

How the Experiences of Education Professionals Working in Remote First Nations Schools Influence Their Interest in, and Their Capacity to Teach Indigenous Mental Health Literacy (IYMHL)

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Abstract

This study explores how the experiences of education professionals working in remote First Nations schools influence their interest in and capacity to teach Indigenous Youth Mental Health Literacy (IYMHL). Grounded in Indigenous Research Methodologies (IRM), the research emphasizes respect, reciprocity, and relationality to understand the challenges and strategies educators employ in addressing mental wellness among Indigenous youth. Utilizing qualitative methods, interviews with education professionals from Cree First Nations schools in Northern Alberta revealed key themes such as the need for local Indigenous mental health professionals, land-based cultural learning, and the integration of Indigenous languages and practices in education. Findings highlight the critical role of culturally sensitive mental health literacy resources and the importance of co-creating curriculum with Indigenous educators. This research underscores the urgency of addressing mental health disparities among Indigenous youth through culturally informed educational practices.

Keywords: Indigenous Mental Health, Youth Mental Health Literacy, First Nations schools, Socio-environmental Activism, Cultural Education, Mental Wellness

Introduction

Health Canada indicates that Indigenous mental health should focus on the concept of mental wellness, encompassing culture, language, Elders, families, and creation [1]. These elements are required for an Indigenous Youth Mental Health Literacy (IYMHL) Resources/Curriculum. Mental Health Literacy (MHL) is defined as: “Acquiring and sustaining positive mental health, understanding mental disorders, and their treatments [while] destigmatizing mental illness and accessing professional help [2]. Understanding what mental health is and that people with a mental illness can still have mental health reduces discrimination against people with mental illnesses. Learning MHL through an Indigenous perspective can encourage Indigenous youth to seek professional help when they are facing challenges.

rates, mood disorders and hospitalizations of Indigenous youth [3]. reports that First Nations, Metis and Inuit (FNMI) had an age standardized suicide rate of 24.3 deaths per 100,000 persons at risk which was three times higher than the suicide rate among non-Indigenous people (8.0) (Appendix 1). The suicide rate was higher among males than females (29.6 versus 19.5, respectively). Suicide rates were 14.7% among Metis vs. 8% among non-Indigenous people (Appendix 2). Suicide rates were 72.3% among Inuit groups vs. 8% among non-Indigenous people (Appendix 3). This makes the Truth and Reconciliation Commission’s (TRC) (2015) call to action 22 to utilize Indigenous healing practices reverberate with the need for teachers to teach Mental Health Literacy (MHL) through an Indigenous perspective more urgent! [4].

Outline of Research Study

Rationale for research study: Epidemiology on Indigenous Mental Health

The reasons for an IYMHL resource are indicated in the suicide

Unfortunately, Indigenous youth also have higher rates of mood disorders and hospitalizations. Statistics Canada's (2018) report on FNMI people in Canada: Diverse and growing populations, indicates that just over one in ten (11.0%) of off-reserve First

Nations youth and 7.8% of Métis youth report having a mood disorder. Rates of acute-care hospitalizations for intentional self-harm are high among Indigenous youth aged 10 to 19.

1. 42 per 100,000 for First Nations youth living on reserve.
2. 26 per 100,000 for First Nations youth living off reserve.

3. 20 per 100,000 for Métis youth
 4. 101 per 100,000 for Inuit youth living in Inuit Nunangat
- Helping Indigenous youth cope with mental illnesses requires an analysis of their risk factors and protective factors Reports on factors related to Indigenous mental health and wellbeing:

Risk factors	Protective factors
Colonization	Aboriginal identity
Historical trauma (e.g. residential schools)	Self-esteem
Loss of language and culture, and disconnection from the land	Living on land
Spiritual, emotional, and mental disconnectedness	Resilient family and community
Racism and discrimination	Role models
Substance use	Connectedness
Comorbid internalizing symptoms,	Historical consciousness and Indigenous culture connections
Negative parental behaviors	Implementing traditional First Nations practices into everyday life

Histories, cultural norms, responses to stressors and relationships to mainstream culture differ by community leading to variation in exposures and outcomes including resilience. For example, First Nations Bands who helped their residents build and maintain quality affordable housing, locally owned grocery stores, their own high schools, health clinics, locally run water treatment plants, cultural education, and public transportation have lower suicide rates. Having these services on the reserve provides jobs for First Nation residents and puts money back into the reserve funding their social programs and cultural education. First Nations Reserves who lack these services have accounted for 78% of the excess suicide risk among First Nations adults. Statistics Canada (2019) reports the high rate of suicide among Indigenous children under 15 which makes the need for a nation-wide IYMHL curriculum resource more urgent!

Research Objectives

The objectives of my study are to:

- Determine what education professionals who work in remote First Nation schools think should be in an IYMHL curriculum.
- Utilize their hard-earned experiences to influence how the IYMHL curriculum can be tailored to meet their needs.
- Co-create a positive relationship with my research participants through communicating with Indigenous Research Methodologies' (IRM) ethics of respect, reciprocity and relationality.

- Examine their responses to the nine interview questions using IRM, content analysis and thematic analysis.
- Transpose my research data into a numerical table calculating the frequencies of their responses according to themes.
- Analyze and identify the themes in their responses that are also themes reflected in my literature review to be synthesized into my Thesis.

Population Demographics

Research Ethics was approved for me to interview 10 education professionals employed in the Kee Tas Kee Now Tribal Education Authority (KTCEA) which is the jurisdiction for six schools with grades K-12 in Northern Alberta within five Cree First Nations:

1. **Loon River:** Clarence Jaycox School
 2. **Woodland Cree:** Cadotte Lake School
 3. **Lubicon Lake Band:** Little Buffalo School
 4. **Whitefish Lake:** Atikameg School
 5. **Peerless Trout Lake:** Kateri School & Elizabeth Quintal School
- IRM, Content analysis and thematic analysis guided my examination of individual in-depth online interviews with 10 education professionals from the following ethnicities and education professions on the next page to fit the entire chart:

Pseudonym	Occupation	Ethnicity
1. Carrie	Student Services Coordinator	Cree
2. Susan	School Social Worker	Cree
3. Rebecca	School Principal	Cree
4. Iskwei	Vice-Principal & Inclusion Coordinator	Cree
5. Suzy	Early Learning Specialist	Cree
6. Jersey	Junior High Teacher	Cree
7. Leigh	Math Specialist Teacher:	Metis
8. Daniel	High School Science Teacher	Fijian
9. David	School Principal	Kenyan
10. Ginger	Inclusion Manager & Wellness worker	Caucasian- prefer not to I.D.

Summary of the Literature Review

The rationale for an IYMHL curriculum resource is indicated in the fact that Indigenous youth have higher rates of mental illness and suicide rates than their non-Indigenous peers. Socioeconomic factors (e.g., household income, labor force status, education, marital status, on or off reserve) have previously been shown to be associated with suicide among Indigenous people in northern Canada. Therefore, a culturally sensitive IYMHL curriculum resource is as critical to the health of Indigenous youth as water, food, shelter and clothing.

Youth spend more time in school than any other setting requiring a school-based intervention/co-creation equipping teachers to help their students. This supports the urgent need for a school-based Indigenous Youth Mental Health Literacy (IYMHL) resource for teachers to implement into their curriculum. I have been reviewing peer-reviewed literature on Indigenous education and teacher mental health in Indigenous remote schools. In my literature review, I studied Indigenous scholars' research approaches to appreciative inquiry (AI) which nourishes the learning spirit (NLS) of teachers and students. My argument was based on the fact that teachers must examine their own mental health literacy (MHL) before they can teach MHL to students, just as I needed to when my teacherage was burglarized in La Loche Saskatchewan and my former student Marie Janvier was killed in the La Loche school shooting (refer to appendix #7). Agreed that before teachers can educate students about mental health, they must explore their own bias and mental health, so she invited me to share my literature review with her IYMHL Curriculum Writing Team to facilitate an IYMHL Resource to enhance the mental health of Indigenous youth across Canada. For the purposes of this research study Indigenous youth are ages 13 to 25. My research question is: How do the experiences of education professionals working in remote First Nations schools influence their interest in, and their capacity to teach Indigenous Youth Mental Health Literacy (IYMHL)?

Methodology

I used Indigenous Research Methodologies (IRM) with the ethics of "respect, reciprocity and relationality as a conceptual framework. As a participant researcher I reciprocated with my research participants through sharing my struggles as a teacher with a mental illness re-entering the profession, when my teacherage was burglarized and my former student Marie Janvier was killed in the La Loche school shooting [5, 6]. My conceptual framework of IRM guided my interviews with the following ethics.

Respect means that I listened carefully to the research participants without imposing my perspectives upon them nor passing judgment [6]. My responses were related to their comments to provide a safe confidential space for sharing. I expressed my sincerity through my vulnerability of sharing personal and professional experiences that reflected the experiences shared by participants in the spirit of humility.

Reciprocity means that I must give back to the Indigenous community I am researching. I reciprocated with sharing my teaching failures and successes learning from what participants said works the best with Indigenous youth. I want to give back by sharing the IYMHL curriculum with them and asking them what

they think about the curriculum and how they would change it to meet the needs of their local community.

Relationality requires me to ensure that my actions consider the needs of my research participants, and their community. I wrote open ended questions inspiring participants to tell their stories of experience as Indigenous youth, as parents, as educators and as education leaders. I must map their experiences into my thesis and the IYMHL curriculum as a call to action to each of their voices. Relationality is referred to as *wahkohtowin* in the Cree language. The Metis Elder Maria Campbell describes *wahkohtowin* as meaning:

Kinship, relationship, and family as in human family. But at one time, from our place it meant the whole of creation. And our teachings taught us that all of creation is related and inter-connected to all things within it. *Wahkotowin* meant honoring and respecting those relationships. They are our stories, songs, ceremonies, and dances that taught us from birth to death our responsibilities and reciprocal obligations to each other.

Maria Campbell resonates with many of my cultural experiences that influenced my journey and commitment to reconciliation. As a child I attended Louis Riel School and my step-father often called me a halfbreed. Campbell also resonates with my experience teaching her autobiography *Halfbreed* to my students at Dene High La Loche Community School. She was a member of my AA home group and inspires me to be a non-Indigenous ally (refer to appendix #8).

My concrete methodology was content analysis and thematic analysis [7]. defines thematic analysis as "a method for identifying, analyzing and reporting patterns (themes) within data. It minimally organizes and describes data sets in rich detail. I used thematic analysis because it allows me to contextualize my participants' stories with the themes in the Truth and Reconciliation Commission's calls to action [8]. defines content analysis as: A method designed to identify and interpret meaning in recorded forms of communication by isolating small pieces of the data that represent salient concepts and then applying a framework to organize the pieces in a way that can be used to describe the way people behave in natural settings. For my purposes, I use content analysis as a way to ponder my inferences and clarify participants' intent through online recorded interviews. This involves carefully listening to their intricate stories which reveals their themes. I used content analysis because it is a flexible method that works well with qualitative data. My justification for interviewing 10 education professionals is that I was using a qualitative methodology which requires a sample size of five research participants or more [9].

Sampling Strategy

I adopted a non-probability, purposive sampling strategy which involved identifying prospective participants who are both Indigenous and non-Indigenous education professionals who worked directly with Indigenous students in remote First Nation Schools in northern Alberta for more than two years. I chose remote First Nations schools in northern Alberta as they are in an underserved area with very limited mental health services [10]. I also chose this criterion for the participants as I believed that this would best serve this research study because their ex-

perience in working with Indigenous students would provide valuable strategies for writing the IYMHL curriculum. The Kee Tas Kee Now Tribal Education Council (KTCEA) provides Indigenous students with land-based learning programs that are taught by Cree Elders. Since our IYMHL curriculum included students' relationship with the land, I inferred that a sampling of education professionals from schools in the KTCEA Jurisdiction has a strong alignment with the IYMHL curriculum and for my research question of:

"How do the experiences of education professionals working in remote First Nations Schools influence their interest in, and their capacity to teach IYMHL?"

Data Collection Methods

I collected my data through individual online recorded interviews between November 2023 and January 2024. The length of each online Google Meet interview ranged from 30 minutes to 60 minutes. The participants were required to have their camera switched on so I could verify who I was talking to. I informed them that they were not required to answer any question they were uncomfortable with. I also informed them that at any time they could end the interview (Refer to participant contact letter in appendix # 6). I wrote notes while each participant was speaking and I also had the Google Meet recording take transcription notes (with the participants' written consent). Unfortunately, the Google Meet transcription notes had a lot of spelling errors so I had to edit them with my notes while I listened to each participant recording nine to 15 times. Then I met with each participant individually a second time to ensure that my edited transcript

matched the words and context they intended [11]. I told participants that I was willing to add, delete or change any comments they were not comfortable with. This method is aligned with IRM ethics of respect, reciprocity and relationality which is part of my research objectives.

Data Analysis

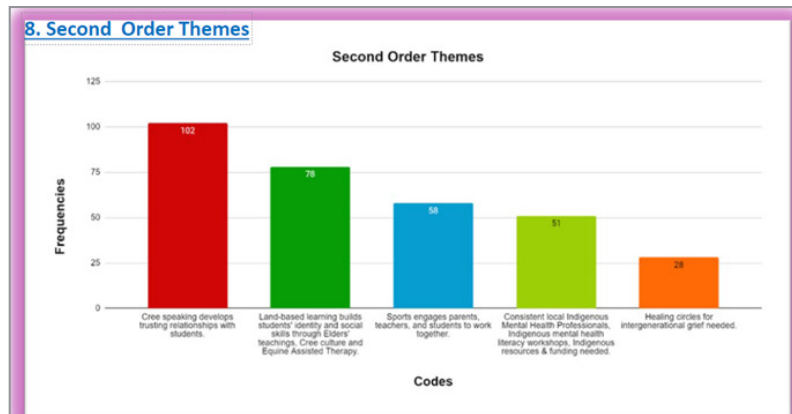
I had nine first order themes consisting of the following themes in order of the highest number of research participant responses first.

1. Consistent local Indigenous mental health professionals, Indigenous resources and funding are needed.
2. Land-based learning cultural activities encourages students to learn and build relationships with the staff.
3. Indigenous Mental Health Literacy workshops and Indigenous resources needed.
4. Teachers' destigmatize and revitalize students' Cree language by speaking it, which increases students' feelings of safety and connection.
5. Teachers need to build relationships with students to inform how mental health literacy is taught.
6. Elders build students' identity: Students gain mental wellness by being trained by Elders.
7. Equine Assisted Therapy (EAT) builds social skills in students.
8. Sports is a protective factor for attendance, teamwork and mental wellness.
9. Healing circles for intergenerational trauma and grief are needed.



I combined code four (Cree language increases students' connections) and code five (relationships between students and teachers) as participants shared that when teachers even add one Cree word a day or a Cree phrase it improves their relationships with students as they feel safe and connected. Combining these codes into one theme totaled 102 research participant responses. Since code two (land-based learning), code six (Elders build students' identity), and code seven (Equine Assisted Therapy) occurs on the land with Elders they were combined into one theme totaling 78 research participant responses. Sports as a protective factor was a watershed experience because the education staff and parents played volleyball as a team against the students, which helped them to discover new communication

strategies. The research participants gave 58 responses under the theme of sports. I combined code one (local Cree mental health professionals and funding) and code three (Indigenous resources and workshops) into one theme. My reasoning was that research participants shared that many mental health professionals leave after only a few years so they need to train Cree residents from their communities as mental health professionals who will be more likely to remain in their own community [12, 13]. Then they can help teachers create Indigenous mental health literacy resources. Combining these codes into one theme totaled 51 research participant responses. The code of healing circles for intergenerational trauma and grief was a theme on its own which had 28 research participant responses.



Conclusion

Relistening to participants' words made me hear their sincerity and their perspectives as Indigenous youths' key stakeholders who are parents, relatives, education professionals and education leaders who play a pivotal role in the lives of Indigenous youth. In my Thesis, I will write a section for stakeholders to support Indigenous youth's mental wellness. For example, education leaders would benefit from a section to help them plan strength-based staff meetings to boost the morale of the staff. Often staff meetings can focus on what the staff are doing wrong so that when they leave the meeting they may feel drained from the criticism. As a teacher with a mental illness re-entering the teaching profession, my fears of criticism during staff meetings fueled my fears of critical teaching evaluations from the principal and superintendent. Appreciative inquiry (AI) can help teachers who often feel unappreciated remain in their positions, thus decreasing staff turnover and thereby positively supporting the mental health of Indigenous youth. Appreciative inquiry can be defined as involving a collaborative search for people's strengths, interests and pursuits, all of which give them joy when they work together as an ecosystem in symbiotic harmony with each other (refer to appendix #4) [8]. IYMHL for education leaders requires them to help teachers reach their professional goals through a strength-based evaluation system that celebrates what teachers are doing right which will inspire teachers to focus on what their students are doing right. Relieving the stress on teachers relieves the stress on students enhancing their relationships and mental health [14, 15].

I have already begun to address many of my research objectives which I will continue to work on with careful consultation with

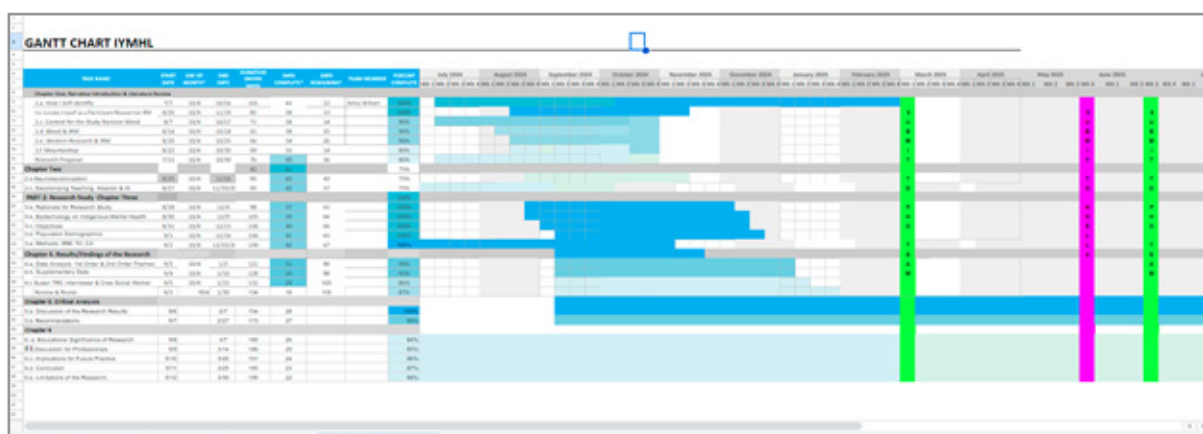
my PhD supervisory team. I co-created positive relationships with my research participants through reciprocal sharing with the ethics of respect, reciprocity and relationality. Through examining their responses, color coding data, and transposing data into tables, I have met all the data analysis objectives. It would help Indigenous youths' key stakeholders if there was a section in the IYMHL curriculum for them to learn how to support Indigenous youth's mental wellness. In my thesis, I will have a section on my experience with key stakeholders giving suggestions and recommendations based on my experience, research and literature review [16]. I am currently in the process of integrating my data into my thesis using the literature reviewed with IYMHL Curriculum writing team I have been working with on a regular basis with [9]. Ultimately, my goal is to share this curriculum resource with Indigenous communities, consult with them and ask them what they think will work well and what needs to be changed to meet their needs locally. I created a concept map of my plans for my Thesis. (Refer to Appendix #5).

Completion Timeline

I hope to submit my thesis to my PhD Team for a review in March 2025. I will submit my thesis to Dr. Noella Steinhauer for review by May 2025 before her retirement in June 2025. I will submit my thesis to my PhD Team for a final review at the end of June 2025. After making all the prescribed changes, I will submit my Thesis to Graduate and Post Doctoral Studies (GPS) by July 31, 2025 for the November 2025 convocation. This is indicated in the following Gantt Google document link below:

Gantt Chart Google Document Link below

Link: [Main - Oct. 9 2024 Gantt-Chart Nov.](#)



Projected Timeline Chart

Candidacy dates	Candidacy Prep	Thesis Prep	Thesis Submit	Convocate
Tentative Oct. -Dec 2024	Gantt timeline	WC weekly	April 30/25	June 2025
Set Date Jan. - Feb. 2025	Writing Centre (WC)	Supervisors weekly/ biweekly		
	WC workshops		July 2025	Nov. 2025
Date reset date by Feb.. 2025	WC Weekly			Nov. 2025

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Appendix #1

Rationale for Research Study: Table One: Canada Suicide Rates First Nations & Non-Indigenous

Table 1
Age-standardized suicide rates (number of deaths by suicide per 100,000 person-years at risk) and rate ratios (RR) among First Nations and non-Indigenous people in Canada, by sex, household population aged 1 year or older, Canada, 2011-2016

Sex	First Nations people			Non-Indigenous people			First Nations people		
	Suicide-related ASMR	95% confidence interval		Suicide-related ASMR	95% confidence interval		Rate ratio	95% confidence interval	
		lower	upper		lower	upper		lower	upper
Total	24.3	20.6	28.0	8.0	7.6	8.5	3.0	2.5	3.5
Females	19.5	14.5	24.5	3.9	3.5	4.3	5.0	3.6	6.4
Males	29.6	24.1	35.0	12.3	11.5	13.0	2.4	1.9	2.9

Notes: 5.6-year follow-up period: May 10, 2011 to December 31, 2016.
ASMR = Age standardized mortality rate (standardized to the Indigenous population estimated by the 2011 National Household Survey; in 5-year age groups except for those aged 1-4 and those aged 85+.
Excluded from data: institutional population at time of census collection (e.g. nursing homes, jails), population living in collective households (e.g. motels, hotels, rooming houses), persons not enumerated by the 2011 National Household Survey.
Source: Statistics Canada, 2011 Canadian Census Health and Environment Cohort integrating the 2011 National Household Survey with Canadian Vital Statistics Database (2011-2016).

Appendix #2

Rationale for Research Study: Table Two: Canada Suicide Rates Metis & Non-Indigenous

Table 2
Age-standardized suicide rates (number of deaths by suicide per 100,000 person-years at risk) and rate ratios (RR) among Métis and non-Indigenous people in Canada, by sex, household population aged 1 year or older, Canada, 2011-2016

Sex	Métis			Non-Indigenous people			Métis		
	Suicide-related ASMR	95% confidence interval		Suicide-related ASMR	95% confidence interval		Rate ratio	95% confidence interval	
		lower	upper		lower	upper		lower	upper
Total	14.7 [‡]	9.5	20.0	8.0	7.6	8.5	1.8	1.2	2.5
Females	7.2 [‡]	2.6	11.9	3.9	3.5	4.3	1.9	0.7	3.1
Males	22.6 [‡]	13.2	31.9	12.3	11.5	13.0	1.8	1.1	2.6

[‡] use with caution
Notes: 5.6-year follow-up period: May 10, 2011 to December 31, 2016.
ASMR = Age standardized mortality rate (standardized to the Indigenous population estimated by the 2011 National Household Survey; in 5-year age groups except for those aged 1-4 and those aged 85+.
Excluded from data: institutional population at time of census collection (e.g. nursing homes, jails), population living in collective households (e.g. motels, hotels, rooming houses), persons not enumerated by the 2011 National Household Survey.
Source: Statistics Canada, 2011 Canadian Census Health and Environment Cohort integrating the 2011 National Household Survey with Canadian Vital Statistics Database (2011-2016).

Appendix #3

Rationale for Research study: Table Three: Canada Deaths by Suicide of Inuit & Non-Indigenous

Table 3
Age-standardized suicide rates (number of deaths by suicide per 100,000 person-years at risk) and rate ratios (RR) among Inuit and non-Indigenous people in Canada, by sex, household population aged 1 year or older, Canada, 2011-2016

Sex	Inuit			Non-Indigenous people			Inuit		
	Suicide-related ASMR	95% confidence interval		Suicide-related ASMR	95% confidence interval		Rate ratio	95% confidence interval	
		lower	upper		lower	upper		lower	upper
Total	72.3	60.8	83.8	8.0	7.6	8.5	9.0	7.5	10.5
Females	35.4 [‡]	23.8	46.9	3.9	3.5	4.3	9.0	6.0	12.1
Males	109.3	89.1	129.5	12.3	11.5	13.0	8.9	7.2	10.6

[‡] use with caution
Notes: 5.6-year follow-up period: May 10, 2011 to December 31, 2016.
ASMR = Age standardized mortality rate (standardized to the Indigenous population estimated by the 2011 National Household Survey; in 5-year age groups except for those aged 1-4 and those aged 85+.
Excluded from data: institutional population at time of census collection (e.g. nursing homes, jails), population living in collective households (e.g. motels, hotels, rooming houses), persons not enumerated by the 2011 National Household Survey.
Source: Statistics Canada, 2011 Canadian Census Health and Environment Cohort integrating the 2011 National Household Survey with Canadian Vital Statistics Database (2011-2016).

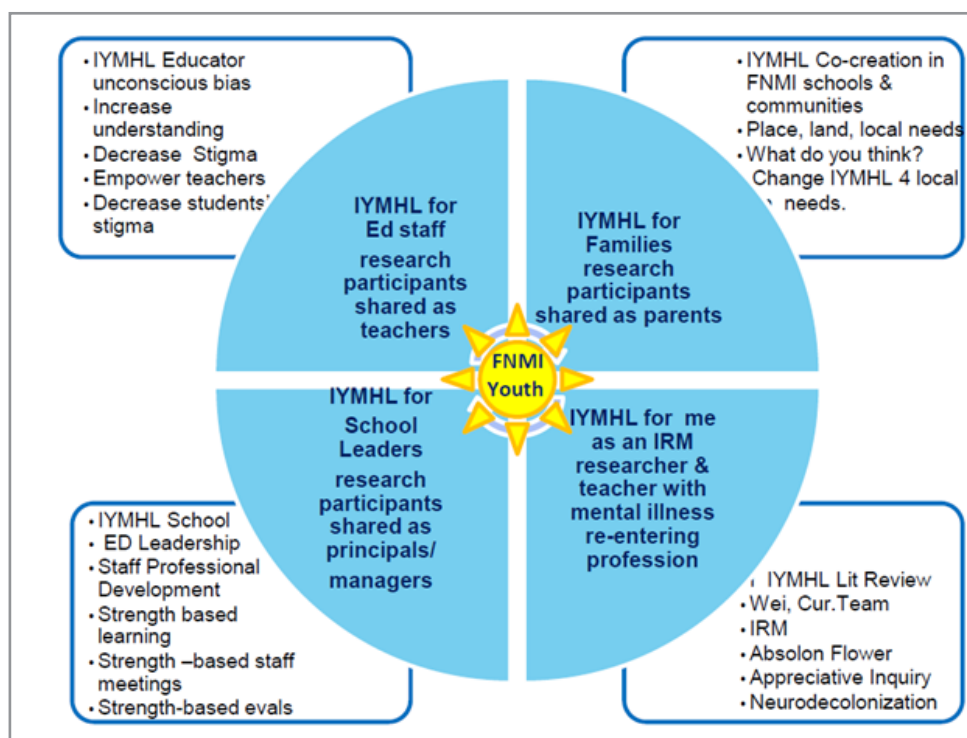
Appendix #4

Appreciative Inquiry 4-D Model Discovery, Dream, Design, Destiny



Appendix #5

Concept Map of Disseminating my Literature Review & Research Data into my Thesis



Appendix #6

Participant Contact Letter

Dear _____,

Tansi! Greetings! My name is Anna Wilson, and I am a former teacher who has taught in many Indigenous schools in Canada. I am currently a PhD student working on a school-based Indigenous Youth Mental Health Literacy (IYMHL) Curriculum Resource Research Study under the Supervision of in the Department of Psychiatry in the Faculty of Medicine and Dentistry at the University of Alberta. Our goal is to create an Indigenous Youth Mental Health Literacy Resource that is accessible across Canada [16].

Objectives

Mental Health Literacy is defined as: Developing and maintaining positive mental health, recognizing and gaining an awareness of “mental disorders, and their treatments [while] destigmatizing mental illness and accessing professional help [16, 17]. Our goal is to interview Education professionals working in Indigenous schools to share their expertise on what they think should be in an Indig-

enous Youth Mental Health Literacy Resource. We will facilitate an IYMHL Resource to enhance the mental health of Indigenous youth across Canada through consulting Indigenous educators in Northern Alberta [18].

Methods

Data will be collected through individual interviews. Indigenous Research Methodologies (IRM) honors the “cultural protocols, values and beliefs of the Indigenous group” local to the participating Indigenous community following “respect, reciprocity and relationality. Data will be organized with content analysis and analyzed through grounded theory. We will color code questions so we can graph responses in a diagram. Data saturation will occur when we get similar answers for different questions.

Research Participants

Population Demographics: we will recruit 10-12 education professionals: principals, teachers, education assistants, special education coordinators from First Nations schools in Northern Alberta including:

The KEE TAS KEE NOW Tribal Education Authority (KTCEA) is the jurisdiction for six schools with grades K-12 in Northern Alberta within five Cree First Nations.

- **Loon River:** Clarence Jaycox School,
- **Woodland Cree:** Cadotte Lake School
- **Lubicon Lake Band:** Little Buffalo School
- **Whitefish Lake:** Atikameg School
- **Peerless Trout Lake:** Kateri School & Elizabeth Quintal School

We will also recruit Teachers from Maskwacis Secondary School in the Maskwacis Education Authority Area.

Research Questions

Indigenous researchers are encouraged to follow the “three Rs of Respect, Reciprocity and Relationality. Therefore, our questions will ask participants what they feel are their strengths in helping Indigenous youth with mental wellness and what is their school and community doing that is working well. We will record and transcribe the research participants’ data verbatim and take field notes using pseudonyms chosen by each research participant. They can refuse to answer any question they do not want to answer.

1. What kinds of things have you/your school/your community done that have successfully enhanced your students’ mental wellness?
2. How can you expand on your/school’s/community’s successes to overcome current challenges?
3. Based on your experience and expertise as an education professional, what do you think needs to be in an Indigenous Youth Mental Health Literacy resource?
4. Reflect back to the challenges you experienced during your teen years, what kind of resources would have helped you cope better mentally and contributed to your happiness?
5. What kind of resources and supports do you think could help Indigenous youth mentally cope with challenges?
6. What kind of resources and supports do you think could enhance the happiness of Indigenous youth?
7. What support services does your school provide for the mental wellness of Indigenous youth?
8. Imagine that you are the Mental Health Liaison of your school, what type of mental health support services would you organize with your school staff, families and community to improve the mental health literacy of Indigenous Youth in the school where you teach/work?
9. Imagine that you are sitting across the table from the Minister of the Canadian Mental Health Association, what would you suggest to him/her about the type of mental health support services/programs should be funded to improve the mental health of Indigenous Youth across Canada?

Research Participants’ Honorarium

We will give each of the research participants a grocery gift card of \$50.00 which will cost a maximum of \$600.00 for 12 participants. We will follow the protocol local to each Cree First Nations community for requesting a meeting/luncheon with each community to formally share our research project with them before commencing our interviews. We will ask the community leaders for their estimate on the costs for the luncheon and the protocol for us to pay for.

Dissemination of Results

Participants can obtain a summary of the results by accessing the web portal designed for this study, as well as from the international mental health literacy website: <http://mentalhealthliteracy.org> approximately six months following the study. We will also present research findings at conferences and publish with peer-reviewed journals such as The Canadian Native Journal of Education with and our research team. We will also share back to the Indigenous communities the research findings through community information sessions using webinars, and cultural events if appropriate that will take place in schools and communities.

Expected Timelines

We will strive to cover four to five numbered questions in one 60-minute ZOOM/in-person meeting interview. Every one-hour interview will have a 15-minute break after 30 minutes. Since there are nine interview questions/discussion prompts, the entire data collection process for each research participant will take approximately two and half hours totaling 30 hours for twelve participants. We will meet with participants three times in one week, which would enable us to complete my data collection within three- and

one-half weeks. At any point research participants can decline to participate in the research study and any data collected will not be part of the research study.

I respectfully acknowledge that we are located in (Amiskwaciwâskahikan). We recognize and respect that we are on Treaty 6 territory.

Appendix #7

Why this Research is Important to me

I want to clarify that this is my opinion. I often wonder if the lack of an Indigenous youth mental health literacy curriculum (IYMHL) and mental health services could have contributed to the mass shooting at La Loche Dene High School in La Loche Saskatchewan where my former student Marie Janvier was killed. Her killer suffered from mental illnesses as did many of my students who suffered from behavioral disorders ranging from ADHD, Conduct Disorder, Oppositional Defiance Disorder, functionally integrated, FAS, and PTSD. Yet, there were no psychiatrists in La Loche Saskatchewan. Anyone struggling with their mental health had to go to North Battleford. I still wonder if an IYMHL curriculum would have helped the staff and students to identify the digression of the school shooter's mental state and encouraged his family to get him professional help before he injured or killed anyone. The shooter's family may have been able to lock up their hunting rifles before he killed 4 people and injured 7 others. I believe that a mental health literacy (MHL) program could have equipped the staff and students to cope with daily mental health challenges in a remote and underserved area. These concerns have ignited my burning desire to facilitate an Indigenous Youth Mental Health Literacy Curriculum that can empower students and staff to identify mental disorders and encourage each other to seek professional help while supporting each other's mental wellness through an Indigenous perspective [19].

Appendix #8

How I Identify Myself as a Non-Indigenous Ally

I will be introducing the focus of my thesis by using the narrative of my life experience as a non-indigenous person raised in an indigenous context. I am a non-Indigenous stepsister of my Indigenous family who inspired me to teach in Indigenous schools and be an ally with Indigenous Peoples. I define an Indigenous ally to be someone who walks alongside Indigenous peoples and asks them how they can best support them in the struggle for justice. When I made mistakes with my Indigenous step sisters, I apologized and accepted their corrections. I made a lot of mistakes and a lot of apologies. I am grateful they told me that the only people who do not make mistakes are people who do not try. Mistakes are important teachers to learn from. My name is Anna (Annaheita Marashi) Wilson, I was born in Lima Ohio, USA, my father is Iranian and my mother was of Scottish, Irish, and English descent. My parents divorced when I was six years old and my mother married an abusive man with severe alcohol use disorder, which resulted in me running away from home when I was 15 years old.

I self-identify as a non-Indigenous ally walking alongside an Indigenous family who mentored and tutored me since 1987. The

years I spent with Linda Akan and her family were very transformative for me in relation to my recovery from addictions and my educational journey. I met Linda Akan and her daughters (my step-sisters) Christina, Kym and Carrie of the Muskowekwan First Nation Reserve in the Treaty 4 Territory when I only had a grade eight education. I met them 36 years ago at the Oilmen's Alcoholics Anonymous group in Edmonton, Alberta through her parents. They both had multiple graduate University degrees and tutored me through university. I would not be where I am today without the help and inspiration they gave me to stay in school. This reveals how the spirit of reconciliation flows in my life. When deceased, Linda received her Master of Education Degree, I was inspired to pursue a university degree in education. Linda published an article that discusses walking the talk to lead others through being a good role model. I taught Indigenous students in northern Alberta and northern Saskatchewan where I witnessed many injustices against Indigenous peoples. As a non-Indigenous person, I empathize with Indigenous injustices as I have experienced and wrestled with racism, poverty, addictions, and mental illness. It is through these experiences that I humbly walk the talk of reconciliation with Indigenous People hence the title of Linda's article Pimosatamowin Sikaw Kakeequaywin. Since I have been studying the ethics of Indigenous research, to honor the three Rs of respect, reciprocity and relationality, I have discovered more about my identity in relation to Indigenous Peoples. The following scholarly Indigenous research illustrates how I self-identify as an ally who wants to work alongside Indigenous Peoples in the spirit of reconciliation: Relationality requires me to ensure that my actions consider the needs of my research participants, and their community. Relationality is referred to as wahkohtowin in the Cree language. The Metis Elder Maria Campbell (2018) describes wahkohtowin as meaning:

Kinship, relationship, and family as in human family. But at one time, from our place it meant the whole of creation. And our teachings taught us that all of creation is related and interconnected to all things within it. Wahkotowin meant honoring and respecting those relationships. They are our stories, songs, ceremonies, and dances that taught us from birth to death our responsibilities and reciprocal obligations to each other.

Maria Campbell resonates with many of my cultural experiences that influenced my journey and commitment to reconciliation. As a child I attended Louis Riel School and my step-father often called me a half breed. Campbell also resonates with my experience teaching her autobiography Halfbreed to my students at Dene High La Loche Community School. She was a member of my Alcoholics Anonymous (AA) home group and inspires me to be a non-Indigenous ally. As a teacher with a mental illness I want to share the lessons I learned and encourage other teachers to feel safe in reaching out for professional help.