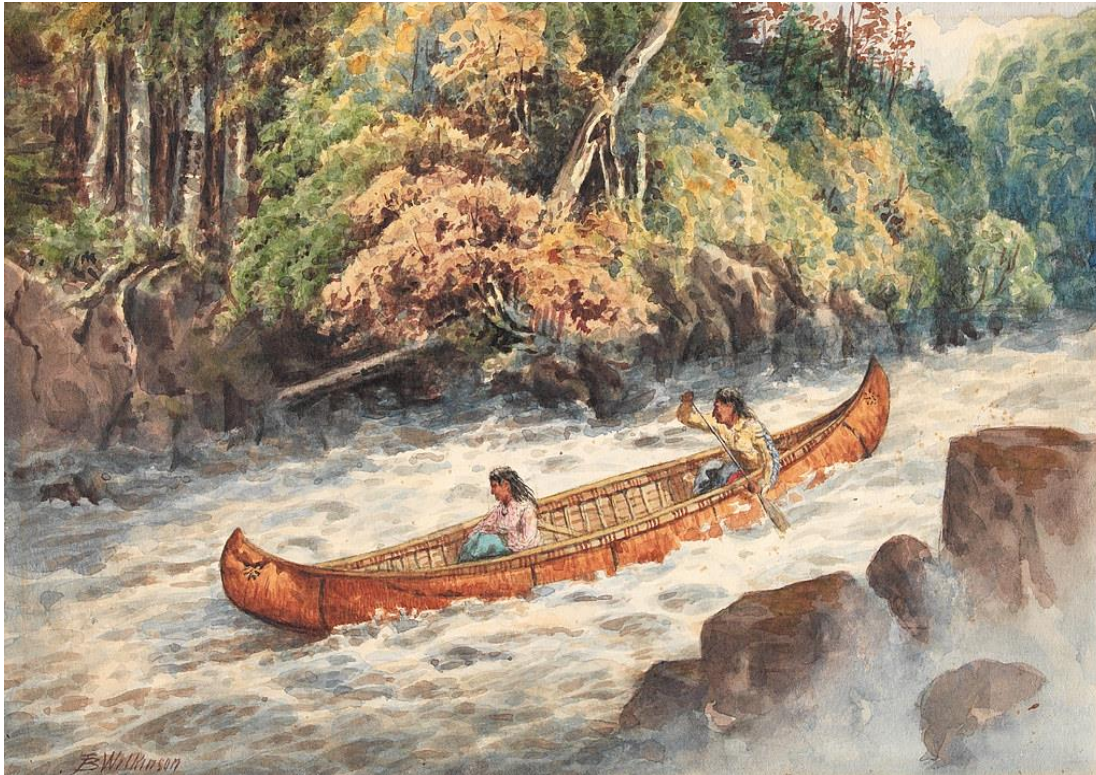
Indigenous people were viewed as “savages”

This view shaped government policies to assimilate the Indigenous people into White society and destroy their culture. Even practicing Indigenous ceremonies was outlawed.

**THINGS CHANGED QUICKLY IN THE  
NORTH SINCE CONTACT**

# Previous ways of travel and today

Source: flickr.com;

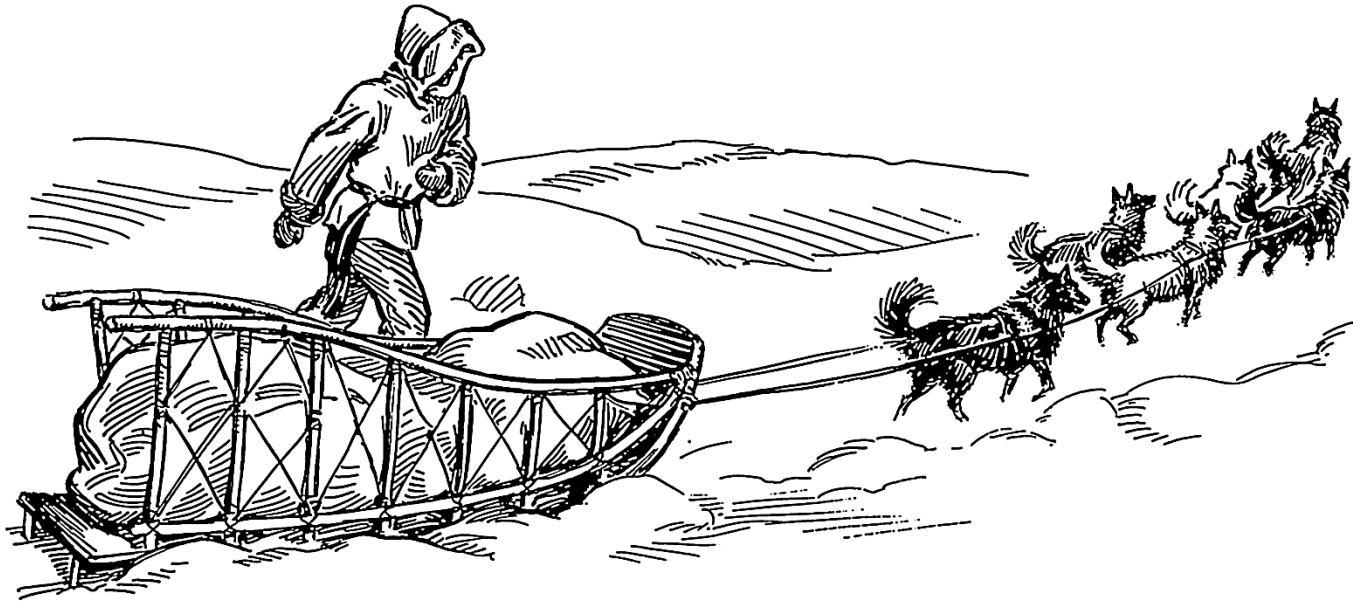


Source: Publicdomainpictures.net





# Travel - then and now



Source: Dog sled: [theworkofgodchildren.org](http://theworkofgodchildren.org); Snowmobiles photo taken by Joyce Timpson

Photo of Toyota: [Toyota.ca](http://Toyota.ca)



# Housing then and now

TeePee made from material, formerly made from Birch bark Modern day buildings

Source: Unmarked source



Source: Photo by Joyce Timpson





# Today, the north is a mix of traditional and the new: many land-based practices in a modern setting living with technology

Preparing a moose for cooking, stretching and tanning beaver and polar bear hides, satellite



Source: All photographs taken by Joyce Timpson



**RAPID CHANGES, MANY LOSSES AND  
FAILED POLICIES HAVE SHAPED MENTAL  
HEALTH PROBLEMS**



# SOCIAL DETERMINANTS OF HEALTH: all apply to First Nations but we will address only a few\*

Income and social status – large numbers of persons on social assistance

Employment and working conditions – unemployment is high

Education and literacy – 70% graduate from high school

**\*Access to health services – distances**

**\*Childhood experiences - trauma**

Gender – women vulnerable

**\*Culture and \*Race/Racism – Lack of understanding of culture and failure to consider differences in policies**

Mental health issues result from Colonizer's failed policies that were intended to help them.

- Tuberculosis epidemic and new diseases emerged
- Residential Schools
- Extension of provincial services previously not available on reserves: Education, Child Welfare and Social Assistance



# Tuberculosis

Early 20<sup>th</sup> century – Tuberculosis rampant. Many people flown to special hospitals hundreds of miles away, often gone for years. Many died and bodies were not returned home for funerals resulting in much unresolved grief.

Old float planes



Old hospital in Sioux Lookout



Source: Float planes: [pixneo.com](http://pixneo.com); Hospital: [slmhc.on.ca/about/our-history](http://slmhc.on.ca/about/our-history)

# Diabetes has emerged

With a drastic change in a diet of plants and game harvested from the land to high carbohydrates and processed foods, the diabetes rate is extremely high.

Poverty and high price of good food is a contributor

Diabetes has resulted in amputations, vision problems, and premature deaths.

# Church run Residential Schools

From 1880 to 1960's - 150,000 children were forcibly removed from parents and home communities to church-run residential schools hundreds of kilometres away. The goal was assimilation and destruction of Indigenous culture.

Attendance was voluntary after 1960 but the results were similar.

# Church run Residential Schools



ca.images.search.yahoo.com/yhs/schoolsofsorrow

Above: Pelican  
Residential  
School, Wikipedia



Bottom: left and right kathleenjonesblogspot.com



# Residential school experiences have had a major impact on mental health today

- Children were removed at vulnerable ages (sometimes 5 years), some returned for summers only, some not at all for many years.
- Their hair was cut when they arrived, were deloused, given white people's style clothes.
- They were punished for speaking their languages.

## Harms of residential schools (continued)

Churches demonized Indigenous spiritual practices. Many First Nations rejected them.

Many children traumatized for life – by cruel punishments, sexual and physical abused by clergy, staff and other students.

## When the children returned home they:

- did not know the traditional ways and their language,
- difficulty relating to their culture, parents and grandparents, and
- had to relearn parenting due bad modelling at the schools.

# 1965 Services previously not available to indigenous communities were extended

Some communities were moved off their traditional land to new locations for easier government ability to provide services such as education.

Some communities forcibly moved to other locations when Hydro company flooded their land to build a dam.

Relocation disrupts natural kinship systems. It affected the natural economy and ability to hunt and gather food from the land.



## Eligibility for welfare after 1965

Moving off the land resulted in decline of traditional economies of hunting, trapping, gathering.

Welfare payments previously denied to Indigenous people were provided and are believed by many Indigenous people to have major factor in destroying their culture.

*The trauma of one generation is passed on to the next.*

*The Indigenous people had many traumas as a result of government policies. The effects are felt by today's generation*

## INTERGENERATIONAL EFFECTS

# Intergenerational Trauma of relocation, residential schools paved the way for further abuse such as sexual predators resulting in disproportionate rates of:

**Suicide** among young Indigenous people is 5 to 6 times higher than the rest of Canada

**Addictions** to alcohol and in recent years addictions to opioid drugs.

**Children in foster care** – Indigenous children represent over 50% of all children in foster care

**Incarceration** – while 4% of Canadian population are Indigenous, 27% of the populations in prison is indigenous.

**Murdered and Missing Indigenous Women and Girls:** Violence against Indigenous women

Sources: Suicide: Canadianencyclopedia; Children in Care, <https://www.ohrc.on.ca/en/interrupted-childhoods>; Incarceration: Department of Justice

# Effects of so many losses, unresolved grief and child sexual abuse on today's situation

Suicides have traumatized entire communities. Imagine losing 30 young members of a community of 500 people (where everyone is related) in 4 decades.

Often the suicides occur in clusters, sometimes several in consecutive days.



## Today's situation (con't)

Opioid addiction extremely high with estimates of 75% adults in some communities addicted\*

Multiple and complex losses and abuse results in some people describing some Indigenous people to be in a chronic state of Post Traumatic Stress Disorder

\*Source: Joyce Timpson and Karen O'Gorman, "Community Based Options for Addressing Opioid Abuse in Remote Northwestern Ontario First Nations, Consultation and discussion paper prepared for Health Canada, First Nations and Inuit Health Branch, May 2010

# SUMMARY OF MENTAL HEALTH ISSUES

Multiple losses often simultaneously – from illness, loss of parents, language, children, accidents, drownings, plane crashes.

Loss associated with tragedy such as homicide and murder

Unresolved grief which results in more loss and tragedy passed down to later generations

# ADDRESSING THE ISSUES



# Cultural specific approaches are necessary

1980's – Services transferred to Indigenous groups to deliver new approaches to the issues\*

Mental health and social services to First Nations in reserves are now Indigenous controlled.

\*Source: Timpson, Joyce. *Indian Mental Health: Changes in the Delivery of Care in Northwestern Ontario*, Canadian Journal of Psychiatry, April 1984.



Lack of knowledge of the culture, language, made change necessary.

Non-Indigenous health workers often mistook culture specific symptoms for a serious mental illness such as schizophrenia when it may have been a reaction to a life event like complex grief\*.

\*References: Timpson, Joyce et al. *Depression in a Native Canadian in Northwestern Ontario: Sadness, Grief or Spiritual Illness?* Canada's Mental Health, June/September 1988.

Indigenous programs within mainstream agencies were introduced in child welfare and mental health and other social work settings.

A “paraprofessional” model was adopted: Indigenous natural helpers with experience working with people received training on the job to provide social work and mental health services in child welfare and mental health agencies.

Sally and Lydia were among the first Indigenous mental health workers in our area, likely the longest serving in our area.

Lydia at her desk



Sally with late elder community worker, Ethel Turtle



Source: Pictures taken by Joyce Timpson mid 1980s

# After Indigenous workers were hired:

- Social work services now received in their language and more disclosures or trauma were made to the workers
- Non-Indigenous workers often misdiagnosed symptoms as mental illness when Indigenous workers recognized symptoms as a different expression of reactions to a problem in living
- Child welfare workers able to find alternate arrangements to taking children into care

# KEY APPROACHES

Indigenous control and design of services is key

Consideration of Intergenerational effects

Trauma Informed approaches

Using Culture for healing

Use of Narrative Approaches



## Control of Education

Indigenous language taught in schools on reserves as well in some public schools where there is a large Indigenous population such as Sioux Lookout

Teaching youth how to survive by hunting and fishing and traditional ways

**CHANGES IN GOVERNMENT POLICY  
TO ADDRESS PAST MISTAKES**

# New Indigenous designed facilities replace old decrepit structures

From this: Indian Zone Hospital



To this: MenoYaWin Health Centre



Source: [www.facebook.com>menoyawin](https://www.facebook.com/menoyawin)

# Education, now under Indigenous control, is strongly encouraged

Modern High School where old Residential School was. Students travel from the north to Sioux Lookout and live in group homes with support

From this:



To this:



Pelican Falls High School Images

# Teachings of the ancestors are being revived and taught

Pow Wow Dancing



Processing wild rice



Source: [youtube.com/watch?v=XZYoeqyx10A](https://www.youtube.com/watch?v=XZYoeqyx10A); Taken by Joyce Timpson



# Elders are teaching the children



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)



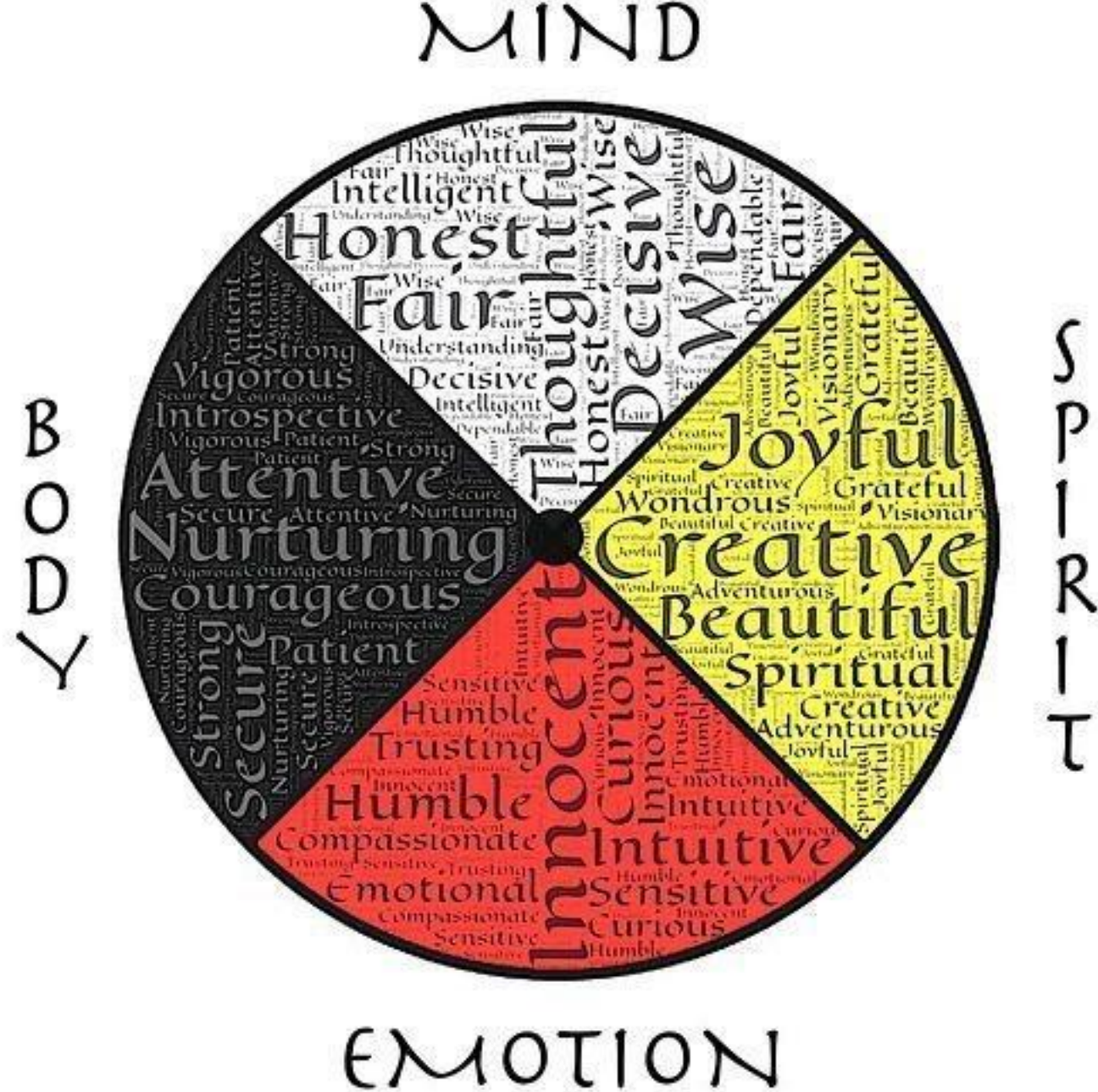
# Including making traditional crafts



Photo taken by Joyce Timpson

# Adopting teaching of ancestors

A whole person approach to mental health and healing



# SOME RECENT GOVERNMENT ACTIONS

Truth and Reconciliation Commission – made 97 recommendations to correct the wrongs of Residential Schools and loss of Culture

Reparations for victims of residential schools and children removed from parents and their culture into non-Indigenous foster and adoptive care

An Inquiry into Murdered and Missing Indigenous Women and Girls

Initiatives to find and return remains of children who died in Residential Schools and were not returned home

Increasing total control of services to Indigenous people



# INDIGENOUS ACTIVISM

Demanding action for Missing and Murdered women and girls



Marching for Ancestors



# STRATEGIES TO ADDRESS DETERMINANT OF HEALTH, POVERTY AND OTHER INEQUALITIES

Economic Development – Development of Indigenous businesses, purchasing of existing businesses by a First Nation to address employment, poverty and housing issues.

Development of more addictions treatment centres controlled and staffed by Indigenous persons



# STRATEGIES (CON'T)

Strategies for different approaches to commitment of criminal acts

Housing initiatives in urban areas

Increased educational opportunities in health careers and all areas

# Partnerships are essential between government and Indigenous people to address Indigenous mental health issues



Sources: [en.wikipedia.org/wiki/PlymouthColony](https://en.wikipedia.org/wiki/PlymouthColony); [parklandinstitute.ca](http://parklandinstitute.ca)

# MEEGWITCH (“THANK YOU” IN OJI-CREE), ARIGATOU



Source: [Shapingyouth.org](https://shapingyouth.org)