In with the old, in with the new

Clinical and research psychologist Dr Christopher Mushquash details his work bringing together cutting-edge approaches and Indigenous traditions to combat current issues in mental health

Could you begin by introducing yourself and your main research interests? What attracted you to Indigenous mental health and addiction?

I am Ojibway, and a member of Pays Plat First Nation on the north shore of Lake Superior. I grew up in a small, rural community in Northwestern Ontario, Canada. My perspective has been strongly shaped by my experiences living rurally and I was drawn to clinical psychology, Indigenous mental health and addiction research through a desire to develop skills that would be useful to Indigenous peoples and communities. I obtained a PhD in Clinical Psychology at Dalhousie University and completed a pre-doctoral residency in the Faculty of Medicine at the University of Manitoba, specialising in rural and northern clinical practice. Both the clinical and research aspects of my work emphasise the importance of understanding how culture and context contribute to mental wellness among First Nations peoples, and

Honouring Indigenous strengths

A psychologist and researcher at Lakehead University in Thunder Bay, Ontario, is looking at ways of overcoming challenges in Indigenous health by understanding what mental wellbeing means from the perspective of communities

AT THE END of 2014, the Assembly of First Nations, Health Canada’s First Nations and Inuit Health Branch, the National Native Addictions Partnership Foundation, the Native Mental Health Association, and other community mental health leaders came together to address issues in Indigenous health. The challenges they discussed were, for the most part, not new; there are many common themes in safeguarding Indigenous health around the world, including suicide and addiction. But the First Nations Mental Wellness Continuum Framework, which was the outcome of their collaboration, did break new ground. Among other things, it redefined mental wellness, and enumerated four key factors that contribute to it: purpose, hope, meaning and belonging.

Defining wellness in this way highlights the limitations of prevalent European medical models when it comes to dealing with Indigenous health; while these evidence-based approaches may be technically superior to traditional methods used in Indigenous communities, their employment is disruptive to Indigenous communities’ sense of purpose, meaning and belonging. Although they heal, therefore, they can also hurt. One researcher at Lakehead University is applying his talent and energy to combining the best aspects of traditional and Western medicine in order to better serve Indigenous communities – and their mental health.

ASK DR MUSHQUASH

Dr Christopher Mushquash is an associate professor in the Department of Psychology at Lakehead University, as well as the Northern Ontario School of Medicine, and holds a Canada Research Chair in Indigenous Mental Health and Addiction. An accomplished clinician and research scientist, he devotes much of his time to helping Indigenous mental health patients – whether through his work as a Clinical Psychologist at Dilico Anishinabeck Family Care, or his regular column ‘Ask Dr Mushquash’, which appears monthly in Anishinabeck News.

His research programme is equally diverse, and takes four distinct but interconnected approaches to facing challenges in Indigenous mental health. The first aim, naturally, is to identify appropriate targets for interventions, and develop methods for accurately measuring the results. The second is to gather both evidence-based and traditional approaches that show promise for treating mental health and addiction issues among Indigenous people. Using the information from these investigations, he then develops and tests interventions which bring together traditional and scientific methods, before disseminating the new knowledge broadly in Indigenous and scientific communities and among policy and decision-makers using accessible knowledge translation approaches.

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THE YOUTH

Mushquash’s particular concern is the mental health of Indigenous youth. In the last year, he has co-authored three influential papers – and two of these dealt with approaches to young patients specifically. The first, published in March, examined the possibility of translating
Peoples. Top-down approaches to programme development and the utilisation of treatment models based on Western, Euro-centric theoretical understandings of mental health and addiction, have proven inadequate. National Indigenous leaders in mental health and addiction have highlighted the need for conceptualisations of mental health and addiction that are based on Indigenous understandings of wellness, that are holistic and respectful of historic and current contextual variables. Special attention must be paid to the integration of traditional knowledge and its effective use with respect to contemporary mental health and addiction issues facing Indigenous peoples.

There are a growing number of researchers focused on Indigenous mental health and addiction, and fascinating and important work being undertaken within Indigenous communities. While perhaps, historically, there has been limited capacity in this area, community-driven collaborations are resulting in the transformation of services and support for Indigenous peoples and communities.

**What do you hope to be the far-reaching implications of your work?**

My hope is that the work that I am collaborating on leads to improved wellbeing for Indigenous children, families, and communities through advocacy and changes in systems and policy.

**Can you give an insight into your personal and professional plans for the next five to 10 years?**

I have been fortunate to be able to collaborate with exceptional people who are committed to Indigenous peoples and communities. My plan is to continue fostering relationships, creating dialogues and pursuing projects that are relevant to our peoples.

Another paper, published in June, approached the issue of youth suicide in Indigenous populations. This time the purpose was not to conduct a new study, but to systematically review previous reviews of suicide prevention strategies using an expedited knowledge synthesis process, which refined the information on such proposals and brought it together in one place. The utility of this work lay in its accessibility for policy makers and thought leaders.

**OVERCOMING CHALLENGES IN INDIGENOUS MENTAL HEALTH**

**OBJECTIVES**

To identify appropriate targets for interventions, and develop methods for accurately measuring the results to overcome challenges in Indigenous mental health and addiction.

**COLLABORATORS**

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