HEALING THROUGH TRADITION: THE ROLE OF INDIGENOUS ELDER SUPPORT IN CHILD AND YOUTH MENTAL HEALTH SERVICES IN CANADA

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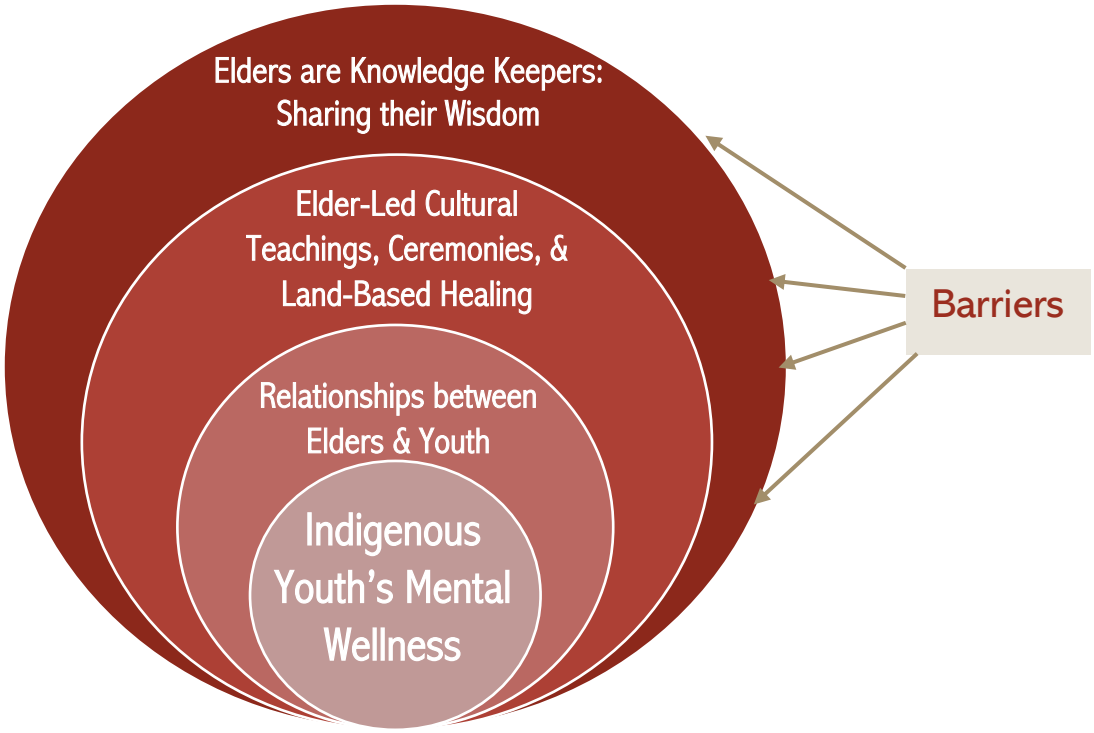

Figure 1. Visual representation of key themes identified in this report.

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I acknowledge with humility, gratitude and respect the WSÁNEĆ (Saanich), lək̓ʷəŋən (Songhees) and Xwsepsum (Esquimalt) peoples on whose land I live, play and learn. For countless generations, these Nations have lived and cared for this land, its waters and inhabitants. I want to recognize the negative impacts of colonialism and the ongoing struggles for justice, healing, and reconciliation. There is a painful legacy of residential schools, forced removals, and continued oppression, and I commit to actively learning from and supporting the work of Indigenous leaders, knowledge keepers, and communities toward decolonization and self-determination, particularly within the context of mental health and wellness.

I have no familial or cultural ties to any Indigenous communities, and I humbly acknowledge that I have been a settler on this land, currently known as Victoria since 2019. Before that, I was raised in the traditional and unceded territory of the Lheidli T'enneh First Nation, which is part of the Dakelh (Carrier) peoples' territory, located in what is currently known as Prince George. I am deeply grateful for the rich cultural heritage and ancestral knowledges that have been passed down through the generations of the Indigenous peoples whose lands I have inhabited. I understand that their experiences and histories are distinct from my own and that they have faced many struggles in their ongoing pursuit of self-determination and decolonization. As a white settler, I approached this project with as much humility and respect as possible, with the aim of listening and learning with Indigenous scholars, Peoples and communities.

I would also like to express my sincere gratitude to my sponsors, Carrie Bove, Jamey Dye, and Darryl Phelan at North Fraser Indigenous Child and Youth Mental Health. Their support, feedback, and knowledge were crucial to the completion of this report. A tremendous thank you to both my course instructor, Dr. Alison Gerlach, and course coordinator, Thais Amorim, for their perspectives, advice and support. I would also like to extend my appreciation to the MCFD Aboriginal Policy and Practice Framework team members, Monica and Rhonda, for their consultation on this project.

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GLOSSARY

Elder: Elders are members of their community recognized for their wisdom, stability, humour, and ability to know what is appropriate in a particular situation. The community looks to them for guidance and sound judgment. They have knowledge of traditional teachings and model living in a 'Good Way'. They transmit the teachings and values in ceremonies, teaching and healing circles, and individual or group consultations and/or counselling sessions.[1]

Indigenous: The term 'Indigenous' is used throughout this report to refer to the original inhabitants of Turtle Island and their descendants, including First Nations, Inuit, and Métis peoples. Wherever possible, specific Indigenous groups are cited. I acknowledge that the term Indigenous may not do justice to the inherent and unique diversity of all the Indigenous peoples in Canada.

Mental Wellness: Mental wellness is a broader concept than mental health that encompasses overall wellbeing, inherent strengths, and functioning in life, in contrast to the absence of mental illness (Restoule et al., 2015). Mental wellness is a holistic term that involves the recognition of the social determinants of health as essential components of wellness. From an Indigenous perspective, mental wellness consists in being a whole and healthy person expressed through a sense of connection to language, land, beings of creation, and ancestry, supported by a caring family and environment. Achieving mental wellness requires going beyond the individualized medical understanding of pathologies and addressing societal factors that impact wellness (Restoule et al., 2015).

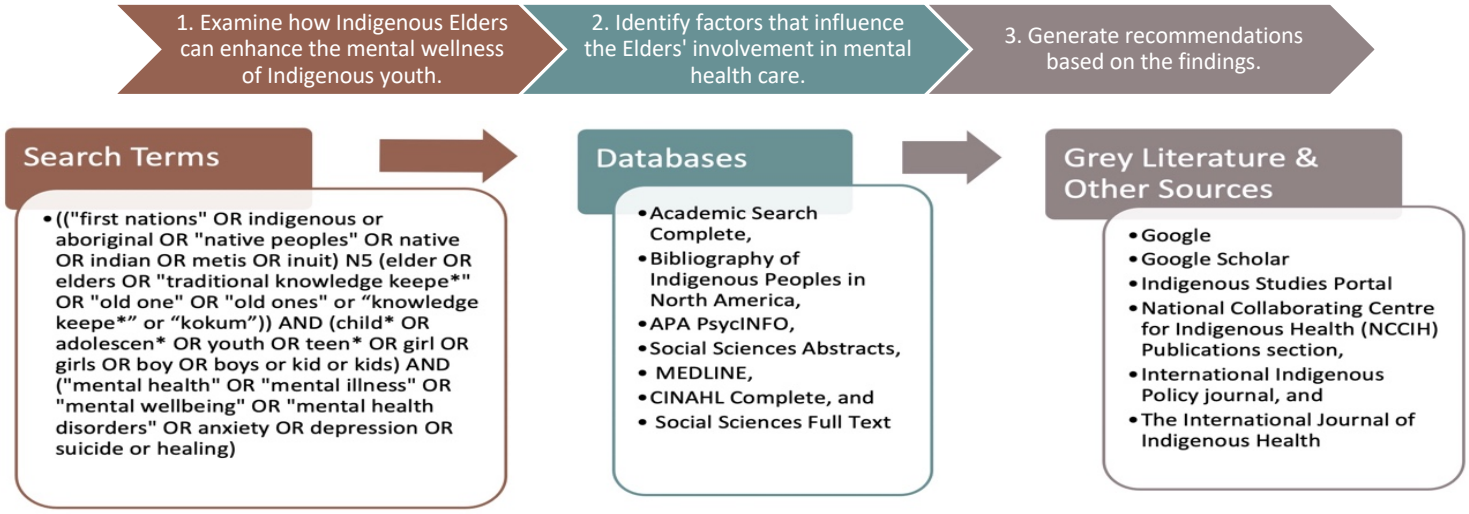
Mental Health Services through MCFD: MCFD's mental health services - Child and Youth Mental Health or CYMH are voluntary and are designed to support children and youth experiencing challenges with their mental health. CYMH's services include screening, initial supports and service plan, referrals, comprehensive and holistic mental health and other specialized

[1] For the purposes of this report, this is the definition of Elders I will be using, as defined by the Council on Aboriginal Initiatives (2012). I acknowledge that different Indigenous communities may have different definitions or names for Elders,

assessments, therapy and intervention services, and consultation services. There are also teams whose focus is working with Indigenous children and youth (i.e., Indigenous Child and Youth Mental Health or ICYMH).[2]

EXECUTIVE SUMMARY

While mental health professionals can provide services to promote Indigenous youth's mental wellness, incorporating Indigenous Elders' wisdom, teachings, and guidance may offer a valuable opportunity for *healing* that Western services cannot. Considering that Indigenous youth and their families have experienced a disproportionate burden due to colonialism (e.g., colonial trauma), drawing on Elders' unique knowledges and practices may better meet the holistic needs of Indigenous youth and their families to foster mental wellness. Thus, this report aims to critically analyze current Canadian literature (*by* and/or *with* Indigenous scholars and communities) to understand how Indigenous Elders can enhance mental health services for Indigenous youth and their families. Through exploring the perspectives of mental health service providers, Elders, and Indigenous youth and their families, this review seeks to:



Using the search method outlined in the graphic above, I identified 22 articles to be included in my analysis. I thematically analyzed these articles in collaboration with the North Fraser ICYMH

[2] For more information, please visit: https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health

sponsors. Through this process, I identified three interrelated themes: 1) The importance of relationships for increasing youth's mental wellness; 2) Elders are knowledge keepers: sharing their wisdom; and 3) The need for Elder-led cultural-based teachings, ceremonies, and land-based healing. I also identified barriers related to Elder engagement.

Relationships between Elders and Youth Increases Mental Wellness

One of the key findings was/is the importance of building and maintaining relationships between Elders and youth. Elders possess qualities of love, acceptance, and patience that are fundamental to supportive relationships, leading to positive personal growth, development, self-awareness, and identity for both the youth and Elders[i,ii]. This reciprocal relationship also allows Elders to learn from the youth, promoting intergenerational solidarity and benefiting families and communities as a whole[ii,iii]. With a focus on youth and community engagement, Elders play an important role in nurturing positive relationships that promote growth and wellbeing for all involved[ix].

Elders are Knowledge Keepers: Sharing Their Wisdom

The findings highlight that Indigenous Elders hold a crucial role in the preservation and transmission of cultural knowledges within their respective communities, as they have been described as a "reservoir of history"[xii]. The articles further provide evidence that Indigenous youth are interested in learning about these knowledges, but not all youth currently have ways of connecting with Elders, much less within a mental health services setting[iv]. Further, studies indicated that Indigenous identity and wellness are formed through a wide circle of activities, including youth having access to Elders and learning from their wisdom[v,vi].

Elder-led Cultural-Based Teachings, Ceremonies, and Land-Based Healing

Evidence shows that providing opportunities for Indigenous youth to learn from and with Elders and engage in traditional practices and teachings can foster resiliency, healing, and cultural pride[vii]. Learning from Elders about Indigenous ways of improving mental wellness was identified as being crucial and included working with Elders in traditional medicine gardens, participating in land-based nature programs and summer culture camps, ceremonies, and practicing traditional crafts such as drum making[viii]. The literature also indicates that mental health services with

Indigenous youth need to be rooted in traditional cultural knowledges led by Elders to promote cultural safety, healing, and mental wellness, rather than Western biomedical approaches to mental health[ix].

Barriers to Indigenous Elder Engagement

Analysis of the extant literature also provides evidence of numerous barriers to having Elders within state/government-funded and provided/administered mental health services such as ICYMH. One of the most common barriers was the lack of stable funding to adequately support continuous Elder engagement within these services[x,xi]. Another reported barrier was the high demand for Elders, with Elders receiving many requests to engage their community[xii]. The integration of Indigenous and Western approaches with the differences in understandings of mental health and wellness was considered to be another significant challenge[xi]. In addition, it may be challenging for some Elders to enter colonial institutions such as MCFD offices[vi]. Relatedly, some Elders may struggle with their own mental wellness due to experiences such as residential schools[xiii].

Key Recommendations for MCFD and Indigenous Children and Youth Mental Health:[3]

Recommendations are based on the identified themes and reported barriers to Elder engagement:

- Increase the provision of stable funding for Indigenous Elders to work alongside and in collaboration with mental health professionals within all ICYMH branches[iv,vi]
- Given the significance of relationships, ensure Elders and mental health professionals have the time to build and maintain their relationships with one another, and with Indigenous youth and communities[xiv]
- Ensure MCFD continues to support the creation of multidisciplinary teams that include Elders, community workers, social workers, psychiatrists, and other health professionals[xiv]
- MCFD should recognize that high demands are placed on Elders; some may have their own struggles with mental health due to colonial trauma, including residential schools, and entering colonial institutions may be difficult or traumatic for them. Subsequently, it is

[3] Broader recommendations are included in the full report.

recommended that MCFD work (in collaboration with Elders) to determine strategies to best support Elders moving forward[vi,xi]

- MCFD should consider engaging and fairly compensating Elders from nearby Indigenous communities to serve as 'cultural mentors' involved in the training and education of ICYMH staff, recognizing the diversity of cultural teachings among Indigenous communities to avoid pan-Indigenous services[vi]
- Indigenous-led health services, including ICYMH need to ensure that their services are led by Elders, grounded in traditional Indigenous knowledges, and utilize Indigenous conceptualizations of mental wellness and healing rather than in Western biomedical approaches and conceptualizations[vi]
- Support Indigenous communities to have autonomy in deciding their own health and mental wellness needs and to procure help from Western services as communities deem necessary[xii]
- Liaise with the Ministry of Mental Health and Addictions since their "A Pathway to Hope" roadmap focuses on "improving wellness for children and youth" and "supporting Indigenous led solutions"[xv]
- Support research designed and conducted *by* or *with* Indigenous scholars, Elders, peoples or communities

Overall, this report highlights the critical role of Indigenous Elders in fostering Indigenous children and youth's mental wellness. The recommendations emphasize the need for collaborative efforts between Elders and mental health professionals and acknowledge the importance of relationships and traditional knowledges in promoting mental wellness for Indigenous youth. While challenges to Indigenous Elder engagement exist, addressing these barriers through increased self-determination, funding, community support, and collaborative efforts may help to foster mental wellness and, ultimately, improve the lives of Indigenous youth, their families, and their communities.

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Figure 2. Photo by Kelly Sikkema on Unsplash.

BACKGROUND

THE COLONIAL CONTEXT

For thousands of years predating the arrival of European settlers, Indigenous Peoples were thriving with unique knowledges, traditions, and cultures originating from their relationship with their land and communities. These intergenerational knowledges were transferred to Indigenous youth by Elders. The arrival of settlers to Turtle Island disrupted these traditions and brought with it a long, painful history of colonialism, which has had enduring effects on Indigenous peoples. While the specific historical colonial encounters varied by each Indigenous community, the effects of colonization and attempts at assimilation are almost universal (Reading, 2018). In fact, there has been a vicious cycle of cultural violence and genocide that has particularly affected Indigenous children and youth. Indigenous children and youth have been targeted for generations through different government programs and policies, including the residential school systems and the 60s Scoop, in an effort to advance a colonial agenda within Canada.

The residential school system, which was established in the 19th century by the Canadian government and run by various churches, was one attempt at cultural genocide by settlers. Under the Indian Act, it was illegal for Indigenous children to attend any educational institution other than the mandatory residential schools (Hanson, Gamez, & Manuel, 2020). The purpose of the residential schools was to assimilate Indigenous children into European culture by forcing them to abandon their communities and families and thus their languages, cultures, and traditions (Burrage et al., 2022). Children were often forcibly taken from their families and subjected to many forms of abuse. It is estimated that over 150,000 Indigenous children

attended residential schools (See figure 3 below; Commission of Canada, 2015). In British Columbia (BC), eighteen residential schools operated across the province and the last BC residential school, St. Mary's residential school in Mission, closed in 1984. The last residential school in Canada (in Saskatchewan) only closed in 1996 (Commission of Canada, 2015), and the trauma residential schools across Canada caused is still being felt by survivors and their families today.

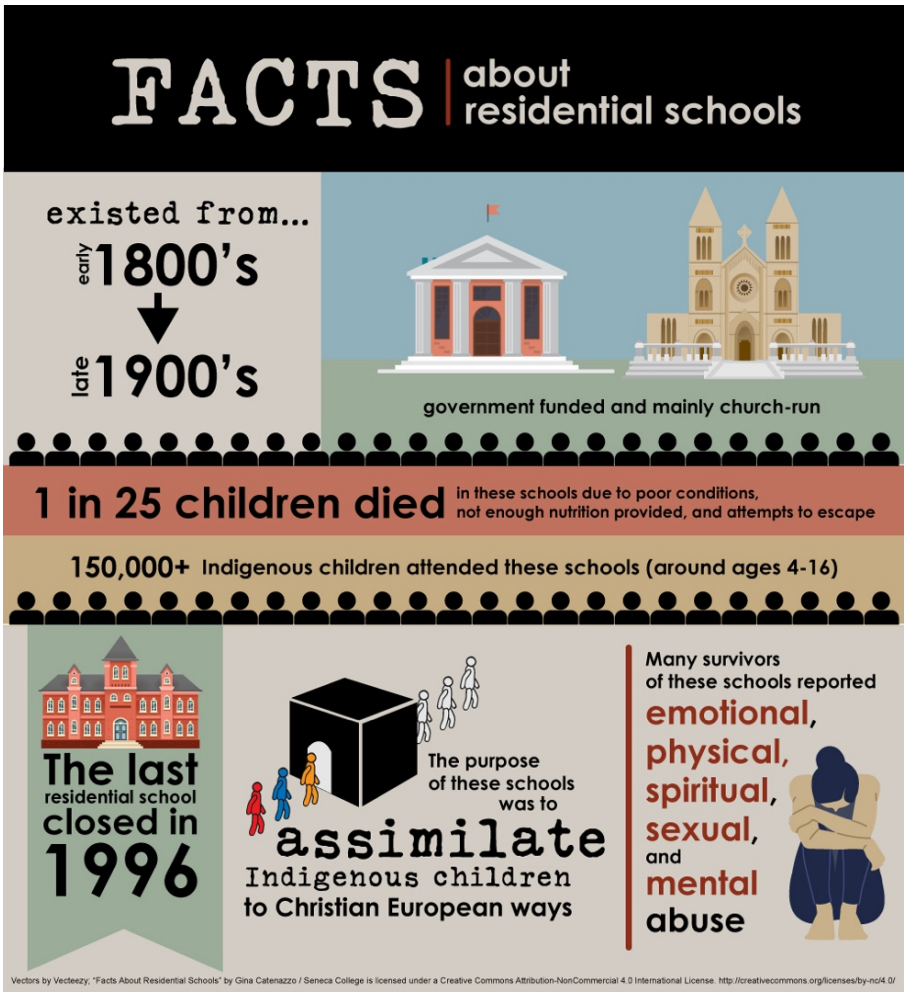


Figure 3. Vectors by Vecteezy; "Facts About Residential Schools" by Gina Catenazzo / Seneca College

Note. These findings are likely an underestimation of the children who died due to the current unmarked graves that have started to be identified across the country (estimated at over 10,000;

https://www.prpeak.com/in-the-community/a-letter-from-tlaamin-hegus-john-hackett-and-executive-council-5889760).

Not only did the Canadian government forcibly remove children to attend residential schools for over 100 years, but they began to remove or 'scoop' children from their homes in what is now known as the 60s Scoop. The 60s Scoop refers to the practice of forcibly removing Indigenous children from their families and placing them in non-Indigenous homes or institutions across North America (*Sixties Scoop | The Canadian Encyclopedia*, n.d.). This practice was implemented by provincial child welfare agencies from the 1950s to the 1980s, and the loss of Indigenous languages, cultures, and identities for many children (*Sixties Scoop | The Canadian Encyclopedia*, n.d.).

In addition to residential schools and the 60s Scoop, Indigenous Peoples in Canada have also been subjected to forced relocation, forced sterilization, and the Indian hospital system, which provided substandard medical care to Indigenous patients. The Indian hospitals were intended to further assimilate Indigenous peoples by replacing traditional healing methods with a Western biomedical approach (*Indian Hospitals in Canada | The Canadian Encyclopedia*, n.d.).

Furthermore, all of these colonial policies, practices, and the loss of lands have contributed to complex intergenerational challenges as many people struggle to reconnect with their families, community, and culture, which continue to affect Indigenous communities today. Some of the more modern-day issues are highlighted in disparities in areas such as health and education and the over-representation of Indigenous peoples in the child welfare and criminal justice system (Greenwood et al., 2018). The effects of colonial trauma have been referred to by

some Indigenous scholars as a "soul wound" - a type of spiritual injury that influences all aspects of Indigenous life (Duran et al., 1998).

INDIGENOUS CHILDREN AND YOUTH'S MENTAL HEALTH AND WELLBEING

It is imperative that the mental wellness of Indigenous children and youth in Canada is understood within the context of the longstanding effects of historical colonial trauma . Intergenerational traumas have led to elevated levels of suicide, anxiety, depression, and substance use amongst Indigenous communities (Ministry of Child & Family Development, 2016). Other manifestations of trauma are seen in continual family separation, high levels of incarceration, and high rates of violence against Indigenous girls and women (Ministry of Child & Family Development, 2016). Further, Indigenous peoples, in a recent survey by Statistics Canada (2021), reported fair/poor mental health at higher rates than non-Indigenous participants, with the COVID-19 pandemic exacerbating their negative mental health.

Figure 4. Social determinants of health from the First Nations Health Authority's work at Gathering Wisdom VI; graphic created by Drawing Change in 2018 (https://drawingchange.com/gathering-wisdom-visuals-for-a-healthy-future/).

Therefore, **it is vital to consider colonialism as one determinant of health for Indigenous peoples,** as

shown in Figure 4, in addition to more 'traditional' determinants of health such as housing, education, and access to healthcare.

Despite the burden of colonization, an overwhelming majority (96%) of Indigenous youth in one study reported pride in their ancestry (Clark et al., 2017). Furthermore, cultural connectedness has been linked to better mental health outcomes for Indigenous youth, and for some youth, cultural connectedness was associated with mental health above and beyond all other social determinants of health, emphasizing the importance of fostering a sense of cultural identity within Indigenous youth (Snowshoe et al., 2017). These findings help to counter the dominating narratives of Indigenous youth having low self-esteem and poor mental health. Indigenous youth's sense of pride in their ancestry and cultural identity highlights the crucial role of a holistic approach to mental health and wellness that integrates culture. Many Indigenous communities have expressed the need for a holistic approach to mental health and wellness that takes into consideration cultural and individual, family, and community needs to promote healing and recovery (Montesanti et al., 2022). The current mental health care system in Canada, with its focus on Western biomedical and individualistic approaches, does not support an Indigenous holistic view of health and wellness and actively

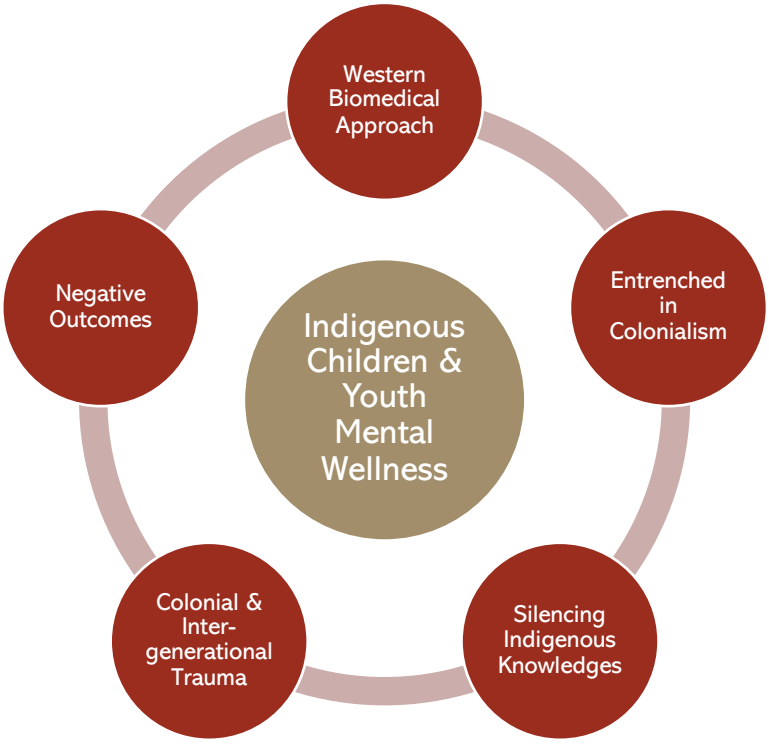


Figure 5. Indigenous children and youth's mental wellness is negatively impacted by factors such as colonialism, which silences Indigenous knowledges and can lead to colonial trauma.

silences Indigenous knowledges through colonial ideologies (See Figure 5; Montesanti et al., 2022). A colonial and 'evidence-based' biomedical approach has caused Indigenous approaches to be seen as 'less scientific' and, thus, dubious (Walker & Behn-Smith, 2018) and contributed towards a vicious cycle of cultural violence and genocide. As argued by Steinhauer and Lamouche (2015), it is incredulous to "expect solutions and improvements in health to come solely from these external systems, which have had a large hand in creating and maintaining those poor outcomes in the first place" (p. 154). The resolution to such issues requires attention to the effects of colonialism on Indigenous health and wellness and the promotion of self-determination and community control within mental health care. A potential opportunity to increase the cultural safety of Canadian mental health service delivery is to embed Indigenous cultures, teachings, and values through Indigenous Elder engagement so that "we can work together to navigate the tension-filled space between these two systems in order to move forward in a good way" (Walker & Behn-Smith, 2018, p. 246). Thus, incorporating Indigenous cultures, teachings, and values

Figure 6. Photo by Tungsten Rising on Unsplash

through Elder engagement in mental health service delivery could be a significant step toward addressing the negative impacts of colonialism on Indigenous youth.

LEGISLATIVE AND POLITICAL FRAMEWORK SUPPORTING ELDER ENGAGEMENT FOR INDIGENOUS YOUTH'S MENTAL WELLNESS

Recognizing the unique cultural and historical experiences of Indigenous communities, integrating Indigenous Elder support into the mental health treatment of Indigenous children and youth is crucial for providing holistic and culturally safe care. Elders play a critical role in Indigenous communities as knowledge keepers, advisors, and spiritual leaders. Their wisdom and guidance are valued and respected by Indigenous Peoples, and incorporating their support into mental health services can lead to more positive outcomes for Indigenous youth, including healing, resilience, and overall wellbeing (Crowe-Salazar, 2007; Elliot et al., 2019; Harder et al., 2015). Furthermore, it is crucial to prioritize the voices of Indigenous Elders in the development of culturally safe and appropriate mental health care approaches. Culturally safe mental health services that involve building relationships with Elders can help to restore a sense of connection to cultural traditions and practices, which may be particularly beneficial for Indigenous youth and their families who have experienced the effects of colonial trauma

Figure 7. Photo by Galen Crout on Unsplash

and may not feel connected to their culture and Indigenous identity (Crooks et al., 2017; Harder et al., 2015; Hutt-MacLeod et al., 2019). The First Nations Mental Wellness Continuum Framework (2015, p.1) highlights the importance of many factors, including Elders, in fostering Indigenous mental wellness by stating that "mental wellness is supported by culture, language, Elders, families and creation and is necessary for a healthy individual, community and family life". By embracing Elder engagement, mental health providers/programs can provide a holistic approach that considers not only the 'mental health' of the child or youth but also their holistic physical, emotional, cultural and spiritual identity, leading to an approach that targets mental wellness instead of mental health/illness.

In 2007, the United Nations Declaration on the Rights of Indigenous People (UNDRIP) was adopted by the United Nations General Assembly. Canada did not endorse it and commit to its implementation until 2016. Article 23 in UNDRIP states,

> *Indigenous Peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous Peoples have the right to be actively involved in developing and determining health…, as far as possible, to administer such programmes through their own institutions*
>
> (UN General Assembly, 2007)

Similarly, in Canada, the Truth and Reconciliation Commission (TRC) Call to Action #22 states,

> *We call upon those who can effect change within the Canadian health care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients*
>
> (TRC Call to Action, 2015)

This call to action emphasizes the need for self-determination in the use of traditional healing practices in collaboration with Elders that have prevailed despite systemic oppression and colonialism (Montesanti et al., 2022). At the provincial level, British Columbia (BC) was the first province to formally introduce an act and associated action plan focused on implementing DRIPA. The BC provincial government passed the Declaration on the Rights of Indigenous Peoples Act (Declaration Act; DRIPA) into law in November 2019, which establishes UNDRIP as BC's framework for reconciliation, as recommended by the TRC's Calls to Action. Further, MCFD's current service plan (2023/24 – 2025/26) has a similar goal of recognizing and upholding Indigenous jurisdiction, as described below in Figure 8, with related objectives and strategies described to implement the goal and secondary objectives.

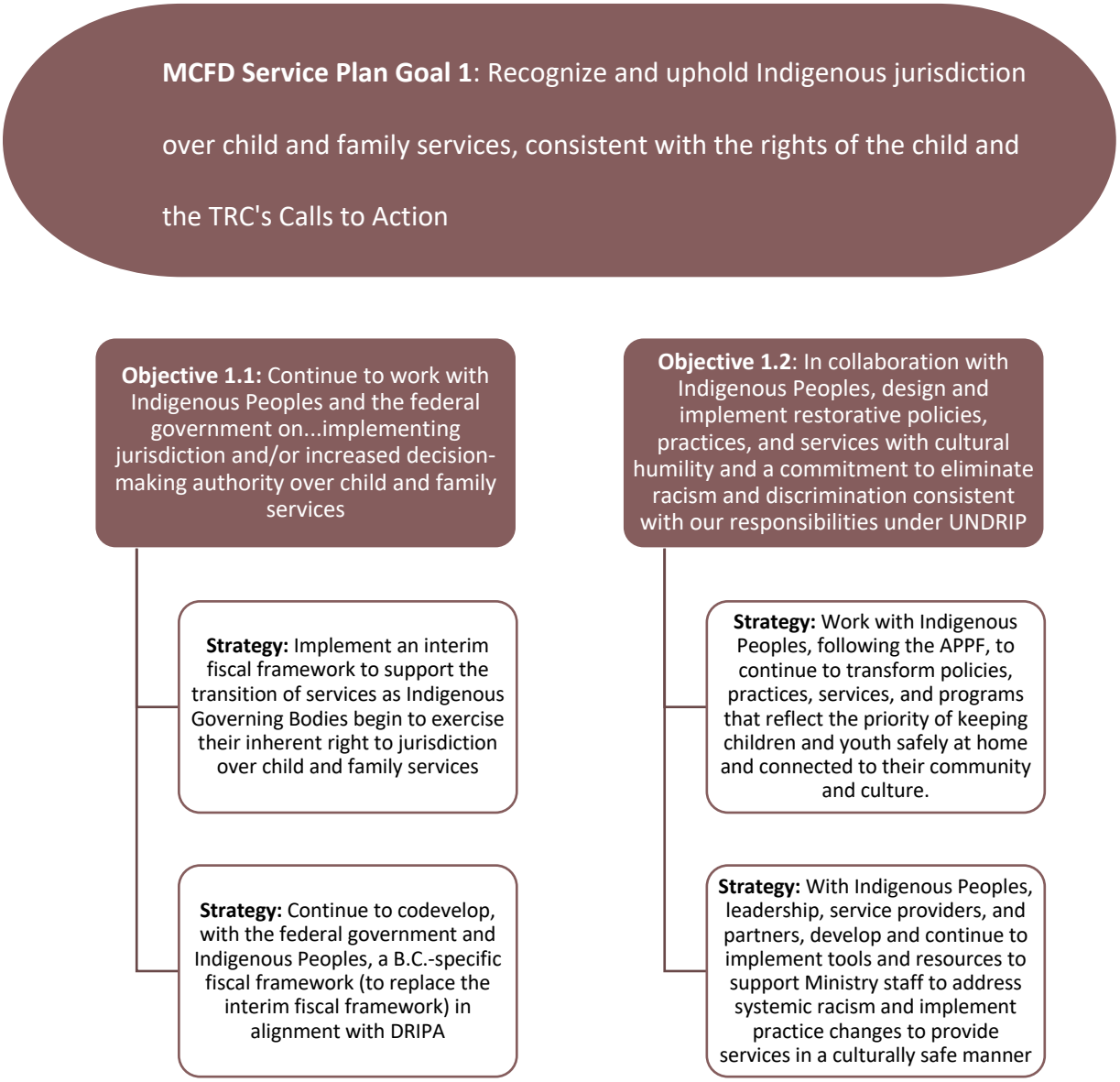


Figure 8. MCFD's 2023/24 – 2025/26 Service plan goals, objectives and strategies adapted from https://www.bcbudget.gov.bc.ca/2023/sp/pdf/ministry/cfd.pdf

Considering the call for the inclusion of traditional Indigenous healing and knowledges, which include Elders, at the provincial, national and international level, it is essential to recognize and prioritize the crucial role of Indigenous Elders in promoting mental wellness among Indigenous children, youth, and their families.

In Canada's health sectors, the emergence of Indigenous-led approaches, which prioritize traditional Indigenous knowledges, has gained significant prominence (Allen et al., 2020). An important approach to promoting the self-determination of Indigenous healthcare services and prioritizing traditional Indigenous knowledges is involving Elders in mental health service delivery. This is exemplified by North Fraser Indigenous Child and Youth Mental Health (ICYMH), which has an Indigenous Elder on their team whose role includes:

- Attending weekly meetings with the ICYMH team to advise, share cultural practices, and focus their work on culture.
- Co-facilitating "Gathering Our Medicine", which is a caregiver support group with attachment-based and cultural teachings.
- Leading "Walking with Kokum", which is a group for adolescents who are interested in building Indigenous knowledges and connecting with an Elder.
- Advising other group projects (e.g., Trauma Focused CBT group, Art and Culture Camps) that ICYMH organizes.
- Keeping the team posted on cultural activities and events in surrounding communities that clients may want to take part in.
- Counselling ICYMH team members individually.
- Working with clients 1:1 for individual teachings.
- Advising and providing cultural ceremonies for clients 1:1, in groups, or as a team.

Thus, the Elder at North Fraser ICYMH plays an extensive and integral role in providing support, teachings, and knowledges to both the ICYMH team and Indigenous youth and their families.

CURRENT PROJECT

As summarized in Figure 8, this project aims to critically analyze the current literature (*by* and/or *with* Indigenous scholars and communities) regarding Indigenous children and youth's mental wellness in Canada to understand how the unique knowledge and practices of Indigenous Elders can improve mental health services for Indigenous children, youth and their families. By examining mental health service providers', Indigenous Elders', and Indigenous children, youth and their families' experiences and perspectives, this literature review also seeks to:

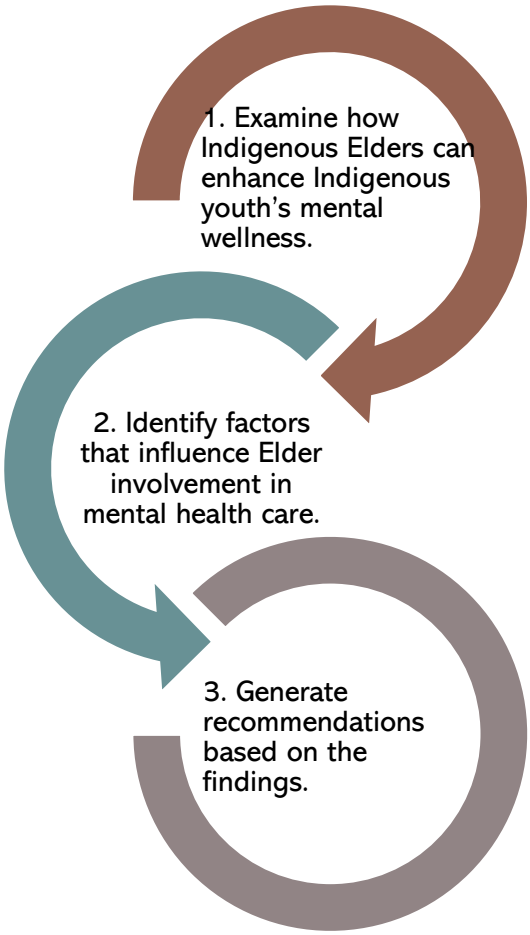


Figure 9. Literature review questions and objectives.

Lastly, the findings of this study can help inform future research projects and will provide recommendations that aim to improve Indigenous children and youth's mental wellness in BC.

METHODS

GUIDING PRINCIPLES

This report is rooted in three guiding principles created in collaboration with my ICYMH sponsors, including 1) avoiding a pan-Indigenous approach and tokenism, 2) using the Circle as a restorative process[4], and 3) only including research completed *by* and/or *with* Indigenous communities. Firstly, by acknowledging the diversity and uniqueness of Indigenous communities while also identifying areas of commonality, these results aim to avoid a pan-Indigenous approach and instead provide a nuanced understanding of how integrating Indigenous Elder support may/can meet the specific needs of each community while still respecting their unique traditions, knowledges, and cultures. This approach allows for better explanation of the singularities within each theme to explain what comprises culturally safe and beneficial mental health services for Indigenous children and youth to improve overall mental wellness.

This approach also aimed to ensure avoiding tokenism of Elders. It was vital to the project sponsors and me as the student researcher that the literature included in this review was meaningful. Avoiding tokenism of Elders is crucial because it ensures that Indigenous knowledges, traditions, and perspectives are treated with the respect and significance they deserve. Simply including an Elder in a research study without actively engaging them and

[4] Developed by the Aboriginal Practice and Policy Framework (2015)

incorporating their perspectives can perpetuate colonial attitudes and undermine the goal of promoting Indigenous-led research and knowledge production. Thus, it was essential to include only literature that described *meaningful* engagement with Indigenous Elders (e.g., seeking their guidance to codevelop a research project as seen in Rowe et al., 2020). In supporting research by or with Indigenous Peoples, our guiding principle aligns with increasing the self-determination of Indigenous communities and not promoting harmful or unethical research.

Another guiding principle for this study was utilizing the Aboriginal Practice and Policy Framework (APPF). The APPF is informed and guided by the values of Respect, Inclusion, Truth Telling, Wisdom and Belonging. A key aspect of the APPF is the Circle as a restorative process, which "strengthen[s] relationships through sharing, collaborating, and striving for consensus in collective decision making" (MCFD, 2015, p.17). In this report, the Circle

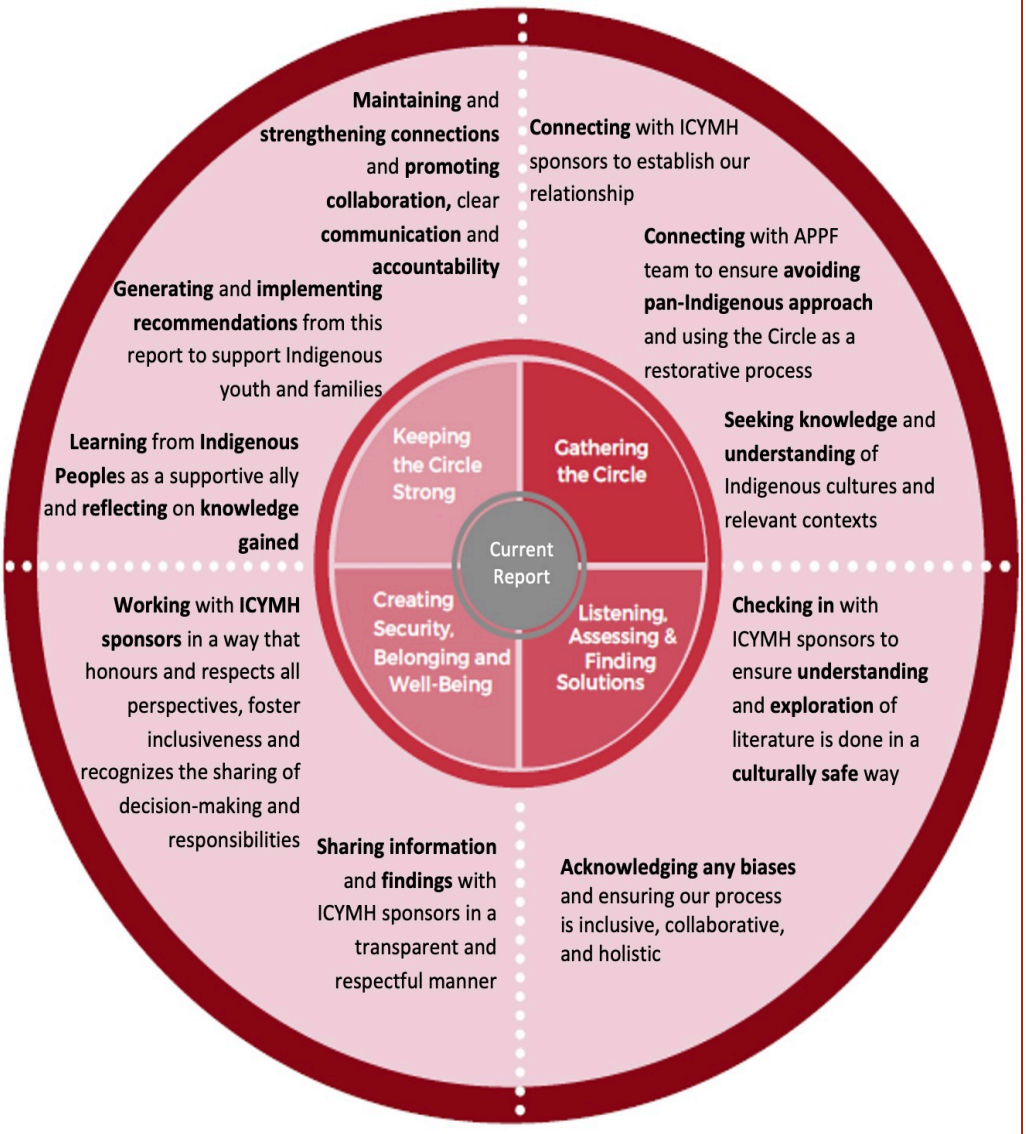
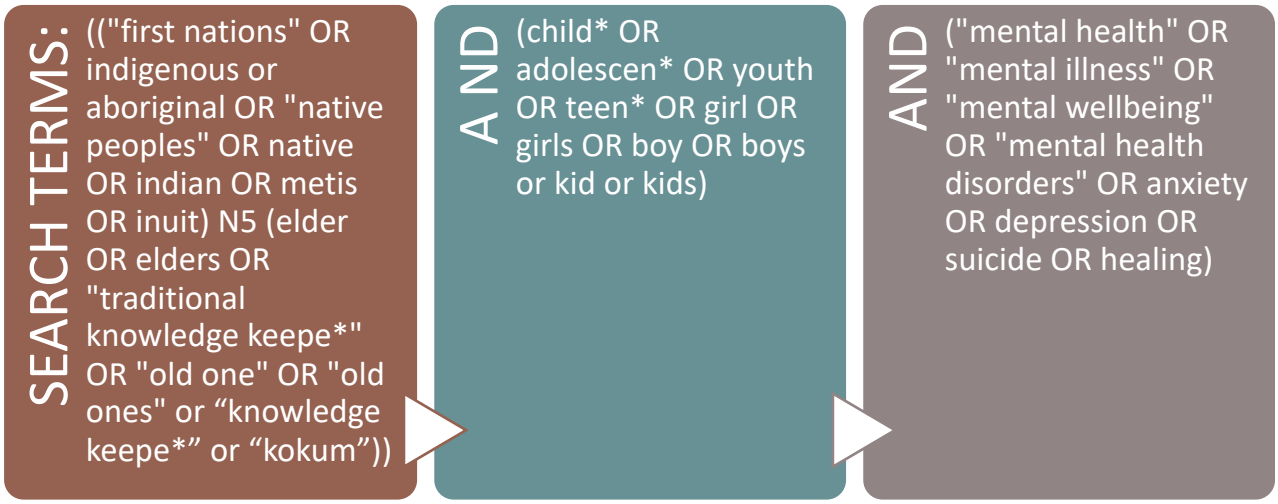


Figure 10. The Circle as a Restorative Process

was used as a process to conduct this research in a respectful and meaningful way.

SEARCH STRATEGY

A comprehensive search of 7 databases associated with mental health, psychology, and/or Indigenous Peoples was conducted in March 2023. The databases were: Academic Search Complete, Bibliography of Indigenous Peoples in North America, APA PsycINFO, Social Sciences Abstracts, MEDLINE, CINAHL Complete, and Social Sciences Full Text. The search was comprised of the following search terms:[5]



The Indigenous Studies Portal, National Collaborating Centre for Indigenous Health (NCCIH) Publications section, International Indigenous Policy Journal, and the International Journal of Indigenous Health were also specifically hand-searched for relevant articles. Grey literature was then searched by using relevant search terms through the first five pages of Google Scholar and

[5] In order to capture all potentially relevant articles, it was necessary to recognize the unethical terminologies that have been (and occasionally continue to be) used to describe Indigenous Peoples in academic research. The terms used do not reflect my beliefs about or relationships with Indigenous Peoples. If an article was deemed to be considered racist, harmful or unethical, it was excluded from review.

Google. Lastly, the reference sections of included articles were also searched for relevant articles. Only resources written in English and published within the last ten years were included.

SCREENING AND DATA ANALYSIS

The initial database searches yielded 169 results. An additional 30 sources were identified through grey literature searches. I completed all the screening of the articles by initially reading titles and abstracts. The initial screening excluded articles that were not in a Canadian context or did not focus on youth. A total of 134 articles were excluded through the title and abstract screening. Next, the remaining 65 studies were inspected in full text to ensure they included discussion around Elder involvement and mental health or wellness in Indigenous children and youth. The studies were also screened to ensure that they were conducted either *by* Indigenous scholars or *with* Indigenous communities (e.g., not research *on* Indigenous Peoples). A data extraction form was used to collate the findings, which included extracting information regarding the Indigenous communities involved, participant information, Elder involvement, and main findings. Once the data extraction was complete, the findings were organized into themes.

FINDINGS

STUDY CHARACTERISTICS AND DEMOGRAPHICS

Of the 65 studies examined in full-text, 22 met all the inclusion criteria and were included in this review. The included studies were published between 2015 and 2022. Most included studies (n = 8) utilized qualitative methodology (e.g., interviews or focus groups), while the rest used a mixed-methods approach (n = 4). The remaining included articles were book chapters (n = 2), reports (n = 4), and reviews (n = 4). Participants included in the studies were primarily

Indigenous youth, but some studies interviewed land-based healing program providers (Redvers, 2020; Walsh et al., 2020), Indigenous Elders (Rowe et al., 2020), or a mix of Elders, youth, stakeholders, and/or community members (Healey et al., 2016; Kyoon-Achan et al., 2018; Mellor et al., 2021; Montesanti et al., 2022).

Of the five studies with solely Indigenous youth participants, two described participants as "urban Indigenous" (Clark et al., 2017; Moscou, 2022), while two studies reported if participants identified as First Nations, Métis or Inuit (Crooks et al., 2017; Sasakamoose et al., 2016). The fifth study described participants as "from Carrier Sekani communities" (Harder et al., 2015). Only one study reported gender (described as LGBTQ2+) outside of the gender binary (e.g., boy/girl or male/female) (Moscou, 2022). No studies reported specifically on demographics related to Two-Spirit identity, or other gender diverse identities. Since studies focused on understanding Indigenous youth's mental wellness or described programs outside of traditional mental health service delivery, no studies reported services being mandated for Indigenous youth. Seven studies described an intervention or program that specifically mentioned the role of Elders. In five of the seven studies, connecting with Elders was depicted as an essential component to mental wellness, and Elders were described as serving as mentors sharing their traditional teachings and knowledges (Crooks et al., 2017; Healey et al., 2016; Hutt-MacLeod et al., 2019; Moscou, 2022; Walsh et al., 2020). However, two studies described the importance of the service, program, or intervention being *led* by Elders (Harder et al., 2015; Redvers, 2020).

KEY THEMES

Through analysis and in collaboration with the project sponsors, I identified three interrelated themes: 1) Elders are knowledge keepers: sharing their wisdom, 2) The need for

cultural-based teachings, ceremonies, and land-based healing led by Elders, and 3) The importance of relationships for increasing youth's mental wellness. I also identified numerous barriers that were discussed in the articles regarding Elders' involvement within mental health service delivery. These main findings are summarized visually in Figure 12.

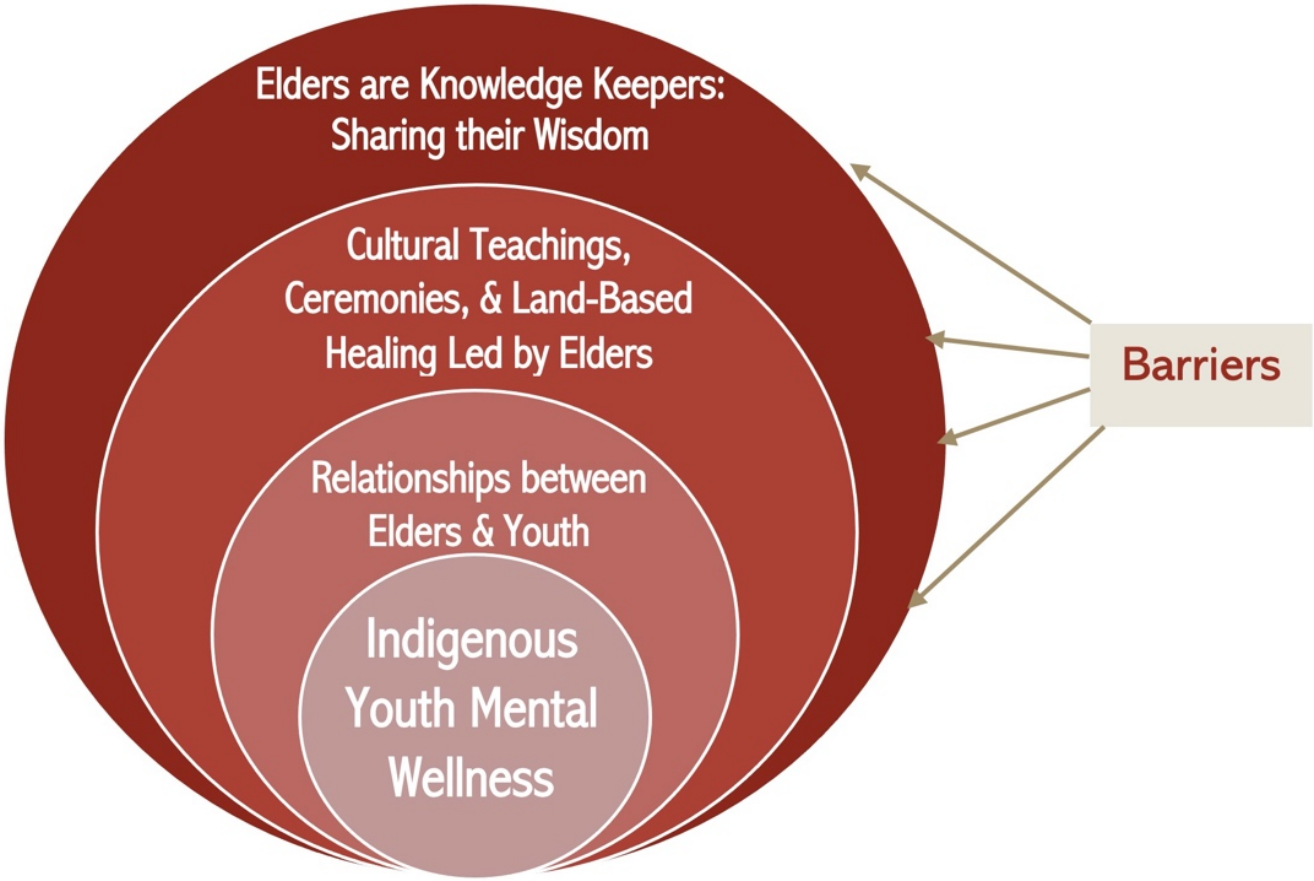


Figure 12. Visual representation of identified themes within this report.

ELDERS ARE KNOWLEDGE KEEPERS: SHARING THEIR WISDOM

> *…we were always told to respect our Elders. And we couldn't walk in front of them. We know they were wise and knowledgeable. They really knew the history of the people, so at gatherings or maybe at feasts, and the Elders would speak. And they would tell us about long ago; they would give us stories. They were always approached for guidance, relating to family matters. Young people sought them out for direction too. They were a reservoir of history. Oral history – when they told a story, they never said to you, "this is the reason I'm telling you this story" or "this is the moral of the story". They told you the story, and you had to come up with your own version of what you heard. There was a teaching there.*
>
> -Elder in Rowe et al., 2020, p. 64

The first theme I identified was the importance of recognizing that Elders are knowledge keepers; having many wisdoms and knowledges that can be valuable to youth. Prior to contact, Elders traditionally passed on knowledges and values and provided guidance and support to the younger generations, including children and youth (Moscou, 2022; Rowe et al., 2020). Scholars highlight how some Indigenous youth feel that they have "*lost that connection with ourselves and what is our purpose…continuous cultural connection is essential to our identities and who we are* (Elliot et al., 2019, p. 35). Many Indigenous youth want to be better connected with their Elders who have knowledges, values and wisdoms to share (Champlain Aboriginal Health Circle Forum, 2013; Clark et al., 2017; Montesanti et al., 2022; Sasakamoose et al., 2016; Toupin & Chase, 2017). The studies discuss the importance of Elders sharing

> *We kind of drifted away from the teachings of our ancestors … we're influenced by a lot of chemical imbalance and even our ways of life … with money, selfishness and greed, all those … [we] try to balance those two worlds … And those [traditional] teachings have to come back in order to know who we are and how to balance ourselves. We need to go back to having the mind, the body and the soul reconnect with each other to walk in that way to find that balance.*
>
> - Elder in Kyoon-Achan et al., 2018, p. 648

their unique histories and stories that contain values and knowledges needed to "live a good and balanced life" (Mellor et al., 2021; Rowe et al., 2020, p. 165). As a child matures, they become capable of comprehending more complex renditions of the stories that contribute to a greater understanding of how to live *in a good way* (Rowe et al., 2020). Elders also pass on their knowledges and wisdoms through language, ceremony, knowledge of the land, and skills related to hunting, fishing, gathering, and stories (Lopez-Carmen et al., 2019; Rowe et al., 2020).

In conclusion, the literature emphasizes the significance of recognizing the role of Elders as knowledge keepers and the crucial role they play in guiding and advising the younger generations, including children and youth. Indigenous youth express a strong desire to reconnect with their cultural roots and Elders who have invaluable knowledge, values, and wisdom to share. Sharing stories containing values and knowledge is essential for Indigenous youth to understand how to live a balanced life. Overall, these findings highlight the importance of promoting and maintaining a continuous cultural connection with Elders to preserve Indigenous identities and promote a sense of well-being among youth.

NEED FOR CULTURAL-BASED TEACHINGS, CEREMONIES AND LAND-BASED HEALING LED BY ELDERS

The second identified theme was the importance of cultural-based teachings, ceremonies, and land-based healing led by Elders to connect with Indigenous youth who desire to learn various aspects of their culture, such as their traditional language and cooking (Clark et al., 2017). Ceremony can help individuals deal with confusion and low self-esteem (Kyoon-Achan et al., 2018). Additionally, the literature emphasized the importance of Elders in promoting

resiliency, healing, and cultural pride in Indigenous youth through opportunities to learn language, customs, and traditional teachings (Drawson et al., 2016; Elliot et al., 2019; Moscou, 2022). These teachings are dependent on the unique practices of each Indigenous community, but can include traditional pipe ceremonies, sweat lodge ceremonies, naming ceremonies, Grandmother Moon ceremonies, blanket ceremonies, and Letting Go ceremonies, as well as activities like drum making and basket weaving (Allen et al., 2020; Elliot et al., 2019; Hutt-MacLeod et al., 2019). Elliot and colleagues (2019) discuss how youth shared that "knowledge of one's own gifts and purpose in life is an important aspect of well-being. Developing these gifts under the guidance of Knowledge Keepers and Elders is viewed as just as important as formal education" (p.11). Furthermore, Indigenous knowledges and cultures are deeply rooted in the land, and Elders play a critical role in leading youth back to their connection with the land (Beaulieu & Reeves, 2022; Moscou, 2022). Land-based healing is a highly developed field of practice informed by Indigenous epistemologies and Indigenous ways of teaching and learning that can promote protective factors like self-reliance and self-confidence (Atkinson, 2017; Redvers, 2020). Elders recognize the land as a healer, and there is evidence in the broader literature of the health and wellness benefits of connecting with nature (Barton & Pretty, 2010; Bratman et al., 2015; Redvers, 2020).

> *All that stuff they talk about like United Nations rights for Indigenous people. I don't know the short form for it, but I mean, we have a right so that our kids can learn that cultural knowledge*
>
> *-Parent in Elliot et al., 2019, p.37*

Overall, the need for cultural-based teachings, ceremonies, and land-based healing led by Elders highlights the importance of preserving and passing on Indigenous knowledges and

cultures to future generations. It recognizes the significant role that Elders play in promoting wellness and healing in Indigenous communities, particularly with Indigenous youth who want to learn from their Elders and emphasizes the importance of connecting with the land for health and wellness.

RELATIONSHIPS BETWEEN ELDERS AND YOUTH INCREASES MENTAL WELLNESS

The importance of relationships between Elders and youth in increasing mental wellness was identified as the third theme. As explained in the previous section, Elders occupy an essential place in preserving and passing on cultural knowledges, but perhaps more importantly, Elders "make room for others in their hearts and listen to their issues" (Kyoon-Achan et al., 2018, p. 685). Elders were described as embodying qualities such as love, acceptance, trustworthiness and patience, all deemed vital for supportive relationships (Kyoon-Achan et al., 2018). These relationships with Elders were identified as central to the holistic health of the youth, and talking with Elders was described as imperative to their mental wellness (Clark et al., 2017; Crooks et al., 2017; Hutt-MacLeod et al., 2019; Sasakamoose et al., 2016). Furthermore, these relationships were described as reciprocal, with both Elders and youth learning from each other, which is a key aspect of this relationship and is different from a "traditional" mental health provider-client

> *I went to residential school. So I never got to be a youth. Now I get to be with youth, and I can [share in] the joys of the teen years that were taken from me.*
>
> -Elder in Healey et al., 2016, p.99

> *Without knowing these relationships and knowing how you are connected with other you become isolated and alone... This loneliness seems to be a big factor that is affecting the youth – they lack awareness about the relationships that exist with others. This lack of awareness also extends to culture and being a part of the land.*
>
> – Participant in Walsh et al., 2020, p.213

relationship (Healey et al., 2016; Viscogliosi et al., 2020). Building these relationships with Elders provides opportunities to bring youth "into the circle" to engage in more cultural activities, understand their identity, and create a space in which they can believe they deserve to be loved, respected, and treated well (Kyoon-Achan et al., 2018; Rowe et al., 2020; Walsh et al., 2018). Nurturing these relationships between Indigenous youth and Elders was associated with many positives, including personal growth, positive development, self-awareness, and Indigenous identity (Harder et al., 2015; Rowe et al., 2020).

> *…we can understand each other and our culture so I can talk to them more about it , It feels like they understand what I am trying to say and if it's about my culture then they will know what I am trying to say*
>
> -Youth talking about Elders in Crooks et al., 2017

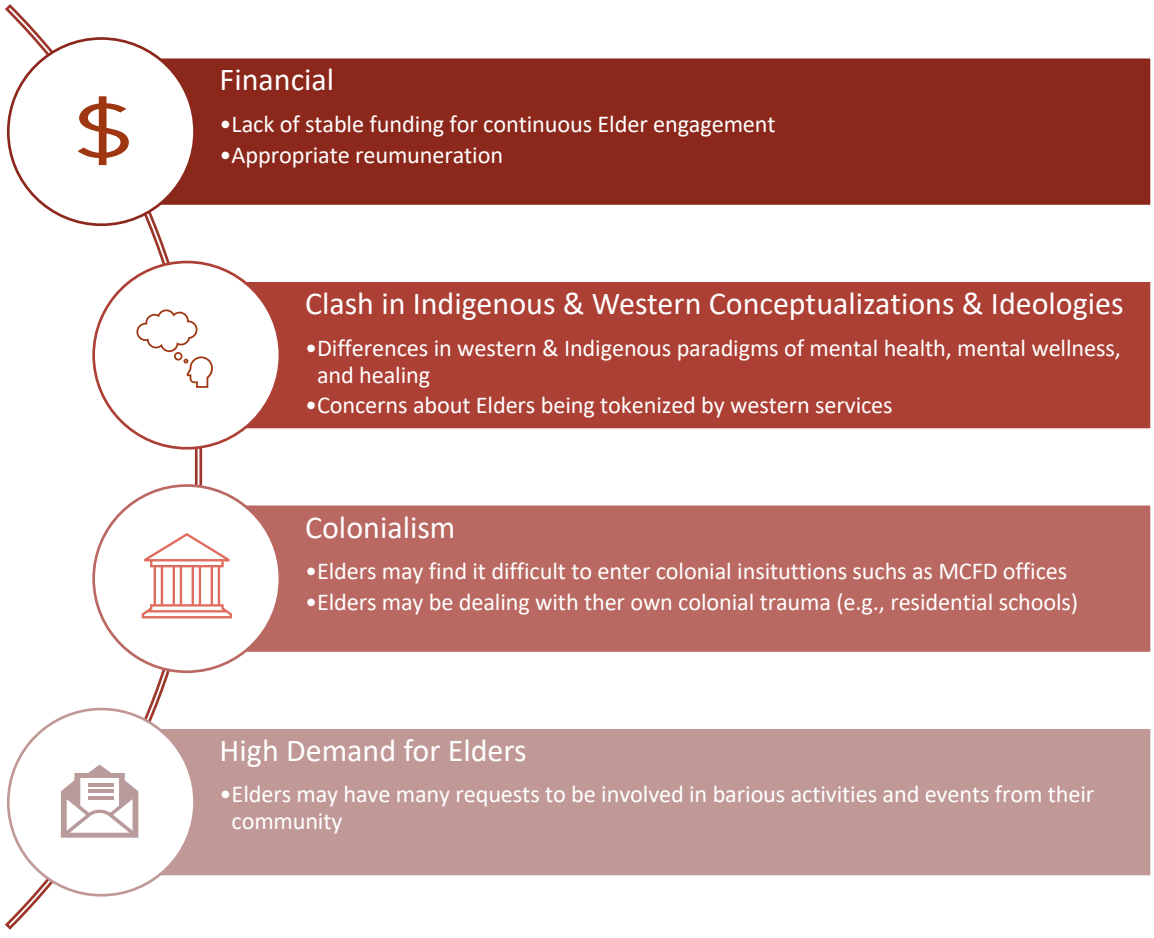
In conclusion, the importance of relationships between Elders and youth in promoting mental wellness cannot be overstated. These relationships provide a space for sharing cultural knowledges, emotional support, and personal growth, which are essential for the holistic health of Indigenous youth. Building these relationships with Elders not only benefits the youth but also

Figure 13. Photo by Ginny Rose Stewart on Unsplash

allows the Elders to share their wisdom and learn from the youth, creating a reciprocal and distinctive relationship that differs from current Western mental health provider-client relationships.

BARRIERS TO ELDER ENGAGEMENT AND SUPPORT

The identified barriers to Elder Engagement were 1) financial barriers, 2) clashes in Indigenous and Western conceptualizations and ideologies, 3) colonialism and associated factors, and 4) high demand for Elders. These barriers are depicted visually below:



FINANCIAL BARRIERS

One of the most commonly identified barriers to maintaining stable Elder engagement was financial (Beaulieu & Reeves, 2022; Redvers, 2020; Walsh et al., 2020). Not having adequate and consistent funding for Elders was often identified as a "stressor" (Redvers, 2020). Furthermore, the provision of land-based healing programs can be hindered financially as they are not considered a 'mental health treatment' program, and thus, funding sources can be limited (Walsh et al., 2020). Another financial barrier was related to the restrictions of granting agencies (e.g., "Grants may come from groups like a casino, but a lot of times these grants are not available for children and their specific activities"; Walsh et al., 2020, p. 215). Overall, the financial barriers to maintaining stable Elder engagement and funding for land-based healing programs led by Elders are significant and multifaceted. The lack of consistent and adequate funding for Elders and the limited access to funding sources for land-based programs pose a considerable challenge to the sustainability

> *I've been in this position where I try to find...third party funding to come in and pull people together. So that I provide the resources, what's needed for the exchange to happen for youth and Elders to be able to connect, just to facilitate what naturally happened for thousands of years, now you need to do it in a very formal kind of way...and then we have to go out and fight to create these opportunities. It's really kind of sad that you have to do things this way, but it's become necessary I guess.*
>
> – Participant in Redvers, 2020, p. 96

> *It's almost like government will fund other things or will fund people who have Masters, PhDs, or some-called professional, and will offer a workshop here and will pay for that, but they don't want to give money to our Elders. And they are our greatest teachers, and we have to cherish this knowledge, but we don't get the recognition in terms of support for funding.*
>
> – Participant in Redvers, 2020, p. 98

of these initiatives. The restrictions imposed by funding or granting agencies also present a further obstacle, particularly for youth and land-based programming. Addressing these financial barriers will be critical to ensuring that Indigenous communities can continue to benefit from the valuable contributions of Elders and the healing potential of land-based programs.

CLASH IN IDEOLOGIES

The studies found that combining Indigenous and Western mental health and wellness services can be challenging due to differing epistemological and conceptual views on mental health and healing. The paradigms of healing between Indigenous and Western approaches exhibit notable contrasts, such as the focus on holism (Indigenous) versus mind-body dualism (Western), the significance of spirituality, relationship, culture, and community (Indigenous approach), and the conceptualization of illness etiology (Western approach; Beaulieu et al., 2022). Indigenous approaches to mental wellness are more holistic and, thus, may not 'fit' well into the current colonial mental health service delivery system (Redvers, 2020). The notion of integration also implies a dominant approach (Western) that requires the accommodation of Indigenous approaches into an already established service delivery model. Lastly, Elders may be reluctant to build partnerships with mental health service providers due to concerns about disrespectful treatment, cultural appropriation, tokenism and loss of autonomy (Allen et al., 2020).

In BC, this clash of ideologies is further exacerbated by the fact that most government mental health services are individualized and compartmentalized, for example, Indigenous Child and Youth Mental Health provides mental health services focused solely on Indigenous children

and youth. Thus, for Indigenous children and youth to access holistic wellness services, they must navigate a complex and, at times, an unresponsive support system that spans across multiple MCFD branches (children and youth mental health, children and youth with support needs, child welfare, etc.) and ministries (Ministry of Health, Ministry of Mental Health and Addictions, Ministry of Education, etc.).

The disconnect between Indigenous and Western approaches has contributed to the underutilization of mental health services in Indigenous communities (Redvers, 2020). Counselling Indigenous peoples using non-Indigenous perspectives has been criticized as a form of colonial oppression that discredits Indigenous understandings of health and healing (Redvers, 2020). Thus, incorporating a mix of Indigenous and Western mental health and wellness services is hindered by fundamental differences in epistemological and conceptual views of mental health, mental wellness, and healing. Additionally, the compartmentalization of government health services, which are primarily individualized, poses a significant barrier to the incorporation of Indigenous holistic approaches. To overcome these obstacles, it will be crucial to promote culturally responsive mental wellness services that recognize and embody Indigenous paradigms of healing.

COLONIAL INSTITUTIONS

Another reported barrier to have Elders involved in mental health care can be the challenge of entering colonial institutions such as MCFD offices. Some Elders may feel uncomfortable or unwelcome in these settings, which can create a barrier to their involvement in mental health care. Furthermore, some Elders may face their own mental wellness challenges

due to their own experiences, such as attending residential schools. The impacts of intergenerational trauma, displacement, and cultural loss can have significant effects on mental health and wellness, and Elders are not immune to these impacts. It is crucial to recognize and address these challenges, as Elders' mental health and well-being are essential to their ability to provide support to others.

> *I think it's really important to bring back what was lost. But it's also difficult for Elders and Indigenous health workers to enter into institutions or organizations that have been, were colonial*
>
> -Participant in Montesanti et al., 2022, p. 9

DEMAND FOR ELDERS

The last barrier identified in this literature review was the high demand for Elders' participation in various community events and activities (Redvers, 2020). Elders are often called upon to lead ceremonies, teach traditional skills, and provide guidance and support to community members. This demand can create challenges when inviting Elders into mental health care settings, as their time and availability may be limited. It is essential to recognize and respect the Elders' commitments to their communities and find ways to involve them in mental health and wellness care in a way that does not overload their schedules.

CONCLUDING REMARKS

This literature review sheds light on a critical aspect of mental health and wellness care for Indigenous youth: **the essential role of Indigenous Elders**. It highlights how Elders' knowledge, teachings, and guidance can help support Indigenous youth's connection to the land, community and their own identity, ultimately promoting mental wellness. Compared to individualized western approaches to mental health, Indigenous Elders' unique knowledges and practices can

better meet the holistic needs of Indigenous youth and their families to foster mental wellness. However, achieving this requires overcoming barriers such as a lack of stable funding, colonial systems/practices, and high demand for Elders. To truly provide culturally-based mental health and wellness services, Indigenous organizations must take the lead in service provision, working in partnership with western organizations that prioritize culture as primary care (Toupin & Chase, 2017). This partnership can focus on prioritizing protecting Indigenous medicines, healing practices, and knowledges in their full integrity while promoting self-determination in Indigenous-led healthcare services and systems to create culturally safe spaces for youth and Elders (Allen et al., 2020). Finally, a shared understanding of colonization's history and its impact on Indigenous cultures is essential to move towards restorative policy and practice, with the promotion of Indigenous-led services as the ultimate goal.

RECOMMENDATIONS[6]

In alignment with the current MCFD Service Plan, APPF, UNDRIP, and DRIPA, the following recommendations can assist MCFD in increasing Indigenous children and youth's mental wellness. These recommendations were developed, in collaboration with the North Fraser ICYMH sponsors, considering the findings from the themes that were identified within Canadian literature. As the findings of this literature review show, Indigenous cultures, teachings and practices are central to mental wellness with Indigenous youth. Therefore, it is recommended that Indigenous Elders be recognized, respected and welcomed as leaders and

[6] Please note that these recommendations have unfortunately not been created in collaboration with an Elder due to time and logistical constraints.

integral members of any healthcare team with the aim of increasing Indigenous children and youth's mental wellness.

KEY RECOMMENDATIONS FOR PRACTICE WITHIN MCFD:

- Increase the provision of **stable funding** for Indigenous Elders to work alongside and in collaboration with mental health professionals within all ICYMH branches (Elliot et al., 2019; Montesanti et al., 2022)
- Given the importance of relationships, ensure that Elders and mental health professionals have the **time to build and maintain their relationships** with one another, and Indigenous youth and communities (Restoule et al., 2015)
- Ensure MCFD continues to support the creation of **multidisciplinary teams that include Elders,** community workers, social workers, psychiatrists, and other health professionals (Restoule et al., 2015)
- MCFD should recognize that high demands are placed on Elders; some may have their own struggles with mental health due to colonial trauma, including residential schools, and entering colonial institutions may be difficult or traumatic for them. Subsequently, it is recommended that MCFD work (in collaboration with Elders) to determine **strategies and solutions to best support Elders** moving forward (Beaulieu & Reeves, 2022; Montesanti et al., 2022)
- MCFD should consider engaging and fairly compensating Elders from nearby Indigenous communities to serve as **'cultural mentors'** involved in the training and education of ICYMH staff, recognizing the diversity of cultural teachings and ceremonies between different Indigenous communities to avoid pan-Indigenous services (Montesanti et al., 2022)
- **Indigenous-led health services,** including ICYMH need to ensure that their services are led by Elders, grounded in traditional Indigenous knowledges, and utilize Indigenous

conceptualizations of mental wellness and healing rather than in Western biomedical approaches and conceptualizations (Montesanti et al., 2022)

- Support **Indigenous communities to have autonomy** in deciding their own health and mental wellness needs and to procure help from Western services as communities deem necessary (Redvers, 2020)
- Liaise with **the Ministry of Mental Health and Addictions** to support Indigenous child and youth's mental wellness, considering their "A Pathway to Hope" roadmap focuses on "improving wellness for children and youth" and "supporting Indigenous led solutions" (Ministry of Mental Health and Addictions, 2019)
- In the future, **support research that is designed and conducted *by* or *with* Indigenous scholars, Elders**, peoples and communities

BROAD RECOMMENDATIONS

Broadly, the literature also points to other important considerations and recommendations:

- Understand **colonialism** as an Indigenous **determinant of health,** and **challenge** the pervasive **paternalism, racism and power imbalances** that colonialism has created (Reading, 2018).
- Recognize how **historical and intergenerational traumas** continue to **affect Indigenous children, youth and their families** (Ministry of Child & Family Development, 2016).
- Expand the **recruitment and education of Indigenous Peoples** within the mental health field to facilitate a **holistic approach to mental health care** that aligns with Indigenous principles and values, ensuring services **are culturally responsive, safe, and equitable**, and that they are **led by Indigenous communities** (Montesanti et al., 2022).

RECOMMENDATIONS FOR NON-INDIGENOUS MENTAL HEALTH CLINICIANS

For non-Indigenous mental health clinicians, Beaulieu and Reeves (2022) recommend:

- Pursue **comprehensive training in Indigenous cultural safety and cultural humility**, covering topics such as the history, current health needs, and healing practices of First Nations, Inuit, and Métis peoples.
    - Mental health clinicians working with Indigenous populations should consider taking the **San'yas Indigenous Cultural Safety Training Program**, which is available at: https://sanyas.ca/
- Reflect critically on **social location, assumptions, and biases** regarding health services, Indigenous communities, and culturally-based health and healing practices.
- Engage in intellectual, emotional, spiritual, and interpersonal **learning to build allyship skills**.
- Seek out **clinical supervision from an Indigenous or culturally safe clinician** to deepen your cultural humility and cultural safety practice.
- Offer **respectful consultation** if requested by an Indigenous community.
- Foster **authentic, meaningful relationships** with Indigenous community members, healthcare professionals, and organizations.

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