ROOTING MENTAL HEALTH IN AN ABORIGINAL WORLD VIEW
INSPIRED BY MANY HANDS ONE DREAM

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Rooting Mental Health in an Aboriginal World View
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For millennia, Aboriginal peoples in Canada lived in thriving and culturally diverse communities with sustainable economic, political, social, education and health systems. The rich knowledge of these communities serves to benefit all Canadians today. For example, the Iroquois Confederacy was used as a reference in the creation of the US Declaration of Independence, the Canadian model of governance and later the platform for the League of Nations which is now known as the United Nations (Weatherford, 1988). In addition to politics, Canadians enjoy many Indigenous foods such as corn, maple syrup, beans, cranberries and salmon on a daily basis and many Canadians live in places with indigenous names such as Toronto, Ottawa, Quebec and of course Canada. A consequence of colonization was that rich indigenous knowledge systems, including those regarding mental health, were disregarded by western cultures who gave almost exclusive privilege to their own knowledge systems. Furthermore, the trend toward culturally appropriate services has been problematic as there is no agreement on what constitutes culturally appropriate practice. In the main, culturally appropriate programs tend to be based on western culture with some modifications made for Aboriginal peoples. However, these programs rarely consider the significant differences in world view between Aboriginal and non Aboriginal peoples.

While western mental health concepts and treatments have benefitted some Aboriginal peoples, the overall outcomes are far from impressive. This has reinvigorated calls from Aboriginal peoples to have rich Aboriginal cultures and knowledge as the foundation for the mental health system. This framework can be augmented by the best mental health approaches provided by Aboriginal and western cultures. To achieve this, the very different ways that Aboriginal and non Aboriginal people see the world must be acknowledged and understood. The following chart sets out some of these differences in world views:
<table>
<thead>
<tr>
<th>Worldview Concept</th>
<th>Aboriginal</th>
<th>Non Aboriginal</th>
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</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Believe their ancestors are mostly right and thus value the preservation and use of ancestral knowledge</td>
<td>Contemporary or futuristic knowledge valued over ancestral knowledge</td>
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<tr>
<td>Time</td>
<td>Believe in expansive concepts of time that reach back and forward in time. For example, decisions should consider the impacts on “7 generations” of children to come.</td>
<td>Time limited concepts of time usually confined to three generations.</td>
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<tr>
<td>Connection</td>
<td>Aboriginal peoples believe they are part of the natural world and are interconnected across time to those who came before and those yet to come</td>
<td>Non Aboriginal peoples believe humans are apart from the natural world and don’t perceive a fundamental interconnection to the past or future (with the possible exception of their children or grandchildren)</td>
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<tr>
<td>Health</td>
<td>Aboriginal peoples believe that in order for a person, family or community to be healthy they must have balance between the physical, emotional, cognitive and emotional aspects of health. All of these aspects of health are interconnected and thus any “treatment” must fully consider the whole person.</td>
<td>Non Aboriginal peoples believe that health care can be separated into specialized functions. Services to non Aboriginal peoples tend to distinguish between services for physical health and mental wellbeing with little interconnection between the two. Although there is a commitment to inter disciplinary health practice, the practical reality is that people get treated “one piece at a time”.</td>
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<tr>
<td>Place in the world</td>
<td>Aboriginal peoples view themselves as a link in a long chain of people who have come before and those who will follow. In this context, you are special to the extent that you live in a good way and pass along the information and values necessary to sustain your group across time.</td>
<td>Non Aboriginal peoples believe in individual as opposed to collective rights and give primacy to the generation that currently exists with limited attention to the sustainability of their groups over time.</td>
</tr>
</tbody>
</table>
It is important to understand that there is no “right way” to look at the world nor are there any “culturally neutral” mental health services that might fit a generic worldview. The reality is that in Canada, mental health services are heavily rooted in western cultures which does not always serve the interests of Aboriginal peoples.

The Influence of Worldviews on Principles, Policy and Practice related to Mental Health:

Western Culture

- New expert knowledge is most highly valued.
- Treatment relationships involve individuals with mental health concerns being treated by experts.
- Life histories are considered important in understanding mental health issues but little consideration is given to ancestral knowledge or the overall history of specific cultural groups.
- Professionals with specialized expertise treat certain parts of the “problem” and refer patients/clients with additional concerns to other specialists.
- Although mental health professionals typically value cultural diversity, the mental health system itself is embedded in western cultural norms and it often erroneously assumes a cultural neutrality that applies across all cultures.

An Aboriginal perspective

- Aboriginal peoples deeply value the knowledge gained by generations living across millennia. This knowledge, known as oral history is a key focus of Aboriginal cultures. Its integrity is maintained and passed to the next generation. Oral histories contain rich knowledge of the experience of people on topics as varied as politics, law, caring for children, architecture, ecology, pharmaceuticals and astrology. These topics are woven together in recognition of their interdependence— the relationship among knowledge systems is vital in honoring oral history. It is important to understand that Oral History is not frozen in one moment in time – it evolves over time, continuously weaving in new knowledge. It is believed that good ideas are ones that remain true across generations while bad ideas are ones with either immediate or long term negative consequences that put the community or Mother Earth out of balance. In terms of mental health, oral history shapes the way Aboriginal peoples think about mental wellbeing and offers wisdom on what to do when a problem arises.
- Mental health does not exist on its own but is linked to four other dimensions of individual and collective wellness that need to be in balance to maintain optimal well being. These dimensions
are: physical, emotional, cognitive and spiritual. Interventions focus on restoring a balanced well being within the individual and within the context of relationships to others and the land. This is an integrated holistic approach to wellbeing. The holistic approach is often depicted using the medicine wheel as in Figure 1 but it is important to recognize that Aboriginal communities may express the model differently in accordance with their culture.

Figure 1: Medicine Wheel Depiction of Holistic Model

- Individuals are viewed as connected to families, communities and the land – everyone, and everything, needs to be considered when providing interventions that are targeted at restoring balance.
- There has been a long history of westerners doing what they think is the “right thing” for Aboriginal peoples and these “right things” were almost always based on a western worldview. This perspective has driven the course of the colonization and oppression which has actively undermined the culture, identity, wellbeing and advancement of Aboriginal peoples in Canada. Aboriginal Peoples often have a healthy cautionary view of the Canadian mental health system due to this oppressive history.

This summary demonstrates how different worldviews affect understandings of mental health and wellbeing. The essential challenge is to create pathways that elevate Aboriginal approaches to mental health while acknowledging the value of collaboration with some aspects of western knowledge and understanding. This is critical for improved outcomes for Aboriginal children, youth and families.
In December of 2005, over 160 Métis, Inuit, First Nations and non Aboriginal experts on Aboriginal child and youth health gathered in Victoria, BC to develop principles upon which to base more effective health care for Aboriginal children and youth. The result is the Many Hands One Dream Principles:

- **Self-determination**: Aboriginal peoples are in the best position to make decisions that affect the health of their children, youth, families and communities.
- **Intergenerational**: Children learn healthy behaviours through role models, including family members and other adults in their communities, Elders, and even other children. All community members have a responsibility to help children learn to live in ways that promote their health.
- **Non-discrimination**: Aboriginal children and young people need to be actively engaged in conversations about child and youth health.
- **Holism**: The health of Aboriginal children is a balance between the physical, spiritual, emotional and cognitive senses of self and how these interrelate with family, community, world and the environment, both past, present and future.
- **Respect for culture and language**: There is a need to recognize and acknowledge the legitimate health care that has been practiced by Aboriginal peoples for centuries.
- **Shared responsibility for health**: Aboriginal people take a lead role in addressing health issues and establishing relationships with non-Aboriginal healthcare providers and organizations. These new relationships would be characterized by reciprocity, respect and a balance of power (Blackstock, Bruyere & Moreau, 1996).

These principles are “constitutional in nature” in that each one of the principles is to be given meaning within the context of the distinct cultures and contexts of Aboriginal peoples in Canada. The principle based approach is different from the more typical program based approach. The universal principle based approach assumes that communities are in the best position to identify their needs and develop responses whereas a universal program approach typically defines the problem externally and then provides the program to all communities. The latter has been very problematic for Aboriginal peoples in Canada given the substantial cultural, linguistic and cultural diversity. Thus, the Many Hands One Dream Principles provide some consistency while affording flexibility to respond to local realities. For example,
the self determination principle may look different for an Inuit community than it would for a group of Aboriginal peoples living in an urban centre. Universal principles are also meant to infuse the entire health system – from research, policy and practice. The opportunity lies in Aboriginal and non Aboriginal peoples specifically interpreting these principles within their context and applying it throughout the health system – including mental health.

Through the interpretation of these principles, non Aboriginal people have an opportunity to see how mental health is framed under different knowledge systems. Just as western mental health has some application to Aboriginal peoples the reverse is also true – Aboriginal knowledge can be applied to non Aboriginal mental health. However, caution must always be exercised as in the past many well intentioned people have taken Aboriginal practices and applied them to others without fully understanding the knowledge and values that gave the practice meaning and – unfortunately – rarely giving credit to Aboriginal peoples as the source of information. Maslow’s hierarchy of needs is probably the most famous example. Maslow took many of his ideas for the model from the Blackfoot First Nation in Alberta but failed to recognize this in his publication and promotion of the model (Huitt, 2004). He also missed a number of essential teachings around the hierarchy and thus it is not as rich or robust as it could have been had Maslow taken the time to respectfully learn from the Blackfoot and ensure that his understanding of the model was consistent with their teachings (Blackstock, 2008).

**Many Hands One Dream in Practice**

The Many Hands One Dream movement is still in its early stages but here are a few examples of how people have put the principles into action:

- A framework for academic and professional development curriculum has been created.
- An easy to remember checklist which promotes the Many Hands One Dream principles was created for health care professionals working with Aboriginal peoples.
- Jordan’s principle is a “child first” principle that promotes the resolution of jurisdictional squabbles between the federal and provincial governments with regard to funding responsibility for government services for First Nations children on reserve. These disputes have created significant harm to children as governments typically deny or delay providing the service until, and if, the funding dispute is resolved. While Jordan’s Principle was created outside of the Many Hands One Dream movement, the fact that Jordan’s Principle was so reflective of the principles encouraged the broad circle of Many Hands One Dream supporters to actively encourage all governments to adopt and implement the principle. Their support helped contribute to Jordan’s Principle becoming one of the most broadly supported child health movements in Canadian history. The encouraging result of this broad and enthusiastic support for Jordan’s Principle was that the House of Commons unanimously voted in favor of Jordan’s Principle in December of 2007 and through the support of MHOD and others, the principle is gaining increasing support from provincial/territorial governments (Blackstock, 2008 b).
Many Hands One Dream into Mental Health Practice

The Many Hands One Dream principles should form the foundation of any mental health program affecting Aboriginal peoples in Canada. Mental health researchers, educators, policy makers and practitioners should interpret each principle in concert with affected Aboriginal peoples. For more information on the Many Hands One Dream Movement can be found at www.manyhandsonedream.ca

References


