Review article

The mental health of Indigenous peoples in Canada: A critical review of research

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A B S T R A C T

Many scholars assert that Indigenous peoples across the globe suffer a disproportionate burden of mental illness. Research indicates that colonialism and its associated processes are important determinants of Indigenous peoples' health internationally. In Canada, despite an abundance of health research documenting inequalities in morbidity and mortality rates for Indigenous peoples, relatively little research has focused on mental health. This paper provides a critical scoping review of the literature related to Indigenous mental health in Canada. We searched eleven databases and two Indigenous health-focused journals for research related to mental health, Indigenous peoples, and Canada, for the years 2006–2016. Over two hundred papers are included in the review and coded according to research theme, population group, and geography. Results demonstrate that the literature is overwhelmingly concerned with issues related to colonialism in mental health services and the prevalence and causes of mental illness among Indigenous peoples in Canada, but with several significant gaps. Mental health research related to Indigenous peoples in Canada overemphasizes suicide and problematic substance use; a more critical use of the concepts of colonialism and historical trauma is advised; and several population groups are underrepresented in research, including Métis peoples and urban or off-reserve Indigenous peoples. The findings are useful in an international context by providing a starting point for discussions, dialogue, and further study regarding mental health research for Indigenous peoples around the world.

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1. Introduction

1.1. Indigenous peoples worldwide

The population of Indigenous peoples around the world is currently about 370 million (World Health Organization, 2007). The meaning of the term "Indigenous peoples" is generally used to refer to peoples who have roots in ancestral lands that predate colonial incursions and nation-state boundaries (Wilson and Richmond, 2009; World Health Organization, 2007). What unites Indigenous peoples worldwide is a shared experience of colonialism, although what this experience and history look like varies widely among different geographies and Indigenous groups. Indigenous peoples are referred to by different names globally. In Canada, Indigenous peoples are constitutionally defined as First Nations, Métis peoples, and Inuit, collectively referred to as "Aboriginal peoples"; in the United States Indigenous peoples are referred to as American Indian or Alaska Native peoples; in Australia the terms used are Aboriginal and Torres Strait Islanders; and in New Zealand Indigenous peoples use the name Māori (Duran, 2006; Durie, 2011; Government of Canada, 1982; Wilson and Richmond, 2009). Many of these terms ignore the names which Indigenous peoples use for themselves, and obscure the differences among Indigenous groups within nation-states. For example, in Canada, the term "First Nations peoples" includes over 600 individual — and distinct — First Nations (Royal Commission on Aboriginal Peoples, 1996). In Canada, First Nations peoples are often also grouped into categories based on place of residence: on-reserve or off-reserve. A system of reserves — small parcels of land set aside for Indigenous peoples — was developed during early settlement and since 1876 has been legislated under the Canadian *Indian Act* (Government of Canada, 1985; Hanson, 2009).

1.2. Colonialism and health

As a group, Indigenous populations across the globe suffer a disproportionate burden of mental and physical illness (Doyle,

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2012; Kirmayer and Valaskakis, 2009; Kral et al., 2011; Marrone, 2007; Waldram et al., 2006). International literature has linked health outcomes such as infant mortality, high rates of acute or chronic pain, and high rates of injury with social inequalities associated with determinants of health such as poverty and racism stemming from colonialism (Commission on Social Determinants of Health, 2008; Elias et al., 2012; Gracey and King, 2009; King et al., 2009). For mental health in particular, research from around the world strongly indicates that we should be cautious in drawing conclusions about the prevalence of mental illness without taking colonial processes and structures into account. Colonialism has been implicated not only as a cause of mental illness among Indigenous peoples − for example, linking residential school experiences with suicidal ideation or attempts (Elias et al., 2012) − but also as a structure which can construct mental illness based on its own set of norms and definitions (Duran and Duran, 1995; Durie et al., 2009; Gone, 2013, 2009; Kirmayer et al., 2000; Waldram, 2009, 2004). Historically, research into the mental health of Indigenous populations, in Canada as elsewhere, has been undertaken by settlers using colonial and non-Indigenous concepts and epistemologies (Waldram, 2009, 2004). Much scholarship indicates that a disregard for Indigenous perspectives persists in contemporary mental health research in Canada (Fritzsche et al., 2011; Nelson, 2012; Waldram, 2004), creating the potential to misrepresent rates as well as types of mental health problems among Indigenous communities. Further, Canadian scholars warn of the embeddedness of colonialism in the health care system, a problem that creates barriers for Indigenous peoples seeking to access health care services, especially for mental health problems (Browne, 2007; Fiske and Browne, 2006; Varcoe et al., 2013).

Colonialism in Canada operates on multiple levels. These levels have been described as structural (the broad, institutionalized policies and processes that perpetuate the colonial structure), distal (effects of colonialism that are felt on a societal level such as racism and poverty), and proximal (the immediate, individual-level effects such as poor health or unemployment) (Loppie Reading and Wein, 2009). It is easy for these levels to become confused, and at times racism or poor health are effectively equated with colonialism, which causes a shift in focus away from the broader colonial structure. Focusing research on the effects of this broad structure on individuals can cause colonialism, as a concept, to become medicalized and narrowed to an individual-level problem, as in the discussion of treatment for historical or intergenerational trauma (Maxwell, 2014). Further, in Canada, liberal discourses of multiculturalism and inclusion can function to "culturalize" colonialism, transforming the discussion into one about efforts to include a wider variety of cultural practices in the national identity and ignoring Indigenous questions of economic and jurisdictional sovereignty (Lawrence, 2012; Thobani, 2007). Thus, while discussions of colonialism are an essential part of Indigenous mental health research, it is important that these discussions be undertaken carefully and with attention to the bigger picture of colonialism.

1.3. The present study

Mental health problems, indicated by outcomes such as suicide and emotional distress, are generally higher among Indigenous peoples in Canada, yet rates vary dramatically from community to community (Chandler and Lalonde, 1998; Kirmayer et al., 2009b). In the Canadian context, scholars remind us that existing research provides an incomplete picture of Indigenous health, excluding certain populations such as urban Indigenous peoples (Place, 2012; Wilson and Young, 2008), or neglecting key factors such as determinants of health (Greenwood et al., 2015), geography (de Leeuw et al., 2012), or colonialism (Czyzewski, 2011; Durie, 2011).

Despite an abundance of health research documenting morbidity and mortality rates for Indigenous peoples (Wilson and Young, 2008; Young, 2003), Canadian scholars have yet to provide a comprehensive overview of mental health research regarding Indigenous populations. Therefore, the purpose of this paper is to provide a critical scoping review of the literature related to Indigenous mental health in Canada. In doing so, the goals of this research are to: (1) determine the scope of research on Indigenous mental health in Canada; (2) identify gaps that may exist in the topics studied in such research; and (3) determine to what extent mental health research is representative of Indigenous populations and geographies in Canada. The findings will be of relevance to both Canadian and international scholars, Indigenous communities, and policy makers in shedding light on the areas where research topics tend to cluster and considering some of the historical reasons for this. Beginning with the Canadian research context, this paper can begin a dialogue on mental health research involving Indigenous peoples internationally.

2. Methods

This study is undertaken as a scoping review following the framework set out by Arksey and O'Malley (2005) and expanded upon by Levac et al. (2010) and Daudt et al. (2013). Accordingly, the search was conducted and literature analyzed in five stages: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) collating, summarizing and reporting the results (Arksey and O'Malley, 2005).

The research question, designed to include the greatest breadth of scholarship on the topic, is as follows: *What published literature exists on the topic of mental health relating to Indigenous peoples in Canada, and what gaps in terms of geography, population, or research theme can be identified?*

Studies were identified through a comprehensive search of 11 databases (PsycINFO, AMED (Allied & Complementary Medicine), Embase, Medline, Science Direct, Indigenous Studies Portal, Scopus, JSTOR, CBCA Complete, Web of Science, and PubMed) and two Indigenous-specific journals (Journal of Indigenous Wellbeing/ Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health; and the International Journal of Indigenous Health/Journal of Aboriginal Health) using a combination of search terms related to Indigenous identity and mental health (see Table 1). The databases and journals were chosen in order for results to include both medical perspectives and multidisciplinary Indigenous studies perspectives, and to achieve the widest possible coverage of the literature related to Indigenous mental health in Canada. The process of choosing databases and journals was iterative, being refined based on bibliographic searches of included articles, feedback from anonymous reviewers on previous drafts of this article, and the need for depth of analysis based on research themes.

Study selection was made according to several criteria, developed throughout the search process as the authors became more familiar with the literature in the area. Articles are included which were published within the past 11 years (2006−2016; search completed in August 2016), address Canadian Indigenous populations, are published in English or translated into English, are relevant to mental health (including community wellness and suicide prevention), and are scholarly articles published in peer-reviewed journals. Of over 3000 results, 223 articles are retained for analysis (see Fig. 1). Article titles and abstracts were initially screened for inclusion; for those whose relevance could not be determined by title and abstract alone, the full text was read to gain further information. Articles included in this review include reports from quantitative studies (n = 85); qualitative studies (n = 65); studies that draw on existing literature to advocate for a new