FIRST NATION MENTAL HEALTH:

A Curriculum on
Mental Wellness & Mental Illness

2013
Inspired by the expressed wishes of Yukon First Nations’ health and social departments this curriculum was developed under the direction of the Council of Yukon First Nations in partnership with Mental Health Services, Yukon Government. Funding was provided by Health Canada’s Health Services Integration Fund. This curriculum was prepared by Leslie Knight, MSW, Whitehorse, Yukon. It was created over a 6 month period in collaboration with Health and Social Programs staff from 5 Yukon First Nations:

Carcross Tagish First Nation
Champagne Aishihik First Nation
First Nation of Na-cho Nyak Dun
Tr’ondëk Hwëch’in First Nation
Little Salmon Carmacks First Nation
CONTENTS

Introduction .......................................................................................................................... 3
Mental Wellness ................................................................................................................... 5
Principles of Mental Wellness .......................................................................................... 5
Determinants of Health (tab 1) ......................................................................................... 6
  Physiological And Safety Needs ................................................................................... 7
  Supportive Responses ................................................................................................. 7
  Cultural Safety ............................................................................................................ 8
Brain Care (tab 2) ............................................................................................................ 9
  Nutrition .................................................................................................................... 9
Flourish (tab 3) ............................................................................................................... 12
  Positivity .................................................................................................................. 13
  Engagement ............................................................................................................. 16
  Relationships .......................................................................................................... 17
  Meaning ................................................................................................................... 20
  Accomplishment ..................................................................................................... 21
A Holistic Approach to Wellness .................................................................................... 22
Mental Illness .................................................................................................................. 25
Challenges to Mental Health (tab 4) ................................................................................ 26
  Seasonal Affective Disorder (S.A.D.) ....................................................................... 26
  Grief ....................................................................................................................... 26
Diagnostic Statistical Manual .......................................................................................... 27
  Symptoms, Duration, and Presentation ....................................................................... 27
Clinical Disorders ........................................................................................................... 28
  Addiction and Mental Illness (tab 5) ....................................................................... 28
  Depression (tab 6) .................................................................................................. 30
  Anxiety (tab 7) ......................................................................................................... 31
  Psychosis (tab 8) ..................................................................................................... 32
Personality Disorders ...................................................................................................... 33
  Dependent Personality Traits & Disorder ................................................................. 33
  Borderline Personality Traits/Disorder ....................................................................... 34
  Narcissistic Personality Traits/Disorder ..................................................................... 35
Summary .......................................................................................................................... 36
bibliography ...................................................................................................................... 37
INTRODUCTION

This curriculum on mental health is divided into two parts: mental wellness, and mental illness. Mental wellness can both prevent mental illness and be nurtured when a mental illness is present.

Mental Wellness includes:

- Determinants of Health
  - Physiological and safety needs
  - Supportive responses
  - Cultural safety

- Brain Care
  - Nutrition
  - Exercise

- Flourish
  - Positivity
  - Engagement
  - Relationships
  - Meaning
  - Accomplishment

- A Balanced Approach to Wellness

Mental Illness includes:

Problems & Illnesses (including but not limited to):

- Challenges to Mental Health
  - Seasonal Affective Disorder
  - Grief

- Clinical Disorders
  - Addiction and Mental Illness
  - Depression
  - Anxiety
  - Psychosis

- Personality Disorders
  - Dependent Personality Traits/ Disorder
  - Borderline Personality Traits/ Disorder
  - Narcissism Personality Traits/ Disorder

What is Mental Health?

“Mental health is defined as a state of well-being in which every individual realizes his or her own [abilities], can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

“The positive dimension of mental health is stressed in the World Health Organization’s definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."
Mental Wellness
MENTAL WELLNESS

PRINCIPLES OF MENTAL WELLNESS

Determinants of Health
Physiological and safety needs
Supportive responses
Cultural Safety

Brain Care
Nutrition
Exercise

Flourish
Positivity
An optimal balance of positivity and negativity:
- 3:1 ratio
- Generosity
- Gratitude
- Forgiveness

Engagement
Being ‘in the flow’ and time seems to stop

Relationships
Safe and supportive
Conflict resolution
Trust and Betrayal

Meaning
Using our strengths to engage in something beyond ourselves
Pursued for its own sake and independent from positivity, engagement, relationships, and achievement though these may be present

Accomplishment
Success for its own sake, not for monetary gain or approval
Not for pleasure, engagement or meaning, though these may be present

A Balanced Approach to Wellness
Balance in all areas of our lives through the Medicine Wheel and A

Another Definition of Mental Health
“Mental health is the capacity to feel, think and act in ways that enhance one’s ability to enjoy life and deal with challenges. Expressed differently, mental health refers to various capacities including the ability to understand oneself and one’s life, relate to other people and respond to one’s environment, experience pleasure and enjoyment, handle stress and withstand discomfort, evaluate challenges and problems, pursue goals and interests and explore choice and make decisions”.

Kirby and Leon, Canadian Mental Health Commission
**DETERMINANTS OF HEALTH**

Our health, including our mental health, is determined in three primary ways, through the:

- Social and economic environment
- Physical environment
- Person’s individual characteristics and behaviours

(Health Impact Assessment: The Determinants of Health)

According to Abraham Maslow in 1943, and social scientists since then, our needs are hierarchical with basic physiological and safety needs forming the base from which ‘higher’ needs may be addressed.

**Maslow’s Hierarchy of Needs**

![Maslow's Hierarchy of Needs Diagram]

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**Social Determinants of Health**

1. Income & Income Distribution
2. Education
3. Unemployment & Job Security
4. Employment & Working Conditions
5. Early Childhood Development
6. Food Insecurity
7. Housing
8. Social Exclusion
9. Social Safety Network
10. Health Services
11. Aboriginal Status
12. Gender
13. Race
14. Disability

Mokkonen and Raphael, Social Determinants of Health: The Canadian Facts
Physiological and Safety Needs

Healthy environments that meet our basic needs are the foundation of mental health. Being safe is an important part of wellness; without it; our capacity to turn our attention to nutrition, exercise, and flourishing is compromised.

These challenges to mental wellness are appreciated within the context of violence and other forms of oppression, internalized and learned racism, abuse, addictions and mental illness, and healing.

Supportive Responses

Positive and supportive social response to critical incident, and violence and other forms of oppression, provide safety and security. When high levels of emotional and mental arousal (meant to mobilize us to protect ourselves and our loved ones) are quickly decreased within a safe environment, the likelihood of the development of post trauma stress and mental illnesses is greatly decreased. (Brymer, Psychological First Aid: Field Operations Guide 2nd Edition).

Alternatively, when the psychosocial response to critical incidents and violence is negative or not available, people remain in high states of emotional and mental arousal in as they attempt to create safety for themselves and their loved ones. When unsafe conditions persist for years there are inevitable attempts to manage high levels of arousal through withdrawal, anger, addiction, self-harm and suicidality, depression and anxiety, to name a few responses.

It is not uncommon for First Nation men and women, elders and youth, to experience challenges to their mental health resulting from the negative social responses to their experiences of residential school, colonization, violence, and trauma.

What to Do?

Provide supportive responses to past and present trauma and violence, including the following core actions of psychosocial first aid:

- Contact and engagement
- Safety and comfort
- Stabilization
- Ask what they need
- Provide what is needed
- Connect with more social supports
- Discuss ways to stay safe, be supported & to cope
- Link with supportive, collaborative services

No Blame/ No Shame

“The context of people’s lives determine their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. These determinants – or things that make people health or not – include the above and many factors, and many others.”

Mokkonen and Raphael, Social Determinants of Health: The Canadian Facts

Supportive Responses

“Supportive responses recognize and honour the ways people resist violence and other forms of oppression, rather than pathologizing them; and in doing so address a wide variety issues related to health lifestyles and mental wellness.”

Richardson and Wade, Talking Resistance Seriously
CULTURAL SAFETY

The concept of cultural awareness relates to all workers of all backgrounds to be aware of their cultural values, social norms, use of power, and perspectives. One’s ability to relate to others is greatly enhanced through cultural self-awareness. Trust and engagement has a positive effect on people accessing mental health services and participating in healthy wellness activities.

In Canada, according to the Canadian Association of Nurses, “all registered nurses who graduate from nursing programs in Canada should understand the relationships between First Nations, Inuit, and Métis Peoples and the Government of Canada” in order to “comprehend the historical and contemporary contexts of Aboriginal Peoples”. (Canadian Nurses’ Association)

The goals of cultural safety are to engage in an on-going process that involves:

- Cultural self-reflection through engagement and self-reflection
- Understanding the relationships between First Nations and the Government of Canada
- Analysis of power imbalances and our use of power

WHAT TO DO?

- Take stock of your own traditions learned from childhood and in your adult life:
  - Remember your childhood routines and what you learned about people and life.
  - What messages have you internalized?

- Notice your automatic thoughts and behaviours:
  - How do you use your personal and professional influence and power?
  - What judgments come readily and unbidden to your mind about yourself; about other people?

- Seek supervision and consultation

“Cultural Safety” is a concept developed in New Zealand by nurses working with Māori that moves beyond the traditional concept of cultural sensitivity (being accepting to difference) to analysing power imbalances, institutional discrimination, colonisation and relationships with colonisers. It develops the idea that to provide quality care for people from different ethnicities than the mainstream, health care providers must embrace the skill of self-reflection as a means to advancing a therapeutic encounter and provide care congruent with the knowledge that cultural values and norms of the patient are different from his/her own”.

www.en.wikipedia.org/wiki/Cultural_safety
BRAIN CARE

“Can everyday acts and lifestyle factors play a role in treating or managing mental health problems, like anxiety and depression? This is an important question because every year about 1 in 5 Canadians will be diagnosed with a mental health problem; and twice that number, or about 40 percent of us, will experience a mental health problem sometime in our life. It turns out that the answer to the question is yes, lifestyle changes can help treat or manage a mental health problem”. [www.yukonwellness.ca]

Lifestyle changes to consider for mental wellness include nutrition and exercise:

- **Nutrition**
  - A Healthy Diet
  - Water
  - Omega 3
  - Vitamin D₃

- **Exercise**

**NUTRITION**

**A HEALTHY DIET**

Eating well helps us to prevent diseases related to vitamin and mineral deficiencies, such as: insufficient absorption; dehydration; too much of some foods (sugar, saturated fats, and caffeine) and our inability to process some foods. Eating well also helps our mental health; we feel emotionally well.

For reasons we do not always know, people with mental health problems are more likely to have a weight problem. This may be related to the mental health problem itself or related to the treatment. This doesn’t mean we need to stop medication but it may require a conversation with your medical caregiver about changing medications, eating differently, and/or becoming more active.

**WATER**

Dehydration (water deficiency in our body) can lead to tiredness, dry skin, headaches and even depression. We need water: most of our body is water!

It is suggested that we need to drink about 8 glasses a day or about 2 litres, but this depends on your level of activity, weight and other things.

If you can’t stand plain water, there is still hope. You can drink juices and teas instead. Eating lots of fruit also helps a lot. Even coffee has an ultimately hydrating quality but not as much as non-caffeinated drinks.
**Omega 3**

Omega 3 plays an important role in the brain. Omega 3 can be found in:

- Salmon, halibut & tuna
- Flaxseeds, walnuts & olive oil
- Beans
- Leafy green vegetables
- Winter squash

Omega 3 fats should be 2% of our daily caloric intake. They are damaged by heat so oils should not be cooked. We need diets that include both Omega 3 and Omega 6. Most diets include enough Omega 6 so supplementation of Omega 6 is usually not necessary.

**Vitamin D₃**

The sunshine vitamin (Vitamin D₃) is important for our general health. Several studies have linked adequate Vitamin D₃ to healthy brain functioning & mental health.

Humans receive Vitamin D₃ from:

- Sun exposure
- Food
- Supplements

The amount of Vitamin D₃ we need in our diet varies according to our age and exposure to sun (see the Eat Right Ontario reference to the left). We need about 10 – 15 minutes of sun exposure at least twice a week on the face arms, hands or back without sunscreen with a greater than 3 UV index for adequate amounts of Vitamin D₃. In the north it is difficult to have adequate sun exposure during the winter months. There are therapeutic lights on the market to use indoors to simulate the sun.

Foods with Vitamin D₃ include:

- Cod liver oil
- Salmon & tuna
- Fortified milk, orange juice, yogurt and margarine

Supplements can be found in grocery & health food stores.
The amount of vitamin D₃ you need depends on your age.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Aim for an intake of international units (IU)/day</th>
<th>Stay below IU/day*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants 0-6 months old</td>
<td>400</td>
<td>1000</td>
</tr>
<tr>
<td>Infants 7-12 months old</td>
<td>400</td>
<td>1500</td>
</tr>
<tr>
<td>Children 1-3 years old</td>
<td>600</td>
<td>2500</td>
</tr>
<tr>
<td>Children 4-8 years old</td>
<td>600</td>
<td>3000</td>
</tr>
<tr>
<td>Children and Adults 9-70 years old</td>
<td>600</td>
<td>4000</td>
</tr>
<tr>
<td>Adults over 71 years old</td>
<td>800</td>
<td>4000</td>
</tr>
<tr>
<td>Pregnant and Breastfeeding Women</td>
<td>600</td>
<td>4000</td>
</tr>
</tbody>
</table>

*This includes vitamin D from both food and supplements

**Exercise**

Exercise improves mental health by reducing anxiety, depression, and negative mood and by improving self-esteem and cognitive function. Exercise has also been found to alleviate symptoms such as low self-esteem and social withdrawal. (Sharma et al, Exercise for Mental Health)

Exercise can accomplish as much or more than an hour of counselling per week and much more than another cup of coffee.

Exercise:

- Regulates weight
- Builds physical strength

AND

- Improves sleep
- Improves self esteem
- Reduces stress & anxiety
- Calms the nerves
- Improves mood
- Enhances vitality

What is the optimal amount of physical activity for better mental health?

- 2.5 – 7.5 hours of exercise per week depending on your gender, age, and general physical health
- Mental health may begin to decline with over 7.5 hours of exercise per week

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**Exercise & Mental Health**

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470658/
FLOURISH

From Martin Seligman’s book, Flourish, we learn that flourishing in life is more than just a subjective sense of happiness; it is much more than that.

Seligman identified 5 ways to flourish:

- Positivity
- Engagement
- Relationships
- Meaning
- Accomplishment

Each of these measures studied by researchers and found in positive psychology stand alone and is not dependent on any other one. For example, while the experience of positivity is subjective, none of the others rely on a subjective experience of ‘feeling’ happy. And the experience of meaning does not rely on accomplishing anything. And being engaged does not necessarily have to do with relationships or meaning.

Happiness is different from flourishing. We can flourish and not be happy. We can flourish and still experience anxiety. We can flourish and have a mental disorder.
POSITIVITY

Positive thoughts and emotions are the first element of mental wellness. They used to be our only measure of happiness and well-being but now, according to Martin Seligman and other social scientists, how we feel is only one of the elements.

Barbara Fredrickson (Positivity) studies and writes about paying attention to the positives in our daily life. Paying attention to the negatives in our life leads to negativity. Not enough positivity leads to feeling negative about life and to behaving in unhealthy ways.

Our positive and negative thoughts and emotions play an important role in our mental health. Positivity is not about ‘creating’ positives. Rather, positivity is about noticing the positive aspects already taking place in our lives. (Frederickson, Positivity)

There is a scientifically discovered tipping point between positivity and negativity. Dr. Barbara Fredrickson has discovered the optimal balance is 3:1; three positives to every negative.

Negativity is not bad. We may need to pay attention to what is negative around us for our emotional and physical survival. Alternatively, acceptance may be required as the wise sage wrote in the Serenity Prayer.

Serenity Prayer

Grant me the serenity to accept the things I cannot change; the courage to change the things I can; and the wisdom to know the difference.

Adapted from the prayer by Reinhold Niebuhr

Positivity activities:

- Start a positivity journal. Throughout the day, or before you go to bed at night, write down your deeply felt positive responses to events and observations of your day.

- Register and complete the Positivity Ratio questionnaire as often as you want at:
  
  http://www.positivityratio.com/index.php
Gratitude
Gratitude is the personal experience of appreciation that leads to positivity. “Gratitude is many things to many people. It is wonder; it is appreciation; it is looking on the bright side of a setback; it is fathoming abundance; it is thanking someone in your life; it is thanking God; it is ‘counting blessings.’ It is savoring; it is not taking things for granted; it is coping; it is present-oriented.” From The How of Happiness: A new approach to getting the life you want by Sonja Lyubomirsky.

Gratitude activity:
Think of someone you appreciate. This person may be in your life now or someone who influenced you from the past. Sit down and write a letter of gratitude. If the person is still alive, consider sending the letter to them. How did you feel as you wrote the letter?

Generosity
By putting our time and energy into our relationships we can change ourselves in a positive direction. When we share what we have with others, we experience being connected. As a human animal we rely on our ‘pack’; other people are the best corrective when we are down and where we go to share our ‘ups’.

It has been said, if you are down and discouraged, do something for someone. The act of giving changes our thinking (we become more positive) and changes our emotions (we feel happier).

“Helping others, volunteering, and working in groups are associated with an increased sense of self-worth and positive feelings like happiness and life satisfaction. It turns out that giving has a greater impact on well-being than receiving. Contributing to one’s community creates a sense of belonging and connectedness to others, and it creates a stronger, more supportive and more inclusive community. When reciprocity – the act of giving and receiving – becomes the community norm, we all benefit”. www.yukonwellness.ca

Generating generosity:
- Take stock of your skills; what can you offer to an individual, an organization, or your community?
- Make an offering to help or volunteer.
- Once arranged, follow through even if you don’t feel like it.

Forgiveness
“Nearly everyone has been hurt by the actions or words of another. Perhaps your mother criticized your parenting skills, your colleague sabotaged a project or your partner had an affair. These wounds can leave you with lasting feelings of anger, bitterness or even vengeance — but if you don’t practice forgiveness, you might be the one who pays most dearly. By embracing forgiveness, you can also embrace peace, hope, gratitude and joy. Consider how forgiveness can lead you down the path of physical, emotional and spiritual well-being.

Generally, forgiveness is a decision to let go of resentment and thoughts of revenge. The act that hurt or offended you might always remain a part of your life, but forgiveness can lessen its grip on you and help you focus on other, positive parts of your life. Forgiveness can even lead to feelings of understanding, empathy and compassion for the one who hurt you.
Forgiveness doesn't mean that you deny the other person's responsibility for hurting you, and it doesn't minimize or justify the wrong. You can forgive the person without excusing the act. Forgiveness brings a kind of peace that helps you go on with life”. (Mayo Clinic)

Here are some benefits of letting go of grudges and bitterness:

- Healthier relationships
- Greater spiritual and psychological well-being
- Less anxiety, stress and hostility
- Lower blood pressure
- Fewer symptoms of depression
- Lower risk of alcohol and substance abuse

**Forgiveness activity:**

- Notice your negativity about a person who has done something you that have taken personally, whether or not it was intentional; large or small.
- Speak with a trusted friend or counsellor about your resentment, blame, sense of betrayal or whatever arises.
- Consider the value of forgiveness and its importance in your life
- Reflect on that person’s behaviour and consider how they, too, may be suffering.
- When you are ready, actively choose to forgive.
- Consider a letting go ceremony alone or with another person or a group
- Another technique that brings you in touch with your own compassion, instead of bitterness, is to breathe in the suffering of the other person and breathe out love and compassion.
- Enjoy the sensation of no longer being a victim.
**ENGAGEMENT**

Engagement is about intense concentration, being ‘in the flow’ and fully engaged. Time seems to stop. Research tells us that being ‘in the flow’ is a key component of flourishing.

Engagement is when we become totally committed and fully involved.

We know when we’ve been ‘engaged’ and ‘in-the-flow’ when we look back and realize we were lost in the activity and not aware that time was passing.

Pleasures in the moment may lead to positivity. Engagement, however, has longer, lasting effects than mere pleasures.

To listen to Mihaly Csikszentmihalyi speak about the effortless and spontaneous flow of experience Watch the Ted Talk: [http://www.ted.com/talks/mihaly_csikszentmihalyi_on_flow.html](http://www.ted.com/talks/mihaly_csikszentmihalyi_on_flow.html)

(Mihaly Csikszentmihalyi: Flow: the secret of happiness)

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**Engagement activities:**

- Learn new things
- Pursue creativity
- Ponder the world
- Appreciate nature
- Become absorbed in something you love
- Know and use your strengths to engage

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**Information sheet:**

Mental Wellness: Engagement
**RELATIONSHIPS**

As with positivity, relationships benefit from regular acts and expressions of gratitude, generosity, and forgiveness. Safe and loving relationships are respectful and both parties contribute to the long-term success of relationships.

**CONFLICT RESOLUTION**

Conflict is a normal part of any health relationship. After all, two people can’t expect to agree on everything, all the time.

Where does conflict come from?
Conflicts arise from differing needs. Everyone wants to feel understood and supported. And we all have different ways to feel comfortable and safe. And these differing needs create our biggest challenges.

A conflict is more than a disagreement; there is always a perception of threat to our safety or to our emotional wellbeing. And conflicts get worse if they are ignored. And conflicts trigger some of our strongest emotions.

The way to resolving conflicts is to build skills that turn conflicts into opportunities, such as:

1. **NOT TAKING IT PERSONALLY:** This is the most valuable skill when someone is reactive and blaming and angry toward you - even when they seem to be pointing at you. They are distressed and frustrated and need your kindness. We seem to be hard-wired with the habit of taking things personally, even when it is the other person who is reacting. Sure, they may be pointing fingers and blaming us for something that frustrates them...however, their reaction and their frustration belongs to them. It is not about us.

2. **MANAGING YOUR OWN STRESS LEVEL:** When you are emotional, stressed, and reactive the next most important skill is to manage your own stress level by remembering you can take time to look at what is going on for you. Coming to our senses’ takes on new meaning when we apply it to calming ourselves through our senses of seeing, hearing, touching, tasting and smelling. Notice what soothes you.

3. **REALLY LISTENING:** The third most valuable skill is to listen – truly listen. Listening is about paying attention to the feelings another person is expressing, even if your own emotions are strong. Stay aware of and be respectful of differences.

4. **USING HUMOUR:** And the fourth skill is humour. At the right moment, without offending anyone, play and humour can allow things to be said easily without intense emotion and stress.

Conflict often feels more threatening than it really is, because we bring to the conflict so much experience – such as past traumas, shame, hurt, cultural abuse, and more from our early life experiences when we felt powerless. So, first we need to reduce our stress while remaining calm and aware of what is going on. Control your emotions can be easier said than done, but tolerating distress means to have methods of calming ourselves and not expecting anyone else to do it for us.
## Healthy and unhealthy ways of managing and resolving conflict

<table>
<thead>
<tr>
<th>Unhealthy responses to conflict</th>
<th>Healthy responses to conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>An inability to recognize and respond to the things that matter to the other person</td>
<td>The capacity to recognize and respond to the things that matter to the other person</td>
</tr>
<tr>
<td>Explosive, angry, hurtful, and resentful reactions</td>
<td>Calm, non-defensive, and respectful reactions</td>
</tr>
<tr>
<td>The withdrawal of love, resulting in rejection, isolation, shaming, and fear of abandonment</td>
<td>A readiness to forgive and forget, and to move past the conflict without holding resentments or anger</td>
</tr>
<tr>
<td>An inability to compromise or see the other person’s side</td>
<td>The ability to seek compromise and avoid punishing</td>
</tr>
<tr>
<td>The fear and avoidance of conflict; the expectation of bad outcomes</td>
<td>A belief that facing conflict head on is the best thing for both sides</td>
</tr>
</tbody>
</table>

[www.helpguide.org/mental/eq8_conflict_resolution.htm](http://www.helpguide.org/mental/eq8_conflict_resolution.htm)

### Quick Stress Relief

Stress interferes with our ability to:

- Notice another person’s nonverbal communication.
- Hear what they are really saying.
- Be aware of our own feelings.
- Know our needs
- Speak clearly and respectfully
- Relax our bodies
- Breathe easily
- Takes up a lot of our time and energy which we could be using for other things.

Managing and resolving conflict requires the ability to quickly reduce stress and bring your emotions into balance. Being able to manage and relieve stress in the moment is the key to staying balanced, focused, and in control, no matter what challenges you face. If you don’t know how to stay centered and in control of yourself, you will become overwhelmed in conflict situations and unable to respond in healthy ways.

Psychologist, Connie Lillas (Conflict Resolution Skills), uses a driving analogy to describe the three most common ways people respond when they’re overwhelmed by stress:

- **Foot on the gas.** An angry or agitated stress response. You’re heated, keyed up, overly emotional, and unable to sit still.

- **Foot on the brake.** A withdrawn or depressed stress response. You shut down, space out, and show very little energy or emotion.

- **Foot on both gas and brake.** A tense and frozen stress response. You “freeze” under pressure and can’t do anything. You look paralyzed, but under the surface you’re extremely agitated.
Trust and betrayal

Issues of trust and betrayal in relationships manifest with little notice and can endure for generations. Safe and nurturing relationships require the ability to develop trust and to negotiate betrayals. For aboriginal people around the world, acts of colonialism were major betrayals, at once personal and societal.

According to Reina and Reina (Rebuilding Trust in the Workplace), trust cannot be assumed in a relationship; we build trust in each of our relationships reciprocally and over time. It builds on itself as we give and receive and learn about trust with everyone with whom we have a relationship. A sense of betrayal is inevitable at some point in every relationship. The type of the betrayal may be small or large. Betrayal can be intentional or unintentional.

<table>
<thead>
<tr>
<th>Betrayal of Trust</th>
<th>Not Intentional</th>
<th>Intentional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>Small</td>
<td>Moderate</td>
</tr>
<tr>
<td>Large</td>
<td>Moderate</td>
<td>Great</td>
</tr>
</tbody>
</table>

Each relationship has a level of capacity for trust that can be betrayed and can grow. We relate variably with everyone and differently over time in each of relationships. Here are three ways to look at trust:

**Trust our skills**

- Acknowledge people’s skills and abilities
- Allow people to make decisions
- Involve others and seek their input
- Help people learn skills

**Trust our strength of character**

- Manage expectations
- Establish boundaries
- Delegate appropriately
- Encourage mutually serving intentions
- Keep agreements
- Be consistent

**Trust communications**

- Share information
- Tell the truth
- Admit mistakes
- Give and receive constructive feedback
- Maintain confidentiality
- Speak with good purpose

Adapted from: Reina and Reina, Rebuilding Trust in the Workplace
MEANING

According to Martin Seligman, a meaningful life is about having a vision of what is important in life and making a contribution to a positive human future.

Pursued for its own sake, it is independent from positivity, engagement, relationships, and achievement though it may contain one or more of all four aspects of flourishing.

First of all, take time to clarify what is most important to you and identify your strengths that will support you to engage in or contribute to something we believe goes beyond self-interest.

Watch the youtube video: What makes you happy? [http://www.youtube.com/watch?v=As-g_dwgJig](http://www.youtube.com/watch?v=As-g_dwgJig)

**Meaning clarifying activities:**

- Take stock of your strengths and what you value the most in life.
- Write down your vision of a positive human future. What would make the world a better place?
- Write down what you would like your grandchildren to say about what you did in life to contribute to a positive human future.
ACCOMPLISHMENT

The fifth and last way to flourish is accomplishment. In Seligman’s book, Flourish, the concept of “accomplishment” includes more than career or material achievement; they are activities for their own sake and regardless of income.” (Seligman, Flourish)

The accomplishment being spoken of here is not for pleasure, engagement or meaning, though these may also be present.

Regardless of outcome, the activities pursued for accomplishment are enjoyable and satisfying.

WHAT ARE THESE ACTIVITIES?

‘Accomplishing’ activities are different from one person to the next, and you may pursue the activity with others.

<table>
<thead>
<tr>
<th>Accomplishment activities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Take two minutes to write down what you find most enjoyable and satisfying in life.</td>
</tr>
<tr>
<td>➤ Next, prioritize their importance in your life with 1. Being the most important and so on: 2. 3. ...</td>
</tr>
<tr>
<td>➤ Reflect on how these can be incorporated into your daily life.</td>
</tr>
<tr>
<td>➤ Plan to do the things that are meaningful to you.</td>
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http://umbrellahealth.wordpress.com/?s=accomplishment&submit=Search
A Holistic Approach to Wellness

The circle, denoting the whole, can be divided in different ways. Two models of wellness are:

- Wellness Medicine Wheel
- A Holistic Model of Wellness

A Holistic Model of Wellness

Working with Balanced Models of Wellness

Every First Nation works with their own unique model of wellness established over generations. And there are many ways to apply the teachings. In individual work, the person is guided to look into the ‘mirror’ and see what can be seen that would put their life back into balance after a period of grief, violence, or poor health, including addiction and mental illness.
Wellness Medicine Wheel

A holistic approach to wellness seeks to balance of all aspects of the medicine wheel. Wholeness is achieved when all aspects of the holistic model are in balance.

“The teachings found on the Medicine Wheel create a bio-psychosocial and spiritual foundation for human behaviour and interaction. The medicine wheel teachings are about walking the earth in a peaceful and good way, they assist in helping to seek; healthy minds (East), strong inner spirits (South), inner peace (West) and strong healthy bodies (North).

A Medicine Wheel can best be described as a mirror within, which everything about the human condition is reflected back. It requires courage to look into the mirror and really see what is being reflected back about an individual's life. It helps us with our creative "Vision", to see exactly where we are in life and which areas we need to work on and develop in order to realize our full potential. It is a tool to be used for the upliftment and betterment of humankind, healing and connecting to the Infinite.” (Laframboise and Sherbina, Dancing to Eagles Spirit Society)
Mental Illness
MENTAL ILLNESS

Mental Problems and Illnesses
(including but not limited to):

Challenges to Mental Health
  Seasonal Affective Disorder
  Grief

Diagnostic Statistical Manual
  Symptoms, Duration, and Presentation

Clinical Disorders
  Addiction and Mental Illness
  Depression
  Anxiety
  Psychosis

Personality Disorders
  Dependent Personality Traits/Disorder
  Borderline Personality Traits/Disorder
  Narcissistic Personality Traits/Disorder

What is Mental Illness?

“A mental illness can be defined as a health condition that changes a person’s thinking, feelings, or behavior (or all three) and that causes the person distress and difficulty in functioning. As with many diseases, mental illness is severe in some cases and mild in others.”

National Institutes of Health, USA
CHALLENGES TO MENTAL HEALTH

SEASONAL AFFECTIVE DISORDER (S.A.D.)
Seasonal affective disorder (SAD) is a type of depression (see Depression for more information) that typically occurs each year during fall and winter in the north such as the Yukon due to the lower levels of light.

Light therapy boxes can offer effective treatment for SAD. Light box therapy may be effective on its own or in combination with medication and counselling. All light boxes for SAD treatment are designed do the same thing, but one may work better for you than another. Be sure to consult with your doctor so that you get a light therapy box that best suits your needs. (Mayo Clinic)

A light box mimics outdoor light. Researchers believe this type of light causes a chemical change in the brain that lifts your mood and eases other symptoms of SAD. Most people use light boxes for a minimum of 30 minutes each morning.

GRIEF
The death of someone close to us is one of life’s most stressful events, particularly in small communities based on close kinship and cultural ties. Unexpected and premature deaths are difficult; also the deaths of Elders are difficult for it is they who carry the cultural history, traditions, and language. And “when the death is from suicide, family and friends must cope with sadness at the loss plus all their feelings of confusion and sometimes even anger. It takes time to heal and each of us responds differently. We may need help to cope with the changes in our lives. But in the end, coping effectively with bereavement is vital to our mental health.” (Canadian Mental Health Association)

Grief is a natural response to loss. It’s the emotional suffering you feel when something or someone you love is taken away. Grief takes time to heal and each of us grieves differently. Complicating grief in Yukon, and for aboriginal people around the world, are the tremendous cultural and family losses related to residential school and other colonial policies; many on-going today.

A supportive community response is the single-most important aspect of healing form grief for First Nation families and communities. Significant and elaborate systems of clanship delineate traditional roles and responsibilities when someone dies and for a year afterward.

Important responses from caregivers encourage someone grieving to:

- Seek and accept support
- Take care of themselves
- Accept a referral to a medical or mental health practitioner if there is one or more of the following:
  - Severe and persistent sense of guilt
  - Changes in sleeping and eating
  - Thoughts of suicide
  - Feelings of hopelessness
  - Slow speech and body movements
  - Inability to function at home, school, or work

www.helpguide.org/mental/grief_loss.htm
DIAGNOSTIC STATISTICAL MANUAL

The Diagnostic Statistical Manual (DSM) is a guide for medical and psychiatric practitioners that provides a common language and standard criteria for the classification of mental disorders. It has both scientific and non-scientific bases and is both praised and criticized.

SYMPTOMS, DURATION, AND PRESENTATION

Mental health problems may present as a clinical mental illness or disorder as described in the DSM which describes specific symptoms or characteristics over time, often more than 6 months.

Alternatively, mental health problems may present as subclinical without all the necessary characteristics and without the intensity or duration described in the DSM that, nevertheless, affect a person’s thinking, feelings, or behaviour negatively and cause distress and challenges to mental well-being and functioning.

Symptoms tend to cluster. When symptoms are clustered together for a determined length of time a diagnosis can be made. In addition to a diagnosis, other factors are considered, such as: medical; psychosocial and environmental; and personality.

Medical factors may be factors for consideration when treating mental illnesses, such as diabetes; chronic and persistent pain; and cancer.
CLINICAL DISORDERS

ADDITION AND MENTAL ILLNESS

The concurrence of depression or anxiety with substance abuse is common.

WHAT TO DO?

- It is necessary to treat both at the same time with a primary, but not exclusive, focus on the one causing the most problems for the client.

- Match your intervention with the stage of change they are in. Motivational Interviewing (MI) is a method of support and intervention that recognizes that at any point in time people are in different stages of change. Effective support and interventions are matched with the client’s stage of change. Clients may be mislabeled as ‘resistant’ when it is really the intervention does not match the client’s stage of change.

Matching Stages of Change with Interventions

PRE-CONTEMPLATIVE

Description: Other people say they have an addiction but the person reports that they do not have a problem.

Screening question: You say you don’t have a substance abuse problem; does anyone else think you have a problem?

Interventions:
- Build trusting relationships
- Reduce harm to self & others, such as harm reduction strategies (i.e.: nutrition, adequate clothing, and needle exchange)
- Provide general health information
- Support family
- Provide general public, community messaging about the negative effects of substance abuse and the cost of it going untreated for the individual, their family, and their community
- Have fun, safe, substance-free community events

CONTEMPLATION

Description: People think they may have an addiction problem but they are not totally convinced.

Screening questions: Is there part of you who does and part of you who does not see this as a problem?

Interventions:
- Invite self-reflection
- Recognize their ambivalence: On one hand you say this and on the other hand that.
- Suggest they may not be ready for change quite yet
- Ask: What would the reasons be to change?
- Ask “How will you know when you are ready for change?”
PREPARATION FOR CHANGE
Description: People say that they need to change but changes have not begun yet.
Screening questions: What changes have you begun to think about?
Interventions:
- Invite the person to begin to set personal goals with respect to social support, health, & recreation
- Support without pressure; the time for cheerleading is later
- Ask “When you are ready for change, what do you want to do?”
- Support changes such as: delaying, changing context, switching time of day, & trying new social activities

CHANGE
Description: People ready to change are changing one thing at a time in their life.
Screening questions: Have you tried to do anything differently this week?
Interventions:
- Establish clear, attainable and measureable goals
- Set up check-ins, follow-up with support network
- Continue to address safety and other psychosocial, mental health, and medical concerns.
- Be supportive without being too enthusiastic

RELAPSE PREPARATION AND STRATEGIES TO KEEP GOING
Description: People are changing and are often deny any possibility of relapse.
Screening question: How are things changing for you?
Interventions:
- Support, support, support - be a supportive cheerleader with encouragement and morale boosting
- Tell them you have a no blame and no shame policy
- Plan for crisis support
- Develop alternatives to substance use
- Plan for follow up together upon relapse

MAINTENANCE
Description: People stabilize into a new lifestyle with changes; relapses are infrequent, short lived, or non-existent.
Interventions:
- Celebrate with recognition privately or publicly
- Review, in detail, the changes made
- Update personal goals

Adapted from literature and training on Motivational Interviewing
DEPRESSION
Screening for depression includes observing:

- Changes in mood
- Changes in eating and/or sleeping
- Decreases in energy and interests
- Thoughts or plans not to live

WHAT TO DO?

- Make a referral to a mental health or medical practitioner
- Consult immediately with the RCMP and/or mental health or medical practitioners if there are concerns of harm to self or others
- Share the following: “You may be aware that if we challenge our beliefs and conclusions (our thinking and emotions) we can change our behaviour. It works the other way, also. Change our behaviour and our thinking and emotions change. Encourage person to keep going. Go for a walk. A change in our behaviour can change our thinking which can change the way we feel.” www.yukonwellness.ca

- Discuss perspective and how personal it is: Using the theatre scenario: woman gets up and angrily and loudly leaves the man she is with...various perspectives from the audience
- As mentioned, we can change our behaviour by challenging and reflecting on our thoughts and feelings. www.yukonwellness.ca Invite people to be reflective on self rather than focus on others.

- Practice mindfulness – in which we mind the mind or increase our awareness of what we are thinking & feeling. Our thoughts and beliefs influence how we feel, which leads to healthy and sometimes unhealthy behaviours.
- Increase their ability to tolerate distress by brainstorming self-care options, alternative ways of looking at what is distressing, time out options
- Teach thought substitution, thought stopping, and visualization techniques for changing one’s own experience
- Encourage someone who is depressed to turn to their own spiritual beliefs for comfort and healing; such as prayer, meditation, smudging, and other spiritual healing practices familiar to the person
ANXIETY

Screening for anxiety includes observing:

- Intense anxiety
- Bodily experiences of anxiety
- Recurring thoughts
- Compelling behaviours
- Avoidance of situations

WHAT TO DO?

➤ Refer to a medical or mental health practitioner when your screening indicates the presence of anxiety

➤ Support anxiety management techniques, including: breathing exercises, progressive deep muscle relaxation, mindfulness, and talking to someone you trust

➤ Lifestyle activities that promote mental health, such as physical activity and good nutrition

➤ Cognitive and behavioural strategies that change the mind, such as:
  - Invite alternative ways to look at things in order to avoid thinking in terms of black and white; this or that; with no in-between options
  - To illustrate how perspective varies from one person to the next: there are no absolutes; share the example of a woman getting up in a theatre and angrily and loudly leaving the man she is with. Discuss the various and possible perspectives from the audience, even with so little information: a woman may feel proud of the woman or afraid as she remembers the times she has not been assertive herself in challenging situations with her x-boyfriend; a man may reflect on his own past social humiliations and feel sad for the man; a teenager feels anxious about beginning dating if that is what could happen.
  - Increase reflections and awareness of thoughts and feelings
  - Increase their ability to tolerate distress by brainstorming self-care options, alternative ways of looking at situations
  - Teach thought substitution, thought stopping, and visualization techniques for changing one’s own experience

➤ Encourage someone who is depressed to follow their own spiritual beliefs for comfort and healing; such as prayer, meditation, smudging, and other spiritual healing practices familiar to the person
PsYCHOSIS

Psychosis is a condition that affects the mind in terms of the person’s ability to determine what is real and what is not real characterized by:

- Confused Thinking
- Changed Feelings
- Different Experiences – hallucinations
- Faulty Beliefs – delusions

Symptoms by phase

- Prodromal Phase includes changes in thoughts and behaviours but no active psychosis
- Acute Phase includes symptoms of psychosis
- Recovery Phase includes medical treatment and re-establishing daily activities and healthy relationships

*From: Reality Rules brochure*

WHAT TO DO?

- Refer to the Health Centre, Mental Health Services, or Physician
- Consult and collaborate with the Medical Team
- Provide person with practical support regarding basic needs, such as: food and housing
- Support families
- Ensure safety of client, self and others
PERSONALITY DISORDERS

Personality disorders have three shared characteristics:

- Difficulty in relationships
- Inflexible thinking
- Blame outside factors for their own experience

The following selected personality traits and disorders may create challenges to health and social workers with respect to support, interventions, and community response.

DEPENDENT PERSONALITY TRAITS & DISORDER

The tendency toward dependency includes a felt need to be taken care of that leads to submissive and clinging behaviour and fears of separation, beginning by early adulthood and present in a variety of contexts with 5 or more of the following signs and symptoms:

- Dependent on others for emotional and physical support
- View others as strong and capable
- Inadequate and helpless self-image
- Afraid of being unable to look after themselves

As caregivers we can be convinced we are helping when really encouraging dependence. People with dependent personalities can be very accommodating, agreeable, but seek attention and advice excessively.

WHAT TO DO?

- Establish clear boundaries
- Establish safe and secure routines for providing assistance.
- Seek regular supervision
- Seek consultation from a mental health clinician or medical practitioner
- Ensure worker self-care
- Manage crises with the minimum of support needed
- Encourage competence
**BORDERLINE PERSONALITY TRAITS/DISORDER**

Persons with BPD have patterns of instability in their interpersonal relationships, self-image, emotions; and marked impulsivity beginning in early adulthood and present in a variety of contexts with five or more of the following signs and symptoms:

- Emotionally unstable
- Issues of self-image and identity
- Black and white thinking that can switch around quickly
- Harm to self

**WHAT TO DO?**

- Educate team members and colleagues about the need for effective team communication and collaboration. Be prepared for, and even predict, rejection/anger/ and notice when groups of helpers are in intense disagreement. When a community of caregivers and family members are conflicted and divided in the care of a client/family member, the possibility of the client having BPD must be considered. Dualistic thinking (black and white and either/or thinking) may set one caregiver against another as they align and support the client who fluctuates in their interpersonal relationships from idealization of some caregivers and devaluation of others. Good guy/bad guy agreements may work to diffuse potentially unsafe and volatile interpersonal situations.

- Refer the person with BPD to Mental Health Services

- The best practices for treating someone with BPD is developing skills that focus on:
  - Increasing distress tolerance
  - Regulating emotions
  - Building interpersonal effectiveness
  - Mindfulness meditation
  - Finding alternative

- Treat the person with BPD as competent with rationale and decision-making qualities upon which they can build

- Seek supervision or mental health consultation that supports your own awareness of the dynamics of the illness and self-management techniques of caregivers
NARCISSISTIC PERSONALITY TRAITS/DISORDER
A person with narcissistic traits demonstrates a pattern of grandiosity in fantasy or behaviour, need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts and includes the:

- Excessive need for attention and control
- Strong reactions to criticism

WHAT TO DO?

➤ Find out what is important to them and what they will gain from behaving differently

➤ Seek mental health or medical consultation particularly when there are safety concerns.

➤ Seek support from a mental health clinician or medical practitioner for a consultation that supports your own knowledge of the dynamics of the disorder and self-management techniques for caregivers
SUMMARY

This First Nation Mental Health: Curriculum on Mental Wellness and Mental Illness provides information, consultation, recommendations for practice, and skill development for First Nation health and social service workers for their benefit and for the benefit of the individuals, families, and communities with whom they work.

During its development, the curriculum was offered to Yukon First Nations over a 6 month period. The workshops yielded valuable information and focused feedback from participants. Most notably, the wellness information was well received. In particular, practical information around nutrition and the concepts of positive psychology were systematically introduced and welcomed by participants, being consistent with their preference for strength-based approaches. Also noteworthy, not a single teleconference or face-to-face workshop went by without discussions and case consultations related to the concurrence of addictions and mental illness, and the concurrence of mental health challenges and ongoing historic and current safety concerns. Participants sought consultation regarding how to understand and how to respond effectively with clients and communities regarding addictions and past traumas. The role of safety in mental health is consistent with the literature on the social determinants of health and reminiscent of Maslow’s Hierarchy of Needs in which physiological and safety needs are foundational to health.

Supplementary resources were created in response to feedback from participants to fill gaps in knowledge and to make materials available for health and social service workers as reminders and to share with people in their communities.

Participants and the facilitator report that there was generally adequate breadth of coverage on the topics, consultations, and suggested interventions. On-going or more depth is recommended in the future regarding:

- Addiction and mental illness; and related interventions
- Training in effective interventions that address violence, particularly but not limited to: violence against women and Elders resulting in unhealthy lifestyles and poor mental health
- On-going case consultation for health and social service workers regarding mental wellness and mental illness
- Further development on the the Meaning and Accomplishment components of Seligman’s Flourish for greater meaning and applicaton in the First Nation context

The curriculum is designed for delivery in part or in whole; and more can be added, such as the inclusion of additional mental disorders and recommended interventions.
BIBLIOGRAPHY


