

Let's discuss...

Aboriginal Mental Health and Substance Use

Aboriginal people make up only three per cent of Canadian citizens, but this population is one of the fastest growing in the country. It is also the youngest. The average age of Aboriginal people is 25. This is 10 years younger than the average age of the general population.

There is great variety in languages, beliefs, traditions and cultures among Aboriginal peoples. In British Columbia alone there are 203 First Nations bands. About 30 different First Nations languages are spoken in this province. Unfortunately, there are also high rates of mental illness and problem substance use in some Aboriginal communities. This is due to a number of factors, including a history of cultural trauma.

Still, a 2002-03 survey indicated that about 70 per cent of First Nations adults living on reserves felt in balance physically, emotionally, mentally, and spiritually. Also, Aboriginal people suffering from mental health problems have been shown to be more likely than the rest of Canadians to seek professional help (17 per cent as compared to eight per cent). This is a positive step towards healing for Aboriginal communities.

What are the rates of mental illness and substance use problems among Aboriginals?

Aboriginal people have higher rates of post-traumatic stress disorder and depression than other groups:

- About 16 per cent have faced major depression, which is twice the Canadian average.
- More Aboriginal youth suffer from psychiatric problems than non-Aboriginal youth.

Suicide is the leading cause of death among Aboriginal people under 44 years old:

- Rates of completed suicide are higher among Aboriginal males than females, and peak among young adults between the ages of 15 and 24.
- According to the Regional Health Survey in 2002-03, three in 10 adults (31 per cent) reported having had suicidal thoughts and one in six (16 per cent) had attempted suicide at some point in their lives.
- Among First Nations communities, suicide rates are twice the national average, and show no signs of decreasing.
- The rates among First Nations youth (between 15 and 24 years of age) were



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from five times (among boys) to seven times (among girls) higher than the Canadian population between 1989 and 1993.

Aboriginal people are less likely to drink than the general population. Only 66 per cent of aboriginals drink alcohol. Still, among those who do drink, problem substance use is a serious concern:

- More than one quarter of Aboriginal Canadians have a substance use problem.
- Aboriginals are more likely to smoke than people in the general population
- First-time use of tobacco, alcohol and other drugs tends to occur at younger ages in Aboriginal populations.
- Aboriginal youth are at a two-to-six times higher risk for every alcohol-related problem compared to other young people.
- Aboriginal youth are more likely to smoke, use inhalants, and use marijuana regularly.
- Substance use is a leading factor in teen pregnancy among Aboriginals.
- Aboriginal women have higher rates of substance use during pregnancy than other women. This means they are more likely to have babies born with Fetal Alcohol Spectrum Disorder and other problems.

Why are the rates of mental illness and substance use so high among Aboriginals?

A history of abuse and discrimination

Aboriginal people in Canada have been treated unfairly for centuries. Until 1970, many Aboriginal children were forced to go to residential schools. At these schools their culture, language and dignity were taken away from them. Some were abused physically and sexually. Because of these attacks on identity and culture, Aboriginal

students and their families found residential schools traumatic, even when school personnel were kind and educational benefits occurred. As a result, a high percentage of residential school survivors suffer from mental or behavioral problems. The last residential schools closed in the 1980s, but their effects can still be seen in Aboriginal families and communities. The trauma felt by students and their families has been passed down through successive generations.

Barriers to health care

There are many obstacles that stand between Aboriginal people and quality health care.

Some of these include:

- lack of access to service
- discrimination among health practitioners
- lack of appropriate care
- cultural barriers (i.e., lack of experience mixing traditional and modern medicine)
- geographic isolation

A cycle of difficult family circumstances

Newer generations of Aboriginals are still at higher risk for mental health and substance use problems than the general population. This is partly because of the stress factors that continue to occur in many Aboriginal families. Oftentimes poverty, ill health, educational failure, family violence, problem substance use and other difficulties reinforce one another, perpetuating a cycle of dysfunction and despair.

1. **Early Childhood.** Some Aboriginals live in overcrowded houses in isolated environments run by single parents who survive on very low income. As a result, some Aboriginal children fail to receive the attention they need to develop socially and emotionally. On reserves, there are often many generations living under one roof. In these situations children may be exposed to alcohol and other drug use from a young age. This

puts them at higher risk for substance use in their teen years and later. Higher than average rates of family violence, including physical and sexual abuse, also put Aboriginals at higher risk for mental health and substance use problems.

2. **Adolescence.** Young Aboriginals are at high risk for harms caused by substance use. In comparison to youth of the general population, Aboriginal youth experience:
 - **more difficulties in school and higher high-school drop-out rates**—this is often due to culture and language barriers. Some youth also experience discrimination from teachers and peers related to Aboriginal values
 - **confused ethnic identity**—it can be challenging for youth to identify with their heritage while being raised and educated in a non-Aboriginal society
 - **lower self-esteem and self-confidence**
 - **higher rates of sexual abuse**—especially among females (nearly one quarter of female sexual-assault victims are younger than seven)
 - **more psychiatric problems**

Unplanned teen pregnancy is an important factor that plays a role in the cycle of mental health and substance use problems among Aboriginals. Added to this issue is the fact that Aboriginal youth often start using drugs and alcohol to fit in with peers and boyfriends/girlfriends. Young women sometimes feel pressure to continue using substances after they become pregnant because they fear others will find out. This is one cause of the high rates of Fetal Alcohol Spectrum Disorder (FASD) in the Aboriginal population. These rates suggest that

some young women are addicted to alcohol, or they may not understand the risks of using alcohol and other drugs during pregnancy. This is a big problem because many expectant teen mothers also have poor eating and exercising habits. All of these factors work together to create a high risk for delivering a child with problems.

3. **Adulthood.** Aboriginal women often have particularly stressful, hard lives because of physical abuse and a lack of support from their partners. Some use substances to manage stress or to cope with anxiety, depression and other mental health problems.

Continuing the Cycle with FASD

Fetal Alcohol Spectrum Disorder (FASD) is the leading cause of preventable mental retardation in Canada. The rate of FASD in the general population is about one per cent. In Aboriginal communities it can be 10 per cent or higher. FASD cannot be passed down from a mother with the disorder to a baby unless the mother was drinking during pregnancy. However, young parents with FASD have a more difficult time taking care of themselves, holding jobs and raising healthy children. As a result, the cycle of risk factors for substance use continues.

Research has shown that there is a higher incidence of intimate partner abuse in Aboriginal communities than elsewhere. The use of substances by men has been shown to be an aggravating factor for violence within Aboriginal families. Some of the consequences of male violence against Aboriginal women include:

- diminished self-esteem and sense of security
- damage to physical and emotional health
- negative impact on children (nurturing a sense of fear and insecurity and the intergenerational perpetuation of the cycle of violence)
- negative impact on financial security
- loss of matrimonial home and sometimes relocation outside the community
- self blame

What promotes resilience in Aboriginal communities?

It is important to note that some Aboriginal communities have fewer problems than others. There are indeed factors that serve to protect some First Nations people and communities from the cycle of difficulty. For example, in the past, Aboriginals had very strong cultural practices that promoted healthy connectedness and forms of conflict resolution that encouraged reconciliation. This and other similar strengths have helped Aboriginals to survive despite the great obstacles they have faced, and still face today. Some other examples of strengths include:

- the traditional value that is placed on sharing, humility and not hurting others
- the value that is placed on cooperation and non-competition

- the traditional value placed on community conscience and a shared sense of responsibility
- a history of spirituality, religious practices and rituals
- a deep-seated belief in living in harmony with the Earth and all other creatures

Traditional strengths have sheltered some Aboriginal communities more than others. It is possible that these protective factors could be called upon to promote and assist the healing that is so needed today both within Aboriginal Communities and in Canadian society at large.

Aboriginal people tend to consider mental wellness holistically. Good mental health means being in balance with family, community and the natural environment. Family and community have an important role in helping individuals regain their sense of balance. Therefore strong families and communities also promote resilience in Aboriginal communities.

Why is it important to address mental health and substance use problems in Aboriginal populations?

Social responsibility

It is said that the measure of a civilized society is how it treats its most vulnerable citizens. Many Aboriginals are vulnerable and treated poorly. Canadian society needs to find ways to connect with all people who are struggling and help them overcome issues that challenge families and communities. At the same time, society must recognize that lasting healing for Aboriginal populations must come from within.

Many of the difficulties Aboriginal people face today are a result of the contempt that was shown for their culture and identity in the past. Therefore, it is very important that

healing processes for Aboriginal communities draw on and support the resilience embedded in traditional Aboriginal culture.

Economics

Canada's Aboriginal population is relatively small compared to the general population. Yet the problems and difficulties Aboriginals face are extreme, resulting in great expense to the whole country. A disproportionate number of Aboriginal people live in poverty, are homeless, or lack appropriate education. First Nations people experience more challenges related to FASD, trauma and other developmental factors. A disproportionate number of Aboriginals are incarcerated or involved with the justice system. High rates of mental problems and substance use among Aboriginals strain the health care system. All of these imbalances taken together with poor health, loss of productivity, lack of social cohesion and other problems add up to significant economic cost to society.

How can we move toward a healthier future?

Aboriginal populations have unique patterns and consequences of mental illness and substance use. In order to address these, a wide range of cultural, environmental and historical factors must be considered.

It is now widely accepted that psychosocial factors play an important role in individual and social development. A call has been made for the recognition of the influence of culture on health as well. When considering the substance use and mental health issues of Aboriginal people, it is important to acknowledge that Western culture has its own difficulties in these areas. Therefore the Western model may not be appropriate for Aboriginals. In addition, the influence of modern-day Western culture on Aboriginal populations may be seen as the root of some on-going substance use problems in these communities.

It may be that taking part in the journey as Aboriginals rediscover and strengthen their communities based on certain traditional practices could actually help mainstream society to understand the importance of practices like connectedness and reconciliation in healing. This could help the general population to better deal with its own mental health and substance use problems.

Adopt a culturally appropriate attitude

Lessons from the work that has been done in healing related to residential schools should be remembered and used in the context of healing in Aboriginal communities. Some of the key findings in research done by the Aboriginal Healing Foundation (AHF) around the healing from the legacy of residential schooling include:

- 1. Community healing is connected to individual healing.** Rebuilding family and community support networks will help stabilize the healing of individuals who have experienced childhood trauma and family disruption.
- 2. Culture is good medicine.** Culture-based outreach and healing mediated by survivors, local personnel and Elders has proven successful in reaching individuals who had previously resisted interventions.
- 3. Resilience in individuals and communities can be tapped.** Healthy individuals in distressed communities were found to be good at promoting change.
- 4. It takes time to heal.** AHF funding was limited to a few years, which proved to be enough to get the healing process started in many of the communities where projects were conducted, but not enough to see complete healing.
- 5. Services must be put in place and kept in place to encourage individual healing and help communities with their healing journeys.** Typically, programs are short-term and project-

based, but research indicated that services using local capacity and Indigenous knowledge are effective and economical.

6. As individuals and communities heal, the depth and complexity of needs can be seen, creating generating demand for training.

Some of the most successful activities conducted to date by the AHF include healing/talking circles, interacting with Elders, one-on-one counseling, and participating in ceremonies.

Support sex education and contraception for teens

If Aboriginal youth are not educated by their parents or schools, they learn about puberty, sex and relationships through their friends and the media. Education should be provided by both Elders and young First Nations role models who youth can relate to and trust.

Many Aboriginal communities are isolated. This means that youth must travel to get to clinics for information, contraception, and counselling. Health services should be provided within communities and they must be confidential. Teens must feel sure that their use of such services will not result in labeling or negative judgment by others.

Advocate for targeted, culturally relevant programs

All programs that serve Aboriginal people should include screening for substance use and mental disorders. They should also target the communities' most vulnerable citizens, like children and young women. Parent-

education and family-support programs that are culturally sensitive could help lower violence and problem substance use. Programs for pregnant teens could feature cultural myths and be developed to focus on FASD prevention strategies. (Some studies show that Aboriginal youth are more likely to pay attention to cultural myths about the effects of eating strawberries or crabs during pregnancy than to avoid using drugs and alcohol. Adapting cultural myths to include warnings about drinking alcohol during pregnancy may help to reduce the risky behavior of pregnant teens.)

Call a help line

If you are in distress, call 310-6789 (no area code needed in BC) 24 hours a day to connect to a BC crisis line that has received advanced training in mental health referrals, without a wait or busy signal. This line can also connect you to Aboriginal Mental Health Liaison workers who can help you to find the assistance you need.

If you or someone you know has a substance use problem, call the

Alcohol and Drug Information and Referral Service: 604-660-9382 (in Greater Vancouver) or 1-800-663-1441 (from anywhere in BC).

You can also check out the Tips section of the Here to Help website—www.heretohelp.bc.ca—for more information on how to cut down on or quit smoking, drinking and using other substances.

