CHAPTER THIRTY

The Mental Health of Indigenous Students in Canada and Beyond

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ABSTRACT

Discrimination, racism, and other forms of cultural violence and erasure faced by Indigenous people constitute the footprints of colonialism and colonization. These historical and ongoing injustices place Indigenous people at a higher risk for symptoms of mental health conditions, such as depression and anxiety. Indigenous students in particular have to navigate already highly stressful academic environments while experiencing such injustices, the effects of which amplified through intergenerational trauma. In this chapter, I discuss the prevalence of mental health symptoms, and general (e.g., academic stressors) and unique risk factors (e.g., loss of cultural identity) for elevated mental health symptoms among Indigenous students. I will also discuss issues related to mental health service utilization, and other barriers to accessing quality care faced by Indigenous students. The chapter closes with a modest, multi-approach (e.g., on levels of society; policy; training and intervention) proposal to address the unmet mental health needs gap among Indigenous youth.

Keyword: Indigenous Students, Mental Health, Service Utilization, Intergenerational Trauma, Truth and Reconciliation.

The Mental Health of Indigenous Students in Canada and Beyond

On May 28th, 2021, evidence of several unmarked graves was unearthed close to Kamloops Indian Residential School on Tk'emlúps te Secwépemc First Nations territory. Initial reports estimated approximately 200 graves likely belonging to children attending the school when it was in operation from 1890 to 1970s. More evidence of these mass burials close to historical sites of residential schools was uncovered in the same year in several other places throughout Canada (Millions & McCallum, 2021): June 4th, 2021 – 104 graves were discovered in Brandon, Manitoba; June 25th, 2021 – 751 graves in Marieval, Saskatchewan; June 30th, 2021 – 182 graves in Cranbrook/Ktunaxa First Nation, British Columbia; and July 12th, 2021 – 162 graves in Kuper Island/Penelakut Island, British Columbia. These tragic and gruesome discoveries are still being made today, during the time of writing these words. These discoveries, while not exhaustive, highlight some of the ways in which colonization has had a downstream negative legacy and impact on Indigenous peoples' lives, wellbeing, and health. These events, as well as the lingering racism and discrimination that Indigenous peoples face on a daily basis, reactivate several traumatic wounds that function to increase symptoms of mental health disorders. Indigenous peoples are a broad group, encompassing several communities, cultures, and languages, consisting of First Nations, Métis, and Inuit peoples (Statistics Canada, 2020). It is estimated that Indigenous peoples make up approximately 5% of Canada's population (Government of Canada); however, some have argued that this is may be an underestimate (Rotondi et al., 2017).

Indigenous youths in particular face compounding stressors and risk factors for elevated mental health symptoms. For example, and like most youths, Indigenous students have to navigate already stressful academic environments in the extremely uncertain terrain of the COVID-19

pandemic. Indigenous students do this while also encountering educational systems forged in the legacy of colonialism, typified by poor Indigenous representation, devoid of cultural integration and safety (Orlowski & Cottrell, 2019). These factors – in addition to facing microaggressions, racism, and the effects of intergenerational trauma – simultaneously increase the risk for mental health symptoms and create multiple barriers to accessing quality care among Indigenous students. For these reasons, now is the time to substantially ramp-up efforts to understand risk and prevalence of mental health symptoms among Indigenous students. This fundamental knowledge may then offer ways to improve the relevance and safety of mental health services, and hopefully this would result in improvements in Indigenous youths' uptake of and engagement with such services.

In this chapter, I will briefly summarize the literature on the rates of psychological disorders among Indigenous students, discuss a unique risk profile, as well as barriers these students may face in to accessing and utilizing mental health services. Finally, I will conclude with future directions and a modest proposal that focuses on answering the call of the Truth and Reconciliation Commission of Canada (2015) regarding reducing the mental health disparities between Indigenous and non-Indigenous people. While the focus of this chapter is on Indigenous student mental health, the dearth of published evidence with this population necessitated making several extrapolations from research with Indigenous people generally (in Canada and other countries).

Prevalence of Mental Health Concerns among Indigenous Students

It is easy to underestimate the enormous difficulty in trying to quantify the differential rates of mental health symptoms among Indigenous and non-Indigenous peoples. First, and fundamentally, the definitions of mental health disorders may not be continuous or shared across cultures (Beshai et al., 2012). In several countries around the world, criteria and thresholds of psychological disorders, such as depression and anxiety, are set by the Diagnostic and Statistical Manual (DSM-5; American Psychiatric Association, 2013) and similar volumes. The DSM-5 and other manuals are influenced by a predominantly biomedical conceptualization, which in turn are given higher legitimacy and emphasis within Westernized, Educated, Industrialized, Rich, Democratic (WEIRD), and Judeo-Christian cultures (Muthukrishna et al., 2020). For instance, patients of depression and anxiety with a WEIRD cultural orientation often overemphasize psychological symptoms (e.g., having low mood; feelings of worthlessness and impending doom; etc.), whereas patients in other parts of the world emphasize somatic (fatigue; disruptions in sleep and appetite; experience of aches and pains; etc.) symptoms (Ryder et al., 2002). Further, there are linguistic differences (e.g., availability of idioms to describe distress) in how mental distress is expressed (Beshai et al., 2012; Huang et al., 2016). Accordingly, symptoms, expressions, and presentations of distress that may represent true differences in the experience of mental health among diverse cultures may be missed or neglected (or the opposite: overemphasised) with the superimposition of WEIRD definitions and conceptualizations.

With this massive caveat in mind, it is still worthwhile to examine and compare the rates of mental health symptoms among Indigenous and non-Indigenous peoples. This is because the presence and intensity of these symptoms may still be a worthwhile proxy for other important

health metrics or societal level disparities in health. Mental health is a critical determinant of functioning and quality of life (Saarni et al., 2007). Further, mental health has important implications on student academic success and satisfaction (Eisenberg et al., 2009). Accordingly, understanding the presence and severity of mental health symptoms reported by Indigenous students is a key step in trying to outline and remedy health disparities.

There have been several studies conducted comparing prevalence of mental health symptoms and their impact among Indigenous and non-Indigenous peoples. Wo et al. (2020) found 14.1% and 15.9% of their Indigenous university student sample reported a diagnosis of depression and anxiety in the last 12-months, respectively. Indigenous university students were 26% more likely to report a diagnosis of depression, and 18% more likely to report a diagnosis of anxiety in the last 12 months compared to their non-indigenous counterparts. Alarmingly, 11.8% of Wo et al.'s (2020) Indigenous student sample reported seriously considering suicide in the last 12 months, and were also 74% more likely to have attempted suicide compared to non-Indigenous.

The relatively increased prevalence of depression and anxiety among Indigenous students compared to their non-Indigenous counters was supported by other studies in Canada. Chahar Mahali et al., (2020) found 37.5% and 40.5% of their Indigenous student sample endorsed significantly elevated symptoms of depression and anxiety, respectively. Caron and Liu (2010) found Indigenous peoples were more than twice as likely as non-Indigenous counterparts to report heightened psychological distress, substance use, and symptoms of other mental disorders. Firestone et al. (2015) found 39% of their First Nations adult sample reported significant symptoms of depression, 34% reported significant symptoms of post-traumatic stress disorder. Similar to the report by Wo et al. (2020), there was a concerning trend wherein 41% and 51% of this sample

reported suicide ideation and attempts, respectively. Finally, a study conducted during the COVID-19 pandemic found 92.1% of an Indigenous sample living in Alberta reported moderate to high perceived stress, 51% reported heightened generalized anxiety disorder symptoms, and 52.8% reported heightened depression symptoms (Lawal et al., 2021). These rates were significantly higher than those reported by White and Asian participants.

Substance use disorders also appear prevalent among Indigenous population, and in particular Indigenous youth. Hautala et al. (2019) found 22%, 43%, and 35% of Indigenous youth in North America meting diagnostic criteria for nicotine, alcohol, and marijuana use disorders, respectively. The researchers found high comorbidities among substance use disorders among this group was, with 31% of the youth meeting criteria for two or more. Similarly, Wo et al. (2020) found Indigenous post-secondary students were more likely to report binge drinking, marijuana, and recreational drug use than their non-Indigenous counters.

Accordingly, research with Indigenous people, and in particular Indigenous youths, is demonstrating a relatively high prevalence of mental health concerns. Indigenous peoples report heightened symptoms of depression, anxiety, and substance use disorders, as well as higher perceived stress. Particularly worrying are the reported rates of suicidal ideation and attempts in this population. When the mental health of Indigenous people is compared to other groups, Indigenous samples appear to report higher symptoms of mental distress than their non-Indigenous counterparts. These heightened symptoms of mental health happen in the context of several risk factors that increase the likelihood of distress. In the following section, I will discuss the unique risk factors faced by Indigenous people generally, and by Indigenous students specifically.

General and Specific Risk Factors for Poorer Mental Health among Indigenous Students

Indigenous students are confronted with a multitude of risk factors. Some of these risk factors are experienced by students more generally (Mofatteh, 2021); however, these same general risk factors are compounded for students of Indigenous status since these students also have to navigate the effects of intergenerational trauma, racism, loss of identity, and culturally insensitive or unsafe educational contexts.

It is important to note that the relationships between these risk factors are incredibly complex, and their effects should not be considered in isolation. That is, having one of these risk factors can lead to the intensification of other risk factors (e.g., experiencing racism can impact economic prospects; having low self-esteem may reduce uptake and continuation of health protective behaviours). With this in mind, I will briefly outline general and unique risk factors faced by Indigenous youth.

General Risk Factors

A detailed review of general mental health risk factors among student populations is beyond the scope of this chapter. However, it is important to highlight some of these risk factors, since they are not only also likely impacting minoritized students, but impacting them in unique and compounded ways. Mofatteh (2021) reviewed general risk factors impacting student mental health, and categorized them into psychological, academic, demographic/biological, lifestyle, and economic. Psychological risk factors include having a particular personality or dispositional factors (e.g., increased negative affectivity and neuroticism; reduced self-esteem and confidence) at baseline (Ormel et al., 2013). Academic risk factors include fear of poor grades or workload

concerns, and stressful interpersonal relationships with teachers or staff. Demographic and biological risk factors include identifying as a woman or being younger than your cohort. Lifestyle and social risk factors include experiencing substance misuse, inadequate nutrition or sleep, and lack of cultural identity and supportive social networks. Finally, there are also financial risk factors that can contribute to poorer mental health among students, such as low family income or childhood poverty (Mofatteh; 2021).

Specific Risk Factors

Intergenerational Trauma

The fifth edition of the Diagnostic and Statistical Manual (American Psychiatric Association, 2013) defines trauma as the experience of an extremely stressful event (e.g., war; sexual violence) that deeply threatens the physical or psychological safety of the experiencer. These traumatic experiences can be so taxing to our coping resources that they create lasting structural and functional changes to the brain (Nutt & Malizia, 2004). These changes then go on to influence cognitions, emotions, and behaviors, and increase the likelihood of distress and low wellbeing. Unfortunately, it is not necessarily only those who directly experience trauma that go on to also experience its health consequences. Intergenerational trauma refers to the carry-over effect of trauma, wherein future generations inherit the negative health consequences of trauma experienced by previous generations (Connolly, 2011).

Over the span of approximately 100 years until as recent as the 1970s when the residential schooling system was finally toppled, over 150,000 Indigenous children were separated from their families and homes (Smith et al., 2005). These children were subjected to horrific abuses in the

name of cultural assimilation and deprived of their cultures, languages, religions, and knowledge (Han, 2011). Unfortunately, the trauma directly experienced by these children and their families still lives on among survivors and their families through the effects of intergenerational trauma (Bombay et al., 2009). News stories and discovering centring the dark legacy of residential schools, much like ones highlighted in the opening passage of this chapter, work to reactivate these traumas among Indigenous people.

Loss of Cultural Identity

Yet another tragic legacy of residential schools in Canada is the systematic erosion of knowledge arising from Indigenous cultures, rituals, and religions (Barker et al., 2017). Residential schools were deliberate in their attempts to sever Indigenous peoples from their cultural and historic roots, which has led to the wholesale destruction and loss of Indigenous cultural identity (King et al., 2009). Cultural identity and connection with cultural roots serve as a boost to wellbeing and as buffers against the deleterious mental health effects of intergenerational trauma and racism (Wexler, 2009).

Racism, Prejudice, and Discrimination

Indigenous people in Canada and elsewhere experience significant and unrelenting racism (Truth & Reconciliation Commission of Canada, 2015). Racism is defined as unjust disparities in power, resources, or opportunities based on racial, ethnic, or cultural divides (Berman & Paradies, 2010). Racism may take the form of prejudice (attitudes) or discrimination (behaviours) toward members of a perceived outgroup. Prejudice is defined as holding unfavourable or stereotypical

attitudes of members of the outgroup, while discrimination is defined as acting on one's prejudices and behaving in ways that disadvantage members of the outgroup (e.g., deny access to housing, funding, or academic opportunities; Bourhis, 2020).

Racism in the form of prejudices, microaggressions, and discrimination directed toward Indigenous youth in particular can have long-term detrimental consequences (Tent et al., 2019). This racism – which is baked into colonially-based societal structures and institutions – outright strips these youngsters of their livelihoods and wellbeing or significantly contributes to them missing important societal milestones (Han, 2011). For example, Indigenous youth in Canada, Australia, and New Zealand are extremely overrepresented in all levels of the criminal justice system compared to non-Indigenous youth (Corrado et al., 2014). The biased application of the law also spills over into more harsh and longer-term sentencing (Hogeveen, 2005), further excluding these youngsters from social, academic, and vocational opportunities.

The racism experienced by Indigenous youths within the criminal justice system is offered as one example of the institutional and societal injustices experienced by this group. Indigenous people also routinely experience racism within medical (Matthews, 2017), educational (Baileg, 2015), and financial (Evans, 2018) systems across Canada and beyond. More than one third of Indigenous adults and one fourth of Indigenous children report experiencing significant racism in everyday life (Hansen et al., 2016; Priest et al., 2016). The experience of racism has downstream negative consequences on the physical (e.g., increased risk of heart disease) and mental health (increased risk of depression, anxiety, and substance use disorders) of Indigenous people (Paradies, 2018). One of the unfortunate legacies of colonialism and colonization is the reinforcement and

perpetuation of racism within systems (systemic racism) and people (epistemic racism) upholding such systems.

Access and Utilization of Mental Health Services by Indigenous Students

Despite the tremendous strides clinical scientists have made in developing evidence-based psychological interventions for prevalent mental health conditions, relatively few of the people who would benefit from such interventions go on to hear about or access them (Pathare et al., 2018). There are many barriers to accessing appropriate mental health care. Unfortunately, Black, Indigenous, and people of colour often experience the most pronounced effects of the barriers to access, and accordingly the greatest care gap (Blake et al., 2021).

As highlighted in the sections above, Indigenous people generally experience the effects of intergenerational trauma and ongoing racism. It is unsurprising therefore that Indigenous people lack trust in mainstream medical and mental health services, which represent a different appendage of the same system that erected and upheld residential schools (Isaacs et al., 2010). The legacy of colonialism, which was marked by the exclusion of Indigenous peoples from the policy and decision-making processes, has made our current medical system culturally unsafe for Indigenous peoples and ill equipped to meet their unique needs (Phillips-Beck et al., 2020).

There are several other documented barriers that prevent Indigenous people generally and Indigenously students specifically from seeking, accessing, and engaging with mental health services. These barriers can be distal (e.g., intergenerational trauma), intermediate (employment and income disparities), or proximal (e.g., geographical location) in nature (Nguyen et al., 2020). For example, many First Nations reserves are geographically isolated and thus far away from city-

based mental health services and resources (Nasir et al., 2018). Without reliable transportation, such services would be out of reach for many Indigenous people living on reserves (Nguyen et al., 2020).

Indigenous students who may have access to on-campus mental health services are understandably reluctant to seek and engage with such services. Indigenous students are aware of the chasm between their cultural experiences and values and those of White and other non-Indigenous people (Marrone, 2007). This awareness often makes them anxious that they will not be understood nor their needs met (Nelson & Wilson, 2018). This is exacerbated by the inadequate training in cultural competence and in Indigenous histories and ways of knowing provided to mental health trainees poised to work with such communities (Berry & Crowe, 2009).

Future Directions for Indigenous Student Mental Health

The Truth and Reconciliation Commission emphasized the need to address the mental health gaps between Indigenous and non-Indigenous Canadians, including among youths and student populations (Truth & Reconciliation Commission of Canada, 2015). Addressing the mental health needs of Indigenous students requires a multipronged, interdisciplinary, and multi-system approach.

Potential Societal and Institutional Approaches

On the societal level, Canadians writ-large need to face up to and reckon with their historical treatment of Indigenous people and how the legacy of colonialism continues to impact their lives and communities (Riso, 2021). On an institutional level, we must continue to assess

racism and eradicate it while simultaneously assessing and mitigating its impacts (Hassan et al., 2021). Further, Indigenous communities and individuals must be allowed to voice their needs, and should be included early on in the decision and policy-making processes (Nguyen et al., 2020).

Without appropriate funding, mental health resources will continue to be a challenge to access. Accordingly, governmental bodies and educational institutions must work to improve the quality, quantity, and access to mental health resources for Indigenous and non-Indigenous youths alike (Jacobs et al., 2018; Maag & Katsiyannis, 2010). This can be achieved by emphasizing non-proprietary, low-cost, scalable evidence-based interventions, especially for milder – moderate forms of distress (Beshai et al., 2020).

Potential Training and Research Approaches

Within the mental health fields, several actions can be taken to address the unmet mental health needs of Indigenous students. For example, recognition of minoritized people's experiences of racism and its impacts could be grounded in training programs' explicit adoption of anti-racism or anti-oppression frameworks. These frameworks represent practices and discourses with the singular goal of identifying and dismantling racism and its manifestations (Corneau & Stergiopoulos, 2012).

As of right now, most mental health programs offer very little to their trainees in the way of cultural competence and safety training (McGregor et al., 2019). A commitment from programs to provide appropriate and sufficient training in cultural competence and in the adaptation of interventions to meet the needs of diverse clients continues to be one of the foundational approaches to addressing mental health disparities in our society.

Finally, one of the ways to address mental health disparities of Indigenous vs. Non-Indigenous students at the research level is to include more Indigenous people and experiences in mental health research (Clark et al., 2019). Currently, little research includes the voices and methods of Indigenous people, and so researchers and clinicians often make inappropriate extrapolations from research with White and non-minoritized participants. Regardless of the approach adopted, it is important to note that to effectively break from legacies of colonialism, such approaches must first and foremost elevate Indigenous voices and perspectives. Interventions and policies geared toward tackling the mental health challenges faced by Indigenous people should be actively co-created by them (Katapally, 2019).

Potential Intervention-Level Approaches

Non-Indigenous Canadians have several efficacious and accessible intervention options for debilitating mental health conditions. Unfortunately, far fewer culturally safe and appropriate interventions exist for Indigenous people. LaFromboise et al. (1990) argued for use of interventions with principles that are more aligned with Indigenous traditions, and for the integration of traditional healing methods with more conventional therapeutic techniques. For example, mindfulness (or the capacity to pay purposeful attention to present-moment with openness) is particularly suited for use with Indigenous students, as mindfulness is consistent with Indigenous practices and spirituality (Le & Gobert, 2015; Yellow Bird, 2013). For example, many Indigenous traditions (e.g., drumming; dances; sweat lodges; to name only a few) are "intended…to bring one's own awareness to the present moment" (Le & Grobert, 2015, p. 18). Of particular interest, mindfulness-based interventions can further the discussion of decolonization

from both a Western and an Indigenous epistemology, by fostering an academic and social environment that is meaningful to Indigenous students and communities (Smith, 2021).

Consistent with the above, the Two-Eyed Seeing approach, developed by Albert Marshall (Mi'Kmaq Elder), can provide a useful framework in designing new interventions or adapting existing ones for Indigenous people. The Two-Eyed Seeing approach posits that the strengths of the Indigenous and Western ways of knowing and knowledge must both be considered and combined (Imwama et al., 2009). Accordingly, communities that are the targets of these interventions need to be actively engaged in the development or research process from inception (e.g., generating research questions) through to knowledge dissemination and practical applications (Katapally, 2019).

Mental health scientists and intervention developers should also explore more flexible delivery options for mental health interventions among Indigenous youths. The many barriers and risk factors discussed in this chapter highlight the difficulties in managing to create accessible interventions for this population. Accordingly, low-intensity, online or remotely-delivered options are particularly attractive, and there is evidence to support their acceptability among Indigenous people (Prince & Dalgleigh, 2013).

Finally, it is recommended that intervention developers and scientists use existing intervention adaptation models (e.g., Cultural Adaptation Process Model; Berrera & Castro; Bernal et al., 2009) to weave Indigenous perspectives, values, cultures, language, and narratives into existing evidence-based interventions. Interventions that are designed completely based on Judeo-Christian principles are inappropriate for the needs of Indigenous youths (Pomerville et al., 2016).

Conclusions

The literature reviewed in this chapter paints a portrait of risk and pathology among Indigenous youths – with the reverberating impacts of colonialism and colonization as the major contributors to this picture of distress. However, it is easy to forget the remarkable resilience and adaptability of Indigenous people generally and students in particular (Fast & Collin-Vézina, 2020). This resilience, which is displayed on the individual and community levels, can help Indigenous people heal from the effects of historical and ongoing trauma, racism, and violence (Abdain, 2006).

In this chapter, I highlighted the prevenance of mental health conditions among Indigenous people and students. I also outlined general (e.g., personality; self-efficacy) and unique (e.g., intergenerational trauma; loss of cultural identity; experience of racism) risk factors which increase the likelihood of developing mental health symptoms. I also discussed the multitude of barriers (mistreatment by, and resultant mistrust of medical institutions; geographical isolation; etc.) to receiving quality and safe mental health services that Indigenous students face, which in turn prevent them from accessing care in times of need. Finally, I briefly highlighted approaches that can be adopted at the societal (e.g., reckoning with history), policy-making (e.g., increasing funding), training (e.g., improving cultural competence training); and intervention (e.g., integrating Indigenous voices, cultures, and ways of knowing into existing interventions) levels to improve the mental health of Indigenous students. I hope this chapter with its modest proposal can help further the discussion on this important topic and ultimately serve in bridging the egregious mental health disparity between Indigenous and non-Indigenous students.

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