

## Healing Traditions: Culture, Community and Mental Health Promotion with Canadian Aboriginal Peoples

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# Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples

Laurence Kirmayer, Cori Simpson and Margaret Cargo

**Objective:** To identify issues and concepts to guide the development of culturally appropriate mental health promotion strategies with Aboriginal populations and communities in Canada.

**Methods:** We review recent literature examining the links between the history of colonialism and government interventions (including the residential school system, out-adoption, and centralised bureaucratic control) and the mental health of Canadian Aboriginal peoples.

**Results:** There are high rates of social problems, demoralisation, depression, substance abuse, suicide and other mental health problems in many, though not all, Aboriginal communities. Although direct causal links are difficult to demonstrate with quantitative methods, there is clear and compelling evidence that the long history of cultural oppression and marginalisation has contributed to the high levels of mental health problems found in many communities. There is evidence that strengthening ethnocultural identity, community integration and political empowerment can contribute to improving mental health in this population.

**Conclusions:** The social origins of mental health problems in Aboriginal communities demand social and political solutions. Research on variations in the prevalence of mental health disorders across communities may provide important information about community-level variables to supplement literature that focuses primarily on individual-level factors. Mental health promotion that emphasises youth and community empowerment is likely to have broad effects on mental health and wellbeing in Aboriginal communities.

**Key words:** culture, First Nations, health promotion, Inuit, Metis, residential schools, trauma, youth.

Although Aboriginal peoples in Canada, Australia and New Zealand comprise extremely diverse cultures, they have faced similar sociohistorical predicaments. The comparative study of social policy and Aboriginal mental health across countries can shed light on problems and solutions.<sup>1</sup> In this article, we outline the social origins and political context of mental health problems in Canadian Aboriginal communities, describe some recent approaches to collective healing and discuss their implications for mental health promotion.

Notions of tradition and healing are central to contemporary efforts by Aboriginal peoples to confront the legacy of historical injustices and suffering brought on by the history of colonialism.<sup>2</sup> Through individual and community-based initiatives as well as larger political and cultural processes, Aboriginal peoples in Canada are involved in healing their own traditions, repairing the ruptures and discontinuity in the transmission of traditional knowledge and values, and asserting their collective identity and power.

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The metaphor of healing traditions has several potential meanings. First, it refers to recovering and applying traditional methods of healing. Aboriginal peoples had a wide range of methods of healing that were embedded in religious, spiritual and subsistence activities and that served to integrate the community and provide individuals with systems of meaning to make sense of suffering. These traditions were displaced and actively suppressed by successive generations of Euro-Canadian missionaries, governments and professionals. Recuperating these traditions therefore reconnects contemporary Aboriginal peoples to their historical traditions and mobilises rituals and practices that may promote community solidarity.

More broadly, the recovery of tradition itself may be viewed as healing, both at individual and collective levels. Hence, efforts to restore language, religious and communal practices have been understood by contemporary Aboriginal peoples as fundamentally acts of healing. For most Aboriginal peoples, traditional subsistence activities (e.g. hunting) have been deeply integrated with religious and spiritual beliefs as well as with networks of family and community relationships. Returning to the land to take part in these activities may then have healing value both for troubled individuals and whole communities. Finally, establishing legal claims to traditional lands and self-government may also be viewed as crucial elements of re-asserting cultural tradition, even when the forms of governance reflect contemporary political realities.

Any approach to mental health promotion with Aboriginal peoples must consider these ongoing uses of tradition to assert cultural identity. At the same time, it is crucial to recognise that biomedicine and psychiatry are also traditions that convey not only technical scientific knowledge but also whole systems of cultural values and practices. Recognising our own practice as a 'tradition' means that we understand the process of culture change as a two-way street and encourages us to de-centre, and rethink the exchange of values on a more level playing field. It provides a basis from which to seriously encounter and engage others' traditions and work toward an effective pluralism and hybridisation of models and methods in mental health care.

## ABORIGINAL PEOPLES OF CANADA

Almost 1 million people self-identify as Aboriginal in Canada, representing 3.3% of the total population.<sup>3</sup> While many live on reserves, 41% reside in non-reserve areas (36% urban, 5% rural). Aboriginal Peoples include Amerindian peoples referred to as First Nations as well as Inuit and Métis who account for about 5% and more than 20% of Aboriginal people, respectively. The population is demographically distinctive in being younger than the general

Canadian population (mean age 25.5 vs. 35.4 for general population) with fully one-third of the Aboriginal population younger than 15 years of age. There is great diversity within this population with 11 major language groups and more than 58 dialects, 596 First Nations bands and 2284 reserves.

Aboriginal peoples suffer from a wide range of health problems at much higher rates than other Canadians.<sup>4,5</sup> They have 6–7 times greater incidence of tuberculosis, are 4–5 times more likely to be diabetic, 3 times more likely to have heart disease and hypertension and twice as likely to report a long-term disability. Injuries and poisonings are the main cause of potential years of life lost; Aboriginal peoples have 1.5 times national mortality rate and 6.5 times national rate of death by injuries and poisonings.

Social problems are also endemic. The incarceration rates of Aboriginal people are 5–6 times higher than the national average. In a recent survey, 39% of Aboriginal adults reported that family violence is a problem in their community, 25% reported sexual abuse and 15% reported rape.<sup>6</sup> About 4% of First Nations children were in custody of Child and Family Service agencies in 1996/97.

These health and social problems are reflected in the high rates of mental health problems.<sup>7–9</sup> Age standardised suicide rates of Aboriginal youth are 3–6 times the general population.<sup>10</sup> The actual rates of psychiatric disorders are not known but are presumed to be high in many communities.

Although these problems affect individuals, their high prevalence underscores the need for population level approaches. From the perspectives of population health and mental health promotion, several key questions arise from these statistics. What are the origins of the social problems confronting indigenous peoples? How can we connect the personal and the collective aspects of pathology and healing? What are the needs of each of the present generations (children, youth, adults, elders)? What will be the needs of the next generations?

## THE IMPACT OF EUROPEAN COLONIALISM

The origins of the high rates of mental health and social problems in Aboriginal communities are not hard to discern. Aboriginal peoples in Canada have faced cultural oppression through policies of forced assimilation on the part of Euro-Canadian institutions since the earliest periods of contact. Early missionary activities focused on saving heathen souls by religious conversion. In many cases, this involved suppression or subversion of existing religious beliefs and practices that were integral to subsistence activities and the structure of families and communities. Early trade and military alliances were generally

arranged without regard for Aboriginal cultural values or relationships.

The Canadian government informally recognised the indigenous communities of Canada as peoples or nations but they were viewed as uncivilised and hence unable to acquire rights as citizens in a democratic polity. The *Bagot Commission Report* (1844) argued that reserves in Canada were operating in a 'half-civilised state' and that, in order to progress towards civilisation, Aboriginal peoples needed to be imbued with the principles of industry and knowledge through formal education. The *Bagot Commission Report* resulted in a shift in Indian policy in Canada away from the guiding principle of protection towards assimilation; this was reinforced by the *Davin Report* (1879), which recommended a policy of 'aggressive civilisation'. Aboriginal adults and elders were perceived by Davin to possess 'the helpless mind of a child.' Hence, to be integrated into the emerging nation, Aboriginal children had to be separated from their parents and 'civilised' through a program of education that would make them talk, think and act like British Canadians.

Following the recommendation of the *Davin Report*, residential education for Aboriginal children in Canada was modelled after the system of boarding schools in the United States.<sup>11,12</sup> Residential schools for Aboriginal children functioned as 'total institutions'<sup>13</sup> or a 'carceral space':<sup>14</sup> the schools were located in isolated areas; the children were allowed little or no contact with their families and communities; there was a regime of strict discipline and constant surveillance over every aspect of their lives; and cultural expressions through language, dress, food, or beliefs were vigorously suppressed.

At their height, there were 80 residential schools operating across Canada with a peak enrolment in 1953 of over 11 000 students. While some families welcomed the opportunity for formal education for their children, many would desperately try to avoid the Indian agent as he collected community children (Johnston, 1988).<sup>15</sup>

Intensive surveillance and control of the lives of Aboriginal peoples in Canada went beyond the residential school system. Beginning in the 1960s, large numbers of Aboriginal children were taken from their families and communities and placed in foster care. Eventually, many of these children were adopted into non-Native families in Canada and the United States. Termed the 'Sixties Scoop', this practice lasted almost three decades, although statistics indicate that there is still an over-representation of Aboriginal children in the care of non-Aboriginal institutions and foster families. The apprehension of Aboriginal children by the Child Welfare System was based on premises similar to that of the residential school system. It was held that Aboriginal parents could not provide appro-

priate homes or upbringing for their children and that the disorganised nature of reserve communities necessitated state intervention.<sup>16,17</sup>

By the 1970s, approximately one in four status Indians could expect to be separated from his or her parents; rough estimates on the rates of non-status and Métis children apprehended from their families show that one in three could expect to spend their childhood as a legal ward of the state.<sup>16</sup> The large-scale apprehension of Aboriginal children from the family, community and cultural context via the residential school system and the 'Sixties Scoop' has had damaging consequences for individuals and communities. Much like former residential school students, who often returned to their communities in a culturally 'betwixt and between' state, Aboriginal children relegated to the care of the state or non-Aboriginal families have experienced problems of identity and self-esteem growing up on the margins of two worlds. Physical and sexual abuse, emotional neglect, internalised racism, language loss, substance abuse and suicide are common in their stories.<sup>16,17</sup>

The intense governmental surveillance and control of the lives of Aboriginal peoples in Canada was mandated and institutionalised by federal Indian policy. The *Indian Act* (1876) is the most comprehensive piece of federal legislation directed towards the management of Aboriginal peoples in Canada. Although established over a century ago, this document continues to play an integral role in the lives and juridical identities of Aboriginal peoples. The *Indian Act* defines Aboriginal peoples as Crown wards, subjects for whom the state has a responsibility to provide care.<sup>18</sup> The broad application of the Act has ranged from prohibiting participation in cultural activities such as the potlatch and the sun dance, restricting movement through the application of the pass system, to creating social categories of identity such as 'status' and 'non-status Indians' and exempting status Indians from taxation.<sup>19,20</sup>

The *Indian Act* has been the focus of great conflict and contestation in many communities that have been forced to reconcile local notions of membership, citizenship, political participation and structure with imposed legal sanctions and controls. For example, the patrilineal descent recognised by the *Indian Act* resulted in the removal from their communities of many Aboriginal women (and their children) who married non-Aboriginal men in the 20th century. Acknowledging the colonial and archaic nature of the *Indian Act* and its negative consequences in Aboriginal communities across Canada, the federal government is currently attempting to replace the *Indian Act* with a more modern document, the *First Nations Governance Act* (FNGA). However, there is concern that this legislation will modernise but not eliminate the systems that disempower Aboriginal peoples and communities.

## MENTAL HEALTH CONSEQUENCES OF CULTURAL SUPPRESSION AND FORCED ASSIMILATION

While epidemiological research identifies the magnitude and distribution of mental health and social problems of Aboriginal peoples in Canada, qualitative studies implicate the collective exposures of Aboriginal peoples to forced assimilation policies as prime causes of poor health and social outcomes. The policies of forced assimilation have had profound effects on Aboriginal peoples at every level of experience from individual identity and mental health, to the structure and integrity of families, communities, bands and nations.

Narratives and life histories suggest that the residential school experience has had enduring psychological, social and economic effects on survivors.<sup>12,17,21</sup> Transgenerational effects of the residential schools include: the structural effects of disrupting families and communities; the transmission of explicit models and ideologies of parenting based on experiences in punitive institutional settings; patterns of emotional responding that reflect the lack of warmth and intimacy in childhood; repetition of physical and sexual abuse; loss of knowledge, language and tradition; systematic devaluing of Aboriginal identity; and, paradoxically, essentialising Aboriginal identity by treating it as something intrinsic to the person, static and incapable of change. These accounts point to a loss of individual and collective self-esteem, to individual and collective disempowerment and, in some instances, to the destruction of communities.

The legacy of the policies of forced assimilation is also seen in the current relationship of Aboriginal peoples with the larger Canadian society. Images of the 'savage' and stereotypes of the 'drunken Indian' continue to recur in popular media. Racism is still widespread, if often subtle, and beyond active discrimination there is a continuing lack of historical awareness of the experience of Aboriginal peoples with colonisation and the enduring impact on their wellbeing and social options. Governmental, bureaucratic and professional tutelage and control continue to undermine Aboriginal efforts at self-direction.

The impact of local control on mental health has been strikingly illustrated in a study that compared the rates of completed suicide in 80 bands in British Columbia.<sup>22</sup> There was wide variation in rates, with some communities exhibiting no suicides while others suffered very high rates. Each community was scored on seven measures of what was termed 'cultural continuity': self-government, involvement in land claims, band control of education, health services, cultural facilities, police and fire services. The rate of suicide was strongly correlated with the level of these factors. Communities with all seven factors had no suicides while those with none of the factors

had extremely high suicide rates. Of course, it is possible that some of these factors are markers for healthy communities and that the link to suicide is through other covarying but unmeasured factors including: collective self-efficacy and self-esteem; better infrastructure or community organisation; and more job opportunities or active roles for youth. Labelling these factors as 'cultural continuity' is also questionable; the involvement of Aboriginal people in contemporary institutions such as municipal government or formal school systems can hardly be viewed as cultural traditionalism. 'Local control' seems a more accurate term and this probably reflects cultural adaptability and pluralism rather than the maintenance of tradition. Nevertheless, this study provides compelling evidence for the impact of community level factors and should encourage other studies of determinants of mental health using careful analysis of the history, structure and dynamics of communities.

Cultural continuity remains an interesting construct and one that is important in the light of ongoing efforts of Aboriginal peoples to recuperate and reclaim traditional knowledge and values as an explicit basis for collective identity and community cohesion. Cultural continuity can be expressed in many ways, but all depend on a notion of culture as something that is potentially enduring or continuously linked through processes of historical transformation with an identifiable past or tradition. To some extent, it is precisely this notion that has been challenged by recent critical writing on the notion of culture itself.<sup>23</sup>

## WHAT IS ABORIGINAL CULTURE OR TRADITION?

Despite concerted efforts at forced assimilation, Aboriginal cultures have persisted. More than one-quarter of Aboriginal people are able to converse in an Aboriginal language.<sup>3</sup> The use of Aboriginal languages has been increasing. Many communities are currently engaged in cultural immersion programs geared toward strengthening Aboriginal languages and identity. Aboriginal languages are official languages in the North-west Territories and Nunavut, a vast region of Canada's north that was recently recognised as a new province with an Inuit-led government.

Beyond the issues of language, there are distinctive cultural concepts of personhood and community among many Aboriginal peoples. Where the Euro-American notion of the person has been characterised as egocentric or individualistic, many Aboriginal peoples retain notions of the person as defined by a web of relationships that includes not only extended family, kin and clan but, for hunters and other people living off the land, animals, elements of the natural world, spirits and ancestors.<sup>24</sup> Aboriginal concepts of

the person thus may be relational or communalistic, ecocentric (connected to the land and to animals)<sup>25–27</sup> and cosmocentric (connecting the person to an ancestral lineage or the spirit world).<sup>28</sup> Though these forms of personhood have wide prevalence, it is important to recognise the great diversity of Aboriginal cultures and communities, which is sometimes obscured by images in the popular media, or by Aboriginal peoples themselves when they seek to make common cause in developing political and cultural institutions.

While older anthropological writing conceived of cultures as closed, homogeneous and sometimes static systems, contemporary ethnographers view cultures as local worlds that are constantly in flux. There is great variation in knowledge, practice and attitudes among individuals within a cultural group, with significant conflict, resistance and contestation of dominant values. Local worlds are embedded in larger global systems that bring diverse peoples together through migration, mass media and other forms of contact and exchange. As a result, most individuals have access to and participate in multiple cultures. Individuals use this multicultural background to navigate, communicate and provide rhetorical supplies and discourses within which to locate and construct socially and psychologically viable selves.

These social realities of cultural diversity, hybridisation, flux and change exist in some tension with Aboriginal claims for a pan-Indian cultural identity rooted in a timeless mythic past.<sup>29</sup> The reality is that, like all cultural identities, Aboriginality is not 'in the blood' but rooted in forms of life that exist at the confluence of historical currents and contemporary forces. Aboriginal identity both springs from within family and communities and is imposed by the larger cultural surround. Aboriginal peoples are engaged in an ongoing process of re-articulating themselves in the modern world in ways that honour their ancestors, maintain links with crucial values, and creatively respond to the exigencies of a world simultaneously woven together by electronic media and riven apart by conflicts of culture and value.

## RE-ARTICULATING TRADITION

In recent years, a series of important events have begun to reverse the cultural marginalisation and oppression endured by Canadian Aboriginal peoples. It is shocking for Euro-Canadians, who have been profoundly unaware of the social realities of Aboriginal peoples, to be reminded that it was only in 1967 that Native peoples gained the right to vote. A pivotal event in public consciousness was the Oka crisis of 1990, in which the Mohawk communities adjoining Montreal confronted local and federal authorities to defend an ancestral burial ground that was to be appropriated to extend a municipal golf course. During this crisis, Canadians witnessed overt acts of

racism and violence against Aboriginal people and had to confront a complacent self-image as a nation of tolerance. This led directly to the 1991 *Royal Commission on Aboriginal Peoples* (RCAP). The public hearings held by the RCAP uncovered the widespread abuses of the residential school system. In 1993, the RCMP (the federal police force long involved with law enforcement in remote regions, including Aboriginal settlements) established a Native Residential School Task Force to investigate residential schools from 1890 to 1984. The RCAP addressed many dimensions of Aboriginal health and included special reports on suicide<sup>30</sup> as well as volumes on the needs of urban Aboriginal peoples and on healing.<sup>30</sup> The RCAP Final Report included a volume *Breaking the silence*, which detailed the abuses in the residential school system.<sup>32</sup>

In 1998, the government responded to the RCAP report with *Gathering strength: Canada's Aboriginal action plan* intended to begin a process of reconciliation and renewal. Several new Aboriginal organisations were created, including the Institute for Aboriginal Peoples Health (one of 13 Canadian Institutes for Health Research replacing the Medical Research Council) and the National Aboriginal Health Organisation.

A crucial component of *Gathering strength* was the establishment of the Aboriginal Healing Foundation (AHF), a federally funded, Aboriginally run, non-profit organisation created in March 1998 to support community-based healing initiatives of Aboriginal people affected by physical and sexual abuse in residential schools, including intergenerational impacts ('the Legacy'). The AHF received \$350 million over 10 years to fund projects to address the legacy of the residential schools. The projects funded have included: community services; conferences, workshops and gatherings; cultural activities; healing services; material development; planning; research; traditional activities (e.g. living on the land programs); and training or educational programs.<sup>2</sup>

Aboriginal people have also sought other avenues for reconciliation and reparation. As of February 2002, there were over 4500 claims representing 9000 claimants for damages related to the residential schools. Only about 10% have been settled. Legal proceedings often involve re-traumatisation and Aboriginal organisations continue to explore alternative dispute resolution methods including establishing a Truth and Reconciliation Commission similar to the process developed in post-apartheid South Africa. Efforts at reconciliation are consonant with the values in many Aboriginal communities, which emphasise maintaining family and community ties and repairing breaches of trust by a public ritual of confession, expiation, and re-commitment to the community.

Many communities have experimented with various forms of 'sentencing circles' for healing and reintegrating offenders who might otherwise be ostracised and handled entirely within the penal system.<sup>32,33</sup> Other uses of meeting in circles include: talking circles, in which people speak openly and listen to others' stories to begin to become aware of original hurts; sharing circles in which a high degree of trust is established and people express painful emotions; healing circles where people can work through memories of painful experiences; and spiritual circles in which people develop trust in their own experiences of spirituality as a source of comfort and guidance. The rules of these circles vary with their goals but have in common an emphasis on the individual's commitment to change, an etiquette that honours the individual voice through respectful listening, and a process of reaffirming collective and communal solidarity.

The last century saw the emergence of various forms of pan-Indian spirituality, in which practices associated with specific cultural groups have been widely adopted and served both as effective healing rituals for groups and as symbols of shared identity and affiliation. The elements of this common spiritual tradition include a focus on the Creator, the symbolism of the medicine wheel, the use of the sweat lodge and traditional plant medicines, pow-wow costume dances, drumming and tobacco offerings.<sup>35-37</sup>

In parallel, increased awareness of the historical predicament of Aboriginal peoples has become a rallying point. In the US, the attention to trauma among Vietnam veterans provided a context to reconsider the collective trauma of American Indians.<sup>38-41</sup> For Canadian Aboriginal peoples, the revelations of the evils of the residential schools have made the notion of individual and collective trauma salient.<sup>21</sup> Some Aboriginal people have made use of communal settings to tell the story of their suffering. In these accounts, individual traumas and losses may be explicitly linked to collective traumas. This serves to make sense of suffering and valorise it as part of a larger collective struggle. At the same time, the metaphors of individual and collective trauma have both positive value and limitations. On the plus side, the metaphor of trauma draws attention to the severity, shock and violence of the physical and psychological injuries inflicted on Aboriginal peoples. It locates the origins of problems in a shared past and so motivates the reconstruction of historical memory and collective identity. Ideally, this history would insist on the importance of social and political events and so would avoid 'psychologising' what are fundamentally political issues.<sup>42</sup>

However, like any partial truth, the metaphor of trauma also has limitations and unwanted connotations. Current trauma theory and therapy tend to

focus on the psychiatric disorder of posttraumatic stress disorder and may give insufficient attention to the other dimensions of experience that may be profoundly transformed by massive trauma and abrogation of human rights. These include issues of secure attachment and trust, belief in a just world, a sense of connectedness to others and a stable personal and collective identity.<sup>43</sup>

The emphasis on the most overt and dramatic forms of aggression and abuse may make it harder to recognise more subtle, indirect, and insidious effects of residential schools and other forces of forced assimilation on individuals and communities.<sup>44</sup> The location of the origins of trauma in past events may divert attention from the realities of a constricted present and murky future, which are the oppressive realities for many Aboriginal young people living in chaotic and demoralised communities. Finally, an emphasis on past trauma as an explanation for current suffering ignores the pervasiveness of everyday, routinised practices of exclusion and marginalisation.

## YOUTH, IDENTITY AND COMMUNITY EMPOWERMENT

The cumulative effects of internal colonialism on cultural identity and continuing tensions between the values of Aboriginal peoples and mainstream society complicate the efforts of Aboriginal youth to forge their identities and find their ways in the world.

Despite important social and cultural differences across Aboriginal peoples, young people played a vital role in traditional community life.<sup>45</sup> The notion of adolescence as a distinct period in the life cycle between childhood and adulthood was not sharply drawn; by their mid-to-late teen years, young people were functioning as adults in the community with responsibilities for subsistence activities and raising families.<sup>45,46</sup> The community context for the socialisation of youth has changed dramatically with colonialism.<sup>24,47,48</sup> Adolescence and young adulthood have become prolonged periods with ambiguous demarcation and social status. Moving from traditional times where 'everyone was important and everyone had a role',<sup>49</sup> colonialism has resulted in impoverished roles and opportunities within many communities, leaving youth without clearly defined direction.

There are important gender differences in the ways that culture change has affected traditional roles.<sup>50</sup> For young women, there has been more continuity in social roles and many are involved in child-rearing, as well as work and school.<sup>50,51</sup> They may suffer from role strain as they try to fulfil multiple tasks. Young men, in contrast, have experienced a profound disjuncture between traditional roles and the limited opportunities available to them in many Aboriginal communities. The high suicide rates among Aboriginal young men can be related to this loss of valued status and

direction.<sup>10</sup> The discontinuity in roles and the emergence of adolescence as a prolonged life stage requires adaptations within communities to provide constructive and meaningful opportunities for young people to develop their potential.

While youth had a place in traditional decision-making processes, today they are largely excluded from community decision-making and are the passive recipients of mental health programs and services designed and delivered through centralised state decision-making processes.<sup>52</sup> The lack of success of many such programs has been attributed to the lack of Aboriginal participation, which could make programs culturally meaningful and locally more relevant.<sup>52</sup>

In recent years, the Canadian government and the World Health Organization ushered in a new approach to health programming with the framework *Achieving health for all: a framework for health promotion*<sup>53</sup> and the *Ottawa charter for health promotion*.<sup>54</sup> Health promotion, defined as 'the process of enabling people to increase control over the determinants of their health', is rooted in the values of respect, caring, equality and self-determination.<sup>55</sup> Empowerment, a cardinal principle of health promotion, involves a shift from a top-down approach to the design and implementation of categorical health programs to community processes aimed at engaging community members in decisions that affect them in the context of their everyday lives.<sup>56</sup> There is recognition by the state that the quality of programming decisions can be improved with decentralised processes that actively engage Aboriginal peoples in program planning and delivery.<sup>57</sup> However, this requires changing the nature of relationships between Aboriginal communities and the state, to allow for community control and governance over program development and administration. Within Aboriginal communities, empowerment requires shifting the power relationships that exist between youth and adults from exclusionary and paternalistic modes fostered by the legacy of residential schools and governmental control, toward inclusive egalitarian practices that allow for meaningful collaboration.<sup>58</sup>

Mental health promotion programs orientated toward empowerment aim to restore positive youth mental health and a strong sense of cultural identity by giving youth an active role in designing and implementing programs that meet their needs. Health promotion, with its emphasis on empowerment, may represent a contemporary re-articulation of traditional egalitarian practices that recognised the central role of youth in the health and vitality of the community.

## CONCLUSION: IMPLICATIONS FOR HEALTH POLICY AND PROMOTION

Through state policies aimed at forced assimilation, Aboriginal peoples in Canada have suffered individ-

ual and collective violence, trauma and loss. Understanding the consequences of this history for mental health and wellbeing requires a model of the trans-generational impact of culture change, oppression and structural violence.

The social origins of prevailing mental health problems require social solutions. Although conventional psychiatric practice tends to focus on the isolated individual, the treatment of mental health problems as well as prevention and health promotion among Aboriginal peoples must focus on the family and community as the primary locus of injury and the source of restoration and renewal.

Individual identity and self-esteem, which are central to health and wellbeing, may draw strength and depth from collective identity.<sup>59</sup> Where the collective is devalued, the individual may suffer corresponding wounds to their esteem and to their social 'capital', power and mobility. Collective identity, however, is not simply intrinsic or internal to a specific ethno-cultural group or community. It is created out of interactions with a larger cultural surround, which may impose disvalued identities and marginalised status. The interaction between local and larger cultural systems has taken on a new scope and intensity with the forces of globalisation. The local identity of youth is inscribed in a world culture; indeed, through mass media and Internet exchanges many Aboriginal youth participate in a global culture in which they share more with distant peers than with other generations within their own communities. For most, however, this sort of virtual community cannot replace local relationships in intimacy, material support or practical resources with which to navigate a future.

Mental health promotion with Aboriginal peoples must go beyond the focus on individuals to engage and empower communities. Aboriginal identity itself can be a unique resource for mental health promotion and intervention. Knowledge of living on the land, community, connectedness, and historical consciousness all provide sources of resilience. At the same time, the knowledge and values held by Aboriginal peoples can contribute an essential strand to the efforts of other peoples to find their way in a world threatened by environmental depredation, exhaustion and depletion from the ravages of consumer capitalism.

Non-Aboriginal mental health professionals usually approach these problems as outsiders to the community and face complex problems of position that may undermine their credibility and effectiveness. These include the socioeconomic and power disparities between clinician and patient. No matter how open and unbiased practitioners try to be, they work against a backdrop of structural violence, racism and marginalisation. Only collaborative approaches that



focus on the transfer of knowledge, skills, power and authority can hope to transcend these limitations. The Canadian Institute for Aboriginal Peoples Health has funded a number of initiatives to build capacity for health research in Aboriginal communities, including a National Network for Aboriginal Mental Health Research (URL: <http://www.mcgill.ca/psychiatry/namh>).

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