The Mental Health and Well-Being of Aboriginal Children and Youth: Guidance for New Approaches and Services

A Report Prepared for the
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Executive Summary

Purpose

This review summarizes research and related literature pertinent to the mental health needs of Aboriginal children and youth. A primary goal of this review was to provide the British Columbia (BC) Ministry of Children and Family Development (MCFD) and Aboriginal communities with information and guidance for new approaches and services to support the development and implementation of a broad strategy to improve the mental health and well-being of Aboriginal children and youth. Four considerations informed our work:

- Aboriginal perceptions of health and mental health, and their relationship to Western values and systems of thinking about children and youth
- Determinants of mental health and well-being for Aboriginal children and youth
- Effective community approaches for promoting health and well-being, preventing ill-health and treating disorders for Aboriginal children and youth
- Strategies to help child and youth service agencies provide more effective support to Aboriginal children and youth

Methodology

We used two sources of knowledge. First, published and unpublished literature from the past 10 years was reviewed, analyzed and summarized. Decisions about which literature to include were based on the quality of the research and overall relevance to First Nations communities. Second, semi-structured interviews were conducted to gather the opinions and perceptions of key informants who were chosen from a number of First Nations in BC because of their extensive experience as community workers and leaders, and because of their commitment to improving quality of life for families. The interview information was summarized and integrated with the summary from the literature reviews.

Findings from the Literature

The main findings from the literature were organized under four themes that are relevant to understanding Aboriginal child and youth problems, substance abuse, violence and suicide. These four themes highlight the origins of the problems as well as the opportunities for healing:

- Profound impact of residential school experience on family functioning
- Multi-generational losses among First Nations people
- Emphasis on collectivist rather than individualistic perspectives
- Relevance of community-based healing initiatives

Closer analysis of the literature also revealed lack of information about evaluation and analysis of initiatives, housing policies, birthing policies, systematic accounting or review of recommendations, and economic development, training and other contributions to mental health.

Findings from Interviews with Aboriginal Informants

Following careful consideration of the material generated across interviews, a series of themes that captured the essence of informants' contributions were identified. Each of these themes (such as perceptions of research studies, views of Western culture, values, language, and balancing child welfare and community development) was elaborated on.

Observations and Opportunities for Action

Responsible leadership in Aboriginal communities goes beyond simply providing specific services. A high-level objective for Aboriginal communities is to improve the mental health and well-being of Aboriginal children and youth by restoring family wellness. This will require a broad vision that includes an understanding of the determinants of health and a long-term commitment to building capacity within communities. We identified six main opportunities for action:

- Recognize the role that culture plays in determining health
- Focus on implementing ecological, community-level interventions
- Promote local leadership and develop high quality training
- Provide mentoring and support
- Foster links within and between communities
- Support ongoing capacity building

It is our hope that these opportunities will be taken up by Aboriginal communities, Aboriginal organizations and MCFD governing structures. A collaborative approach that recognizes the strengths and unique contributions of each of these players is likely to offer the greatest opportunity for positive change.

Conclusions

In addition to articulating a more culturally sensitive view of the health and well-being of Aboriginal children, youth and families, this review was also undertaken to identify promising approaches for promoting the mental health and well-being of Aboriginal children and youth. A review of the literature, augmented by the views of Aboriginal informants, confirmed that efforts to promote child and youth well-being in First Nations communities must be grounded in an Aboriginal worldview. While there is no question that there are problems with current services targeting Aboriginal children and youth, complex long-standing problems cannot be solved through structural change and the addition of services alone. Radical changes can only be successful if the community is meaningfully involved from the beginning and regional MCFD governing bodies provide strong leadership and commitment.

Glossary

Aboriginal: Anything of or relating to indigenous or earlier known population(s) of a region is described as being Aboriginal. In Canada, Aboriginal relates to Indian (status and non-status), Metis and Inuit people.

Aboriginal mental health: Aboriginal explanations of mental health and illness differ from Western definitions which are exemplified through the disciplines of psychology, social work and psychiatry, and which tend to focus on pathology, dysfunction or coping behaviours that are rooted in the individual person. Aboriginal mental health is relational; strength and security are derived from family and community. Aboriginal traditions, laws and customs are the practical application of the philosophy and values of the group. The value of wholeness speaks to the totality of creation — the group as opposed to the individual.[1]

Assembly of First Nations: This is a national organization that promotes the interests and concerns of all First Nations in Canada including justice, health, education, family and children's services and aboriginal rights.

assessment: This refers to the process of determining a person's strengths and weaknesses. It involves making an inventory of the person's sources of stress, his or her coping abilities and a description of external support systems available and accessible to that person. This concept applies to both family and community.

autonomy: For First Nations, autonomy typically refers to independence from government control or having the right of self-government.

bureaucracy: A bureaucracy is a type of formal organization that is complex and hierarchically structured with top-down authority. It functions with a fixed and often narrowly focused mandate, established rules and a defined division of activities, functions and responsibilities.

capacity: The ability to receive, hold or absorb describes capacity. Capacity may also be viewed as innate potential for development or accomplishment.

Chief and Council: Chief and Council are the elected representatives of a community. They are responsible for the affairs of a band, much as a board of directors is responsible for the management and administration of a non-profit society (also see the Indian Act and its regulations).

colonization: Colonization is viewed as a system of oppression, not a personal or local prejudice. Its systematic nature creates cognitive imperialism that denies people their language and cultural integrity by maintaining the legitimacy of only one language, one culture and one frame of reference.[2] The colonized society as a whole is made to think of itself as entirely alone in the universe. At the individual level, colonized people learn to hide their real feelings and sincere beliefs because they have been taught that their feelings and beliefs are evidence of ignorance and barbarity.[3]

community: Community is a value shared by Aboriginal peoples. The spirit that holds a relatively healthy group of families together is embedded in community. For First Nation peoples, this strength is connected with living on the land that has been "home" for many, many generations. For its members, the healthier community offers physical, psychological, intellectual and spiritual resources. On the other hand, for members of communities burdened with health, social, emotional and other difficulties there may be serious material and human resource problems.

community development: Community development is a process that can serve a variety of functions:

- Identifying and utilizing local community resources
- Identifying and communicating community needs and issues
- Addressing community needs and community issues
- Identifying and using sources and circles of support
- Helping the local community to develop a voice
- Nourishing and supporting local leaders and representatives to stay at the table(s) (e.g., Regional Health Boards or Community Health Councils assisting with community consultation and community input in decision-making, locating, documenting and sharing resources)
- Developing local leadership, including volunteers advocating for entitlement as necessary and appropriate in health matters
- Engaging in community information and education
- Developing local resources
- Serving as a two-way channel of communication and action between local communities and health authorities, Aboriginal organizations and other relevant systems and institutions
- Celebrating community accomplishments and achievements[4]

community healing: This goal involves efforts to rebuild the human foundations for healthy communities. In too many cases, high levels of communal violence, lack of recreational facilities and deficient housing and infrastructure are links in a vicious circle that are pushing people toward the adoption of destructive coping strategies.[5] As individual and collective development follow in harmony with the environment, health is realized. Since healing must deal with the struggles and losses of indigenous peoples, it employs the power of the Great Spirit and the wisdom and strength of living and spirit creatures who have found ways to overcome adversities. For Aboriginal people, the health continuum is about wellness *not* illness. Besides sharing healing traditions, indigenous communities are bound by a concept of wellness where the mind, body and soul are interconnected.[6]

concept: This can be a thought or an idea, especially a generalized idea of a class of objects such as a forest made up of different kinds of trees.

consensus: This is a widely shared agreement or understanding among a group of people concerning preferred values, beliefs, norms, goals and other essential aspects of existence.

consultation: Consultation is an interactive process of seeking input, and comparing views and information that will form the basis for decision-making and follow-up action.

cultural competence: This refers to a specific set of values, attitudes, knowledge and skills that sensitize and improve sharing of information and assistance between people of different cultural orientations.

cultural disruption: Forces over which a cultural group has no control can seriously disrupt the group's lifestyle. In the case of indigenous peoples, diseases such as smallpox, which took the lives of many people, were seriously disruptive. The effects of residential schooling is another, more recent example of cultural disruption.

cultural identity: This refers to a set of behavioural or personal traits by which an individual is recognizable as a member of a cultural group.

cultural diversity: Cultural diversity relates to non-biological differences between people, groups of people, communities, sub-populations and populations.

culture: Culture is viewed as a dynamic and complex network of meanings enmeshed within historical, social, economic and political processes. Culture is a set of value systems that relate strongly to religious beliefs, kinship patterns, social arrangements, communication networks, and regulatory norms of person familial and social conduct.[7] According to Dewey, culture is the ability to perceive meaning in experience and to act on that meaning. The purpose of democratic education then is to increase students' abilities to make meaning from their experiences and to act on them.[8]

culture shock: This occurs when a person, family or group from one culture is attempting to function within an unfamiliar culture. Disorientation occurs from not understanding the language, customs, beliefs and expectations of the other culture.

custom: A custom is a regular, patterned way of appearing and behaving that is considered characteristic of life in a social system. For example, smiling, shaking hands and bowing are all customary ways of greeting people that distinguish one society from another.

decision-making process: This is a series of actions, changes or functions that bring about a conclusion or a decision.

deficiency-oriented: This orientation describes a tendency to focus mostly upon the negative. For example what a person, family or community does not have as resources or strengths. Such an approach does not demonstrate the practical value of a balanced perspective.

detachment: Detachment is a sense of standing alone; indifference, alienation, being withdrawn or being in a defensive position describes detachment.

decolonization process: Burgess presents five phases for decolonization: rediscover and recovery, mourning, dreaming, commitment and action.[9] The process begins with creating a cultural identity by doing such things as learning family and community history, and discovering personal abilities connected with perception, insight and creation of knowledge. Discovering a personal and cultural identity can prepare the person for grieving losses and other forces connected with victimization, and for freeing self ***to*** immerse in dreaming about possible desired futures for self, family, community and/or nation. This is a critical stage to work through.

determinants of health: These determinants include income and social status, social support networks, education, employment and working conditions, physical environment, biologic and genetic endowment, personal health practices and coping skills, healthy child development and health services.[10]

disability: Disability describes that which disables such as illness or being deprived of normal strength or power.

disparity: Disparity speaks of inequality, for example, difference or inequity in the amount or condition of education, health and housing.

drug: A drug is a substance that changes the structure or functioning of a living organism.

economic and social development: This refers to any change that results in increased economic productivity and prosperity, and new and more complex forms of social structure and organization. For Third World countries, the level of economic and social development is statistically defined in terms of indices such as per capita income and proportion of population employed as wage labour.[11]

education: In the Western world, education means "to be led out of ignorance to knowing and knowledge." In tribal cultures it relates to initiation or plunging inward. Initiation takes us into the unknown and is grounded in not knowing. What constitutes life is clearly spelled-out self-knowledge, duty, self-responsibility, acceptance of aging and loss, and preparation for death.[12]

Elders: In most First Nations, an Elder is a person of wisdom who has earned the respect of the community through his or her qualities as a citizen and through cultural achievements and "good" deeds. Such a person possesses length and depth of life experience and is usually among the older segment of the population.

ethnocentricity: This is the tendency for a group (ethnic, cultural or other) to regard its own ways as superior and to look down upon the ways of others.

ethos: Ethos is the sum of the characteristic ways, ideas, standards and codes by which a group or cultural nation is differentiated and individualized in character from others. Thus the "ethos" of a subsistence-oriented society is a set of guiding beliefs that give them special makeup or identity.

explicit: To be explicit is to be fully and clearly expressed, defined or formulated.

external support system: This system consists of social groups, organizations, agencies, programs and individuals upon which a person can count for support and information.

extended family: This family is a group of individuals associated by birth, marriage or close friendship who nurture and support one another.

family violence: The following behaviours are considered to be abusive and violent: physical force such as kicking, punching or slapping; verbal abuse such as making fun of, ridiculing and yelling; emotional deprivation such as not showing acceptance, understanding, love or care; unwanted sexual attention. In the family system, the members most victimized are women and children.

First Nations: A First Nation is an Indian Band or an Indian community structured like a band but not recognized as such by the federal government. Some communities of non-status Indians adopt this term.

functional: To perform in a required or expected manner, to have some use, to act or to work is to be functional. For example, a steering wheel is functional to the steering of an automobile.

governance: The act, process or power of governing.

grief: Grief is a natural and necessary human response or reaction to a personal loss that involves physical and/or psychological symptoms.

healing: Healing is a process involving the grieving of significant losses in one's life that have inhibited growth and development and that have contributed to personal difficulties. As the healing process takes place, usually with guidance of a counsellor, the person creates insight (self-knowledge), increases other working tools (skills and knowledge of the external world), and positively modifies his or her capacity to manage life's trials and tribulations.

health: Aboriginal health providers see health as an outcome of many kinds of services, early childhood experiences, poverty, personal and political self-determination, and more. This view is followed by those who propose a 'population health' model and describe the 'determinants of health' as including social, psychological and political factors.

health indicators: According to the Canadian Institute for Health Information, health indicators are standardized measures by which to compare health status and health system performance and characteristics among different jurisdictions in Canada.[13]

health plan: Such a plan refers to the prevention, treatment and management of illness and to the preservation of well-being through the services offered by medical and allied health professionals.

health status: This refers to the state or condition of health, or the position or standing with regard to health.

healthy community: Such a community consists of people involved in their community, showing a sense of trust, caring and sharing including positive parenting and sharing of intergenerational wisdom. Other traits of community health include openness and communication among community members without blaming or shame, clear role expectations, people taking responsibility and a sense of connectedness and sensitivity to one another that promotes healthy partnerships and collective action.[14]

helplessness: A state of not being able to act without assistance**.**

heritage: Something passed down from preceding generations such as traditions is referred to as heritage.

holism: With respect to the nature of social life, holism identifies the whole of social systems as more than the individuals who participate in them.

holistic health: Satisfied physical, emotional, intellectual and spiritual needs of a group or person that result in greater balance is the key trait of holistic health. Basic principles at the core of holistic health are honesty, fairness, integrity, being of service, recognizing that each person can modify self, and an optimistic belief in the future.

holistic worldview: This is a paradigm that explains illness and disease in terms of all aspects of our world environment and our bodies themselves.[15]

honourable behaviour: Qualities of honourable behaviour include living by the highest principles or truths, being honest, reliable, dependable, conscientious, open-hearted, truthful and just.

illness care services: These are services for medical conditions that are less severe but require longer-term attention such as extended care services.

implicit: A message that is implied or understood though not directly expressed, or is contained in the nature of something though not readily apparent, is said to be implicit.

Indian Act: This is a federal law or statute developed and implemented by the federal government to describe its authority over "Indians and lands reserved for Indians."

Indian Band: "An Indian Band is a body of Indians…for whose use and benefit in common lands, the legal title to which is vested in Her Majesty, have been set apart."[16]

indigenous: Anything of or relating to any of the Aboriginal peoples is said to be indigenous.

individualism: This concept refers to a way of thinking about how people are related to social systems and about the nature of social systems themselves. The primacy of individual interests over those of society has become entrenched in cultures of Western industrial capitalist societies. Individualism can also refer to the idea that social systems are comprised primarily of individuals and can be understood in terms of their choices, characteristics and interests. As such, it challenges the core sociological premise that social systems are more than the sum of their parts and exist independently of the individuals who participate in them.[17]

institutionalize: To make into, treat as or give the uniform character of an institution (i.e., dull and unimaginative) is to institutionalize.

internal resources: Knowledge and skills including character strengths and strategies a person draws from within, such as belief in an optimistic future, faith, patience, valuing individual differences, insight and planning skills.

levelling: Levelling is a pattern of communication learned and developed in relationships that can heal ruptures, break impasses and build bridges between people. All parts of the message, body, voice, words and music behind the words are consistent. The parts complement each other in ways that bring together the intent of the message. Human beings engaged in levelling share messages as people who share mutual respect. Levelling includes dialogue; in fact, Paulo Freire describes the levelling process as dialogue.[18]

marginalize: To relegate or confine to a lower or outer limit or edge, as in society, is to marginalize**.**

mental health: Instead of thinking about mental health problems as medically defined disorders, many Aboriginal caregivers and policy analysts feel it is more appropriate to focus on mental health issues that are posing the most serious threat to the survival and health of Aboriginal communities. They argue suicidal and other self-destructive behaviour such as alcohol and drug abuse, and violence are

primarily "a by-product of the colonial past with its layered assaults on Aboriginal cultures and identities."[19]

Metis: This is a group of people of mixed First Nations and European ancestry who identify themselves as Metis people and as distinct from First Nations, Inuit or non-Aboriginal people. The Metis have a unique culture that draws on their diverse ancestral origins such as Scottish, French, Ojibway and Cree.

multi-generational grief: Losses experienced in a person's life that are not grieved and healed, and that are transmitted to future generations without appropriate healing.

non-status Indian: A non-status Indian is not a federally registered member of an Indian band (see status Indian). This may be because his or her ancestors were never registered or because he or she lost Indian status under former provisions of the Indian Act.

norm (health): Standards of health for a group are described as health norms.

norm (community): Community norms are accepted standards of social behaviour and customs in a community.

nuclear family: This group is made up of biological parents and their children, and can include common-law spouses, step-parents, half brothers and sisters, and step-sisters and brothers. For First Nation and similar societies, this concept is new. Many of their societies thrived upon an extended family (or clan) system that had the capability of being self-supporting and self-sufficient.

nurture: As a verb, to nurture is to help grow or develop, as in to nurture growth emotionally through acceptance and understanding, to nurture talent or to nurture spiritual growth. As a noun focusing on biological matters, it describes the sum of environmental conditions and influences acting on an organism.

personality: An organization of forces within a person associated with attitudes, values and perception that accounts for the person's way of behaving.

prejudice: Hostile and unreasonable feelings, opinions or attitudes based on fear, mistrust, ignorance, misinformation or a combination of these that are directed against a racial, religious, national or other cultural group describes prejudice.

prevention: The act of preventing or impeding. When a variety of activities designed to sustain health and/or wellness are undertaken in the field of health, these actions are said to be preventive.

principles: Principles are viewed as guidelines for human conduct that are proven to have enduring value. Respect, fairness, honesty, human dignity, excellence and being of service are examples. Such principles or truths when learned and used by a caregiver can make this person an effective agent of change.

psychotherapy: The application of various forms of mental treatment for nervous and mental disorders describes psychotherapy.

racism: Technically, any prejudice with a racial basis constitutes racism, just as any prejudice based on sex is sexism and any prejudice based on ethnicity is ethnicism.

registered Indian: Registered Indians are governed by the *Indian Act* and have their name on a list maintained by the Government of Canada (see status Indian).

respectful behaviour: Behaviour that honours the wholeness of a person and acknowledges the significance of his or her life experiences, self-knowledge, ability to change and uniqueness as a human being.

reserve: A tract of land set aside by treaty or the Indian Act for the use and occupancy of Aboriginal peoples specified as status Indians.

role: Role describes the rights, duties and obligations of any group member who performs a specialized function within a group.

self-care: The care of oneself without medical, professional or other assistance describes self-care.

self-determination: This describes determination of one's own fate or course of action without compulsion; free will.

self-government: A collection of people constituting a community is viewed to be self-governing when its members are responsible and accountable to each other for the lifestyle they share. Being self-determining and self-sufficient are key characteristics of this community.

social supports: Family members and friends who aid, help and sustain a friend or family member in times of need; encouragement to continue a course of action while healing unresolved personal issues (e.g., sexual abuse).

spiritual: Having the nature of spirit as opposed to tangible or material; concerned with or affecting the soul.

spirituality: Spirituality is the experience or relationship with an empowering source of ultimate value, purpose and meaning of human life producing healing and hope, and is articulated in diverse beliefs and practices of individuals, families and communities.

status Indian: A person who is registered under the Indian Act is a status Indian. The act sets out the requirements for determining who is a status Indian.

traditional healing: Traditional healing describes a time-honoured practice or set of practices (generation to generation) designed to promote whole and sound health. It is sometimes perceived by Aboriginal peoples as spiritual wholeness. Over time such practices are modified while still honouring the intent of the action taken.

traditional society: A society that reflects an inherited pattern of thought or action in social attitudes and institutions. It features a process of handing down information, beliefs and customs often without written instruction. Followers of this process are often called "traditional people."

transmit culture: One generation of parents transmits their culture to their children – the behaviour patterns, actions, beliefs, institutions and all other products of human work and thought. The abilities of most indigenous peoples to do this have been disrupted with serious negative consequences in some instances.

wellness: Wellness describes a condition of optimal well-being. Children who enjoy wellness reflect family health. Members of healthy families possess personal purpose, value family membership, seek information, offer assistance, make choices, experience humility, have a sense of humour, believe in an optimistic future, identify with family heritage and possess a relatively secure personal identity. Wellness is balancing the physical, emotional, intellectual and spiritual aspects of life.[20]

Western paradigm: Western paradigms typically furnish a view of reality whereby logic, rationality, objectivity, individualism, truth, unity and a trust in scientific methods are privileged. For centuries, this view of the world assumed primacy and was often accepted as the "natural order of things." This legitimized practices of social oppression and control, as well as destruction of the natural environment.

whole health: In this system of care, physical, emotional, social, spiritual and economic needs are considered and cared for.

worldview: From an anthropological perspective, it is that aspect of culture that functions to replace presented chaos with perceived order by supplying the members of a culture with definitions of reality with which to make sense of their surroundings and experiences; it is the meaningful organization of experience, the 'assumed structure of reality.'[21] Put simply, worldview refers to ways of interpreting the world.

1. Introduction

The mental health and well-being of Aboriginal children and youth depend on healthy families and communities. To achieve a better future for Aboriginal children and youth, we need to understand and explain effective strategies to strengthen and sustain healthy families and communities. The brief summary of the health status of Canada's Aboriginal children and youth below provides an important context for this discussion.

In a recent First Nations and Inuit Regional Health Survey[22] that investigated parents' perceptions of their children's health, 84% of parents of First Nations and Inuit children (under 18) living on reserve reported that their children's health was very good or excellent. At the same time, a number of specific health issues stood out as being of particular concern. These included ear infections, respiratory conditions, broken bones, and emotional and behavioural problems. Other commonly reported problems were allergies, asthma, bronchitis and being overweight. Of interest for this report is the section of the survey that dealt with parents' perceptions of their children's emotional health. While the majority of all children (75%) got along well with their families, the older the child the less likely they were to get along. A small number of parents (17%) reported that their child had more behaviour or emotional problems in the past six months than their same aged peers. Almost 25% of the children age 12 and over were reported to have behaviour or emotional problems. Boys and girls were equally likely to have these problems.

With this as a backdrop, four considerations guided the compilation of this report:

- Aboriginal perceptions of health and mental health, and their relationship to traditional values and systems of thinking about children and youth
- Determinants of mental health and well-being for Aboriginal children and youth
- Effective community approaches for promoting health and well-being, preventing ill-health and treating disorders for Aboriginal children and youth
- Strategies to assist child and youth serving agencies to support Aboriginal children and youth more effectively

Colonization and the Residential School Experience

One cannot talk about strategies to promote the mental health and well-being of Aboriginal children and youth without engaging in a discussion about the serious impact of both colonization and the residential school experience on Aboriginal families and communities. While space does not permit a lengthy and complex discussion about the negative effects of colonization on the health and well-being of Aboriginal children and youth, a brief overview of some of the more damaging social policies and practices needs to be provided in order to better understand the roots of ill health among many First Nations communities. Appendix A includes a more detailed discussion about the effects of colonization.

The chaotic conditions that exist within many First Nations communities are commonly traced back to colonization and the residential school experience, which are both known to have actively and intentionally suppressed Aboriginal knowledge and cultural values.[23-27] In particular, residential schooling

interfered with the Aboriginal family structure and its cultural foundation. The experience has been both highly disruptive and responsible for creating a generation of individuals who, having been removed from their families, often no longer understood what it meant to be part of their family of origin, let alone how to create a healthy family of their own.[28-31] It should come as no surprise that the day-to-day existence of many Aboriginal children and youth is frequently marked by shame, uncertainty and significant stress.

The problems associated with colonization in First Nations communities have been well documented. These include disintegration of the social fabric of Aboriginal communities; destruction of self-respect and self-esteem; disruption of family life resulting in problems related to alcohol, drug and solvent use, as well as physical, sexual and emotional abuse; and suicide.[32-34] Canadian policy makers now acknowledge the historical context and continuing impact of colonization on First Nations Peoples, and numerous government reports have echoed a solemn commitment to support initiatives that promote the health and well-being of Aboriginal peoples.[35-37] In many jurisdictions significant resources have been invested in supporting innovative strategies and recent reports indicate there is some progress in terms of improvements in health status. Nonetheless, the disintegration of the family continues to plague many First Nations communities with serious impact on the community at large, as well as the physical and mental health and well-being of children and youth.[38-40]

Focus of this Report

Much of the literature continues to be limited to measuring and reporting the needs and problems in Aboriginal communities. In this report, detailing the past and its effects is deliberately avoided because the conditions and problems are already known and well documented.

In planning for and preparing this report, our focus was guided by the belief and understanding that Aboriginal culture, family structure and the broader community have been seriously disrupted by colonization and the residential school experience. Closely aligned with this focus, the major intent of this report is to document practices that show the most promise for restoring family wellness and strengthening Aboriginal communities. We recognize that improving the mental health of Aboriginal children and youth requires both. We also recognize that there are no quick and easy solutions to complex problems.

The major goal of our work is to provide the British Columbia (BC) Ministry of Children and Family Development (MCFD) and Aboriginal communities with information to support the development and implementation of a broad strategy to improve the mental health and well-being of Aboriginal children and youth. This report provides a summary of the best available information pertinent to the mental health needs of Aboriginal children and youth.

The ultimate challenge and achievement in writing this report is to make sure it is quickly translated into a tool that will help Aboriginal leaders and communities move from an awareness and understanding of "what's wrong" in their communities to finding suitable and realistic solutions. This report is meant to stimulate interest, generate dialogue, inform choice, and promote development and implementation of culturally relevant and promising prevention and treatment initiatives for Aboriginal children and youth. We are also eager to see the report used to support existing efforts to restore and strengthen individual, family and community wellness.

The Concept of Worldview

This report builds on the concept of worldview and how it shapes the way that people think and respond to the world around them. Worldview is translated from the German term *Weltanschaung,* as:

> "The overall perspective from which one sees and interprets the world; a collection of beliefs about life and the universe held by an individual or a group."[41]

Worldviews are composed of different beliefs or belief systems and the social value associated with them. The mix of beliefs might be coherent or contradictory in nature.[42,43] Worldviews are learned as people grow up and absorb the culture around them. This process is known as *enculturation*, or the process by which children become functioning members of their society. Each person is shaped by the culture they are born into. Over a period of time, a worldview is formed in the mind of the child. The worldview is a distinctive way people interpret reality including their understanding of the origins of life, interpersonal relationships, family life, economic activity, politics, human rights and the meaning of life itself. It consists of basic assumptions and images that provide a more or less coherent way of thinking about the world. Cultural beliefs and behaviour are determined by worldviews.[44]

Virtually every experience we have is shaped by our view of the world. In very basic terms our worldview helps us to explain what is out there (our environment) and evaluate what's right or wrong. It provides us with psychological support in times of trouble and helps us fit within our cultural environment. Individuals usually do not think about how their worldview influences their thinking and actions.[45]

As with most other colonized peoples, the knowledge and cultural values of First Nations peoples were actively suppressed. In spite of this, most experts agree that even the most assimilated First Nations communities in Canada maintain connections with their tribal roots and continue to be influenced by traditional beliefs. Aboriginal peoples' understanding of the world, marked by its holistic perspective, is distinctively different from the dominant worldview held by most people of European descent. In Aboriginal culture, interdependence between the environment, people and the spirit is often symbolized by the sacred circle or medicine wheel, which includes the teachings about the interconnection among all of Creation.[46]

The planning and preparation of this report was guided by a respect for these understandings of worldview. Developing strategies to promote healing and wellness in Aboriginal communities is not just about identifying and then following the best practices outlined in the literature. To be effective, strategies must incorporate the Aboriginal worldview. Implementation of strategies must also consider traditional approaches to support and healing.[47] An overview of the major distinctions between the Western worldview and the Aboriginal worldview are provided in Appendix B.

2. Methodology

Two sources of knowledge have informed this report. First, opinions and perceptions of Aboriginal informants (see Appendix C) were gathered through a series of semi-structured personal and telephone interviews with community practitioners and leaders. Second, published and unpublished literature from the past 10 years was reviewed and analyzed.

The authors believe that using a full range of high quality evidence is critical for sound planning and program delivery. Questions regarding "what counts as evidence" have started to surface in published health and social sciences literature[48-52] and it is important to be clear about what we mean in this regard. Of particular importance is the recognition that the evaluation of complex social interventions differs markedly from the evaluation of individually-focused clinical interventions, and the tools for appraising the strength and credibility of these non-clinical interventions are not as well developed.[53-56] While detailed and technical discussions regarding definitions of evidence are beyond the scope of this report, for our purposes, the term "evidence" refers to knowledge derived from formal empirical studies and theoretical discussions, as well as knowledge generated through the subjective impressions of Aboriginal community practitioners and leaders and experts. A later section describes how the literature was reviewed and the process used to interview the Aboriginal informants.

People responsible for planning and delivering health and social services programs must be confident that the interventions they are using are likely to succeed or are not potentially harmful. These considerations, which are typically informed by a review of the research literature, represent core features of an "evidence-based approach." In addition to examining the formal research evidence, we believe that it is also essential to consider the rich life experiences and views of Aboriginal practitioners and leaders in order to develop strategies and programs that reflect the best of what empirical research has to offer in the context of an Aboriginal worldview. While not without its tensions, this pairing of science *and* local wisdom marks a new and important way of thinking about knowledge and evidence for program policy-makers, practitioners and community members.

2.1 What Types of Evidence Were Used in this Project?

As much as possible, this project used a balanced approach and considered a wide range of potential evidence. This involved relying on Aboriginal informants and examining the published and unpublished literature, including relevant publications of Aboriginal organizations and agencies. The specific details of both methods are described below.

Literature Review

An inclusive approach was adopted to identify, review and assess existing literature on issues related to the mental health and well-being of Aboriginal children and youth. The review examined both the internationally published and unpublished literature such as reports and conference materials. The search spanned a 10-year period from 1993 to 2003. Since a systematic search of electronic databases may not identify all relevant articles,[57] articles and reports recommended by experts with knowledge of First

Nations health, mental health and social issues were also considered. Therefore, some of the literature referred to in this report is dated prior to 1993.

The search strategy focused on identifying broad social practices including formal prevention and treatment programs, as well as broader community development efforts that promote the mental health and well-being of Aboriginal children and youth. It was guided by what is already known about the key challenges facing Aboriginal communities and included key words related to the following issues: cultural revitalization, family wellness and community development, skill-building, substance use, domestic violence, sexual abuse, suicide and suicidal ideation.

While conventional criteria (see Appendix D) for reviewing the empirical literature played a part in guiding the selection of articles and documents (i.e., in the rare instances that they were available, studies utilizing methodologically rigorous designs were always included), the reality is that much of the literature in this area is based on theory, expert opinion, social critique and government commissioned reports. Given that current knowledge regarding what works best to improve the mental health and well-being of First Nations children and youth is in its infancy, and given that considerable uncertainty remains regarding how to evaluate complex social interventions, we chose to adopt broad inclusion criteria. These criteria (listed below) placed practical applicability, cultural relevance and comprehensiveness in the foreground. They also reflect the principles for effective practice consistently identified in the literature while mirroring many of the ideas expressed by the Aboriginal informants. The published and unpublished documents have been selected for inclusion based on the following criteria:

- Practical relevance to Aboriginal communities
- Consideration of child and youth issues and concerns
- Attention given to the broad determinants of health
- Emphasis on local control
- Building on existing strengths
- Consistency with a community development model

With respect to *types* of interventions, we looked primarily at community-based approaches since there is consensus that individual approaches are not highly relevant or effective in Aboriginal communities.[58] In particular, given the existence of large extended family networks within First Nations communities, and the frequent occurrence of complex multi-generational family issues, most experts agree that large-scale holistic or ecological interventions are needed. It is not expected that individually focused models of treatment such as behavioural therapy will bring about sustainable change in environments with complex, interdependent relationships.[59] Instead, communities involved in the development of prevention and treatment strategies must understand that the problems facing Aboriginal communities are complex and involve multiple factors including individuals, families, peers, schools, communities, culture, society and environmental factors. Children and youth safety, health and well-being are linked to the quality of interaction not only within the family but across these other sectors of influence. The development of effective approaches must involve input from a wide array of sectors, organizations and individuals.

The initial search yielded more than 375 articles, monographs and books relevant to the subject of Aboriginal child and youth mental health and well-being. Following a review of all titles and abstracts, 49 articles met criteria. Each of these articles, chapters and papers were reviewed in detail (a summary of these 49 articles has been prepared in the *Annotated Bibliography* companion document to this report).

From these 49, seven documents stood out as worthy of closer attention because they addressed priority topic areas (i.e., substance abuse, suicide, local ownership and control) and highlighted key elements in a comprehensive approach. Although a number of documents could potentially fit these criteria, due to space considerations and considerable overlap of findings, we restricted our attention to these seven.

Interviews with Aboriginal Informants

Opinions and perceptions of 10 key Aboriginal informants, five of whom were members of the Project Aboriginal Advisory Group, were gathered through five semi-structured personal and five telephone interviews. These informants, representing a number of different Aboriginal cultures in BC, were chosen because of their extensive experience as community workers, volunteers and leaders, and for their commitment to improving quality of life for all families. Eight of the 10 practitioners were Aboriginal, and the other two had extensive work experience serving First Nations and Aboriginal families and communities. They included a clinical social worker, a teacher, an adult educator, a director of child and family services, an addictions counsellor, an education consultant, a former chief and construction manager/employer, a treatment program manager, a treatment counsellor and a mental health worker. Individual semi-structured interviews ranged from one to two and a half hours. Responses were recorded through extensive note taking. The interviews focused on:

- Perceptions of health, mental health and links between values and systems of thinking regarding children and youth
- Broad determinants of health and wellness for children and youth
- Desired community approaches for promoting well-being and addressing mental health difficulties
- Effective strategies for assisting practitioners to promote child and youth well-being

The opinions and feedback generated by these interviews were further summarized into core theme areas and are presented with the formal literature review findings as a way to animate and enrich the presentation of research findings.

2.2 Approach to Analysis

The analysis of findings was guided by four considerations outlined at the outset: Aboriginal perceptions of health and mental health and their relationship to traditional values and systems of thinking about children and youth; determinants of mental health and well-being for Aboriginal children and youth; effective community approaches for promoting health and well-being; preventing ill-health and treating disorders for Aboriginal children and youth; and strategies to assist child and youth health serving systems to support Aboriginal children and youth more effectively. Three main questions were considered in the analysis:

- What are the major themes?
- What are the areas of convergence between the opinions of Aboriginal informants and the findings from the literature?
- What are the gaps and neglected topics?

3. Summary of Findings from the Literature and Interviews

3.1 What Does the Literature Tell Us?

Roughly 60% of the literature was descriptive in nature and often there was little or no critical analysis of the content. Approximately 35% of the literature consisted of reviews or syntheses of existing literature. The most commonly discussed problems were substance use, suicide prevention and domestic violence.

Regarding the effectiveness of current practices, we looked for articles and reports that could answer the question: "What works, for whom, and under what conditions?" A small number (5%) of evaluative studies relied on quasi-experimental designs to determine effectiveness. The four key issues or problems that received the most attention in the literature are related to:

- Residential school experience (referenced in virtually all of the literature and the main subject in about 59% of the literature)
- Suicide and suicidal ideation (35%)
- Abuse (physical, sexual and emotional) (20%)
- Alcohol and substance use (15%)

There are a number of common threads running through the literature. Whether the focus is on substance abuse, violence or suicide among First Nations youth, there is reference to the historical factors contributing to the emergence of these problems. Such consistency of findings across topic areas is a powerful reminder of the interrelatedness of each of these problem conditions. Further, the redundancy of themes also suggests a way for thinking about potential solutions. The findings are organized according to four re-current themes from the literature that highlight the roots of the problem and identify future opportunities for healing.

Residential Schools

Virtually all of the literature highlighted the profound impact of the residential school experience on family functioning. In particular, the substantial consequences for successful parenting, and healthy infant and child development were recorded, as well as how the residential school experience affects the day-to-day mental health and well-being of children and youth.

Approximately 59% of the literature details the nature of the residential school experience, the scope of the resulting problems and approaches to healing. In most instances, the models for healing are derived from an understanding of Aboriginal worldview with emphasis on the concepts of interconnectedness and wholeness. The literature indicates that solutions for healing must involve the physical, emotional, mental and spiritual aspects of the person, family and community.

The literature argues that the accumulated residential school experiences of separation, loss and abuse created a generation of people entering parenthood with limited capacity to form healthy emotional bonds or offer nurturing environments to their children. In fact, many graduates of residential schools repeat the oppressive, controlling and abusive relationship patterns that they were exposed to as children in these schools.

Multi-Generational Losses

Enmeshed with the literature on residential schools is the theme of multi-generational losses. This is most often discussed within the rubric of colonization. The well-being of First Nations, individually and collectively, must be grounded in an honest look at the multi-generational losses First Nations people have experienced. Facing this difficult reality and dealing properly with loss and grief is profoundly linked to the process of resolving complex community issues, strengthening families and creating sustainable community development.

Collectivist Perspective

There is conspicuous emphasis on approaching healing from a collectivist rather than an individualistic perspective. Individualism is defined by independence, autonomy, agency, emotional detachment from others and competition. Collectivism is defined by cooperation, emotional attachment to others, concern with others' opinions and attention to family and relatives. Although individuals vary to the extent that they express either sets of traits, cultures overall can be characterized as being either individualistic or collective in nature.

First Nations cultures lean more towards collectivism than individualism and this has important implications for the nature of the solutions developed. There is consensus that individualism approaches are not highly relevant or effective in Aboriginal communities. In particular, given the existence of large extended family networks within First Nations communities and the frequent occurrence of complex multi-generational family issues, most experts agree that large-scale holistic or ecological interventions are needed. It is not expected that individually focused models of treatment, such as behavioural therapy, will bring about sustainable change in environments with complex, interdependent relationships.

Community-based Healing Initiatives

Community-based healing initiatives that identify and promote traditional sources of strengths are described as being most successful in addressing Aboriginal issues around the world. Initiatives that nurture wellness and strengths — such as autonomy of will and spirit, sharing, spirituality, respect, honour, compassion and cultural pride — are described as most likely to facilitate healing.

Most recent community-based mental health and wellness programs for Aboriginal children and youth are founded on local control and cultural sensitivity, are committed to building on the existing and traditional strengths of the community and use traditional healing practices. This points to an important shift in the approach to health and wellness in Aboriginal communities over the last decade or two. However, program developers still need to determine if the shift is having an impact on outcomes at either the individual or the community level. It cannot be assumed that making system-level changes will immediately translate into benefits for the individual or the community.

3.2. What is the Scope of Strategies?

Over the past 10 years a number of published articles and reports have recommended a comprehensive approach to advancing knowledge and understanding about the serious issues facing Aboriginal communities. Promising solutions exist and individuals, groups and communities can be supported to develop, implement and monitor suitable strategies. Almost every recent government report emphasizes the need for solutions and models that will include activities to strengthen cultural identity, identify and promote both existing and traditional sources of strength within First Nations communities, incorporate traditional healing methods, and rely on local control and self-direction by First Nations communities.

Despite the large and growing attention given to child and youth mental health there continues to be a lack of understanding and considerable uncertainty about how to create and sustain a suitable system of care that is responsive to the complex needs of Aboriginal children and youth. The concern with serious problems such as suicide, violence, and alcohol and substance abuse must expand beyond a focus on treatment and risk reduction to a broader approach that promotes individual, family and community healing. The major themes that reoccur throughout the literature can help to point us in the right direction.

In this next section we present the highlights of seven reports. These reports have been selected because: they are comprehensive and consider activities that strengthen cultural identity; they identify and promote existing and traditional sources of strength within First Nations communities; they incorporate traditional healing methods; and they rely on local control and are self-directed by First Nations communities. Summaries of the reports cited below can also be found in the companion *Annotated Bibliography*.

Highlights of Selected Reports

Connors and Maidman (2001)[60]

In this chapter about family wellness in Aboriginal communities the authors provide a comprehensive summary of models and practices of prevention-focused programs that are identified by target audience and type of intervention. In some instances representative projects are named. The programs aim to establish relevant community structures so that family life can be strengthened through access to a broad spectrum of information, resources and networks. Conners and Maidman emphasize that an important feature of prevention programs is cultural recovery through learning and they address a number of specific challenges related to program implementation.

Cross, Earle, Echo-Hawk Solie, & Manness (2000)[61]

Five American Indian child mental health projects are described in this report. These projects integrate traditional American Indian helping and healing methods with a care model that emphasizes partnerships of agencies. Each project is rooted in cultural standards of their community and builds on strengths of families. This report presents the strengths and challenges of community-based service designs that draw on culture as a primary resource and raises issues around staffing, supervision, training, burnout and boundaries, which need to be addressed in the cultural context of American Indian communities.

Fleming (1994)[62]

This article describes the work of the Blue Bay Healing Centre and its relationship to suicide prevention efforts on the Flathead Reservation in Montana. The Centre consists of five major elements:

- Residential intervention program with a strong education focus
- Outpatient intervention program that targets high-risk youth
- Outpatient training program that targets caregivers
- Outpatient treatment program that provides caregivers with support for healing of personal distress
- Community events that include diversion activities

Keys to program success include personal and professional development of staff, continued clinical supervision, advocacy with tribal personnel and leaders, integration of services and continual comprehensive planning. In addition, informants stated that recovery and promotion of mental health in Indian communities must include the acquisition of cultural knowledge and skills, and also must address individual, family and community identity issues.

Health Canada (1997)[63]

This report describes a number of substance abuse prevention and treatment programs and offers formal evaluative information about these programs in Aboriginal contexts. Strategies for prevention programs include information education, affective education and alternatives, resistance skills training, personal social skills training, community-based approaches and early intervention strategies. Treatment programs include a spectrum of care from detoxification to after-care. Eight potentially effective approaches for treatment programs are highlighted: assertion training, recognizing high risk situations, relapse techniques, social skills training, problem solving, methadone, employment training and provision of aftercare.

LaFramboise & Howard-Pitney (1995)[64]

The school-based Zuni life skills development program is a culturally compatible curriculum for the prevention of American Indian adolescent suicide. The results of this study suggest that combining a social cognitive/life skills approach with peer helping was effective in decreasing risk factors and nurturing protective factors associated with suicide. The program helps students to acquire skills to manage their self-destructive patterns and coaches them to assist their peers in dealing with suicidal ideation and behaviour. Authors recommend early application of the intervention and repeated exposure to the program throughout the stages of an individual's development.

Sal'i'shan Institute (2002)[66]

This report highlights the importance of culturally relevant education and training. These skills and knowledge are needed in areas such as individual and family reconstruction, social network interventions and community development. With respect to the latter area, it is particularly important that strategies engage the entire community and focus on family healing and wellness. Community development activities can serve a variety of functions by identifying and utilizing local resources; identifying and addressing community needs and issues, and engaging the community in this process; identifying and using circles of support; promoting development of 'vision and voice'; and nurturing and

supporting leaders to engage in genuine dialogue with each other, and with leadership external to their own communities.

Schinke, Botvin, Trimble, Orlandi, Gilchrest, & Locklearn (1988)[65]

These authors evaluated a *Bicultural Competence Skills* program based on bicultural competence theory and social learning principles. The program included 11 elements of positive youth development principles including social, emotional, cognitive, behavioural and moral competences, positive identity, bonding, self-efficacy, recognition for positive behaviour, opportunities for prosocial involvement and prosocial norms. Adolescents exposed to the program showed significantly greater understanding of substance use and showed less favourable attitudes towards substance abuse than the control group. The intervention group also showed significant improvement in behaviours such as assertiveness, self-control and responding to peer pressure to use substances.

Determinants of Health

In addition to literature on specific prevention and treatment programs that target Aboriginal children and youth, there is considerable literature on the determinants of health. This literature describes elements that have an important impact on our health yet lie outside of the traditional domain of healthcare. These include income and social status, social support networks, education, employment/working conditions, social environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, gender and culture. Health and development of children and youth are strongly influenced by the interplay of these factors in their social environment. These factors can have a lifelong effect on well-being.[67-69] Strategies to improve mental health outcomes must therefore include a mix of interventions to enhance the abilities of all communities to care for children and youth, to reduce risks and to ensure adequate clinical services are in place.

Particularly relevant to First Nations is recognition of the role culture plays in shaping the way people interact with the healthcare system including their participation in prevention and health promotion programs, access to health information, health related lifestyle choices, understanding of health and illness and priorities in the areas of health and fitness.[70,71]

Cultural Continuity and the Risk of Suicide

Other authors from BC[72] present a theoretical explanation of suicide. The central idea in their article is that people who undergo radical personal and cultural change are at a higher risk of suicide. These authors present data on suicide in First Nations communities in BC. The data show that there is substantial variation in suicide rates across the 196 bands in the province and that the differences might be explained by cultural continuity. There is a strong correlation between communities that have made an active and collective effort to engage in community practices, which preserve and develop cultural continuity, and low youth suicide rates. Specifically, it is argued that particular cultural factors may help to strengthen or re-establish a healthy cultural continuity. Markers of cultural continuity are land claims, self-government, education services, police and fire services, health services and cultural facilities.

3.3 Interviews with Aboriginal Informants

Following careful consideration of the material generated across interviews with the advisory group members and other resource persons the following themes were identified.

Cycle of Oppression

- The depth of racism is extensive — it is part and parcel of modern reality. Racism and the oppression it creates need to be faced and eliminated. The cycle of oppression promotes lateral violence. People subjected to violence are afraid to talk about it because of fear of retribution, especially by their spouse if the violence is occurring in the family. The oppression, violence and other harm caused by residential schooling need to be named and discussed for healing to take place.

Isolation

- Isolation of community members from the outside world is a serious problem. Too many young people conclude that the only place they can live is on the reserve. Most First Nations people appear to consider their lives normal because of their lack of exposure to life in other families and places, and their general lack of education.

- The community is split in two: those who are politically connected and those who are not. The major difference is reflected in access to resources and opportunities, a difference that extends to the lives of children at school. Families of the first group enjoy preferences for work and other pay-offs. There is no equity, democracy or valuing of education and training.

Thinking About Desired Change

- Prevention must be a priority for social agencies providing family services to Aboriginal people because denial is so prevalent among First Nations. They are prone to choosing not to "see" the many different problems in their lives.

- Effective approaches for promoting community mental health and well-being and preventing mental health problems include stopping denial, and people taking responsibility for their lives and finding solutions. It is important that neighboring communities be engaged in this process because of similarities in types of resistance, and the uses of lateral violence and denial.

Confidentiality and Individualism

- There are problems with "confidentiality" and how it is practiced in First Nations communities. Child protection matters are treated as the problem of a person, not the community or the family system, even when the child in question resides with the family and relatives in the community. This may be viewed as a conflict of Western and Aboriginal worldviews and values related to the phenomena of individualism.

Cultural Considerations

- In BC, child protection policy requires a cultural plan. Because there are several different Aboriginal cultures there must be different working definitions of culture.

- Not long ago, elders would intervene when something socially and culturally unacceptable was taking place. They would use their education, training and life experiences to provide another point of view and suggest solutions. Today, unfortunately, elders tend to wait for someone else to intervene, giving the impression that they prefer to "let it pass."

- If the consequences of oppression and lateral violence in our communities are to be addressed, it must be accomplished through teaching/learning opportunities that help community members access their own power—their ability to renew themselves. Respect and optimism for the future of Aboriginal people must underpin this strategy, not blame which could further victimize or devalue them.

Values

- Traditional values such as self-care, self-determination, bravery, wisdom (experience) and togetherness (family/community) can serve as guides for change efforts.

Language

- Meaning inherent in language can provide guidance and inspiration for positive change. Language can therefore be a significant resource for cultural understanding, even for non-speakers of the family's mother tongue.

- When someone seeks to learn from the people of a different culture/territory, and each shares what they know, they may identify a new way to continue a traditional practice that draws on the best of different cultures.

- When the intent of a tradition or best practice is clear, its use contributes to maintaining, affirming and enriching the identity of those involved, especially the younger people.

Wisdom

- Wisdom is passed down from the elders. They transmit what they know and often modify their stories so that the young people hearing them are able to 'make meaning' of them. They do this without changing the lesson(s) to be learned or the moral of the story.

Younger and Older Together

- Given the importance of transmission of culture to the developing identity of young people, children and youth should not be separated from the healthy influence of older family members.

- It is very important to attend to the needs of the middle-aged community members because of their potential to provide support, guidance and structure in the lives of children and youth who often find their world bewildering, confusing and unmanageable. Members of First Nations need to create and establish a personal and cultural identity that sustains them in other cultural environments.

More Leadership Opportunities

- To activate plans for change, Aboriginal communities require members with knowledge and skills based on awareness of past and present realities (both positive and negative), a shared vision for the future and the ability to apply what they know. Reducing the negative consequences of social racism, colonization, lateral violence and other issues affecting Aboriginal communities requires knowledge, skills and on-going dedication. This work must be well facilitated and supported by quality post-secondary leadership programs that prepare and equip selected members as activators.

Critical Thinking

- Many people do not know where to begin a process of change and may need guidance in asking questions and solving problems. Guidance may be required on topics such as health habits, personal effectiveness, risky behaviours, and how to be supportive, respectful and helpful to others.

- To create social change, family members need to learn to think critically about topics such as self-care, health, wellness, raising of children and youth, healthy families and governance.

Balancing Health and Illness

- Approximately six out of 10 families operate from a position of strength rather than weakness. About four of 10 families are strapped with difficulties including addictions, poverty and a lack of education/training. The latter are not in a position to provide adequate support to their children.

- Major factors contributing to community health include increasing sobriety, support for recovery, and use of health information and services that are available and meet a standard of quality. In spite of these changes the number of children affected with learning disabilities as a result of conditions such as fetal alcohol syndrome or fetal alcohol effects continues to increase in many communities.

Mental Health

- There is no mental health system on reserves and there are a few services available. The passive and dependent lifestyle shared by families is indicative of mental health needs.

- Absence of responsible behavior is connected to use of TV, DVDs, headphones and chat rooms. In addition, there is a lack of social skills, basic problem solving skills and respect.

- Aboriginal people generally do not discuss mental health matters or their negative experiences at residential schools or elsewhere. As a consequence, they fail to develop the tools/concepts necessary to name experiences and to talk about them, a process which is necessary for increasing personal awareness, understanding and knowledge.

Child Welfare and Community Development

- Aboriginal communities face some very difficult child welfare issues. Children require safety, care, support and preparedness to develop a relatively secure personal and cultural identity. Family resources with these capabilities are relatively scarce.

- The social presence of family is fading and in many Aboriginal communities the extended family has disappeared. Today's parents do not seem to have learned how to generate and strengthen family and provide parenting. Instead many have adopted the individualistic approach.

- Strategies to serve Aboriginal children and youth better in the broader child and youth mental health system are limited because much of the interest is materially not spiritually motivated. Such an approach fails to acknowledge the human dimensions of the challenges or the issues calling for attention in the first place.

- Community development is a promising strategy for promoting child and youth mental health in First Nations; however, it appears there are no community development programs to prepare practitioners anywhere in Canada.

3.4 Summary of Key Messages from Interviews

The group interviewed for this report indicated that in most instances the scope of research on Aboriginal populations is limited. Research activities and reporting often fail to address the diversity among Aboriginal communities, and solutions are often narrowly focused with very little understanding or regard for the spiritual dimension of life or Aboriginal worldview.

Although Aboriginal communities need to continue discussing the factors that have created and sustained existing problems, it is equally as important for them to develop a comprehensive vision for family and community wellness. Not enough attention is given to the breakdown of family life and the far-reaching impact of this on the mental health and well-being of Aboriginal children and youth. Health promotion and community development activities focused on restoring healthy and supportive family dynamics must be based on Aboriginal value systems and culture.

Development of successful programs relies on the skills of the practitioners. However, there is currently inadequate education, training and preparation for practitioners. In many instances, program staff are not adequately prepared to effectively address the mental health needs and challenges facing Aboriginal families and communities. Furthermore, mental health care providers are often crisis-driven and under pressure to respond immediately to urgent and emergent community demands. Given that day-to-day concerns may dominate the agenda of many workers, it is critical to put adequate resources in place to support the implementation of a broad vision of mental health services.

3.5 Convergence of Findings Between Interviews and Literature

The information obtained through both the interviews and the literature review converge on a number of key points. Both agree that the residential school experience has had a profound impact on the health of individuals, families and entire communities. Both recognize the need to meaningfully address the multi-generational losses among First Nations people, placing emphasis on a collectivist rather than an individualistic perspective. Building culturally sensitive strategies that are situated within an Aboriginal worldview is critical for program success and sustaining long-term, community-based change.

3.6 Gaps and Topics Not Included

Evaluation and Analysis of Initiatives

With respect to evaluating the effectiveness of interventions, we looked for literature that asked questions about "what works, for whom, and under what conditions?" However, most of the literature was descriptive in nature. With some exceptions, critical reviews and systematic evaluations of the effect of interventions were almost non-existent with respect to the evaluation of specific initiatives, as well as the analysis and critique of large-scale federal, provincial or territorial policy initiatives.

Very little time is spent on implementation issues and the challenges in recruiting, training and maintaining skilled staff to manage and operate the programs/activities. This is significant since implementation of programs with a broad vision such as the determinants of health is a complex task. Analyses of potential solutions for implementing complex programs in small rural communities, with limited skilled human resources, are not readily available. Given the tendency for local political tensions to complicate both the implementation and day-to-day functioning of programs, records describing the characteristics and practice of effective leadership are needed.

Housing Policies

With respect to policy analysis there are two domains that are of special interest to us because of the positive influence these might have on nurturing healthy families. One is related to housing. Much of the government housing for First Nations people has been developed with the nuclear family in mind. The housing policies often ignore the reality of how many First Nations people live with more than one generation under one roof. Yet when we looked for literature that examined and critiqued the impact of housing policies on building and nurturing family relationships, none was found.

Birthing Policies

The other domain of special interest to us relates to birthing policies in rural and remote communities in Canada and the impact of these on families and communities. There has been a growing trend for women to leave their home community for labour and delivery, a practice that can be extremely disruptive not only for the pregnant woman but the entire family. In particular, it often creates a major hurdle for fathers and/or other family members and friends who wish to be present at the birth. It also disrupts the potential for the community at large to celebrate the birth of the child with the family. Although we found nothing in the literature examining location of birth and the potential impact on family and community, we identified one research network that is planning to examine the topic. In particular, the network is planning to investigate the remembrances of traditional Aboriginal birthing practices, experiences of contemporary practices and desires for future care.[73]

Systematic Accounting or Review of Recommendations

Our review of the published literature, combined with the perceptions of Aboriginal informants, suggests there has been no systematic accounting or formal review of previously published recommendations in the past decade. We believe it is useful to track what happens to these types of recommendations to better understand how these have, or have not, shaped the policy-making process.

What we learn from this could help to facilitate the management of knowledge in future policy and planning activities.

Economic Development, Training and Other Contributions to Mental Health

Literature describing the contributions of economic development, advanced education, and meaningful career development to the mental health and well-being of Aboriginal children and youth is lacking. Literature describing how community development activities can best be implemented to have a sustainable impact in Aboriginal communities is missing. Finally, documentation of potentially effective activities and programs that might be suitable for implementation in other jurisdictions is missing.

4. Observations and Opportunities for Action

Responsible leadership in Aboriginal communities goes beyond simply providing specific services. A high-level objective for Aboriginal communities is to contribute to improving the mental health and well-being of Aboriginal children and youth by restoring family wellness. This will require a broad vision that includes an understanding of the determinants of health and a long-term commitment to building capacity within communities. Six main opportunities for future action have been identified based on our findings. It is our hope that these will be acted on by Aboriginal communities, their organizations and/or agencies, and local and regional MCFD governing structures. A collaborative approach that recognizes the strengths and unique contributions of each of these players is likely to offer the greatest opportunity for positive change.

4.1 Opportunities for Action

Recognize the Contributions of Culturally Relevant Determinants of Health

One opportunity for actions is to identify culturally relevant determinants of personal and family health and develop strategies for increasing the number of Aboriginal community members who enjoy whole health. To do this, community workers require the knowledge and skills to identify personal strengths and needs of family members, a working knowledge of health determinants and the experience and/or know-how to build upon that foundation. MCFD can provide support and work with Aboriginal leaders to strengthen and sustain networking between governments and communities.

Focus on Implementing Ecological, Community-Level Interventions

The findings of this report suggest that "ecological approaches" (i.e., intervening with families, schools, local governments, systems and communities) hold greater promise than individual, clinic-based interventions in the promotion of Aboriginal children's health and well-being. Such broad-based, comprehensive approaches recognize the contributions of the determinants of health with the overall social and cultural context figuring prominently in the design of preventive interventions. Program planners and practitioners working for MCFD and local Aboriginal leaders may require a new and different set of skills for this approach, which may require additional training (i.e., community development, public education and social support enhancement). Public health professionals, especially those experienced in health promotion, could provide consultation and initial mentoring.

Promote Local Leadership and Develop High-Quality Training

An opportunity exists to develop and provide quality training to those responsible for planning, developing, implementing and evaluating programs in First Nations communities. Optimally, target audiences to receive this training would include regional MCFD planners and local Aboriginal leaders. Implementing health promotion and prevention programs requires effective leadership as well as skills in community development, partnership building and collaboration. Several First Nations in BC have already demonstrated their strength, capacity and leadership in these areas and offer a important source of knowledge for other communities.

Provide Mentoring and Support

Another opportunity involves developing a mechanism to support community leaders and workers, and create opportunities for them to share experience and solve problems. While it may not necessarily be the case in all communities, new developments can sometimes create difficulties and significant opposition. This can make it particularly difficult to retain good staff. There are no simple ways of getting around these challenges but it can be of great help for program leaders and workers to have relatively independent advisors who are knowledgeable about the mandate, context and challenges. An external mentoring agency could play an instrumental role in this regard.

Foster Links Within and Between Communities

MCFD, in partnership with local Aboriginal leaders, can nurture and develop suitable links with key agencies and stakeholders. In collaboration with Aboriginal service agencies, MCFD can provide meaningful opportunities for community members to have a voice in the redesign of existing programs and the development of new programs and activities. It may also be important to facilitate links with, and draw support from, appropriate networks outside of the community.

Support Ongoing Capacity Building

MCFD, in partnership with local Aboriginal leaders, can help communities engage in evaluation and interpret research evidence with the goal of improving practice. In both cases this may involve developing appropriate infrastructure and organizing activities to make relevant evidence and knowledge more accessible. It will be helpful if a mechanism is established for program leaders to regularly exchange ideas and experiences with other communities.

4.2 Conclusion

In addition to articulating a more culturally sensitive view of health and well-being among Aboriginal children, youth and families that recognizes the role played by the broad determinants of health, this review was also conducted in order to identify potentially promising approaches for promoting the mental health and well-being of Aboriginal children and youth. A review of the literature, which has been augmented by the views of BC Aboriginal leaders, confirms that efforts to promote child and youth well-being in First Nations communities must be grounded in an Aboriginal worldview, where the collective well-being of the whole community is a focal point for action. Individually focused efforts that do not reflect children's relationships to their family and community and that do not recognize the broader historical experiences and social realities of Aboriginal people are bound to have limited effectiveness.

While there is no question that much is wrong with the current organization of services targeting Aboriginal children and youth, it would be an error to think that complex long-standing problems can be solved through structural change and the addition of services alone. Radical changes can only be successful if the community is meaningfully involved from the beginning. This level of community-wide change will require strong leadership and commitment from regional MCFD governing bodies responsible for planning and implementing services for Aboriginal youth, and will require working in partnership with local Aboriginal communities, their organizations and leaders.

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Appendix A

The Effects of Colonization

Two key questions underpin discussions about the effects of colonization:

- What was the lifestyle and health status of First Nations people prior to arrival of the early settlers?
- What was the First Nations approach to health and healing prior to contact with the early settlers?

The answer to these questions comes mainly from stories obtained from First Nations people and the recorded accounts of early settlers. Prior to contact with Europeans, Aboriginal life was characterized by subsistence patterns – community-based hunting, fishing and gathering of natural foods. The records of both early settlers and missionaries described the Aboriginal people of Canada at the time of early settlement as "self-reliant, innocent, peaceful and joyful."[74]

There is no doubt that before contact with Europeans, the health problems that First Nations people experienced were not nearly of the magnitude witnessed throughout the last 150 years.[75] It is also clear that prior to colonization, First Nations people knew many cures for illnesses. Traditional wisdom and knowledge of the land and how the land supported the community were essential foundations for indigenous health and well-being. Elders, in particular, have always played a critical role in maintaining the health of Aboriginal peoples. Kelm writes:

> "Aboriginal ideas about the body, disease, and medicine, then, were not just remnants of some pre-contact past but were living ways of viewing the world, ways of viewing that contested the colonizing discourse of Western medicine as it came to be articulated in British Columbia during the first half of the twentieth century. Through their very presence, Aboriginal conceptions of the body disrupted the intended medical dialogue of non-Native doctors and missionaries and forced, instead, a terse, discordant dialogue."[76]

When, and in what ways, did colonization begin to have an effect on First Nations people? Although historical records can be patchy, it is clear that Aboriginal peoples were almost destroyed by the arrival of Europeans. Smallpox, measles, tuberculosis and other diseases stalked the First Nations and devastated the population with high rates of both disease and death during the early twentieth century.[77] Of the 39 per cent of deaths attributed to infectious diseases in 1935, almost 31 percent was due to tuberculosis (TB) among BC's First Nations population. Public health officials at the time, alarmed with the high rates of disease and death, put policies in place to remove Aboriginal people from their home communities. For many Aboriginal people, health care service delivery became equated with the frightening prospect of being exiled in TB sanatoria with little hope of returning home.

There is considerable controversy about the extent of decline in the First Nations population following contact with Europeans. Examination of some population patterns show a population as high as 188,344 on the northwest coast of British Columbia at the onset of contact and estimate a 90% decline by 1890.[78] Another demographer has reported that the First Nations lost 65,395 individuals within the first 150 years of contact with Europeans, a 74 per cent decline in population.[79] In the early 1900s there were

concerns that the Aboriginal population in British Columbia might completely disappear. In British Columbia, First Nations people had the highest death rate of all First Nations in Canada, other than those living on Prince Edward Island. That year, the Aboriginal death rate in British Columbia was 40/1,000, and the birth rate was 36/1,000.[80] Kelm reports that an informant poignantly referred to his life as "being punctuated by disease and death."[81]

In addition to the devastating effects of infectious diseases, 'Indian removal policies' of the nineteenth century and implementation of the reservation system created generations of dependents. In the twentieth century, access to traditional lands continued to be seriously altered by the introduction of public and private activities that threatened traditional ways of life, often under the guise of 'economic development' (e.g., logging, mining, hydro-electric projects). More importantly, these activities were most often carried out without consensual agreements of the Aboriginal peoples involved, seriously affecting not only their control over what was rightly theirs, but their hope of having any serious control of land and resources in the future.

No longer free to lead a nomadic life or engage in gathering traditional foods and hunting wild game, people became dependent on "store-bought" foods and government funding. The combination of an altered and less active lifestyle with poor nutritional habits introduced diseases of 'modernization' such as obesity, cardiovascular problems and diabetes. By the mid-twentieth century, colonization had taken a serious toll on all aspects of First Nations life. The devastation to the social, mental, spiritual and physical health of Aboriginal peoples was significant.

One particular form of devastation affected people more at a family and social level. Until as recently as the 1960s, aboriginal children were removed from their families to be educated in residential schools, often long distances from their home community, where they were forbidden to speak their own language or to practice aboriginal customs. The residential school experience seriously disrupted family units at the time, and continues to have serious inter-generational effects, touching every aspect of community life in the twenty-first century. Some factors that contribute to ill health, connected with First Nations history of institutionalization include:

- Weakened cultural identity
- Reduced ability to learn/teach
- Focus on ill-health and other weaknesses, not on health, family and community strengths
- Poverty that influences the health of children and limits the ability of people to respond to problems
- On-going dependency on social welfare that creates apathy and despair within families and communities[82]

Many adults who were institutionalized as children in residential schools are now parents themselves. They have never learned how to care for themselves and, consequently, many of them lack parenting skills. Some individuals have also learned patterns of physical and sexual abuse in institutional settings. Because of earlier life experiences, they are often distrustful and choose not to build nurturing relationships with others. Others seem to lack the will to succeed. The physical and mental health of the current generation of Aboriginal children and youth is being seriously affected by the burdens that some adult members of the communities continue to carry.

Path of Recovery

Despite the concerns noted above, by 1929 there was a reported growth in Aboriginal populations in BC, explained by high fertility rates. However, maternal, infant and childhood mortality rates continued to be high. Families lost on average, two children before adulthood.[83] Inadequate or unavailable medical care and factors associated with the environment and nutrition explain these high rates. Kelm notes that not all Aboriginal groups showed the same rate of decline (nor the same increase) in population and argues that this variation testifies to the uneven effects of colonization in the province.[84] Throughout the 1900s infectious diseases continued to take to take their toll on Aboriginal communities.

At the same time, new threats emerged. In particular, persistent socio-economic inequities and continued marginalization began to take its toll on the mental health of many Aboriginal people with devastating effects on the community at large, and with particularly serious threats to children, youth and future generations. While First Nations people suffer from many of the same mental health problems as the general population, rates of mental health problems such as suicide, depression, substance use and domestic violence are significantly higher in many Aboriginal communities. The suicide rate for Aboriginal people in 1984 was 43.5 per 100,000 population. This compares with an overall Canadian suicide rate of 13 per 100,000. Although the 1984 rate showed a major decline from that reported in 1981, the rate was still three times the Canadian rate.[85]

In the 1993 Round Table discussion of the Royal Commission on Aboriginal Peoples, Brant identified poverty, despair, poor housing and political alienation as the root causes for the traumatic mental health problems that plague many Aboriginal communities.[86] The most serious mental health problems considered to be influenced by these root concerns are suicide and depression, violence and sexual abuse, elder abuse, child neglect and abuse, and substance abuse.[87,88,89,90,91] Mental health problems are also clearly connected to the law – "the vast majority of Aboriginal crimes, for example, are petty offences associated with alcohol abuse, or involve forms of minor assault that are connected to interpersonal problems."[92]

Instead of thinking about mental health problems as medically defined disorders, many Aboriginal caregivers and policy analysts believe it is more appropriate to take a broader view and focus on mental health issues that are posing the most serious threat to the survival and health of Aboriginal communities. They argue that the suicidal and other self-destructive behaviours such as alcohol and drug use, and violence are primarily "a by-product of the colonial past with its layered assaults on Aboriginal cultures and identities."[93] These kind of assaults have led to a "state of pervasive demoralization related to the breakdown of the moral order including religious, kinship and other social institutions such as the family unit…"[94]

> "An environment of despair on many reserves—an environment that includes welfare dependency, unemployment and poor educational experiences, powerlessness—and environment of poverty and anomie produces the triad of alcohol and other substance use, suicidal ideation, suicide attempts and depression."[95]

Given this context that many Aboriginal people conceive of health, including mental health, in broad terms, our focus on the mental health and development of children and youth is guided by several important considerations. Any interventions to improve the mental health and well-being of a First Nations population are usually most effective if planned early in the lifespan of individuals. The goal of

early intervention is to prevent problems where possible, and to optimise development so that children can thrive and go on to become contributing members of their communities.

The focus with children and youth, therefore, needs to be first and foremost on health and well-being. As well, children and youth are dependent on adults to provide for their needs, including the stability and nurturing in healthy communities and role models for adult life. Children's mental health, by definition, involves caregivers and communities who are involved with children. These themes of mental health and well-being for children and youth reflect the concern of community leaders, families, researchers and policy-makers that previous and existing models and specific interventions have not adequately dealt with the mental health and developmental needs of Aboriginal children and youth.

Any discussion about promoting the mental health of children and youth must remain strongly linked to the reality of adult mental health problems in Aboriginal communities. Children and youth are affected in important ways if adults within their family unit or in the community at large have mental health problems. Adult mental health problems—such as depression, substance abuse, violence or dealing with the aftermath of physical, emotional and sexual abuse—have substantial effects on adults' abilities to parent individually, or collectively, if many parents in a community are affected. The ongoing impact of the past residential school experience, therefore, has an impact on children and youth today. Solving complex problems that originated in the past will, at least in the short term, remain central to the development of strategies targeting the promotion of mental health and wellness in children and youth.

Appendix B

Aboriginal Worldview

- Value placed on wholeness
  - symbolized by the circle, family and community
  - importance of collective well-being—recognition that individual wants or needs must be contextualized in the needs of the family or larger community
  - animation—energy are integral to wholeness[96]
  - holistic approaches are based in relationships
  - customs are designed to sustain relationships
- Living in harmony with nature, as opposed to controlling and destroying it
- Respecting the laws of nature, as opposed to what "scientific" data shows
- Being self-caring and self-sufficient, not dependent on others
- Honoring laws of the Creator, not of the state
- Learning, as a child, to see all things as inter-connected and dedicating yourself to connecting in respectful and caring ways, to everything around you, at every moment, in every activity[97]

Aboriginal Worldview of Health

- The long-term vision that most of the First Nations people in Canada share is 'holistic health' for all First Nations people and their communities. This means:
  - First Nations individuals who are healthy in body, mind and spirit
  - First Nations families that are healthy in their loving support for one another and in their respect for one another's differences and needs for growth and development
  - First Nations communities that are healthy in their mutual respect and support of one another, healthy in their leadership, creative and persistent in solving their problems for themselves and forward-looking without losing their foundation in the past
  - Harmony between the physical, emotional, mental and spiritual being, and the social and physical environment
  - Strong sense of inter-relatedness between present and past realities and future possibilities
  - Perceptions of connectedness between cultures
- Wholesome living, not treating disease
  - "Good health is the outcome of living actively, productively and safely, with reasonable control over the forces affecting every day life, with the means to nourish body and soul, in harmony with one's neighbors and oneself, and with hope for the future of one's children and one's land. In short, good health is the outcome of living well."[98]
- For Aboriginal people, poor mental health is the outcome of a lack of balance or harmony within and among the physical, emotional, mental and spiritual aspects of human nature.
- Poor Mental health is due to such things as lack of rest, excessive worry, under-eating or overworking, and/or isolation from supportive relationships and other sources of inspiration.
- Mental health is not just a function of the individual but of the social structures outside the person that teach practices for maintaining, supporting and restoring balance.
- In most societies outside of Canada's First Nations and other Aboriginal communities, mental health means "being of sound mind."

Western Worldview

- Rights of the individual, not of the family, clan or community
- Right of a person to own land, as opposed to collective or communal ownership
- Acquisitiveness: to have more power and control over nature, resources, etc.
- Materialism: giving priority to things over relationships
- Value of the "scientific" method, empirical research and hard data
- Legal system that employs punitive measures

Western Worldview of Health

- Individualistic
- Illness-oriented
- External problems happening to body parts
- External solutions
- Failure to take ownership of positive health-improvement measures between illness episodes
- Evidence—empirical research, randomized controlled trials and hard data
- Although every major Canadian report on health since 1960 has emphasized the importance of health promotion, lifestyle and disease prevention there have been few policies or financial commitment to support this change.

Appendix C

Aboriginal Advisory Group Membership

Lower Mainland: Shirley Leon
Executive Director, Coqualeetza Cultural Education Centre, Chilliwack, BC. Shirley is a career teacher and manager who takes pride in knowing the history and understanding most health, education and social issues of her people. She studied at UBC and is regarded by many as an elder. Okanagan ancestry.

Northeast BC: Doreen Johnny
Executive Director, Knucwentwecw Society, a child and family services agency that serves five First Nations in the Williams Lake area. Doreen graduated in social work at Saskatchewan Federated College, University of Regina, and has dedicated her professional services to First Nations and Metis child and family services matters. Shuswap and Sto:lo ancestry.

Northwest BC: Vonnie Hutchingson
Director of Education, Skidegate First Nation, her home village. Vonnie is a former teacher, principal, Simon Fraser University faculty member and Director of Aboriginal Education with the Ministry of Education at Victoria. She is knowledgeable about Haida and Tsimpshian language and culture, enjoys research and has had some of her work published. Haida and Tsimpshian ancestry.

Vancouver Island/Central Coast: Gerald Blaney
Alcohol/drug counselor, T'lamin Health Society, Sliammon Band, Powell River, BC. Gerald is a trained community health worker who focuses upon addictions and related mental health challenges. He gives priority to activities engaging children and youth both on-the-job and as a community volunteer. Coast Salish ancestry.

Central Interior: Patricia Wilson
Education Consultant, Vernon School District. Patricia graduated in social work at the University of Victoria. Before completing university studies, she did social services work for about 15 years. She is committed to serving children and youth in ways that support them becoming self-determining, proud First Nations members. Okanagan ancestry.

Vancouver Island: Ray McGuire
Addictions Consultant, Inter-Tribal Health Authority, based at Nanaimo, BC. The authority serves 19 First Nations. Ray has an MSW in clinical social work, and has extensive counseling experience. He has a history of providing leadership in the mental health and healing movement and is regarded as a noteworthy elder. Aboriginal ancestry (US).

Appendix D

Criteria for Evaluating Research Evidence

Basic criteria: • Original or review articles in English and about humans • About topics that are child and youth mental health in the community
Studies of treatment/management: • Clear descriptions of participant characteristics, study settings, and interventions • Random allocation of participants to comparison groups • Follow up (end point assessment) of at least 80 per cent of those entering the investigation • Outcome measures of known or probable clinical and statistical significance
Studies of diagnosis: • Diagnostic "gold" standard used as the basis for all comparisons
Studies of prognosis: • Inception cohort (first onset, or assembled at a uniform point in the development of a problem or at point of change in service) of individuals, all initially free of the outcome of interest • Follow up of at least 80 per cent of participants
Studies of quality improvement: • Random allocation of participants (or units) to comparison groups • Follow up of at least 80 per cent of participants • Outcome measure of known or probable clinical importance
Studies of the economics of health care programs/interventions: • Economic question based on comparison of alternative diagnostic or therapeutic services or quality • Activities compared regarding outcomes produced (effectiveness) and resources consumed (costs) • Evidence of effectiveness from studies of real participants which meet the above-noted criteria for assessing literature on diagnosis, treatment, or quality improvement
Review articles (including practice guidelines/pathways): • Clear statement of topic • Identifiable description of the methods including the sources for identifying literature reviewed • Explicit statement of criteria used for selecting articles for detailed review • Review includes at least one article that meets above-noted criteria for treatment, diagnosis, prognosis, quality improvement, or the economics of health care programs/interventions
Qualitative studies: • Content relates to how people feel, experience, or understand situations that relate to health or care • Data collection methods are appropriate for qualitative studies: semi-structured interviews, participant observation in natural settings, focus groups, or reviews of documents or text • Data analyses are appropriate for qualitative studies: the primary analytical mode is inductive rather than deductive; and units of analysis are ideas, phrases, incidents, or stories that are ultimately classified into categories or themes

(Children's Mental Health @ *Mheccu*, UBC, 2004: adapted from *Evidence-Based Mental Health*)