

Beyond the Office: The Role of Clinical Outreach Services in Counselling with Indigenous Children, Youth, and Families

Prepared By:

Heba Elgharbawy, M.Sc.
University of Victoria, Clinical Psychology
For GS505
Dr. Alison Gerlach, PhD, Course Instructor
Thais Amorim, Course Coordinator
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In Partnership with MCFD Sponsors:

Carrie Bove, M.A., RCC
Beth Wakabayashi, M.A., DVATI, CCC
Kayla Mackenzie
Jamey Dye, M.Ed., RCC



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Executive Summary

To step into a counselling office may seem like a simple task to many but it can be rife with barriers/inherent challenges, particularly for Indigenous¹ communities who experience structural forms of marginalization, colonial violence, or oppression (Nelson & Wilson, 2017). Outreach counselling can be a crucial avenue for supporting Indigenous communities and families' well-being, by offering flexible, community-centered, and community-based services and supports (Hilferty et al., 2015). Outreach counselling is a mental health service model that provides counselling directly to clients in their communities in various settings such as at home, school, in walk and talk therapy, and car rides (Golightly et al., 2017). The North Fraser Indigenous Child and Youth Mental Health (ICYMH) department of the Ministry of Child and Family Development (MCFD) has been using outreach counselling with Indigenous youth 0-19 years old and their families. This ICYMH department has identified the need to better understand the use and accessibility of outreach counselling in other organizations and jurisdictions, particularly from the perspectives of Indigenous youth (Government of BC, 2023). This report summarizes the findings of a literature review that aimed to understand how outreach counselling is used with Indigenous youth and families and its impacts on their engagement with counselling services.

Method

A search of scholarly literature, empirical studies, and grey literature on the subject matter across countries generated a total of 240 articles and reports. These documents were reviewed and 32 were included in the final analysis. Search terms and databases are described further in the report.

Findings

Using thematic analysis, four main themes were identified including 1) lack of evidence on outreach services and research evaluating its use with Indigenous communities; 2) increase in accessibility offered by outreach models; 3) improved well-being through outreach models; and 4) considerations when using outreach models in counselling. There is a clearly noted

¹ 'Indigenous' in this report is defined as "those having a historical continuity with pre-invasion and precolonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories...On an individual basis, an Indigenous person is one who belongs to these Indigenous populations through self-identification" (United Nations, 2004). In Canada, this includes First Nations, Metis, and Inuit peoples.

scarcity of literature on outreach counselling with Indigenous communities, especially from the lived experiences and perspectives of Indigenous youth. The findings provide insights into various perspectives on what outreach counselling can offer communities and the benefits and considerations or concerns discussed about this service model. Further discussion of each of the themes and articles reviewed can be found in the findings section of this report.

Recommendations

Drawing on the findings of this literature review, actionable recommendations to enhance the effectiveness and sustainability of outreach counselling services with Indigenous youth and research on the subject are discussed in this report and include the following:

1. Expanding outreach counselling services with Indigenous communities.
2. Conducting further research on outreach service implementation and evaluation, including the centering of Indigenous youth voices.
3. Cultivating partnerships with Indigenous community members, leaders and Elders, and Knowledge Keepers to seek guidance, cultural knowledge and expertise and listening to community needs when further developing outreach services and conducting related research.
4. Evaluating outreach services in comparison to in-office counselling and telehealth service models can also demonstrate which type of services provide the best quality of care for Indigenous youth, especially in rural and northern parts of British Columbia (BC).
5. Researching applications of outreach counselling with other communities and considering its implementation in mainstream services with all youth populations.
6. Discussing with Indigenous stakeholders on decolonizing research and evaluation processes when learning about outreach counselling services and the needs of Indigenous youth.

Conclusion

The findings of this literature review support the importance of prioritizing and expanding outreach counselling services with Indigenous communities and youth in BC. By investing in culturally appropriate, adaptable, community-driven interventions, practitioners and researchers can support Indigenous communities to access low-barrier services that support their mental health and well-being.

Acknowledgements

I would like to acknowledge and respect the Lək'wəŋən (Songhees and Esquimalt) Peoples on whose territory the University of Victoria stands and on which I live and work, and the Lək'wəŋən and W̱SÁNEĆ Peoples whose historical relationships with the land continue to this day.

I would also like to acknowledge the unceded and traditional territories of the Coast Salish peoples including I xʷməθkʷəy̓əm (Musqueam), sḵw̱xwú7mesh (Squamish), & kwikwəḷəm (Kwikwetlem), Qiqá:yt (Qayqayt), q̓ íć əy (Katzie), q'wa:ḥ ɬ'əḥ (Kwantlen) & səliłwətał (Tsleil Waututh) peoples, in which my partners at the North Fraser Indigenous Child and Youth Mental Health Services conduct their work and services and thank them for the opportunity to work with them and this project and learn about their important work.



Figure 1. North Fraser ICYMH logo by artist Sarah Jim from Tseycum First Nation

Background

Historical and Social Context

The legacy of colonization and the effects of residential schools, the 60's Scoop, Indian hospitals and systemic oppression have had profound intergenerational impacts on the mental health of Indigenous peoples that continue to this day (Josewski, 2023). For over a century, Indigenous children were forcibly removed from their families and communities and placed in residential schools, where they were subjected to cultural genocide, abuse, neglect, and trauma (Boksa et al., 2015). The repercussions of this traumatic history continue to impact Indigenous communities, including elevated rates of depression, anxiety, loss of cultural connection, post-traumatic stress disorder (PTSD), and substance abuse (Ministry of Child and Family Development (MCFD), 2016). Indigenous peoples in Canada also report fair/poor mental health more than non-Indigenous people which has only increased since the COVID-19 pandemic (Statistics Canada, 2021). Racism and discrimination against Indigenous peoples also continue today in various settings including institutional racism, inequities in access to care, and mistreatment in the medical and mental health care system, all of which make it significantly harder for Indigenous peoples to access support (Turpel-Lafond, 2020).

Indigenous communities in Canada often face significant inequities, including inadequate access to education, employment opportunities, healthcare services, housing (Turpel-Lafond, 2020). These structural inequities contribute to and exacerbate mental health challenges (Nelson & Wilson, 2017). The loss of traditional Indigenous cultures, languages, and practices caused by colonization further compounds mental health issues within these communities as well (Kirmayer et al., 2000). Forced assimilation policies, including the prohibition of cultural ceremonies and the removal of Indigenous children from their families, have disrupted intergenerational transmissions of cultural knowledge and identity. As a result, many Indigenous individuals struggle with feelings of cultural disconnection, alienation, and identity, which can contribute to feelings of depression, hopelessness, and low self-esteem (Kirmayer et al., 2000). Hence, cultural healing practices and culture revitalization are extremely important.

Mental Health Service Access

Mental health programs that support youth provide support for immediate concerns and provide early intervention with the goal of promoting long term wellbeing. Childhood is a particularly crucial time for early intervention for mental health conditions, but the mistrust and fear of the healthcare and mental healthcare system caused by colonialism and ongoing racism has resulted in many Indigenous youth and community members being reluctant to identify

mental health concerns and seek support (Jongen et al., 2023). It has also been well-documented that Indigenous youth can experience several barriers to accessing mental healthcare including lack of financial resources, culturally appropriate services, and lack of access for youth living in remote areas (Hayward et al., 2020).

According to the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) Article 24, “Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.” (United Nations General Assembly, 2007, p. 18). However, the current mental healthcare system in Canada has a multitude of obstacles that prevent Indigenous people from having access to a high-quality mental healthcare. Geographic isolation, limited transportation infrastructure, costs, and lack of culturally competent services pose significant challenges for Indigenous peoples’ in accessing mental health services (Hayward et al., 2020). There is also a lack of data that outlines the access to mental healthcare for Indigenous youth specifically in BC but there are reports that demonstrate significant barriers for Indigenous populations in accessing mental healthcare compared to the rest of the Canadian population (Okpalauwaekwe et al., 2022).

Feedback from Indigenous youth about the mental healthcare system in Canada as it stands demonstrates that it currently does not provide care and engagement of them or their families (Weerasinghe et al., 2023). Hence, there is a clear need to recognize that the mental healthcare system in Canada as it does not provide easy access for Indigenous peoples and those who do manage to seek and reach support are not receiving the high quality of care they deserve. There has been a growing emphasis on the development and delivery of Indigenous-led mental health services. Culturally relevant interventions, rooted in Indigenous worldviews, healing practices, and community-based approaches, have shown promise in addressing the unique mental health needs of Indigenous peoples. Research has shown that healthcare services that focus on equity contribute to improved mental and physical health and quality of life, demonstrating the importance of ensuring equitable and accessible care (Ford-Gilboe et al., 2018). However, significant gaps persist in funding, capacity-building, and coordination of services, hindering the widespread availability and accessibility of culturally competent care (Health Canada, 2015). Addressing the inequities in access to mental health care facing these communities requires an approach that acknowledges the impact of historical trauma, addresses socioeconomic inequities, promotes cultural revitalization, and ensures equitable access to culturally competent mental health services (Nelson & Wilson; Jongen et al., 2023).

Indigenous Wellness and Healing Practices

Indigenous values, traditions, and wellness practices can be instrumental in improving mental health and promoting healing, yet they have not been fully recognized and valued in the mental healthcare system (Boksa et al., 2015). Maintaining a strong connection to cultural heritage and identity is essential for the mental health and resilience of Indigenous youth and families. Culturally affirming spaces and supportive resources can help Indigenous youth develop a sense of belonging, purpose, and self-worth, and reduce feelings of isolation and mental health concerns (Nelson & Wilson, 2017).

Despite the barriers and challenges communities have experienced, Indigenous youth and families demonstrate remarkable resilience, drawing upon cultural traditions, community connections, and intergenerational knowledge to navigate adversity. Culturally relevant interventions that honour Indigenous worldviews, incorporate traditional healing practices, and empower youth and families have been shown to promote mental health and resilience (Nguyen et al., 2020). Programs also require a trauma-informed approach which integrate understanding of trauma into all levels of care and prioritizes the client's agency, sense of safety, and connection (MCFD, 2016). By prioritizing culturally informed and trauma informed care, strengthening community-based supports, and amplifying Indigenous voices in mental health policy and programming, programs can foster the well-being and resilience of Indigenous youth and families (Okpalauwaekwe et al., 2022).

Colonial views of mental health and wellbeing often do not recognize Indigenous worldviews or include these communities which creates a disconnect and additional barriers for Indigenous peoples (Jongen et al., 2023; Okpalauwaekwe et al., 2022). For example, relationship building, family connection, and inclusion of Elders into wellbeing services are just some of the aspects Indigenous communities value and have called for greater implementation of in their mental healthcare (Bhattacharjee & Maltby, 2017). The Aboriginal Policy and Practice Framework (APPF) outlines the importance of prioritizing culture-centered, inclusive, collaborative, and accountable practices that center around children and families and promotes healing and wellness (Government of British Columbia, 2016). A form of care that incorporates and facilitates opportunities for these strengths and values, along with one that recognizes the present inequities in access to care and trauma that Indigenous peoples have experienced, is necessary to allow for a high quality of mental healthcare for Indigenous peoples.

Outreach Counselling

Colonialism has not only impacted the mental and physical wellbeing of Indigenous communities and created barriers to accessing care, but it has also skewed the way mental health and mental health services are viewed (Okpalauwaekwe et al., 2022). In-office counselling practices are seen as the norm in mainstream mental healthcare, but this may not be the best type of care for all populations (Gruen et al., 2002). In BC, the Ministry of Children and Family Development's Child and Youth Mental Health (CYMH) branch serves children and youth ages 0 to 19 years old and their families and offers free mental health and clinical counselling services (Government of BC, 2023). The North Fraser division of the Indigenous Child and Youth Mental Health (ICYMH) serves the communities of Burnaby, New Westminister, Tri-Cities, Pitt Meadows, and Maple Ridge. Their mission is to provide strength-based, flexible, and accessible mental health and wellness services to Indigenous youth and families, with their main service being outreach counselling. ICYMH approaches their care through an Indigenous world view along with trauma-informed, cultural informed care, and a relational approach (North Fraser ICYMH, 2020). ICYMH also consults with Elders and family members and incorporates traditional healing and wellness practices in their care (North Fraser ICYMH, 2020). ICYMH's commitment to providing accessible care to Indigenous clients directly aligns with recommendations by the In-Plain Sights Report to increase access to culturally informed mental health and wellness programs (Turpel-Lafond, 2020).

Outreach clinical counselling services provide counselling to clients directly in their home communities, allowing counsellors to meet clients where they are or in a setting they choose such as homes, schools, or walking outside (Golightly et al., 2017)., the focus of this literature review will be to understand the current state of the literature on how outreach counselling is used in other regions with Indigenous youth and families.



Figure 2. Images shared by the North Fraser ICYMH from their recent group drumming and dreamcatcher workshops with Indigenous youth who participate in their programs. Teachings were provided by Kayla Mackenzie and Sunni Hill, on the traditional and unceded territory of thekwikwəłəm and Tsleil-Waututh territory nations.

Research Question and Objective

The purpose of this literature review is to better understand the effects and impacts of outreach services with Indigenous youth and their families across BC, Canada, and globally. Based on discussions with ICYMH partners, the following research question was used to guide this literature review:

How does an outreach model of service delivery, in diverse community contexts, impact the accessibility and engagement of Indigenous children, youth, and families with counselling services?

Method

Positionality

Due to the nature of qualitative work and the importance of positionality when considering Indigenous literature, I would like to position myself in the context of this report is included for context (Lowan-Trudeau, 2012). I identify as a cisgender woman and second-generation Canadian immigrant born in Toronto, Ontario and lived on the land of the Mississaugas. Of the Credit First Nation and the Anishnabeg. My family comes from Egypt, and I am currently a doctoral student studying Clinical Psychology. I have grown up with privileges as an able-bodied, cisgender, heterosexual person who has been able to pursue post-secondary education and a settler on this land. As a visible minority myself, I have experienced racism,

discrimination, and microaggressions and witnessed the inequities that Black Indigenous and People of Color (BIPOC) people face in the mental health care system. My research interests and experiences have centered around supporting community initiatives, understanding the current state of mental health care, and learning about the lived experiences of BIPOC individuals in Canada and how to be of support.

Procedure

I used a comprehensive search strategy to identify relevant academic and grey literature such as theses/dissertations, and program and government reports (see Figure 3 for an overview of the research process). In consultation with a Research Librarian from the University of Victoria, I used a variety of search terms as outlined in Figure 4 which included different names for various Indigenous and Aboriginal communities in different countries as well as terms that capture outreach models and outreach counselling. Walk and talk therapy and terms that capture different types of land-based and nature-based interventions were also included as land-based healing practices and therapy that incorporates walking along clients in the outdoors is also a component of ICYMH's services (North Fraser ICYMH, 2020). Inclusion criteria consisted of literature focusing on Indigenous communities from Canada, the United States, Australia, or New Zealand to allow for analysis of literature from similar settler-colonial contexts (Killian & Williamson, 2018). The search was limited to articles published in English and articles that focused on outreach counselling with Indigenous communities. Articles that did not focus on Indigenous populations were excluded along with studies that were not outreach counselling based or describe a therapeutic or counselling component to their outreach (i.e. educational outreach, primary or medical health care, or outreach that only spreads awareness of in-office services were excluded). Land-based and walk and talk therapy literature with Indigenous communities were also included in this review but overnight programming such as camps were excluded as this is dissimilar to the outreach counselling model done through ICYMH.

Databases used in this search are listed in Figure 4 and were chosen in consultation with a Research Librarian at the University of Victoria and included a review of psychology and social work databases and the Indigenous Studies Portal. Medline and CINAHL were also reviewed as some outreach programs are embedded into primary care services such as substance use outreach. To address the lack of available information that included the perspectives of Indigenous youth, I expanded this literature review to include therapeutic approaches to outreach counselling, cultural and land-based approaches that involve an outreach component and explore perspectives from practitioners who provide outreach care. I

reviewed Articles from February-March 2024, which resulted in my reviewing a total of 240 articles and reports, of which 32 were included in my final analysis.

Literature Review Process

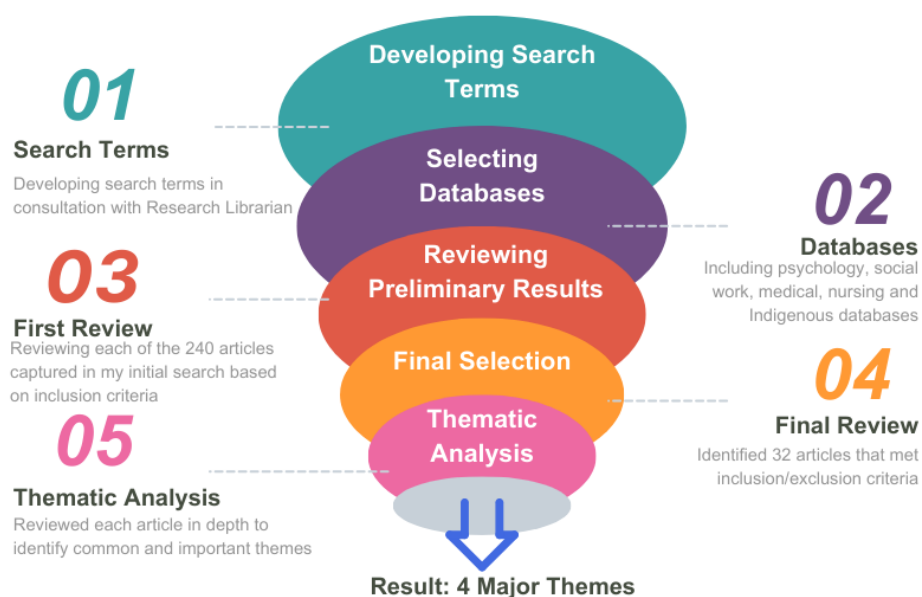


Figure 3. This diagram demonstrates the process of conducting this literature review.

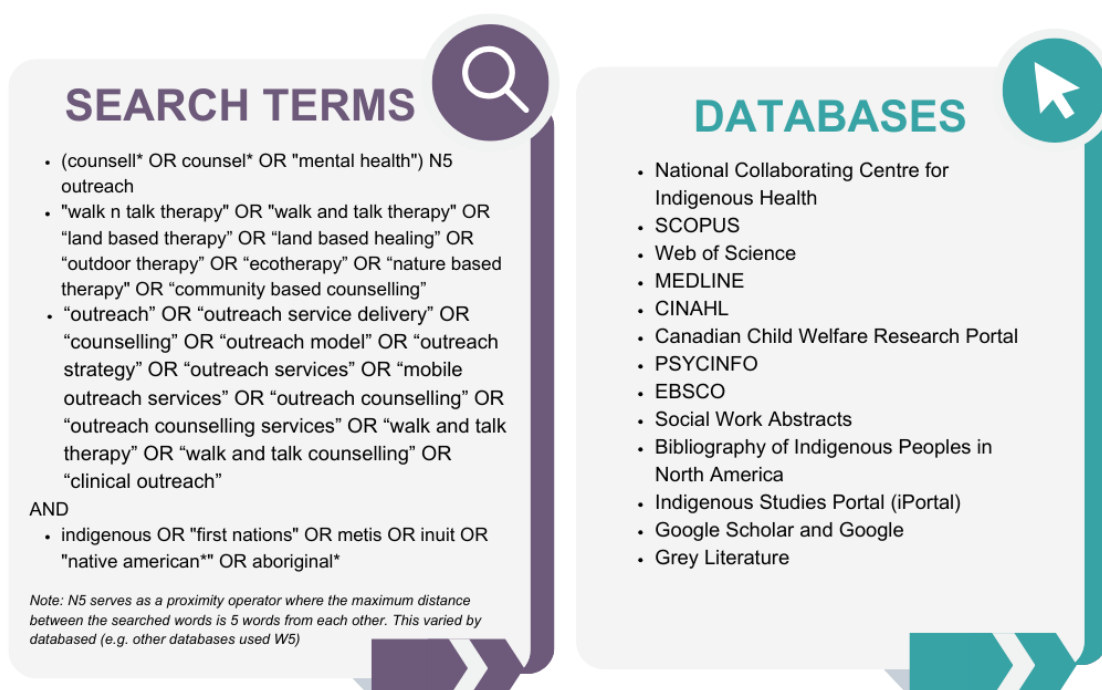


Figure 4. List of search terms and databases included in this review.

Analytical Approach

Reflexive thematic analysis was chosen as it allowed for an exploration and subsequent refinement of themes with the ability to interpret and infer meanings from the documents reviewed. Thematic analysis facilitated the organization of data based on common themes and concepts, with interpretation and discussion contextualized within the existing literature and theoretical framework (Braun & Clarke, 2016). Strengths, limitations, recommendations, and areas for future research were also considered.

Limitations

Despite the insights gained from this literature review, several limitations should be acknowledged. This includes the scope of the review which may have been constrained by the search terms used and the articles I was able to access. Additionally, the reliance on published literature may have introduced additional bias. Overlooking unpublished studies that were not available online or solely using written work may not account for personal accounts of outreach workers currently in the field such as the sponsors of this report or other individuals' accounts of their experiences with outreach counselling in news articles, videos, presentations, and so on. Time limitations, only reviewing English documents, bias in the interpretation and development of themes, and differences in the detail or available information across the included literature are also limitations of this report.

Also, the term 'outreach' is used in various contexts including primary care and substance use outreach programs which were not included the term outreach counselling may also not be used across programs or a consistent term for this type of approach in the literature so there may be other studies not captured by this literature review. A majority of authors also did not describe their self-location or provide context about which Indigenous communities they were supporting or including in their samples, meaning that the perspectives captured in this literature may be a generalization due to the lack of context provided (Nelson & Wilson, 2017). Due to the limited available literature that including Indigenous youth, the themes discussed in the report also included articles that involved Indigenous adults, outreach workers, volunteers, role models in the community and so on. Hence, the amalgamation of these findings was across a wide variety of perspectives rather than direct feedback from Indigenous communities or youth on their mental healthcare needs.

Findings

Description of Articles

After a comprehensive review of the available literature, I identified a final list of 32 articles for analysis. The following diagrams (Figure 5 and 6) demonstrate an overview of the geographical location of the samples included in each article and the type of literature. A majority of the literature were with Canadian populations including mainly BC and Ontario with some from Alberta, Saskatchewan, Manitoba, and the Northwest Territories. The remainder were from Australia, one from New Zealand and one a multinational review paper that included literature from Canada, Australia, New Zealand, the United States (US) and the Pacific Islands. The type of articles consisted of predominately journal articles and community reports along with theses and dissertations and one book chapter. There was a limited number of studies that state the exact Indigenous community they were speaking with especially journal articles.

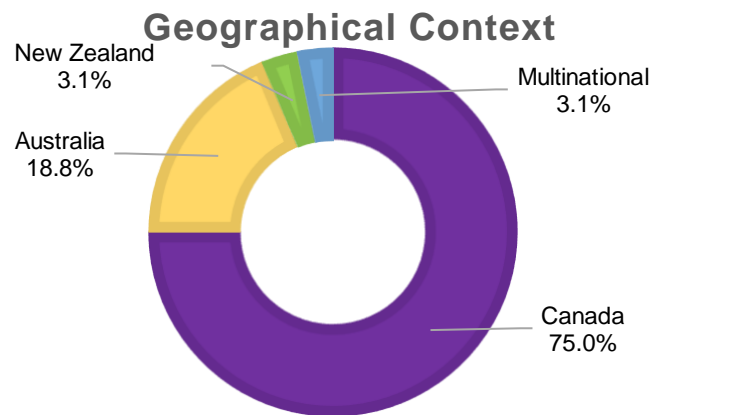


Figure 5. This graph demonstrates the location of each article included in the final sample of articles.

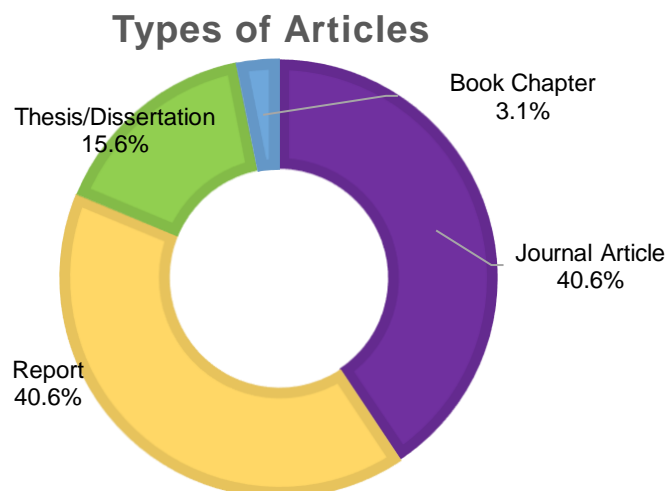


Figure 6. This graph demonstrates the type of articles included in the final sample.

Themes

The findings from this literature review are organized by four major themes. A visual overview of the four themes along with subthemes are below (Figure 7).

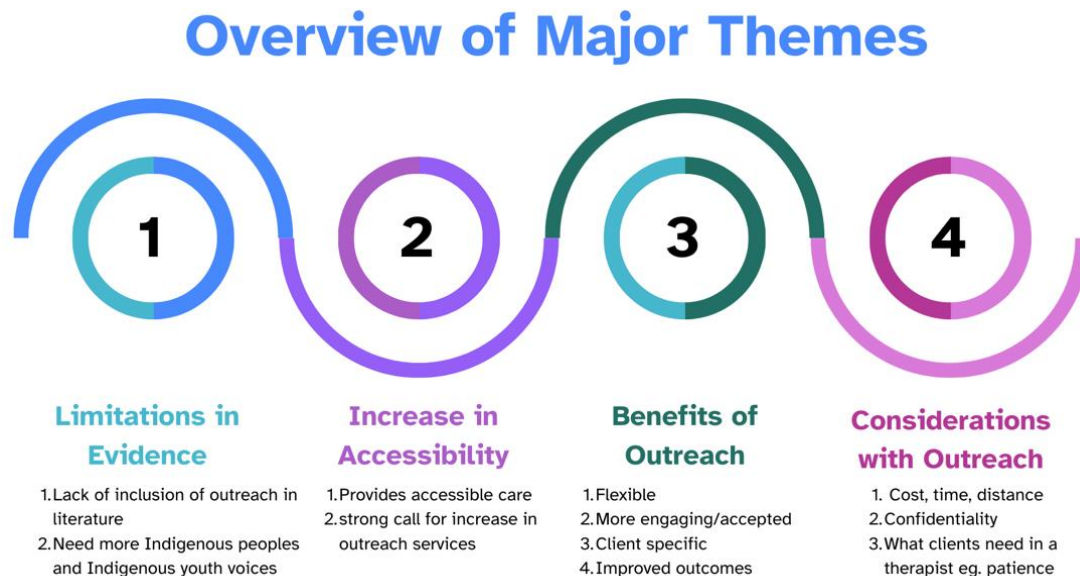


Figure 7. Overview of the four major themes developed from this literature review along with summary of the subthemes.

Theme 1: Limitations in Evidence

Through the review of over 200 articles at the beginning of this search process, it became evident that there is a lack of literature on outreach with Indigenous communities and youth, particularly literature include their voices and feedback. The information that was available however was extracted from the 32 articles that could be included in this analysis and will be discussed in the subsequent themes. Of the 32 articles that were included in this report, only five included Indigenous youth in their samples and three of which were a mix of adolescents and adults (Big-Canoe & Richmond, 2014; Bock, 2018; Brunanski, 2009; Lund et al., 2022; Saewyc, 2008). The remainder of the articles were predominantly discussion papers, collected feedback from Indigenous adults who have received outreach counselling, practitioners, or community leaders. Several articles mention the use of outreach in their programming and its importance but do not describe their outreach models, outcomes, or how they address the mental healthcare needs of the communities they service (Bowden et al., 2017; Fuller et al., 2020; Government of Alberta, 2018). Limited information in the literature on the design of outreach services and procedures may also inhibit the ability/capacity of

communities to implement this type of model. There is a clear need for greater inclusion of Indigenous youth perspectives in the literature, particularly to understand how youth engage with these services, if they are addressing their needs and what can be learned from their insights and lived experiences. Though an in-depth understanding of how outreach services are conducted in various communities as well as the engagement in those services by Indigenous youth, there were some articles that describe aspects of outreach counselling with some indication of how it addresses engagement and accessibility for communities which are described in the subsequent themes.

Theme 2: Increase in Accessibility

Literature highlights that Indigenous outreach counselling represent a promising approach to addressing mental health inequities within Indigenous communities. By leveraging culturally responsive practices, community engagement strategies, and collaborative partnerships, practitioners and policymakers can work towards advancing mental health equity and well-being for Indigenous populations (Atkinson, 2013; BC Association of Aboriginal Friendship Centres, 2020; Bock, 2018; Goetz et al., 2023; Lund et al., 2022). However, ongoing efforts are needed to address systemic barriers, promote cultural humility, and prioritize Indigenous-led solutions in mental health service delivery and policy development (Health Canada, 2011; Hilferty et al., 2015; Krakouer et al., 2022; Lund et al., 2022). Both research participants and community leaders have called for an increase in outreach services due to its ability to help address ongoing inequities in access to mental healthcare by Indigenous communities (Atlohsa Family Services, 2023; BC Association of Aboriginal Friendship Centres, 2020; Hilferty et al., 2015; Government of Alberta 2018). The mobility of outreach workers allows them to reach a wide variety of clients who may not be able to seek access care themselves or who are uncomfortable with entering centers or counselling offices (Atkinson, 2013; Well Living, 2017). There is also evidence that Outreach is valued by Indigenous communities and Indigenous youth for providing direct care in a way that is feasible and tailored for them (Bock, 2018; Brunanski, 2009; Health Canada, 2011; Krakouer, 2022). Moreover, Access to community centered care is crucial as it allows for not only easier treatment access but also cultivation of trust and connections that encourages others in the community to access services as well, which also increases engagement with services (Health Canada, 2011; Ghanbari, 2015; Goetz et al., 2023; Lund et al., 2022). Clearly, there is a need for more outreach programs with Indigenous youth and communities as a means of helping address

inequities in access to mental healthcare. The quote below from an Indigenous participant who was street-involved illustrates the difference outreach services can make and how it provides both access and greater chance of youth connecting to other services:

"It's not like [counsellors] can sit in an office and wait for street youth to come – because street youth just aren't going to come. But keep it open ... have one-to-one on the floor [outside]. You're able to get youth more involved, especially if you start off with one-to-one...Whereas counselling is full session, you go into an office and it's one-to-one, but it's more exclusive.... that's also a great way to tell them "there's more options for you. There's counselling and it is just like this."

(Brunanski, 2009, p.181).

Theme 3: Benefits of Outreach

While few articles include the perspectives of Indigenous youth or engagement with outreach services, there was some evidence of positive feedback from Indigenous youth about outreach programs. These interventions often incorporate culturally informed approaches, community engagement strategies, and traditional healing practices, which have been shown to enhance accessibility and acceptability of mental health services among Indigenous communities (Atkinson, 2013; Health Canada, 2011; Lund et al., 2022). The emphasis on culturally relevant care and the involvement of Indigenous community members, volunteers, peers, and Elders contribute to the effectiveness of outreach counselling initiatives which may also address limited availability of professionally trained counsellors in remote communities (Health Canada, 2011; Hulitan Family Services, 2022). For example, feedback from youth has shown that they feel the lack of current programs that incorporate land-based activities, participation in cultural ceremonies, and opportunities to learn from their Elders and Knowledge Keepers has decreased cultural continuity. These youth felt that implementing these components into local programs to allow for stronger community relationships and improved wellbeing (Big-Canoe & Richmond, 2014). Saewyc (2008) also evaluated Indigenous youth's preferences in the types of care they have received and found that preferred youth and outreach workers compared to other mental health professionals and 82% of youth reported youth and outreach workers more helpful (Saewyc, 2008). Brunanski (2009) interviewed street-involved Aboriginal youth who recounted experiences with outreach workers catered to their needs and showed them they cared which increased their engagement and improved wellbeing including reduced self-harm, greater self-esteem, and contacting other support services. Programs that incorporate walk and talk therapy, land-based healing practices, or exercise such as walks and hikes have been shown to have increased engagement with community members appreciating

opportunities to engage with nature and connect with others in the programs (Bowen et al., 2009; Fellner, 2016; Prehn, 2021).

Communities have also noted how traditional healing practices such as land-based healing are effective health interventions that help address substance use and mental health concerns while also promoting cultural revitalization (BC Association of Aboriginal Friendship Centres, 2020; Milligan, 2019). Other noted benefits of outreach programs or other mental health programs incorporate land-based and cultural healing practices include positive behavioral changes, improved physical and mental health outcomes, connection to land and others, and greater appreciation for the environment (Drury & Munro, 2008; Fellner, 2016; Redvers, 2020). These findings are in line with the APPF which explains that a restorative process that centers around care for Aboriginal children, families, and communities and values culture and traditions when working with communities and recognizing and facilitating connections and relationships can strengthen the wellbeing of communities overall (Government of British Columbia, 2016; see Figure 7).



Figure 7. Visual diagram designed in the Aboriginal Policy and Practice Framework of the “Circle as a Restorative Practice” (Government of British Columbia, 2016).

Research has shown that youth value the flexibility and accessibility offered through outreach as they have more say in where and how their care is provided (Brunanski, 2009; Cord-Udy, 2006; Hilferty et al., 2015). Youth also discuss how outreach counsellors are less intimidating and sessions are less awkward compared to their experiences with other types of counselling, and program developers note that outreach requires less infrastructure compared to in-office counselling (Brunanski, 2009; Cord-Udy, 2006). Others factors that have been noted

to be helpful in outreach counsellors includes when they give their full attention, demonstrated trustworthiness to clients, and provided nonjudgmental care (Brunanski, 2009; Community Action Initiative, 2021; Gabriel, 2015).

In terms of engagement with services, outreach programs were well accepted within Indigenous communities and youth would also recommend them to their peers (Brunanski, 2009; Krakouer et al., 2022). Outreach counselling has also been described as a first step or catalyst to connect clients to other resources once they build a relationship with counsellors and become more comfortable (Brunanski, 2009). Experiences in outreach programs have also been shown to be beneficial for practitioners and those involved in programming as well. Outreach can allow volunteers and practitioners to develop their cultural knowledge and relationship-building skills over time, and many who described benefits such as personal growth that also informed their practice and increased the number of culturally informed care providers (Cinelli et al., 2015). In the quote below, an Aboriginal youth shared a positive experience with an outreach counsellor:

He was really laid back. He was really chill and I really like that because that I like being laid back. I'm a pretty chill person too. He didn't want to talk about anything unless I wanted to talk about it. And sometimes we just sat there talking about our days and sipping on coffee. I really enjoyed it. And then after a few months I finally started getting comfortable with him and we actually started talking about shit. It was really cool 'cause we didn't even talk about nothing too serious unless I brought it up.

(Brunanski, 2009, p. 144)

Theme 4: Considerations for Outreach Services

To incorporate outreach counselling into mental healthcare can require attention to specific concerns from those who receive and are providing outreach counselling. These considerations include feasibility in the design and implementation of outreach models, lack of resources and staff particularly those with a background or understanding of culturally informed care, limitations of outreach such as confidentiality, and what qualities clients want in an outreach counsellor. Those who described negative experiences with outreach counsellors in the literature described some experiences with counsellors being “pushy” or those who made the youth feel judged (Brunanski, 2009; Sorenson, 2011). Outreach counsellors who demonstrated certain traits such as patience, trustworthiness, empathetic listening and focused on establishing a positive relationship with the youth were better able to build rapport with clients and youth were more likely to engage with counsellors (Brunanski, 2009). There are also concerns about using outreach services to support youth who are considered at ‘higher risk’ or have more severe mental health conditions. Also how to maintain confidentiality if meeting

clients out in the community (Brunanski, 2009; Krakouer et al., 2022; Sorenson, 2021).

Inequitable access to resources such as technology and restriction of access to communities in northern or rural areas were also described which was obviously heightened during the COVID-19 pandemic (Community Action Initiative, 2021; Sorenson, 2021).

Due to inequities in financial resources, housing, and access to care, some clients also share that a counsellor who is consistent and demonstrates they are available both emotionally and in everyday tasks or with their routine is especially helpful as there is often a multitude of needs clients have that contribute to stress or mental health concerns (Atlohsa Family Services, 2023; Brunanski, 2009; Gabriel, 2015). Feedback from marginally housed Indigenous communities on outreach programs showed that 66% felt additional support and guidance would help them overcome their homelessness and identified outreach, Indigenous led and culturally informed counselling, and housing stability services as critical (Atlohsa Family Services, 2023). One outreach counsellor discussed the differences in outreach models as a practitioner and the importance of flexibility and helping with a variety of client's needs as an outreach worker:

our system's set up to meet the needs of the service deliverer more. Sometimes people are in crisis and it doesn't take an hour. Or I've been with people 2 or 3 days, because that's how long it takes to solve their problem. If you have a huge caseload and you have an hour slotted 6 times a day, you don't have that flexibility. So I think you need a lot of flexibility in your work... And I think we have to wear a lot of different hats and be able to change roles... I think a lot of people get married to their roles and are like, "yeah this is the parameters of my job, I'm not doing anything more. We'll refer you on." And they'll do it in 2 weeks, and by that time you've lost your window of change.

(Fellner, 2016, p.148)

In terms of design of outreach programs, the literature raises concerns about the potential costs, availability, consistency in counselling, ability to reach rural or remote areas, and support for youth with more severe conditions through an outreach model but cites insufficient data to address these concerns (Cord-Udy, 2006; Hilferty et al., 2015; Krakouer et al., 2022; Prehn, 2021; Redvers, 2020; Saewyc, 2008; Sorenson, 2021). Communication and support between outreach workers are also difficult to implement due to the need to disperse the limited staff available to different regions and lack of coordination of schedules and resources that allow staff to stay connected (Totten et al., 2011). Articles discussed systemic barriers to mental health services for Indigenous communities, the shortage of culturally competent counsellors and those who provide services to remote regions, which hinder the widespread implementation and sustainability of outreach initiatives (Totten et al., 2011; Prehn, 2021; Sorenson, 2021).

Several articles also highlight the importance of hiring counsellors who are Indigenous, have lived experiences similar to the population they are working, and understand the

importance of self-disclosure to help build the rapport and trust needed for a positive therapeutic relationship with youth (Brunanski, 2009; Cinelli et al., 2015). Workers not from the area may also have to cope with feeling like an outsider and having to acknowledge that fact when working with community members, highlighting the importance of providing cultural training and working with community leaders when working with communities (Cinelli et al., 2015). However, having counsellors from outside the community is not necessarily considered a drawback due to privacy concerns. There is some evidence that having counsellors from outside the community involved in outreach provides an additional layer of privacy and reassurance to clients (Krakouer et al., 2022). The difference in preferences in outreach counselling services demonstrates the need for both client centered care and a community-centered approach to support the unique needs of each person and understand the context for which the program is tailored.

Recommendations

Outreach fosters trust, engagement, and accessibility, thereby facilitating positive mental health outcomes and bolstering community resilience. Existing literature noted the power of building relationships, fostering connections, and providing understanding and flexible services that outreach provides to Indigenous communities. Communities and service providers have stressed the importance of culturally relevant counselling services, emphasizing the importance of incorporating traditional healing practices such as land-based healing, honouring cultural norms and values in therapeutic interventions, and with minimal barriers with accessing counselling with outreach being a common recommendation. Overall, the key benefits that were recurring throughout the literature have been the accessibility and flexibility offered by outreach programming, along with its ability to be tailored with and for individual clients and communities. Relationship building and connection are also very key to offering supportive services.

Based on the findings of this literature review, Actionable recommendations to enhance the effectiveness and engagement of outreach counselling services with Indigenous youth are summarized in Figure 11 and include the following:

1. Expanding outreach counselling services with Indigenous communities.
 - There is a strong call by Indigenous youth, communities, researchers, and practitioners for greater use of outreach and greater resources to be allocated to these types of service models. In addition, addressing systemic barriers, advocating for adequate funding, and investing in professional development opportunities for Indigenous mental health providers are crucial steps toward improving service delivery and outcomes. Supporting current outreach workers

and collecting feedback from them about how to assist them in their work is also important (Redvers, 2020; Totten, 2011).

2. Conducting further research on outreach service implementation and evaluation, including the centering of Indigenous youth voices.
 - Greater inclusion of Indigenous youth in understanding the types of services and supports they want is important as well as informing them of outreach programs (Big-Canoe & Richmond, 2014; Bock, 2018; Brunanski, 2009; Lund et al., 2022; Saewyc, 2008). The First Nations Mental Wellness Continuum Framework describes in-depth ways in which mental health services can consider important elements to incorporate values important for communities and steps program developers and government bodies can take to support these initiatives (Health Canada, 2015).
3. Cultivating partnerships with Indigenous community members, leaders and Elders, and Knowledge Keepers to seek guidance, cultural knowledge and expertise and listen to community needs when developing these services and participating in research.
 - There is a lack of literature that aims to understand how outreach counselling is received by Indigenous communities and how to develop outreach models in a way that is beneficial for these communities. Practitioners and program leaders should prioritize cultural safety, humility, and competence, ensuring that outreach interventions are tailored to the unique cultural contexts and needs of Indigenous communities. Collaborative partnerships with Indigenous organizations, community leaders, Elders and Knowledge Keepers are essential for building trust and promoting engagement (Krakouer et al., 2022; Redvers, 2020). Research has also highlighted the need for more Indigenous outreach workers and those with lived experiences (Brunanski, 2009; Cinelli et al., 2015).
 - At the policy level, there is a need for comprehensive strategies that prioritize Indigenous self-determination, sovereignty, and rights to health equity including developing and increasing resources for Indigenous-led outreach initiatives and integrating traditional healing practices within mainstream healthcare systems.
4. Evaluating outreach services in comparison to in-office counselling and telehealth service models.

- Some literature has discussed how telehealth and online therapy services can be a lower cost approach that provides greater access for those in remote areas, but little is known about how virtual approaches impact quality of care and connection/rapport in the therapeutic process or how it compared to in-person outreach programs (Community Action Initiative, 2021; Serhal et al., 2020).
5. Researching applications of outreach counselling with other communities and considering its implementation in mainstream services.
 - The literature has highlighted several ways in which outreach counselling can be beneficial for Indigenous communities and youth, but the benefits outlined in the existing literature may not be exclusive to Indigenous communities. Other youth and clients who may not currently be able to access in-office services or who may prefer outreach counselling may stand to benefit from this type of model as well. Hence more research should consider the possible implications of outreach counselling to mainstream mental healthcare (Lund et al., 2022; Totten, 2011).
 6. Discussing with communities how to decolonize research and evaluation processes when learning about outreach counselling services and the needs of Indigenous youth.
 - Guidelines such as the APPF and the University of British Columbia's Indigenous Research Program can be helpful to incorporate when conducting research with Indigenous communities. Decolonizing approaches to research by and with Indigenous communities (Government of British Columbia, 2016; University of British Columbia, n.d.).

RECOMMENDATIONS



Figure 11. Summary of recommendations developed from the analysis of the literature.

Conclusion

This literature review provides insights into outreach counselling interventions for mental healthcare within Indigenous communities. Through a comprehensive analysis of academic and grey literature, several key themes and recommendations were developed, highlighting the lack of available literature on the subject, especially those that include Indigenous communities and Indigenous youth. The available literature demonstrates the importance of adopting culturally responsive and community-driven approaches in the design and delivery of mental health services, including outreach counselling, with Indigenous populations and in research and program evaluation. Indigenous outreach counselling initiatives that prioritize cultural safety, trust building, humility, and competence have shown promise in addressing mental health inequities and promoting holistic well-being. A focus on connection and relationship building is also essential. However, challenges other than the limited literature include funding concerns and considerations of how to design and implement outreach service models, which may be due to the lack of literature that outline the service delivery model and include feedback from communities.

Moving forward, practitioners, policymakers, and researchers must collaborate to advance culturally appropriate solutions that prioritize Indigenous self-determination, sovereignty, and rights to health equity in policy development, service design, resource allocation, and mental healthcare that include outreach models. This also entails fostering partnerships with Indigenous organizations and community leaders to co-create outreach interventions that are rooted in cultural knowledge and strengths. Outreach service models have the potential to be a wide-reaching form of care for various communities which should be researched further. There is a need for ongoing research that centers the voices and experiences of Indigenous communities, prioritizes participatory methods, and evaluates the impact of outreach counselling interventions in a way that is respectful and inclusive of communities. By embracing a collaborative and holistic approach, practitioners and communities can work towards advancing mental health equity and well-being with Indigenous populations, honouring Indigenous youth's resilience, wisdom, and inherent right to autonomy. It must be a priority to center Indigenous voices, uphold Indigenous rights, and prioritize Indigenous-led solutions in mental health care and policy.

Appendix

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Glossary

Accessibility: The availability of services within reasonable reach of those who need them. Aspects of the service, system, organization, and delivery allow people to easily obtain them (Evans et al., 2013).

Culturally informed care: the ability of individuals or organizations to effectively interact with people from diverse cultural backgrounds. It involves understanding, respecting, and valuing cultural differences while adapting one's behavior and practices accordingly.

Cultural safety: A process in which the needs and perspectives of children, youth, and families are a priority. Cultural safety also analyzes power dynamics and imbalances, discrimination, colonization and colonial relationships and how they apply to policy and practice (Government of British Columbia, 2016).

Elder: Respected community members who possess wisdom, knowledge, and life experience. Elders play a crucial role in Indigenous communities by providing guidance, support, and cultural teachings (Council on Aboriginal Initiatives, 2012). Different Indigenous communities may have different definitions or names for their Elders.

Equity: The state, quality or ideal that recognizes individuals and groups have different circumstances which may require different treatment in order to ensure obstacles and barriers are overcome so that everyone may access the resources, opportunities, power and responsibility they need to lead full and healthy lives. (Government of British Columbia, 2016).

Indigenous: Those having a historical continuity with pre-invasion and precolonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories...On an individual basis, an Indigenous person is one who belongs to these Indigenous populations through self-identification (United Nations, 2004). In Canada, this includes First Nations, Metis, and Inuit peoples.

Intergenerational trauma: Neurobiological and/or psychological effects that can be experienced by people who have close connections with trauma survivors. Coping and adaptation patterns developed in response to trauma can be passed from one generation to the next (MCFD, 2016).

Land-based healing: Healing approaches that center on the connection between individuals and the land, recognizing the land's role as a source of strength, resilience, and cultural identity for Indigenous people (Redvers, 2020).

Land-based: Relationship with the land as a central feature or concept rooted in Indigenous epistemology and pedagogy. Land-based implies a deep connection with and non-separation between human beings and the natural world (Redvers, 2020).

Land-based therapy/intervention: A culturally defined practice, program, or service that takes place on a land base that has been intentionally spiritually cultivated, honoured, and respected. Steps are taken to identify how an individual or community's relationship with the land, self, and others has been disrupted and how best to help renew this relationship (Redvers, 2020).

Outreach counselling/clinical outreach counselling: A form of mental health intervention aimed at reaching out to individuals or communities who may face barriers accessing traditional mental health services. It is often delivered in non-clinical settings or through community-based organizations and can be in the form of walk and talk therapy, home visits, in-school sessions, or in car rides with the counsellor (Golightly et al., 2017).

Trauma-informed care/practice: An approach to service delivery that recognizes the prevalence and impact of trauma on individuals and communities. It integrates an understanding of trauma across all levels of care and involves creating safe environments, promoting trust, agency, empowerment, and connection, and providing support that acknowledges the person's experiences and needs (MCFD, 2016).

Walk and talk therapy: Individual counselling/psychotherapy where some or all of the contracted sessions have taken place in an out-of-doors setting where both the client and therapist walk during the therapeutic session (Revell & McLeod, 2016).

Youth: A child or youth in this report is defined as a person between 0 to 19 years of age.