Published by Te Rau Matatini, 2017

Strengthening Âhkamêyimo among Indigenous youth: The social determinants of health, justice, and resilience in Canada's north

Volume 2 | Issue 3

Article 7, December 2017

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Abstract

The wellbeing of Indigenous youth living in Canada's northern communities continues to lag behind the rest of the Canadian population. To a large extent, these health inequities are perpetuated by processes of colonisation that significantly impact the social determinants of health in Canada's Indigenous north. The purpose of this article is to review the history of colonisation and its impacts on the wellbeing of Indigenous youth in Canada's north, as well as processes of resilience that have helped Indigenous youth live healthy lives despite social challenges. Academic articles published between 2000 and 2016 outlining resilience from Indigenous perspectives are reviewed in the contexts of Canada's Indigenous north. Analysis focuses on what insights about resilience emerge from Indigenous communities, particularly as they related to the health inequities of circumpolar regions. The concept of *Âhkamêyimo* is discussed and how systems of Indigenous knowledge offer important insights into resilience in general, and can be utilised in health promotion, education, and prevention programs targeting Indigenous youth in northern Canada. We conclude that attention should be turned toward issues of social justice and health equity that are desperately needed in order to create healthy environments whereby Indigenous youth within northern Canadian communities can be assisted to flourish.

Keywords: Resilience, Indigenous youth, Canada, colonisation, mental health, social justice, social determinants of health.

Acknowledgements: We would like to acknowledge all the Indigenous youth in Canadian northern communities whose determination for wellness and resilience is a source of inspiration for all Canadians.

There is a growing respect and acknowledgement in Canada for Indigenous knowledge and Indigenous ways of being. As Saskatchewan Cree scholar and activist Priscilla Settee (2007) stated, "Traditional Indigenous knowledge systems promoted practices that were sustainable, community centered, and provided a good life within natural surroundings" (p. 7). Settee's push for the respect of Indigenous worldview and knowledge is consistent with recent expressions from the Truth and Reconciliation Commission of Canada (TRC) and the recommended calls to action (TRC, 2012, 2015). These concepts and voices are important, particularly for the coming years, as ethical research done alongside and with diverse Indigenous peoples will be necessary in order to fully address the numerous health and social issues facing Canadian Indigenous youth populations in northern communities. One area that is growing in Indigenous research and knowledge is the study of *Âhkamêyimo*—a Cree word meaning *resilience* or *perseverance* in the face of adversity—that some communities and Cree speakers use to describe the act of not giving up, to diligently continue to work at an objective, or to learn from what one is trying to do or accomplish.[1]

Studying *Âhkamêyimo* from an Indigenous perspective and understanding is crucial given that Indigenous youth populations of northern Saskatchewan and other circumpolar regions continue to disproportionally experience health inequities and social problems compared to other populations across Canada (Irvine, Quinn, & Stockdale, 2011; Waldram, Herring, & Young, 2006). It is now widely recognized that health and wellness in these Indigenous communities is strongly influenced by the social determinants of health. As Reading and Wien (2009) observed, "Social determinants influence a wide range of health vulnerabilities and capacities, health behaviours and health management" (p. 7) and can be categorised as: distal (historic, political, social, and economic contexts), intermediate (community infrastructure, resources, systems, and capacities), and proximal (health behaviours, physical, and social environments). While proximal determinants of he0alth represent the direct causes of health inequity among northern Indigenous communities, intermediate and distal determinants such as forces of colonisation, social inequalities, and systemic racism, can be thought of as the origin of those proximal determinants. Indeed, Reading and Wein outlined that "Distal determinants have the most profound influence on the health of populations because they represent political, economic, and social contexts that construct both intermediate and proximal determinants" (Reading & Wien, 2009, p. 22).

As a result of these social processes, Indigenous youth in circumpolar Canadian communities disproportionately face many day-to-day challenges, such as being raised in single parent homes, broken family units from domestic violence, inadequate housing and living conditions, lack of support for and or access to sport, culture, and recreational opportunities (MacMillan et al., 2010; Redvers et al., 2015; Richmond, 2009; Ruscio, Brubaker, Glasser, Hueston, & Hennessy, 2015). These youth also bear the brunt of the intergenerational effects of the collective traumas experienced by previous generations of family and communities (Kirmayer, 2014; Reading & Wien, 2009). Indeed, a large body of health research indicates a link between the historical and contemporary impacts of colonisation and the residential schools systems in Canada, and the high rates of alcohol and substance abuse, interpersonal violence, suicides, and mental illness and disorders experienced by Indigenous youth today (Brooks, Daschuk, Poudrier, & Almond, 2014; Corrado & Cohen, 2003; Gone, 2013; Kral et al., 2009; MacDonald, Ford, Willox, & Ross, 2013; Waldram et al., 2006; Young, Revich, & Soininen,

[1] While the authors of this article have chosen to focus on the Plains Cree concept of resilience, or *Âhkamêyimo*, it is important to note that concepts of resilience are understood differently across different Indigenous communities. For example, *Sheepaynimowin*, the Anishinaabe (Ojibway) term for resilience, is the act of being strong-willed and not giving up, a will that comes from within. This article primarily evokes the Plains Cree concept of *Âhkamêyimo* in particular, as it reflects the cultural background of the first author and that of the majority of the Indigenous youth that the authors work alongside. We also want to make reference to the northern Cree "th" dialect pronunciation of *Âhkamêthimo* and that this spelling might be preferred by some communities. We have chosen to use the "y" dialect throughout.

2015). All of these factors also render youth at increased risk for chronic stress and infectious health diseases, such as diabetes, HIV/AIDS, hepatitis, and respiratory illnesses (including tuberculosis; Allan & Smylie, 2015; Bombay, Matheson, & Anisman, 2014b; Wexler, Chandler et al., 2015; Wilson, Rosenberg, & Abonyi, 2011). Health interventions aimed at improving these situations are further mired by significant legislative gaps in health policy and jurisdictional ambiguities that plague Indigenous communities in Canada's north (Lavoie, 2013). Overall, the list of social ills and barriers to health facing Indigenous youth are well documented (Allan & Smylie, 2015; Brooks et al., 2014; Bombay, Matheson, & Anisman, 2014b; Canadian Council of Provincial Child and Youth [CCCYA], 2010; Goulet, Episkenew, Linds & Arnason, 2009; Karmali et al., 2005; Goulet, Linds, Episkenew, & Schmidt, 2011; National Council on Welfare, 2007; Stout, Kipling, & Aboriginal Healing Foundation, 2003).

Although there are many troubling contexts that negatively impact the health and wellbeing of Indigenous youth in Canada's northern communities, Indigenous youth immersed within such contexts also demonstrate remarkable processes of *Âhkamêyimo* as a means of survival and movement towards healing, wellness, and prosperity. In light of so many historical and contemporary challenges, this article explores how Indigenous young people navigate and negotiate *Âhkamêyimo* in northern Canadian communities. In so doing, we review the concept of *Âhkamêyimo* and how systems of Indigenous knowledge offer important insights into resilience in general, as well as some historical factors that have had a negative impact on contemporary Indigenous youth living in northern Saskatchewan in particular. This article will also demonstrate how *Âhkamêyimo* may be applied to and could assist northern Canadian health care systems in its policies and design of health prevention, education, and promotion programs for Indigenous youth. In the end, we also critique the unjust situations in Canada's north that lead to a need for resilience among Indigenous youth. With the inequitable social determinants of health that result from a colonised history of marginalisation, we conclude that attention be turned toward issues of social justice and health equity that are desperately needed in order to create healthy environments within which Indigenous youth in northern communities can flourish.

Colonisation: Past and Present

Indigenous peoples have inhabited Canada for thousands of years prior to European contact. Some authors suggest that approximately 10-15 thousand years ago, old world hunters are documented to have spread across the Americas, adjusting to new circumstances (Bone, 2012, p. 65). A majority of the peoples at this time were hunting, fishing, and gathering societies. Prior to European contact, there is evidence to suggest that Indigenous community structures were egalitarian, and drew on a rich history of spiritual traditions that focused on respect for eco-systems, honouring human relations with all beings. As Atimoyoo (1973) explained, "Cree society and its traditions originally thrived in the northern woodlands where the relative scarce resources prevented the evolution of large communities" and that "Cree peoples or nations consisted of widely dispersed and extended family networks which reinforced their collective identity by means of marriage bonds and periodic social or ceremonial gatherings" (p. 21).

With the introduction of European expansion into Canada, the fur trade introduced significant changes for Indigenous peoples and cultures. Bone (2012) observed that traditional Indigenous culture was severely impacted during this time and Indigenous culture was drawn "into a different economic system and cultural world" (p.79). In the years following the fur trade, Canada would move ahead with strong colonising institutions that enforced euro-centric ways of knowing and being. European culture, its values, beliefs, religions, education system, economy, and government, thus challenged and opposed Indigenous culture with different ways of knowing and being in the world, which subsequently created many serious health challenges for Indigenous communities (Daschuk, 2013).

In the years to follow, Canada's assimilation and colonisation policies and approaches would continue to have devastating impacts on Indigenous culture, worldviews, and ways of

knowing. Bourassa, McKay-McNabb, and Hampton (2004) provide a historical understanding of the oppression Indigenous people have undergone, and continue to experience. Euro-Canadian colonisation of Indigenous peoples of Canada is well documented with the overall aim being to displace the Indian and *kill the Indian in the child* (Bombay, Matheson, & Anisman, 2014a; Denham, 2008; Fast & Collin-Vézina, 2010; Waldram, 2014). Canadian assimilation policies displaced Indigenous people to reserves, and also enforced the removal of children from family units by placing them in residential schools. These policies continue to have substantial impacts on Indigenous peoples' culture and health outcomes (Grant, 1996). The residential school system, in particular, ensured that many Indigenous peoples were separated from their families and forbidden to practice their traditional forms of culture, spirituality, and language (Kirmayer, Gone, & Moses, 2014; Hatala, Desjardins, & Bombay, 2016; Stout et al., 2003; Wesley-Esquimauc & Smolewski, 2004). Indeed, as Bourassa, McKay-McNabb, and Hampton (2004) observe, "Epidemiologists suggest that many of these [current] chronic health conditions are the result of forced acculturation, imposed on Indigenous peoples," most notably the residential school system (p. 23).

Social shifts occurred in the 1960's when Indigenous people began to formally organise and bring about awareness of Indigenous rights and of the importance of honouring Indigenous perspectives of the original treaty relationships. Indigenous communities continue to initiate movements toward revitalising their culture and ways of knowing and being. Indigenous scholars, lawyers, business people, social workers, and doctors are now starting to examine issues and processes of decolonisation (Adelson, 2005; Battiste, 2000). Today more Canadians are versed in the injustices faced by Indigenous peoples, and the Truth and Reconciliation Commission of Canada has done great work in recent years in helping to bring the awareness of historical abuses and colonisation to the broader Canadian public (TRC, 2015; Hatala et al., 2016; Health Canada, 2015). As a result, there are now movements towards greater understanding of traditional and cultural Indigenous ways of being, doing, and knowing, in both the broader Canadian society in general and academia and health care in particular. While there are small changes occurring in health care, academic, and broader societal contexts in Canada, colonisation continues to have significant impacts on the economic, social, cultural, and spiritual lives of Canadian Indigenous peoples.

It is important to note that colonisation is not just a process that happened in the past, but is ongoing in the present, enacted in relationships of power and privilege that directly impact the social determinants of health today (Neckoway, Brownlee, Jourdain, & Miller, 2003; Wesley-Esquimaux & Smolewski, 2004). Compared to non-Indigenous youth, for instance, Indigenous youth disproportionately experience child welfare involvement, poverty, exploitation, poor housing and homelessness, and inadequate living conditions (CCCYA, 2010; National Council on Welfare, 2007). The child welfare system, in particular, which is a direct consequence of the destruction of families through the residential school system, also presents a key risk factor to increased Indigenous youth mental health concerns, homelessness, attachment disorders, juvenile criminality (Neckoway et al., 2003; Trevethan, Moore, Auger, MacDonald, & Sinclair, 2002), as well as low educational attainment and poverty (Totten, 2009). A report on health disparities in Saskatoon also outlines a bleak and dreary statistic about Canada's First Nations peoples being "more likely to experience poor health outcomes in essentially every indicator possible" (Neudorf & Lemstra, 2008, p. 27).

The rippling effects of the trauma and rupture caused by historical and contemporary colonial policies have served to reinforce or seemingly legitimize racist stereotypes about Indigenous peoples. In many ways, Indigenous youth living in northern contexts are on the 'front-lines' of experiencing the stereotypes, prejudices, stigma, and discriminatory behaviours of non-Indigenous Canadians (Hatala, Reid, King, & Freeman, 2016; Kirmayer, 2014). For instance, commonly held stereotypic images of Indigenous people being lazy and incompetent, alcoholics, or getting 'breaks' or 'freebies' from the government (Bombay et al., 2014; Clark, Spanierman, Reed, Soble, & Cabana, 2011), reinforce societal

discriminatory behaviours towards Indigenous peoples in Canada and are associated with their increased risk for mental health problems (Bombay, Matheson, & Anisman, 2010; Whitbeck, Chen, Hoyt, & Adams, 2004). Due to the widespread stereotypes and societal stigma associated with Indigenous identity, youth within northern contexts are particularly prone to internalized stigma which can also have negative consequences for health and wellbeing (LaRusch et al., 2008; Loufty et al., 2012; Louma, Kohlenberg, Hayes, Bunting, & Rye, 2008; Priest et al., 2013; West, Yanos, Smith, Roe, & Lysaker, 2012). These complex social realties perpetuate systems of discrimination that have further impacts on identity and the levels of embodied stress experienced by Indigenous youth in Canada (Bombak & Bruce, 2012; Kemmis, 2001).

The Northern Saskatchewan 2011 Health Indicators Report shows consistent poor economic outcomes and challenges faced by Northern Saskatchewan residents (Modupalli, Cushon, & Neudorf, 2013). For instance, in northern Saskatchewan, the median income dropped by $160.00 between the 2000 – 2005 time periods, further increasing the disparity in income between northern and southern Saskatchewan. Likewise, education levels are dramatically lower in northern Saskatchewan, with the region having "more than double the provincial rates of individuals without a certificate, diploma, or degree in 2006" (Modupalli et al., 2013, p. 46).

Moreover, for the latest period between 2005 and 2009, the suicide rate in Keewatin Yatthe and Mamawetan Churchill River health authorities was five times higher than the provincial rate (Modupalli et al., 2013). Sadly too, these social conditions can foster a sense of hopelessness among Indigenous youth that perpetuate heightened "epidemic" levels of suicide in many northern reserve communities (Redvers et al., 2015; Young et al., 2015; Elias et al., 2012).

The experience of poorer health outcomes is one of the major reasons why understanding *Âhkamêyimo* among Indigenous youth and building upon these understandings, particularly in northern settings where the health disparities are the greatest, is of central importance. When many of the social determinants of health are inequitable, or when communities are not provided with adequate resources and approaches to support health, disparities and challenges persist. For the purposes of situating the discussion on Indigenous youth *Âhkamêyimo*, it is important to be aware of the above factors that place northern Saskatchewan Indigenous people, particularly youth, at risk of a poorer health status and outcomes.

Âhkamêyimo: Indigenising Resilience

Although not without a toll, it is a testament to the strength and resilience of Canadian Indigenous peoples that they endure the difficult history of colonisation. As a process that supports health outcomes, resilience is generally defined as an ability, both at individual and community levels, to do well or even thrive in contexts of difficulty (Hatala, 2011; Hatala, Waldram, & Crossley, 2013; Masten, 2015; Tousignant & Sioui, 2009; Ungar, 2008). Although resilience science has generated many insights regarding patterns of positive adaptation in the midst of or following significant stress, perspectives of resilience from mainstream western knowledge frameworks have undergone criticism due to the limited extent to which they extend beyond the scope of privilege based on race/ethnicity, class, sex/gender, and concomitant factors such as educational opportunity. Several researchers have thus advocated for cultural contextual models in studies of resilience, especially within the contexts of Indigenous communities (Hatala, Bird-Naytowhow, Pearl, Judge, Sjoblom & Leibenberg, 2017; Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011; Tousignant & Sioui, 2009; Ungar, 2008; Wexler, DiFluvio, & Burke, 2009).

Rather than looking at "adversity," "trauma" or "risk" in relation to specific catastrophes as is common in resilience literature (Bonanno, 2004), research with Indigenous populations more frequently involves reference to ongoing "microaggressions" such as the structural violence, racism, marginalization, and discrimination that are substantiated by the many years of colonisation. Another common feature within these contexts and populations involves

moving beyond resilience as a process of returning to a previous state (i.e., springing back), to the idea of transformation and adaptation into something new (Kirmayer et al., 2011). The concept of resilience is also employed to investigate how marginalized youth populations develop practices to ensure their own survival within difficult situations. In these contexts, research consistently suggests the importance of considering the interrelationship between the socio-ecological contexts in which youth find themselves and the processes of identity development which youth engage with in direct response to these contexts (Chen, Lau, Tapanyas, & Cameron, 2012; Williams, Lindsay, Kurtz, & Jarvis, 2010). Re-conceptualizing youth behaviour that may conventionally be termed 'delinquent' as resilient suggests that young people endorse practices associated with delinquency as 'healthy adaptations' through which they endure difficult personal circumstances (Bottrell, 2007; Theron & Malindi, 2010; Liebenberg, Ungar, & Ikeda, 2013). Consequently, the concept of *Âhkamêyimo* becomes particularly useful for understanding how Indigenous youth practice resilience in the face of difficult circumstances.

In her exploration of Indigenous Youth Risk and Resilience, Du Hammel (2003) argued that social factors that contribute to Indigenous youth resilience include, "the consistency of their emotional well-being, the influence exerted on them by peers and family, participation in group activities, their home environment, their surrounding physical environment, and the experience they have in educational institutions" (p. 214). In this holistic approach to Indigenous youth resilience, Du Hammel further observed that an Indigenous worldview involving a belonging or connectedness to the land is central to fostering the health and resilience of Indigenous youth (Du Hammel, 2003). *Âhkamêyimo* can include spending time on the trap line with family, learning skills such as snaring, or navigating the local environment through the changing seasons, fostering mastery of skills and a relationship with the land and family. "Because of economic hardships," Du Hammel asserts "there is cultural futility within the space of living of Native youth that breaks harmony within themselves" (Du Hammel, 2003, p. 214). Today, Du Hammel continues, "Native youth have to reconnect themselves with their land and Elders so that there is transference of knowledge which our people knew intimately from time immemorial" and that "What's happened today to Native youth is that this connection has been shattered between their cultural self, spiritual self, and the land" (p. 214). Du Hamel's analysis and presentation of an Indigenous concept of *Âhkamêyimo* is built upon a foundation of strong cultural identity, spiritual identity, and a reciprocal respect and connection to the land.

Understandings of resilience emerging from research with Indigenous populations not only strengthen the importance of a dynamic interaction between an individual, their culture and community (Ungar, 2004; 2008), but also consider the whole state of the person when describing well-being — a balance among physical, cultural, emotional, and spiritual domains (Kirmayer, Sehdev, & Isaac, 2009; Lafferty, 2012). In Lafferty's study entitled "Building Resiliency Among Aboriginal Youth" the concept of "*Dq Edazlı*" is referenced as describing a person who is capable, skillful, and knowledgeable; a person who has the skills needed to survive in the world in the traditional Dene sense, and is connected spiritually and emotionally to a strong sense of belonging and relationship to the environment (Lafferty, 2012, p. 217).

The concept of connections to the land resonate here and are important because traditional Elders in the Northern area of Sandy Bay Saskatchewan, for example, specifically assert that being connected to the land and being resourceful for survival is resilience (Hatala, Reid, King, & Freeman, 2016). By being connected to the land, Indigenous young people in Canada's north learn to build mastery of skills in several areas, including: fishing, being proud of knowing where and how to set fishing nets; trapping, knowing where and how to track game and having respect for the timing of when to hunt and how to hunt; berry and medicine picking, knowing where and when to pick plants, berries, and herbs. Indeed, Lafferty observes that northern Dene youth who participate in traditional activities which focus on respect to the land, skill development, and Dene teachings, had a positive impact on academic

indicators, parent feedback, and staff comments (Lafferty, 2012). Furthermore, Dene students who enrolled in Dene leadership and resiliency programs also showed improved school attendance, decreased office referrals, and improvements in language arts and math (Lafferty, 2012). Observations about implementing programs which honoured northern traditional ways of Indigenous knowing from institutional staff included school validations of and for students' Indigenous culture, which "helps them to be aware that their culture is important and has a place in all aspects of their educational life. This brings to the classroom the accomplishment of their family, their community, and their ancestors (Lafferty, 2012, p. 222). This knowledge and mastery of skills fosters resilience and nurtures a sense of reciprocity with and respect for the land (Brendtro, Brokenleg, & Van Bockern, 2005). McGuire (2013) also discusses how Anishinaabe (Ojibway) land-based knowledge, or *Eshkakimikwe-Kendaaswin*, is a distinct form of Indigenous resilience, teaching respect and contemplation of the natural world as a healing place, "[helping] us remember our resilience and our responsibilities to Anishinaabe Aki (Anishinaabe earth) …[and] is one of the paths that you can use to get back to your Self" (p. 84).

When participating in traditional activities such as berry or medicine picking, connections are also being fostered with the Elders and traditional knowledge keepers of the community that further support a spiritual worldview and practice (Hatala et al., 2016; Ramierez & Hammack, 2014). When picking medicine with Elders, they often lay down an offering of tobacco and say a small prayer in gratitude for the medicines before picking them. This respect for the land and the gratitude given fosters an overall feeling of spirituality and positivity and a feeling of living a good life (Hatala, 2008). These traditional practices were done to help build a sense of caring and respect for the land, and as youth participate in these practices, they engender a sense of pride and inner well-being, a caring for the land and in some sense, a natural and mutual feeling of being nurtured and cared for by the land (Hatala et al., 2016; Tousignant & Sioui, 2009). Such traditional practices and ways of being are essential for strengthening *Âhkamêyimo* among Indigenous communities in Canada's north. Implementing health promotion programs which are community centered and implemented with respect for Indigenous knowledge systems as outlined by Lafferty and others are central to improving the health and well-being of Indigenous youth in northern communities.

Much of the research on health and resilience in Indigenous communities recognizes that traditional forms of culture can support goals of healing, decolonisation, and resilience (Sinclair & Grekul, 2012; Trevethan et al., 2002). Our previous work looking into the relationships between resilience and Indigenous youth health and wellness testifies to the importance of culture and spirituality in aspects of and programs for health promotion (Hatala et al., 2016; Hatala, 2008). Andersson and Ledogar (2008) also reviewed several studies on resilience among Canadian Indigenous youth and found that personal assets were associated with individual resilience as evident in the general literature, but the factor of pride in one's cultural heritage came out as uniquely significant (Andersson & Ledogar, 2008). Indeed, research now links cultural connections and continuity with resilience outcomes and processes among Indigenous populations in circumpolar regions (Kirmayer, 2014; Kirmayer et al., 2009; Wexler, 2014). The term "cultural continuity," or the degree to which a community engages in actions symbolic of their sense of community as a cultural group, can function as a powerful protective factor for many behavioural health problems within Indigenous communities. These processes are also linked to what Kirmayer and colleagues (2012) referred to as collective identity; a sense of pride in history and traditional culture that are fostered by modes of traditional storytelling, connections to traditional Indigenous languages, relationships to the land and sacred place, and spirituality (Currie, Wild, Schopflocher, Laing, & Veugelers, 2013; Kirmayer et al., 2012; Liebenberg, Ikeda, & Wood, 2015; Stout & Kipling, 2003). Health Canada similarly states that "A stronger emphasis on prevention and the promotion of culture-based strengths (e.g., activities that facilitate an understanding of a First Nations worldview, language, and culture) can enhance the skills and knowledge of individuals, families, and

communities, thereby improving wellness at all levels" (Health Canada, 2015, p. 15). In these contexts, suicide rates fall, fewer children are taken into care, school completion rates rise, and rates of intentional and unintentional injury decrease (Kirmayer et al., 2009). Cultural continuity with traditional worldviews is commonly linked to positive outcomes and resilience, including less involvement with the criminal justice system and decreased recidivism rates (Naclia, 2009). Indeed, Chandler and Lalonde's (1998) work in particular informs us that resilience among Indigenous youth is intricately connected with aspects of Indigenous culture, which validates the findings that culturally-based health intervention programs are the ones proving to be most effective for and with Indigenous communities (Kirmayer et al., 2009; Chandler & Lalonde, 1998). To support First Nations and Métis health outcomes, recognition needs to be given to the importance of family, Indigenous history, and culture as pathways to resilience and healing, and the historical contexts of colonialism and oppression that continually impact the social determinants of health.

The Unjust Necessity of *Âhkamêyimo*

The evidence base around resilience and effective interventions to promote the health and well-being of Indigenous youth has grown in recent years. Although important, this evidence is, in many ways, limited to assisting Indigenous youth cope with existing health inequities that are perpetuated by distal and intermediate social determinants of health (Reading & Wien, 2009). Therefore, we must question why youth are in need of *Âhkamêyimo* in such contexts. As previously mentioned, *Âhkamêyimo* is the act of not giving up and or to diligently continue working at an objective. It is clear that Indigenous youth in northern communities demonstrate resilience and there are important strengths within northern communities that support their health and well-being, but at the same time it is also important to question why is there a need for Indigenous youth to be resilient in the first place. If economic conditions and the many social determinants of health at distal, intermediate, and proximal levels improved in Canada's northern communities, then the necessity for *Âhkamêyimo* among Indigenous youth would decline. Thus, we feel it is important to critically question and argue that Indigenous youth should not have to be resilient and such processes of *Âhkamêyimo* become a necessity only in unjust social contexts. The goal here may involve a shift from the need for *Âhkamêyimo,* to not give up or persevere through difficult circumstances and societal injustices, to the promotion of *sohkastwâwin*—another Plains Cree term often used to describe the act of being strong in all ways, including strong in body, strong in mind, and strong in heart. In this sense, strengthening resilience does not only centre around how Indigenous youth react or cope with difficult circumstances, but instead fosters their strength in body, mind, and heart by empowering them to change the environments that surround and influence them. Social programs, health policies, and Canadian society at large have a collective responsibility to address the injustices that perpetuate the needs for *Âhkamêyimo,* and such actions must emerge from a recognition of the interconnectedness of Canadian society—and indeed the entire planet—that we are one human family, a family with some members unjustly suffering more than others. Canada's divisive colonial history and politics of disunity and social injustice limit the extent to which this vision can be realized. Indeed, as Guilfoyl (2015) argued, if the rates of suicide that have plagued reserve communities—especially in Canada's circumpolar north—occurred in major urban centres such as Ottawa, Ontario and among different populations, Canadian society as a whole would no doubt swiftly declare a state of emergency and demand that the necessary resources and mental health supports be available to mitigate the problem (Guilfoyl, 2015). Yet, in Canada's Indigenous north, we see discourses of Indigenous health focused on resilience rather than calls for collective action to change the structural, economic, political, and social conditions that foster the staggering health inequities that are perpetuated today. As Guilfoyl (2015) further observed,

> A just and civilized society is measured by how the weakest and most vulnerable are encouraged and assisted to reach their highest potential. We all benefit from this. This is not a patronizing, patriarchal, post-colonial, top-down process, but

> a partnership in which we realize that currently marginalized populations have gifts, a worldview, a culture, a heritage, and a spiritual capacity that enrich us all. (p. 834)

The recent recommendations and Calls to Action of the Truth and Reconciliation Commission can set the tone for the dramatic changes needed in Canada's north (TRC, 2012; 2015). The recent work of the National Collaborating Centre for Aboriginal Health (2016) can further assist in this process towards a more just system for Indigenous youth. We impel health researchers working in varying contexts and with differing training in the health sciences to equip themselves with these reports and principles and work for social justice such that we no longer rely on the resilience, courage, and bravery of Indigenous youth. For the time being, however, there is a desperate need to foster and learn about health promoting programs that support the *Âhkamêyimo* of Indigenous youth—hopefully not for too long.

Implications for Practice and Social Justice

The literature reviewed here presents evidence to support the integration of Indigenous understandings of resilience into policies and programs that aim to improve the wellbeing of Indigenous youth in Canada overall, and in northern communities in particular. We thus argue that interventions which integrate Indigenous concepts of resilience such as *Âhkamêyimo* will have a greater impact by facilitating consideration of approaches to counter the distal and intermediate determinants of health that are at the root of the health inequities we observe in Canada's Indigenous communities today. Moreover, the incorporation of Indigenous perspectives on resilience into the design and implementation of such interventions will ensure that approaches are grounded in the cultural values of Indigenous communities and have greater, more meaningful involvement of the youth they intend to impact. Projects such as *N'we Jinan*, for example, aim to project Indigenous youths' voices on issues and topics relevant to them in their communities. Meaning "Our home" in Cree, the *N'we Jinan* project works with schools and youth centres across Indigenous communities in North America to explore youth-driven issues including topics such as the challenges of living in northern communities, missing and murdered Indigenous women and girls, pride in Indigenous culture and identity, and youths' dreams and hopes for the future. The goal of this project is to give voice to the youth of Indigenous communities for the purpose of promoting positive messaging, cultural identity, healing, resilience, community engagement, and collective voice. Instead of programs and policies that aim to assist Indigenous youth in coping with the inequities they face, approaches that instead aim to tackle societal injustices youth face will ultimately contribute to the promotion of *sohkastwâwin,* or strength in mind body or heart, and hopefully do away with the unjust necessity for *Âhkamêyimo.*

References

Adelson, N. (2005). The embodiment of inequity: Health disparities in Aboriginal Canada. *Canadian Journal of Public Health/Revue Canadienne de Sante'e Publique*, *96*(Suppl 2), S45-S61.

Allan, B., & Smylie, J. (2015). *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada*. Toronto, Canada: Wellesley Institute.

Andersson, N., & Ledogar, R. J. (2008). The CIET Aboriginal youth resilience studies: 14 years of capacity building and methods development in Canada. *Pimatisiwin*: *A Journal of Aboriginal and Indigenous Community Health, 6*(2), 65-88.

Atimoyoo, S. (1973). Elders aid efforts to retain culture. *Saskatchewan Indian*, *3*(12), 11. Retrieved from http://www.sicc.sk.ca/archive/saskindian/a73dec11.htm

Battiste, M. (2011). *Reclaiming Indigenous voice and vision*. Vancouver, Canada: UBC Press.

Bombak, A. E., & Bruce, S. G. (2012). Self-rated health and ethnicity: focus on indigenous populations. *International Journal of Circumpolar Health*, *71*, 1-10.

Bombay, A., Matheson, K., & Anisman, H. (2010). Decomposing identity: Differential

relationships between several aspects of ethnic identity and the negative effects of perceived discrimination among First Nations adults in Canada. *Cultural Diversity and Ethnic Minority Psychology*, *16*(4), 507-516.

Bombay, A., Matheson, K., & Anisman, H. (2014a). Appraisals of discriminatory events among adult offspring of Indian residential school survivors: The influences of identity centrality and past perceptions of discrimination. *Cultural diversity and ethnic minority psychology*, *20*(1), 75-86.

Bombay, A., Matheson, K., & Anisman, H. (2014b). The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma. *Transcultural Psychiatry*, *51*(3), 320-338.

Bonanno, G. A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? *American psychologist*, *59*(1), 20–28.

Bone R. (2012). The Canadian North, issues and challenges (4th ed.). Oxford, MA: Oxford University Press.

Bottrell, D. (2007). Resistance, resilience and social identities: Reframing 'problem youth' and the problem of schooling. *Journal of Youth Studies*, *10*(5), 597-616.

Bourassa, C., McKay-McNabb, K., & Hampton, M. (2004). Racism, sexism and colonialism: The impact on the health of Aboriginal women in Canada. *Canadian Woman Studies*, *24*(1), 23-29.

Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (2005). The Circle of Courage and Positive Psychology. *Reclaiming Children & Youth*, *14*(3), 130-136.

Brooks, C. M., Daschuk, M. D., Poudrier, J., & Almond, N. (2014). First Nations youth redefine resilience: Listening to artistic productions of 'Thug Life' and hip-hop. *Journal of Youth Studies*, *18*(6), 706-725.

Canadian Council of Provincial Child and Youth [CCCYA]. (2010). Aboriginal children and youth in Canada: Canada must do better. Retrieved from http://www.cccya.ca/images/english/pdf/aboriginal_children_youth_advocates_position_paper_2010.pdf

Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural psychiatry*, *35*(2), 191-219.

Chen, J., Lau, C., Tapanya, S., & Cameron, C. A. (2012). Identities as protective processes: socio-ecological perspectives on youth resilience. *Journal of Youth Studies*, *15*(6), 761-779.

Clark, D. A., Spanierman, L. B., Reed, T. D., Soble, J. R., & Cabana, S. (2011). Documenting Weblog expressions of racial microaggressions that target American Indians. *Journal of Diversity in Higher Education*, *4*(1), 39-50.

Corrado, R. R., & Cohen, I. M. (2003). *Mental health profiles for a sample of British Columbia's Aboriginal survivors of the Canadian residential school system*. Ottawa, Canada: Aboriginal Healing Foundation.

Currie, C. L., Wild, T. C., Schopflocher, D. P., Laing, L., & Veugelers, P. (2013). Illicit and prescription drug problems among urban Aboriginal adults in Canada: the role of traditional culture in protection and resilience. *Social Science & Medicine*, *88*, 1-9.

Daschuk, J. W. (2013). *Clearing the plains: Disease, politics of starvation, and the loss of Aboriginal life* (Vol. 65). Regina, Canada: University of Regina Press.

Denham, A. R. (2008). Rethinking historical trauma: Narratives of resilience. *Transcultural Psychiatry*, *45*(3), 391-414.

Du Hamel, P. (2003). Aboriginal youth: Risk and resilience. *Native Social Work Journal, 5*, 213-224.

Elias, B., Mignone, J., Hall, M., Hong, S. P., Hart, L., & Sareen, J. (2012). Trauma and suicide behaviour histories among a Canadian indigenous population: an empirical exploration of the potential role of Canada's residential school system. *Social Science & Medicine*, *74*(10), 1560-1569.

Fast, E., & Collin-Vézina, D. (2010). Historical trauma, race-based trauma and resilience of indigenous peoples: A literature review. *First Peoples Child & Family Review*, *5*(1), 126-136.

Fleming, J., & Ledogar, R. J. (2008). Resilience, an evolving concept: A review of literature relevant to Aboriginal research. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 6*(2), 7-24.

Gone, J. P. (2013). Redressing First Nations historical trauma: Theorizing mechanisms for indigenous culture as mental health treatment. *Transcultural Psychiatry*, *50*(5), 683-706.

Goulet, L., Episkenew, J., Linds, W., & Arnason, K. (2009). Rehearsing with reality: Exploring health issues with Aboriginal youth through drama. In S. McKay, D. Fuchs, I. Brown (Eds.), *Passion for action in child and family services: Voices from the prairies* (pp. 99-118). Regina, Canada: Canadian Plains Research Center.

Goulet, L., Linds, W., Episkenew, J. A., & Schmidt, K. (2011). Creating a space for decolonization: Health through theatre with Indigenous youth. *Native Studies Review*, *20*(1), 89-116.

Grant, A. (1996). *No end of grief: Indian residential schools in Canada*. Winnipeg, Canada: Pemmican Publications.

Guilfoyle, J. (2015). Out of sight, out of mind. *Canadian Family Physician*, *61*(10), 833-834.

Hatala, A. R., Reid, M., King, M., & Freeman, J. (2016). *Health behaviour in school-aged children (HSBC): Understanding adolescents in Saskatchewan*. Saskatchewan, Canada: Report presented to Saskatchewan Ministry of Education.

Hatala, A. R. (2008). Spirituality and aboriginal mental health: an examination of the relationship between Aboriginal spirituality and mental health. *Advances in mind-body medicine*, *23*(1), 6-12.

Hatala, A. R. (2011). Resilience and healing amidst depressive experiences: An emerging four-factor model from emic/etic perspectives. *Journal of Spirituality in Mental Health*, *13*(1), 27-51.

Hatala, A. R., Bird-Naytowhow, K., Pearl, T., Judge, A., Sjoblom, E., & Leibenberg, L. (2017). "I have strong hope for the future": Time orientations and resilience among Canadian Indigenous youth. *Qualitative Health Research, 27*(9), *1330-1344*.

Hatala, A. R., Desjardins, M., & Bombay, A. (2016). Reframing narratives of Aboriginal health inequity exploring Cree Elder resilience and well-being in contexts of historical trauma. *Qualitative Health Research*, *26*(14), 1911-1927.

Hatala, A. R., Waldram, J. B., & Crossley, M. (2013). Doing resilience with "half a brain:" Navigating moral sensibilities 35 years after hemispherectomy. *Culture, Medicine, and Psychiatry*, *37*(1), 148-178.

Health Canada. (2015). *First Nations mental wellness continuum framework*. Retrieved from http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_mental/2014-sum-rpt-continuum/index-eng.php

Irvine, J., Quinn, B., & Stockdale, D. (2011). Northern Saskatchewan health indicators report. Retrieved from http://www.populationhealthunit.ca

Karmali, S., Laupland, K., Harrop, A. R., Findlay, C., Kirkpatrick, A. W., Winston, B., … Hameed, M. (2005). Epidemiology of severe trauma among status Aboriginal Canadians: a population-based study. *Canadian Medical Association Journal*, *172*(8), 1007-1011.

Kemmis, S. (2001). Exploring the relevance of critical theory for action research: Emancipatory action research in the footsteps of Jurgen Habermas. In P. Reason & H. Bradury (Eds.), *Handbook of Action Research: Participative Inquiry and Practice* (pp. 91-102). London, UK: Sage.

Kipling, G. D., & Aboriginal Healing Foundation (Canada). (2003). *Aboriginal people, resilience and the residential school legacy*. Ottawa, Canada: Aboriginal Healing Foundation.

Kirmayer, L. J. (2014). The health and well-being of Indigenous youth. *Acta Pædiatrica*, *104*(1), 2-4.

Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Williamson, K. J. (2011). Rethinking resilience from indigenous perspectives. *The Canadian Journal of Psychiatry*, *56*(2), 84-91.

Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Williamson, K. J. (2012). Toward an ecology of stories: Indigenous

perspectives on resilience. *The social ecology of resilience* (pp. 399-414). New York, NY: Springer.

Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking historical trauma. *Transcultural Psychiatry*, *51*(3), 299-319.

Kirmayer, L. J., Sehdev, M., & Isaac, C. (2009). Community resilience: Models, metaphors and measures. *International Journal of Indigenous Health*, *5*(1), 62-117.

Kral, M. J., Wiebe, P. K., Nisbet, K., Dallas, C., Okalik, L., Enuaraq, N., & Cinotta, J. (2009). Canadian Inuit community engagement in suicide prevention. *International Journal of Circumpolar Health*, *68*(3), 291-308.

Lafferty, D. (2012). Dǫ Edàezhe: Building resiliency among Aboriginal youth. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, *10*(2), 217-230.

Lavoie, J. G. (2013). Policy silences: why Canada needs a National First Nations, Inuit and Métis health policy. *International journal of circumpolar health*, *72*, 1-7.

Lemstra, M., & Neudorf, C. (2008). *Health disparity in Saskatoon: Analysis to intervention* (p. 261). Saskatoon, Canada: Saskatoon Health Region.

Liebenberg, L., Ungar, M., & Ikeda, J. (2013). Neo-liberalism and the responsibilisation in the discourse of social service workers. *British Journal of Social Work, 45*(3), 2-16.

Liebenberg, L., Ikeda, J., & Wood, M. (2015). "It's just part of my culture": Understanding language and land in the resilience processes of Aboriginal youth. *Youth resilience and culture* (pp. 105-116). Netherlands: Springer.

Luoma, J. B., Kohlenberg, B. S., Hayes, S. C., Bunting, K., & Rye, A. K. (2008). Reducing self-stigma in substance abuse through acceptance and commitment therapy: Model, manual development, and pilot outcomes. *Addiction Research & Theory*, *16*(2), 149-165.

MacDonald, J. P., Ford, J. D., Willox, A. C., & Ross, N. A. (2013). A review of protective factors and causal mechanisms that enhance the mental health of Indigenous Circumpolar youth. *International Journal of Circumpolar Health*, *72*, 1-18.

MacMillan, H. L., Jamieson, E., Walsh, C., Boyle, M., Crawford, A., & MacMillan, A. (2010). The health of Canada's Aboriginal children: Results from the First Nations and Inuit regional health survey. *International Journal of Circumpolar Health*, *69*(2), 158.

Masten, A. S. (2015).*Ordinary magic: Resilience in development*. New York, NY: Guilford Publications.

McGuire, P. (2013). *Anishinaabe giikeedaasiwin – Indigenous knowledge: an exploration of resilience* (Doctoral dissertation). Retrieved from https://ecommons.usask.ca/handle/10388/ETD-2013-09-1212

Modupalli, K., Cushon, J., & Neudorf, C. (2013). 2010/2011 *Student health survey: Evidence for action.* Retrieved from https://www.saskatoonhealthregion.ca/locations_services/Services/Health-Observatory/Documents/Reports-Publications/studenthealthsurveyReportFINAL.pdf

Naclia, K. (2009). *Culturally-specific correctional programming: A qualitative analysis of the CSC program 'In search of your warrior.'* (Unpublished Master's thesis). University of Regina, Regina, Saskatchewan, Canada.

National Collaborating Centre for Aboriginal Health. (2016). *Transforming our realities: The determinants of health and Indigenous Peoples - Proceedings report*. Prince George, BC: National Collaborating Centre for Aboriginal Health.

National Council on Welfare. (2007). *First Nations, Métis and Inuit children and youth: Time to act.* Retrieved from http://publications.gc.ca/collections/collection_2007/hrsdc- rhdsc/HS54-1-2007E.pdf

Neckoway, R., Brownlee, K., Jourdain, L. W., & Miller, L. (2003). Rethinking the role of attachment theory in child welfare practice with Aboriginal people. *Canadian Social Work Review/Revue Canadienne de Service Social*, *20*(1), 105-119.

Priest, N., Paradies, Y., Trenerry, B., Truong, M., Karlsen, S., & Kelly, Y. (2013). A systematic review of studies examining the relationship between reported racism and health and

wellbeing for children and young people. *Social Science & Medicine*, *95*, 115-127.

Ramirez, L. C., & Hammack, P. L. (2014). Surviving colonization and the quest for healing: Narrative and resilience among California Indian tribal leaders. *Transcultural Psychiatry*, *51*(1), 112-133.

Reading, C., & Wien, F. (2009). *Health inequalities and social determinants of Aboriginal Peoples' health*. Prince George, Canada: National Collaborating Centre for Aboriginal Health.

Redvers, J., Bjerregaard, P., Eriksen, H., Fanian, S., Healey, G., Hiratsuka, V., … Chatwood, S. (2015). A scoping review of Indigenous suicide prevention in circumpolar regions. *International Journal of Circumpolar Health*, *74*, 1-10.

Richmond, C. A. (2009). The social determinants of Inuit health: a focus on social support in the Canadian Arctic. *International Journal of Circumpolar health*, *68*(5), 471-487.

Rusch, M. L., Shoveller, J. A., Burgess, S., Stancer, K., Patrick, D. M., & Tyndall, M. W. (2008). Preliminary development of a scale to measure stigma relating to sexually transmitted infections among women in a high risk neighbourhood. *BMC women's health*, *8*(1), 1.

Ruscio, B. A., Brubaker, M., Glasser, J., Hueston, W., & Hennessy, T. W. (2015). One Health–a strategy for resilience in a changing arctic. *International Journal of Circumpolar Health*, *74*, 1-10.

Settee, P. (2007). Pimatisiwin: Indigenous knowledge systems, our time has come (Doctoral dissertation). Retrieved from https://ecommons.usask.ca/handle/10388/etd-04302007-084445

Sinclair, R. (2012). Aboriginal youth gangs in Canada: (de) constructing an epidemic. *First Peoples Child & Family Review*, *7*(1), 8-28.

Stout, M., Kipling, G., & Aboriginal Healing Foundation. (2003). *Aboriginal people, resilience and the residential school legacy* (Aboriginal Healing Foundation research series). Ottawa, Canada: Aboriginal Healing Foundation.

Theron, L. C., & Malindi, M. J. (2010). Resilient street youth: A qualitative South African study. *Journal of Youth Studies*, *13*(6), 717-736.

Totten, M. (2009). Aboriginal youth and violent gang involvement in Canada: Quality prevention strategies. *IPC (Institute for the Prevention of Crime) Review*, *3*, 135-156.

Tousignant, M., & Sioui, N. (2009). Resilience and Aboriginal communities in crisis: Theory and interventions. *International Journal of Indigenous Health*, *5*(1), 43-61.

Trevethan, S., J. Moore, S. Auger, M. MacDonald, & J. Sinclair. (2002). Childhood experiences affect Aboriginal offenders. *Forum on Corrections Research, 14*(3), 7-9.

Truth and Reconciliation Commission of Canada. (2012). *They came for the children: Canada, Aboriginal Peoples, and residential schools*. Retrieved from http://www.trc.ca/websites/trcinstitution/index.php?p=580

Truth and Reconciliation Commission of Canada. (2015). *Honoring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Exec_Summary_2015_05_31_web_o.pdf

Ungar, M. (2004). A constructionist discourse on resilience multiple contexts, multiple realities among at-risk children and youth. *Youth & society*, *35*(3), 341-365.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work*, *38*(2), 218-235.

Waldram, J. B. (2014). Healing history? Aboriginal healing, historical trauma, and personal responsibility. *Transcultural Psychiatry*, *51*(3), 370-386.

Waldram, J. B., Herring, A., & Young, T. K. (2006). *Aboriginal health in Canada: historical, cultural, and epidemiological perspectives*. Toronto, Cananda: University of Toronto Press.

Wesley-Esquimaux, C. & Smolewski, M. (2004). *Historic trauma and Aboriginal healing*. Ottawa, Canada: Aboriginal Healing Foundation.

West, M. L., Yanos, P. T., Smith, S. M., Roe, D., & Lysaker, P. H. (2011). Prevalence of internalized stigma among persons with severe

mental illness. *Stigma Research and Action*, *1*(1), 3–10.

Wexler, L. (2014). Looking across three generations of Alaska Natives to explore how culture fosters indigenous resilience. *Transcultural Psychiatry*, *51*(1), 73-92.

Wexler, L. M., DiFluvio, G., & Burke, T. K. (2009). Resilience and marginalized youth: Making a case for personal and collective meaning-making as part of resilience research in public health. *Social Science & Medicine*, *69*(4), 565-570.

Wexler, L., Chandler, M., Gone, J. P., Cwik, M., Kirmayer, L. J., LaFromboise, T., ... Allen, J. (2015). Advancing suicide prevention research with rural American Indian and Alaska Native populations. *Journal Information*, *105*(5), 891-899.

Whitbeck, L. B., Chen, X., Hoyt, D. R., & Adams G. W. (2004). Discrimination, historical loss and enculturation: Culturally specific risk and resiliency factors for alcohol abuse among American Indians. *Journal of Studies on Alcohol and Drugs, 65*(4), 409-418.

Williams, N. R., Lindsey, E. W., Kurtz, P. D., & Jarvis, S. (2010). From trauma to resiliency: Lessons from former runaway and homeless youth. *Journal of Youth Studies*, *4*(2), 233-253.

Wilson, K., Rosenberg, M. W., & Abonyi, S. (2011). Aboriginal peoples, health and healing approaches: The effects of age and place on health. *Social Science & Medicine*, *72*(3), 355-364.

Young, T. K., Revich, B., & Soininen, L. (2015). Suicide in circumpolar regions: an introduction and overview. *International Journal of Circumpolar Health*, *74*, 1-8.

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