CLINICAL PERSPECTIVES ON THE INTEGRATION OF MAINSTREAM MENTAL HEALTH APPROACHES AND TRADITIONAL ABORIGINAL HEALING PRACTICES

by

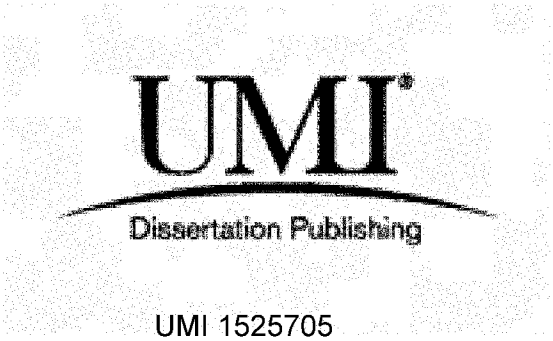
Marcela Rojas

B.A., Western Baptist College, 2002

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENT FOR THE DEGREE OF
MASTER OF SOCIAL WORK

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

April 2014



ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346

Abstract

The purpose of my thesis was to describe the perspectives of child and youth mental health clinicians on the integration of mainstream mental health approaches and traditional Aboriginal healing practices. Research participants consisted of four clinicians currently employed by the Ministry of Children and Family Development, who have delivered services in the Northern region of British Columbia within the last twelve months. The literature review examined a variety of topic related areas, including: Cultural Safety; Research Considerations; Aboriginal Mental Health; Mainstream Mental Health Approaches; Traditional Aboriginal Healing Practices; Integrated Mental Health Approaches; and Considerations for Rural Practice. I applied a qualitative research approach, guided by the tenets of a constructivist lens.

The process of examining my research findings involved the application of a Thematic Analysis approach. My research findings support the need for future research that would expand the scope and applicability of findings. These findings suggest that clinicians see the value of integrated approaches in both their practice and in outcomes for their clients. In addition, findings suggest that clinicians perceive the limitations of mainstream approaches as potential barriers to the efficacy of therapeutic interventions. Implications related to the field of social work include the institution of organizational specific cultural safety training and shifts towards more flexible and collaboratively based service delivery structures.

Acknowledgements

The process of conceptualizing, developing, implementing, and completing this research was one of inherent collaboration. I would like to first acknowledge the invaluable guidance and support of my thesis supervisor Professor Joanna Pierce, whose patience and expertise supported me in navigating the intricacies of this process, ultimately leading to the successful completion of a Master of Social Work thesis.

In addition, I would like to humbly and gratefully acknowledge the support of my committee members Dr. Glen Schmidt and Dr. Linda O'Neill. Their valuable guidance helped shape the scope and direction of my work, while supporting me in finding my voice as a novice researcher.

Lastly, but certainly not least, I must acknowledge the unwavering support of my loving partner and my wonderful friends, whose constancy, patience, and encouragement made it possible for me to embark on this journey and come out the other end with a sense of balance and purpose.

Table of Contents

Chapter One: Introduction

In addressing the mental health needs of Aboriginal populations, professionals are encouraged to adopt culturally relevant approaches to service delivery. These methods should reflect standards of practice that embody conceptual frameworks for cultural safety. Culturally safe frameworks support practical applications that acknowledge Aboriginal perspectives concerning the interconnectedness between the physical, mental, spiritual, and emotional components of human existence (Aboriginal Canada Portal, 2012).

The health needs of Aboriginal populations in North America reflect a unique mosaic of cultural traditions and historical trauma. Traditional Aboriginal healing practices reflect cultural ideologies concerning social and emotional wellness. These traditional practices support a holistic approach to promoting health and well-being (Aboriginal Canada Portal, 2012).

Mental health professionals tasked with the delivery of interventions and supports that improve outcomes for Aboriginal populations must be well informed about culturally safe frameworks of practice and culturally derived views concerning health and well-being. In acknowledging the importance of cultural safety, mental health professionals have sought to integrate mainstream mental health approaches and traditional Aboriginal healing practices. Traditional healing practices may include, but are not limited to: sweat lodges, smudging, talking circles, healing circles, and Indian medicines (Henderson, 2008). These holistic approaches are believed to promote improved outcomes for Aboriginal mental health service users (Alberta Mental Health Board, 2006).

My research was concerned with describing the perspectives and experiences of child and youth mental health clinicians in delivering integrated approaches. The goal of my

research was to examine a variety of factors, including systemic, professional, and personal, such as childhood experiences and cultural influences that may serve to promote, or challenge, the implementation of integrated approaches. Additional objectives included the examination of clinical perspectives on the impact of these strategies on the mental wellness of Aboriginal clients, as well as, the impact of these interventions on non-Aboriginal clients.

Significance of the Issue

In recent decades, professionals in the field of mental health have called attention to the importance of giving suitable consideration to cultural and ethnic factors within the context of clinical interventions. Despite field guidelines concerning the implementation of culturally competent approaches, limited practical information is available on how to approach the cultural needs of diverse populations (Bernal & Sáez-Santiago, 2006).

My research included a review and analysis of historical factors, cultural considerations, health ideologies, practice realities, geographical considerations, and the convergence of modalities. In my research scope I sought to capture factors that may affect the experiences of child and youth mental health clinicians concerning the delivery of integrated approaches. The scope of my research also considered factors that may impact the clinician's work environment, including available supports and client response, as well as the clinician's experience in integrating mainstream approaches and traditional healing practices.

My research revealed a lack of detail in policies pertaining to the delivery of mental and behavioural health services, specifically around the delivery of culturally safe services. Another shortcoming is noted in the commonly found definition of cultural safety (Canadian Institute for Health Information, 2013, p.91; Centre for Aboriginal Health Research, n.d.; First Nations Health Council, 2012; National Native Addictions Partnership Foundation,

2011, p. 95; Smye & Mussell, 2001), which is defined from a westernized perspective and may fail to capture the nuances of the various cultures that comprise Canadian society.

In regards to integrated approaches, policies and program guidelines do not appear to provide detailed direction as to how the process of integration is to occur, what it should look like, or how it may need to be adjusted in order to meet the unique needs of Aboriginal populations (Bernal & Sáez-Santiago, 2006). Mental health professionals appear to face limited supports in both the development and implementation of integrated approaches.

At the initial stages of this process I suspected that my research may leave me with many more questions than answers, a prospect that the emerging researcher in me looked forward to as far as the realm of opportunities that possibility could provide. To my surprise many of the questions that arose were satisfactorily answered, others remained unanswered, but offered exciting possibilities for future research. I will explore this further in Chapter Five: Discussion, Implications, and Recommendations.

Research Purpose and Objectives

The purpose of my research was to describe the experiences and views of mental health clinicians concerning the merger of Aboriginal traditional healing practices and mainstream mental health approaches through an integrated model of service delivery. This information may serve to promote an improved understanding on the realities, from a clinical perspective, of implementing integrated approaches in the delivery of mental health services. This understanding may serve to promote the examination and consideration of systemic barriers; explore training opportunities and how these coincide with the needs of practicing clinicians; the impact of clinical support and supervision; and consider the value of existing frameworks for practice that support the delivery of integrated approaches. The purpose of my research

was supported through the identified project objectives. The proposed research objectives are identified as follows:

- To describe professional experiences specific to the implementation of integrated approaches to mental health service delivery
- To describe integrated approaches and the degree to which they support the constructs of established culturally relevant priorities in local and national policies
- To increase awareness and understanding of how traditional Aboriginal healing practices and mainstream approaches have come together to create a unique form of service delivery
- To describe how existing systems support or fail to support the development and delivery of integrated approaches to mental health service delivery
- To describe professional perspectives on the impact of integrated approaches on both Aboriginal and non-Aboriginal client outcomes

My research was guided by the research question: What are the challenges and benefits to integrating traditional Aboriginal healing practices and mainstream mental health approaches? The research question was supported and enhanced by the interview questions. The interview questions sought to further the project objectives by exploring detailed experiences and information that further enhance the research question's scope. These queries were used to guide the data gathering process. The following are the research interview questions:

1. What limitations do mainstream mental health approaches present in delivering culturally relevant supports to Aboriginal clients?
2. Please provide examples of instances when mainstream mental health approaches did not work for Aboriginal clients.

3. How did you learn about integrated strategies?
4. Please describe your experience in implementing integrated mental health supports.
5. Describe how you learned to implement integrated mental health supports?
6. How did you know it was appropriate to use these strategies?
7. How have integrated mental health supports worked for your clients?
8. What do you believe are the deficits and strengths of integrated mental health strategies?
9. Were you supported in implementing these strategies? If so, how?
10. Have you encountered systemic challenges while trying to implement integrated strategies?

The process was substantiated by a review of applicable terms and concepts, historical factors, and considerations associated with the uniqueness of Aboriginal cultures. Careful consideration was given to the role and influence of colonization on the emotional health of Aboriginal peoples. Furthermore, attention was given to the complex field of mental health, modern mainstream interventions, and support trends. Traditional practices and their approach to mental health were also explored. The methodology and research approaches are a key component of this process and were therefore carefully examined.

The Personal Context

The process of identifying the stance from which research is being conducted lends credibility to the tone of the research. This research sought to provide a sense of transparency concerning the researcher's motives and impact on the outcomes of the project (White, Drew, & Hay, 2006).

My purpose and vision concerning this research stems from a desire to discover, explore, and promote culturally relevant approaches in the delivery of mental health services. The direction of my focus reflects a personal background as a first generation Latin American of Spaniard heritage, with a diverse background in multi-cultural exposure through both personal and professional experiences. These experiences helped to shape keen sensitivities concerning cultural relevance and safety in all forms of practice with a specific focus on the helping professions.

My professional background has played a key role in shaping the focus of my advanced educational pursuits. This background includes over seventeen years in the social services field in various capacities, including addictions treatment; work with incarcerated populations, community development, and child welfare practice. Having the opportunity to work with minority populations through rigidly established bureaucratic structures evoked a personal interest in challenging these systems and learning more appropriate and effective ways in which to reach these populations.

Embarking on this research has also granted me an opportunity to develop my skills as a researcher, an opportunity that I am grateful and energized about. I look forward to developing my knowledge and competence in conducting meaningful qualitative research. The process has offered a wealth of insight into the complexities of data gathering, the benefits of knowledge expansion, and the importance of contributing to the academic body of knowledge.

Definitions

Key definitions are as follows: Aboriginal Peoples is defined as "a collective name for all of the original peoples of Canada and their descendants" and "consists of three groups

– Indian (First Nations), Inuit and Métis" (National Aboriginal Health Organization, 2012). The term Aboriginal is also considered "the least contentious and most inclusive general term currently used in Canada" (Kesler, n.d.). Anti-oppressive practice is defined as "recognizing power imbalances and working toward the promotion of change to redress the balance of power" (Dalrymple & Burke, 1995). Cross-cultural practice is described as a practical approach that incorporates "four key elements, including awareness and knowledge of other cultures, an awareness of how our own culture influences our perceptions and practice, skill development in appropriate culturally safe responses in relation to another culture, and a commitment to social justice and anti-racist practice" (The Lowitja Institute, 2007). Cultural competency is defined as successful evidence that the service provider demonstrates awareness in relation to their worldviews and attitudes regarding cultural differences, as well as knowledge and willingness to understand the contextual reality of the client (National Native Addictions Partnership Foundation, 2011). Cultural safety is defined as a process that fosters professional competency that facilitates communication and relational approaches within the context of the professional, patient relationship and exemplifies sensitivity and understanding of "social, political, linguistic, economic, and spiritual issues" (Ministry of Health, 2007, p. 195). Culture is defined as "patterns, explicit and implicit, of and for behavior acquired and transmitted by symbols, constituting the distinctive achievements of human groups, including their embodiments in artifacts; the essential core of culture consists of traditional (i.e. historically derived and selected) ideas and especially their attached values" (University of Minnesota, 2013). Ethnicity is defined as "all those social and psychological phenomena associated with a culturally constructed group identity" (Baumann, 2004). Mental health is defined as "a state of well-being in which the individual realizes his or her own abilities, can work productively and fruitfully, and is able to make a contribution

to his or her community" (New Brunswick Department of Health, 2011, p. 2). Multiculturalism is defined as an "ideology on the part of individuals or government that ethnic, racial, cultural and religious diversity should be celebrated" (Erskine, 2010). Race is defined as "a class or kind of people unified by shared interests, habits, or characteristics" (Merriam Webster, n.d.). Racism is "the belief that all members of a purported race possess characteristics, abilities, or qualities specific to that race, especially so as to distinguish it as inferior or superior to another race or other races" (Hoyt, 2012).

Summary

My research explored professional perspectives and experiences concerning the integration of mainstream mental health approaches and traditional Aboriginal healing practices, including the impact of these strategies on the mental wellness of both Aboriginal and non-Aboriginal clients. I gave additional consideration to the impact of systemic, professional, and personal issues on participant experiences, as related to the implementation of integrated tactics. My research was guided by the identified objectives and research queries, while the research subjects' personal context and ethical considerations served to further refine the overall tone and direction.

Chapter Two: Literature Review

An abundance of research is available on approaches to health and well-being from both indigenous and western perspectives. Attention has also been given to the importance of delivering culturally relevant services in the field of mental health. However, the link between western and indigenous approaches to mental health and how this supports the delivery of culturally relevant services is not equally addressed. This section is concerned with supporting the bridging of this gap through a review and analysis of available literature on the following areas of interest: Research considerations, defining cultural safety: initiatives in policy and programming, Aboriginal mental health, integrated mental health approaches, traditional healing practices, mainstream mental health approaches, and considerations for rural practice.

Defining Cultural Safety: Initiatives in Policy and Programming

The conceptual framework for cultural safety is rooted in the work inspired by the Maori people of New Zealand in the 1980s, reflecting this population's dissatisfaction with the delivery of health services. Practical applications that reflect the priorities of this framework will exhibit recognition for the interconnectedness between the physical, mental, spiritual, and emotional aspects of the self. Canadian policies providing guidance for the delivery of health related services to Aboriginal populations assert that the conceptual framework for cultural safety may be a helpful tool in guiding the development of strategies and practical service applications (Canadian Institute for Health Information, 2013).

The importance of cultural safety and competence is further substantiated by the work of the National Native Addiction Partnership Foundation (National Native Addictions Partnership Foundation, 2011) through their *Renewed Framework to Address Substance Use*

Issues Among First Nations People in Canada, which provides pertinent information and advice on the delivery of mental health and addiction services that bear evidence of cultural competency and safety. A working definition of both safety and competence within the cultural context serves to strengthen the Foundation's platform. Cultural competency is defined as successful evidence that the service provider demonstrates awareness in relation to their worldviews and attitudes regarding cultural differences, as well as knowledge and willingness to understand the contextual reality of the client (National Native Addictions Partnership Foundation, 2011). This literary resource further asserts that cultural competency may serve to support cultural safety. The notion of cultural safety is defined by the level of reflection at both the individual and organization level, concerning cultural and historical differences, with recognition for power differentials (National Native Addictions Partnership Foundation, 2011).

National and provincial government sponsored initiatives have put forth directives for the establishment and development of culturally safe programming in the delivery of mental and behavioural health services. These directives further the notion of cultural safety within an Indigenous context. Cultural safety is described as a process that fosters professional competency that facilitates communication and relational approaches within the context of the professional, patient relationship and exemplifies sensitivity and understanding of "social, political, linguistic, economic, and spiritual issues" (Ministry of Health, 2007, p. 195).

Canada's response to improving the delivery of supports and services to Aboriginal populations through culturally safe policies and programming is exemplified through the priorities set forth in 2006, by the Tripartite Agreement. The Agreement reflects the collaborative efforts of the government of British Columbia, the First Nations Leadership

Council, and the government of Canada. The Agreement gives direction to the collaborative and coordinated efforts of federal and provincial entities in their commitment to improving health outcomes for the Aboriginal populations of British Columbia (Ministry of Health, 2007).

In the spirit of the Tripartite Agreement and through the efforts of the government of British Columbia and the First Nations Leadership Council, a provincial agreement was reached, resulting in the inception and implementation of the bilateral Transformative Change Accord: First Nations Health Plan. The Accord reflects the principles established through the Tripartite Agreement, making a commitment to provincially delivered programming that respects and recognizes the unique needs of Aboriginal people; is committed to active efforts towards bridging the gap in health outcomes for Aboriginal populations in British Columbia; cultivates rapport between government entities and Aboriginal partners; and bears evidence of transparency in all transactions (Ministry of Health, 2007).

The need and value of culturally safe programming is further supported through the efforts and recommendations of their discussion paper titled "Aboriginal Mental Health Committee and as presented through their *Aboriginal Mental Health: What Works Best"*. The recommendations put forth by the committee suggest the need for a process of transformation that promotes mental health services and programming that recognizes the uniqueness of the Aboriginal context and supports the delivery of culturally safe supports. Noteworthy to the efforts of the Aboriginal Mental Health Committee is their admission that the project's recommendations may not be reflective of Aboriginal perspectives (Smye & Mussell, 2001). The limitations in the materials and recommendations generated by

primarily non-Aboriginal sources prompt the search for Aboriginal perspectives and authorship concerning culturally safe policies and practice.

Academic acknowledgment for the need to create consistent competency standards in Indigenous public health evaluation and research prompted the formation of a collaborative partnership between a Canadian institution for higher learning, the University of Victoria, and Aboriginal scholars around the world, including Australia, New Zealand, Canada, and the United States. The Competencies for Indigenous Public Health, Evaluation, and Research (CIPHER) program aspires to "decipher" cultural safety through public health competencies that support Aboriginal healthcare. CIPHER's conceptualization of cultural safety includes the acknowledgement of the historical factors that contributed to hostilities between settler and Aboriginal cultures, examines inequalities, considers the influences of colonialism on institutional structures, and informs health care practice that acknowledges the unique attributes and identity of the client population (University of Victoria Centre for Aboriginal Health Research, n.d.).

The B.C. First Nations Health Council is comprised of representatives from First Nations political organizations in B.C. The formation of the Council was supported through various national and provincial level initiatives, including the Transformative Change Accord: First Nations Health Plan, the First Nations Health Plan, and the Transformative Change Accord. The Council is tasked with advocating for the health priorities and objectives of Aboriginal populations in B.C.; administering the analysis of policy and research in the health field; and contributing to the planning of First Nations health related policies and programming (First Nations Health Council, 2012).

The mental health needs of Aboriginal populations must be supported through programming that acknowledges and serves to promote mental wellness through a balance of

the social, physical, spiritual, and emotional aspects of Aboriginal people. The First Nations Health Council's recommendations for improving access and delivery of mental health services to Aboriginal populations reflect community feedback and encompass a broad spectrum of key areas. The community informed Council's recommendations include: the need to include mental health services as a core element of First Nations community health plans, health plans are to reflect community identified priorities; services must address the contributing factors, including historical and social, that have had an impact on Aboriginal mental health and substance misuse issues; detoxification services; supportive recovery; re-entry; and life skill development. It is further asserted that programming must reflect the full spectrum of needs for both the individual and the community (First Nations Health Council, 2012).

Furthermore, community informed recommendations clearly identified two areas in need of development that are central to the priorities of this project. The first of these recommendations establishes the need for educational resources that support the development of cultural competency for professionals in the fields of mental and behavioural health. Secondly, community informed recommendations identify the need for the delivery of integrated services that reflect both mainstream and traditional healing practices (First Nations Health Council, 2012).

The information revealed through this review provides a helpful overview of historical and ongoing efforts by both settler and Aboriginal groups of interest, towards improving access and delivery of mental and behavioural health supports for Aboriginal populations in B.C. During my initial search of the literature I was unable to find specific criteria for the development of integrated approaches. Since then, a document known as A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use - 10 Year

Plan: A Provincial approach to Facilitate Regional and Local Planning Action. This document hereby referred to as "The Plan" put forth a vision in which "All First Nations and Aboriginal people in BC are supported in a manner that respects their customs, values, and beliefs to achieve and maintain mental wellness and positive, healthy living regardless of where they live" (First Nations Health Authority, 2013). The Plan's vision is supported by the following goals:

- To improve services, supports, and health outcomes for all First Nations and Aboriginal people in BC.
- To keep First Nations and Aboriginal people's well-being at the center of all initiatives while maintaining a high operational standard, and cross-sectoral integration.
- To ensure that mental wellness and substance use strategies and actions for First Nations and Aboriginal people reflect individual and family needs and are community-driven and Nation-based.
- To engage First Nations and Aboriginal people in the journey towards improving health outcomes.

In addition the Plan is inspired by the conceptual framework of the "Circle of Wellness" which encompasses four quadrants, including: holistic wellness, community care, integrated care, and specialized care (First Nations Health Authority, 2013). The Plan's subsequent principles, direction, and actions are believed to provide a strong foundation from which culturally-safe and relevant approaches to mental health service delivery may be developed, supporting clinicians wishing to adopt integrated service approaches.

Research Considerations

Research considerations concerning Aboriginal populations have been the focus of various scholarly inquiries on topics such as the decolonization of research methodologies and reflections for a culturally relevant research framework (Jamieson et al, 2012; Smith, 1999). The following two book reviews are aimed at supporting the primary research query.

Linda Tuhiwai Smith's *Decolonizing Methodologies: Research and Indigenous Peoples* (1999) offers a review of the historical occurrences and socio-political priorities that have shaped the intent and outcomes of research endeavours on Indigenous populations. In chapter 6, the author depicts the journey of Indigenous people across the world in furthering their cause towards social, legal, and political equality. This journey sets the context for the agenda on Indigenous research, otherwise known as the "Indigenous Peoples' Project" (p. 107). The Indigenous research agenda is represented through the "metaphor of ocean tides" (p. 116), which depicts the views of Indigenous peoples from the Pacific region and their regard for the sea as a source of life. The metaphorically derived agenda presents four "major tides" described as: survival, recovery, development, and self-determination (p. 116). Ethical considerations in research practice include the struggle to overcome historically derived Indigenous perceptions about the nature of research, as well as concerns about Western views which govern influential factors that have a direct impact on the directives and priorities for research (Smith, 1999).

The selected chapter offers a thought provoking review on the ongoing struggle of Indigenous populations over the assertion of their rights, and in ensuring their voices are heard and reflected throughout local and global priorities. The nature and impact of colonization on the Indigenous communities of the world is considered from multiple perspectives, including physical, spiritual, emotional, socio-economic, and political. The

author's examination of the ongoing impact of Western priorities on the welfare of Indigenous populations is presented from a unique perspective that considers the impediments these priorities place on the efforts of the global Indigenous community to assert their rights and establish their agenda at the international level.

Another important aspect of the author's contemplation is reflected in her approach to taking both the historical and ongoing challenges faced by Indigenous populations around the world and giving consideration to their impact on the Indigenous research agenda. The provision of specific examples on Indigenous-based frameworks for research, offers additional insight into the shaping of the Indigenous research agenda. Within the context of the text, the chosen article provides a natural and helpful transition for the reader into gaining a better understanding of the unique journey Indigenous populations have taken towards asserting their voice in academic and political circles.

The principles of best practice concerning research with Aboriginal populations are described by Jamieson et al (2012) as an essential framework for conducting culturally relevant inquiry. The principles are said to be reflected in a vast number of scholarly publications, as well as government entities. The authors set out to develop an accessible document that would assist researchers in understanding and applying these principles. The set of principles is divided into two categories, essential and desirable. Essential principles are described as: addressing a priority health issue as determined by the community; conducting research within a mutually respectful partnership framework; capacity building is a key focus of the research partnership, with sufficient budget to support this; flexibility in study implementation while maintaining scientific rigour; respecting communities' past and present experience of research. Desirable principles include: recognizing the diversity of indigenous populations; ensuring extended timelines do not jeopardize projects; preparing for

indigenous leadership turnover; supporting community ownership; and developing systems to facilitate partnership management in multicentre studies (Jamieson et al, 2012).

Aboriginal people are amongst the most studied populations in the world and research with these groups has rarely been to their benefit (Smith, 1999). Moreover, historical research conducted on Indigenous peoples was underlined with factors that were not ethically sound, further perpetuating colonial power (Cochran et al., 2008). Researchers are tasked with being cognizant of the impact of historic research and being vigilant about these sensitivities, while ensuring a balance of culture, purpose, and ethics. Furthermore, continued pressure on the research community demands that organizational studies recognize the value and importance of efforts that are rooted in cultural awareness and safety, while embracing the voice and expertise of Indigenous populations. Furthermore, the adoption of culturally relevant research approaches reflects the acknowledgment that the absence of Aboriginal support and participation compromises the relevance and applicability of findings.

Jamieson et al's (2012) contribution serves as an important advancement in establishing clear guidelines for culturally relevant research. The authors' stance may have been further supported by the inclusion of examples on practical applications of research endeavours guided by the recommended framework. Additional corroboration may have been achieved through a scholarly analysis on the potential pitfalls of failing to apply the recommended guidelines. Despite the noted shortcomings, the authors have effectively succeeded in facilitating access to essential information that will assist in promoting ethically based standards of practice in research with Indigenous populations.

Aboriginal Mental Health

The history of Aboriginal people in Canada dates back thousands of years. Their history speaks of a people wealthy in tradition with a strong sense of identity that derived from their intrinsic connectedness with their environment. Complex social structures gave individuals a distinct sense of worth within the context of their community. They achieved a sense of balance and purpose through their connection with the environment (Aboriginal Canada Portal, 2012). This ecological state of harmony would soon be disrupted by the arrival of a race that sought to impose their beliefs and values, while negating the intrinsic strength of the Aboriginal culture.

Colonization sought to promote a Eurocentric approach that strived to impose cultural "progress" into well-established frameworks of socialization and identity. Conflicting priorities resulting in the loss of vital social structures resulted in the loss of cultural identity and vulnerability to insensitive dominant culture paradigms (Cannon & Sunseri, 2011, p. 9). The period of colonization in North America was a time of great upheaval for the native people of Canada. The loss of land and community resulted in isolation and vulnerability. Recent acknowledgements on the impact of this period in history have led to systemic changes that seek to reinstate the rights of Aboriginal peoples in North America, while recognizing their unique strengths and needs.

Mental health and substance abuse are a top concern for Canadian Aboriginal populations (Ocampo, 2010). Aboriginal populations in British Columbia experience significantly higher mental health or substance abuse problems when compared to the population at large (National Aboriginal Health Organization, 2012). The significant pervasiveness of mental and behavioural health issues amongst Aboriginal populations and the lack of relevant standards for mental health practices, prompts a closer look at culturally

safe practices that are rooted in Indigenous paradigms. These approaches would serve to address culturally-specific issues such as identity, trauma, colonization, traditional practices that promote social and emotional well-being, skepticism, confidence-building, and advocacy (Ocampo, 2010). Further concern arises when one considers scholastic assertions that the application of mainstream mental health frameworks of practice may serve to perpetuate the cycle of traumatization for Aboriginal populations (Duran & Duran, 1995).

The concept of Aboriginal mental health has been the focus of various scholarly inquiries on topics such as Eurocentric consciousness, the basis for knowledge concerning Aboriginal mental health, and multidisciplinary perspectives on Aboriginal mental health (Graveline, 1998; Kirmayer & Valaskakis, 2009; Waldram, 2004). The following three literature reviews are aimed at supporting the primary research query.

The impact of Eurocentric values and beliefs on the educational experiences of Aboriginal populations in Canada is explored in Fyre Jean Graveline's *Circle Works: Transforming Eurocentric Consciousness* (1998). Through an activist's stance, the author challenges professionals of all creeds and ethnicities to evaluate the origins of their practice and consider the inherent value of alternative ways of knowing and sharing knowledge. The author explores Aboriginal teaching, feminist theory, anti-racist methodologies, and their practical applications. In the section titled *The Eastern Door: Challenging Eurocentric Consciousness* the author explores the notion of consciousness-raising. The origins and modern conceptualization of consciousness-raising are examined with consideration given to the various applications of the concept, including that of a feminist influenced approach. Additional consideration is given to concepts of influence such as homogeneity and heterogeneity. Particular attention is given to the impact of factors of oppression and racism on the Aboriginal consciousness (Graveline, 1998).

The plight to promote the revitalization of traditional worldviews, while shedding light on the impact and limitations of Eurocentric perspectives has resulted in notable contributions by Aboriginal professionals and scholars, including Linda Tuhiwai Smith. Smith (2001) examines the ongoing impact of Western priorities on the welfare of Indigenous populations. Non-Aboriginal scholars have also contributed to this body of knowledge (Ambtman, Hudson, Hartry, & Mackay-Chiddenton, 2010; Constantine & Sue, 2006; Fernando, 2003; Nebelkopf & Phillips, 2004; Regehr & Glancy, 2010; Waldram, 2004; Walker, Cromarty, Kelly, & St Pierre-Hansen, 2009), including the impact of Eurocentric systems on research, service delivery, and access.

Graveline's commitment to implementing an Aboriginally-informed analytical lens serves to shed light on the applicability and strengths found in traditional knowledge. The reader is granted access to a well-informed comparison between mainstream ideologies and traditional knowledge, allowing for an improved understanding on their similarities, differences and conflicting priorities. The consistent referencing of Aboriginal scholars gives further credence to the value of the Aboriginal way of knowing. Another valuable aspect of Graveline's (1998) stance is her ongoing encouragement of professionals to seek knowledge beyond the restraints of dominant paradigms. The professional community is also challenged to examine its practice and its derived source of knowledge in an effort to detect and correct any racist-based approaches to practice.

James B. Waldram's (2004) *Revenge of the Windigo: The Construction of the Mind and Mental Health of North American Aboriginal Peoples* seeks to address the basis for knowledge concerning the mental health of Aboriginal populations. In Chapter 10 *The Clinician's Aboriginal,* the author examines the generalizations and misconceptions that have served to shape the clinical conceptualization of the Aboriginal client. From its

anthropological roots to its psychological origins, the notion of the Aboriginal client has been shaped into a prescriptive configuration of value orientations, personality traits, and characteristics of dysfunctionality. The generational transfer, within professional communities, of misconceptions, and cultural biases is identified as a particular concerning aspect of unquestioned ethnic and cultural generalization trends. The notion of homogeneity, as it concerns Aboriginal populations, is said to have been challenged in recent years by scholars who have come to acknowledge the diversity within Aboriginal groups. The impact of socio-economic issues in shaping the value orientations of Aboriginal populations is explored. The conflicting nature of literary resources and scientific knowledge concerning the value orientation and cultural characteristics of Aboriginal populations is emphasized with consideration given to its impact on culturally competent clinical practice approaches (Waldram, 2004).

Cultural competency in clinical settings has been the focal point of a vast array of scholarly efforts (Ambtman, Hudson, Hartry, & Mackay-Chiddenton, 2010; Nebelkopf & Phillips, 2004; Walker, Cromarty, Kelly, & St Pierre-Hansen, 2009) concerned with shedding light on the influences and implications of refined approaches to working with multi-cultural populations. Waldram's contribution provides an amply sourced and insightful examination on the origins, influential factors, and implications of the clinical conceptualization and work with Aboriginal clients. The author's platform is strengthened through his examination of the factors, from both an anthropological and psychological perspective, that have served to shape clinical approaches, deemed as culturally competent, to working with Aboriginal clients.

Waldram's (2004) straightforward analysis gives due consideration to the professional implications of long-standing generalizations about Aboriginal culture. In challenging these

ill-informed and potentially dangerous generalities, the author prompts the professional community to uphold well-informed, up-to-date standards of practice in the delivery of culturally competent supports.

Overall, the author's stance and recommendations are deemed as a valuable contribution to the body of knowledge concerned with the conceptualization and delivery of culturally competent supports and interventions. Despite the acknowledged contributions, Waldram's (2004) work may have benefited from a more inclusive and globally-minded approach that considered similar trends of influence and response in other Western societies. Consideration to the impact of noted historical influences from the perspective of similar fields of practice would have further improved the applicability of the author's position.

Kirmayer and Valaskakis' (2009) compilation of multi-disciplinary perspectives on Aboriginal mental health provides the reader with an opportunity to explore the various social, economic, and political issues affecting the health and well-being of Aboriginal people in Canada. McCormick's chapter on *Aboriginal Approaches to Counselling* (p. 337) depicts innovations in counselling approaches to working with Aboriginal populations. Factors influencing Aboriginal health and well-being are explored, including Aboriginal worldviews, spirituality, tradition, and culture. The role of mainstream mental health methodologies and traditional healing practices in supporting the mental health of Aboriginal clients is also considered. The efficacy of amalgamating mainstream and traditional approaches is explored, giving consideration to applications within the context of multiple counselling scenarios, including sex abuse, career/vocational, suicide, and substance abuse (Kirmayer & Valaskakis, 2009)

The histories, worldviews, and needs of Aboriginal populations have prompted acknowledgment from multiple areas of research and practice on the importance of

developing and implementing services that reflect the uniqueness of Aboriginal culture. The development of Aboriginally-relevant counselling methods is reflected in recent research efforts, such as that of Limb and Hodge's (2011) contemplation on the therapeutic implementation of spiritual ecograms. Walker, Cromarty, Kelly, and St Pierre-Hansen (2009) offer another recent example, within the Canadian context, of culturally competent service delivery in addressing the health needs of Aboriginal populations.

The review of Aboriginal perspectives on well-being and healing presented as a helpful introduction, granting the reader the opportunity to better understand the difference between Aboriginal and mainstream perspectives on health and well-being. The comparative review between traditional healing approaches and mainstream methodologies provided particular insight into how integrated methods complement and strengthen the individual components, while promoting improved client outcomes. The authors' contemplation on the notion of existentialism and its homogenous roots in both mainstream and traditional ideologies concerning the search for meaning, grants the reader with an opportunity to consider not just the differences, but the important similarities between the two belief systems.

McCormick (as cited in Kirmayer & Valaskakis, 2009, p. 337) succinctly captures the essence of what presents as a well-informed and conscientious journey towards culturally competent practice. The chapter's content also serves to validate the value of integrated approaches to promoting the health and well-being of Aboriginal clients. The authors' assertion that additional research is needed to further establish the value and impact of both traditional and mainstream approaches serves as a challenge to the professional community to extend the body of knowledge in this area.

Mainstream Mental Health Approaches

The World Health Organization (WHO) defines mental health as the range of endeavours aimed at promoting mental well-being, as related to overall physical, mental, and social welfare. These endeavours include education, support, preventative measures, treatment, and rehabilitation (World Health Organization [WHO], 2012). In the last century, efforts to address mental illness have shifted in their approach. These shifts have undertaken approaches that originally sought to isolate the individual facing a mental disorder, to modalities that utilize social and environmental factors to promote prevention, treatment, and care.

Mental health is further described as "a state of well-being in which the individual realizes his or her own abilities, can work productively and fruitfully, and is able to make a contribution to his or her community" (New Brunswick Department of Health, 2011, p. 2). A lack of proper attention to one's mental health may lead to compromised physical health and productivity. The success of mental health interventions will greatly depend on the professional's ability to implement the appropriate combination of tools needed to meet the unique needs of the client.

Mainstream mental health treatment approaches derive from consensus based ideologies on what constitutes a problem and how the perceived problem may be addressed through a cause and effect approach. The noted limitations with this type of "cookie cutter" approach to service delivery are that it tends to rely on prescriptive categories or ideals, it fails to give credence to internal experiences, it lacks appreciation for how individuals respond to their environment, and it fails to account for cultural factors (Grobstein & Cyckowski, 2006).

Mental and behavioural health services in northern B.C. are delivered through a variety of resources. These resources include government sponsored organizations and private practice service providers. Government sponsored organizations responsible for the delivery of mental health services in northern B.C. include, the Northern Health Authority (NHA), the Ministry of Children and Family Development (MCFD), the Central Interior Native Health Society, Friendship Centres, and federally funded health centres in reserve communities. Service delivery through these organizations seeks to respond to age specific, cultural, and lifespan needs of northern populations.

The NHA provides mental and behavioural health services through a wide range of programming aimed at supporting individuals facing mental health or substance abuse issues (Northern Health Authority, 2007). MCFD is specifically concerned with addressing the mental health needs of children and youth in B.C. Supports are delivered to children and youth with mental health concerns and their families through a wide range of "community-based specialized mental health services" (British Columbia, n.d.). The Central Interior Native Health Society offers a Primary Health Care team approach in the delivery of supports for Aboriginal populations in northern B.C. The organization is committed to a holistic approach to health and well-being by addressing the four pillars of wellness: spiritual, mental, emotional, and physical (Central Interior Native Health Society, n.d.).

The concept of mainstream mental health service delivery approaches has been the focus of various scholarly inquiries on topics such as the facilitation of cultural competence in mental health and educational settings, racist influences in mental health practice, cultural relevance in family therapy, the impact of Western influenced tools in the delivery of mental health services to diverse populations, and the implications of multiculturalism on the helping profession (Constantine & Sue, 2006; Fernando, 2003; Marbley, 2011; McGoldrick,

Giordano, & Pearce, 1996; Regehr & Glancy, 2010). The following five literature reviews are aimed at supporting the primary research query.

Constantine and Sue's (2006) *Addressing Racism: Facilitating Cultural Competence in Mental Health and Educational Settings* offers a compilation of scholarly works concerned with exploring and analyzing issues of racism, as influenced by multiple factors such as classism and poverty, and their impact on the quality and effectiveness of mental health services. In Chapter 5 *Linking Poverty, Classism, and Racism in Mental Health: Overcoming Barriers to Multicultural Competency* (p. 65), authors William Ming Liu, Jovan Hernandez, Amina Mahmood, and Ren Stinson explore the root origins of socio-economic and political factors and consider their impact on the access and perception of mental health services by marginalized populations. The intersections of these oppressive factors are deemed as important considerations to be included in the clinician's repertoire of personal and professional developmental tools (Constantine & Sue, 2006)

The importance and impact of well-informed professional interventions presents as an established platform in both professional and scholarly circles (Ambtman, Hudson, Hartry, & Mackay-Chiddenton, 2010; Nebelkopf & Phillips, 2004; Waldram, 2004; Walker, Cromarty, Kelly, & St Pierre-Hansen, 2009). Liu, Hernandez, Mahmood, and Stinson's (2006) contribution to Constantine and Sue's text further emphasizes this platform through a comprehensive examination of various oppressive factors and how understanding their impact on marginalized populations can support culturally relevant practice in clinical and education settings.

Liu, Hernandez, Mahmood, and Stinson's (2006) scholarly contribution provides a well-informed and insightful structural approach to culturally competent professional development. Professionals are encouraged to consider their personal views concerning

racism, classism, and poverty, and how these may impact their practice. This challenge invites reflection by professionals on how attitudes and policies may serve to perpetuate racist trends. Additional merit is found in the inclusion of multicultural perspectives on the noted factors of oppression, including those of African-American, Asian-American, Native-American, and Latino populations. The inclusion of statistical data served to further substantiate the authors' stance and offered the reader a contextual perspective on the impact of racism, classism, and poverty.

Suman Fernando's (2003) *Cultural Diversity, Mental Health and Psychiatry: The Struggle Against Racism* provides an examination of the racist influences impacting mental health practice within culturally diverse populations. In Chapter 5 *Moving Forward* (p. 171) the author delves into various factors, including legislative measures and professional field initiatives, bearing impact on culturally relevant and anti-racist practices in the fields of mental health and psychiatry. The roots of Western psychotherapy are explored in relation to their impact on the "fundamental cultural assumptions" concerning the nature and condition of humanity (p. 197). The author reiterates the importance of acknowledging differing worldviews and ensuring that this knowledge is reflected through constructive, well-informed practice. The connection between the professional and the client is emphasized as a key aspect of effective therapeutic practice; consequently the value of a well-informed professional in matters concerning cultural views and values is accentuated. The author further proposes changes to professional training that will better promote multi-cultural perspectives and anti-racist practice (Fernando, 2003).

The limitations and implications of western derived perspectives on the epistemological influences to the mental health field and their subsequent impact on mental health practice, have served as a platform for scholarly efforts concerned with expanding and

improving our understanding of these issues (Ambtman, Hudson, Hartry, & Mackay-Chiddenton, 2010; Constantine & Sue, 2006; Nebelkopf & Phillips, 2004; Regehr & Glancy, 2010; Waldram, 2004; Walker, Cromarty, Kelly, & St Pierre-Hansen, 2009). Fernando's (2003) contribution grants extensive focus on the issue of racism, its origins, its historical impact, and its influence on the mental health field. The author's platform is further enhanced through his assertions on the value of developing and implementing educational approaches that foster multi-culturally informed, anti-racist, and culturally relevant professional practice.

The most significant contribution to the body of knowledge is found in the author's multi-level approach to developing and enhancing professional practice in the field of mental health, as evidenced by the examination of educational, cultural, geographic, societal, economic, and political factors. Despite the value of these contributions, it is important to note one important limitation, that of the author's stance as predominantly influenced by western worldviews, and its subsequent impact on the author's perspective and approach to addressing issues of racism, multiculturalism, and culturally relevant professional practice. The author's failure to acknowledge the impact of his own worldview limits the reliability and applicability of his ideas.

McGoldrick, Giordano, and Pearce's (1996) Ethnicity and Family Therapy offers a compilation of works by various scholarly sources concerned with the expansion of knowledge on the cultural relevance of the family therapy model and applications of such a model in multicultural environments. Chapter 2 offers Charles Etta T. Sutton and Mary Anne Broken Nose's contribution titled *American Indian Families: An Overview* (p. 31), in which the authors explore the history and modern concerns of American Indian populations. In addition the authors propose the implementation of the family therapy model as an

effective tool in addressing the unique needs of this ethnic group. The professional community is reminded and encouraged to improve their understanding of traditional worldviews, cultural misconceptions, and stereotypes in order to advance the efficacy of therapeutic supports and interventions (McGoldrick, Giordano, & Pearce, 1996).

The delivery of well-informed and effective mental health services to culturally diverse populations has been acknowledged by scholars and professionals alike, as a rapidly growing reality for clinical staff (Marbley, 2011; Nebelkopf & Phillips, 2004; Oulanova, 2008; Stevenson, 2011). Issues of self-awareness, informed practice, culturally relevant practice, and multiple approach integration are just some of the areas of interest scholars have examined in an effort to improve our understanding and effectiveness in the delivery of mental health services to multicultural populations. Sutton and Broken Nose's (1996) examination of the similarities between a mainstream therapeutic approach and traditional American Indian approaches to healing, serves to reiterate the applicability of traditional approaches in multicultural settings.

The ongoing development of professional practice lies at the heart of Sutton and Broken Nose's (1996) position. Furthermore, Sutton and Broken Nose (1996) solidified the message that in understanding the worldviews of other cultures, the professional will be better equipped to implement the most effective intervention approach and will be better able to establish a respectful and empathetic therapeutic relationship. A comparative analysis on the applicability of other models of therapeutic intervention, such as group, art-based, and outreach approaches, may have served to strengthen the authors' platform. Information concerning the authors' background and professional experience would have served to support the notion of positioning, a key aspect of professional development.

Regehr and Glancy's *Mental Health Social Work Practice in Canada* (2010) offers a comprehensive analysis of social work practice in a Canadian context. Chapter 4 *Social Work Assessment in Mental Health* (p. 61) considers the impact of Western influenced mental health evaluation tools in capturing an accurate depiction of the mental health status of diverse populations in Canada. The implementation of assessment tools within a cultural context is explored with consideration given to the Aboriginal worldview, Asian perspective, and African notions of health. Socio-economic, political, and historical stressors on the psychological health of the above noted ethnic groups are depicted. The varied range of perceptions and manifestations of psychological conditions as derived from culturally influenced factors are examined. Emphasis is given to trends in expressions of distress that lead certain ethnic groups to associated psychological unrest to physical symptomology. Cultural influences on service access trends and culturally bound sets of symptoms are also appraised (Regehr & Glancy, 2010).

Issues concerning multicultural access and perception of western culture influenced mental health services have prompted scholarly efforts to shed light on the influential factors and complexities associated with this area of concern (Ambtman, Hudson, Hartry, & Mackay-Chiddenton, 2010; Constantine & Sue, 2006; Nebelkopf & Phillips, 2004; Waldram, 2004; Walker, Cromarty, Kelly, & St Pierre-Hansen, 2009). Regehr and Glancy (2010) expand on this body of knowledge through their well versed examination of the efficacy of mainstream mental health assessment tools, while exploring diverse cultural factors that may impact the accuracy of westernized means of measurement.

Regehr and Glancy's (2010) most significant contribution to the body of knowledge is found in their perceptive and clearly depicted overview of various cultural perspectives concerning the origins and manifestations of mental health imbalances. Furthermore, the

authors' platform is substantiated by their inclusion of statistical data concerning incidences of mental health diagnosis and treatment amongst some of the cultures that make up the Canadian societal landscape. A closer examination of the most commonly used diagnostic tools including the Diagnostic and Statistical Manual (DSM), grants the reader the opportunity to consider the limitations within a multicultural context of commonly used means of measurement. It is important to note that the most recent version of this diagnostic tool, the DSM-5, in a marked departure from previous versions, incorporates greater cultural sensitivity and provides a broad array of information concerning cultural variances in practice, including cultural formulation interview guidelines (American Psychiatric Association, 2013). In contemplating the meaning of key concepts such as psychologization and somatization the reader is granted the opportunity to consider the varied ways in which psychological maladies may be conceptualized and experienced, giving further context to the limitations of mainstream approaches.

Aretha Faye Marbley's *Multicultural Counseling: Perspectives from Counselors as Clients of Color* (2011) provides an axiological study on multiculturalism and its implications on the helping profession. In Chapter 1 *From Hills and Molehills All Across America* (p. 3) the author explores the cultural landscape and history of the United States with an emphasis on issues of racism and acculturation, as it pertains to the delivery of mental and behavioural health services. Service access and impact experiences of African-American, Asian-American, Latino, and Native American populations are considered. Furthermore, the author contends that professionals must become knowledgeable about the history and unique cultural distinctions of their target populations in order to improve the likelihood for effective interventions (Marbley, 2011).

Scholarly efforts to further our understanding on the impact of multicultural factors in the delivery of therapeutic supports and interventions have continued to gain momentum in recent years. Scholarly contributions such as those of Spanierman and Poteat (2005) in their efforts towards promoting therapeutic frameworks and interventions that are informed through multiculturally-minded research, have served to promote awareness about the significance and value of well-informed practice with culturally-diverse populations. Marbley's (2011) work provides a meaningful and valuable addition to these efforts by capturing the voices of professionals and service users in their experiences with delivering and accessing culturally relevant supports and interventions.

The most valuable aspect of Marbley's (2011) position is found in her assertion that culturally relevant practice must be well-informed, requiring the professional to take an active stance in his or her professional development. Another striking aspect of the author's approach lies in the source of the chapter's title, which serves to remind the reader of the fervent and violent nature of the nation's ongoing journey towards multicultural integrity. The inclusion of culture-specific examples, specifically concerning challenges in accessing services and successful applications of culturally relevant interventions, grant applicability to the concepts put forth. The definition of pivotal terms such as culture and race, lend further credibility to the notion of well-informed practice. Despite the valuable ideas put forth by the author, failure to consider the experiences and efforts of other nations presenting with similar migration and diversity trends limits the poignancy of her message.

Traditional Aboriginal Healing Practices

Traditional Aboriginal healing practices have received a great deal of attention and are now more commonly practiced due to recent protections, such as the Canadian Charter of

Rights and Freedoms, which ensure the freedom to explore and apply these methods. Traditional ways of healing include sweat lodges, smudging, talking circles, healing circles, and Indian medicines (Henderson, 2008).

Traditional Aboriginal practices are rooted in the belief that balance and harmony with nature must exist. Overall well-being is achieved through the balance of the four main components of human existence. Physical, emotional, mental, and spiritual aspects of the self are deemed to be irrefutably interconnected. Some modern approaches to public health and health promotion have adopted the Aboriginal ecological approach to well-being, giving further credence to the value of these traditional approaches to health (Ministry of Health, 2007).

The notion of traditional healing practices has been the focus of various scholarly inquiries on topics such as the origin and role of traditional healers, perspectives from Native practitioners on the delivery of supports to urban Aboriginal populations, and cultural safety in the context of institutional change (Deloria Jr., 2006; Walker, Cromarty, Kelly, & St Pierre-Hansen, 2009; Witko, 2006). The following three literature reviews are aimed at supporting the primary research query.

The significance, role, and impact of traditional healers are examined through a series of anecdotal accounts and reflective excerpts in Vine Deloria Jr.'s (2006) *The World We Used to Live In: Remembering the Powers of the Medicine Men*. In Chapter 1 of *Dreams-The Approach of the Sacred,* (p. 1) the author explores the traditional healing approach to deciphering dreams and using dreams as tools for healing. The origins, spiritual linkage, and role of medicine men are depicted. The experiences of traditional healers are illustrated through anecdotal accounts. The significance of traditional events and the role these played

in supporting the holistic health of Aboriginal individuals and communities is described (Deloria Jr., 2006).

The movement towards the revitalization of Aboriginal values, beliefs, and practices has garnered significant support from scholarly circles, as exemplified by the works of Linda Tuhiwai Smith (1999) and Fyre Jean Graveline (1998). Deloria (2006), a world renowned Native American scholar, makes a significant contribution to this body of knowledge by granting the reader access to traditional accounts and perspectives on the significant value of traditional healing practices.

Deloria's (2006) combined anecdotal and analytical approach grants the reader access to traditional worldviews on health and healing, while considering the potential for modern day applications. The author provides helpful insight as to the cultural implications associated with the role of traditional healers, including how the suppression of these practices has impacted the health and well-being of Aboriginal populations. In exploring traditional knowledge the author grants due recognition to the inherent wisdom of Aboriginal holistic approaches to health. The author's portrayal of the medicine man or traditional healer, through anecdotal and first-hand accounts, offers great insight as to the qualities and actions that constitute effective practice. These accounts attest to the importance of continuing development in practice and the undeniable importance of the therapeutic relationship.

Witko's (2006) book, *Mental Health Care for Urban Indians: Clinical Insights from Native Practitioners,* offers a compilation of works by various authors exploring culturally relevant therapeutic approaches. In Part III, Section 7 of the text (p. 133) Dolores Subia Bigfoot and Megan Dunlap explore the traditional origins of storytelling, its cultural significance, and therapeutic applications. The use of storytelling as a therapeutic tool for

working with American Indian populations is considered through its applications in supporting individuals facing histories of trauma, abuse, and neglect. Within an urban context consideration is given to the use of modern day technology, such as internet sites, in order to gain access to traditional supports and tools. The authors also included sample stories and application tools to further enhance the concepts presented (Witko, 2006).

The value and applicability of traditional healing ideologies and tools has gained considerable attention in recent years, including the use of spiritual ecograms (Limb & Hodge, 2011) and McCormick's exploration on innovations in counselling approaches to working with Aboriginal populations (Kirmayer & Valaskakis, 2009). Bigfoot and Dunlap (as cited in Witko, 2006, p. 133) offer an exciting addition to this body of knowledge in their exploration of storytelling as a valid and helpful therapeutic tool.

By looking at the cultural significance and healing properties of storytelling techniques, the authors have effectively given due acknowledgment to the value of traditional ideologies and practices. The authors' well laid out approach in exploring the inherent developmental and therapeutic value of storytelling, beyond the context of its cultural significance within Indigenous populations, grants the reader the opportunity to consider the application of this valuable tool with various populations, regardless of ethnic and cultural background. The inclusion of available resources, a variety of application tools, including the use of mainstream clinical methods, and sample storytelling narratives served to strengthen the applicability of the ideas presented. The usability of this technique in different therapeutic settings, such as addictions treatment and sexual abuse therapy, granted further validation as to the value of storytelling as a therapeutic approach. Despite the significant strengths of this section, a more in-depth look at the value of integrated

mainstream and traditional approaches would have served to further substantiate the authors' stance.

The chosen article describes the work of the Sioux Lookout Meno Ya Win Health Centre (SLMHC) with First Nations populations of northern Ontario. Authorship of this article reflects representation from the program's leadership, including the organization's CEO and Special Advisor on First Nations Health. The authors explore the notion of cultural safety and the process of affecting institutional change through the centre's adopted model of care. The historical and methodological origins of the centre's adopted modality, known as the SLMHC menoyawin model, are also explored. A review of findings on the model's evaluation, provide the reader with an analytical perspective on the successes and challenges of delivering culturally safe services to the Aboriginal peoples of northern Ontario through the centre's Traditional Healing, Medicines, Foods and Support Programme (Walker, Cromarty, Kelly, & St Pierre-Hansen, 2009).

Walker, Cromarty, Kelly, and St Pierre-Hansen's (2009) article offers an in-depth review on the conceptualization and application of culturally competent service delivery in health care. Consideration for cultural competency through a cultural safety lens, grants the reader an opportunity to consider the origins of culturally safe approaches to health care practice. The authors' exploration of the process of supporting both individual and organizational transitions into culturally safe applications of service delivery is strengthened by the inclusion of detailed information on the guidelines for cultural safety (Walker, Cromarty, Kelly, & St Pierre-Hansen, 2009). Relevancy and clarity are enhanced through the article's depiction of institutional change, as considered through the experiences on the development and implementation of the SLMHC Traditional Healing, Medicines, Foods and Support Programme. Consideration for First Nations traditional healing views and practices

help to solidify the impact of the authors' position. A review of the program's expected outcomes, obstacles to implementation, and results to date grant the reader an opportunity to consider the realities of implementing culturally safe health care programming for Aboriginal populations.

Inclusion of specific examples on other regional, national, and global approaches to culturally safe health care practices, or mention of a lack of these, would have served to further substantiate the article's impact. Despite potential limitations in the authors' stance, the depiction of a uniquely Canadian approach to culturally safe practices in the delivery of health care services will serve to enrich the existing body of knowledge in this area. The article also serves to provide an important perspective that may serve to inform future endeavours looking to assess the delivery and impact of culturally safe approaches.

Integrated Mental Health Approaches

The integration of traditional healing methods and mainstream strategies promotes opportunities for health and well-being that are not bound by the scientific limitations of western medical paradigms. A holistic view of health is adopted, allowing for the acknowledgement and inclusion of the four pillars of health paradigm. This paradigm considers human health from a perspective of interconnectedness, as it includes the spiritual, emotional, physical, and mental aspects of the self. These integrated approaches to health also serve to promote empowerment, as well as a sense of connectedness with family, community, and the environment (Henderson, 2008).

The notion of integrated approaches in the delivery of mental health supports has been the focus of various scholarly inquiries on topics such as professional experiences on the integration of mainstream and traditional healing practices, the theoretical origins of Western

and traditional healing practices, approaches to promoting the mental health of Native Americans, the application of spiritual ecograms in promoting culturally relevant mental health supports, culturally relevant mental health practice, organizational cultural competency, the impact of traditional knowledge on the delivery of professional supports, cultural competency in the delivery of supports to minority and Aboriginal populations, and culturally appropriate healing practices (Ambtman, Hudson, Hartry, & Mackay-Chiddenton, 2010; Bhandary, 2011; Carlick, 2009; Duran & Duran, 1995; Eshun & Gurung, 2009; Limb & Hodge, 2011; Nebelkopf & Phillips, 2004; Oulanova, 2008; Sinclair, Hart, & Bruyere, 2009). The following nine literature reviews are aimed at supporting the primary research query.

Olga Oulanova's (2008) thesis project entitled *Navigating Two Worlds: Experiences of Canadian Mental Health Professionals Who Integrate Aboriginal Traditional Healing Practices* considers the convergence of mainstream and traditional healing practices in the field of mental health from the perspective of mental health professionals in Canada. In Chapter 4 (p. 97) the author embarks on an analysis and discussion concerning the study's findings. Findings reportedly revealed four central themes concerning professionals' approach and experiences in implementing integrated methods of practice. Themes include: Becoming the helper, deciding when to integrate, describing integrative efforts, and experience with integration (Oulanova, 2008).

The delivery of well-informed and effective mental health services to culturally diverse populations has been acknowledged by scholars and professionals alike, as a rapidly growing reality for clinical staff. Clinical perspectives on this issue have also gathered attention, as exemplified by the works of Marbley (2011) and Stevenson (2011). Marbley's efforts to examine the perspectives of counselors as individuals and professionals of colour, offers a

unique outlook on the importance of self-positioning, as it relates to the professional's ability to understand how their personal cultural lens may impact their practice with diverse cultural groups. Stevenson's study offers a valuable account of Elder's perspectives on the integration of mainstream and traditional practices. Oulanova's (2008) contribution takes the clinician's experience a step further by examining the various factors that influence professional approaches to delivering culturally relevant supports and interventions.

Oulanova's (2008) structural approach offers helpful insight on both internal and external factors influencing the experiences and perspectives of Canadian professionals delivering integrated mental health approaches. The journey towards becoming a helping professional is described in terms of personal, historical, societal, and political experiences, granting the reader an opportunity to consider the vastness of factors that help shape an individual's cultural lens.

Despite the valuable ideas put forth by the author, failure to consider the experiences of non-Aboriginal professionals and their journey towards understanding and effectively supporting Aboriginal populations, limits the poignancy of her message. The study's scope is also limited by the author's failure to give due consideration to the experiences of Aboriginal professionals working with populations of varying cultural and ethnic backgrounds, including the benefits of traditional healing practices and integrative approaches.

The theoretical origins of Western therapies and traditional healing practices or "shamanism" are explored in Chapter 4, entitled *Theoretical Concerns*, of Duran and Duran's (1995) *Native American Postcolonial psychology*. A comparative analysis considers both the similarities and differences between Western therapeutic strategies and roles and those of traditional origin. The impact, positive and negative, of therapist and shaman roles

is explored. The integration of Western therapy approaches and traditional healing practices is presented as a natural process that incorporates the long standing sources of knowledge and modern adaptations of this knowledge, otherwise referred to as "collective psyche" (p. 66). The symbolism of the death and rebirth "transformative experience" (p.67) is presented as an example of the so-called collective psyche. Jung's four major functions of the psyche tool is described and used to derive contrast between Western and Native American worldviews. The application of this tool and a proposed variation that is described as more accurately representative of Native worldviews, are explored in their application in therapeutic settings (Duran & Duran, 1995).

In exploring the parallel and contrasting origins of Western and Native worldviews and subsequent therapeutic approaches, the authors have joined the ranks of various other scholars (Kirmayer & Valaskakis, 2009; Limb & Hodge, 2011; Walker, Cromarty, Kelly, & St Pierre-Hansen, 2009; Witko, 2006) in their pursuit to expand the body of knowledge concerned with improving our understanding of how these two perspectives may serve to enhance clinical interventions and improve outcomes for Native clients.

Duran and Duran's (1995) comparison grants the reader an opportunity to consider the congruencies between worldviews often considered as being at opposite ends of the ideological spectrum. The analysis of the contrasting aspects of the two ideological perspectives is presented in a manner that allows for critical consideration on the attributes and potential applications of ideologically derived interventions. The concept of a collective psyche supports the notion of a common ideological foundation, which serves to grant equality on the inherent value of traditional practices. The comparison between the paternalist quality of Western views and the feministic nature of Native ideologies offers a unique perspective on the historical and ongoing oppressive tendencies of one worldview

over the other. The use of Jung's four major functions of the psyche tool offered additional insight as to the limitations of Western ideologies in granting credence and due honour to differing worldviews that do not fit that schematic.

The authors' adherence to Jung's ideological teachings and methodologies limited their scope's richness and impact on the value of their analysis. Consideration of other notable contributors to the Western repertoire of therapeutic methodologies would have served to enhance the analysis of this culture's ideological trends. Equally limiting is the failure to include the worldviews of other cultural groups, which may have served to broaden the scope on the analysis of ideological similarities and differences.

The realities of developing and implementing culturally relevant programming are explored in Nebelkopf and Phillips' (2004) *Healing and Mental Health for Native Americans*. Through their compilation of works, the editors have granted the reader an opportunity to gain insight into the various approaches to conceptualizing, developing, and delivering culturally relevant mental and behavioural services to Native American populations in the United States. In chapter 15 *HIV/AIDS Programs for American Indians and Alaska Natives* (p. 149) authors David D. Barney, Betty E. S. Duran, and Caitlin Rosenthal, provide a detailed description and critical analysis on the work of an agency delivering HIV/AIDS supports to Native Americans in the San Francisco Bay area. The authors deliver a detailed account of the program, including funding sources and directives, staff background and expertise, collaborative partnerships, and the integration of mainstream and traditional approaches (Nebelkopf & Phillips, 2004).

The integration of mainstream mental health methodologies and traditional Indigenous practices has garnered significant attention from both professional and academic communities (Duran, 2009; Kirmayer & Valaskakis, 2009; Limb & Hodge, 2011; Walker,

Cromarty, Kelly, & St Pierre-Hansen, 2009). This shift reflects an acknowledgment of the inherent value of traditional approaches while working with both Indigenous and mainstream populations. The value and impact of multidisciplinary approaches is also gaining momentum, as a reflection on the limitations of silo approaches.

Barney, Duran, and Rosenthal's (as cited in Nebelkopf & Phillips, 2004, p. 149) review and analysis provides a clear picture as to the origins, intent, and impact of the Native American Health Center's approach to working with HIV/AIDS at-risk populations. Their work offers a meaningful insight into the process of envisioning, securing funding, developing, and implementing culturally-relevant programming for Native American populations. The analysis of mainstream methodologies, deemed best suited for addressing the needs of Native American clients, grants due acknowledgement to the value of frameworks for practice that reflect Indigenous ideologies.

The authors' failure to give due consideration to regional, national, and international efforts in the delivery of culturally relevant mental and behavioural health services, limits the applicability of their work. Furthermore, the attention given to the vulnerabilities of bi-sexual and gay populations may have served to foster misconceptions and fears about the nature and risk of HIV/AIDS, despite wide acknowledgment by academic and professional communities about the non-discriminating nature of the disease.

The selected article describes the scholarly views and findings of Limb and Hodge's (2011) research study on the application of spiritual ecograms for promoting cultural competency in family therapy settings. The study in question contemplates the views of a selective number of Native American professionals, identified as having "extensive experience" working with Native American populations, on the application of spiritual ecograms within a therapeutic context. Furthermore, consideration is given to the tool's

consistency with Native American culture and how it may serve to promote culturally appropriate therapeutic interventions for Native American clients (Limb & Hodge, 2011).

The research project reflects increased recognition by the helping profession concerning the importance of delivering culturally competent services to indigenous populations. The focus of this research project supports the development of cultural competency at both the micro and macro levels, as exemplified in the work of Ambtman, Hudson, Hartry, and Mackay-Chiddenton (2010). The development and application of culturally competent tools appears to be gaining momentum (Walker, Cromarty, Kelly, & St Pierre-Hansen, 2009), in recognition of the admitted limitations of mainstream approaches to supporting indigenous populations (Limb & Hodge, 2011).

This shift towards recognizing and implementing culturally competent interventions centers on the role of spirituality within the context of individual and family well-being. Admitted limitations in the availability and proven validity of spiritual assessment tools serve as the driving force behind the project's aim to assess the applicability and cultural competency of spiritual ecograms. The tool's origins, as depicted in terms of the amalgamation of traditional indigenous perspectives and mainstream professional tools, serve to reiterate professional acknowledgement and interest in providing culturally competent supports and interventions (Limb & Hodge, 2011).

Research findings provide a professional perspective, as represented by various helping professions, on the similarities between spiritual ecograms and traditional indigenous perspectives, as well as their applicability in the work of supporting indigenous families and children. The inclusion of various indigenous cultural voices, serves to further solidify the project's stance. Examples, term definitions, and considerations for clinical applications

provide the reader with a helpful overview on the origins and potential uses for spiritual ecograms.

The project's primary limitation lies in the use of a purposive/snowball sampling strategy, which presents as a constraint in the project's scope, through its limited representation of participants, failing to capture broader professional perspectives, and feedback from client populations. Failure to consider global perspectives and strategies presents as an additional limitation in the project's scope. Despite the admitted limitations of the project, its findings and recommendations will serve to enrich the existing body of knowledge in this area, while furthering the cause for culturally competent approaches in the helping profession.

Eshun and Gurung's (2009) *Culture and Mental Health: Sociocultural Influences, Theory, and Practice* offers a compilation of scholarly works on the subject of a culturally relevant mental health practice. Chapter 7 of the text, entitled *Psychotherapy in a Culturally Diverse World* (p. 115), provides the reader access to Laura R. Johnson, Gilberte Bastien, and Michael J. Hirschel's contemplation on the ethical dilemma of operating from a Eurocentric model of care within the context of a multicultural landscape. The authors explore culturally sensitive practice options and examine available legislative and policy directives on culturally relevant practice, including the DSM-IV cultural formulation tool and the American Psychological Association guideline on multicultural approaches. Further analysis reveals the pitfalls of inappropriate approaches to cross-cultural interactions. Consideration is also given to issues of racism and discrimination faced by ethnic minorities. Additional consideration is given to the professional's responsibility in developing culturally competent practice through cultural awareness, knowledge, and skills (Eshun & Gurung, 2009).

Pressures within the helping profession to develop and deliver culturally competent therapeutic services, have prompted extensive scholarly efforts to improve and expand our understanding of the factors that are promoting this change and the impact of such interventions (Ambtman, Hudson, Hartry, & Mackay-Chiddenton, 2010; Duran & Duran, 1995; Marbley, 2011; McGoldrick, Giordano, & Pearce, 1996; Nebelkopf & Phillips, 2004; Oulanova, 2008; Stevenson, 2011). Johnson, Bastien, and Hirschel (as cited in Eshun & Gurung, 2009, p. 115) consider this issue from the perspective of Eurocentric approaches, their strengths and limitations, and how these compare to culturally accepted healing practices.

Johnson, Bastien, and Hirschel's (as cited in Eshun & Gurung, 2009, p. 115) stance is well supported by their comprehensive analysis of Eurocentric approaches, including detailed examples of existing guidelines and professional enhancement tools, for delivering therapeutic supports within the context of a multicultural landscape. This position is further enhanced by the authors' comparative analysis on individualistic versus collectivist worldviews. Another valuable aspect of this contribution is found in its overall tone, which serves to encourage culturally relevant practice through well-informed professional development. In addition, the inclusion of indigenous treatment examples further enhances the comparative analysis between mainstream and traditional approaches.

The chosen article focuses on the improvement of cultural competency for organizations responsible for the delivery of services to Aboriginal populations. Ambtman, Hudson, Hartry, and Mackay-Chiddenton (2010) depict the events and circumstances leading up to the formation of a cross-cultural work group known as the Circle of Courage. In their article *Promoting System-Wide Cultural Competence for Serving Aboriginal Families and Children in a Midsized Canadian City* (2010) the authors discuss how Dr. Martin

Brokenleg's 1998 workshop on culturally appropriate Aboriginal youth interventions, prompted organizers to consider how the ideas and methodology presented in the workshop may be applied to affect long-term systemic changes. These considerations led to the establishment of the Circle of Courage work group. Consideration is also given to literary resources depicting approaches to supporting the development of cultural competence at the micro, macro, and meta levels (Ambtman, Hudson, Hartry, & Mackay-Chiddenton, 2010).

The work of the Circle of Courage group is explored, while giving consideration to the frustrations encountered by professionals working in mainstream organizations. Identified frustrations include the difference between dominant culture and Aboriginal culture approaches to service delivery and interventions; and the challenges encountered while attempting to implement culturally competent interventions. The group's efforts are reportedly guided by traditional Aboriginal values and reflect the group's commitment to a "concentric" approach, which focuses on micro level approach of supporting the individual in developing cultural competency, which in turn promotes change at both the macro and meta levels (Ambtman, Hudson, Hartry, & Mackay-Chiddenton, 2010).

The selected article provides the reader with a clear outline of the origins, development, and progress of the Circle of Courage work group. The literature review offers a helpful framework that later serves to guide the reader through accounts of the group's efforts, as informed by the modalities identified in the review. The authors' depiction of the group's approach to promoting cultural competency, grants the reader an opportunity to learn about approaches to developing and promoting cultural competence within a Canadian context.

Despite the above noted strengths, the article fails to provide a scholarly assessment of how the efforts of the Circle of Courage group compare to other approaches to promoting

cultural competence. The authors appear to have assumed a passive depiction of the events, which fails to capture their personal stance and scholarly opinion. Their approach appears to have limited the scope of their review to reflect the framework set out by the work group.

The article's limited scope is initially made evident in the historical review, in which the authors fail to provide the reader with information about Dr. Brokenleg's background and journey leading up to the inception of his workshop. Information concerning the workshop in question is also limited, leaving the reader to wonder about the application of the model beyond the scope of the city of interest. Updates on the current status of both presenter and strategy are also lacking.

Another noted deficiency includes the scope of the literary review, which fails to explore the root for the noted methodologies and address the existence or lack of alternative approaches. The literary review is also limited in its consideration of available tactics, while focusing on mainstream methodologies and failing to include traditional approaches. A comparative analysis between the group's efforts and impact, and those of other entities across the country, including global considerations, would have served to enrich the reader's experience.

Despite the outlined deficiencies, the article does succeed in capturing the unique flavour of the Circle of Courage's approach to developing and promoting cultural competency amongst educational and social service organizations. The depiction of a uniquely Canadian approach to cultural competency will serve to enrich the existing body of knowledge in this area. The article also serves to provide a launch pad for future endeavours looking to assess the delivery and impact of cultural competency approaches.

Sinclair, Hart, and Bruyere's (2009) *Wichitowin* considers the historical and theoretical underpinnings of Indigenous social work. Practical application and traditional knowledge

are also explored. Bruyere's Section III *The Spirit of Dreaming* (p. 171) is concerned with traditional knowledge and its impact on the delivery of social work supports and interventions. The traditional conceptualization of the helper role is explored is this chapter. The importance of self-positioning within a cultural context is emphasized, giving credence to the value of self-awareness as the first stepping stone towards achieving cultural competence. The role and impact of educational institutions and the programs they offer is considered and determined to be a crucial component in the journey towards achieving cultural sensitivity and relevance in social work practice (Sinclair, Hart, & Bruyere, 2009).

In recent years scholarly voices have placed significant emphasis on the value of culturally relevant multi-disciplinary service delivery (Duran, 2009; Kirmayer & Valaskakis, 2009; Limb & Hodge, 2011; Walker, Cromarty, Kelly, & St Pierre-Hansen, 2009;). Culturally relevant practice continues to evolve, as exemplified by counselling approaches that mirror traditional knowledge and practice, and the application of intervention tools that incorporate both mainstream and traditional methodologies. The importance of affecting change at various levels of influence, including micro, macro, and mezzo is also substantiated by professional and scholarly sources.

Bruyere's (as cited in Sinclair, Hart, & Bruyere, 2009, p. 171) platform is strengthened through the recognition of modern multi-disciplinary contributors to the plight of culturally relevant Indigenous practice. Furthermore, by exploring the helper's cultural positioning, the author effectively prompts the reader to consider his or her cultural landscape and how it may impact his or her practice. The road towards cultural relevance is further enhanced by the author's examination of the significance of language and how the helper's role may be enhanced through an improved understanding of idiomatic concepts and applications (Sinclair, Hart, & Bruyere, 2009).

The author's choice to reflect and build upon his background and knowledge of a specific Aboriginal culture, in this case that of the Nishnawbe-Aski Nation, limits the applicability of his work. Failing to explore the richness of the numerous Indigenous cultural perspectives in Canada deprives the reader of an important reminder that all Indigenous cultures are unique and that a single strategy to working with these populations will fail to capture the distinctive flavour of each community's traditions, language, and world views.

Kulraj Bhandary's (2011) practicum report entitled *Cultural Competency: A Path to Deliver Healthcare to Ethnic Minority and Aboriginal Populations* provides an analysis of the realities of implementing cross-cultural competency approaches to service delivery in a hospital setting. The author describes his practicum placement experiences in working with clients from various ethnic and cultural backgrounds, primarily Aboriginal and East Indian, accessing services at University Hospital of Northern B.C. (UHNBC) in Prince George. The challenges of accessing culturally sensitive resources are explored. The author's personal journey in developing his own approach to culturally competent practice, presents as the primary focus of the report. Systemic challenges in the delivery of culturally competent services to multi-cultural populations are considered from the author's perspective as an incoming health care professional (Bhandary, 2011).

The development and implementation of culturally competent supports and interventions in health care has in recent years received considerable attention, as exemplified by the works of Walker, Cromarty, Kelly, and St Pierre-Hansen (2009) and Nebelkopf and Phillips (2004). Walker, Cromarty, Kelly, and St Pierre-Hansen consider cultural competency through a cultural safety lens and explore the origins of culturally safe approaches to health care practice. The authors further the scope of their research by considering the process of supporting both individual and organizational transitions into

culturally safe applications of service delivery. Nebelkopf and Phillips' compilation of works offer an opportunity to gain insight into the various approaches to conceptualizing, developing, and delivering culturally relevant health services to Native American populations in the United States.

Bhandary's (2011) first-hand account about the experiences of an emerging professional in the field of health care faced with the challenges of understanding the needs of culturally diverse populations, presents as the most valuable aspect of his report. Further to this contribution is the valuable insight offered through the author's reflection on his personal journey towards cultural competency and how the experiences of his practicum placement served to shape his approach to working with culturally diverse populations.

Limitations concerning Bhandary's (2011) report include generalizations concerning the application of traditional healing practices, such as the medicine wheel, which compromise the applicability of ideas. Furthermore, content relevance is restricted by a failure to substantiate proposed ideas with relevant statistical or scholastic data.

Melissa Carlick's thesis report entitled *Yukon First Nations Youth Mental Wellness: The Development of Culturally Appropriate Healing* (2009) considers modern mental health approaches versus traditional healing practices and their impact on the well-being of Indigenous populations. In Chapter 3 *Strengthening Mental Wellness*, the author explores the efforts of a Northern BC initiative known as the Initiating Change Project (ICG). The project's primary focus is described as working towards promoting community wellness and sustainability through the integration of mainstream and traditional practices. The revival of traditional systems is identified as a key aspect of the project's efforts. The sustainment of traditional ways of life is depicted as an essential aspect of promoting self-esteem, respect, balance, connectedness, and healing amongst Aboriginal populations. The project reportedly

assumed a number of tasks, fifty seven in total, meant to support the identified goals. Tasks included efforts to promote community inclusiveness, the construction of a traditional spiritual house, the development of cultural camps, the renewal of traditional rites of passage, and the creation of a traditional Sweat Lodge (Carlick, 2009).

The limitations of mainstream mental health approaches in meeting the needs of Aboriginal populations have been the source of much debate and controversy amongst scholarly and professional communities (Ambtman, Hudson, Hartry, & Mackay-Chiddenton, 2010; Duran & Duran, 1995; Eshun & Gurung, 2009; Marbley, 2011; McGoldrick, Giordano, & Pearce, 1996; Nebelkopf & Phillips, 2004; Oulanova, 2008; Stevenson, 2011). Carlick's contribution to these scholarly debates offers important insight into modern day efforts to revamp existing health and social service systems in order to meet the unique needs of Aboriginal populations. Carlick's example delivers practical insight into the realities of integrating traditional healing practices and mainstream systems.

Carlick's (2009) assessment of a multi-level approach to improving cultural competency in the delivery of mental health services grants the reader the opportunity to consider the realities of implementing change at the micro, mezzo, and macro levels of programming. This approach takes the reader beyond the theoretical notions of cultural relevance, providing a unique opportunity to gain a better understanding of traditional systems and practices, and how these may serve to supplant or complement mainstream approaches. Limitations are found in the author's failure to consider other projects and initiatives at the local, regional, national, and global levels. This comparative analysis may have served to strengthen or weaken the sample project's stance and approach, which focuses on the sociocultural needs of specific Aboriginal groups, thus limiting the applicability of the project's findings. This perceived shortcoming presents as a potential advantage to the

reader, as it may serve to incite awareness about the cultural variances found amongst Aboriginal populations.

Charles Waldegrave's (2009) *Cultural, Gender, and Socioeconomic Contexts in Therapeutic and Social Policy Work* contemplates cultural, gender, and socioeconomic equity issues as they relate to matters concerning social inclusion and well-being and how these may impact effective therapeutic interventions, research endeavours and policy making. The contextual implications of culturally, gendered, and socioeconomic derived designations of meaning as they relate to the individual's sense of identity and self-worth are considered. Waldegrave examines the limitations of policies and programming derived for universal stereotypes, which often reflect western contextual assignments of meaning, such as individualism. These universal stereotypes contradict non-western social standards such as collective notions of wellness, consequently impacting the effectiveness and cultural relevance of policies and programming that this self-ascribed "universal wisdom". Waldegrave goes on to assert that "it would be even more enlightening if high-quality non-Western approaches were given consideration when addressing some of our enduring social problems" (p. 89).

New Zealand's Family Group Conferencing model (FGC) is presented as a meaningful example of a non-western approach derived from Maori collective notions of wellness. FGC is described as a non-adversarial model of practice that aims to strengthen and empower families facing welfare and justice problems and is a globally accepted model of practice. Waldegrave (2009) captures the essence of this message by stating that "when people's cultures are honored, their sense of belonging is also honored and that enhances their experience of well-being" (p. 98).Waldegrave also examines issues concerning gender and socioeconomic equity and goes on to explore the potential role helping professionals

may have in impacting policies and programming, so they may reflect the realities of the populations they serve.

Waldegrave's (2009) article offers an interesting perspective on the impact of western-derived cultural, gender, and socioeconomic factors on policies and programming affecting vulnerable populations. This perspective challenges one-size fits all approaches that seek to conform diverse standards and perspectives on safety and well-being to those established by the dominant culture. Waldegrave's challenge to helping professionals provides fertile ground for discussion about the role of professionals in ensuring that the policies and programs they represent are in the best interest of the individuals, families, and communities they serve.

Considerations for Rural Practice

Populations residing in rural and remote communities in Canada are faced with unique challenges that have a direct impact on their mental well-being. These challenges are related to issues of isolation, colonization, trauma, and socio-economic considerations. Restricted access to services due to geographic isolation and socio-economic issues translates into the over-taxation of existing resources, including formal and informal mental health supports (O'Neill, 2009). Aboriginal Communities in northern B.C. are faced with many of these challenges.

Considerations for the delivery of mental health supports in rural geographical areas has been the focus of various scholarly inquiries on topics such as outreach service modalities and challenges in the delivery of mental health supports to rural communities (Sawyer, Gale, & Lambert, 2006; Sherman, Pong, & Swenson, 2010). The following two literature reviews are aimed at supporting the primary research query.

The delivery of services in rural communities presents a unique set of challenges. The assertion is made that multiple models of practice are needed to reflect the varying needs and capacities within rural communities. The outreach model is presented as a viable option for supporting rural practice. This model of practice has experienced adaptations and variations in order to support community needs and provider preferences. The original model reflects the hospital and community mental health centre secondary level outreach modality, a well-established health care service delivery framework (Sherman, Pong, & Swenson, 2010).

The original outreach model offered limited primary care provider interaction, with interventions occurring at the community mental health worker level. Community mental health providers are typically responsible for coordinating care and service integration with primary care physicians and other care providers. Outreach services offer some level of care, but tend to leave the ongoing care to community-based providers. Limited face-to-face contact prompts the delivery of outreach supports via alternative means, such as telephone or e-mail. Outreach services may also include limited education services. Professional derived recommendations suggest improvement on the delivery of outreach services that include an increase in face-to-face support, increased capacity for formalized educational and capacity-building opportunities (Sherman, Pong, & Swenson, 2010).

The challenges associated with the delivery of mental health services in rural communities present similar themes across literary resources. These themes include the lack of available professionals and the strain this places on rural residents in need of services. Furthermore, urban models of care fail to account for the unique circumstances of rural communities. These challenges are exacerbated through national and local policies that continue to operate on misconceived perceptions of rural realities (Sawyer, Gale, & Lambert, 2006).

Despite the need for improved programming in rural areas, the majority of mental and behavioural health programs exhibit under-resourcing when compared to their urban counterparts. Quite frequently, rural mental and behavioural health services are office-based practices located in moderately sized towns that see people on a one-to-one basis for outpatient sessions. The most significant challenge in improving the delivery of mental health services for rural communities does not reflect common source barriers, such as funding or training, but instead reflects a failure by the rural mental health community to develop and advocate for innovative solutions to practice that reflect the unique needs of rural communities (Sawyer, Gale, & Lambert, 2006).

Summary

This literature review has included an overview of some of the challenges and benefits of integrating traditional Aboriginal healing approaches into mainstream mental health practices. The role and impact of historical, as well as ongoing socioeconomic and political challenges, on the Indigenous research agenda were also considered. Additional contemplation is given to the importance of establishing ethically based standards of practice in research with Indigenous populations. Considerations concerning research standards and practices were deemed to be of importance as these efforts have a direct impact on systems of practice.

Reflection on the conceptualization of Aboriginal mental health and the factors influencing the mental wellness of Aboriginal populations were also included in the scope of this review. Data on the impact of the Eurocentric consciousness on the mental wellness of the Aboriginal psyche offered a valuable opportunity to consider the impact of Western influences on traditional standards of health and well-being. Further insight was provided

through the analysis of multidisciplinary perspectives on Aboriginal mental health. Western influenced perspectives on the nature and factors influencing Aboriginal mental health seem to clash when compared to Aboriginal perspectives on the issue.

The integration of mainstream and traditional approaches to mental health is considered from a multitude of perspectives, including professional experiences, theoretical origins, approaches to promoting Aboriginal mental health, the use of traditional tools for healing, cultural relevance in practice, organizational competency, and traditional knowledge. Traditional healing is explored by scholars from various standpoints, including the origins of traditional healing, roles within traditional healing, Native professional perspectives, and culturally safe organizational shifts.

Chapter Three: Theoretical Orientation and Methodology

In chapter three I will examine my research approach and ethical concerns, as well as identify the population scope, and outline the research procedures, including the process for data analysis and evaluation. The process of selecting an approach for my research was informed by a framework of action that prompted careful consideration of philosophical assumptions, strategies of inquiry, and methodology for each of the research approaches being considered (Creswell, 2003). I selected a qualitative approach, guided by constructivist assumptions, and supported by the application of a descriptive research strategy. I adopted a Thematic Analysis approach to examine the research data. I selected this research approach because I believed that it was the most appropriate in its design to support the identified objectives and focal query of my research. A more in-depth look at the components of this research approach will serve to further substantiate this choice. From the perspective of a novice researcher I believe that a qualitative approach offered the tools needed to capture the voices and experiences of the clinicians delivering integrated mental health strategies.

My research was informed by the theoretical underpinnings of qualitative inquiry. Qualitative research is described as a strategical approach to social inquiry that seeks to interpret social phenomena as guided by the target population's assigned meaning. The focus of qualitative inquiry is to generate, rather than test theoretical knowledge (Bryman, 2008). Qualitative research challenges the notion of social phenomena as replicable and distinct, and regards it as unique and reflective. Social processes are a key area of interest for qualitative inquiry (Van Maanen, 1983). I selected a qualitative research approach because it supports my project's intent to interpret the target population's experiences and perspectives on the research topic. A qualitative approach also supported my goal to capture

details about the complex experiences of my target population while preserving the meanings individuals attributed to their unique experiences.

The constructivist knowledge claim asserts that an individual's search for understanding will result in the assignment of subjective meaning to their experiences. Through a constructivist lens, I sought to understand the situation as perceived by the participant and as influenced by social and historical factors. Data gathering tools provided broad direction that allowed the participants to conceptualize their assigned meaning of the situation, as supported by the constructivist approach. This approach is concerned with contextual factors and processes of interaction amongst individuals (Creswell, 2003). Constructivism assumes that individuals construct meanings as part of their engagement with the world they seek to interpret (Creswell, 2003). These interpretations are influenced by the individual's "historical and social perspective" (Creswell, 2003, p. 9).

The descriptive research approach seeks to describe a phenomenon through a systemic and precise approach to data gathering (Singleton & Bruce, 2005). Through a descriptive approach I was able to describe, record, and report the experiences of participants, while illustrating their unique characteristics (Marlow, 2011). This approach supported rich descriptions that emerged from a carefully selected participant pool (Marlow, 2011).

Research Question

A good research question is meant to define the investigation, set boundaries, and provide direction. The process of developing the research question is one that is iterative in nature and should be informed by ideas, literary resources, and methodologies (O'Leary, 2004). In developing the research question, I sought to ensure that its scope was not too broad or narrow, as either may impact the overall quality and usefulness of the research

findings. With this framework in mind, I gave careful consideration to the formulation of the research question in ensuring that it captures the intent of the project. The research question addressed in this project was: *What are the challenges and benefits to integrating traditional Aboriginal healing practices and mainstream mental health approaches?* The research question was supported and enhanced through the implementation of semi-structured questions. The interview questions guided the process of describing the experiences of clinicians implementing integrated strategies in northern B.C. Please refer to Appendix C for a complete listing of the research interview questions.

Research Population and Sampling

I applied a convenience purposive sampling strategy in the selection of participants. The convenience, sampling approach is reflected in the selection of a sample population that was accessible to me. I chose the purposive sampling strategy because of its strategic qualities, which support the selection of participants that are relevant to the research focus (Bryman, 2008).

The sample population was comprised of child and youth mental health clinicians who have practiced in the northern region of British Columbia within the last two years. All participants were employed by the Ministry of Children and Family Development at the time the data was gathered. Participants had a minimum of two years' experience practicing in the geographic area of interest. This sample included both Aboriginal and non-Aboriginal professionals with experience in the field of mental health that ranged from five years to up to twenty seven years. Participant caseloads were representative of significantly high numbers of mandated clients, with some caseloads reflecting a very small number of voluntary clients. The sample size I hoped to achieve was a minimum of four and maximum

of six participants, with circumstances such as level of response and respondent suitability resulting in a total of four participants. The research sample was comprised of one male and three female participants, including one participant who self-identified as Aboriginal, another who self-identified as Southeast Asian, and two participants who self-identified as Caucasian. The research sample was identified through Microsoft Outlook address book listings of Child and Youth Mental Health workers in the North Central, Northeast, and Northwest Service Delivery Areas. Access to this information required Ministry approval and is included as part of the Ministry's ethics approval process.

A total of five clinicians were interviewed, but the decision was made to remove the data gathered from one participant due to the participant's confusion around the intended meaning concerning integrated approaches and a lack of experience in delivering such methods. The data gathered from the four remaining participants interviewed offered a wealth of information on the application of integrated approaches in Northern B.C., including personal and professional perspectives on the realities of incorporating innovative, culturally relevant interventions and supports.

Ethical Concerns

In my research I sought to gather and describe information concerning the perspectives of child and youth mental health clinicians on the integration of mainstream mental health approaches and traditional healing practices. In the context of my research, I sought to conduct research that respected the confidentiality of the participants and ensured adequate safeguards to protect the integrity of the research process.

All research participation was voluntary. Participants were provided with a description of the proposed research project, the rationale for the research, and the requirements for their

participation. Participants were provided with informed consent information. Copies of both the information letter and accompanying consent form have been provided as part of this document and can be found in Appendixes A and B. The consent outlines the research focus, as well as the participant's rights, risks, and benefits (Bryman, 2008). Consents were electronically signed prior to participation. Participants were advised of their right to withdraw from the research at any point, without consequence. All signed consent forms were kept in a secured location.

Research approval was obtained from the University of Northern British Columbia Research Ethics Board (REB) prior to the commencement of my research. Given that the participants were staff of the Ministry of Children and Family Development, additional ethics approval was requested and obtained from the designated Ministry representative.

The challenge of ensuring confidentiality and anonymity while performing qualitative forms of analysis requires transparency in all communications and information provided to participants. Efforts were made to address these concerns through the production of anonymized transcriptions, through the assignment of pseudonyms as identifiers for each participant (Gibbs, 2007). Furthermore, no identifying information is contained in the final research document. I handled and completed all transcriptions of the interview recordings.

I applied the process of reflexivity, as prompted by the tenets of qualitative research, to support self-reflection and examination on how personal background, experiences, and views may influence the research (Van Den Hoonaard, 2012). The use of personal journals supported self-observation through a "stream-of-consciousness" data collection approach (Marlow, 2011, p. 175). I used journaling as a tool for tracking research progress and identifying existing or potential barriers. I completed a journal posting after each interview

to further support self-reflection about my role and its impact on the research process (Marlow, 2011).

In order to ensure ethically sound conduct within the context of this research, consideration was given to my role as both researcher and representative of the organization from which the research sample was selected. I applied a process of journaling to support a clear and accountable research process, in an effort to acknowledge Ministry support of this research and my dual role as researcher and Ministry employee. Standards of conduct within research strive to "avoid deceit, exploitation, abuse or other forms of malpractice" (Carey, 2012, p. 97) and include such guidelines as non-malevolence and dignity, access, respect, avoiding discrimination, voluntary participation, informed consent, data collection, confidentiality and anonymity (Carey, 2012, p. 100-102).

For the purposes of my research special consideration was given to transparency and safety of participants through the application of the following rules of conduct: access, voluntary participation, informed consent, data collection, confidentiality, and anonymity. An information letter and consent form was made available to all participants via e-mail and prior to any data collection. Participants were instructed to provide their consent by responding to the original e-mail. These documents outlined the role of the researcher, inclusive of both organizational ties and academic focus; the voluntary nature of participation in the research; methods for data collection, including data storage; and processes for supporting confidentiality and anonymity, including the methods for data collection and the handling of transcripts. In addition and in an effort to further acknowledge the potential impact of my dual role within the context of my research, I took steps to make the "participants' interests primary" (Grinnell & Unrau, 2005, p.41), by remaining alert about my dual role and maintaining ongoing transparency with all participants.

Data Collection

An example of a descriptive research data collection strategy is that of the interview approach. The interview approach is described as a means to "extract data that already exists inside the individual" (Van Den Hoonaard, 2012, p. 81). Interviews are further described as a method that incites participant recollection and reflection. This process is believed to promote the formulation of ideas and opinions, while supporting the exchange and possible creation of information (Van Den Hoonaard, 2012). This technique allows for greater flexibility to make adjustments in order to accommodate the participant's needs. The interview approach also offers improved opportunity for appraising the validity of the data gathered, by providing an opportunity to observe the context in which responses are provided. In the interview situation, the flexibility exists to accommodate the social atmosphere, providing a more suitable environment for the disclosure of emotionally laden topics (Platt, 2001). The above noted qualities supported my decision to adopt the interview approach as the primary data gathering tool.

For the purposes of my research, the interview approach was adapted to occur via telephone. Face-to-face interviews were initially considered, but schedule limitations presented as a challenge to my ability to travel to remote and rural communities in order to meet participants. After careful consideration, I decided that phone interviews would allow for the type of flexibility need to accommodate both my schedule limitations and the scheduling needs of participants. I e-mailed the interview questions to participants via a secured internal communication system, 48 hours prior to the scheduled interview in order to allow for sufficient time for participants to review the questions, consider their responses, and communicate any concerns. Prior to initiating each interview I asked participants if they had any questions or concerns about the process as described in the information letter.

Participants were also reminded that a gift card was available and that mailing information would be collected after the interview. Interviews were recorded for later transcription (Bryman, 2008). I applied a semi-structured interview process, in the form of open-ended questions. The semi-structured interview process allowed for an intuitive and free-flowing collection of data (Marlow, 2011). I believe that this approach granted participants the opportunity to formulate and particularize their own answers. All participants were later provided with a copy of their interview transcripts to support the credibility of the process (Van Den Hoonaard, 2012).

While conducting interviews, I found that the use of open-ended questions through a semi-structured interview process created a space that allowed for the natural flow of conversation and the richness of storytelling. These stories provided me with an opportunity to understand the experiences that have shaped each individual participant's practice, including the decision that prompted the use of integrated approaches and unique delivery of such techniques.

Data Analysis

The research findings were analyzed via a Thematic Analysis (TA) approach and guided by an inductive process, as previously described in Chapter Three. This process was guided by Marlow's five dimensions of qualitative analysis, including preparation, content analysis, category identification, data validation, inscription, and interpretation (Marlow, 2011). Data analysis was further enhanced by Braun and Clarke's (2006) measures for supporting the integrity of this process through data familiarization, code engendering, theme search, theme review, theme definition, and labeling.

I began the process of analyzing the findings from my research by transcribing the recordings from the selected interviews. This process assisted me in becoming more familiar with the data, granting an opportunity to give in-depth consideration to participant responses and reoccurring themes. As part of the process and in acknowledgement of the value of reflexive practice I documented any ideas or questions that arose, which served to support me in understanding how I arrived at the final analysis of the data. After completing all the second level coding of the data, I then began to analyze it. Structural themes, as informed by various categories emerged (See Figure 1). All coding and analysis was completed manually and quotes were used to support my findings.

Thematic Analysis (TA) is described as a "descriptive presentation of qualitative data" (Anderson, 2007, p. 9). TA supports the depiction of themes, as identified within the research data. TA is believed to provide a critically subjective approach to the examination of data (Anderson, 2007). In TA observation is said to precede understanding, recognition is said to precede encoding, which in turn precedes interpretation (Boyatzis, 1998). Furthermore, thematic analysis offers an adaptable method for recognizing, studying, and exposing patterns contained in the data. I chose a theoretical thematic analysis approach in order to support the coding of the research data (Braun & Clarke, 2006).

The analysis of the research data was guided by the dimensions of qualitative analysis, as noted by Marlow (2011). These five dimensions of analysis include: preparation; category identification; data validation; inscription; and interpretation. Within the scope of thematic analysis, additional steps were taken to ensure the integrity of the process. The steps or phases, as depicted by Braun and Clarke (2006) include: data familiarization; code engendering; theme search; theme review; theme definition and labeling; and the creation of the report.

Concern for ensuring the validity of the research findings prompted a closer look at the concepts and processes designed to support this priority. Reliability in qualitative research is supported through the implementation of methods for collecting and analyzing data that are deemed legitimate by the research community. In terms of ensuring the validity of the research findings, processes must support the original intent of the research endeavour, meaning that the project must achieve what it sets out to do (Collingridge & Gantt, 2008). In the interview situation, the flexibility exists to accommodate the social atmosphere, providing a more suitable environment for the disclosure of emotionally laden topics. Furthermore, I believe that the adoption and competent application of reliable qualitative methods served to ensure both the reliability and validity of the research findings.

In analyzing my research data I applied Marlow's (2011) dimensions of qualitative analysis:

1. Planning and organizing the data.
2. Identifying categories within the data, through an inductive approach that allows for "patterns to emerge from the data rather than being developed prior to collection" (p. 217).
3. Interpreting the findings through the use of cluster diagrams.
4. Validating the data by giving consideration to "alternative hypotheses, negative cases, triangulation" (p. 225), preserving the contextual value of the data, and establishing personal credibility.
5. Writing it up. As part of this process I focused on a thematic analysis approach to examining the research data. Content analysis is described by the author as a process of analysis that deals with researcher derived categories (Marlow, 2011)

Guba and Lincoln (1981) provided criteria for assessing the reliability and validity of a qualitative study. They substituted reliability and validity with the analogous concept of "trustworthiness," which contains four aspects: credibility, transferability, dependability, and confirmability (Morse et al, 2002).

Credibility. Guba and Lincoln (1981) assert that when conducting qualitative research steps must be taken to ensure the "degree to which findings make sense" (Finlay, 2006, p. 7). Steps were taken during the research process to conduct member checks in order to substantiate the credibility of the findings (Finlay, 2006). This process was conducted by providing participants with a digital copy of the interview transcripts. Participant feedback has not been received to date. Another step taken to substantiate credibility was to provide my academic advisor with a copy of all transcripts and periodic debriefings.

Transferability. To enhance the transferability of my research findings I chose a convenience purposive sampling strategy through the selection of participants that are relevant to the research focus (Bryman, 2008). When conducting qualitative research a comprehensive depiction of the setting must be provided, granting the reader sufficient information to "judge the applicability of the findings to other settings" (Finlay, 2006, p. 8). In the collection of my research data I included rich, descriptive detail to assist future researchers in assessing the applicability of the findings.

Dependability. Qualitative research must ensure the provision of an "an audit trail" (Finlay, 2006, p. 8) through documentation that clearly captures the methods and processes used to make decisions about the research. To enhance dependability I maintained an audit trail that includes interview transcripts, journal entries, and notes (Finlay, 2006).

Confirmability. A "self-critically reflexive analysis" (Finlay, 2006, p. 8) of my research approach was incorporated to support the confirmability of the findings. Steps were

taken to ensure that research outcomes were the result of participant experiences and ideas through the use of self-reflection and by having my academic advisor review the interview transcripts. Journaling and consultation served to support the process of self-reflection, in which I sought to consider and acknowledge my own predispositions (Finlay, 2006).

Additional guidance was found in Neuman's (2003) coding and concept formation, as well as Van Den Hoonaard's (2012) open coding approach. These methods guided me in organizing the data into "categories on the basis of themes" (Neuman, 2003, p. 441) while ensuring that the process remained flexible in allowing for themes to emerge as informed by the data by being mindful not to narrow the scope through the introduction of preconceived ideas and while maintaining a spontaneous coding approach (Van Den Hoonaard, 2012).

The planning phase of this process began with thorough review of all transcribed data, as well as entries from my personal journal. This process allowed me to revisit the stories and responses from participants, while giving consideration to personal insight and ideas, while being mindful of my role within the context of the research.

In identifying the categories I was mindful to apply an inductive method, described by Marlow (2011) as reasoning that "uses observation to examine the particulars of a phenomenon and then develops generalizations to explain or describe relationships among the particulars" (p. 11). I began by coding trends within the data that were relevant to the research. The coding process was guided by Tutty, Rothery, and Grinnell's (as cited in Marlow, 2011, p. 216) coding leveling system, which suggests two types of coding and categorization. The "first level of coding" (p. 217) concentrates on identifying trends, coding them, and fitting them into categories. I conducted this process by reading the transcripts for each participant, then re-reading them and highlighting trends that were evident throughout the data gathered from all participants. Different colours were used to identify specific

trends. I then proceeded to review the data again for each participant transcript, as guided by the coloured classifications, to verify the contextual significance of the trends that were identified. A single coloured classification was reviewed for each participant before moving on to the next categorization. This process was followed by the assignation of codes, which were then revisited to determine relationships amongst the various codes and classifying them into categories. The second level of coding, which is the one I chose to apply for my data analysis, involved the interpretation of data and looked for "similarities and differences between the categories as a first step in finding relationships" (p. 218). This process involved the comparison of data from all participants and the integration of categories into themes (Marlow, 2011). Once again I relied on Tutty, Rothery, and Grinnell's (as cited in Marlow, 2011, p. 216) approach to data analysis. This approach interpreted the data through the development of classification systems, which may include: cluster diagrams, matrices, counts, metaphors, missing links, and contradictory evidence. I used the cluster diagram system to assist me in this process. In the diagram, categories were identified by circular shapes and themes were identified by rectangular shapes. As categories came together to forms themes they were placed in their circular form inside the rectangular shaped theme they informed.

Summary

Chapter three explored my research's theoretical orientation and methodology. I identified a qualitative approach as the selected research method. This choice was further refined by constructivist influences. The research approach is enhanced by a descriptive research strategy and through the application of a Thematic Analysis approach. I gave additional contemplation to the research population and sampling strategies, the formulation

of the research questions, ethical considerations, consent protocols, interview methods, as well as the applicability and value of validity and reflexivity strategies. The process of analyzing the research data adopted an inductive approach that allowed for the data to guide the formulation of the codes, categories, and themes. Marlow's (2011) dimensions of qualitative analysis provided additional guidance in organizing the data, identifying the categories, interpreting the findings, validating the data, and conducting a thematic analysis of the research data. Furthermore, Guba and Lincoln's (1981) trustworthiness criteria provided an important framework for supporting a valid and reliable research process, as guided by the tenets of credibility, transferability, dependability, and confirmability. Standards of conduct for this research sought to avoid deception, exploitation, and abusive behaviours (Carey, 2012). Reflexivity was supported through the use of personal journals that captured my responses, insight, and positional stance in the research.

Chapter Four: Research Findings

...I think that if you're weaving the spiritual element into your practice then integration will be the natural way to be. (Participant)

In this chapter I will review the findings from my research and will include excerpts from both interview transcripts and my reflective journal in order to support a holistic, transparent, and well-rounded analysis of the process.

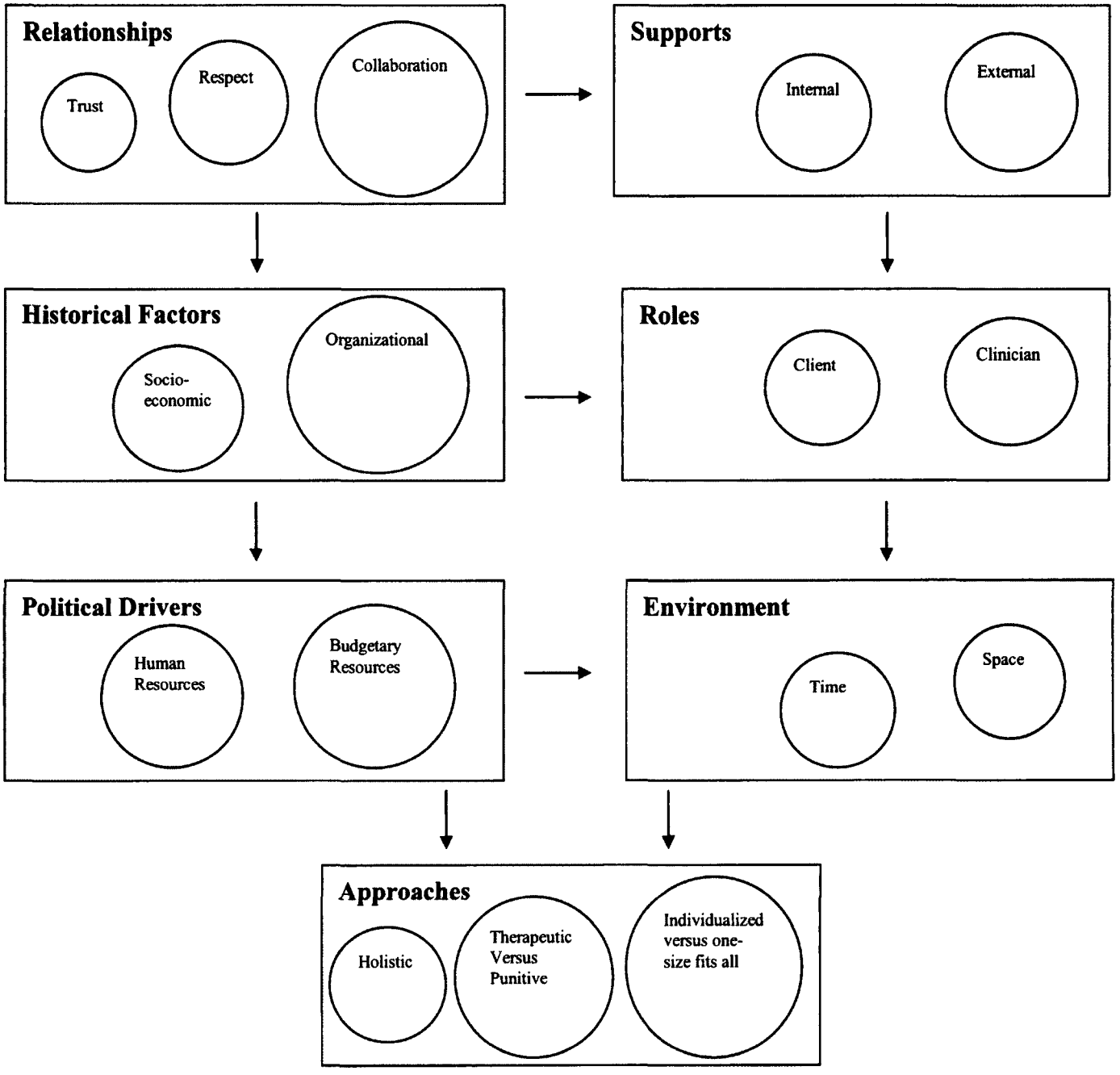
Thematic Findings

The process of identifying the themes entailed an initial review of all interview transcripts, followed by a review of each individual participant's response to each of the research areas of interest as captured through the interview questions. A colour coding system was used to identify trends in the data. This system was then used to guide a re-review of data for each participant transcript. The next step involved the interpretation of data and the search for relationships and variations. This process then revealed categories, which depict the underlying nature of the research themes. Once the themes were identified, I proceeded to define and support them through excerpts from the research data.

The results of this analysis revealed seven themes from the participant data. These themes, hereby referred to as structural themes, were informed by 16 categories, which include: collaboration, trust, respect, socioeconomic, organizational, budgetary resources, human resources, internal and external supports, client's role, clinician's role, time, physical, holistic, individualized versus one size fits all, and punitive versus therapeutic. Structural themes are depicted as follows: relationships, historical factors, political drivers, supports, roles, environment, and approaches. Categories emerged through participants' responses to the research questions. These categories were then analyzed for likenesses and disparities

that further revealed relationships amongst them, grouping them into themes. A conceptual representation in the form of a cluster diagram of both categories, captured in circular shapes, and structural themes, captured in rectangular shapes, is depicted in **Figure 1**.

Figure 1
Map of Thematic Analysis



Note:
The arrows represent the interconnectedness amongst all the structural themes. Structural themes are captured in rectangular shapes and categories are captured in circular shapes.

Participants offered a wealth of insight concerning the impact of mainstream mental health approaches on the development of relationships through their hindrance on the establishment of trust and respect with service users, their families, and community partners. These approaches were said to place the clinician in the "driver's seat", which in turn promotes "power over" approaches that hinder the client's willingness to participate in these services. These approaches were also described as non-conducive to collaborative methods of practice. Furthermore, participants stated these approaches fail to account for historical factors, including socioeconomic and organization specific. The impact of political drivers on the systems that support mainstream approaches were also identified by participants as an additional limitation of these methods. Mainstream approaches were described as promoting a more punitive approach to service delivery as opposed to a therapeutically-minded approach. Additional barriers include environmental factors such as restrictive time lines and rigid spatial considerations.

In response to questions concerning supports and resources available to understand and implement integrated strategies, participants identified key trends in these areas, including perceptions of localized leadership support and disinterest from higher levels of leadership as influenced by political drivers; limitations on internal educational and skill development resources; the substantially positive impact of external resources, including community skill development and educational opportunities, cohort support and collaboration, and the insight and knowledge gained from those being served.

Valuable insight was gained on the impact and benefits of implementing integrated approaches through participant feedback as captured by key themes such as client empowerment through more active engagement of the client in the development and implementation of treatment plans. In addition, the client's family and community are

engaged through more holistic therapeutic approaches, which in turn result in improved outcomes for the client. Individualized treatment plans replace one size fits all approaches and time and spatial barriers are overcome through responsive approaches that allow for more flexible methods of engaging and supporting the client. By promoting collaborative approaches, the establishment of trusting and respectful partnerships with clients and other members of the professional community are supported.

My research was also concerned with the systemic challenges faced by clinicians while trying to implement integrated strategies. Participant feedback shed light on this matter, including the role of political drivers and how changes in priorities have a direct impact on available resources, including professional and financial. In addition, participants described how organization supports needed to implement innovative strategies will fluctuate, creating gaps in service delivery, which in turn have a direct impact on the relationships that clinicians have forged with clients, families, communities, and other professionals. These systemic challenges are also said to perpetuate the historical trauma often present within Aboriginal populations, hence reinforcing existing fear and distrust of the organization. I will now proceed with a review of the structural themes with categories becoming a part of the structural focus.

Themes

1. **Relationships.** The role and relevance of relationships within the context of the therapeutic environment was a common theme for all participants. This is a structural theme because it depicts the structure of the therapeutic relationship. The relationship between the clinician and the client is described as a key component of a successful therapeutic intervention. Relationships were described in terms of how mainstream

approaches hinder the trust, respect, and collaboration needed to foster relationship building with clients, their families, and communities, as exemplified by the following participant statements:

> ...I do find that even for some of the Aboriginal clients who may initially reach out to my agency, even just the nature in our initial intake process. It's a lot of paperwork and a lot of checky boxes and it's not focused on the relational aspect as much or the conversational aspect as much, which we know to be so important when we're working with different First Nations clients.
>
> ...we have some screening tools that help determine eligibility for service and some of those screening tools are actually quite intrusive. For all families but in particular to the First Nations community, because they're asking questions about demographics, so aah income, education level, the wording at times of the questions aah I feel we're not culturally sensitive enough and depending on who the clinician and practitioner that's delivering that training tool it may either you know hinder the relationship.

Another key aspect of relationships is that of collaboration. Participants describe their partnerships with other professionals and community partners as key in the delivery of successful supports and interventions. Working in isolation is depicted as "arrogant" and "self-defeating". Participants further elaborate on the value of collaborative approaches:

> I don't just consult with other counselors I like to consult with lawyers, with our team, with people who are actively living with addiction, with whoever, just people that are going to give me a different way to look at the situation and a different way to kind of explore what's going on even for myself.
>
> ...There is always a collaborative area to allow the client to be actively involved in their own healing process...

Participants also reflected on the impact relationships have on the development of their practice:

> What I try to share with my clients early on in our relationship is that I'm still learning and there are many different ways to heal and to feel good and it's going to be different person to person and so part of our journey together is that we're both gonna stumble and we're both gonna succeed and we're both gonna learn from each other and so it's a partnership, it's not an expert trying to help this person in trouble, I just think that's just so disrespectful that mindset to a client. I find that my clients help me just as much as I help them and I think it's a real equalizer in the relationship

> for clients to...and empowering for the client to buy into that, that they're helping me learn about my practice and myself... that I can really judge our relationship when I get to a point with the client where they can say oh that did not work you know do that, the way you tried to do that today, oooh that fell flat.

All participants offered insight as to the value of relationship building and collaboration in supporting an effective therapeutic process. The impact of mainstream approaches on this key aspect of the therapeutic process was described by three of the four participants as detrimental, due to its fundamental limitations and failure to allow for the type of flexibility needed to nurture relationships in a respectful and responsive manner.

Reflection Journal. *It's amazing how we continue to disrespect people, treating them like children and continuing to make the same mistakes from our past. I really hope someday the ideas and passion of people like these become infectious and spread in such a way that will shake this flawed system to its core. When I think of all I learned from my clients I can't help but wonder how I would have done the work without them. I couldn't and wouldn't have gotten very far at all.*

2. **Historical factors.** This theme reflected the participants perspectives on the impact of historical occurrences on modern practice. This theme is structural because it focuses on the historical structures that have influenced the clinician's role and experience within the therapeutic context. The impact of historical socioeconomic pressures on the health and well-being of Aboriginal individuals, families, and communities is eloquently captured in this participant statement:

> ...You know you might be dealing with a family intergenerational residential school. Maybe the younger kids aren't exposed to the school itself, but they are exposed to the results of it and they live it day in and day out . You know and you walk into a classroom maybe in that community and seventy to eighty percent of kids have PTSD you know and that's their daily life as a result of living with parents, grandparents who attended residential school and all the things that went with that...

Another important historical factor that presented as a concern for three out of the four participants is that of organizational considerations as it related to historical occurrences of negative encounters with specific branches of government. Participants described this issue as a barrier they commonly encounter in their practice:

> ...Some families may have not had the best experience aah with the ministry or they, they could've had a child in foster care aah and so it brings back you know or potentially could bring back you know some post-traumatic stress or aah anxiety around entering the building, around engaging or knowing that you know mental health is attached you know to the other programs within the ministry...

Reflection Journal. *It's tough working for an organization that's linked to so much pain. The history is so fresh in people's minds and then of course so much of it remains ongoing. It took decades, centuries to cause this much damage, it's gonna take maybe that long for the wounds to heal completely or is that possible? I think so. I really hope so.*

3. **Political drivers.** This theme sets the context for understanding the impact of political priorities on resources needed to deliver consistent, reliable, and culturally safe supports. Participants identified two primary resources commonly impacted by the political climate, which include personnel or human and budgetary means. Political drivers were deemed a structural theme as they depict the external structures that have a direct impact on the therapeutic environment. These challenges are described in detail by three out of the four participants:

> I've been in a situation a year and a half ago I stopped going to a region because they changed the health delivery area and a year and half later there are still no services being provided by this other, other regional delivery.

> On a provincial level where you have crisis on a small community and is public knowledge then you know maybe four, five people go into a community try to deal with a bunch of crisis there's nothing consistent, nothing ongoing, and then you fly back out and you've got ministers and deputy ministers waiting with baited breath to see what the team did on the ground sort of speak right.

One participant sheds a glimmer of hope in this bleak outlook on the impact of political priorities on the efficacy of services and interventions:

> ...These past couple of years, the liberal government they are so open to and also they raise the awareness in respecting the Aboriginal culture....Kind of like the government is making up for what they have done in the past.

Reflection Journal. *It's interesting to hear that no matter where you go the same issues seem to be present. How do you establish rapport with people when you constantly get the rug pulled from under you? I remember this when I was working with families and much work was involved in mending relationships after political changes took place. It's so very frustrating to not be involved in the types of decisions that impact the quality of the work you do and the families you serve.*

4. Supports. This theme is structural because it focuses on the internal and external structures that impact the clinician's experience and perspective on the delivery of integrated approaches. In response to the question concerning the clinician's perception of support in delivering integrated supports all participants agreed that a combination of both internal and external supports come together to shape the delivery of integrated approaches. As it relates to internal supports, participants described local leadership as the most influential source of support in developing an integrated practice and delivering integrated supports:

> So there are traditions and practices that really resonate with me and so aah what I needed to do as like a frontline worker...is to get to learn the practices of the community and so it was very important for me to integrate that into my practice...So it was very much supported and embraced...by my team leader when I first started with the ministry.

> ...Within the First Nations communities...there are opportunities within the community whereby you can...as the practitioner...can go attend some of the events. I've been in the role of a team leader so I looked for those things and I encouraged my staff to go and...my supervisor supported that.

External sources of support for developing an integrated approach to service delivery are described by participants in terms of both formal and collaborative opportunities within the community:

> ...I am actually involved in an Aboriginal support group, so they taught me, so this is what we use and this is what we don't use. They taught me about the history and so this is how I learned...

Reflection Journal. *I know this already but it is interesting to hear from front line staff that internal resources are perceived as limited. We work for such a large organization that delivers services to a multitude of cultures, why don't we have more internal resources available to us as practitioners and administrators? I know the online cultural training I did was really awesome, but again not put by us. Is it maybe about mapping out the resources and making that information more readily available? Uuhm, food for thought.*

5. Roles. Participants described the roles of both the clinician and the client as key in the delivery of effective integrated approaches. This theme is structural due to its focus on the structural nature of the therapeutic relationship. The role of the clinician is described as key in guiding both the timing and approach to the delivery of integrated supports:

> ...It's not so much of the approach itself, because the approach is dead, but the clinician is alive, it is the clinician's responsibility to implement that...

The clinician's role is also described in terms of personal initiative and accountability, as it relates to knowledge expansion and skill development and its impact on the advancement of professional capacities:

> So you as the practitioner need to integrate that into your own being in order to have an integrative practice.

The role of the client is described in terms of how it serves to support the development of professional capacities:

> So and then there was another time and we were passing the talking stick around in the support group thinking that this is the cultural practice the talking stick, the Elders. They actually are quite all of them, quite uncomfortable having the stick passed to them. Even though we have given them the option to talk or not to talk. The cultural practice when we implemented that I feel that we have to also consider from a client's perspective.

The role of the client is also described in terms on how it serves to further the priorities of inclusive, culturally safe integrated approaches:

> The integrated approach really depends on client feedback as well and I think that it's really important to keep checking with the client about, you know are you happy with what we're doing, how could I be doing this better, you know this is what I tried to do today, did I succeed? Oh I could've done it that way, oh that's good. You know and so we just kind of just communicate back and forth and always be trying to find the right path together.

Reflection Journal. *I can so relate to what is being said. I knew so little about Aboriginal culture when I first moved here. I wouldn't have gotten very far in my work if the people I worked with and the people I served didn't take pity on me and walk me through the 101 of cultural sensitivity. I loved the history lessons and they really helped me understand the journey of the peoples of this land.*

6. Environment. This is a structural theme as it depicts the various physical structures that have a direct impact on the therapeutic environment. The challenges of implementing integrated approaches were often described in terms of time and space. These barriers were said to reflect the tenets of mainstream approaches that work within rigid structures, which when applied to integrated forms for intervention do not fail to accommodate the environmental factors needed to promote these innovative forms of practice:

> ...We're very much a nine to five kind of agency, the fifty minute sessions and even that it's not a good cultural fit for a lot of people... one of our partner agencies that we try to work with, they do different hours and more flexible hours later in the day. They operate on a looser time frame. Things like that that are just better considerations that they're using in their practice which I think would be great if we could start to incorporate a little bit more of that in our agency as well.

Hopeful examples were provided of instances when flexibility was incorporated into clinical interventions, thus allowing for more responsive and effective therapeutic supports:

> I find certain things like allowing greater amounts of time or more flexible time, being flexible on where to meet, being mindful of cultural significant events and dates or different occurrences within the community. In my community we've been so saddened by recent death and so having mindfulness that there are certain cultural practices that take place after a death that need to be observed that this is not the time for business, this is the time for mourning, and to have that knowledge that you can be culturally respectful, appropriate.

Reflection Journal. *Illness is not a nine to five thing, yet we keep treating it that way. It's funny how we keep trying to make people fit into our little boxes even though we understand the nature of the disease. How can we expect to build trust when we don't offer respect and consideration? It is so lovely to hear about the amazing work that's happening out there. I wish I could be a part of it.*

7. **Approaches.** This is a structural theme that depicts the structural processes that inform and guide the therapeutic experience. Comparisons between the nature of mainstream approaches and that of integrated interventions often reflected on the punitive nature of the former and the therapeutic intent of the latter:

> ...Alcohol, drugs, you know sexual intrusiveness, things like that...This is expected behaviour when over a number of decades this is become the norm. You know a lot of it perpetuated by what happened to the older people in residential schools and then what they've done to the next generation and then the next generation and then you know communities being scared to death to address that stuff because of the way things are set up they have to do it on a punitive level.

The importance of adopting holistic methods of intervention is described in terms of their impact on the health and wellness of the people we serve:

> ...When we try to treat the individual out of context of their family and their people and I think that's not as productive as recognizing this individual as part of an inclusive society.

The efficacy of therapeutic approaches is also described in terms of individualized methods versus the one-size-fits-all slant and the impact these techniques have on cultural safety and client outcomes:

> ...You can't assume that you know one region practices smudging and the other is or one uses sweat lodge and the other one doesn't and our practices back east was to offer tobacco to our Elders if we are going to ask them for something and then blankets and when I came here when I asked well do you do that, but that wasn't all across BC so everybody is different.
>
> I think it's very important to be mindful of who the client wants involved in their integrated treatment plan, because they may have had experiences with teacher or with elders or with social workers that have not been positive and so I think it's we can't make assumptions that who should be sitting at that table, again one size does not fit all, we really need the client or their family to dictate who we invite be part of that process.

Reflection Journal. *I know I resent others when they try to treat me like they know me and shouldn't come as a surprise that that's not a good way to practice. I've learned so much through this process, especially about the traditional holistic view of the individual. It's so brilliant and logical when you think about it. I love the idea of working collaboratively, in partnership with your client. I really miss working with families and can't wait to get back to doing what I love.*

Additional Considerations

Participants explored additional areas of interest that were not deemed as having a direct link to the primary research themes, but were believed to be a complementary addition to the research findings. The supplemental topics included considerations for conceptual meanings and rural practice. Participants considered how conceptual meanings derived from both professional experiences and client interactions can impact the therapeutic experience. This is vividly captured by the following participant statement:

> We're currently defining mental health by mental illness, by all these negative barriers, and negative factors, and I know in my current job to qualify for our services you need an a variety of symptoms that are hurting your functioning. So what a lot of the people at the Aboriginal psychology session were saying is that mental health for Aboriginal clients really needs to be defined as health, not an abundance of negative factors, but almost an absence of the positives. We need to focus more on building healthy habits versus focusing on negative diagnostic criteria...

Concerning rural practice, a participant describes both the challenges and strengths of delivering services in rural and remote communities:

> ...I practice right now in a small community and there's so many difficulties with that certainly don't have as many resources as a big city, but there's also just so many strengths in being in a small community, in that we can work so nicely together and kind of have a team approach to really treating some of the big systemic things that are happening in our own back yard and we all have different areas of specialization.

Summary

As I consider the intent of this research in exploring the challenges and benefits to integrating traditional Aboriginal healing practices and mainstream mental health approaches and the themes that emerged from participant feedback, I find myself in awe of the richness and insightful nature of these findings, while at the same time feeling humbled by the amazing work that is happening in our communities and the realization that I have so much to learn about culturally relevant and meaningful practice.

Chapter Five: Discussion, Implications, and Recommendations

An integrated approach is not just throwing a bunch of modalities and resources into a blender and just taking out what half hazardly falls out, it needs to be very mindful. (Participant)

Discussion

This chapter will capture the process of exploring how the research findings substantiate or fail to substantiate the research purpose and objectives. In addition, the ensuing implications, including the limitations of the research findings will be explored, and recommendations will be made within the context of organizational, practice, and academic realms.

This research was guided by both its objectives and the principal query. The research objectives sought to capture the experiences and perspectives of clinicians as they relate to the integration of integrated mental health approaches. They also set to explore the impact of policies and programming on these integrated methods. Research objectives also set out to establish an improved understanding of how integrated approaches comprise a unique form of practice.

In my research I sought to describe the challenges and benefits to integrating traditional Aboriginal healing practices and mainstream mental health approaches from the perspectives of child youth mental health clinicians. Through a qualitative, constructivist lens, I carried out a descriptive approach to my research. This process was facilitated through the research interview questions. The questions guided participants in exploring the limitations of mainstream mental health approaches in their capacity to deliver culturally relevant supports to Aboriginal populations. The clinician's experience in learning about and

implementing integrated approaches was also explored. Timeliness and effectiveness were also explored. The perceived deficits and strengths of integrated approaches were also explored. Clinicians are also prompted to describe the supports and systemic challenges they faced in their efforts to implement integrated strategies.

All research components were brought together through the support and generous contributions of four dedicated professionals, delivering supports to vulnerable individuals, families, and communities in the Northern region of B.C. These professionals walked me through the realities of delivering culturally safe integrated mental health supports, while working within a bureaucratic system.

In looking at descriptions of professional experiences specific to the implementation of integrated approaches to mental health service delivery, participants offered a great deal of detail around their experiences and the impact on both their practice and outcomes for their clients, this was described as "meeting the individual where they're at". The importance of developing relationships with clients is a key aspect of successfully integrating modalities.

In exploring integrated approaches and the degree to which they support the constructs of established culturally relevant priorities in local and national policies, we did not examine national policy, but participants were able to describe how integrated approaches support local cultural priorities and how overcoming mainstream barriers becomes a focal point of that process. More people could be served and services could be more effective if we focused more on building the strengths of the client and avoiding approaches that focus on negative diagnostic criteria. By focusing on developing a respectful and collaborative environment outcomes for Aboriginal clients can be improved.

In looking at how the research has furthered the objective to increase awareness and understanding of how traditional Aboriginal healing practices and mainstream approaches

have come together to create a unique form of service delivery, one only needs to turn back to participant feedback on all areas of interest to appreciate the impact their contributions have made in gaining improved awareness and understanding of the realities of implementing integrated approaches.

The research findings shed vast light into the systemic challenges encountered by professionals in their efforts to develop and deliver integrated mental health approaches, including the impact of political drivers on human and budgetary resources, and the various levels of support, both internal and external to the organization. One aspect of this topic that is of interest is despite the numerous barriers encountered in their practice, most participants remain optimistic about organizational improvements and overall commitment to cultivating service efficacy and cultural safety.

In exploring the impact of integrated approaches on client outcomes, participants describe processes that serve to empower, heal, and strengthen individuals, families, and communities. By "using what the client identifies as their own strengths and interests" the clinician paves the way for a mutually respectful environment. Even when a certain approach fails, the therapeutic relationship is strengthened.

Integrated approaches have consistently been described by participants as “relevant”, “flexible” and “well-received”. Their experiences provided a roadmap to understanding the limitations of mainstream approaches, the benefits of implementing integrated approaches, the very real challenges in delivering these methods and the significant supports that make it possible to incorporate these innovative practices.

Links to Literature

Strong linkage was found between the research findings and the literature. Participants described the importance of acknowledging the interconnectedness between the individual's physical, mental, spiritual, and emotional make up. These findings support the framework for culturally safe practice that guides Canadian policies concerned with the delivery of mental health services to Aboriginal populations (Canadian Institute for Health Information, 2013). Research findings can also be linked to literary resources concerning research priorities. Participant feedback exemplifies research considerations for both the historical and ongoing challenges faced by Indigenous populations (Smith, 1999). Additional linkages include participant reflection and insight on the impact of conflicting priorities between the dominant culture and Aboriginal structures that result in the loss of cultural identity and vulnerability to insensitive dominant culture paradigms (Cannon & Sunseri, 2011).

Implications for Social Work Practice

This section is concerned with the inferences of this research, as it relates to three primary areas of interest, organizational, practical, and academic, within the context of social work practice. I will explore what the findings mean within the context of each sphere and consider any occurrences of overlap.

Additional implications are related to my role as the primary researcher. My decision to apply an interpretive process required me to remain cognizant of the potential impact of my association with the same organization from which the research sample was selected. The sharing of a common language or internal organizational knowledge was considered in its potential impact on the integrity of data being collected. A commitment to ensuring the

veracity of my research findings led to the decision to utilize reflexive journaling as a tool to support a clear and accountable research process. Through this method of self-reflection, I was able to give ongoing consideration to my role and its potential impact on the research process.

Organizational

The findings suggest that social work organizational structures serve to both promote and hinder the development and implementation of integrated strategies. The previous chapter explored participants' perceptions concerning systemic challenges and supports. Through this research I discovered that professionals are often faced with politically driven barriers, which often translate into deficiencies in human and budgetary resources. These deficiencies result in limitations to service access, gaps in services, and the abandonment of integrated approaches in favour of mainstream methods that offer perceived savings through reductions in service hours, outreach supports, and innovative endeavours. Systemic issues were also considered through perspectives that take into account the historical issues that may impact access to services and the overall influence of such services. Participants explored client perspectives on the historic relationship between Aboriginal communities and certain branches of government, including the Ministry of Children and Family Development. These historic ties often present as barriers in engaging clients, as this government entity is often associated with intrusive and harmful interventions. Participants went on to describe the various tactics, derived from integrated approaches that are used to support clients in overcoming their fears, developing a sense of trust, and ultimately engaging in services.

Practical

The research findings present various implications related to practical applications in the field of social work. In the delivery of services, participants described how integrated approaches served to empower individuals, families, and communities. The methods promote collaborative approaches that foster an environment of respect and trust. Participants also described the shift from punitive methods towards more therapeutic approaches that seek to acknowledge the inherent value of all individuals. Aboriginal knowledge is incorporated into these holistic supports that understand the inextricable link between the individual and their environment. Individually tailored supports acknowledge the uniqueness of sub-cultures within the Aboriginal culture, thus promoting responsive, culturally safe interventions. The role of the client within the context of the therapeutic environment is enhanced through these innovative practices, as supported by collaborative approaches that acknowledge the client's contributions as key in achieving success. In addition, the role of the clinician is downplayed from that of the primary knowledge holder, as seen in mainstream approaches, to more of guide that seeks to support the client through respectful partnership in discovering and exploring the knowledge and strengths he or she already possesses.

Academic

Research findings suggest that academic considerations must be given to the emphasis placed on the development of culturally responsive practices. The role of academia in supporting the development of innovative, culturally sensitive practitioners is one of undeniable importance. Academic training serves to shape professional standards of social work practice, which in turn impact outcomes for individuals, families, and their

communities. The diverse nature of Canadian culture should demand a revision of academic standards to capture the richness of knowledge this diversity puts at our disposal. Cultural relevance should become a standard addition to academic curricula, inviting developing professionals to explore the vast knowledge that is available not only through scholarly channels, but through organic, traditional methods that reflect human adaptability and wisdom.

Limitations of the Research

Despite the best intentions of this research, limitations are present. These limitations must be explored in order to allow for the opportunity to reflect on lessons learned and the exploration of future possibilities. The research scope only captured the experiences and perspectives of professionals working for one governmental entity. Failure to capture the voices of clinical staff from other branches of government, Aboriginal agencies, social service agencies, and private practice presents as the most significant limitation in this research. Furthermore, a broader research sample, inclusive of clinical experiences across the country from both public service and private sector populations, would serve to give fair consideration to the implications of such experiences as they related to national policies and directives.

Recommendations

The participants in this research offered insightful and valuable recommendations for change. Participant responses to the interview questions suggested that internally informed systems are limited by like-minded organizational thinking, this is evidenced by the following participant statement "decisions and changes are made that don't capture what families and communities experience". Professional implications from an organizational

stance include the need to strengthen the capacity of external review bodies in their ability to analyze and determine the effectiveness of policies and programming aimed at addressing the needs of multicultural populations. The development of capacity for external review processes must be informed by evidence-based or culturally accepted methods that reflect the use of up-to-date, reputable resources. Another important consideration is the inclusion of a diverse cultural representation, as part of these external processes. The engagement of Aboriginal organizations and Aboriginal community representatives can support the delivery of culturally sensitive, inclusive processes that will serve to improve the effectiveness of services being delivered.

Practical considerations suggest a shift towards more flexible and collaboratively-based social work service delivery structures. Participants believed that at the local level supports are available to "think outside the box", but admit that "bureaucratic limitations" can limit those opportunities. Integrative collaborative practice is described as the key to delivering more holistic supports. Practitioners must be supported in their efforts to deliver culturally relevant services through readily accessible, well-informed, and culturally sensitive supports. Culturally sensitive supports may include training opportunities for front-line practitioners and supervisory staff, as well as facilitated access to up-to-date relevant professional development materials. It is essential for practitioners to have access to supportive work environments that accommodate flexible schedules and service access points, as well as collaborative and inclusive approaches to service delivery.

Participants also noted that schools of social work need to further develop curriculum content and practicum placements specific to the development of skills in implementing integrated approaches, as captured in the following participant statements:

...I wish they would've had more at school about this integration stuff.

> Learning about this kind of thing and being able to put it to practice would really help...

It was also pointed out that these changes should be informed by "people who know the culture", which may include, but should not be limited to Aboriginal community stakeholders, Aboriginally-based scholarly materials, and traditional knowledge. Consideration should also be given to the social work professional community's role in "talking about and pushing change" as it relates to the implementation of policies and resources that support the development of integrated mental health approaches.

Summary

In its focus to capture the voices of mental health clinicians concerning their experiences with the implementation of integrated approaches, my research revealed various themes. These findings suggested possible implications for the field of social work in areas such as organization, practice, and academia. The research findings also supported recommended changes in organizational specific areas, such as training and practice. In considering the limitations of my research, special attention was given to the scope of the research sample and the constraints it poses concerning the applicability of the research findings from a global perspective.

Conclusion

The process of conceptualizing and implementing this research from the perspective of a novice researcher can only be described as enlightening and inspiring. As I sought to determine my research focus, I found both my personal and professional background directing me towards an improved understanding of culturally relevant practices. This direction was further refined by my passion for mental health practice and a deeply set

interest in gaining a better understanding of innovative practices in that field. These two pieces came together to shape the direction of my research. As I set out to explore the experiences of mental health professionals in the implementation of integrated practices, I was unsure what the process would reveal.

The intent to explore rather than generate new knowledge led me to the decision to select a qualitative research approach, as guided by a constructivist lens, and further refined through an exploratory method. The data gathering process was supported through an interview approach, as guided by predetermined questions. The questions guided these discussions, supporting the research scope and objectives. This collaboration resulted in a process that led me to understand the topic of interest from the various perspectives of professionals faced with the realities of implementing the work.

The process of interpreting the research findings and identifying common themes throughout the data was facilitated by the process of reviewing the data while transcribing the recordings. The use of a reflective journal served to enhance this experience and was instrumental in maintaining an ethical stance and being mindful of my personal views while giving meaning to the information that was gathered.

I believe that in capturing the perspectives of professionals delivering the services that are conceptualized at higher levels of the hierarchical structure credence is granted to value efforts that promote more collaborative approaches and the design of service delivery structures that reflect the realities of day to day practice. Despite the perceived benefits of the research findings, I believe that more research is necessary to capture the voices of mental health professionals in their experiences as shaped by the various and unique settings in which services are being delivered, not just across the province, but across the nation.

Reference List

Aboriginal Canada Portal. (2012). *Aboriginal peoples: The first people*. Retrieved from: http://www.aboriginalcanada.gc.ca/acp/site.nsf/eng/index.html

Alberta Mental Health Board. (2006). *Aboriginal mental health: A framework for Alberta*. Alberta Health Services. Retrieved from: http://www.albertahealthservices.ca/MentalHealthWellness/hi-mhw-aboriginal-framework.pdf

Ambtman, R., Hudson, S., Hartry, R., & Mackay-Chiddenton, D. (2010). Promoting system-wide cultural competence for serving Aboriginal families and children in a midsized Canadian city. *Journal of Ethnic & Cultural Diversity in Social Work, 19*, 235-251. doi: 10.1080/15313204.2010.499328

American Psychiatric Association. (2013). *DSM-5: Cultural concepts in DSM-5*. Retrieved from: http://www.psychiatry.org/dsm5

Anderson, R (2007). Thematic content analysis (tca). Retrieved from: http://www.wellknowingconsulting.org/publications/pdfs/ThematicContentAnalysis.pdf

Barney, D.D., Duran, B.E.S., & Rosenthal, C. (2004). *Healing and mental health for Native Americans*. California: AltaMira Press.

Baumann, T. (2004). *Defining ethnicity*. Retrieved from: http://gbl.indiana.edu/baumann/Baumann%202004%20-%20Defining%20Ethnicity.pdf

Bernal, G., & Saez-Santiago, E. (2006). Culturally centered psychosocial interventions. *Journal of Community Psychology 34,* 121-132. doi: 10.1002/jcop.20096

Bhandary, K. (2011). *Cultural competency: A path to deliver healthcare to ethnic minority and Aboriginal populations*. (Unpublished master's report). University of Northern British Columbia, Prince George BC.

Bigfoot, D.S., & Dunlap, M. (2006). *Mental health care for urban Indians: Clinical insights from Native practitioners.* Washington: American Psychological Association.

Boyatzis, R.E. (1998). *Transforming qualitative information: Thematic analysis and code development.* Thousand Oaks, California: Sage Publications Inc.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology 3,* 77-101. doi: 10.1191/1478088706qp063oa

British Columbia (n.d.). *About child and youth mental health.* Ministry of Children and Family Development. Retrieved from: http://www.mcf.gov.bc.ca/mental_health/index.htm

Bruyere, G. (2009). *Wichitowin: Aboriginal social work in Canada.* Winnipeg, Manitoba: Fernwood Publishing.

Bryman, A. (2008). *Social research methods* (3rd ed.). New York: Oxford University Press.

Canadian Institute for Health Information. (2013). *Hospital mental health services for concurrent mental illness and substance use disorders in Canada.* Retrieved from: https://secure.cihi.ca/free_products/MH%20Concurrent%20Disorders%20AiB-ENweb.pdf

Cannon, M.J., & Sunseri, L. (2011). *Racism, colonialism, and indigeneity in Canada.* Ontario, Canada: Oxford University Press.

Carey, M. (2012). *Qualitative research skills for social work: Theory and practice.* Surrey, England: Ashgate Publishing Limited.

Carlick, M. (2009). *Yukon First Nations youth mental wellness: The development of culturally appropriate healing.* (Unpublished master's report). University of Northern British Columbia, Prince George BC.

Central Interior Native Health Society (n.d.). *What we do*. Retrieved from: http://www.cinhs.org/programs-services/what-we-do

Collingridge, D.S., & Gantt, E.E. (2008). The quality of qualitative research. *American Journal of Medical Quality, 23*(5), 389-395.

Constantine, M.G., & Sue, D.W. (2006). *Addressing racism: Facilitating cultural competence in mental health and educational settings.* Hoboken, New Jersey: John Wiley & Sons, Inc.

Creswell, J.W. (2003). Research design: *Qualitative, quantitative, and mixed methods approaches* (2nd ed.) Thousand Oaks, California: Sage Publications Inc.

Dalrymple, J., & Burke, B. (1995). *Anti-oppressive practice: Social care and the law.* Buckingham, UK: Open University Press.

Deloria Jr., V. (2006). *The world we used to live in: Remembering the powers of the medicine men*. Colorado: Fulcrum Publishing.

Duran, E. (2009). *Healing the soul wound: Counselling with American Indians and other Native peoples*. Teachers College Press: New York, New York.

Duran, E., & Duran, B. (1995). *Native American postcolonial psychology.* Retrieved from: http://library.unbc.ca:2192/refworks2/default.aspx?r=references|MainLayout::init

Erskine, N. (2010). *What is multiculturalism? Why is it so controversial? Can it solve ethnic conflicts?* Retrieved from: http://www.academia.edu/584235/What_is_Multiculturalism_Why_is_it_so_Controversial_Can_it_Solve_Ethnic_Conflicts

Eshun, S., & Gurung, R.A.R. (Eds.) (2009). *Culture and mental health: Sociocultural influences, theory, and practice*. Oxford, UK: Blackwell Publishing Ltd.

Fernando, S. (2003). *Cultural diversity, mental health and psychiatry: The struggle against racism*. New York: Routledge.

Finlay, L. (2006). 'Rigour', 'ethical integrity' or 'artistry'? Reflexively reviewing criteria for evaluating qualitative research. Retrieved from: www.lindafinlay.co.uk/BJOT_evaluating_research_new.doc

First Nations Health Authority (2013). *A path forward: BC First Nations and Aboriginal people's mental wellness and substance use - 10 year plan: A provincial approach to facilitate regional and local planning action.* Retrieved from: http://proxy.library.unbc.ca:2098/lib/unbc/docDetail.action?docID=10708976

First Nations Health Council. (2012). *Understanding the path forward: First Nations/Aboriginal mental wellness and substance use: Tri-partite strategy council on mental wellness and substance use.* Retrieved from: http://www.fnhc.ca/index.php/health_actions/mental_health_wellness/

Gibbs, G. (2007). *Analyzing qualitative data*. London: Sage Publications Ltd.

Graveline, F.J. (1998). *Circle works: Transforming Eurocentric consciousness*. Nova Scotia, Canada: Fernwood Publishing.

Grinnell, R.M., & Unrau, Y.A. (2005). *Social work research and evaluation: Quantitative and qualitative approaches* (7th ed.). New York: Oxford University Press, Inc.

Grobstein, P., & Cyckowski, L. (2006). Models of mental health: A critique and prospectus. *Serendip.* Retrieved from: http://serendip.brynmawr.edu/sci_cult/mentalhealth/models/mentalhealthmodels2.html

Guba, E. G., & Lincoln, Y.S. (1981). *Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches*. San Francisco, California: Jossey-Bass.

Henderson, E.W. (2008). *Listening to the spirit voices: Honoring our ancient traditional ways of healing*. Retrieved from: http://library.unbc.ca:2082/pqdweb?did=1811498581&sid=4&Fmt=2&clientId=12101&RQT=309&VName=PQD

Hoyt, C. (2012). The pedagogy of the meaning of racism: Reconciling a discordant discourse. *Social Work Journal 57*(3), 225-234. doi: 10.1093/sw/sws009

Jamieson, L.M., Paradies, Y. C., Eades, S., Chong, A., Maple-Brown, L., Morris, P., & Brown, A. (2012). Ten principles relevant to health research among Indigenous Australian populations. *The Medical Journal of Australia, 197*(1), 16-18. doi:10.5694/mja11.11642

Johnson, L.R., Bastien, G., & Hirschel, M.J. (2009). *Culture and mental health: Sociocultural influences, theory, and practice*. Oxford, UK: Blackwell Publishing Ltd.

Kesler, L. (n.d.). *Aboriginal identity & terminology*. University of British Columbia. Retrieved from: http://indigenousfoundations.arts.ubc.ca/?id=9494

Kirmayer, L.J., & Valaskakis, G.G. (2009). *Healing traditions: The mental health of Aboriginal peoples in Canada*. Vancouver: UBC Press.

Limb, G.E., & Hodge, D.R. (2011). Utilizing spiritual ecograms with Native American families and children to promote cultural competence in family therapy. *Journal of Marital and Family Therapy 37*(1), 81-94. doi: 10.1111/j.1752-0606.2009.00163.x

Liu, W.M., Hernandez, J., Mahmood, A., & Stinson, R. (2006). *Addressing racism: Facilitating cultural competence in mental health and educational settings.* Hoboken, New Jersey: John Wiley & Sons, Inc.

Marbley, A.F. (2011). *Multicultural counseling: Perspectives from counselors as clients of color*. New York: Routledge.

Marlow, C.R. (2011). *Research methods for generalist social work* (5th ed.). Belmont, CA: Brooks/Cole Cengage Learning.

McCormick, R. (2009). *Healing traditions: The mental health of Aboriginal peoples in Canada*. Vancouver: UBC Press.

McGoldrick, M., Giordano, J., & Pearce, J.K. (Eds.) (1996). *Ethnicity and family therapy* (2nd ed.). New York: The Guildford Press.

Merriam Webster. (n.d.). *Race.* Retrieved from: http://www.merriam-webster.com/dictionary/race

Ministry of Health. (2007). *Pathways to health and healing: 2nd report on the health and well- being of Aboriginal people in British Columbia*. Retrieved from: http://www.health.gov.bc.ca/pho/pdf/abohlth11-var7.pdf

National Aboriginal Health Organization. (2012). Health: Provincial conference targets mental health. *Aboriginal Health News, First Nations*. Retrieved from: http://www.naho.ca/blog/2012/01/31/health-provincial-conference-targets-mental-health/

National Aboriginal Health Organization. (2012). Publications: Terminology. Retrieved from: http://www.naho.ca/publications/topics/terminology/

National Native Addictions Partnership Foundation. (2011). *Honouring our strengths: A renewed framework to address substance use issues among First Nations people in Canada.* Retrieved from: http://nnadaprenewal.ca/wp-content/uploads/2012/01/Honouring-Our-Strengths-2011_Eng1.pdf

Nebelkopf, E., & Phillips, M. (2004). *Healing and mental health for Native Americans*. California: AltaMira Press.

Neuman, W.L. (2003). *Social research methods: Qualitative and quantitative approaches* (5th ed). Boston, MA: Allyn and Bacon.

New Brunswick Department of Health. (2011). *The action plan for mental health in New Brunswick 2011-18*. Canadian Electronic Library; New Brunswick. Dept. of Health Folders. Retrieved from: http://www.gnb.ca/0055/pdf/2011/7379%20english.pdf

Northern Health Authority. (2007). *Aboriginal health services plan 2007-2010*. Retrieved from: http://www.northernhealth.ca/Portals/0/Your_Health/Programs/Aboriginal_Health/documents/July3-2007-2010AboriginalHealthServicesPlan_000.pdf

Ocampo, C. (2010). *Is there such a thing as indigenous mental health? Implications for research, education, practice and policy-making in psychology*. American Psychology Association. Retrieved from: http://www.apa.org/pi/oema/resources/communique/2010/08/indigenous-mental-health.aspx

O'Leary, Z. (2004). *The essential guide to doing research*. Sage.

O'Neill, M. (2009). Forty years on: Education for a culturally diverse Australia. *SA-eDUC*, *6*(2).

Oulanova, O. (2008). *Navigating two worlds: Experiences of Canadian mental health professionals who integrate Aboriginal traditional healing practices.* Ann Arbor, Michigan: UMI Dissertation Services.

Platt, J. (2001). *Handbook of interview research: Context and method.* Thousand Oaks, California: Sage Publications, Inc.

Regehr, C., & Glancy, G. (2010). *Mental health social work practice in Canada*. Ontario: Oxford University Press.

Sawyer, D., Gale, J., & Lambert, D. (2006). *Rural and frontier mental and behavioral health care: Barriers, effective policy strategies, best practices*. National Association for Rural

Mental Health. Retrieved from:

http://www.narmh.org/publications/archives/rural_frontier.pdf

Sherman, J.E., Pong, R., & Swenson, J.R., (2010). *Mental health services in smaller northern Ontario communities: A survey of psychiatric outreach consultants*. Centre for Rural and Northern Health Research. Retrieved from:

http://site.ebrary.com/lib/unbc/Doc?id=10443846&ppg=27

Sinclair, R., Hart, M.A., & Bruyere, G. (2009). *Wicihitowin: Aboriginal social work in Canada*. Winnipeg, Manitoba: Fernwood Publishing.

Singleton, R.A., & Bruce, C. Straits (2005): *Approaches to Social Research*. New York: Oxford University Press.

Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. London: Zed Books.

Smye, V., & Mussell, B. (2001). *Aboriginal mental health: 'What works best'*. Mental Health Evaluation & Community Consultation Unit. Retrieved from:

http://www.london.cmha.ca/data/1/rec_docs/1598_Aboriginal%20Mental%20Health%20What%20Works%20Best.pdf

Spanierman, L., & Poteat, V. (2005). Moving beyond complacency to commitment: Multicultural research in counselling psychology. *The Counselling Psychologist, 33* (4), 513-523.

Stevenson, N. (2011). *Elders' stories of healing: A narrative inquiry into Indigenous and western health systems working in tandem.* Retrieved from:

http://library.unbc.ca:2192/refworks2/default.aspx?r=references|MainLayout::init

Sutton, C.E.T., & Broken Nose, M.A. (1996). *Ethnicity and family therapy* (2nd ed.). New York: The Guildford Press.

The Lowitja Institute. (2007). *Putting cross-cultural policy into practice.* Retrieved from: http://www.lowitja.org.au/putting-cross-cultural-policy-practice

University of Minnesota. (2013). *What is culture?* Retrieved from: http://www.carla.umn.edu/culture/definitions.html

University of Victoria Centre for Aboriginal Health Research. (n.d.). CIPHER. Retrieved from: http://cahr.uvic.ca/programs-research/programs/cipher/

Van Den Hoonaard, D.K. (2012). *Qualitative research in action: A Canadian primer.* Ontario, Canada: Oxford University Press.

Van Maanen, J. (1983). *Doing new things in old ways* (No. TR-ONR-17). Alfred P. Sloan School of Management. Cambridge, MA.

Waldegrave, C. (2009). Cultural, gender, and socioeconomic contexts in therapeutic and social policy work. *Family Process, 48*, 1.

Waldram, J.B. (2004). *Revenge of the windigo: The construction of the mind and mental health of North American Aboriginal peoples.* Toronto: University of Toronto Press.

Walker, R., Cromarty, H., Kelly, L., & St Pierre-Hansen, N. (2009). Achieving cultural safety in Aboriginal health services: Implementation of a cross-cultural safety model in a hospital setting. *Diversity in Health and Care, 6*, 11-22.

White, J., Drew, S., & Hay, T. (2009). Ethnography versus case study-positioning research and researchers. *Qualitative Research Journal, 9*(1), 18-27.

Witko, T.M. (2006). *Mental health care for urban Indians: Clinical insights from Native practitioners.* Washington: American Psychological Association.

World Health Organization (2012). *Mental health.* Retrieved from: http://www.who.int/topics/mental_health/en/index.html

Appendix A: Information Letter

Date:

Title of Study: "Clinical Perspectives on the Integration of Mainstream Mental Health Approaches and Traditional Healing Practices"

Esteemed Professional:

This letter is intended to provide you with information on a thesis research project concerned with the professional perspectives of CYMH clinicians on the integration of mainstream mental health approaches and traditional healing practices, which is being conducted by University of Northern British Columbia Masters of Social Work student and researcher Marcela Rojas. Ms. Rojas also presently holds the title of Utilization Services Coordinator with the Ministry of Children and Family Development (MCFD).

The purpose of this project is supported through the identified research objectives, as follows:
To describe professional experiences specific to the implementation of integrated approaches to mental health service delivery
To explore integrated approaches and the degree to which they support the constructs of established culturally relevant priorities in local and national policies
To increase awareness and understanding of how traditional Aboriginal healing practices and mainstream approaches have come together to create a unique form of service delivery
To explore how existing systems support or fail to support the development and delivery of integrated mental health services and supports
To explore professional perspectives on the impact of integrated approaches on client outcomes

The research seeks to promote the examination of systemic barriers; explore training opportunities and how these coincide with the needs of practicing clinicians; the impact of clinical support and supervision; and consider the value of existing frameworks for practice that support the delivery of integrated approaches.

Respondents will be chosen from a Microsoft Outlook address book listings of Child and Youth Mental Health workers in the North Central, Northeast, and Northwest Service Delivery Areas.

The previously identified researcher, Marcela Rojas is currently employed by MCFD, but will be conducting her research solely in her role as a Master's student and not as that of an MCFD employee.

What will I be asked to do and what are my rights?

You are being asked to participate in a one to two hour interview. There is no right or wrong way to answer and what you say is important to us. The researcher will conduct the

interview. To assist the researcher, you will be asked for permission to audiotape the session. Your permission will be required to proceed with the interview. These tapes are to help ensure detailed information of what is said is accurately captured. Only the researcher will hear the tapes, which will be transcribed by the researcher and used to inform the objectives of the project. You will also be provided with an opportunity to review the transcribed interview once the transcription is completed.

Personal journals will be used to support self-observation and as a tool for tracking research progress and identifying existing or potential barriers.

Your participation is voluntary and you have the right to the confidentiality and anonymity of any information you provide. As a participant, you also have the right to not answer any question you choose and withdraw your information without consequences. Consents must be electronic signed prior to participation. All electronic communications will be made through UNBC's e-mail server.

All personal identifying information about you will be kept confidential through the production of anonymized transcriptions and through the assignment of pseudonyms as identifiers for each participant. Furthermore, no identifying information will be contained in the final research document.

Interview data will only be accessible to the researcher and her supervisor for the purposes of ensuring the proper data analysis. All research participants will be provided with a copy of the final research report.

The data collected will be kept in a locked filing cabinet located in my office, a space which is also locked and located at the MCFD regional office in Prince George, for the five years following the publication of results and will remain the property of the researcher. At the end of the study and publication time periods (maximum 5 years), all tapes will be erased, electronic data deleted, journals will be destroyed, and any paper/hardcopies shredded.

What are the risks and benefits of participating in this project?

The methods used will pose no or minimal risk to you as the interview questions will not be sensitive, personal or psychologically invasive. There are no guaranteed benefits for your participation in the evaluation process other than supporting the objectives of this project.

Please keep this information letter for your own records. If you have any questions about this project, please contact my research supervisor, Joanna Pierce at 250-960-6521 (Joanna.Pierce@unbc.ca). For information on your rights as a research participant or if you have any concerns or complaints about this project please contact the Research Ethics Board (REB) at UNBC at 250-960-6735 (reb@unbc.ca). We sincerely thank you for your interest in this study.

For additional information you may contact the project researcher:

Marcela Rojas

Project Researcher
Phone: 250-981-7727 (cell)
E-mail: rojasm@unbc.ca

Appendix B: Consent Form

Project: Clinical Perspectives on the Integration of Mainstream Mental Health Approaches and Traditional Healing Practices

I, _____, undersigned, agree to participate in this interview as described in the information letter with the main objective to assist the researcher in gathering information to support the project objectives.

I have received and carefully read the information letter and understand that I am being asked to participate in an interview for a duration of one to two hours. I understand that I am also being asked to give my consent to audiotape the interview session for reasons of note taking, and I have read how this and any other notes taken during the interview will be handled in a confidential and anonymous manner.

I understand my rights as outlined in the information letter and that I can refuse to answer any question without providing any reason for my decision. I understand that I can withdraw from participating at any time during the interview. I have asked all the questions I had regarding this interview and I am satisfied with the answers given to me.

☐ I agree/disagree to participate in the interview session.

☐ I agree/disagree to the audio taping of the interview session.

Name of Participant:

_____

Signature:

_____

Date (D/M/Year):

_____

Witness:

_____

Signature:

_____

Date (D/M/Year):

_____

Appendix C: Interview Questionnaire

1) What limitations do mainstream mental health approaches present in delivering culturally relevant supports to Aboriginal clients?
2) Please provide examples of instances when mainstream mental health approaches did not work for Aboriginal clients
3) How did you learn about integrated strategies?
4) Please describe your experience in implementing integrated mental health supports
5) Describe how you learned to implement integrated mental health supports?
6) How did you know it was appropriate to use these strategies?
7) How have integrated mental health supports worked for your clients?
8) What do you believe are the deficits and strengths of integrated mental health strategies?
9) Were you supported in implementing these strategies? If so, how?
10) Have you encountered systemic challenges while trying to implement integrated strategies?