

KISKÂYITAMAWIN MIYO-MAMITONECIKAN¹

Aboriginal Women's Mental Health: Through Their Own Eyes, In Their Own Words

In 2009/2010, Prairie Women's Health Centre of Excellence conducted one-on-one interviews and focus groups in Winnipeg and Saskatoon to ask Aboriginal women about what mental health and mental illness mean to them. Forty-six women participated, including women at different places along their mental health journey, a mental health researcher, Elders and front-line workers.

The women in this study made concrete suggestions on how to improve the mental health system to meet their mental health concerns, needs and coping strategies. This brief summarizes the key recommendations from the full report for policy makers and program planners.

Key Policy Recommendations

1. Examine how cultural (relationships) and structural (policy) level changes can be made to serve and support the mental health and well-being of Aboriginal women in the changing policy climate.

Cultural changes

- a. Catalyze conversations on everyday forms of mental health and well-being to determine what is working for Aboriginal women in their everyday lives.
- b. Valourize the stories, experiences, knowledge and wisdom of Aboriginal women who live with mental health problems and illnesses.
- c. Bring into sharper relief the optimism, pragmatism, resilience and human agency of Aboriginal women living with mental health illnesses.
- d. Understand the impacts of residential schools, foster care and the bio-medical model of health care experienced by Aboriginal women by taking a critical look at multiples risks they face and the protective practices they, their families, and communities of care each use.

What does mental health mean to Aboriginal women?

"A continuum of mental illness, mental distress and mental wellness—where people flow back and forth..."

— Dr. Caroline Tait

¹*kiskâyitamawin miyo-mamitonecikan* is a Plains Cree word which means "knowing mind fullness"

Structural changes

- a. Factor in gender, sex, cultural and class differences for Aboriginal women with lived mental health experiences in order to better define, identify and remedy their health disparities and inequities.
- b. Provide mental health services and supports to Aboriginal women close to home by encouraging the practice of home visits by caregivers.
- c. Monitor and use ready, relevant and multiple interventions for Aboriginal women by acknowledging and working with what they say has worked best for them to date without over-medicalizing their mental health problems or over-pathologizing their responses.
- d. Cultivate a sense of belonging, usefulness and importance amongst Aboriginal women with lived mental health experiences.

2. Conduct research on the meaning and application of an Aboriginal lens when addressing the mental health and well-being of Aboriginal women.

- a. Deepen public understanding of the worldviews of Aboriginal women emphasizing the wholeness of the mind, body and spirit but also examine the women's experience of a world that is generally unjust and unfair socially, economically, culturally and politically.
- b. Wherever possible use Aboriginal concepts and emerging community-based practices to explain mental health and well-being of Aboriginal women and to determine the ethical and healing aspects of these.
- c. Invite Aboriginal women with lived experiences to develop interactive learning tools for their health care providers, families and one another (e.g. role plays, poetry, art, songs that would incorporate oral traditions and examples of mental health and well-being).
- d. Use a gender balanced framework in further research on Aboriginal women's mental health.

"I'm going to get help. I am determined. 'Cause if I don't get help, I'm worried that I'm going to lose everything I have. And I just don't think that anybody understands that."
— Interviewee

3. Reframe mental health services and supports so they mirror Aboriginal women’s realities, living conditions and aspirations for hope and recovery.

- a. Improve Aboriginal women’s access to mental health services and supports and enhance their attachment to these by creating compassionate, solidarity-based, trusting and confidential programming.
- b. Explore the multiple burdens of stigma and discrimination that Aboriginal women face, including self-stigma and racism, to see how cultural competency and cultural safety can help to offset these.
- c. Recognize that the social roots of mental health problems stem from deep, long-standing childhood trauma, including sexual abuse, poor infant bonding and attachment and from current issues like homelessness, poverty and suicidality and how these can lead to a cluster of chronic mental health and physical health problems.
- d. Reflect nested identities (i.e. ethnic, cultural, religious, abilities etc.) by tailoring services and supports to the particular needs of Aboriginal women-in-community to avoid pan-Aboriginal approaches and cookie-cutter interventions.

“I think it’s inherent in the philosophies of Indian people’s beliefs and teachings on Creation: the fostering of the body, of mind and emotions. Neglect one, it affects all. So, it’s holistic.”
— Interviewee

Key factors influencing Aboriginal women’s mental health

- *Childhood sexual abuse*
- *Child protection services*
- *Racism/discrimination*
- *Colonization- residential schools*

4. Develop mental health services and supports from evidence-based practice and practice-based evidence.

- a. Fully integrate the ideas, interests and perspectives of Aboriginal women into the design, delivery and evaluation of mental health services, supports and programs.
- b. Offer both Traditional and Western healing approaches to Aboriginal women and assist them once they make a choice by providing transportation and childcare services, and by paying attention to the power relations they have to deal with.

- c. Emphasize mental health promotion and mental illness prevention along with diagnosis and treatment by providing mental health literacy training for health and social services professionals and mental health first-aid training to family and friends.
- d. Advocate person-centered care for Aboriginal women with lived mental health experiences and direct initiatives to them including peer support and interactive learning opportunities.
- e. Recognize the prevalence of the co-morbidity of mental health problems and addictions by drawing on studies and looking for gaps in knowledge, resources and capacity.

“I was too ashamed and I didn’t want nobody to know about me and my past and what happened to me. They might not like me after they know that and I won’t have no friends or nothing. I hate to be rejected.”

— Interviewee

Summary by Carla Simon, based on PWHCE’s June 2010 report
“Kiskâitamawin Miyo-Mamitonecikan”
Urban Aboriginal Women & Mental Health
by Roberta Stout

Copies of the full report (project #215) can be obtained by contacting:

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