



# Integrating Mainstream Mental Health Approaches and Traditional Aboriginal Healing Practices: A Literature Review

**Marcela Rojas**

University of Northern British Columbia  
Prince George, Canada

**Tammy Stubley**

University of Northern British Columbia  
Prince George, Canada

## ABSTRACT

Aboriginal ways of knowing and being are said to originate from the intrinsic connectedness of the spiritual, natural, and human realms of existence. A model of practice that acknowledges and is informed by shared worldviews, beliefs, and values may facilitate the integration of mainstream mental health approaches and traditional Aboriginal healing practices. There is an abundance of accessible and available research regarding Indigenous and Western methods related to health and well-being. However, the connection between Western and Indigenous approaches to mental health and the manner they serve the distribution of culturally relevant services has not received the attention it deserves. This paper bridges this gap through a review and analysis of literature on definitions of cultural safety; mainstream mental health approaches; Aboriginal mental health; research considerations; traditional Aboriginal healing practices; integrated mental health approaches; and considerations for rural practice.

**Keywords:** Aboriginal mental health; culturally relevant and holistic approaches; promoting health and well being; cultural safety; mainstream approaches.

## 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 [1].

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 ideology concerning social and emotional wellness. These traditional practices support a holistic approach to promoting health and well-being [1].

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 [21]. These holistic approaches are believed to promote improved outcomes for Aboriginal mental health service users [2].

A great deal of research, from both Indigenous and Western perspectives, is available on approaches to health and well-being. Attention has also been given to the importance of delivering culturally relevant services in the field of mental health. However, the links between Western and Indigenous approaches to mental health and how they support the delivery of culturally relevant services has not been equally addressed. This paper bridges this gap through a review and analysis of literature on definitions of cultural safety; mainstream mental health approaches; Aboriginal mental health; research considerations; traditional Aboriginal healing practices; integrated mental health approaches; and considerations for rural practice.

## LITERATURE REVIEW

### Defining Cultural Safety: Initiatives in Policy and Programming

The conceptual framework for cultural safety is rooted in work inspired by the Maori people of New Zealand in the 1980s, reflecting that population's dissatisfaction with the delivery of health services. Practical applications employing this framework recognize the interconnectedness of the physical, mental, spiritual, and emotional aspects of the self. Canadian policies guiding the delivery of health services to Aboriginal populations assert that the conceptual framework of cultural safety may be helpful in guiding the development of strategies and practical service applications [7].

The importance of cultural safety and competence is further evidenced by the National Native Addiction Partnership Foundation (NNAPF) in *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*, which provides information and advice on cultural competency and safety in the delivery of mental health and addiction services [33]. NNAPF defines cultural competency as evidence of the service provider's awareness regarding cultural differences and their knowledge of and willingness to understand the contextual reality of the client [33]. This resource asserts that cultural competency may support cultural safety, which is defined as reflection at both individual and organization levels on cultural and historical differences, including recognition of power differentials [33].

National and provincial government-sponsored initiatives have issued directives for the development of culturally safe programming in mental and behavioral health services. These directives increase cultural safety within an Indigenous context. Cultural safety fosters professional competency by facilitating communication and relational approaches within the professional-patient relationship and encouraging sensitivity and understanding of "social, political, linguistic, economic, and spiritual issues" [31].

Canada's response to the need to improve supports and services to Aboriginal populations is exemplified by the priorities set in 2006 by the Tripartite Agreement of the Government of British Columbia, the First Nations Leadership Council, and the Government of Canada. The Agreement governs the collaborative and coordinated efforts of federal and provincial entities in their commitment to improving health outcomes for the Aboriginal populations of British Columbia [31]. A provincial agreement was reached through the efforts of the Government of British Columbia and the First Nations Leadership Council, resulting in the inception and implementation of the bilateral Transformative Change Accord: First Nations Health Plan. The Accord reflects the principles established in the Tripartite Agreement, making a commitment to provincial programming that respects and recognizes the unique needs of Aboriginal people. The Accord is committed to active efforts to bridge the gap in health outcomes for Aboriginal

populations in British Columbia (BC), cultivates rapport between government entities and Aboriginal partners, and bears evidence of transparency in all transactions [31].

The need for and value of culturally safe programming is further emphasized in the recommendations of the Aboriginal Mental Health Committee and presented in their *Aboriginal Mental Health: 'What Works Best'* discussion paper. The recommendations suggest a process of transformation promoting mental health services and programming that recognizes the uniqueness of the Aboriginal context and encourages the delivery of culturally safe supports. Noteworthy is the Committee's acknowledgment that the recommendations presented in their discussion paper may not be reflective of Aboriginal perspectives [45]. The materials and recommendations were primarily generated by non-Aboriginal sources, a limitation that should prompt a search for Aboriginal perspectives.

Academic acknowledgment of the need for consistent competency standards in Indigenous public health evaluation and research prompted the formation of a collaborative partnership between the University of Victoria in Canada and Aboriginal scholars around the world, including Australia, New Zealand, Canada, and the United States. The Competencies for Indigenous Public Health, Evaluation and Research program (CIPHER) aspires to "decipher" cultural safety through public health competencies supporting Aboriginal healthcare. CIPHER's conceptualization of cultural safety acknowledges 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 [49].

The BC First Nations Health Council (FNHC) is comprised of representatives from First Nations political organizations in BC. The formation of the Council was supported by various national and provincial initiatives, including the Transformative Change Accord: First Nations Health Plan. The Council is tasked with advocating for the health priorities and objectives of Aboriginal populations in BC, administering the analysis of policy and research in the health field, and contributing to the planning of First Nations health-related policies and programming [18]. The mental health needs of Aboriginal populations must be supported through programming that acknowledges and promotes mental wellness through a balance of the social, physical, spiritual, and emotional. FNHC's recommendations reflect community feedback and encompass a broad spectrum of key areas. FNHC recommends mental health services being a core element of First Nations community health plans; health plans reflecting community-identified priorities; the necessity of services addressing the factors contributing to Aboriginal mental health issues and substance misuse; detoxification services; supportive recovery; re-entry; and life skill development. Programming must reflect the full spectrum of needs for both the individual and the community [18].

The literature reviewed above provides a helpful overview of historical and ongoing efforts by both settler and Aboriginal groups to improve access to and delivery of mental and behavioral health supports for Aboriginal populations in BC. However, the literature fails to provide criteria for the development of integrated approaches. This gap presents a potential barrier for clinicians. A lack of standardized guidance may create a lack of consistency in the development and delivery of integrated forms of service.

### **Research Considerations**

Aboriginal people are among the most studied populations in the world, and research with these groups has rarely been to their benefit [44]. Historical research conducted on

Indigenous peoples has not been ethically sound, further perpetuating colonial power (Cochran et al., 2008). Researchers are tasked with being cognizant of the impact of historical 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 rooted in cultural awareness and safety while embracing the voice and expertise of Indigenous populations. The adoption of culturally relevant research approaches reflects acknowledgment that the absence of Aboriginal support and participation compromises the relevance and applicability of findings.

Research approaches concerning Aboriginal populations have been the focus of various scholarly inquiries. Topics have included the decolonization of research methodologies and considerations for a culturally relevant research framework [22, 44] Linda Tuhiwai Smith's *Decolonizing Methodologies: Research and Indigenous Peoples* (2012) [44] offers a review of the historical occurrences and sociopolitical priorities that have shaped the intent and outcomes of research on Indigenous populations. In Chapter 6, "The Indigenous Peoples' Project: Setting a New Agenda," Smith depicts the Indigenous cause of social, legal, and political equality. This is the context for Smith's agenda of Indigenous research, which she terms the "Indigenous Peoples' Project" (p. 111). The Indigenous research agenda is represented through the "metaphor of ocean tides" (p. 120), which reflects 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": survival, recovery, development, and self-determination (p. 121). Ethical considerations in research practice include the struggle to overcome historically derived Indigenous perceptions about the nature of research. Smith raises concerns about Western views influencing the directives and priorities for research [44].

The chapter offers a thought-provoking review of the ongoing struggle of Indigenous populations to assert their rights and to ensure that their voices are heard and reflected throughout local and global priorities. The impact of colonization on the welfare of Indigenous populations is considered from multiple perspectives, including the physical, spiritual, emotional, socioeconomic, and political. The author presents a unique perspective that considers the impacts of Western priorities on the efforts of the global Indigenous community to assert their rights and establish their agenda at the international level. Another important aspect is Smith's consideration of the historical and ongoing challenges faced by Indigenous populations and their impact on the Indigenous research agenda. The provision of examples of Indigenous frameworks for research offers additional insight. The chapter allows the reader to gain a better understanding of the unique journey Indigenous populations have taken toward asserting their voices in academic and political circles.

Jamieson et al. (2012) [22] describe the principles of best practice concerning research with Aboriginal populations as an essential framework for conducting culturally relevant inquiry. The principles are reflected in a vast number of scholarly publications and government entities. The authors set out to develop an accessible document to help researchers understand and apply these principles. The set of principles is divided into two categories, essential and desirable. Essential principles are: addressing a priority health issue as determined by the community; conducting research within a mutually respectful partnership framework; capacity building as a key focus of the research partnership, with sufficient budget to support it; flexibility in study implementation while maintaining scientific rigor; and 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 multi-centre studies [22].

Jamieson et al.'s (2012) [22] contribution is an important advance in establishing clear guidelines for culturally relevant research. The inclusion of examples of research endeavours guided by the recommended framework would have strengthened the analysis, as would identification of the potential pitfalls of failing to apply the recommended guidelines. Despite these shortcomings, the authors have facilitated access to essential information that will promote ethically based standards of practice in research with Indigenous populations.

### **Aboriginal Mental Health**

The history of Aboriginal peoples in Canada dates back thousands of years. Their history speaks of peoples wealthy in tradition with a strong sense of identity 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 [1]. This ecological state of harmony was disrupted by the arrival of a race that imposed their own beliefs and values while negating the intrinsic strength of the Aboriginal cultures.

Colonization promoted a Eurocentric approach that sought to impose cultural "progress" on established Aboriginal frameworks of socialization and identity. The loss of vital social structures resulted in the loss of cultural identity and in vulnerability to insensitive dominant culture paradigms [8]. The period of colonization in North America was a time of great upheaval for the Native peoples of Canada. Having been stripped of their lands and community, and losing their sense of identity, they became isolated and vulnerable. Recent acknowledgments of 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 [37]. Aboriginal populations in British Columbia experience significantly higher incidences of mental health and substance abuse problems than the population at large [32]. Culturally safe mental health practices, rooted in Indigenous paradigms, would address culturally specific issues such as identity, trauma, and colonization and would promote social and emotional well-being, confidence-building, and advocacy [37]. Further concern arises when one considers scholarly assertions that the application of mainstream mental health frameworks of practice may serve to perpetuate the cycle of traumatization for Aboriginal populations [15].

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 [19, 24, 50]. Scholars have also challenged the notion of homogeneity in relation to Aboriginal populations as it fails to acknowledge the diversity of Aboriginal groups and traditional perspectives. Attempts to revitalize traditional worldviews have shed light on the limitations and impacts of Eurocentric perspectives and have resulted in notable contributions by Aboriginal professionals and scholars.

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) [19]. From an activist's stance, Graveline 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. The section entitled “The Eastern Door: Challenging Eurocentric Consciousness” examines the origins and modern conceptualization of consciousness-raising, with consideration given to applications of the concept, including the feminist approach. Additional consideration is given to influential concepts such as homogeneity and heterogeneity and to the impact of oppression and racism on the Aboriginal consciousness [19].

Graveline’s (1998) [19] implementation of an Aboriginally informed analytical lens illustrates the applicability and strengths of traditional knowledge. The reader is provided with an informed comparison of mainstream ideologies and traditional knowledge, allowing for an improved understanding of 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 analysis is her encouragement that professionals seek knowledge beyond dominant paradigms. She also challenges the professional community to examine its practice and its derived sources of knowledge in an effort to detect and correct any racist approaches to practice.

Non-Aboriginal scholars have also contributed to this body of knowledge [3, 12, 17, 34, 40, 50, 51], including examinations of the impact of Eurocentric systems on research, service delivery, and access. James B. Waldram’s (2004) [50] *Revenge of the Windigo: The Construction of the Mind and Mental Health of North American Aboriginal Peoples* seeks to address the basis of knowledge about the mental health of Aboriginal populations. In Chapter 10, “The Clinician’s Aboriginal,” Waldram examines the generalizations and misconceptions that have shaped 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 particularly concerning aspect of unquestioned ethnic and cultural generalization.

Waldram also explores the impact of socioeconomic issues in shaping the value orientations of Aboriginal populations. He emphasizes the conflicting nature of literary resources and scientific knowledge concerning the value orientation and cultural characteristics of Aboriginal populations, giving particular consideration to their impact on culturally competent clinical practice approaches [50].

Waldram’s [50] analysis adds to the vast array of scholarly works on cultural competency in clinical settings and the influences and implications of refined approaches to working with multi-cultural populations [see, for example, 3, 34, 51]. Waldram provides an amply sourced and insightful examination of the origins, influential factors, and implications of clinical work with Aboriginal clients. From both an anthropological and a psychological perspective, he examines the factors that have shaped culturally competent clinical approaches to working with Aboriginal clients. Waldram considers the professional implications of long-standing generalizations about Aboriginal culture. In challenging these ill-informed and potentially dangerous generalities, he prompts the professional community to uphold well-informed, up-to-date standards of practice in the delivery of culturally competent supports. Overall, his argument and recommendations are a valuable contribution. However, *Revenge of the Windigo* would have benefited from a more inclusive and global approach that considered similar trends of influence and response in other Western societies. Consideration of the impact of similar fields of practice would have further improved the applicability of the author’s analysis

and recommendations.

Kirmayer and Valaskakis' (2009) [24] compilation of multi-disciplinary perspectives on Aboriginal mental health explores the various social, economic, and political issues affecting the health and well-being of Aboriginal people in Canada. McCormick's chapter "Aboriginal Approaches to Counselling" depicts innovations in approaches to counselling work with Aboriginal populations. McCormick explores factors influencing Aboriginal health and well-being, including Aboriginal worldviews, spirituality, tradition, and culture. McCormick's work succinctly outlines what constitutes a well-informed and conscientious journey toward culturally competent practice. The chapter also validates integrated approaches.

McCormick's [28] assertion that additional research is needed to establish the value and impact of traditional and mainstream approaches challenges the professional community to extend knowledge in this area. He also explores the role of mainstream mental health methodologies and traditional healing practices in supporting the mental health of Aboriginal clients and the efficacy of amalgamating mainstream and traditional approaches, giving particular consideration to applications within counselling scenarios such as sex abuse, career/vocational, suicide, and substance abuse [28].

The histories, worldviews, and needs of Aboriginal populations and the importance of developing and implementing services that reflect the uniqueness of Aboriginal culture are acknowledged in multiple areas of research and practice. Walker, Cromarty, Kelly, and St Pierre-Hansen (2009) [51] offer a Canadian example of culturally competent service delivery. The authors' comparative review of traditional healing approaches and mainstream methodologies provides insight into how integrated methods complement and strengthen individual components while promoting improved client outcomes. Their discussion of existentialism and its homogenous roots in both mainstream and traditional ideologies illustrates not just the differences, but also the important similarities between the two belief systems.

### **Mainstream Mental Health Approaches**

The World Health Organization (WHO) defines mental health as the range of endeavours aimed at promoting mental well-being as it relates to overall physical, mental, and social welfare. These endeavours include education, support, preventative measures, treatment, and rehabilitation [53]. In the last century, approaches to mental illness have shifted from those that 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 "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" [35]. A lack of proper attention to one's mental health may compromise one's 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.

Mental and behavioural health services in northern BC 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 BC include the Northern Health Authority (NHA), the Ministry of Children and Family Development (MCFD), and the Central Interior Native Health Society (CINHS). 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 [36]. MCFD is specifically concerned with addressing the mental health needs of children and youth in BC. Supports are delivered to children and youth and their families through a wide range of “community-based specialized mental health services” [30]. CINHS offers a primary health care team approach in the delivery of supports for Aboriginal populations in northern BC. 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 [10].

Mainstream mental health treatment approaches derive from consensus-based arguments about what constitutes a problem and how the perceived problem may be addressed. The noted limitations of this “cookie cutter” approach to service delivery are that it tends to rely on prescriptive categories or ideas, fails to give credence to internal experiences, lacks appreciation for how individuals respond to their environment, and fails to account for cultural factors [20]. Various scholarly studies have examined mainstream mental health service delivery in relation to the facilitation of cultural competence in both mental health and educational settings, racist influences in mental health practice, cultural relevance in family therapy, the impact of Western tools in the delivery of mental health services to diverse populations, and the implications of multiculturalism on the helping profession [12, 17, 27, 29, 40].

Constantine and Sue's *Addressing Racism: Facilitating Cultural Competence in Mental Health and Educational Settings* (2006) [12] is a compilation of scholarly works exploring and analysing 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,” William Ming Liu, Jovan Hernandez, Amina Mahmood, and Ren Stinson explore socioeconomic and political factors and consider their impact on access to and perception of mental health services by marginalized populations. The intersections of these oppressive factors are important considerations in the clinician's repertoire of personal and professional developmental tools [26].

In both professional and scholarly circles, the importance of informed professional interventions is an established platform [3, 34, 50, 51]. Liu, Hernandez, Mahmood, and Stinson's [26] study 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 educational settings. They provide an insightful structural approach to culturally competent professional development. Professionals are encouraged to consider their personal views concerning race, class, and poverty, and how those views may impact their practice. They invite reflection by professionals on how attitudes and policies may serve to perpetuate racist trends. The authors' acknowledgment of global implications and the inclusion of multicultural perspectives, including those of African American, Asian American, Native American, and Latino populations, grants further credibility and applicability to their work. Statistical data further supports the authors' stance and provides contextual information.

A number of scholars have sought to increase understanding of Western epistemological influences on the mental health field and practice [3, 12, 17, 34, 40, 50, 51]. Suman Fernando's (2003) [17] *Cultural Diversity, Mental Health and Psychiatry: The Struggle Against Racism*, for example, provides an examination of the racist influences impacting mental health practice with culturally diverse populations. Fernando focuses on racism, its origins, its historical impact, and its influence on the mental health field. The author emphasizes the value of

educational approaches that foster multi-culturally informed, anti-racist, and culturally relevant professional practice.

In Chapter 5, "Moving Forward," Fernando [17] delves into various factors, including legislative measures and professional field initiatives, impacting culturally relevant and anti-racist practices in mental health and psychiatry. The roots of Western psychotherapy are explored in relation to their impact on "fundamental cultural assumptions" about the nature and condition of humanity [17]. The author reiterates the importance of acknowledging differing worldviews and ensuring that this knowledge is reflected through constructive, informed practice. The connection between the professional and the client is emphasized as a key aspect of effective therapeutic practice; consequently the value of an informed approach in matters concerning cultural views and values is accentuated. Fernando (2003) [17] proposes changes to professional training that will better promote multicultural perspectives and anti-racist practice.

Fernando's [17] most significant contribution is his multi-level approach to developing and enhancing professional practice in mental health as evidenced by his examination of educational, cultural, geographic, societal, economic, and political factors. Unfortunately, Fernando is predominantly influenced by Western worldviews, which impacts his ability to address 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 Garcia-Preto's (2005) [29] *Ethnicity and Family Therapy* is a compilation of scholarly works on the cultural relevance of the family therapy model and applications in multicultural environments. CharlesEtta T. Sutton and Mary Anne Broken Nose's contribution, "American Indian Families: An Overview," explores the history and modern concerns of American Indian populations and proposes the family therapy model as an effective tool to address the unique needs of this ethnic group. The professional community is encouraged to improve their understanding of traditional worldviews, cultural misconceptions and stereotypes in order to advance the efficacy of therapeutic supports and interventions [48].

Scholars and professionals alike have acknowledged the need for delivery of informed and effective mental health services to culturally diverse populations as a rapidly growing reality for clinical staff [27, 34, 39, 47]. Self-awareness, informed practice, culturally relevant practice, and multiple approach integration are just some of the issues scholars have examined in an effort to improve the delivery of mental health services to multicultural populations. Sutton and Broken Nose's examination of the similarities of mainstream therapeutic approaches and traditional American Indian approaches to healing demonstrates that traditional approaches are applicable in multicultural settings. The principle of ongoing development of professional practice lies at the heart of the authors' position. Through an understanding of the worldviews of other cultures, the professional will be better equipped to implement the most effective intervention approaches and more able to establish a respectful and empathetic therapeutic relationship. A comparative analysis of the applicability of other models of therapeutic intervention, such as group, art-based, and outreach approaches, would strengthen the authors' platform. Information concerning their backgrounds and professional experience would support positioning, a key aspect of professional development.

Regehr and Glancy's *Mental Health Social Work Practice in Canada* (2010) [40] offers a comprehensive analysis of social work practice in a Canadian context. Chapter 4, "Social Work Assessment in Mental Health," considers whether Western-influenced mental health evaluation tools capture accurate depictions 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 Aboriginal worldviews, Asian perspectives, and African notions of health. Socioeconomic, political, and historical stressors on the psychological health of these ethnic groups are depicted. Regehr and Glancy [40] examine a range of perceptions and manifestations of psychological conditions as derived from culturally influenced factors. Emphasis is given to trends in expressions of distress that lead certain ethnic groups to associate psychological unrest with physical symptomology. Cultural influences on service access trends and culturally bound sets of symptoms are also appraised [40].

Several scholars have attempted to shed light on the complexities of multicultural access and perceptions of mental health services influenced by Western culture [3, 12, 34, 50, 51]. Regehr and Glancy [40] expand this body of knowledge through their examination of the efficacy of mainstream mental health assessment tools and diverse cultural factors that may impact the accuracy of Westernized means of measurement. Most significant is their perceptive overview of cultural perspectives on the origins and manifestations of mental health imbalances. Their argument is supported by the inclusion of statistical data concerning mental health diagnosis and treatment among some of the cultures that make up the Canadian societal landscape. A close examination of the most commonly used diagnostic tools including the *Diagnostic and Statistical Manual* (DSM) reveals the limitations of commonly used means of measurement when applied within a multicultural context. In contemplating the meaning of key concepts such as psychologization and somatization, the reader can consider the varied ways in which psychological maladies may be conceptualized and experienced, giving further understanding of the limitations of mainstream approaches.

Aretha Faye Marbley's *Multicultural Counseling: Perspectives from Counselors as Clients of Color* (2011) [27] is an axiological study of multiculturalism and its implications for the helping profession. In Chapter 1, "From Hills and Molehills All Across America," Marbley examines the delivery of mental and behavioral health services in the context of the cultural landscape and history of the United States, with an emphasis on racism and acculturation. Service access and impact experiences of African American, Asian American, Latino, and Native American populations are considered. 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 of effective interventions [27].

Scholarly efforts to further understanding of the impact of multicultural factors in the delivery of therapeutic supports and interventions have gained momentum in recent years. Scholarly contributions promoting therapeutic frameworks and interventions informed by multicultural research, such as the work of Spanierman and Poteat (2005) [46], increase awareness about the significance and value of well-informed practice with culturally diverse populations. Marbley [27] provides a valuable addition to these efforts by capturing the experiences of professionals and service users.

The most valuable aspect of Marbley's [27] analysis is her assertion that culturally relevant practice must be well informed, requiring the professional to take an active stance in his or her professional development. The inclusion of culture-specific examples, specifically concerning challenges in accessing services and successful applications of culturally relevant interventions, demonstrates the applicability of the concepts discussed. Marbley's definition of pivotal terms such as culture and race lends further credibility to her argument about the

importance of well-informed practice. Despite the valuable ideas Marbley puts forth, however, failure to consider other nations with similar migration and diversity trends limits the persuasiveness of her message.

### **Traditional Aboriginal Healing Practices**

Traditional Aboriginal healing practices 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 [21]. 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 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 [31]. Scholars have examined traditional healing practices in relation to 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 [13, Walker51, 52].

The significance, role, and impact of traditional healers are examined through a series of anecdotal accounts and reflective excerpts in Vine Deloria Jr.'s *The World We Used to Live In: Remembering the Powers of the Medicine Men* (2006) [13]. In "Dreams—The Approach of the Sacred," Deloria, a world-renowned Native American scholar, explores the traditional healing approach to deciphering dreams and to using dreams as tools for healing. He depicts the origins, spiritual linkages, and roles of medicine men. The experiences of traditional healers are illustrated through anecdotal accounts. The significance of traditional events and the role these play in supporting the holistic health of Aboriginal individuals and communities are also described [13].

Deloria [13] makes a significant contribution to scholarship on the value and revitalization of traditional knowledge. His combined anecdotal and analytical approach grants the reader access to traditional worldviews on health and healing and perspectives on the significant value of traditional healing practices while considering the potential for modern applications. He provides insight into 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. Deloria recognizes the inherent wisdom of Aboriginal holistic approaches to health. His portrayal of the medicine man or traditional healer through anecdotal and first-hand accounts offers great insight into what constitutes effective practice. These accounts attest to the importance of continuing development in practice and the undeniable importance of the therapeutic relationship.

Witko's *Mental Health Care for Urban Indians: Clinical Insights from Native Practitioners* (2006) [52] is a compilation of works exploring culturally relevant therapeutic approaches. A chapter by Dolores Subia Bigfoot and Megan Dunlap explores the traditional origins of storytelling, its cultural significance, and therapeutic applications. The authors discuss storytelling as a therapeutic tool for supporting American Indian individuals facing histories of trauma, abuse, and neglect. Consideration is given to the urban use of modern-day technologies such as websites to access traditional supports and tools, and sample stories and application tools are included to enhance the concepts presented [6].

Considerable attention has been given in recent years to the value and applicability of traditional healing ideologies and tools. Bigfoot and Dunlap (2006) [6] offer an exciting addition to this body of knowledge. By looking at the cultural significance and healing properties of storytelling, the authors acknowledge the value of traditional ideologies and practices. Their approach of exploring the inherent developmental and therapeutic value of storytelling beyond its cultural significance within Indigenous populations prompts the reader to consider the application of this valuable tool with various populations, regardless of ethnic and cultural background. The inclusion of resources and application tools, including mainstream clinical methods and sample storytelling narratives, strengthens the applicability of the concepts presented. Storytelling is validated as a therapeutic approach in different therapeutic settings such as addictions treatment and sexual abuse therapy. However, despite the significant strengths of this section of the book, a more in-depth look at the value of integrated mainstream and traditional approaches is needed to substantiate the authors' claims.

Walker, Cromarty, Kelly, and St Pierre-Hansen (2009) [51] describe the work of the Sioux Lookout Meno Ya Win Health Centre (SLMHC) with First Nations populations of northern Ontario. Program leaders are among the authors of this article, including the organization's CEO and Special Advisor on First Nations Health. The authors provide an in-depth exploration of cultural safety and the process of effecting institutional change. The historical and methodological origins of the Centre's adopted modality, known as the SLMHC menoyawin model, are also explored. A review of findings from the program evaluation provides 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 Program [51]. The authors examine the process of supporting both individual and organizational transitions into culturally safe service delivery and include detailed information on the guidelines for cultural safety [51]. Reliability and clarity are enhanced by the article's depiction of institutional change as considered through the development and implementation of the program. Consideration of First Nations traditional healing views and practices increases the article's impact. A review of the program's expected outcomes, obstacles to implementation, and results to date illustrates the realities of implementing culturally safe health care programming for Aboriginal populations.

Inclusion of examples of other regional, national, and global approaches to culturally safe health care practices, or mention of a lack of these, would have increased the article's impact. Nevertheless, the depiction of a uniquely Canadian approach to culturally safe practices in the delivery of health care services will enrich the existing body of knowledge. The article also provides an important perspective that may inform future assessments of 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 acknowledgment and inclusion of the four pillars of health paradigm, which considers human health from a perspective of the interconnectedness of the spiritual, emotional, physical, and mental aspects of the self. These integrated approaches also promote empowerment and a sense of connectedness with family, community, and the environment [21].

Clinical perspectives on delivery of integrated, informed, and effective mental health services to culturally diverse populations have gained attention in recent years. Marbley (2011) [27]

examines the perspectives of counsellors as individuals and professionals of color in relation to self-positioning and the professional's ability to understand how their personal cultural lens may impact their practice with diverse cultural groups. Stevenson's study (2011) offers a valuable account of Elders' perspectives on the integration of mainstream and traditional practices.

Olga Oulanova's (2008) [39] thesis *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 mental health from the perspective of mental health professionals in Canada. Oulanova's findings revealed four central themes concerning professionals' implementation of integrated methods of practice: becoming the helper, deciding when to integrate, describing integrative efforts, and experience with integration [39]. Oulanova examines the factors that influence Canadian professionals' approaches to delivering culturally relevant supports and interventions. Her structural approach offers helpful insight into both internal and external factors. The journey toward becoming a helping professional is described in terms of personal, historical, societal, and political experiences, allowing the reader to consider the vast range of factors that help shape an individual's cultural lens. However, Oulanova fails to consider the experiences of non-Aboriginal professionals and their journey toward understanding and effectively supporting Aboriginal populations, limiting the persuasiveness of her message. She also gives insufficient attention to the experiences of Aboriginal professionals working with populations of varying cultural and ethnic backgrounds.

The theoretical origins of Western therapies and traditional healing practices or "shamanism" are explored in Duran and Duran's (1995) [15] *Native American Postcolonial Psychology*. Duran and Duran undertake a comparative analysis of Western therapeutic strategies and roles and those of traditional origin. The impacts, both positive and negative, of therapist and shaman roles are explored. Duran and Duran present the integration of Western therapy approaches and traditional healing practices 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 death and rebirth "transformative experience" (p. 67) is presented as an example of the collective psyche. The authors use Jung's four major functions of the psyche to contrast Western and Native American worldviews. This tool and a proposed variation described as more accurately representative of Native worldviews are explored in their application in therapeutic settings [15].

In exploring the parallel and contrasting origins of Western and Native worldviews and subsequent therapeutic approaches, Duran and Duran have joined other scholars in expanding knowledge on how these two perspectives might enhance clinical interventions and improve outcomes for Native clients [see, for example, 24, 25, 51, 52]. They demonstrate the congruencies between worldviews often considered ideologically opposite. Their analysis is presented in a manner that allows for critical consideration of the attributes and potential applications of ideologically derived interventions. The concept of a collective psyche supports the notion of a common ideological foundation, which grants equality to the inherent value of traditional practices. The comparison of the paternalist quality of Western views and the gynocentric nature of Native ideologies offers a unique perspective on the historical and ongoing oppressive tendencies of one worldview over the other.

The authors' [15] use of Jung's four major functions of the psyche tool provides additional insight into the limitations of Western ideologies' capacity to give credence to differing

worldviews that do not fit the Western schematic. However, adherence to Jung's teachings and methodologies limits the scope and value of the analysis. Consideration of other notable therapeutic methodologies would have enhanced the analysis of Western culture's ideological trends. Equally limiting is the failure to include the worldviews of other cultural groups.

The realities of developing and implementing culturally relevant programming are explored in Nebelkopf and Phillips' *Healing and Mental Health for Native Americans* (2004) [34]. This compilation gives insight into various approaches to conceptualizing, developing, and delivering culturally relevant mental and behavioral services to Native American populations in the United States. In "HIV/AIDS Programs for American Indians and Alaska Natives," Barney, Duran, and Rosenthal (2004) [4] provide a detailed description and critical analysis of the work of the Native American Health Center, an agency delivering HIV/AIDS supports to Native Americans in the San Francisco Bay area, including analysis of its funding sources and directives, staff background and expertise, collaborative partnerships, and the integration of mainstream and traditional approaches.

Barney, Duran, and Rosenthal (2004) [4] provide a clear picture of the origins, intent, and impact of the Center's approach to working with HIV/AIDS at-risk populations. Their work offers insight into the process of envisioning, securing funding for, developing, and implementing culturally relevant programming for Native American populations. Their analysis of mainstream methodologies best suited for addressing the needs of Native American clients acknowledges the value of frameworks for practice that reflect Indigenous ideologies. However, their failure to give adequate consideration to regional, national, and international efforts limits the applicability of their work. Furthermore, the attention given to the vulnerabilities of bi-sexual and gay populations may 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.

Barney, Duran, and Rosenthal (2004) [4] discuss Limb and Hodge's (2011) [25] study on the application of spiritual ecograms for promoting cultural competency in family therapy settings. Limb and Hodge examine the views of a select number of Native American professionals they identify as having "extensive experience" working with Native American populations. Consideration is given to spiritual ecograms' consistency with Native American culture and how they may promote culturally appropriate therapeutic interventions for Native American clients [25].

Limb and Hodge's (2011) [25] analysis demonstrates increased recognition on the part of the helping professions of the limitations of mainstream approaches to supporting Indigenous populations and the importance of delivering culturally competent services [25]. This shift centers on the role of spirituality in the context of individual and family well-being. Spiritual ecograms' amalgamation of traditional Indigenous perspectives and mainstream professional tools supports current professional interest in cultural competency [25]. The research findings provide perspectives from various helping professions on the similarities between spiritual ecograms and traditional Indigenous perspectives, as well as on their applicability in the work of supporting Indigenous families and children. The inclusion of Indigenous voices further supports the project's stance. Examples, term definitions, and considerations for clinical applications provide the reader with a helpful overview of the origins and potential uses for spiritual ecograms.

The study's primary limitation is its use of a purposive/snowball sampling strategy, which is a constraint on the project's scope, limiting the representation of participants and thus failing to

capture broad professional perspectives and feedback from client populations. Failure to consider global perspectives and strategies is an additional limitation. Nevertheless, the findings and recommendations will enrich the existing body of knowledge in this area while furthering the development of culturally competent approaches in the helping professions.

Eshun and Gurung's *Culture and Mental Health: Sociocultural Influences, Theory, and Practice* (2009) [16] is a compilation of scholarly works on culturally relevant mental health practice. In "Psychotherapy in a Culturally Diverse World," Johnson, Bastien, and Hirschel [23] contemplate the ethical dilemma of operating from a Eurocentric model of care within a multicultural landscape. The authors [23] explore culturally sensitive practice options and available legislative and policy directives on culturally relevant practice, including the *DSM-IV* cultural formulation tool and the American Psychological Association guidelines on multicultural approaches. Further analysis reveals the pitfalls of inappropriate approaches to cross-cultural interactions. Consideration is given to racism and discrimination faced by ethnic minorities, and also to the professional's responsibility to develop culturally competent practice through cultural awareness, knowledge, and skills [23].

Pressures within the helping professions to develop and deliver culturally competent therapeutic services have prompted extensive scholarly efforts to improve and expand understanding of the factors promoting this change and the impact of such interventions [3, 15, 27, 29, 34, 39, 47]. Johnson, Bastien, and Hirschel (2009) consider this issue in relation to the strengths and limitations of Eurocentric approaches and how they compare to culturally accepted healing practices. Their position 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, and their comparative analysis of individualistic and collectivist worldviews. Another valuable aspect of their work is its overall tone of encouraging culturally relevant practice through well-informed professional development. The inclusion of Indigenous treatment examples further enhances their analysis.

Ambtman, Hudson, Hartry, and Mackay-Chiddenton (2010) [3] depict the events and circumstances leading to the formation of a cross-cultural work group known as the Circle of Courage. In "Promoting System-Wide Cultural Competence for Serving Aboriginal Families and Children in a Midsized Canadian City" (2010) [3] 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 could affect long-term systemic changes, which led to the establishment of the Circle of Courage work group. The article examines the development of cultural competence at the micro, macro, and meta levels and the challenges encountered by professionals attempting to implement culturally competent interventions in mainstream organizations. The group's efforts are guided by traditional Aboriginal values and reflect the group's commitment to a "concentric" approach, which focuses on a micro level approach of supporting the individual in developing cultural competency and in turn promotes change at both the macro and meta levels [3].

Ambtman, Hudson, Hartry, and Mackay-Chiddenton [3] provide 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 to accounts of the group's efforts as informed by the modalities identified in the review. Their 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 these 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' [3] passive depiction of the events conveys neither their personal stance nor their scholarly opinion. They have limited the scope of their review to a focus on the framework set out by the group. This is initially made evident in the historical review, which lacks information about Dr. Brokenleg's background and journey leading to the inception of his workshop. Information concerning the workshop is also limited, leaving the reader to wonder about the application of the model beyond the city of interest. Updates on the current status of both presenter and strategy are also lacking. Other noted deficiencies include the scope of the literature review, which fails to explore the roots of the noted methodologies and the existence or lack of alternative approaches. The literature review is also limited in its consideration of available tactics, focusing on mainstream methodologies and failing to include traditional approaches. A comparative analysis of the group's efforts and impacts and those of other entities across the country, including global considerations, would have enriched the reader's experience.

Despite the outlined deficiencies, the article does succeed in capturing the unique flavor of the Circle of Courage's [3] approach to developing and promoting cultural competency among educational and social service organizations. The depiction of a uniquely Canadian approach to cultural competency will enrich the existing body of knowledge. The article also provides a launch pad for future assessments of the delivery and impact of cultural competency approaches.

Sinclair, Hart, and Bruyere's (2009) [43] *Wichitowin* examines the historical and theoretical underpinnings of Indigenous social work and the practical application of traditional knowledge. Bruyere's Section III, "The Spirit of Dreaming," is concerned with impact of traditional knowledge on the delivery of social work supports and interventions. Bruyere explores the traditional conceptualization of the helper role. He emphasizes the importance of self-positioning within a cultural context and regards self-awareness as the first stepping-stone toward cultural competence. He also considers the role and impact of educational institutions and the programs they offer and determines them to be a crucial component in achieving cultural sensitivity and relevance in social work practice [43].

Bruyere's [43] work is part of a recent scholarly emphasis on the value of culturally relevant multi-disciplinary service delivery [14, 24, 25, 51]. Culturally relevant practice continues to evolve, as exemplified by counseling approaches that mirror traditional knowledge and practice and intervention tools that incorporate both mainstream and traditional methodologies. Professional and scholarly sources substantiate the importance of effecting change at the micro, macro, and mezzo levels. Furthermore, by exploring the helper's cultural positioning, Bruyere effectively prompts the reader to consider his or her own cultural landscape and how it may impact his or her practice. The road toward cultural relevance is further revealed by Bruyere'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 [43].

Bruyere's [43] choice to reflect and build upon his background and knowledge of a specific Aboriginal culture, in this case the Nishnawbe-Aski Nation, limits the wider applicability of his work. His failure to explore the richness of the numerous Indigenous cultural perspectives in Canada deprives the reader of an important reminder that Indigenous cultures are unique and that a single strategy to working with these populations will fail to capture the distinctive

flavor of each community's traditions, language, and worldviews.

Kulraj Bhandari's (2011) [5] practicum report *Cultural Competency: A Path to Deliver Healthcare to Ethnic Minority and Aboriginal Populations* provides an analysis of the realities of implementing cross-cultural competent 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, who accessed services at University Hospital of Northern BC (UHNBC) in Prince George, British Columbia. The challenges of accessing culturally sensitive resources are explored. The author's personal journey in developing his own approach to culturally competent practice is the primary focus of the report. Systemic challenges to the delivery of culturally competent services to multi-cultural populations are considered from the author's perspective as an incoming health care professional [5]. Bhandari's account of his experiences as an emerging professional faced with the challenge of understanding the needs of culturally diverse populations is the most valuable aspect of his report. Further to this is the valuable insight into his personal journey toward cultural competency, and how the experiences of his practicum placement served to shape his approach.

Bhandari's [5] approach is sometimes confusing, and generalizations concerning the application of traditional healing practices, such as the medicine wheel, compromise the applicability of his ideas. Content relevance is further restricted by a failure to substantiate proposed ideas with relevant statistical or scholarly data. The report's scope is also limited by the restrictive use of preferred scholarly references.

Walker, Cromarty, Kelly, and St Pierre-Hansen [51] consider cultural competency through a cultural safety lens and explore the origins of culturally safe approaches to health care practice. The scope of their research is furthered by consideration of the process of supporting both individual and organizational transitions into culturally safe applications of service delivery. Nebelkopf and Phillips' [34] compilation offers insight into the various approaches to conceptualizing, developing, and delivering culturally relevant health services to Native American populations in the United States.

Melissa Carlick's thesis *Yukon First Nations Youth Mental Wellness: The Development of Culturally Appropriate Healing* (2009) [9] compares modern mental health approaches and 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. The project's primary focus is on promoting community wellness and sustainability through the integration of mainstream and traditional practices. The revival of traditional systems is a key aspect of the project's efforts, and sustaining traditional ways of life is an essential aspect of promoting self-esteem, respect, balance, connectedness, and healing among Aboriginal populations. The project reportedly assumed 57 tasks meant to support the identified goals, including 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 [9].

Carlick's [9] work is a useful contribution to scholarly and professional discussions and debates about the limitations of mainstream mental health approaches in meeting the needs of Aboriginal populations [3, 15, 16, 27, 29, 34, 39, 47]. Carlick furthers our understanding of modern-day efforts to revamp health and social service systems in order to meet the unique

needs of Aboriginal populations and provides practical insight into the realities of integrating traditional healing practices and mainstream systems. She illustrates the realities of implementing change at the micro, mezzo, and macro levels of programming. This approach takes the reader beyond the theoretical notion of cultural relevance, providing a unique opportunity to gain a better understanding of traditional systems and practices and how these could supplant or complement mainstream approaches.

Carlick's [9] failure to consider other projects and initiatives at the local, regional, national, and global levels limits the analysis. A comparative analysis would have enabled assessment of whether the sample project's approach, which focuses on the sociocultural needs of specific Aboriginal groups, could be applied elsewhere. However, awareness of this shortcoming presents a potential advantage to the reader, as it may serve to incite reader awareness of the importance of cultural variances among Aboriginal populations.

### **Considerations for Rural Practice**

Populations residing in rural and remote communities in Canada are faced with unique challenges related to isolation, colonization, trauma, and socioeconomic considerations that have a direct impact on their mental well-being. Restricted access to services due to geographic isolation and socioeconomic issues translates into the over-taxation of existing resources, including formal and informal mental health supports [38]. Aboriginal Communities in northern BC are faced with many of these challenges.

Various scholars have examined the delivery of mental health supports in rural geographical areas, for example in relation to outreach service modalities and challenges in delivery [41, 42]. The assertion is made that multiple models of practice are needed to reflect the varying needs and capacities of rural communities. The outreach model is presented as a viable option for supporting rural practice and has been adapted in order to support different community needs and provider preferences. The original model reflects the hospital and community mental health center secondary level outreach modality, an established health care service delivery framework [42].

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 recommendations suggest improvements in the delivery of outreach services, including an increase in face-to-face support, and increased capacity for formalized educational and capacity-building opportunities [42].

Several themes predominate in literature on challenges associated with the delivery of mental health services in rural communities, including the lack of available professionals and the strain this places on rural residents in need of services. Urban models of care fail to account for the unique circumstances of rural communities. Challenges are exacerbated through national and local policies that continue to operate on misconceived perceptions of rural realities [41].

Despite the need for improved programming in rural areas, the majority of mental and behavioral health programs exhibit under-resourcing compared to their urban counterparts. Quite frequently, rural mental and behavioral health services are office-based practices located

in moderately sized towns. They see people on a one-to-one basis for outpatient sessions. The most significant challenge is not common source barriers, such as funding or training, but rather 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 [41].

## CONCLUSION

The available literature illustrates some of the challenges and benefits of integrating traditional Aboriginal healing approaches into mainstream mental health practices. 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, use of traditional tools for healing, cultural relevancy in practice, organizational competency, and traditional knowledge. Scholars explored traditional healing from various standpoints, including the origins of traditional healing, roles within traditional healing, Native professional perspectives, and culturally safe organizational shifts.

This selective literature review considered the impact of historical and ongoing socioeconomic and political challenges on the Indigenous research agenda and the importance of establishing ethically based standards of practice in research with Indigenous populations. 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 of and factors influencing Aboriginal mental health seem to clash with Aboriginal perspectives on the issue.

## REFERENCES

- [1] Aboriginal Canada Portal (2012). Aboriginal peoples: The first people. Retrieved from <http://www.aboriginalcanada.gc.ca/acp/site.nsf/eng/index.html>
- [2] Alberta Mental Health Board (2006). Aboriginal mental health: A framework for Alberta. *Alberta Health Services*. <http://www.albertahealthservices.ca/MentalHealthWellness/hi-mhw-aboriginal-framework.pdf>
- [3] 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
- [4] Barney, D. D., Duran, B. E. S., & Rosenthal, C. (2004). HIV/AIDS programs for American Indians and Alaska Natives. In E. Nebelkopf & M. Phillips (Eds.), *Healing and mental health for Native Americans* (pp. 149–158). California: AltaMira Press.
- [5] Bhandari, K. (2011). *Cultural competency: A path to deliver healthcare to ethnic minority and Aboriginal populations*. British Columbia: University of Northern British Columbia.
- [6] Bigfoot, D. S., & Dunlap, M. (2006). Storytelling as a Healing Tool for American Indians. In T. M. Witko (Ed.), *Mental health care for urban Indians: Clinical insights from Native practitioners* (pp. 133–153). Washington, DC: American Psychological Association.
- [7] Canadian Institute for Health Information (2013). Hospital mental health services for concurrent mental illness and substance use disorders in Canada. [https://secure.cihi.ca/free\\_products/MH\\_Concurrent\\_Disorders\\_AiB-ENweb.pdf](https://secure.cihi.ca/free_products/MH_Concurrent_Disorders_AiB-ENweb.pdf)

- [8] Cannon, M. J., & Sunseri, L. (2011). *Racism, colonialism, and indigeneity in Canada*. Ontario, Canada: Oxford University Press.
- [9] Carlick, M. (2009). *Yukon First Nations youth mental wellness: The development of culturally appropriate healing*. (Unpublished master's thesis). Prince George, Canada: University of Northern British Columbia.
- [10] Central Interior Native Health Society. (n.d.). What we do. <http://www.cinhs.org/programs-services/what-we-do>
- [11] Cochran, P. A. L., Marshall, C. A., Garcia-Downing, C., Kendall, E., Cook, D., McCubbin, L., & Gover, R. M. S. (2008). Indigenous ways of knowing: Implications for participatory research and community. *American Journal of Public Health, 98*(1), 22–27. doi: 10.2105/AJPH.2006.093641
- [12] Constantine, M. G., & Sue, D. W. (Eds.). (2006). *Addressing racism: Facilitating cultural competence in mental health and educational settings*. Hoboken, NJ: John Wiley & Sons.
- [13] Deloria Jr., V. (2006). *The world we used to live in: Remembering the powers of the medicine men*. Colorado: Fulcrum.
- [14] Duran, E. (2009). *Healing the soul wound: Counseling with American Indians and other Native peoples*. New York, NY: Teachers College Press.
- [15] Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. <http://library.unbc.ca:2192/refworks2/default.aspx?r=references|MainLayout::init>
- [16] Eshun, S., & Gurung, R. A. R. (Eds.). (2009). *Culture and mental health: Sociocultural influences, theory, and practice*. Oxford, England: Blackwell.
- [17] Fernando, S. (2003). *Cultural diversity, mental health and psychiatry: The struggle against racism*. New York, NY: Routledge.
- [18] First Nations Health Council (2012). Understanding the path forward: First Nations/Aboriginal mental wellness and substance use. Tripartite Strategy Council on Mental Wellness and Substance Use. [http://www.fnhc.ca/index.php/health\\_actions/mental\\_health\\_wellness/](http://www.fnhc.ca/index.php/health_actions/mental_health_wellness/)
- [19] Graveline, F. J. (1998). *Circle works: Transforming Eurocentric consciousness*. Nova Scotia, Canada: Fernwood.
- [20] Grobstein, P., & Cyckowski, L. (2006). Models of mental health: A critique and prospectus. *Serendip*. [http://serendip.brynmawr.edu/sci\\_cult/mentalhealth/models/mentalhealthmodels2.html](http://serendip.brynmawr.edu/sci_cult/mentalhealth/models/mentalhealthmodels2.html)
- [21] 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>
- [22] 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
- [23] Johnson, L. R., Bastien, G., & Hirschel, M. J. (2009). Psychotherapy in a culturally diverse world. In S. Eshun, & R. A. R. Gurung (Eds.), *Culture and mental health: Sociocultural influences, theory, and practice*. (pp. 115–48). Oxford, England: Blackwell.
- [24] Kirmayer, L. J., & Valaskakis, G. G. (2009). *Healing traditions: The mental health of Aboriginal peoples in Canada*. Vancouver, Canada: University of British Columbia Press.
- [25] 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

- [26] Liu, W. M., Hernandez, J., Mahmood, A., & Stinson, R. (2006). Linking poverty, classism, and racism in mental health: Overcoming barriers to multicultural competency. In M. G. Constantine & D. W. Sue (Eds.), *Addressing racism: Facilitating cultural competence in mental health and educational settings* (pp. 65–86). Hoboken, NJ: John Wiley & Sons.
- [27] Marbley, A. F. (2011). *Multicultural counseling: Perspectives from counselors as clients of color*. New York, NY: Routledge.
- [28] McCormick, R. (2009). Aboriginal approaches to counselling. In L. J. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal peoples in Canada* (pp. 337–56). Vancouver, Canada: University of British Columbia Press.
- [29] McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy* (3rd ed.). New York, NY: The Guildford Press.
- [30] Ministry of Children and Family Development. (n.d.). About child and youth mental health. Ministry of Children and Family Development. Government of British Columbia. [http://www.mcf.gov.bc.ca/mental\\_health/index.htm](http://www.mcf.gov.bc.ca/mental_health/index.htm)
- [31] Ministry of Health. (2007). Pathways to health and healing: 2nd report on the health and well-being of Aboriginal people in British Columbia. Government of British Columbia. <http://www.health.gov.bc.ca/pho/pdf/abohlth11-var7.pdf>
- [32] National Aboriginal Health Organization. (2012). Health: Provincial conference targets mental health. *Aboriginal Health News, First Nations*. <http://www.naho.ca/blog/2012/01/31/health-provincial-conference-targets-mental-health/>
- [33] National Native Addiction Partnership Foundation. (2011). Honouring our strengths: A renewed framework to address substance use issues among First Nations people in Canada. [http://nnadaprenewal.ca/wp-content/uploads/2012/01/Honouring-Our-Strengths-2011\\_Eng1.pdf](http://nnadaprenewal.ca/wp-content/uploads/2012/01/Honouring-Our-Strengths-2011_Eng1.pdf)
- [34] Nebelkopf, E., & Phillips, M. (2004). *Healing and mental health for Native Americans*. California: AltaMira Press.
- [35] New Brunswick Department of Health. (2011). The action plan for mental health in New Brunswick 2011–18. Canadian Electronic Library; New Brunswick. Department of Health Folders. [http://www.gnb.ca/0055/pdf/2011/7379\\_english.pdf](http://www.gnb.ca/0055/pdf/2011/7379_english.pdf)
- [36] Northern Health Authority. (n.d.). What is rural? <http://www.northernhealth.ca/About/QuickFacts/default.asp>
- [37] 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*. <http://www.apa.org/pi/oema/resources/communique/2010/08/indigenous-mental-health.aspx>
- [38] O'Neill, L. K., (2009). Mental health support in northern communities: Reviewing issues on isolated practice and secondary trauma. *The International Electronic Journal of Rural and Remote Health Research, Education, Practice, and Policy*. Retrieved from: [http://www.rrh.org.au/publishedarticles/article\\_print\\_1369.pdf](http://www.rrh.org.au/publishedarticles/article_print_1369.pdf)
- [39] Oulanova, O. (2008). *Navigating two worlds: Experiences of Canadian mental health professionals who integrate Aboriginal traditional healing practices* (Master's thesis). UMI Dissertation Services.
- [40] Regehr, C., & Glancy, G. (2010). *Mental health social work practice in Canada*. Toronto, Canada: Oxford University Press.

- [41] 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*.  
[http://www.narmh.org/publications/archives/rural\\_frontier.pdf](http://www.narmh.org/publications/archives/rural_frontier.pdf)
- [42] 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*. <http://site.ebrary.com/lib/unbc/Doc?id=10443846&ppg=27>
- [43] Sinclair, R., Hart, M.A., & Bruyere, G. (2009). *Wichitowin: Aboriginal social work in Canada*. Winnipeg, Canada: Fernwood.
- [44] Smith, L. T. (2012). *Decolonizing methodologies: Research and Indigenous peoples* (2nd ed.). London, England: Zed Books.
- [45] Smye, V., & Mussell, B. (2001). Aboriginal mental health: 'What works best.' *Mental Health Evaluation & Community Consultation Unit*.  
[http://www.london.cmha.ca/data/1/rec\\_docs/1598\\_Aboriginal%20Mental%20Health%20What%20Works%20Best.pdf](http://www.london.cmha.ca/data/1/rec_docs/1598_Aboriginal%20Mental%20Health%20What%20Works%20Best.pdf)
- [46] Spanierman, L., & Poteat, V. (2005). Moving beyond complacency to commitment: Multicultural research in counselling psychology. *The Counselling Psychologist*, 33 (4), 513–523.
- [47] Stevenson, N. (2011). *Elders' stories of healing: A narrative inquiry into Indigenous and Western health systems working in tandem*.  
<http://library.unbc.ca:2192/refworks2/default.aspx?r=references|MainLayout::init>
- [48] Sutton, C. T., & Broken Nose, M. A. (2005). American Indian families: An overview. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity and family therapy* (3rd ed., pp. 43–54). New York, NY: The Guildford Press.
- [49] University of Victoria Centre for Aboriginal Health Research (n.d.). CIPHER.  
<http://cahr.uvic.ca/programs-research/programs/cipher/>
- [50] Waldram, J. B. (2004). *Revenge of the Windigo: The construction of the mind and mental health of North American Aboriginal peoples*. Toronto, Canada: University of Toronto Press.
- [51] 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.
- [52] Witko, T. M. (2006). *Mental health care for urban Indians: Clinical insights from Native practitioners*. Washington, DC: American Psychological Association.
- [53] World Health Organization. (2012). Mental health.  
[http://www.who.int/topics/mental\\_health/en/index.html](http://www.who.int/topics/mental_health/en/index.html)