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'We need to not be footnotes anymore': understanding Métis people's experiences with mental health and wellness in British Columbia, Canada

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ABSTRACT

Objectives: This article aims to contribute to an increased understanding of Métis people's experiences with respect to mental health and wellness through sharing the perspectives, journeys and needs of Métis people in British Columbia (BC), Canada.

Study design: This research utilized qualitative methods, within an Indigenous research paradigm, as a formative approach to understanding Métis people's experiences with mental health.

Methods: Participants were recruited in partnership with Métis communities and urban Indigenous organizations, through the distribution of online and hard copy posters. Semistructured, conversational interviews were conducted with 33 Métis participants, including 23 women and 10 men, aged 19–84 years (average = 46 years). Data were thematically analyzed using constant comparison analysis.

Results: Mental health was recognized as a priority for Métis people in BC, as participants emphasized the importance of addressing mental health disparities for Métis people, and the inequities in which they are rooted. They also spoke about a need for increased access to culturally responsive health care—spanning both Western and traditional systems.

Conclusions: Increased research is needed to highlight and understand the experiences of Métis people, both within BC and across Canada, to help to reshape the health-care system to become more inclusive of and responsive to Métis needs.

Introduction

There is a large body of literature that illustrates the health inequities faced by First Nations, Métis and Inuit peoples, when compared with the non-Indigenous population in Canada.[1,2] Despite this large quantity of research and the fact that Métis people comprise 36.1% of the Indigenous population in Canada,[3] there are few health research studies specific to the Métis population.[4–6] As a result, health issues and concerns of Métis communities have largely been overlooked throughout health planning and policy development.[5]

Although there is a limited body of literature, epidemiological data have illustrated mental health concerns for Métis

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people in British Columbia (BC), including high rates of depression, anxiety, suicide and substance abuse compared with the non-Indigenous population.[7,8] This is coupled with phenomenological evidence, which captures communities' requests for improved mental wellness and for health services that address health in a holistic way.[9,10] To build on this evidence, this article aims to contribute to understanding Métis people's perceptions of and experiences with mental health and wellness, within the context of BC, Canada. This qualitative research, situated within an Indigenous research paradigm,[11] aimed to explore and understand Métis people's experiences with mental health. This research was centred on the notion that Métis people understand the issues in their communities and should play an active role in designing the research projects and translating them into program implementation, policy development and social change.

Who are the Métis?

As descendants of the original inhabitants of the land that is now called Canada, Métis people are one of three constitutionally recognized distinct groups of Indigenous peoples in Canada. Métis people are descendants of early unions between First Nations women and European fur traders during the 17th century.[4] Métis people make up a substantial portion of Canada's Indigenous population—or 1.8% of the total national population.[3] BC is home to 89,405 Métis people.[3] Across Canada, most Métis people live in urban areas (62.6%);[3] moreover, when compared with First Nations and Inuit peoples in Canada, Métis people are more likely to live in cities for long periods of time and less likely to move back to their city of origin.[12] Métis people also have been significantly impacted by colonialism. However, they have also proven to be resilient, despite ongoing challenges to their cultural foundations.

Colonial methods of exerting social and political power over the Métis have included the forced removal of Métis children into residential, day and mission schools, as well as the continual overrepresentation of Métis children in the child welfare system.[13,14] Past and ongoing assimilative strategies have also served to disconnect, relocate and displace Métis people from the land. Resultantly, the loss of cultural identity has also been cited as a challenge across Métis communities in Canada.[2]

Métis people have also been marginalized through jurisdictional gaps within the health-care system—with limited federal funding and programming available at a population level.[13,15] These gaps have contributed to perpetuating health disparities, particularly regarding mental health. Like most Canadians, health services for Métis people are funded nationally and administered on a provincial (or territorial) level. As such, federal Indigenous health programs and funding generally focus on First Nations populations within Canada, and exclude Métis people.[16,17] Challenges in accessing mainstream mental health services have also been described by Krieg and Martz,[5] in their work with Métis people in northern Saskatchewan, as participants discussed barriers to services ranging from issues around cultural safety and responsivity to insufficient funding. While limited Métis-specific research exists at this time, the importance of utilizing Métis knowledge and experiences to help to improve the healthcare system in Canada cannot be understated.

Methods

This qualitative research used a strength-based, qualitative framework, with aspects of both grounded theory design and Indigenous research paradigms. This research was also rooted in a strength-based approach, whereby the process of gathering, analyzing and (re)telling Métis experiences sought to centre individual and collective strengths, resilience and opportunities for the future.

Participant recruitment and sampling

This research involved a purposive sampling approach, which resulted in a cross section of participants regarding age, gender, and geographic region (Table 1). Participants were recruited in partnership with Métis communities and urban Indigenous organizations, through the distribution of online and hard copy posters. Participants who expressed interest in the research process were invited to participate in a conversation and brief screening interview over the telephone, where the researcher explained the project objectives and answered participants' preliminary questions. Participants were invited to participate in a full interview if they self-identified as a Métis person, were a minimum of 19 years old and expressed a connection to a Métis community in BC. A diverse group of Métis youth, adults and elders (average age = 46 years) from across BC shared their stories in this research, with a total of 33 people participating (23 women and 10 men).

Data collection and analysis

The interviews were conducted using a semi-structured interview guide, with questions posed in a conversational matter. Participants were asked, 'What does mental health and wellness mean to you?' and 'How would you describe your journey with respect to mental health and wellness?' These conversations largely occurred over the phone, ranging from 20 to 130 min in length (average = 57 min). Each interview was electronically recorded and transcribed verbatim—either by the researcher or by a Métis transcriptionist, depending on the preference of each participant. In addition, given the noted importance of respecting each person's time

Table 1 – Participant characteristics.

Category	*n*	%
Age		
Young people (19–29 years)	11	33.3
Adults (30–59 years)	15	45.5
Seniors (60 years and older)	7	21.2
Gender		
Female	23	69.7
Male	10	30.3
Geographic region		
Vancouver Island	10	30.3
Vancouver coastal	10	30.3
Fraser	6	18.2
Interior	5	15.2
Northern	2	6.1

and experiential knowledge, $25 gift certificates were gifted to participants in gratitude.

Interview data were thematically analyzed line by line, through constant comparison analysis, allowing for adjustments in the analysis as new themes arose. By using a data-driven codebook, thematic analysis was grounded in the voices of Métis people, rather than in academic literature. Throughout the findings, quotes are used to honour the stories and experiences shared by participants in this study.

Engagement

This research project was centred around the role of meaningful communication and community engagement throughout the research process.[18] The preliminary findings from the research were first compiled in a draft summary report and shared electronically with participants, to allow for opportunities for questions, input and recommendations into the analysis and presentation of the findings. In addition to this process of validation and revision based on participant feedback, the preliminary research findings were also shared with Métis youth in BC at a knowledge-sharing event, embedded within a provincial gathering of youth. This research was also guided by a preestablished Indigenous Working Group to ensure that the research was ethically and culturally grounded.[19] The working group—comprised of four First Nations and Métis consultants in program evaluation and research with whom the author has had prior professional relationships—assisted in developing the research methods, including framing the interview guide.

Ethical considerations

This research, which was approved by the Research Ethics Board at Simon Fraser University. A free and informed consent was treated as an ongoing process, with an emphasis on open communication to ensure that participants were comfortable with their participation. Before the interview with the researcher, participants were sent an electronic copy of the consent form, which was also verbally reviewed with the researcher in an introductory phone call. Participants were informed that their data would be presented with all identifying information removed and that they could end their participation in the research at any time. Following each interview, a process of member checking was used,[20] where each participant's transcript was shared back with them. Any changes requested were made to the transcripts without negotiation. This process also aligns with the ownership, control, access and possession principles,[21] by honouring each person's ownership over their own words.[22]

Results

The meaning of mental wellness

Mental health was described as a priority area for Métis people throughout many of the interviews, as people emphasized the importance of addressing mental health concerns within Métis communities. In describing what mental wellness and health meant to them, many people spoke about the concept of holism, where mental health cannot be understood in isolation. In this way, wellness was understood as a whole, where mental, emotional, spiritual and physical health were interconnected:

> *Feeling like a whole being, a whole complete being, because our identities and our beings are so fragmented, and our families are so fragmented that we have to put ourselves back together. So mental health isn't just mental health, it's spiritual health, physical health and emotional health as well.* (Participant 3)

Similarly, others spoke about the connection between mind, body and spirit. Participants spoke about the importance of finding balance, both in terms of our holistic health and wellness, as well as in their everyday lives. Some people also spoke to medicine wheel teachings; for example, one participant described,

> *I'm drawing the medicine wheel right now and I'm writing the four quadrants: body, mind, heart, and spirit. And I actually think they're all one, but in Western culture, we have a focus on the body and mind. So if you think of it as a table with four legs, if two of the legs are ignored, it falls over. So I actually think mental health is, in a lot of ways, it's ignorance about the heart and spirit in Western culture. But it's also ignorance about the whole interconnected quality – all four of them being one. The way any of your parts are treated will affect the whole, and it's not just the way you treat them but the way that you are treated by the people and systems in your life, and the cultures that you are part of, or that impact you.* (Participant 26)

Participants spoke about using social determinants of health lens to understand mental health and wellness as they spoke about a variety of factors that contribute to Métis mental health and wellness. Participants spoke about the importance of community connectedness and cultural continuity, as one participant noted,

> *'to have wellness, it means having access to your culture and to resources and support, and not having to do it alone'* (Participant 31).

They also spoke about the importance of having a strong sense of identity, self-esteem and self-awareness.

Mental health was also described as being connected to both family and community wellness. Working to collectively strengthen Métis wellness was described as a culturally appropriate approach to address mental health issues and a way of reducing isolation that individuals may otherwise experience when they are struggling:

> *There are a lot of mental health issues that need to be addressed and we, as a marginalized people, have a very big void to address in that area… We've got a lot of people out there that unfortunately haven't had the resources, like myself, or have a family behind them for support. They may not even know they belong to*

a community. And when you're isolated like that we all tend to go to the dark side so to speak. A healthy community is a strong community. (Participant 4)

Journeys of mental wellness

Many of the Métis participants told powerful stories of struggles with mental health, sharing challenges with different mental health concerns and trauma. They also illustrated their individual forms of resilience, through the ways that they have lived with and navigated their healing.

Challenges with mental health and wellness were often described in connection with trauma. Participants often shared personal stories about the trauma that they have experienced, including sexual abuse, family violence, early sexualization and loss. Furthermore, systemic issues related to stigma—both in terms of mental health and indigeneity—were described by many of the participants. While participants often emphasized the importance of talking about mental health, they also noted that they have experienced multiple forms of stigma that had previously prevented them from sharing their experiences with mental health:

I have felt in the past that that was just one too many strikes against me… I felt like well it's bad enough that I'm Métis and have to struggle with all of that. I'm not going to tell anybody that I struggle with mental illness as well. That just puts me right off the chart. (Participant 11)

Participants also spoke about protective factors that have helped to promote mental health and wellness. They noted the value of having positive social networks, inclusive of family and community members; the importance of exercise and healthy eating; and ways of being proactive through engaging in intentional healing work to address trauma:

You can deal with intergenerational trauma as well by acknowledging it, realizing it, respecting it, learning from it, forgiving it… the biggest gift I ever gave myself, was really doing that hard trauma work around how my assault and how good I felt afterwards. (Participant 20)

Participants also spoke about the ways that different forms of health care have helped them on their journeys. Some spoke about going to counselling and highlighted the importance of culturally safe care and funding for long-term counselling and trauma supports:

I also feel that there are Métis people in BC that could use definitely more resources, more supports in terms of accessing mental health services, access to counselling, access to trauma counselling, access to trauma treatment, [and] access to extended health supports… (Participant 10)

Others emphasized that they have found traditional practices to be more effective for supporting their mental health, through addressing root causes:

'I've gone to healing circles and stuff and I find them way more helpful than some doctors… they just want to fix the problem that's right in front of them but usually that leads to more problems' (Participant 24).

Despite the value of health-care practices for some people, participants also spoke about barriers that they experience when trying to access and navigate the Western health-care system. Participants often spoke about the lack of culturally safe mental health practitioners, and historical trauma rooted within health-care experiences:

'My grandmother was hospitalized, my Métis grandmother. She was given electric shock. She was so heavily medicated. I was terrified of medication all my life because of seeing her so heavily medicated' (Participant 14).

Participants also spoke about the danger of disclosing spiritual gifts to Western health-care providers, as they may be mislabelled through clinical diagnosis.

Many people spoke also about the importance of both Western and traditional healing:

'I do see a clinical counsellor every couple of weeks but I don't see that as being more helpful than going to the beading group, than going to Métis Night at the Friendship Centre' (Participant 12).

Despite viewing the value of both forms of healing, participants often spoke to identified gaps in programming, illustrating the importance of Métis-specific health programs and services:

I want to see Métis people included in conversations about Aboriginal mental health, about Aboriginal child and youth mental health. I think that we need to not be footnotes anymore, if we're even footnotes. Oftentimes, we don't even make it into the report or onto the program curriculum or things like that. (Participant 12)

Participants spoke about the ways in which their own journeys with mental health have impacted their passion for helping others. In a similar way, participants spoke also about the intergenerational nature of their journeys with mental health and wellness; some noted they are healing for themselves and for their ancestors.

Discussion

Métis health is commonly understood as being holistic, where spiritual, mental, emotional and physical health are integrally connected, with each component requiring attention and balance; this was a commonly cited model both throughout the interviews and within the supporting Métis health literature.[9,23] Yet given that the biomedical model only focuses on one dimension (i.e., physical health), the health-care system does not adequately address Métis people's health needs. For example, Krieg and Martz[5] noted that Métis women described individual-level treatment as inappropriate, intimidating and impersonal. Furthermore, similar barriers to accessing and receiving culturally appropriate health care have been articulated within the broader field of Indigenous health

research.[24,25] Unfortunately, Métis people are often excluded from federal Indigenous health programs and funding,[16] and these jurisdictional gaps have contributed to perpetuating health disparities. As a whole, the findings from this research illustrate a stark contrast between Métis conceptualizations of mental health and their experiences within the health-care system, which were largely inadequate in addressing the systemic, intergenerational root causes of mental health concerns.

Colonization has had profound effects on Métis people across Canada, through social and political means of marginalization, isolation and dislocation. This included the removal of Métis children, relocation and disconnection from the land and cultural oppression. These forces have had significant effects on Métis mental health, which continue through multigenerational loss and trauma.[13,14] Trauma—which was framed in both historical and current contexts—was described as having a direct impact on participants' experiences with mental health. In this sense, mental health services could be improved through applying culturally responsive, trauma-informed mental health practice when working with Métis people. Furthermore, researchers have advocated for increasing access to traditional healing practices through programs that offer blended approaches to healing.[26]

Limitations

Owing to the sensitive nature of the study, participation was inherently limited to people who were generally comfortable with speaking about mental health. As such, the Métis people who participated in this study do not necessarily represent the majority of Métis people who have experiences with mental health. In addition, although this research aimed to have a representative sample of Métis people across all areas of BC, few participants were living in Northern BC, which is in contrast to the geographic distribution of self-identified Métis people across the province.[27]

Future directions

Although Métis community members shared their experiences with mental health challenges throughout this study, increased research is required to create space for Métis health data and their experiences within the health-care system. The stories shared within this article intend to contribute to enhancing recognition and understanding Métis experiences with mental health, yet there is a need for this work to continue. Sanguins et al[28] articulate a Métis holistic model for research, bringing together Métis quantitative data and information (representing the physical and intellectual components of Métis ways of knowing), with Métis stories and experiences (as the emotional and spiritual elements of Métis ways of knowing). This model could assist in shaping future mixed method research, grounded in Métis voices. Through sharing the experiences of Métis people, both within BC and across Canada, research can help to reshape our health-care system to become more inclusive of and responsive to Métis needs and create culturally safe environments.

Author statements

Ethical approval

This research was approved by the Research Ethics Board at Simon Fraser University (Study number 2016s0033).

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Competing interests

None declared.

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