

Strengths-Based Approaches to Indigenous Research and the Development of Well-Being Indicators



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FNIGC is a First Nations-led organization committed to gathering and disseminating data that reflects the diversity of life in the 634 First Nations reserve and Northern communities across the country. It has a mandate to oversee data collection on First Nations reserves and Northern communities, and envisions that every First Nation will achieve data sovereignty in alignment with its distinct worldview.

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Introduction



This report explores strengths-based approaches to research and the development of First Nations well-being indicators in Canada. In recent years researchers working to understand and support mental health have taken important steps to move the focus of the field from what has been described as a “deficit-based” focus to one that is more “strengths-based.” Deficit-based models of mental health focus on what is wrong with a person, and how solving that problem can lead to greater mental health. In contrast, strengths-based approaches focus on identifying and supporting the various strengths, motivations, ways of thinking and behaving, as well as the protective factors—within the person or the environment—that support people in their journeys toward well-being.

Strengths-based approaches to research have specific relevance to understanding and promoting health and well-being in Indigenous contexts. The attention to social, cultural, and ecological factors highlighted in these approaches are consistent with philosophies of living a good life found in many Indigenous cultures. While traditional philosophies and current ways of life vary across Indigenous peoples, an emphasis on recognizing and respecting the interrelations between all aspects of the person, the community, and the environment is found at the heart of Indigenous knowledge and values in many different cultures and communities.

For instance, the First Nations Information Governance Centre (FNIGC) Regional Health Survey (RHS) Cultural Framework defines First Nations health and well-being as “the total health of the total person within the total environment” (First Nations Information Governance Centre, 2005, p. 19). The concept of *total health* is defined as “all aspects and components of health and well-being seen as integrally interconnected with one another within an inclusive and inter-related and interactive web of life and living” (p. 12). Among the key concepts included in the description is that of “Indigenous value-based seeing, relating, knowing and doing...” (p. 4). This means that, in an Indigenous worldview, an intelligent person “operates out of the core psychology or value system of Kindness, Honesty, Sharing, Strength, Respect, Wisdom and Harmony” (p. 4).

With applying strengths-based approaches in the context of First Nations health and well-being research, considerations must be given to historical and cultural context. For many First Nations, the term “historical trauma” has become widespread as a way to describe the systematic violence, loss, and oppression experienced by Indigenous peoples over many generations as a result of settler colonialism and its aftermath (Brave Heart, 2003; Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998). Sometimes, this is studied in terms of the transgenerational psychological and social effects of the legacy of the violence, deprivation, and cultural suppression caused by the Indian Residential School system and other policies of forced assimilation (Bombay, Matheson, & Anisman, 2014). These policies have had effects at many levels, demanding different strategies and strengths that require specific methods to study (Evans-Campbell, 2008). The ways that individuals, families, and communities make sense of historical violence, loss, and collective memory is likely to influence subsequent adaptation, mental health, resilience, and well-being (Pedersen, 2002; Mohatt, Thompson, Thai, & Tebes, 2014).

This points to the need to develop approaches to strengths-based research that address the specific kinds of challenges and adversities faced by Indigenous peoples and that may be expressed not only at the level of the individual but also at the levels of family, community, or nation (Kirmayer, Sehdev, & Isaac, 2009). In the past two decades, a body of research on “posttraumatic growth” has suggested that people can experience positive change, growth, and increased well-being after overcoming difficulties (Calhoun & Tedeschi, 2014). The concepts of strength in Indigenous contexts highlighted throughout this review can provide new insights into the nature of resilience that could have wide applicability for First Nations.

This project was commissioned by the FNIGC. The aim was to review and synthesize available information on strengths-based research and the development of well-being and mental wellness indicators for research in First Nations communities. This involved two components: 1) a review of relevant literature; and 2) interviews with key Knowledge Holders at First Nations organizations identified by the FNIGC.

The main questions guiding the report analyses include:

1. What are the key strengths-based concepts and indicators used in current research?
2. What are the specific First Nations strengths-based concepts and corresponding indicators of well-being?
3. What are best practices in the development of well-being indicators?
4. What are some best practices to develop indicators that address First Nations concepts of well-being and mental wellness?

5. What are some of the specific needs, gaps, and opportunities for the development of new indicators of well-being for First Nations strengths-based research?

This report presents a literature review, an analysis of findings from the interviews with subject matter experts and Knowledge Holders, and a summary of key findings and implications for the development of strengths-based indicators. In Part 3, key findings on these questions are further examined by taking into consideration the perspectives shared by First Nations organizations on the concepts, dimensions, and indicators of wellness and strengths-based research that guide their practice.



Part 1: Literature Review



Strengths-Based Approaches in Research

Strengths-based research refers to work that begins “by analyzing, not the deficits, but the strengths of both individuals and communities... [and aims to] profile potential solutions, positive programs and initiatives taking place in communities. It would seek out potential paths forward. Ultimately, such research will enhance the quality and level of data used for advocacy” (First Nations Information Governance Centre, 2015, p. 7).

In the past three decades, strengths-based theories and practices have emerged as important new approaches in health care as well as medical, psychological, and social research. Strengths-based approaches have promising applications in the fields of social work, education, counselling and community psychology, as well as Indigenous health and wellness promotion. The term “strengths-based” overlaps with a family of approaches and models that seek to move away from deficit-based understandings of individual and social problems and instead identify, study, and promote individual, social, and cultural capabilities for adaptation, resilience, growth, and well-being (Hammond & Zimmerman, 2012). Separate research literatures reflect the concerns and methods of different disciplines. Each of these can make important contributions to Indigenous health research.

Similarly, while strengths-based approaches to clinical or health promotion interventions vary in methods and scope, they share an effort to shift from the focus on deficits and pathology that tends to characterize clinical psychology and psychiatry toward resilience, healing, and recovery (Hammond & Zimmerman, 2012). With some cultural and contextual adaptation, many of these approaches fit well with First Nations efforts to promote health and well-being.

The term “strengths-based” has been used in a growing number of publications, and strength-based models have gained increasing recognition in First Nations health promotion. Related work has gone on in several fields, including Indigenous health and Indigenous psychology, positive psychology, social work, education,

quality of life, and well-being research. The focus on strength and well-being is a welcome counterbalance to the tendency to foreground the problems and challenges faced by Indigenous communities and their marked health inequalities.

The concept of resilience is closely related to strengths-based approaches. Resilience refers to the capacity of a person, biological, psychological or social system to restore its balance, health and good functioning after challenges or adversity (Ungar & Liebenberg, 2009). The strengths and resources needed for resilience depend to some extent on the nature of the adversity and challenges experienced. In recent years, there has been increasing attention to cultural and contextual variations of resilience (Ungar, 2012; Ungar, Brown, Liebenberg, & Othman, 2007; Ungar & Liebenberg, 2009).

Mental wellness research

Strengths-based approaches have been influenced by key developments in the broad field of psychology over the past three decades. There has been increasing engagement with the study of positive mental health and well-being in what has been termed “positive psychology” (Seligman & Csikszentmihalyi, 2014). Scholars in the discipline of positive psychology have suggested that inherited characteristics of individuals and social adversity can be mitigated by deliberate efforts to develop a positive mindset and coping skills, seek more social connections, and find meaning and fulfillment through relationships and meaningful pursuits (Lopez, 2008).

One of the key findings to emerge from the positive psychology research on human flourishing and happiness is that well-being is associated with a combination of biological, psychological, and social-environmental factors. While there is ongoing debate about the relative importance and expression of each dimension in particular contexts, psychological research suggests that well-being and flourishing depend on individual personality traits, social and environmental conditions, and the actions that people take to adopt a

positive outlook, find social support, and enhance their quality of life (Lyubomirsky, Sheldon, & Schkade, 2005).

In addition to positive psychology, the sociocultural dimensions of well-being have been explored in several distinct literatures from social epidemiology, economics, cross-cultural psychology, and philosophy. These disciplines have focused on different constructs including quality of life, life satisfaction, and subjective well-being. Subjective well-being is described as “a broad concept that includes experiencing high levels of pleasant emotions, low levels of negative moods, and high life satisfaction” (Diener, Lucas, & Oishi, 2009, p. 188). In recent years, there has been increasing dialogue between these disciplines and the concepts of well-being have begun to converge.

In one influential approach to well-being that has been explored internationally, Diener (1984) conceptualized subjective well-being in terms of three main areas, which include the following:

1. Cognitive evaluation of global (i.e., overall) and domain-specific life satisfaction;
2. Frequent experience of positive emotions (like happiness); and,
3. Low frequency and intensity of negative emotion (as indicated by scales of negative emotions or psychological distress).

Diener has also offered a broader definition of subjective well-being as “an umbrella term for different valuations that people make regarding their lives, the events happening to them, their bodies and minds, and the circumstances in which they live” (Diener, 2006, p. 400). This is consistent with the definition of quality of life adopted by the World Health Organization Quality of Life (WHOQOL) group, which recognized cultural values as a central aspect. The WHOQOL group defined quality of life as an individual’s “perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (World Health Organization [WHO], 1998, p. 1570).

In contrast to research on subjective well-being, cross-cultural research suggests that happiness is thought about differently in different cultures, often framed in terms of particular cultural concepts of the self (Kitayama & Markus, 2000). Different cultural views of the person do not define happiness in the same way or give it the same importance (Ahuvia, 2002). Collectivist

societies emphasize the importance of maintaining harmonious relationships with others. People in such cultures may not expect the same level of personal well-being or view it as an indicator of their own social and moral value. Self-regulation, containment of distress, and contribution to the collective good may be viewed as more important than individual choice and self-expression. Individualistic societies place more emphasis on individual autonomy and agency and thus may view self-actualization as more important (Kirmayer, 2007).

In addition to determining the nature and relative importance of the many facets of well-being, social and cultural contexts influence well-being in subtler ways. The sources of well-being may shift at crucial life junctures associated with developmental transitions, changes in social status, and salient life events like illness or migration. Judgments of well-being and quality of life are influenced by a wide variety of cognitive processes, involving memory and affect, that are sensitive to social context and cultural frameworks (Kahneman, Diener, & Schwartz, 1999).

Indigenous knowledge and Maslow’s hierarchy of needs

One influential area of work in the psychology of well-being has been Maslow’s *Hierarchy of Needs* (Maslow, 1943; 1964; 1969). In Maslow’s model, well-being is understood as arising from the imperative of meeting a hierarchy of needs, starting with basic physiological processes (like breathing, eating, and sleeping), followed by safety needs (like shelter, warmth, and security), and social needs (like love, connectedness, and belonging). When the needs of each level are fulfilled, humans will typically seek ‘higher’ level needs of self-esteem, self-realization, and spirituality. On this view, full human potential cannot be realized without meeting foundational needs for life, safety, and social connectedness.

Maslow’s model is rooted in insights he gained from Indigenous teachings. Maslow first had these insights after spending time with the Blackfoot First Nation in Alberta, where he was exposed to Indigenous teachings that conceptualized human development as rising “from the most basic needs upward toward the spiritual” (Newhouse, 2006, p. 2). That the First Nations originators of the theory have been largely forgotten reflects an ongoing Eurocentric bias in the history of Western science. Indigenous scholars note that the pyramid diagram that became associated with Maslow’s

model had been orally transmitted for many generations as a symbolic form based on the structure of a teepee (BigFoot & Funderburk, 2011).

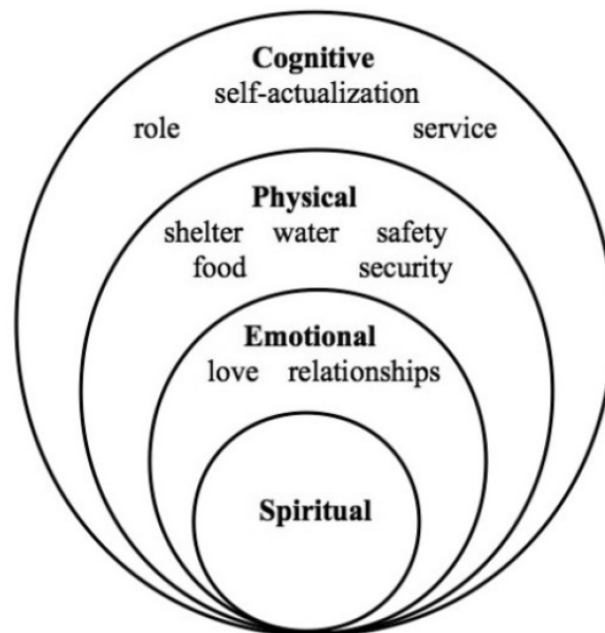
While living with the Blackfoot, Maslow was impressed to encounter a people who displayed more resilience, emotional security, and social adjustment than he had come to expect in Euro-American society. By his account, “about eighty to ninety percent of the [Blackfoot] population [could] be rated about as high in ego security as the most secure individuals in [Euro-American] society, who comprise perhaps five to ten percent at most” (Hoffmann, 1988 p. 123, cited in Newhouse, 2006, p.2). Maslow understood this ‘unusual’ emotional resilience as something fostered through distinctively Indigenous parenting styles, in which children were encouraged to develop autonomy and learn to do things for themselves. He also emphasized the role of warm relationships, social connectedness, and extended families in particular in helping children form secure attachments.

First Nations scholars have since reinterpreted Maslow’s hierarchy of needs in light of the holistic and ecological worldviews found in many Indigenous cultures (Blackstock, 2009; Cross, 1997; 2007). As cited in Blackstock (2009), Blood First Nation scholar Billy Wadsworth (2008) argues that “[i]f Maslow would have more fully integrated Blood First Nations perspectives, the model would be based on community self-actualization and transcendence instead of

on individual experience” (p. 36). Since no individual can typically meet all his or her own physiological needs alone, Wadsworth explained, “... arguably, one must reach outside oneself, drawing on the resources of others, to achieve even the bottom level in Maslow’s individual hierarchy of need” (p.36).

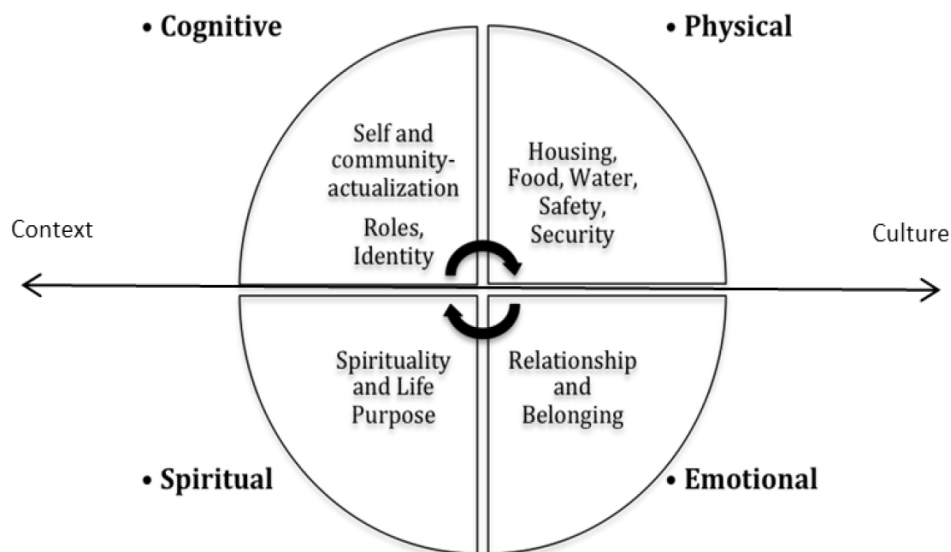
Further, as reinterpreted through an Indigenous worldview, the needs identified by Maslow are understood as interdependent rather than hierarchical (*see Figure 1*). This is not to deny that scarcity of basic resources often predicts poor life outcomes; poor housing conditions, for example, have been shown to be a key factor in the overrepresentation of Indigenous youth in the welfare system (Trocmé, Knoke, & Blackstock, 2004). However, to emphasize the multiple meanings and pathways through which human needs can be seen as relational rather than hierarchical, Blackstock (2009) points out that some people will readily forego food, safety, and other physical needs in the pursuit of certain ideals of love and spirituality. Similarly, people may sacrifice their lives for the welfare of others or their community. To highlight the relationality of needs within interconnected levels (personal, family, society, and world), Blackstock reorients a relational worldview model, first developed by the National Indian Child Welfare Association in the 1980s (Cross, 1997), within the principles of the Medicine Wheel, an Indigenous model used to symbolize understandings of health and the cycles of life (*see Figure 2*).

Figure 1: Maslow through Indigenous eyes¹



¹ Adapted from Cross, 2007, as cited in Blackstock, 2009, p. 37.

Figure 2: Medicine Wheel model of the relationality of needs²



First Nations³ Concepts of Well-Being and Strengths-Based Indicators

First Nations in Canada have a rich heritage of cultural, traditional, and healing practices. These practices convey core cultural values and perspectives distinct to particular communities; however, they often share an understanding of health as arising from a state of balance and equilibrium between the physical, mental, spiritual and emotional aspects of the person (McCormick, 2008). This interconnected view of health and well-being draws attention to the importance of interpersonal relationships, social networks, and relationship to the environment. Traditional healing practices convey key values and orientations for Indigenous communities and they also strengthen connections within the family and community, and between individuals and the environment.

Most of the concepts of Indigenous well-being, strength and resilience and other protective factors found in the literature fall into categories similar to those found in the general literature on wellness, well-being, and happiness. Psychological, emotional, social, cultural, spiritual, and environmental aspects/factors of well-being were the most frequently mentioned in the literature consulted for this review. However, there are also some factors that are specific to Indigenous contexts, either highlighting culture-

specific values, processes, or experiences or bringing together aspects that are sometimes viewed as separate in the non-Indigenous literature.

In contrast with the general literature, social dimensions of well-being were more prominent than mental, psychological, or individual indicators in Indigenous research. When mental and emotional indicators were mentioned, their dependence on social relations and connectedness was highlighted.

Balance and interconnectedness

Indigenous notions of health and well-being emphasize balance and harmony among all aspects of one's life. These are often framed in terms of teachings of the Medicine Wheel, which organizes human experience in terms of the cardinal directions, each of which correspond to major dimensions of health and well-being: physical, mental, emotional, and spiritual. Each of these dimensions of health and well-being is associated with sources of strength and resilience including family and community relationships, spirituality, and connection to the land and the environment (Brant Castellano, 2006; Stout, 1994; Henderson et al., 2007). Although versions of the Medicine Wheel vary with different First Nations traditions, this cultural symbol provides a useful way to conceptualize and work toward an inclusive view of wellness (Young et al.,

² Adapted from Blackstock, 2009, p. 38.

³ Where First Nations-specific sources are not available, reference is made to works pertaining to pan-Indigenous or other Indigenous groups.

2013). As defined in the First Nations Mental Wellness Continuum Framework (Assembly of First Nations [AFN] & Health Canada, 2015),

Mental wellness is a balance of the mental, physical, spiritual, and emotional. This balance is enriched as individuals have: **PURPOSE** in their daily lives whether it is through education, employment, caregiving activities, or cultural ways of being and doing; **HOPE** for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of **BELONGING** and connectedness within their families, to community, and to culture; and finally a sense of **MEANING** and an understanding of how their lives and those of their families and communities are part of creation and a rich history. (p. iv)

Culture and spirituality

The importance of access to traditional knowledge and culture, spirituality, activities, modes of healing and teaching, kinship roles and structures, and land-based ways of knowing and being is strongly emphasized in much of the literature on mental wellness in an Indigenous context (Rountree & Smith, 2016).

Culture is a source of identity but also of many forms of knowledge, values, and practices. These may contribute to individual and collective self-esteem and to having a large repertoire of ways to solve life problems or challenges (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011; Wexler, 2014). Culture includes many forms of teaching and skills or abilities. Culture imbues activities with meaning and also provides modes for creative expression and imagination in the form of arts, crafts, and of play or entertainment, including music, visual imagery and other genres. These can be mobilized to enrich the lives of youth and adults in everyday activities, education, and recreation, as well as mental promotion programs and interventions.

An important dimension of culture concerns ceremonial activities that are sacred and convey teachings of core values. For many Indigenous people and communities, sacred and ceremonial aspects of cultural teachings are crucial to their strength and sense of well-being, connectedness, and meaning in life. Key to understanding mental wellness in a First Nations context is the recognition "... that ceremony, language and traditions are important in helping to focus on strengths and reconnecting people with themselves, the past, family, community and land" (Health Canada, Assembly of First Nations & National

Native Additions Partnership Foundation, 2011, p. 7). Inextricably embedded and expressed in Traditional languages, the values, beliefs, and practices of a culture are transmitted in Traditional Stories and ceremonies (AFN & Health Canada, 2015), the meaning of which often gets diminished in translation.

As stated in the First Nations Mental Wellness Continuum Framework (AFN & Health Canada, 2015), language is more than just communication: "While knowledge is inherent within Indigenous worldviews, the richness and abundance of knowledge is also held within Indigenous languages" (p. 36). First Nations languages reflect a spirit-centred worldview that sees all elements of Creation as living beings, each with a unique identity, within which lies a description of their purpose, meaning, and relationship with everything else, a worldview of "interconnectedness, balance, and harmony" that inherently provides a holistic perspective (AFN & Health Canada, 2015, p. 37).

Not only is language an integral part of identity and how one views themselves and interacts with others and the world, but in a First Nations context in particular, Traditional language preservation, promotion, and revival is strongly linked with mental wellness and individual and community healing and resilience (AFN & Health Canada, 2015; McIvor, Napoleon & Dickie, 2009). While some studies have shown inconsistent results regarding the protective effect of Traditional languages in mental wellness, several researchers have found use of Indigenous language to be a strong predictor of wellness in Indigenous communities (U.S. Department of Health and Human Services, 2010), and found strong associations between Traditional language use and knowledge and decreased suicide rates in First Nations communities (Centre for Suicide Prevention, 2013; Chandler & Lalonde, 1998; 2008). There is a need for more research into these associations, as well as for the development of indicators that can better measure Traditional language use as a sign of cultural connection, identity, and pride.

Family and community

Many Indigenous people report that family and community ties are important sources of their strength and resilience (Walsh, 2015). Values associated with family and connectedness informed by traditional knowledge may also influence resilience (Boss, 2006). Families provide the physical and emotional environment in which children grow to healthy adults and continue to be an important source of resilience across their lifespan

(Walsh, 2015). Families have their own strengths but work together with the resources of the community and other institutions to nurture and support their members. For example, a study of Indigenous youth in Canada and the United States found connections to parents, teachers, schools, and community were important contributors to resilience (Bergstrom, Cleary, & Peacock, 2003).

Much of the literature on Indigenous wellness stressed the importance of traditional intergenerational family connections and collective parenting with active participation from Elders and grandparents to foster healthy children and strong communities (Burnette, 2015; Rasmus et al., 2016; Rountree & Smith, 2016). The key role played by Elders in mentoring, counselling, teaching, healing, educating, and nurturing the youth was one of the most consistently discussed sources of strength leading to protective factors against domestic and intimate partner violence, substance abuse, school attrition, depression, poverty, and cultural loss. Intergenerational family integration, family-based solutions, and extended family-based informal care systems also figured prominently as important indicators of strength, hope, pride, success, and general well-being (Rountree & Smith, 2016).

Ensuring that men and women have valued roles in the family and community and opportunities to realize their capabilities is a basic source and indicator of strength. The level of education and involvement of women as local role models, caregivers, and leaders has been found to be associated with healthier youth and overall community wellness in many settings (Burnette, 2015; Chandler & Lalonde, 2008; Ulturgasheva, Rasmus, Wexler, Nystad, & Kral, 2014; Offet-Gartner, 2011). Caregiving appears to be a strong protective factor for individuals and families against many forms of social distress and suffering found in populations that have experienced colonization and ongoing cultural and economic marginalization (Ulturgasheva et al., 2014).

The revitalization of traditional gender roles was identified as a protective factor in many of the studies reviewed that focused on cultural and family-based Indigenous dimensions of well-being (see for example Burnette, 2015; Rasmus et al., 2016; Offet-Gartner, 2011). The forms this takes depend on the particular culture and community. Some of the traditional gender-based indicators mentioned include powerful “female figures”; uncles, or “strong male role models”; grandparents who take “an active role in raising children” (Rasmus et al., 2016, p. 169); and reviving matrilocality and matrilineality (Burnette, 2015) to foster more

egalitarian gender relations on the one hand, and enable broader networks of both men and women to be meaningfully involved in childrearing.

Research by Michael Chandler and Christopher Lalonde (1998; 2008; Chandler, Lalonde, Sokol, & Hallett, 2003) on “cultural continuity” employed a variety of community-level indicators which were found to be related to youth mental wellness. These included:

1. Positive engagement in securing legal title to traditional land;
2. Effective self-government;
3. Local control of social services including education, police, fire and health facilities;
4. Community programs to preserve and promote traditional practices;
5. The level of Traditional language use in the community;
6. Involving women in local governance; and,
7. Taking control of child and family services.

First Nations communities and families are impacted by economic determinants of health and well-being such as the proportion of adults employed, average household income, or levels of ownership of key resources (home, transportation, hunting materials). The use of such indicators needs to consider the economic realities of reserves and remote communities, as well as the importance of non-monetized activities (e.g., hunting, fishing, trapping, ceremonial activities, caregiving, etc.).

First Nations populations have a high proportion of school-age children and therefore, educational indicators are fundamental to improving community well-being. These can include elementary and high school retention and completion rates as well as the percentage of individuals entering higher education or completing college degrees. School performance can be a measure of resilience among Indigenous youth but may also involve trade-offs in other domains of social functioning (Burack, Blidner, Flores, & Fitch, 2007; Iarocci, Root, & Burack, 2008). Moreover, a focus on formal schooling may not capture learning experiences important in Indigenous communities that occur through participation in traditional subsistence activities, which may include family-centred activities and opportunities for learning from Elders through storytelling, modeling, and mentoring.

Conventional social and familial indicators of wellness, at the community level, may include such factors as the divorce rate, the number of single-parent families, rates

of domestic violence or of children under supervision of child welfare authorities. However, these indicators need to be assessed in the light of configurations of the family (e.g., extended family roles) in Indigenous communities. Crucially, the involvement of outside agencies, including child protection authorities, is a strong determinant of such commonly used indicators as number of children in care (Trocmé et al. 2004; Lavergne, Dufour, Trocmé, & Larrivee, 2008). Transformations of such regulatory systems, with greater control by Indigenous communities, may provide a more forward-looking indicator of wellness (Chandler et al., 2003; Blackstock & Trocmé, 2005). Crime statistics can also be used as proxies for community wellness but face similar dilemmas in that they largely reflect the impact of outside agencies and the judicial system.

Social capital is a construct that researchers have used to capture the ways in which community level processes provide resources for the well-being of individuals. The Organisation for Economic Co-operation and Development (OECD) defines social capital as “networks together with shared norms, values and understandings that facilitate co-operation within or among groups” (Organisation for Economic Co-operation and Development [OECD], 2007, p. 103). Indicators of social capital include levels of trust, participation in community activities, social support, and social networks. These indicators can be collected through self-report measures or observation. However, some of the commonly used indicators need to be adapted to fit Indigenous communities by addressing issues of culture, geography, and social structure (Mignone & O’Neil, 2005). A measure that taps social capital that has been applied across Canada is the First Nations Community Well-Being (CWB) Index developed by Indian and Northern Affairs Canada (INAC) (McHardy & O’Sullivan, 2004). The CWB Index uses information on education, labour force participation and employment, income, and housing from the Canadian Census to derive a single indicator, but this reflects only some of the factors that contribute to well-being in Indigenous communities.

Some of the indicators left out of the CWB can be assessed by simple questions to local administrators or by consulting existing databases but may need to be adapted to the specific situation of Indigenous peoples in different geographic regions (Kirmayer et al., 2009). The First Nations Community Survey (FNCS) currently undertaken by the FNIGC⁴ represents an

effort to capture a more holistic view of First Nations communities and allow First Nations the ability to explore the relationship between community level factors and individual well-being.

Connection to land and environment

Indigenous concepts of the person have been described as sociocentric, or relational, emphasizing the interconnectedness and interdependence of individuals within the family and community. This relational self may extend to the environment in what has been called an *ecocentric* self, in which the healthy person is understood as being deeply connected to the environment, through transactions with animals, plants, the land, and the forces of nature (Kirmayer, Fletcher & Watt, 2008).

In many First Nations contexts, the health of individuals cannot be understood as separate from the health of the environment. This poses challenges to conventional mental health research that tends to view individuals in isolation or as in transactions with the environment that are characterized mainly by mastery and exploitation.

Indigenous philosophies of health and well-being in Algonkian cultures are grounded in a dynamic, ecological worldview. For example, the Whapmagoostui Cree term *pimaatisiun* encompasses a broad ecological paradigm that defines health as balance of human relationships, traditional foods and activities, and environmental factors. As a Cree Elder put it, “If the land is not healthy, then how can we be?” (Adelson, 2000, p. 3). Through a similar logic and value system, Wemindji Cree prioritize land-based learning and education as necessary for a healthy community, and for younger people growing up to be able to properly take care of the land (Bussières et al., 2008).

Indigenous health and education professionals use a circle, or a Medicine Wheel, symbolically to emphasize the interconnectedness of relationships in all areas of one’s life: time designed as a return on itself through the cycle of seasons; the four stages of human life that build identity (childhood, youth, adulthood and old age); and the space structured around the four cardinal points that organizes the space of encampments (Best Start Resource Centre, 2010). This concentric, ecological vision of a balance between time, space, individuals, and the world are anchored in an Indigenous worldview that has been found throughout the Americas in precolonial times.

⁴ <https://www.youtube.com/watch?v=Y1pJvmi20so>

Haudenosaunee, or “People of the Longhouse” (Dolan et al., 2004, p. 333), (commonly referred to as Iroquois or Six Nations), also describe similar connections to the ecology of their homeland through food traditions (Dolan, 2016; Dolan et al., 2004). Well-being in Haudenosaunee traditional context is conceived as a multiscale web of interconnections between human beings and the environment. Personal health in this perspective cannot be disentangled from relational health between two people, the family, the community, the state, the nation, all of human kind, and the environment at large (Hovey, Delormier, & McComber, 2014). These ongoing, fluctuating spiritual, physical, emotional, and intellectual processes of restoring and maintaining personal peace, a good mind, and strength or health, can be envisaged as concentric circles that radiate outward and back in to the individual.

Many First Nations communities and organizations are seeking to revive relationships between people, tradition, and the land. These communities have prioritized programs that are focused on connecting young people with the community, the land, and their cultural knowledge. As one example, traditional skills such as basket-making, tobacco-plant giveaways, digital storytelling, winter walks, community paddles, corn harvest, community cleanup of rivers and roadsides, and more, are all regular features of the seasonal cycles of Haudenosaunee community environmental education (Dolan, 2016). For the Haudenosaunee, the act of going out on the land together can create a time and space for people to reconnect with each other through exploration; it facilitates intergenerational sharing, and enables each person to know and care about the world around them and to take care of themselves and each other by harvesting and preparing food. To educate each person in the community to know and care for their traditional lands can contribute to resilience and strength and belonging in that place.

Several existing measures in environmental psychology have been developed to explore and assess the ways in which individuals incorporate the natural world into their self-concept. For example, the Connectedness to Nature scale (Mayer & Frantz, 2004) attempts to measure individuals’ emotional connection to nature; that is, the extent to which people need to feel they are part of the broader natural world. Similarly, the Nature Relatedness scale (NR) (Nisbet, Zelenski, & Murphy, 2009; Nisbet & Zelenski, 2013) assesses the level of identification with the natural environment through the ways that individuals’ personal relationship with the environment is expressed through attitudes and behaviour as well as their

familiarity with and attraction to nature. These measures have been shown to be related to happiness and well-being in the general population (Cervinka, Röderer, & Hefler, 2012; Howell, Dopko, Passmore, & Buro, 2011; Nisbet, Zelenski, & Murphy, 2011; Perrin & Benassi, 2009; Zelenski & Nisbet, 2013). However, these scales come from a Eurocentric perspective in which nature tends to be depicted to humans rather than in intimate transaction or co-constitution.

A measure that attempts to capture this more intimate kind of relationship is the ‘Inclusion of Nature in Self’ scale (INS) (Schultz, 2002), which is an adaptation of the ‘Inclusion of Other in the Self’ scale (Aron, Aron, & Smollan, 1992). The INS consists of seven pairs of circles—labeled ‘me’ and ‘nature’—that range from barely touching to almost completely overlapping. Respondents are asked to choose the pair that best represents their sense of connection to the natural world. People who choose circles that touch but do not overlap are considered to have a self-concept that does not include nature, whereas people who choose entirely overlapping circles are considered to have a self-concept that does include nature. Consisting of only a single item, the scale is limited in breadth and cannot be assessed for reliability (Schultz, Shriver, Tabanico, & Khazian, 2004). It has also never been explored within an Indigenous community context.

The ‘Caring for Country’ measure, which assesses the degree of engagement in land-based activities (e.g., spending time on the land, burning, using country, protecting country, ceremony) was developed through close collaboration with Indigenous people in Australia (Burgess, Berry Gunthorpe & Bailie, 2008). The resultant measure correlates with health and well-being outcomes (Burgess et al., 2008).

Approaches to Developing First Nations Strengths-Based Indicators

Strengths-based research is not the simple inverse of deficit or pathology-based research. While low scores on an indicator of pathology often can be taken as a measure of better health and well-being, strengths-based approaches should result in a thorough rethinking of the origins, process, and outcomes of health and well-being. A focus on strength can identify new processes, indicators, and outcomes.

Indicators can be based on 1) observations of an individual, family, community, or other group, context

or environment (e.g., how well an individual or group is doing in pursuing generally accepted life goals); and 2) self-reports from individuals that ask them to provide observations of or to evaluate their subjective experience. These specific observations can be combined into complex, multidimensional measures that provide more comprehensive, specific, reliable (i.e., yield the same results when used repeatedly and by different users) and valid (i.e., measure what it is intended to measure) indicators. Most indicators do not meet all of these criteria and it is important to understand their limitations in terms of appropriate contexts of use, interpretation of results, and implications.

Wellness indicators are inherently strengths-based: as Geddes points out, “a wellness indicator is a measure of how well you are doing” (2015, p. 3). Recognizing the strength of individuals and communities means engaging with them as leaders or partners in work in which they can define and pursue their own wellness goals and outcomes (Kincheloe, 2009; Tobias, Richmond & Luginaah, 2013). Geddes (2015) expands on this idea by recommending that a representative sample of community members is part of the process from the very beginning, discussing the utility and goals of having wellness indicators, to conceptualization, development, review, and testing of the indicators themselves. The most meaningful and useful indicators, stresses Geddes, are those generated and approved by the community. They must also link strongly to community values and “have a cultural fit, reflecting people’s positive view of themselves in their self-defined state of well-being—their vision” (2015, p.3).

Drawbacks of the common practice of adapting existing indicators, designed for the general population, to measure mental wellness in a First Nations context are discussed below. A risk, in some instances, is that there may be no available indicators or there may be concerns that existing indicators do not adequately cover the relevant domains, or lack validity, reliability, acceptability, or feasibility, in Indigenous contexts.

The dilemma with most standard measures is that few have been tested and validated with Indigenous populations. Without such validation, there is a risk that measures will yield misleading results. A deeper problem arises from the possibility that measures do not cover important dimensions of Indigenous experience. For example, the Native American Spirituality Scale (NASS) (Greenfield et al., 2015) was “culturally adapted”

from the general Daily Spiritual Experience Scale (DSE) (Underwood & Teressi, 2002), which assesses spirituality from the perspective of monotheistic Western religions. The NASS, which aims to assess “tribal-specific spiritual beliefs and practices” (Greenfield et al., 2015, p. 123), was adapted by researchers in collaboration with members of a US Southwest tribe. The adaptation, however, consisted mainly of minor adjustments in wording. The authors found that an increase in well-being and related decrease in substance abuse correlated with an increase in spirituality as measured by the scale. While these findings are consistent with the general literature on the links between spirituality and well-being, it is possible that important aspects of Indigenous spirituality are not accounted for in a scale based on Western religions.

One further problem with the adaptation of general population measures in Indigenous contexts is that Western concepts and idioms of distress that are taken for granted in the psychiatric literature may not adequately reflect local ways of understanding health and illness (Kirmayer, Gomez-Carrillo, & Veissière, 2017). For example, the ‘Strong Souls’ questionnaire, developed at the Menzies School of Aboriginal Health Research in Australia, is a widely used measure of social and emotional well-being (SEWB) that was first tested in an Aboriginal Birth Cohort longitudinal study (Thomas, Cairney, Gunthorpe, Paradies, & Sayers, 2010). Despite locally informed questions about family strength and social connectedness, however, the questionnaire mostly comprises negatively framed questions about depression, anxiety, and suicide.

To pursue the development of mental wellness indicators within a First Nations worldview, researchers must adopt culturally and contextually appropriate, respectful research methods and protocols. A 2015 guide for developing First Nation wellness indicators includes a breakdown of the process quite similar to that described in the above section except for a notable emphasis on two key elements: involvement of community members at every stage, and sharing of information between communities (Geddes, 2015).

Developing local, culturally valid, and quantitative measures requires a lengthy process with several steps (De Jong & Van Ommeren, 2002; Canino, Lewis-Fernandez, & Bravo, 1997; Kirmayer & Ban, 2013). Such locally developed measures may be used in other settings, but may not be generalizable. Geddes (2015) recommends sharing expertise, best practices, and indicators between

communities at every stage of the process, but also warns that community indicators cannot simply be copied, as each community's circumstances and goals are different. Rather, a community can learn how and why other indicators were developed and perhaps use the ones that resonate.

One solution to allow comparison with existing data or across settings is to use a combination of measures standardized on the general population along with locally devised or adapted measures that capture dimensions important to the community. This use of both general and local measures allows comparison across settings and identification of unique issues for the community as well as cross-validation. In addition, qualitative ethnographic (i.e., the systematic study of cultural phenomena) methods, including observational measures, structured or semi-structured interviews and self-report measures, can provide rich description of local realities that can be used to develop specific indicators (Camfield, Crivello, & Woodhead, 2008).

Measuring strengths and well-being in Indigenous contexts, thus, may need to begin with more open-ended questions aimed at identifying local concepts, constructs, expectations, and experiences of health, strengths, and care. More thorough investigations are also needed on how illness, distress, and impaired functioning are lived and conceptualized culturally in each context. In fact, argues Geddes (2015), “[c]ulture and language are often considered the anchors of a community” (p. 10) and their incorporation at all levels is necessary for them to be meaningful.

Ideally, indicators are simple, easy, and clear to understand, track, and report on, in order to be most useful (Geddes,

2015). In addition to having the qualities of being valid and reliable (described in the above section), indicators also need to be specific, measurable, relevant, and cost-effective to collect (Assembly of First Nations Health & Social Secretariat, 2006, as cited in Geddes, 2015).

A useful resource that can guide the development of wellness indicators from an Indigenous perspective is the First Nations Mental Wellness Continuum Framework (AFN & Health Canada, 2015), developed to evaluate existing mental health and addictions programs in a way that is culturally relevant. The framework applies to all individuals across the lifespan and embraces a holistic view of mental wellness.

The philosophy underlying the First Nations Mental Wellness Continuum Framework (FNMWCF) is based on the recognition that mental wellness involves a balance of mental, physical, spiritual, and emotional aspects—at the individual, family, and community levels—resulting in purpose, hope, belonging, and meaning as wellness outcomes. With the recommendation from Geddes to “Work Backwards” (2015, p.19) from desired objectives or outcomes in mind, indicators to measure purpose, hope, belonging, and meaning in a First Nations context may receive some guidance from the FNMWCF’s description of these outcomes. For example, purpose may be found in daily activities and “cultural ways of being and doing” (Assembly of First Nations & Health Canada, 2015, p. 4); hope involves beliefs, sense of identity, and perceptions of the future; belonging encompasses connectedness within families, communities, and culture; and meaning looks at how one understands and situates themselves, their families, and their communities in the context of creation and history.



Part 2: Interviews with FNIGC Partners



Overview

This part of the report presents findings from interviews with key Knowledge Holders identified by the FNIGC. The interviews aimed to achieve a qualitative investigation of current strengths-based models as practiced by nine First Nations organizations across Canada. Representatives from seven regional organizations as well as two national organizations were consulted for their expertise and knowledge with respect to how strengths-based approaches are currently understood, practiced, and implemented.

The participating regional organizations were the Council of Yukon First Nations (CYFN), Alberta First Nations Information Governance Centre (AFNIGC), Federation of Sovereign Indigenous Nations (FSIN; Saskatchewan), Union of Nova Scotia Indians⁵ (UNSI), First Nations Health Authority (FNHA; British Columbia), Commission de la santé et des services sociaux des Premières Nations du Québec et du Labrador (CSSSPNQL) and Dene Nation (Northwest Territories). The two national organizations were the Assembly of First Nations (AFN) and the Thunderbird Partnership Foundation (TPF). The primary websites corresponding to these nine organizations were also reviewed and added to the analyses.

The roles of those interviewed within these organizations varied from negotiating data-sharing agreements, program/health policy evaluation and performance measurement to community well-being advocacy, management of research partnerships, and information governance. Some organizations were more involved than others in the development of mental health indicators rooted in Indigenous research methodologies, while others had relied more broadly on population survey data such as the First Nations Regional Health Survey (RHS).

Methods

The interviews were conducted in accordance with the First Nations principles of OCAP® (Ownership, Control, Access, Possession) (FNIGC, 2014). Potential participants were identified and approached by the FNIGC first. When they agreed, participants were then contacted by a research assistant working with the team, who had received OCAP® training and signed a non-disclosure agreement.

In total, nine interviews were conducted with 12 participants between July and September of 2017. All interviews were done over the phone with each interview taking on average 56 minutes to complete (range: 32 to 85 minutes). Most interviews were done one-on-one, with two exceptions, which involved teleconferences with two and three participants, respectively. Each participant gave informed consent and agreed to have the interview audio recorded. Following the interviews, participants were provided with transcripts to review and approve.

This report is based on information obtained through interviews following a semi-structured protocol (see *Appendix B*). There were four sections in the interview: A) Concepts of strengths and well-being; B) Concepts and processes of strengths-based research; C) Mental wellness indicators in strengths-based research; and D) Specific dimensions and indicators of strength and mental wellness.

It is important to note that the interviewers were not of First Nations origin and that this is likely to have influenced the interview process. There are topics that participants may have been unwilling to explore or that they presented in ways appropriate for an “outsider.” However, participants were informed that this work was done on behalf of the FNIGC, which facilitated open and extensive discussions.

⁵ The Union of Nova Scotia Indians has since changed their name to Union of Nova Scotia Mi’kmaq (UNSM).

Thematic content analysis of the interview transcripts was used, starting with open-coding. Once emergent themes were identified, the transcripts were reviewed once again to identify relationships within the data and ensure that the categories created were applied correctly in context.

Evolving Themes

Concepts of strengths and well-being

In contrast to the literature review, which analyzed concepts of mental wellness and well-being as presented in the literature, concepts in this section were defined from an Indigenous perspective, in conversation with key informants. The World Health Organization (WHO) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2014, para. 1). A key finding from the literature review, however, was that Indigenous and First Nations worldviews frequently conceptualized well-being beyond mental and individual factors, and emphasized a balance of mental, physical, spiritual, and emotional health. Carol Hopkins, from the Thunderbird Partnership Foundation, discussed this distinction further:

Mental wellness embraces family and community and champions a connection that's required for wellness between individual, family and community; whereas, mental health does not.

Helen Stappers, from the CYFN, acknowledged this distinction as well, and stressed the differences between Western and First Nations perspectives on wellness:

You can never isolate dimensions of well-being, and you need to always see things with all their connections [...] We look at health and well-being holistically. We don't use mental health in the same way as it is commonly used in Canada. Our definition includes all the dimensions... the community level, the family level, and then all the layers of culture, of history, and how contemporary policies still affect people's lives today.

A similar distinction was made with regard to strengths. For many of the Knowledge Holders interviewed, Western views of strengths were conceptualized as emphasizing

self-sufficiency, independence, goal achievement, lack of attention to emotion, and competition. From First Nations perspectives, concepts such as humility, cooperation, connectedness, respect and compassion were deemed more important measures and indicators of strengths.

In a Western worldview, the value is for the individual and the nuclear family whereas in the Indigenous worldview, the value is for family and community, extended family, relationship with the land and with creation as family. — Carol Hopkins, TPF.

I think sometimes if I see how Western society works, there's way more loneliness and there is not enough spirituality. There is way more focus on earning a high wage, there's way more focus on being competitive and being adversarial to one another. There's a lot of values in there that we can change or we can open people's minds to really see the beauty that's around us and appreciate one another. — Helen Stappers, CYFN.

Interconnectedness / holistic approaches to well-being

The overarching theme that emerged from the interviews was the importance of incorporating a holistic framework when looking at well-being in First Nations communities. For example, when assessing health and well-being in research, the need to apply a “holistic” approach was mentioned 25 times by six interviewees while the idea of “interconnectedness” (including “connections” and “relationships”) was mentioned 85 times by eight interviewees (see Table 1). The need for such an approach stems from the First Nations perspective that a “whole” and complete person is a sum of interconnecting and integrated influences, rather than separate factors (see Figure 2 in Part 1). Relationships to land, animals, ancestors, and community are also included in First Nations' concepts of wholeness:

You need to always see things with all their connections... questions should not only focus on the individual because in First Nations context, the thriving and having meaning has all to do with relationships and connections. It has to do with living in a healthy environment, in an environment that is also environmentally healthy— where you can still hunt and trap. Where you can breathe in healthy air; where you can paddle the river. — Helen Stappers, CYFN.

The idea that wellness is derived from meaningful connections and relationships was also emphasized by Carol Hopkins (TPF):

Values are at the root of behaviour. So, if you want people to move towards wellness, then it's important to understand values... there are values that are specific to Indigenous peoples like our relationship to our land, our connection to our lineage, our connection to our language, and relationships with people and with all of creation.

Some interviewees acknowledged a shift in the current political landscape toward reconciliation beginning with recognition of the ongoing impact of colonialism and Residential Schools. Bonnie Healy from AFNIGC noted that members of different First Nations communities were at different stages in the reconciliation process. Overall, many of the First Nations Knowledge Holders interviewed reported feeling unclear or lacking information about how reconciliation can be measured, and whether the right questions were being asked by researchers:

Table 1: Thematic Content Analysis: Emerging Themes

Theme	Number of Mentions	Number of Participants Endorsing Item
Connections/relationships/interconnectedness	85	8
Holistic/wholeness/whole person	25	6
Colonization/colonialism	17	4
Forgiveness	9	2
Humility	8	3
Reconciliation	8	3
Intergenerational trauma	7	4

Similarly, connections to others and endorsing a sense of community resonate with the idea that in Indigenous culture, “no one is left behind”—a value that was emphasized by both Mindy Denny (UNSI) and Helen Stappers (CYFN).

Political context and historical trauma

Although the interview protocol aimed to centre conversations on strengths, issues stemming from current political tensions and the broader context of historical trauma were repeatedly mentioned by interviewees. As a representative from the BC FNHA highlighted,

We don't yet know to what degree the generations have been impacted by historical, collective and intergenerational trauma. Taking [these] things into consideration, are we asking the right questions? — Namaste Marsden

Patricia Vickers, the Director of Mental Health and Wellness at FNHA, took this question one step further:

We don't yet know the extent to which IRS [Indian Residential Schools], federal day schools, the Sixties Scoop and social oppression have impacted our connection with ancestral teachings—the source of respect, power, and peace in general.

We're going to assist leadership to interpret the Truth and Reconciliation calls to action, and interpret the United Nations Declaration on the Rights of Indigenous People. We're also going to be looking at our treaty and what our responsibilities are, so that we can identify what the strategic goals and priorities are for our leadership, and be able to really sit down and figure out, what would reconciliation be? And how are we going to measure that? —Mindy Denny, UNSI.

Overall, the effects of colonization on the well-being of First Nations people recurred frequently in conversation:

...the impacts of the Indian Act, and the colonialistic practices that are meant to attack the women and children of the Indian Act—so the family unit... You know, if you take away their basic need, which is a home, and you put them out into a world that is not as supportive for them, they're going to fail. — Bonnie Healy, AFNIGC.

Although the impacts of colonization were typically discussed in a generalized context, some interviewees shared perspectives on their personal experiences of decolonization:

As an Indigenous person, when I'm decolonizing through those Western systems, to feel again, and to tap back into my Indigenous self [...] to bring me back to a real human being. Bring me back to that connection to the plants and the

animals, and feel when the water's hurting, and feel when the animals are hurting and [when] they're in trouble and of disease, and feel the other human beings. So, it's the opposite from the Western training, where you are taught how to disconnect and not feel. — Bonnie Healy, AFNIGC.

Bonnie Healy went on to emphasize that access to basic needs, such as food security, had been similarly affected by colonial processes:

Western legislation or rules on how we can even have a relationship with our land and our animals... [when they are] taken away. We no longer can have that ability to provide the sustenance of life through food and through water, to our children, because it's been taken away from us.

In the face of so many ongoing daily stressors identified by interviewees, keeping the conversation focused on strengths without addressing deficits remained a challenge in the interview process.

Strengths-based models vs. deficit-based models

As identified in the literature reviews, Western approaches to well-being research tend to be deficit-based, rather than strengths-based. While these models strive to be solution-focused and identify problems that need to be addressed, strengths-based approaches are also concerned with reducing the risk of negative stereotyping inherent in public health approaches that focus on deficits and problems.

Several participants identified negative outcomes of deficit-based models, which often implicitly or explicitly assign blame, pass judgment, and lead to feelings of inferiority or being “less than” that can further perpetuate the dynamics of oppression among peoples engaged in efforts to heal and work towards reconciliation:

[The deficit model] didn't have an intervention focus, just pathologized us, and reinforced discrimination and racism in the way that Canadians look at and think about Indigenous people. It wasn't helpful. — Namaste Marsden, FNHA.

[The people being studied] kind of feel judged, that there are things wrong with them. You kind of get to a place where they feel that you think you are superior than they

are. In the First Nations view, everyone is equal. — Helen Stappers, CYFN.

Participants noted that re-orienting the conversation toward strengths, solutions and empowerment can help identify further protective factors, including cultural and spiritual knowledge and practices, as well as healthy relationships and community connectedness.

Instead of talking about suicide prevention, trying to talk about life promotion. And talking about what makes life worth living: how can communities be promoting life rather than focusing on the negative things that are happening... [I]t's saying that First Nations people have strengths, and it's building on those strengths. Looking at protective factors as well, culture and language, and focusing on how First Nations youth, how they can take a lot of pride in being gate keepers, in being protectors of other youth, and how they can strengthen communities themselves. — Stephanie Wellman, AFN.

Mindy Denny from UNSI echoed this view with a comment on the importance of love:

Love is such a big protective factor. Once you have someone that validates your existence, that witnesses you in your suffering and your happiness, you know, there's hope. You're not alone.

Despite the importance of strengths-based reframing, several participants emphasized the importance of acknowledging negative indicators and outcomes and continuing to study those aspects of experience. Exclusive emphasis on positive indicators could lead to a denial of real suffering and specific health inequities that demand attention:

I still think it's important to track kind of more your negative type of indicators, because they're so prevalent... They do tell you things. When you have higher rates of infant mortality... I mean, it's not a strength, but it's important to know what's going on. — Martin Bembridge, FSIN.

Il faut faire attention à ne pas faire un déni de la souffrance sociale ni des problèmes sociaux... Il s'agit d'équilibre; il est important de ne pas stigmatiser avec les données. De l'autre côté, on doit veiller à ne pas être juste dans le côté «tout va très bien».⁶ — Marie-Jeanne Disant, CSSSPNQL

⁶ English translation: “We have to be really careful not to deny any social suffering or social problems. We have to reach a balance and be cautious with the data and be careful not to stigmatize. On the other hand, we also have to be careful to not just be on the side of, ‘oh, everything is going well’.”

Roxanne Cook from Dene Nation also emphasized that in keeping with a holistic approach, the deficits in a given community need to be considered as well:

... communities need to meet their members' needs. We can't only look at the strengths, we also have to look at the weaknesses.

Wellness indicators

Other interview questions focused on selected wellness indicators identified through the literature review (see Appendix B, pp. 3–4 for the indicator list as presented in the interview instrument). In this section of the interview, participants were given the option to provide their ratings of the indicators and dimensions during the interview or they could complete the table on their own and email it back to the interviewer. Two participants did not return this section, and two non-Indigenous participants preferred to not complete this section as they felt it was not up to them. For example, one such individual felt that the indicators should not be defined/identified by him, but rather, by Indigenous people themselves. Patricia Montambault from CSSSPNQL agreed with this premise, but also went on to suggest that the indicators should not be examined as separate or independent factors:

Je propose qu'on ne traite pas chaque indicateur qui est proposé en lui accordant une note selon son importance, mais d'aller plus dans des commentaires généraux ... Je proposais que pour les individus, la famille, la communauté—qu'on voit plus l'interrelation avec tout le reste. Parfois, les aspects sont plus globaux et holistiques, au lieu d'être séparés et indépendants les uns des autres.⁷

Two participants rated most or all dimensions as *extremely* important. The cultural, political, and environmental dimensions along with their indicators were unanimously rated as extremely important by all participants from all organizations. Indicators focused on dimensions of community, family and education were also rated as extremely important. Indicators focusing on women in governance and level of school attainment were rated as *very important*, while good communication with family was perceived as *somewhat important*. On occasion, the relative importance of formal education was questioned, as it is not always compatible with and relevant to Indigenous ways of living:

What's more valued, or important in the community—is having someone who can harvest for the whole community, and keep everyone fed all winter, [more important] than someone with an English degree? — Erin Tomkins, AFN.

An overall emphasis was placed on integrating Traditional/Indigenous knowledge into schools while also recognizing intuition as a kind of knowledge as well as acknowledging that education is a lifelong process:

In Western society, intuition is discounted as not important. And from an Indigenous worldview, you can only get to a place of understanding life if you have both rational and intuitive knowledge. — Carol Hopkins, TPF.

Interviewees also rated the indicators corresponding to economics, ethics, technological, linguistic, physical and medicine/healing dimensions as *very important*, while the happiness (personal) and attending religious services (spiritual) indicators were rated as *somewhat important*. This reflected the need to see these indicators as part of systems of meaning and practice that can only be understood in social and individual context.

Happiness in and of itself isn't an indicator that we measure on its own. — Carol Hopkins, TPF.

How you express your spirituality is deeply personal. — Helen Stappers, CYFN.

A framework cited by Namaste Marsden, compiled by the FNHA, British Columbia's Provincial Health Officer, and the Chief Medical Officer, listed indicators of wellness in terms of five major dimensions: 1) Social, Cultural, Economic, Environmental; 2) Health Systems; 3) Land, Family, Nations, Community; 4) Mental, Physical, Spiritual, Emotional; and, 5) Health and Wellness Outcomes (First Nations Health Authority & British Columbia Office of the Provincial Health Officer, 2018).

In addition to the various aspects associated with each indicator and dimension, interviewees were asked for their input on whether any indicators or aspects were not already captured by the literature review. Suggestions for other indicators of wellness were forgiveness, humility, honesty, humour, leadership roles, traditional systems of governance, community cohesiveness, food security, and housing.

⁷ English translation: "I suggest we don't treat each proposed indicator by classifying it according to a scale of importance, but that we make general comments. ... I propose that for individuals, family, community – that we see more of their interrelation with everything else. Sometimes the aspects are more global and holistic rather than separated as independent of each other."

... there's other resources that are required for a community to be able to live, like food security. Again, it depends on the relationship with the land... Economy isn't just about money and knowledge. — Carol Hopkins, TPF.

Bonnie Healy (AFNIGC) emphasized the importance of forgiveness in relation to reconciliation and healing:

If we don't have forgiveness, we don't have healing of any sort.

It was also suggested that some of the dimensions could be combined in one indicator, including language and culture as well as family and community given their overlapping content:

Il y a des dimensions qui devraient être groupées ensemble qui sont séparées. La langue est intrinsèquement liée à la culture.⁸ — Nancy Gros-Louis McHugh, CSSSPNQL.

Connection to land, a sense of belonging and of identity, having a role/purpose in one's community and healthy relationships were all identified as key wellness indicators. Some of these indicators are in line with those outlined by the Native Wellness Assessment⁹, noted by Carol Hopkins (TPF) as having its basis in the First Nations Mental Wellness Continuum Framework (Assembly of First Nations & Health Canada, 2015), which states four outcomes of the "balance" achieved in attaining the First Nations' vision of mental wellness:

The outcomes should be hope, belonging, meaning and purpose [where] hope is an expression of spiritual-wellness. Belonging is an expression of emotional-wellness and meaning is an expression of mental-wellness and purpose is an expression of physical-wellness. — Carol Hopkins, TPF.



⁸ English translation: "There are dimensions that should be grouped together. Language is intrinsically linked to culture."

⁹ The Native Wellness Assessment, developed by the Thunderbird Partnership Foundation (2015), informs wellness and cultural intervention practices from an Indigenous perspective. <http://thunderbirdpf.org/about-tpf/scope-of-work/native-wellness-assessment/>

Part 3: Conclusions



Conceptualizing Strengths-Based Approaches in Research

The review of the general literature on individual strengths and well-being emphasized the role of individual, social-environmental, economic, and historical factors. The Indigenous-focused literature reviewed in this report presents a holistic picture of mental wellness, in which the dynamic interactions of personal, social, environmental, and spiritual dimensions are more explicitly recognized.

Overall, the interview phase of the research project further emphasized this key finding from the literature review. First Nations' understandings of wellness look beyond individual factors, motivations, and traits to conceptualize the person as an extension of their relationships and in relation to ecological factors that include historical, political, social, cultural, psychological, physical, spiritual, environmental, and economic dimensions.

The positive orientation of strengths-based research has resonance with Indigenous perspectives on the human being as an integrated whole in which many facets or dimensions are in balance. The key elements of strengths-based research include a focus on ethical, epistemological, and methodological issues—that is, on respectful ways of engaging with multiple forms of knowledge, culturally safe and appropriate research methods, and Indigenous values and worldviews related to living a good life.

As highlighted in Part 1 and *Appendix A*, the literature suggests that sources of Indigenous strength and well-being include multiple dimensions (such as those listed in the above paragraphs), but distinctions between these dimensions are rough and many factors span multiple categories or have facets that occur at multiple levels. Although processes at the individual, family, and community levels are related, a particular strength at one level may be related to multiple strengths at other levels.

In most of the articles reviewed, individual mental health and well-being in Indigenous contexts are understood as inextricably tied to social connections, environmental connections to the land, and to a spiritual dimension of greater values in which these connections are framed. This emphasis on relationships or connections contrasts

with the dominant models in Euro-American positive psychology which places a strong focus on individual traits, choice, actions, and health.

Healthy minds, healthy communities, and the health of the land are typically understood as interwoven in Indigenous perspectives. Although the diverse Indigenous studies reviewed from Australia and New Zealand, to the Pacific, North and South America, Africa, Asia, and the Circumpolar North present important sociocultural and ecological variations, the emphases on social-individual-environmental connections were a recurring theme. As a result, many studies of strength in Indigenous populations insist on the importance of preserving, honouring, and revitalizing the traditional beliefs, attitudes, activities and social structures that keep these connections alive and thriving.

Cultural preservation and revitalization are also important in the promotion of individual and collective well-being; they have been conceptualized as important projects for post-colonial, social, and ecological justice relevant to Indigenous peoples. In the varied contexts reviewed, this revitalization process has most often included Indigenous languages, ceremonies, and land-based activities like hunting, fishing, gathering, and the sharing of traditional foods, but it can also involve traditional games and ways of sharing stories, as well as ways of relating to one another and the environment.

The revitalization of traditional community and family roles and practices, and related modes of childrearing were often viewed as important in this process. Grandparents and extended families, and Elders in particular, may play a crucial role in cultural preservation and revitalization. Thus, many of the studies reviewed stressed the value of involving intergenerational relations and involving Elders as caregivers, educators, mentors, counsellors, and spiritual guides.

In the interview phase of this report, partner organizations similarly stressed the importance of traditional revitalization and the need to involve Elders and traditional Knowledge Holders in efforts to foster individual and community well-being.

As highlighted in Part 2 of this report, interviewees also emphasized the role that Elders and Traditional Knowledge Holders can play in strengths-based approaches to wellness promotion. This role was deemed to be of crucial importance for defining key concepts and setting priorities that inform research and practice.

Best Practices in Developing First Nations Well-being and Mental Wellness Indicators

While the aim of developing indicators is to have practical and reliable measures, it is essential that these indicators be culturally valid and capture aspects of experience relevant to community values and aspirations. This requires attention to local cultural meaning. Methods developed in cultural psychology and psychiatry provide ways to go from understanding of local meanings in context to tools that can be used to track variables across time and contexts (Kirmayer & Ban, 2013).

The development of mental wellness indicators can begin with open-ended qualitative exploration of local concepts of mental wellness, strength and resilience in terms of 1) experience of well-being, to identify specific aspects associated with well-being; 2) indicators of wellness (symptoms, signs, and behaviours) that potentially can be measured; and 3) sources, enablers, and facilitators of mental wellness. Qualitative exploration can be followed with standard methods for operationalizing observational indicators and developing interview or self-report measures (WHO, 1998).

Developing a new indicator is a lengthy process but subsequent refinement can build on previously established measures. When starting from an established indicator or scale, validity can be tested through similar steps. Cognitive interviewing (that is, systematic inquiry into how respondents understand particular questions) can be used to clarify the meanings or interpretation of specific interview questions or self-report items that do not seem to be performing as expected psychometrically. Building up an archive of tools and measures that have been found to work in some Indigenous contexts can provide a basis for further adaptation in studies in new communities (Kirmayer & Ban, 2013).

Although common strategies in Indigenous wellness research adapt scales and measures first developed for the general population, new and emerging strategies are being adopted by Indigenous researchers that are grounded in Indigenous cultural frameworks and ways of knowing. The

FNIGC RHS Cultural Framework (FNIGC, 2005) and the First Nations Mental Wellness Continuum Framework (AFN & Health Canada, 2015) are important models.

The recognition of family and community, social, ecological, environmental, and spiritual dimensions of strength and well-being found in the Indigenous literature presents an important complement to the primarily psychological, mental, and individual indicators privileged in the general literature on wellness. While much of this literature treats each factor as a separate variable, Indigenous perspectives emphasize their interconnections. These interconnections require thinking in holistic terms. While scientific experiments and observational studies tend to separate out individual factors, holistic thinking emphasizes the dynamics that emerge when different factors interact. The results of these interactions can be surprising because the whole (the system) is more than the sum of its parts.

Further, despite variations across Indigenous cultures, both the sources and outcomes of strength in Indigenous models are largely thought of as social rather than primarily individual. This is an important insight in several ways. In public health and psychology, strength, resilience, and wellness are usually talked about in very individualistic ways, emphasizing individual choice and self-efficacy. In contrast, social, economic, historical, and environmental factors are under-emphasized. Situating the responsibility for strength and well-being at the level of individuals alone tends to obscure these external, structural, and contextual factors, and may fail to identify crucial collective enabling factors and wider social outcomes.

The Indigenous concepts and solutions reviewed in this report also point to the need for a more ecologically situated approach that recognizes that individuals and communities are in constant interaction with the environment. Strength, resilience, and well-being depend on the health of these relationships to the land as well. This has implications for the sources of strength, development of mental wellness indicators, and corresponding methods of health promotion.

Specific Indigenous notions of strength, resilience and well-being may include concepts expressed in local language or implicit in local knowledge, values, and practices. Clarifying these forms of knowledge requires qualitative methods, with active engagement from Indigenous Knowledge Holders. Much cultural knowledge is implicit, taken-for-granted, or background knowledge that may be hard to make explicit and articulate. A combination of an “inside” Knowledge Holder from the community and an outside research partner (from another background) who can pose “naïve”

questions and ask for clarification may help to identify new dimensions and potential indicators of mental wellness.

Echoing these findings from the literature review, interviewees highlighted the importance of fostering healthy collaborations by building foundations upon which all those involved are respected, valued, and consistently implicated:

*Dans toutes les étapes de la recherche, même pour la conception de projets de recherche, que ça ne soit pas construit seulement par le chercheur principal, mais qu'à toutes les étapes dès le départ les Premières Nations soient aussi impliquées et reconnues dans leurs efforts, leurs forces, leurs savoir.*¹⁰ — Nancy McHugh, CSSSPNQL.

An important finding from the interview phase of this report stressed the importance of fostering more qualitative approaches in health research to capture context and culturally relevant information with greater accuracy and detail:

There's no opportunity for context [in surveys] that's why we don't really do linear style surveys. Because we know that A to B is never really a straight line. — Mindy Denny, UNSI.

One specific suggestion was to translate the Regional Health Survey (RHS) in First Nations languages:

We'd like to have [the survey questions] in our own language... That way, you can have more fluent speakers be able to understand the questions instead of just saying yes or no... Like some of the Elders, they have no idea what some of those words are. — Roxanne Cook, Dene Nation.

To address gaps in cultural appropriateness, the notion of “engagement research” was proposed by one informant in contrast to alleged “participatory research” in which little involvement and trust are established with Indigenous community members:

I think it's more engagement research... it's not just participating. In fact, if anything, [the people are] leading it. My thinking is we shouldn't be doing it if it's not going to support something that's important to them. — Martin Bembridge, FSIN.

Gaps, Needs, and Opportunities

The literature review identified several gaps in the current literature and points to the need for further research on the development, measurement, and validation of indicators of well-being in Indigenous contexts. A key challenge for advancing strengths-based well-being research is conducting more systematic investigations of how local constructs can be clearly defined, measured, and productively applied across Indigenous contexts.

Identification and measurement of Indigenous concepts and practices of strength and mental wellness requires respectful engagement with Indigenous modes of knowing in their varied forms. Research questions and protocols must respect local cultural values, contexts, and conditions of Indigenous communities.

Several challenges remain at the level of ensuring cultural safety, broader concepts of locally relevant health literacy, Indigenous custodianship of local knowledge, and reciprocity between non-Indigenous and Indigenous researchers. Other difficulties persist at the level of redefining what counts as research and scientific “peer-review” in addition to structural, cultural, political, and logistical challenges in accessing and understanding Indigenous well-being in remote or marginalized geographic contexts.

Despite these ongoing challenges, there are promising approaches to respectful knowledge translation and exchange with Indigenous communities. Open dialogue, knowledge exchange, and community engagement are key to conducting ethically sound and useful research with Indigenous communities. This requires that non-Indigenous researchers recognize and address their biases, cultivate openness to different perspectives, and work to reverse the hierarchical relationships perpetuated under colonial and neo-colonial social institutions. Attention to issues of cultural safety can ensure that research contributes to recognizing and supporting the strength of Indigenous individuals, cultures, and communities.

There are specific methodological challenges to studying and integrating Indigenous knowledge and values in health research. Studies of Indigenous terms, concepts, constructs, metaphors, and idioms of wellness can be found in the extensive ethnographic literature in medical anthropology and Indigenous studies. However, unlike scientific reviews and reports indexed in medical and public health databases,

¹⁰ English translation: “At all stages of research, even in the conception of a research project, making sure that it's not only built by the principal researcher, and that in every step from the beginning the First Nations be involved and recognized for their knowledge and strengths.”

much of this information is located in book-length ethnographic studies, unpublished reports, and other 'grey' literature. Hence, identifying relevant concepts will remain a costly, time-consuming project that requires the collaboration and concerted effort of Indigenous researchers in health and social sciences.

It is likely that much Indigenous knowledge and practices relevant to current studies of strengths and mental wellness has never been written about or disseminated publicly. It is essential therefore that future research on these questions include qualitative and ethnographic studies in collaboration with Indigenous communities where specific cultural ways of thriving are practiced. This will include respectful conversations and interviews with Elders and extended families, as well as focus groups with helpers, healers and others engaged in health and social services. In addition to focused health research, it will benefit from more open-ended participant observation work by Indigenous scholars and researchers.

There is also a need for respectful, pluralistic, locally driven research projects on the development of Indigenous mental wellness indicators. More nuanced, locally grounded, fine-grained studies of Indigenous strengths and wellness can enrich our understandings of the resilience of individuals, families, communities, and of the larger society in which we seek ways to live together in strength and wellness.

Addressing Ongoing Inequities within a Strengths-Based Framework

Despite important efforts at emphasizing strengths and protective factors found at the level of First Nations communities and ecologies, the prevalence of ongoing psychological, social, spiritual, economic, and environmental problems stemming from colonization and the legacy of Indian Residential Schools (IRS) were repeatedly mentioned in the literature review and interview phases of this report. As highlighted in Part 2, conversations with First Nations partners frequently returned to the subject of ongoing deficits and inequities. Daily stressors from ongoing dynamics of cultural and economic marginalization, including systemic racism, were frequently mentioned as important factors that negatively impact the well-being of First Nations communities.

It's really hard to create true transformational change and system change, when those overarching, colonialistic, racist pieces of legislation are still in place, that are meant to keep communities in that unhealthy state. — Bonnie Healy, AFNIGC.

Future steps need to take these ongoing issues into account while continuing to shift away from the general perception of First Nations contexts as overly negative. As Indigenous and non-Indigenous leaders commit to working together in a respectful partnership, and until increased sovereignty for First Nations is attained, current models of research should attempt to capture the impact that Residential Schools, institutional racism and other forms of systemic oppression are having on health and wellness. This could be achieved by redesigning surveys to consider political contexts and historical trauma, which implies asking the right questions and addressing these issues from different angles.

As previously emphasized, researchers must consider whether they are appropriately capturing contextually relevant issues. This may be achieved by targeting *relevant* measurable deficits over abstract psychological concepts. Collectively, insights from the literature and interviewees lead to an important conclusion from this report: the development of indicators of *mental* wellness may not adequately capture the reality of communities on the one hand, and may also fail to capture the holistic framework required to investigate and enhance well-being in First Nations contexts. Enlarging or supplementing the primary focus of wellness from *mental* to *social-ecological dimensions* may be an important step in undertaking a strengths-based paradigm shift in First Nations health research.

The ongoing shift in how First Nations are engaged in research needs to be supported at all levels. As was repeatedly emphasized in the interviews, opening space for First Nations-led research with more direct involvement from Indigenous community members, leaders, and researchers is a crucial step in this process. A genuinely Indigenous-led, strengths-based approach to wellness research and promotion must begin with research questions, concepts, priorities, and solutions framed by First Nations peoples themselves.

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Appendix B: First Nations Strengths-Based Research & the Development of Mental Wellness Indicators Interview Instrument

Introduction

Thank you for agreeing to take part in this interview. This is part of a review we are doing for the FNIGC to get a better sense of current approaches, needs, and prospects for strengths-based research in First Nations populations and communities and to identify promising practices in the development of mental wellness indicators. We are speaking with partners of the FNIGC across Canada to explore your ideas and will integrate them in a report for the FNIGC.

To identify the ways that strengths-based approaches can be integrated into FNIGC's research, this report will look at how these approaches are understood and used by regional First Nations partner organizations in their research, advocacy, and other initiatives. Also, as an extension of the concept of strengths-based research, the report will consider best practices and current models for the development of mental wellness indicators based on consultation with FNIGC regional partner organizations and subject matter experts.

We will share the draft of relevant sections of the report with you to make certain we are correctly reflecting your ideas and experience and the FNIGC will share the final report.

This interview will take about 30 to 45 minutes. The FNIGC will be glad to provide you with an honorarium for your time. With your permission, I would like to record our conversation in order to better summarize your key points later.

Do you have any questions for me? Do you agree to have me record this conversation?

[Instructions for interviewer: Throughout the interview ask interviewee to expand on examples as needed. e.g., "Very interesting, please tell me more about ____"]

A. Concepts of Strength and Well-being

To begin with, I would like to ask you about concepts of strength and well-being as they are approached by your organization...

1. Can you tell me how your organization thinks about strength and well-being in the communities or populations that you work with?
2. Can you give me some examples of how your organization thinks about strength and well-being at the level of individuals?
3. Can you give me some examples of how your organization thinks about strength and well-being at the level of families?
4. Can you give me some examples of how your organization thinks about strength and well-being at the level of communities?

B. Concepts and Process of Strengths-Based Research

Now I would like to talk with you about strengths-based research...

1. What is your understanding of "strengths-based research"? Can you give some examples?
2. How does this kind of research differ from other forms of research?
3. Has this kind of research been done in the communities or populations that you work with? Can you describe the projects? What aspects of the research address the issues of strengths and wellness?
4. What kinds of strengths-based research do you think needs to be conducted in the communities and populations you work with?

C. Mental Wellness Indicators in Strengths-Based Research

Now, I would like to learn more about your thoughts, experiences and suggestions on developing mental wellness indicators for First Nations populations....

1. Have your organization or the communities you work with had any experience with the development or use of mental wellness indicators? If so, please describe these experiences, including how the mental wellness indicators were developed and/or used.
2. What resources do you think need to be in place in order to develop useful mental wellness indicators for First Nations individuals, families and communities?
3. What methods or protocols need to be followed when developing and using mental wellness indicators?
4. Do you feel existing data (e.g. the Regional Health survey (RHS) or the Regional Early Childhood, Education and Employment Survey (REEES)) are sufficient to support the development of positive mental wellness indicators?
 - a. If not, what other kinds of indicators or surveys need to be done to better capture First Nations mental wellness?
5. Have you encountered any ethical issues in the development of mental wellness indicators?
6. Have you encountered any practical issues in the development of mental wellness indicators?

D. Specific Dimensions and Indicators of Strength and Mental Wellness

Finally, I want to read through a list of possible strength, resilience and mental wellness-related dimensions and aspects get your ideas about these. In particular, I want to ask how relevant and important you think each of these is for strengths-based research on mental wellness in First Nations communities and get your ideas about how these have been (or could be) studied and measured.

Instructions for interviewers:

Name and briefly describe each dimension, and ask interviewees to give examples of indicators. Check off each one mentioned and add any new items.

For each aspect, ask the following:

1. How has this been (or could it be) studied and measured?
2. How important is this aspect for mental wellness? Would you say...?
 - + Not at all important
 - + Somewhat important
 - + Very important
 - + Extremely important
3. Are there any other aspects of strengths, resilience and mental wellness you can think of?
4. Of all of the factors we have discussed (including ones you mentioned that are not on this list), which are the most important for mental wellness? [Interviewer: Circle the 3 most important]



Wellness Dimensions	Aspects
Personal	<ul style="list-style-type: none"> • Happiness • Sense of meaning • Sense of purpose • Self-esteem (feeling good about self) • Self-efficacy (able to act effectively to achieve goals) • Hopefulness or optimism • Mental strength • Clear sense of identity
Family	<ul style="list-style-type: none"> • Good communication within the family • Participating in activities as a family • Positive parenting • Shared child care and parenting with others in family and community • Communication across the generations (Elders, adults, youth) • Support from relatives
Community	<ul style="list-style-type: none"> • Support from others in community • Healthy relationships with others • Connection to others • Sense of belonging to the community • Participation in community activities • Sharing food • Helping others in the community • Local control of services (education, social services, fire, police) • Involvement of women in community governance
Environmental	<ul style="list-style-type: none"> • Being on the land or in nature • Participation in land-based activities • Health of the land
Economic	<ul style="list-style-type: none"> • Financial security • Employment • Vocational opportunities • Business opportunities
Political	<ul style="list-style-type: none"> • Self-government • Land claims • Activism
Ethical	<ul style="list-style-type: none"> • Ethical space • OCAP principles • Two-eyed seeing • Environmental justice • Human rights
Cultural	<ul style="list-style-type: none"> • Knowledge of culture • Knowledge of history • Practice of traditions • Cultural arts, singing, dancing, drumming
Linguistic	<ul style="list-style-type: none"> • Speaking Indigenous language • Opportunity to learn traditional language • Use of language at home, at work or in community
Educational	<ul style="list-style-type: none"> • Access to education • Quality of schools and programs • Level of school attainment • Integration of traditional knowledge in schools

Technological	<ul style="list-style-type: none"> • Availability of information-communication technology (Internet, telecommunications)
Medicine & Healing	<ul style="list-style-type: none"> • Access to traditional healing practices • Use of traditional medicines or healing practices • Availability of mental health services
Spiritual	<ul style="list-style-type: none"> • Values • Worldview • Access to traditional spiritual teachings and ceremonies • Participation in ceremonial practices • Attending religious services • Engagement in prayer, study or other spiritual or religious practice
Physical	<ul style="list-style-type: none"> • Physical health • Vitality, mobility, dexterity • Ability to carry out activities of daily living

E. Conclusion

1. Finally, are there any other issues or ideas related to strengths-based research and mental wellness indicators that FNIGC should be aware of?
2. Do you have any questions?

Thank you for your help with this review.





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