

Let's Talk about Indigenous Mental Health: Trauma, Suicide & Settler Colonialism

by Michaela M. McGuire, MA

ON A DAY designated for talking about mental health, let's talk about the mental health crisis Indigenous people face resulting from colonialism.

While the term itself has been adopted by federal officials, it often seems an effort to manipulate meaning. When “colonialism” or even “genocide” are interpreted in abstract and sanitized ways, it becomes easy for Canadians to excuse the resulting, ongoing violence, and trauma. But these processes are real and warrant much more than official statements, apologies, references on Bell Let's Talk days, and ultimately band-aid solutions.

Indigenous peoples, in what has briefly been known as Canada, have historically and continually undergone complex, layered, and intergenerational traumas. As a result, many communities grapple with mental health and suicide crises. Mitchell, Arseneau, and Thomas (2019) deem these collective experiences “colonial trauma,” and argue that “colonial trauma...is a key political determinant of health that serves as an explanatory factor for the health inequities born by Indigenous peoples” (p. 86).

An additional element to this framework is the shape-shifting nature of colonialism. While those same federal officials might prefer to relegate colonialism to the past, it is ongoing and identifying its ongoing nature — which is also key to sustaining colonial dominance — helps us understand trauma in more nuanced ways.

In addition to the complex trauma caused by residential and day schools, the 60s scoop and the continuing removal of Indigenous children from their communities, medical testing, racism in all its manifestations, the *Indian Act* and resultant inequalities, land apprehension, and state negligence all result in Indigenous peoples grappling with the impacts of internalized inferiority. When you are continually told through the media, in conversation with non-Indigenous people, and through social service providers that you are not good enough, smart enough, and that you are a “problem” that needs to be addressed, it results in internalization of racism and harm, exacerbating existing traumas and a range of mental health issues (that are often coupled with addictions).

Rates of suicide for Indigenous peoples in Canada are three times the national average — with certain groups, such as Inuit, particularly impacted while youth and young adults are also overrepresented (Kumar & Tjepkema, 2019). I have witnessed the failures of the existing mental health system to respond effectively. I have seen community members slip away through addictions and suicide because of the impacts of colonial trauma and lack of supports.

These deaths were and are preventable.

We must hold Canada accountable and demand reparations and structural change. Blaming Indigenous peoples for their misfortune and focusing on social ills aligns with the settler-colonial investment in their continued marginalization and dispossession (Mitchell et al., 2019; Simpson, 2017). Suicide is not an Indigenous problem — instead, it is imposed.

EXISTING MENTAL HEALTH “SUPPORT”

The high rate of suicide amongst Indigenous peoples is evidence of inadequate resources. When Indigenous peoples find the strength to seek support — that support needs to be available to them through comprehensive care provided by individuals trained in understanding and responding to colonial trauma. Responding when a crisis hits, when people are suicidal or once Indigenous peoples have filled out multiple forms to access services — a process which is often prohibitive — is insufficient. Even if community members passed this test, they often find a limited number of service providers available, especially for rural and remote Indigenous communities.

Existing mental health services supported by Indigenous Services Canada (ISC) include: the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) Program Framework, mental health counselling through the Non-Insured Health Benefits (NIHB) Program, Jordan’s Principle, the Inuit Child First Initiative, the Indian residential Schools Resolution Health Support Program, and health support services for those affected by the issue of missing and murdered Indigenous women and girls (Government of Canada, 2022). Phone and chat lines such as “hope for wellness” are also available (Government of Canada, 2021a), however more long-term intensive and non-crisis response support is needed.

Accessing these existing supports — if one is deemed eligible — is often a cumbersome process. For instance, to access NIHB services requires a health care provider who is enrolled with the program or to pay out of pocket and submit a form for reimbursement (Government of Canada, 2020a).

A process that necessitates English or French literacy, a computer, scanner/printer, and access to the internet, as well as the patience for navigating government websites and regulatory mazes.

Under the NIHB program people seeking mental health support are first required to look elsewhere for programming — the “guide to mental health benefits,” instructs both clients and mental health service providers to attempt other avenues first (Government of Canada, 2020b). Then, to contact a NIHB regional office and obtain a list of service providers. If the client can find a service provider available in their area — which is a challenge for rural and remote communities — they are then eligible for up to “22 hours of counselling” annually, which must be pre-approved (Government of Canada, 2020b). The administration, availability and type of programming also differs between provinces.

In British Columbia (BC), government support is administered by the First Nations Health Authority (FNHA) in collaboration with the BC government and the Government of Canada. Although there is no stated limit on the amount of counselling clients can access, service providers are limited to those that have enrolled with the program (FNHA, 2022). Many providers listed are within urban areas limiting those who live in rural and remote communities to one or two providers who may not have the necessary training and expertise to provide the required support.

As a federally defined status individual whose home community is Skidegate, Haida Gwaii, I spent some time determining what services I would be eligible for. Even with access to a computer, printer and with two post-secondary degrees, I got a headache searching through government websites. After some digging I determined that there seems to be one registered

service provider on Haida Gwaii and a few others in Prince Rupert (an approximately 8 hour ferry ride away). After some more reading it appears as though I may also be covered for Telehealth.

For someone like me, with relative privilege of education and not in crisis, this navigation was time-consuming and confusing. What about those with less experience doing this research and/or who are in crisis?

As a result of these inadequate and inaccessible mental health services many communities have resorted to issuing states of emergency in response to high rates of suicide. There is a need for a comprehensive national plan to address the social determinants of health for Indigenous peoples — and to take responsibility and make reparation for Canada's role in contributing to the mental wellness of Indigenous peoples.

Moving beyond colonial trauma and its resultant impacts on the health and wellbeing of Indigenous peoples requires that “colonialism itself ... be addressed and taken up within society as a whole and addressed within mental health services” (Mitchell et al., 2019, p. 86).

The Truth and Reconciliation Commission [TRC] (2015) Calls to Action 18-24 include health actions that if implemented, could begin the process of improving the mental well-being of Indigenous peoples and preventing suicide. These Calls to Action include acknowledgment of harm, provision of funding towards healing centers and programming, etc. Jewell and Mosby (2021) found in their analysis of the Calls to Action that “for the second year in a row, Canada has not completed a single Health Call to Action” (p. 19).

Canada seems only interested in what Jewell and Mosby (2021) deem “symbolic” actions, instead of those which could save lives. The reparations necessitated to work towards suicide prevention and intervention amongst Indigenous peoples could disrupt settler-colonial societal structures.

TOWARD SURVIVAL

The eliminatory logic of settler colonialism continues apace. Wakeham (2021) outlines the “slow violence of settler colonialism,” as the kind of shape-shifting described above, and which limits opportunities for change. Meanwhile, Palmater (2019) emphasizes the importance of — in struggles towards decolonization — working to “protect our right to survive and thrive as Indigenous Nations” (p. 136). In protecting our rights to survive and thrive — we must demand reparation and action for the colonial harm that compounds existing intergenerational traumas and exacerbates mental health issues.

What could reparations look like regarding mental health, suicide and addictions resulting from colonial trauma?

First, Indigenous peoples who seek help must have access to financial support and comprehensive trauma care. Although responses would vary regionally and even nationally, a program with trained psychologists, psychiatrists, and trauma counsellors that allows for collaboration with Indigenous Nations and peoples and respects and upholds their self-determination would be a good start.

Mental health care for Indigenous peoples should be accessible, free (and funded), and colonial trauma informed, with trained practitioners available. Barriers to accessing mental health support need to be removed to ensure Indigenous persons who find the strength to seek support are able to do so.

A comprehensive response would also include direct financial support so that Indigenous peoples can allocate adequate time towards unraveling complex trauma without worrying about having to pay bills, and put food on their tables.

There should also be incentives offered to recruit and retain mental health practitioners — in particular Indigenous practitioners — as many Indigenous communities need to travel to access healthcare services.

Moreover, funding for housing, recreation, gymnasiums, fitness programs and centers, healthy foods initiatives and cultural programming and relevant community infrastructure should be prioritized given their importance for maintaining mental wellness.

Second, any interventions should be under the directive and guidance of varied cultural knowledge holders and applicable to the circumstances. Self-determination regarding mental health is often limited to what is permitted within federal and provincial confines rather than truly led by Indigenous individuals (those dealing with harm) and communities. Indigenous Nation and community leadership is a fundamental starting point from which programming and policy development may begin.

Third, even as our strength and resilience endure, they cannot protect us from the colonial trauma we continue to experience. Education, however, can provide some reprieve which may, in turn, allow us to demand reparations more effectively from Canada. Education as to the roots of our oppression, genocidal and colonial acts inflicted by the state, and the reality of intergenerational trauma is necessitated for Indigenous communities to implement intervention strategies.

We also must do the work of facing hard truths around issues like physical abuse, sexual abuse, and neglect, as failing to face those truths only hurts us and future generations.

The more I learn, the more understanding I have of the role of Canada and Canadians in sustaining colonialism, genocide, and inequality, the more determined I am to continue to unravel the impacts of colonial trauma in my own life. But when I hear of yet another suicide and senseless loss of life, I am filled with anger at the systems that fail us, at the people who ignore our pleas for help, at politicians who superficially promise without any intent to follow through, and at the compounded trauma and racism we continue to experience.

Now is the time to demand reparations from Canada, to face our trauma and hard truths directly and urgently and to save lives through mental wellness.

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