Eliminating Disparities: The Path to Truth and Reconciliation for Indigenous Children’s Mental Health

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Introduction

Indigenous children face significantly worse mental health outcomes than other Canadian children (Greenwood & Halseth, 2022). Within this review is a comprehensive understanding from a Canadian context of what has created these mental health outcomes. This review is made to represent the (limited) data on Indigenous children and to provide a framework that is based on empowerment for the Indigenous people of Canada with respect to their history and the oppression they have, and continue, to face. Indigenous children require alternative strategies for mental health treatment in comparison to other Canadian children, and this will be analyzed throughout this paper. The presented research on Indigenous children will include the underlying history of why Indigenous children require alternative mental health strategies due to colonialism, recent statistics of Indigenous children based on outcomes of historical and social determinants, and effective mental health strategies that can be implemented.

Literature Review

A considerable portion of what has led to today’s Indigenous children developing health outcomes disproportionate to other Canadian children is the impact of colonialism. This is important to know given the inter-generational trauma that has uprooted the life course of Indigenous communities and individuals throughout a significant portion of history within Canada. The impacts of colonization have resulted in a torn relationship between the First People of Canada and the white settlers who invaded their land, leading to long-withstanding prejudice against Indigenous people. Systemic racism within state legislation largely exists because of discriminatory practices laid against Indigenous people and has contributed strongly to the economic and political marginalization that can be observed both in past history and current times (Gerlack et al., 2014).

The effects of colonialism have further developed into multiple forms of discrimination against Indigenous people (Greenwood & de Leeuw, 2012). Racism is one primary form of discrimination that is evident across Indigenous children’s health outcomes on both a micro and
macro level. Institutional level microagressions often occur as seemingly subtle, and more often than not are invisible unless observed and contextually understood. Through these microaggressions, individuals can experience an increase in stress from negative stereotyping, and the nature of these repeated stereotypes against Indigenous people and their culture in past and present times has accumulated into a form of misrepresentation (Greenwood & de Leeuw, 2012).

Indigenous people have experienced a loss of human rights on a collective and individual level, and this loss of human rights has also caused a significant disconnect from their traditional ways of life. A primary example of how their rights were taken is from the installment of residential schools that were recently disbanded in the late 1990s. Assimilation of Indigenous children into these schools denied them the ability to create meaningful relationships with other children through play, and instead, these children were forced to engage in roles that were based on white normativity (Brady, 2015). Many survivors of these schools developed a lack of parenting skills because of this separation and an inability to form a secure parent-child attachment with their own children, and the emotional disconnect from a trauma-based response to their experiences separated them from being able to care for and be fully present within their family structures. This form of trauma response has become intergenerational, as many survivors report their own children experiencing social-emotional difficulties even if their children did not attend these schools (Brady, 2015). These events in history, as well as countless others, have led to Indigenous children experiencing lowered mental health outcomes based on social determinants that stem from these events in history.

Research on the mental health of Indigenous children in Canada is limited, and with this, there is a need to have more updated research. Research by Chartier et al (2024, Conclusion section) shows that Indigenous children consistently “have a greater risk of experiencing mental disorders than other children in the general population” largely due to historical, intergenerational, and societal factors. Today’s research focuses on how these disparities in living situations for many Indigenous families have in turn affected the children of these families in prevalence to poor mental health outcomes.

Cybervictimization, a form of bullying experienced by children today as many of them have access to technology at young ages, significantly affects Indigenous children and their mental health. A study by Arim and Kingsbury (2023) focused on Canadian youth ages 12-16 and based their results on representative samples of how mental health is created due to cyberbullying across different groups. Among the groups, the younger male children experienced lower levels of cybervictimization at 23.9%, whereas females typically experienced higher levels of cybervictimization at 25.4%. Among the total population sample, 33.8% of Indigenous children who participated in the research were found to experience cybervictimization compared to only 26.2% of white children and 23.6% of black children (Arim & Kingsbury, 2023). The researchers noted that other studies of cybervictimization also show similar results for Indigenous children, but there is not enough research with large representative samples to be conclusive. They stated that when comparing different groups of children, those living in a low-income family may be at a greater risk for cybervictimization and those who seem to be at a social disadvantage led to them being at risk for bullying.

Indigenous families have been severed from their cultural and family ties, and face higher risks of living in “overcrowded housing, experiencing food insecurity, and being subjected to
underfunded education” (Chartier et al., 2024, Conclusion section). A study by Chartier et al (2024) analyzed mental health disorders of children ages 6-19 within different ethnic groups across Manitoba and found that ADHD and mood/anxiety disorders were significantly higher for First Nations children living both on and off reserves and when restricted to low-income areas the prevalence rates were still higher than other children with ADHD at 1.21 on a 95% confidence interval. Further, into the study, the researchers were able to see that in both urban and rural areas of low-income, Indigenous children had a higher prevalence of all the analyzed mental health disorders, and higher rates of suicide attempts and deaths compared to other children. Exemplifying this is within Chartier et al (2024) study, their data showed that suicide rates among Indigenous children as young as 12 are 6.3 times higher than non-Indigenous children.

Research continually shows that Indigenous children face disproportionately high rates of mental health disorders due to social factors on both a micro and macro level. Systemic racism further pushes this inequality gap across different intersectionality’s, and Indigenous families are made to not only face these injustices wrongfully brought upon them, but also have to process the trauma from colonization and the effects of the residential school system which presently affects them and their children. In effect, child welfare systems continually must intervene in Indigenous families because of the failure of the government to provide adequate treatment for their past wrongdoings, and more Indigenous children live in governmental wards than were ever found in residential schools (Gajaria et al., 2021). This involvement in Canada’s child protection system is experienced at disproportionately higher levels than for other marginalized groups (Gajaria et al., 2021). This shows that healing through these interventions are not successful in providing healing within Indigenous families. Intervention methods to help assist Indigenous children who face significant mental health challenges need to be altered in a way that is in response to their history and can help bring reconciliation to them and their families.

Rehabilitating Indigenous children’s mental health requires a different approach compared to contemporary practices for general populations. This is not in a way to infer that Indigenous populations are a set of people that need this pushed upon them, but for those that seek out and receive the treatment, it is in respect to approaching the best method that will work for them and in regard to their history personally and generationally. Research has been conducted in multiple areas on how to approach best working with Indigenous children, and a general consensus is that working with them requires changing colonial attitudes that are found in traditional mental health services (Nelson & Wilson, 2017). Solutions involve understanding social realities on and off reservations and having diversity within the health systems. Research by Gajaria et al (2021) has shown that when racialized individuals seek mental health support in Canada, their experiences are often negative. To bridge truth and reconciliation, mental health practitioners need to work with these children by integrating aspects of Indigenous life and culture into their practice. This, and the provision of anti-racist policies to eliminate systemic discrimination, is necessary for helping to provide proper care (Gajaria et al., 2021). Research in recent decades has shown three areas of approach as effective in cultivating these ideas: Play Therapy, resilience-based practices, and Early Childhood Development interventions.

Play Therapy is one way that children’s mental health can be approached in a sustainable way. Brady (2015, p. 99) proposed that play is a way in which children can “engage with their environments, create new experiences, and to become active agents in their development.” Re-
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search by Gerlack et al (2014) noted that the construction of childhood occurred around the same period of colonization of the Western world, and this means play is seen from a lens of its development according to research on white, middle-class children. The authors of this study propose that play is reframed in a way that supports Indigenous children’s experiences based on inequalities that they and their ancestors have experienced.

Brady (2015) approached several methods in their research of play for Indigenous children to help rehabilitate them. The first is creative arts, which are seen to deepen healing processes further and in other areas of research, have been shown to help with an increase in self-esteem, reduce stress, and strengthen relationships (Brady, 2015). Another method is through the integration of cultural practices and symbolism. Indigenous people’s relationship with the land has been disrupted, and engaging in traditional land-based activities can help clients feel more spiritually connected to their surroundings. The effects of this have been shown to enhance cultural pride and enable more pro-social behaviours when children are able to interact with family members in these ways (Brady, 2015). Symbolism, such as the involvement of the medicine wheel in therapeutic sessions, also holds relevance in this aspect. A last way to incorporate play is through the family system. Having family and communities interact with the children helps to build positive relationship behaviours for children, and it also provides the caregivers with tools and strategies for building relationships with their children. These areas of play offer a reestablished relationship to self, others, and in turn to the Creator.

Building resilience amongst Indigenous children contributes to “engagement in culture, having positive peer and family relationships, and having a positive self-identity” (Kowatch, 2016, p. 23). Unique factors also include support and connectedness, and these factors of resilience can be developed through individual, family, and community wellness. Kowatch et al (2016) framed that resilience from an Indigenous perspective involves connection to the land and accessing resources in meaningful ways to improve ecological and social interconnectedness. Canadian Indigenous examples show that resilience is a way to help moderate symptoms re-experienced after exposure to violence and that lower levels of resilience are associated with an increase in the re-experiencing of symptoms as violence is increased (Kowatch et al., 2016). For children, building and maintaining a sense of resilience is beneficial for them as they grow and develop into adults. To foster resilience, there are multiple protective factors that can be developed.

Protective factors that promote resilience include those at the community, family, and individual levels according to Ford et al (2013). Creating an environment to limit stressors for children includes helping reshape communities in which Indigenous families live. This is done primarily at a macro level of creation. On a family level, individuals can rehabilitate through affection and praise, and teaching parents how this can be implemented in different ways is beneficial for both their healing and that of their children. Nurturing specific relationships to cultural-based skills such as hunting can further promote these relationships with the community and family. On an individual level, Ford et al (2013) recommended activities that promote belief in oneself such as self-esteem exercises. This can include academic achievement and learning, and the influence of this self-esteem can enhance mental health. Through this building of resilience, children are better able to grow in a productive fashion.

Early Childhood Development (ECD) interventions in Canada are a way in which a
multitude of actions are taken on a micro and macro level to help address social determinants of health, including: “health… social welfare… governments… universities, research entities, and community groups.” (Greenwood & Halseth, 2019, p. 34). These actions are taken in combination to address multiple factors that influence young children in Indigenous communities, and these interventions can occur at different levels of the life course. For example, at preschool age, there is a focus on children’s education, and intersectoral collaboration may include community-based childcare programs. The challenge with ECD interventions is that they are low in resources but have high demand; however, they have continually shown to have consistent results such as: developing positive parent-child relationships, creating positive home environments, enhancing childhood developmental skills such as cognitive abilities, and address the effects of colonialism on Indigenous communities (Greenwood & Halseth, 2019). Ideal ECD programs are culturally focused, have community involvement, and address the physical, spiritual, and emotional needs of Indigenous children and families.

A specific program implemented in Canada is Aboriginal Head Start. This program supports the distinct cultures of each individual community, empowers children with pride for their community, and focuses on the development of children ages 3-5 (Greenwood & Halseth, 2019). Community-based programming provides growth for on and off-reserve Indigenous children and their parents. A report on this specific program showed that 71% of parents said their child became more aware of their culture, 62% of families were engaging in more traditional activities, and 44% interacted more in their Indigenous language as a result of the program (Greenwood & Halseth, 2019). Programs such as these promote protective factors for Indigenous children and allow them to foster better mental health.

**Conclusion**

Through an understanding of the history of the First People of Canada, there is clarity in understanding that the mental health outcomes of these children are based on the effects of colonialism and interactions on a micro and macro level. Inter-generational trauma that has occurred in history and recent history has disempowered Indigenous families and communities, leading to significantly worse mental health outcomes for Indigenous children living on and off reserves (Greenwood & Halseth, 2022). As a result of the effects of colonialism and systemic discrimination, Indigenous children require alternative mental health interventions to help rehabilitate them. These interventions include different strategies such as Play Therapy, fostering resilience, and Early Childhood Development interventions that are framed in such a way as to eliminate barriers and promote reconciliation for Indigenous children and their families. This paper has been written to provide more information on why Indigenous children are experiencing an increase in negative health outcomes and to provide information on how these mental health outcomes can be addressed.
References


