YOUNG INDIGENOUS *VOICES*

A Youth-based Mental Health Needs Assessment for the Squamish Lil'wat Cultural Centre in British Columbia

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SQUAMISH LÍLWAT CULTURAL CENTRE
WHISTLER, BRITISH COLUMBIA

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Acknowledgements

For this project, I was a visitor on the traditional territory of the Squamish and Lil'wat people. Band Chiefs, Elders, community partners, and community members from both nations welcomed me. I was honored by the trust I was shown on these lands, especially by the Indigenous Youth Ambassador (IYA) program participants, their parents, the Elders, and the Squamish Lili'wat Cultural Centre (SLCC) team.

I acknowledge and respect the Lekwungen peoples on whose traditional territory the University of Victoria stands, and the Songhees, Esquimalt, and WSÁNEĆ peoples whose historical relationship with the land continue to this day. Dr. Bryan Silverman, my project supervisor, as well as Dr. Mandeep Kaur Mucina, Dr. Sarah Cardinal and Dr. Alison Gerlach, who are all professors at the university who provided me with leadership and important guidance, but none more than Dr. Jessica Ball, Dr. Lindsay Harriot, Dr. Bryan Silverman and Dr. Kristen Cheney. I offer gratitude to the people at the Centre for Academic Communication, most notably Nancy Ami, who provided hours of her time, support, and encouragement. You helped me immensely!

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Executive Summary

This project involved gathering data through mixed methods conducted at the request of Squamish Lil'wat Cultural Centre in British Columbia between June 2021 and August 2022. It focused on the Centre's Indigenous Youth Ambassador (IYA) program. The project aimed to identify the mental health needs of participants in this program, what services are currently benefiting them, and what additional services the SLCC could offer to meet their needs. Formulating potential strategies required that Indigenous youth and staff should have a voice, which was ensured through questionnaires, and face-to-face interviews.

Self-government movements, land claim settlements, Indigenous control of education, and economic development have increased opportunities for Indigenous people in Canada to participate in society on their terms, including in learning and employment programs for youth. Despite alarming rates of mental health challenges and suicide among Indigenous youth, there are encouraging indicators of change, with more youth accessing supports when culturally appropriate services are available. Despite these positive developments, deficit discourses continue to dominate social policy and program approaches.

The current project highlighted the mental health challenges experienced by some participants in the Indigenous Youth Ambassador program at the SLCC, including loneliness, hopelessness, and trauma. The project pointed to traditional practices that promote healing and wellness, including connection to land and spirituality, harvesting native plants for healing/medicine, youth spending time with Elders, ceremonies and celebrations, and drumming. Additional highlights include sharing and healing circles facilitated by Elders who encourage youth to share about their problems openly and recognize the importance of positive cultural identity and mentorship. Findings and recommendations will be used to inform service planning

and development of a new mental health service(s).

The Project

The Squamish and Lil'wat nations have coexisted respectfully as neighbors for generations, living in close relationship with their environment and thriving on the abundance of the ocean, rivers, and the land, and have always lived in close relationship with their environment. Their cultures are grounded in rich, ancient traditions and continue to grow and evolve. Mindful of their shared lands and overlapping interests in land stewardship, the Lil'wat Nation met with the Squamish Nation in 1999 to discuss land use and planning in areas of traditional territory commonality. In 2001 the two nations signed a historic protocol agreement that formalized their relationship.

The Squamish Lil'wat Cultural Centre (SLCC), is located in Whistler, British Columbia, roughly 120 km north of Vancouver BC. The centre symbolizes the spirit of the partnership between two unique nations who wish to preserve, grow, and share their traditional cultures. The SLCC was built to enable the sharing of cultural knowledge and to inspire understanding and respect amongst all people. The building was designed to be a modern architectural interpretation of the longhouses of the Squamish people and the Istken (traditional earthen pit house) of the Lil'wat people. In 1997 the Resort Municipality of Whistler (RMOW) met with the Lil'wat Nation to discuss opportunities for the Nation's participation and presence in Whistler BC. The idea of a world-class cultural centre was born and a relationship in the spirit of goodwill and cooperation evolved.

Besides sharing cultural knowledge and educating visitors about Squamish and Lil'wat cultural traditions, the SLCC is proud to teach ambassadors tourism sector customer service skills through their Indigenous Youth Ambassador Program (IYA).

The IYA program is a cultural and educational program that teaches youth ages 16-30 the foundations of business through the lens of a First nations Museum. IYA is a twelve-week program paid for by the SLCC that includes placement in the Food and Beverage, Retail, and Cultural departments. Attendees receive certificate training for Food Safe 1, Workplace Hazardous Materials Information System (WHMIS), First Aid Level 1, and Serving It Right. Other opportunities provided through this program include off-site excursions to other cultural centres and adventure tourism attractions, presentations from community Knowledge Keepers from both nations, and daily transportation from North Vancouver, West Vancouver, Squamish, and Mount Currie.

Introduction

The SLCC recognizes a significant need for a service that addresses and supports youth in the IYA program who struggle with mental health challenges. Some of the challenges youth experience include depression, childhood trauma, anxiety, eating disorders, and post-traumatic stress disorder (PTSD). Indigenous youth experience significant mental health disparities and are among Canada's most vulnerable children and adolescents (First nations Health Authority 2017; Graham et al., 2021; Katapally, 2020; Snowshoe, 2017). The suicide rate for Canadian Indigenous youth is five to seven times higher than non-Indigenous youth (Barras, 2018). Standard suicide prevention and intervention programs appear ineffective towards addressing Indigenous youth mental health. Western approaches to addressing suicide amongst Indigenous populations tend to focus on conventional behaviour change frameworks and psychotherapies (Barker et al. 2017). Research suggests that these interventions are culturally unsafe and therefore, unable to conceptualize the historical, societal, and cultural traumas that impact the health and well-being of Indigenous populations (Barker et al. 2017). The prevalence of alcohol

abuse and marijuana use among Indigenous youth in Canada living on-reserve is 23.5% and 14.7% respectively. This disparity is especially concerning, considering that of the 1,807,250 self-identifying Indigenous people in Canada (roughly 5% of the total Canadian population), 55% are under the age of 25. This percentage represents 17% of all Indigenous youth in Canada aged 15-24 and 7% of people aged 14 and under (Statistics Canada, 2021). Mental health and addiction are both serious issues in the population I am dealing with. I will use these two terms interchangeably throughout my report.

Accessing services, however can be challenging for the St'atl'ixm Bands because unpaved roads make transportation limited and unreliable, especially during the winter. Many Indigenous youths in the Sea to Sky corridor (see Appendix 6) live close to affluent communities but remain functionally isolated from mainstream society because of cultural, economic, social, and educational barriers. Currently, the SLCC provides in-house counselling one day a week that all staff and IYA participants have access to free of charge; it also facilitates sharing circles led by a community leader. The SLCC is exploring an extension of its children and youth mental health program for which they received funding in March 2021. The findings and recommendations from this study will help inform service planning and the development of a new service or services.

Initiation of the Project

In June 2021, I began discussing with Heather Paul, executive director for the SLCC, the need for a new child and youth mental health service that the SLCC would like to offer youth participating in the IYA program. We decided that a needs assessment would help the SLCC better understand the mental health and emotional needs of youth in the area and provide an opportunity for IYA participants and staff members to have a voice in decision-making about the

types of services that would potentially benefit them.

I was privileged to participate in multiple IYA activities following that first meeting, including a fish tanning workshop, Medicine Wheel workshops, multiple sharing circles, land-based activities, and morning circles. This helped me better understand the work being done at the SLCC and begin building relationships with those involved in the program. In December 2021, leaders at the SLCC and I agreed on an initial framework for the information gathering project which they subsequently created collaboratively. In January 2022, the SLCC invited me to partner in conducting the Indigenous Youth Needs Assessment (see Appendix 1, Community Partner Agreement).

Project Goals

The present report describes a project aimed at providing the leadership of the SLCC with mental health and community data to inform the development of a comprehensive service system model, improve the services they offer, and support applications for external funding. I hope that this project will contribute to designing a culturally appropriate mental health service that uses Indigenous knowledge to support youth mental health in the IYA program. To achieve this aim, I conducted a Youth Mental Health Needs Assessment for the IYA program members at the SLCC. I also conducted individual interviews with SLCC staff. My intent in asking the nine interview questions (Appendix 5) was to gain a deeper understanding of the mental health needs of the participants and to co-create recommendations to serve them.

About the Project Leader

I am the project leader and primary author of this report. I was born in Montreal, Quebec, and grew up in Vancouver, British Columbia. In grade four, Miss Walker taught me about First nations in Canada. Little did I know then, at the age of 9, that Miss Walker had planted a seed in

me that would sprout decades later. My passion for working with Indigenous peoples is a direct result of my early academic introduction to the First nations Peoples. Aside from this valuable early introduction into Indigenous cultures, I grew up mostly ignorant of the people whose traditional territory, that the Musqueam First Nation, had been appropriated for families like mine to purchase. I learned from leaders at the SLCC, leaders at the University of Victoria, and the community members of the Stl'atl'imx nations that my introduction should begin with an account of where I am from, including my family and my connection to this land.

I have been privileged throughout my life in several ways. I have experienced an upbringing of comfort and financial and emotional support from family and friends upon which I draw when needed. I became a professional who works with children, youth, and families in the Sea to Sky Corridor (across traditional territories of the Squamish and Lil'wat Nation Peoples). I have been a Master of Arts student at the University of Victoria in the School of Child and Youth Care. I am a proud uncle to three incredible young men, and a father to two wonderful boys. I have an extensive history of building trust and upholding principals of social work as a service provider for marginalized populations: I worked with adults at a private drug and alcohol treatment centre on Vancouver Island where I was privileged by the trust people had in me as I walked alongside them and supported them through their early days of recovery.

Self-Location

The purpose of this project was to conduct a mental health needs assessment for youth in the IYA program.

Who I am as a white settler project leader has been shaped by my ancestral history – that of immigrants who came from Europe to Canada, occupied Indigenous territory, and benefitted from their resources. As a project leader on colonized lands, I acknowledge that I am situated in

the community where I conducted my project as an uninvited guest living and working on the traditional and unceded territories of the Stl'atl'ixm First nations. I recognize that my ontology and epistemology are different than Indigenous theories and therefore was careful not to impose my western assumptions that could have further oppressed my participants. For example, the way I asked a question, based on my social location and previous personal experiences, could have influenced how I interacted with participants, which could have impacted the data that were generated (Jacobson & Mustafa, 2019).

As a white settler, my self-location involves the shifting dynamics of being an insider and outsider. This understanding not only shapes who I am as a project leader; it also allows me to recognize my position within my study. Kirby et al. (2006) refer to the term "*insider and outsider"* as a social location within the researcher's relationship to the community. They also note the insider or outsider is not a fixed position but rather is an ever-shifting social location. Based on my white privilege, social class, education, and the power differential I had over the participants in my project, I was an outsider to the community where I conducted my project. But I have also experienced injustices, discrimination, and stigma because of my personal experiences in mental health and addictions. My experiences, insight, and relatedness to the project community allowed me to shift from an outsider to a more reflexive insider position based on my ability to identify with the project participants. I was aware that my experiences with stigma and discrimination were very different from those of the project participants. I positioned myself as a learner as opposed to a teacher and conducted my project from a humble and strength-based approach to inquiry, in which all participants' voices were heard. Their input and contributions will be reflected in the service design. This project was a collaborative process, not an individual one.

Literature Review Summary

This literature review explores the barriers Indigenous youth experience while trying to access mental health services and the impact these barriers have on the youth and their communities. A community and organizational needs assessment was conducted to determine what these barriers are, why they exist, how to address them, and what needs to be done to improve access to services for vulnerable populations living in rural and remote communities. In the literature I reviewed, geographical challenges, racism, and a lack of culturally safe services were reoccurring themes. Goetz et al. (2022) identified historical and intergenerational trauma, cultural factors, lack of trust in mainstream services, racism, bias, and discrimination as barriers to help-seeking among Indigenous populations. Nelson et al. (2018) found that services are few and often understaffed for youth living on reserves. In urban areas where services are more accessible and abundant, Indigenous youth reported higher rates of stigma and discrimination based on Indigenous identity. The participants in my study report similar barriers. Mental health services that do exist in this region are designed for adults and do not take into consideration the mental health service needs of Indigenous youth. The following literature review highlights several themes: foundations of respect, Indigenous paradigms, mapping a plan for change, and equitable collaboration. The final theme, what needs to change, is encouraging and offers guidance for new systems of care, and informs my approach to the current assessment of mental health service needs of youth in the Stl’atl’imx nations.

A Foundation of Respect

The concept of cultural safety is the act of providing safe and equitable health services to Indigenous people where the relationship between service user and service provider is built on a foundation of respect and trust that acknowledges the historical impacts of colonization (Lopez-

Carmen et al., 2019). Culturally appropriate services are inclusive services that consider a person's identity, cultural beliefs, and practices (Northern Indigenous Health, 2021). Curtis et al. (2019) identifies a growing recognition of the importance of cultural competency and cultural safety at health practitioner and organizational levels for achieving equitable care. Eliminating Indigenous health injustices requires addressing health inequities, including institutional racism, and discrimination, and ensuring a system of care that delivers appropriate and equitable health care (Curtis et al., 2019). Lopez-Carmen et al. (2019), in a review of services, found that when culturally safe and strength-based mental health services are respectful, inclusive, and community and family-oriented, the overall mental health of Indigenous youth improves. They also found that resilience, pro-social identity, and leadership improved, and recidivism rates declined. It is apparent that services and programs addressing Indigenous youth mental health must be culturally safe and reflect cultural values and Indigenous knowledge systems.

Indigenous Paradigms

The current project draws from two theoretical perspectives that informed the gathering of information with Indigenous youth. First, efforts were made to conduct the assessment ethically, drawing from an Indigenous paradigm that values holistic interconnectedness, collaboration, reciprocity, spirituality, and humility (Held, 2019). Second, the project draws from a strength-based approach. A strength-based approach with an Indigenous lens that values and practices Indigenous self-determination and attends to Indigenous resources to support mental wellness and reduce mental health challenges (Bryant et al., 2021; Askew et al., 2020). An Indigenous paradigm and a strength-based approach are sometimes referred to as a "two-Eyed" seeing approach. "Two-eyed seeing" integrates Indigenous holistic worldviews produced from the body, mind, heart, and spirit - with Western knowledge (Peltier, 2018).

Mapping a Plan for Change

A community needs assessment provides community leaders with a snapshot of local policy, systems, and environmental change strategies that help to identify service gaps, the need for additional services, and areas for improvement (Blignault et al., 2016). Communities can map a plan for health improvement by creating new services tailored to individual and community needs, as well as by improving or changing existing services to make positive and sustainable changes in their community (National Collaborating Centres for Public Health, 2017).

Equitable Collaboration

My literature review provided me with insight into strategies used by other projects to gather needs assessment information in Indigenous contexts and the challenges that may be expected. Research aimed at understanding youth mental health and improving service delivery has proven to be more successful when youth participate in the research process (Rannaas et al., 2020). Like participatory approaches involving youth, research engaging Indigenous youth requires tools and approaches that are culturally safe and appropriate (Davidson et al., 2020). Some of these approaches include Youth Participatory Action Research (YPAR), Experienced-based co-design (EBCD), the Aboriginal Children's Health and Wellbeing Measure (ACHWM), and Community-based Participatory Research (CBPR).

Breaking Down Barriers

My literature review revealed the multiple service barriers Indigenous youth experience in rural and remote communities and the impact these barriers have on Indigenous people. These barriers include racism, discrimination, distrust of service providers, and limited information regarding mental health services (Blignault et al., 2016; Ransome, 2013).

Residential schools have had a detrimental intergenerational effect on Indigenous

populations (Wilk et al., 2017). The effects of abuse and mistreatment in the schools have had a lasting impact on individuals and their families. Much work needs to be done to unlearn generations of coping strategies Indigenous people used to avoid further abuse during a time of cultural genocide. Some of these problematic coping strategies include detachment, not showing or expressing emotions, and a distrust of government systems (Wilk et al., 2017)). Maladaptive self-harming behaviours such as drugs and alcohol are also used as coping strategies to deal with historical traumas and the oppressive impacts of colonialism (Nutton et al. 2015). Literature makes clear that little to no support was available to survivors before and after residential schools finally closed in 1996 (Hanson et al., 2020). Efforts have been made to address this issue but, unfortunately, many institutions continue to fall short in this area. Most notably, due to living remotely, health system deficiencies, and inadequate resources, Indigenous people do not have equitable access to health services compared to non-Indigenous Canadians (Nguyen et al., 2020).

Mental health services are limited in rural and isolated Indigenous communities. Several studies have shown that community members must often travel to cities for health care, and that this creates a geographical barrier to adequate access. A lack of reliable transportation, such as bus service, makes travel to major healthcare settings extremely challenging (Nguyen et al., 2020; FNHA, 2021). Many people have left their communities and moved to the city to acquire better access to health care and mental health services. While the city may provide more available services than the reserve, mental health programs remain inadequate in terms of availability and acceptability.

Culturally appropriate service delivery is a significant barrier to accessing and utilizing mental health services. Studies report that Western treatment models do not consider cultural

values or traditional approaches to medicine, nor do they consider Indigenous spirituality or Indigenous views of health and healing (Cameron et al., 2014; Katapally, 2020). A connection to culture provides an essential anchor for growth and well-being during adolescence (Ferguson et al., 2021). In a service review, Lopez-Carmen et al. (2019) found that when culturally safe and strength-based mental health services are respectful, inclusive, and community and family-oriented, the overall mental health of Indigenous youth improves.

Many studies and reports indicate how the impacts of colonization and historical traumas have overwhelmed survivors and later generations with mental health issues (Nguyen et al., 2020, FNHA, 2021; NCAAH, 2017). The lack of culturally safe and supportive resources is experienced as hidden oppression and trauma that compounds other forms of oppression and trauma that Indigenous people have faced and continue to face (Nguyen et al., 2020). The legacy of residential schools continues to plague those who attended those schools, as well as and their families. Cultural oppression, which has had an enduring and disruptive effect on their sense of self and overall well-being, making the need for supportive resources is significant.

Colonialism has led to the discriminatory distribution of resources among Indigenous populations and has excluded them from participating in policymaking. This exclusion has contributed to the underdevelopment of healthcare resources on reserves and the underfunding of culturally focused health services that are sensitive to this population's physical and mental health needs (Nguyen et al., 2020). Researchers have identified stigma as a significant barrier to addressing mental health concerns and service utilization. Youth reported this was a significant challenge to overcome, a challenge that prevented them from reaching out for support during difficult times (Nguyen et al., 2020).

What the Literature Says is Working

Culturally-based interventions focus on cultural knowledge, Indigenous ways of knowing, and traditional practices. These include ceremonies and storytelling, traditional healing, smudging, sweat lodges/therapy, songs, and prayers. The sweat lodge ceremony is commonly used to treat mental health and addiction issues amongst Indigenous populations (Leske et al., 2016; Garret et al., 2011). Agencies that have successfully served Indigenous populations provide culturally safe services that incorporate Indigenous cultural and traditional practices. Studies conducted in Canada and the US found that Indigenous culture-based interventions significantly increased abstinence from drugs and alcohol and reduced consumption of drugs and alcohol in Indigenous populations (Leske et al., 2016; Rowan et al., 2014). Effective service models are encouraging and offer guidance for new mental health systems of care.

One example of an effective and culturally safe service model is the Winnipeg Holistic Expressive Arts Therapy (WHAET) institute, which is Canada's first Indigenized art therapy program used to support cultural healing in Indigenous communities. Jamal (2020) explains how the program involves using different kinds of art therapy (drawing, visual, expressive, digital) to help a person express themselves and process trauma as part of treatment.

The agencies serving Indigenous populations provide culturally-safe services that incorporate Indigenous cultural and traditional practices. Most studies have been done in urban areas with Indigenous communities living close to affluent neighbourhoods (Blignault et al., 2016). There are striking similarities between these communities and the community where the current project was carried out, where Indigenous youth and staff live within a forty-five-minute drive to a world-class ski destination with highly visible wealth and privilege among non-

Indigenous community members and visitors.

Digital health solutions also known as virtual health care, is becoming one of the fastest-growing uses for delivering mental health care to remote communities (Hensel et al., 2019; Katapally, 2020). Globally, health systems are making significant investments in digital health to promote better health and improve service access (Hensel et al., 2019 cited in Marzano et al., 2015). Digital solutions have specifically been recommended to address mental health needs in countries such as Canada and Australia, where a substantial percentage of the Indigenous population resides in rural and remote communities (Hensel et al., 2019 cited in Dudgeon et al., 2014). There is great potential for the mental health needs of youth to be addressed in a timely, effective, and efficient manner with digital health solutions, particularly systems that are developed and applied in a culturally informed way (Hensel et al., 2019).

These studies aim to improve existing services and /or create new services for Indigenous populations in their jurisdiction. Four of the studies focused on strengthening mental health and wellness services. Ransome (2013) aimed to establish a general understanding of the needs of Indigenous people living in the Gatineau area and the difficulties they encountered when trying to access services. Their objective was to make recommendations on how to improve the quality of life of Indigenous people. Finally, Blignault et al. (2016) assessed the first three years of a national program to improve the mental health and wellness of Indigenous youth in remote and urban Australia.

Like these studies, the primary focus of my study, which included both youth and adults, is to understand the needs of youth involved in the Indigenous Youth Ambassador program (IYA). Participants provided valuable data based on theirpersonal experiences accessing services and discovering gaps in services that exist in their community.

Concluding Comment

This literature review provides insight into the multiple service barriers Indigenous youth experience in rural and remote communities and the impact these barriers have on Indigenous people and communities. Service models that have been shown to be effective are encouraging and offer guidance for new systems of care. This review also provides insight into strategies used to gather needs assessment data in Indigenous contexts and the challenges that may be expected, insight which informed my approach to the assessment of mental health service needs of youth from Stl'atl'imx nations.

Project Design

A mixed-methods project for gathering information was designed to draw on the inherent knowledge of participants familiar with the IYA program and to solicit their suggestions for a new mental health service. A mixed methods design using a questionnaire and a series of individual interviews was chosen because it combines the strengths of two different methods – it provides richer data and a more complete understanding of the wellbeing of youth participants, and their service needs. This design also provided an opportunity for participants to share their thoughts, ideas, and recommendations for a new youth mental health service model.

Quantitative data were collected from self-report questionnaires. The Aboriginal Children's Health and Well-being Measure (ACHWM), also known as Anniish Naa Gegii (Ojibwe for "How are you?") (Appendix 2) is a 62-item instrument created by Young et al., (2013) that reflects health from an Indigenous worldview and encompasses the complete spectrum of health from illness to wellness across the four quadrants of health identified in the Medicine Wheel: mental, emotional, spiritual, and physical (Glauser, 2020; Young et al., 2013).

Recruitment of Youth Participants

The 2021/22 IYA program consisted of seven male and five female youth. Nine IYA alumni agreed to be contacted about participating in this project. In the winter of 2022, I was able to recruit twelve IYA alumni, and six IYA participants for a total of eighteen participants. Of the 18 participants, 9 were female and 9 were male, aged 15 to 25. I recruited participants through word of mouth; announcements were also made by SLCC staff during morning circle gatherings. I guided all participants through completion of an informed consent form (see Appendix 4).

For individual interviews, I used strategic purposeful sampling (Creswell, 2003),

attempting to recruit participants from a range of ages and with a variety of knowledge pertaining to youth mental health, knowledge of traditional healing practices, knowledge of cultural practices including ceremonies, song and language, familiarity of the IYA program, and duration of work experience at the SLCC. The interview participants were viewed as the experts of their own experiences, and their stories form the foundation of the analysis. As a token of appreciation, the SLCC provided all participants with a $25 honorarium for their contribution to the project.

Names of participants and identifying features in the data were disguised. Data collection and findings were disseminated in such a way that any markers of personality or identity were not included. The SLCC retains ownership over all data that participants consented to provide and will continue to oversee and direct the distribution of this report.

Data Collection: Questionnaire and Semi-structured Interviews

The primary objective of implementing the ACHWM was to assess the health and well-being and ultimately to improve mental health services for Indigenous youth between the ages of 16 to 30 years of age in the IYA program. The self-report questionnaire was completed on a tablet by eighteen youths who ranged in age from 15 to 25 years (average age was 23). All identified as Indigenous. Two male youths were from Musqueam Nation, two females and one male were from Squamish Nation, and seven females and six males were from Lil'wat Nation. The ACHWM tool ensures that the well-being of participants and their safety is prioritized during the data gathering process and operationalizes social accountability on the part of the project leader. Canadian research guidelines for the ethical conduct of research involving youth, require that special provisions must be made when conducting research with vulnerable people (Young et al., 2016 cited in Canadian Institute of Health Research, 2015). In accordance with the

ACHWM's protocol, should a participant experience distress while filling out the questionnaire they must be offered immediate assistance by an Indigenous child and youth mental health clinician. When the participant completes the ACHWM, the tablet will "flag" the concerning responses (highlighted in a short report when the survey is complete). Upon completion of the questionnaire, participants whose assessments were flagged were offered follow-up support.

Prior to data being collected, a drum ceremony was held to honour participants for their contributions, their resilience, cultural pride, and healing. All participants completed the questionnaire in the privacy and comfort of the SLCC boardroom. It took participants roughly 15 minutes to complete the questionnaire. Many participants in the project said they took part in the needs assessment because they trusted that their anonymity would be protected, and because they felt there is a significant need for a culturally appropriate service that would support them and future IYA participants.

Semi-structured Interviews

Holstein and Gubrium (2002) explain that the act of conducting an interview happens when "the interviewer coordinates a conversation aimed at obtaining desired information" (p.10). McGinn (2009) adds that this interactive method of data gathering "[can] be formal or informal, structured or unstructured, and individual or collective" (p.1). Semi-structured interviews are individual. The sequence and arrangement of the questions in the interview guides can be modified. That is, there is space in scripted questions for "flexibility in the way issues are addressed by the informant(s)" (Clifford & Valentine, 2010, p. 105). Interviews have their challenges and disadvantages. According to Barlow (2009), this data collection method "allows the researcher to compile a large amount and variety of data over a short period of time" (p. 497).

Qualitative data were collected during nine face-to-face individual interviews that were held with representative stakeholders, including Indigenous SLCC staff (n=4); IYA graduates (n=3); and non-indigenous SLCC staff (n=2). Participants ranged in age from 22 to 51. Seven participants identified as female, two identified as male. Two participants identified as non-Indigenous, two as Squamish Nation, four as Lil'wat Nation, and one identified as being from another country.

Each participant was interviewed for approximately thirty to forty-five minutes. The interviews took place at the SLCC in the boardroom. Interviews were recorded using the voice recorder app for IOS and transcribed verbatim. The transcriptions generated approximately 37 double-spaced pages of raw data.

Interview participants were asked a total of nine questions (See Appendix 5). Questions included queries about what youth need to feel supported, ideas about how to improve Indigenous youth services, areas of satisfaction and dissatisfaction with how youth are supported by the IYA program, what culturally based practices they suggest for the IYA, how mental health and substance use is viewed in their culture, and recommendations for a new service.

Data Analysis

Reflective Thematic Analysis

According to Braun and Clarke (2022), "Reflexive thematic analysis is a method for developing, analysing, and interpreting patterns across a qualitative data set, which involves systematic processes of data coding to develop themes*"* (p.4). This data analysis method allows researchers to organize and make sense of different types of data, without losing sight of the contextual pieces that permeate such data.

I followed the principles of thematic analysis (TA) to analyze the data from the interviews. TA is widely used for analyzing qualitative data across many disciplines in the social, behavioural, and applied sciences (Clarke & Braun, 2018). Of the three main schools of TA – coding reliability, codebook, and reflexive – I chose reflexive thematic analysis (RTA), which was first proposed by Braun et al. in 2016. RTA is an approach to thematic analysis that values the researcher's pre-existing knowledge, social position, and subjective experience as the primary way to interpret and analyze patterns or themes in the dataset (Braun & Clarke, 2022).

Braun and Clarke (2022) identify six phases within RTA: "familiarizing yourself with the dataset; coding; generating initial themes; developing and reviewing themes; refining, defining and renaming themes; writing up (p. 35). In phase one, I read and re-read the data transcriptions, listened to the recorded interviews, and made brief notes about analytic ideas and insights. In phase two, I identified single segments of data that [captured] particular meanings and concepts, and then systematically coded them. In phase three, the aim was to identify shared meaning across the dataset. Initial themes were generated by organizing clusters of codes that captured specific meaning. In phase four, I developed themes in relation to the coded excerpts and the full dataset. In phase five, I chose themes that fit into the overall story of the data and then individually labelled them. In the sixth phase, I wove together analytic narratives and rich data quotations that told a pervasive story about the dataset and addressed the project topic.

Theoretical orientation

The principal orientation of RTA is towards flexibility and subjectivity, meaning it is important that I identify my perspective on the data as well as the implications that perspective for my analysis. I chose RTA because it allowed me to be subjective and reflect on the ways my

lived experience with mental health and addiction, my values, and my social location informed my analysis.

I primarily employed an inductive approach to RTA and worked within an interpretivist epistemology. I came to understand that it is impossible to follow a linear approach to data analysis in RTA because, as a project leader, I brought my philosophical metatheoretical assumptions and myself to the analysis, meaning an inductive orientation was grounded in my coding and theme development process (Braun & Clarke, 2022).

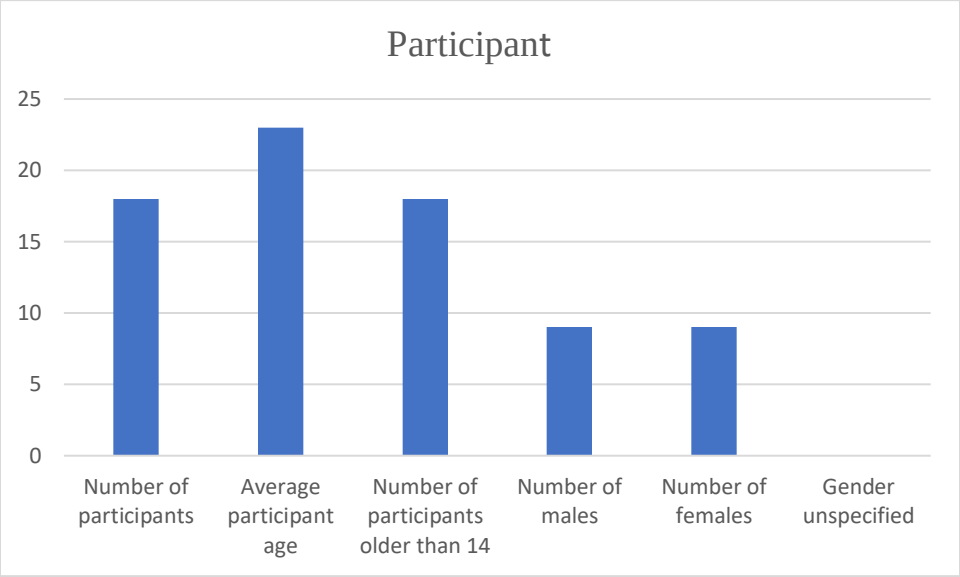
An interpretive approach considers differences such as cultures, circumstances, and the development of different social realities (Alharahsheh & Pius, 2020). I found that this approach was more conducive to understanding participants' lived experiences and social realities, thereby enabling the me to explore in further depth individual experiences through interviews and in formal discussions. In comparison, a positivist paradigm would not permit the depth and level of insight needed to generate meaningful findings (Alharahsheh & Pius, 2020).

Findings from Questionnaire

A total of 18 individuals completed the questionnaire. All but one of the respondents completed the questionnaire at the SLCC, with the one exception completing the questionnaire at a community event. Figure 1 presents a breakdown of the participant characteristics and the gender of respondents. The average age for respondents was 23 years.

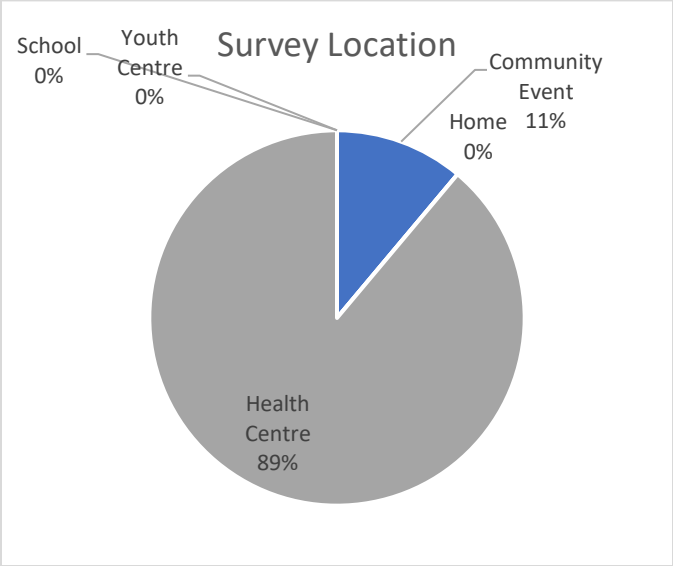
Figure 1

Participant Characteristics



Location

Survey Location



To ensure data were gathered efficiently in a safe, comfortable, and confidential environment, I decided that the best location for participants to complete the questionnaire was at the SLCC during program hours. The SLCC was able to provide privacy, comfort, and immediate clinical care should a participant require support, and secure storage of data.

Summary of Self-reported Global Health

The primary indicator of overall health comes from the participants' responses to one question: "How would you describe your health this past month: Excellent, Very Good, Good, Fair, or Poor?" The distribution of answers to this question is shown in Table 1. Half the respondents (50 %) described their health as fair, and 20.0 % described their health as good; 17.0 % described their health as fair, and 11.0 % described their health as poor.

Table 1. **Self-Described Global Health**

Rating (N = 18)

	Frequency	Percent
Self-Described Health		
Fair	9	50.0
Good	4	22.0
Very good	3	17.0
Poor	2	11.0
Excellent	0	0
Total	18	100

Table 1 summarizes the measurement of the Global health (GH) Score in Indigenous female and male youth. Global health consists of several issues that impact the health and well-being of Indigenous youth. These contributing factors include the current COVID 19 pandemic, other environmental factors, and economic disparities. The goal of global health is about achieving better health outcomes for vulnerable populations and communities worldwide. Self-described global health for the purpose of this study focuses on the local population from the Stl'atl'imx region. The scores from my study are based on four key measures of adolescent health that address physical and psychological well-being: self-rated health, psychosomatic complaints, health-related quality of life, and life satisfaction. Male participants scored slightly higher than female participants on the very good rating, and females (2) and males (2) equally rated themselves as good. Males (50%) and females (50%) were evenly scored on the fair rating. Females (11%) were the only ones who rated themselves as poor. None of the participants rated

themselves as excellent. In comparison, a Canadian health survey using similar measurements for a non-indigenous population found that more female youth aged 12-14 reported fair or poor mental health compared with male youth. That number doubled for females aged 15-17 - 24% of girls and 10% of boys reported fair or poor mental health (Statistic Canada 2020). Levesque et al. (2019) also found that female Indigenous youth respondents self-reported higher fair or poor scores than did male respondents. Anderson (2021) found that male Indigenous youth (60.8%) rated themselves in excellent or very good health compared with female Indigenous youth (52.3%). There are a few theories that suggest why females self-rate their mental health lower than males. Ramos et al. (2011) suggest that girls are more able to express their mental health condition than are males, and females have a greater tendency towards introspection and self-revelation. According to Halseth (2013), females are more likely to suffer from mental health issues such as anxiety and depression and are more likely to abuse alcohol and marijuana, which could explain why their self-reported mental health scores are lower than males. This cohort scored equally along all health ratings with males scoring slightly higher than females in some areas. The sample size of my study, however is much smaller than that of other studies and, therefore, I cannot be sure if my findings provide an accurate comparison to those of other studies of Indigenous youth.

It is important to note that the world was in the middle of a pandemic during the data collection stage of this study. COVID restrictions such as the necessity to be vaccinated and wear masks were mandatory at the SLCC during this time. The communities where participants are from were still under lock-down to visitors and non-members. As a precautionary measure, I had the mental health clinician meet virtually with participants to limit the potential for exposure. The ACHWM survey did not have any COVID related questions. I did, however, ask

participants after they completed the questionnaire if the pandemic had impacted their mental health in any way. Most respondents stated that COVID restrictions had negatively impacted their mental health. When asked if the pandemic had influenced the way in which they answered survey questions, participants either stated they were unsure or did not think that the pandemic influenced how they answered questions.

Summary of Domain Scores in Youth

The average rating on the 62 questions in the survey was used to create individual summary scores for each participant. The questions representing each quadrant of holistic health were added to create quadrant scores (Table 3). All scores were scaled on a 0 to 100 scale on which 0 represents the most negative rating of health and well-being and 100 represents the most positive rating of health and well-being. The summary scores for all 18 participants were examined as a group.

Table 2 shows the means and standard deviations for all continuous variables within the dataset. As Ritchey (2008) notes, means and standard deviations are the appropriate statistic to report for continuous variables. The average score for this group was 66.29. The range of scores was 55.04 to 71.05. The average spiritual score for respondents was 71.05. This was followed by the average emotional score 66.45, the average physical score 67.97, and the average mental score 55.04. The distribution of summary scores is shown below. These mean scores are shown in Table 3, by gender. Females appeared to have higher ACHWM Total scores, and Quadrant scores compared to males.

Table 2. **ACHWM Score Distributions**

Variable	M	SD	Male (*n* = 9)	Female (*n* = 9)
Age of respondent	23.80	7.34		
Summary score	66.29	12.06	65.8 (SD 11.2)	70.1 (SD 8.5)
Spiritual score	71.05	15.59	70.6 (SD 15.1)	74.8 (SD 13.9)
Emotional score	66.45	15.45	65.4 (SD 15.6)	71.4 (SD 10.4)
Physical score	67.97	10.23	69.0 (SD 8.6)	69.9 (SD 8.2)
Mental score	55.04	12.57	53.9 (SD 12.5)	58.6 (SD 11.1)

The youths' responses provide a slightly different picture than the adult responses. Most survey respondents scored high on questions relating to spirituality, which suggests that the youth feel connected to their culture, traditional practices, and their Creator. Female scored considerably higher than their male counterparts on questions such as feeling connected to their community, seeing beauty in nature, feeling connected to Mother Earth, and participating in cultural celebrations. Nevertheless, none of the female respondents pray or feel connected to their Creator, whereas a higher percentage of males engage in prayer and have a spiritual connection. A significantly higher percentage of males than females believe in a Creator. The difference between male and female spiritual scores might be because males from this cohort spend more time building relationships and learning from Elders than females do. There was alignment between what interview participants said in Theme 2 about the importance of connecting youth to their culture and traditional practices. All survey participants strongly agreed

that spending time with Elders, learning about their Native language, learning about their culture, and learning about traditional practices are essential.

Participants' combined physical scores were slightly lower than their spiritual scores. A higher percentage of male participants scored higher than females on questions relating to physical activity - being active outdoors, playing sports, enjoying exercise, and having enough energy to be active. Interview participants did not speak about the physical health of youths. However, they did recommend getting youth out on the land doing land-based activities such as gathering and harvesting sacred medicinal plants which promote physical health and well-being. The difference in physical scores may be due to several factors. Some of the female participants were single mothers while others were working two jobs to support large families, leaving less time for physical activity.

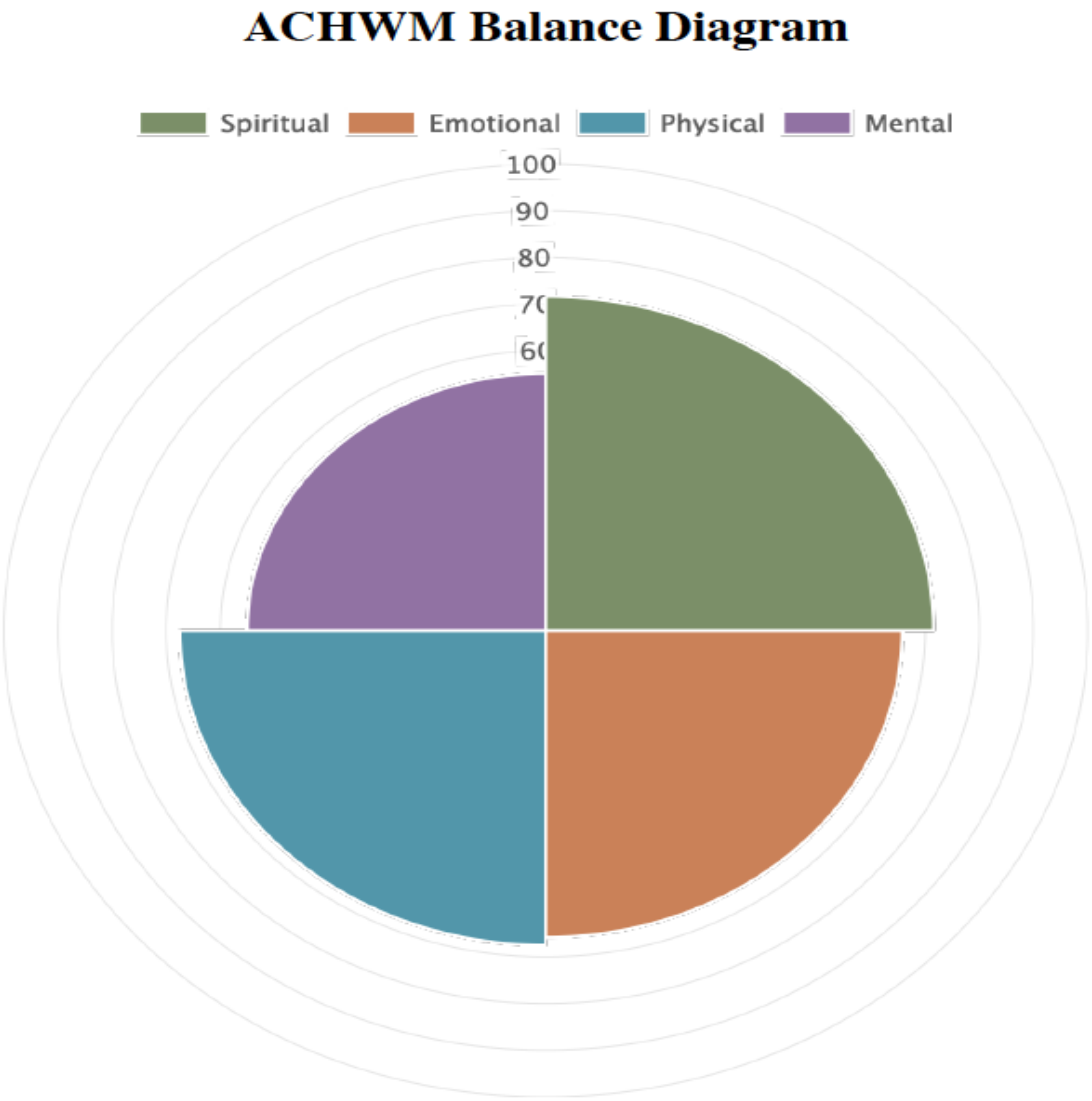
The participants' emotional scores were slightly lower than their spiritual and physical scores. A greater percentage of females scored higher on emotional health than the male respondents. Most participants strongly agreed that they laugh, have fun, have things in their lives that make them happy, and have long-time friendships. It was interesting to learn that a high proportion of females felt encouraged by their community, whereas most males did not. Female respondents also have more hope for their future and feel loved, which might explain why they scored higher than male respondents. Recurring descriptions of poor emotional health among IYA participants in Theme 1 were inconsistent with the youths' relatively higher scores on survey questions related to emotional health. Interview descriptions of youths' poor emotional health might explain why they did not score higher in this area.

Balance Diagram

The ACHWM Balance Diagram below shows the balance of the four scores. In this diagram, the outer circle represents the potential score of 100 for the quadrant. If youth in the IYA program reported perfect health in all four quadrants, each piece of the pie chart would touch the outer circle. The balance diagram was a tool used to represent the scores visually. Of the 18 participants, two of the three respondents who rated their health as very good were male; the third was female. Two male and two female respondents equally rated their health as good for a total of four. The only two respondents who rated their health as poor were female.

Figure 4

Balance Diagram with Summary Scores for Each Quadrant of the ACHWM

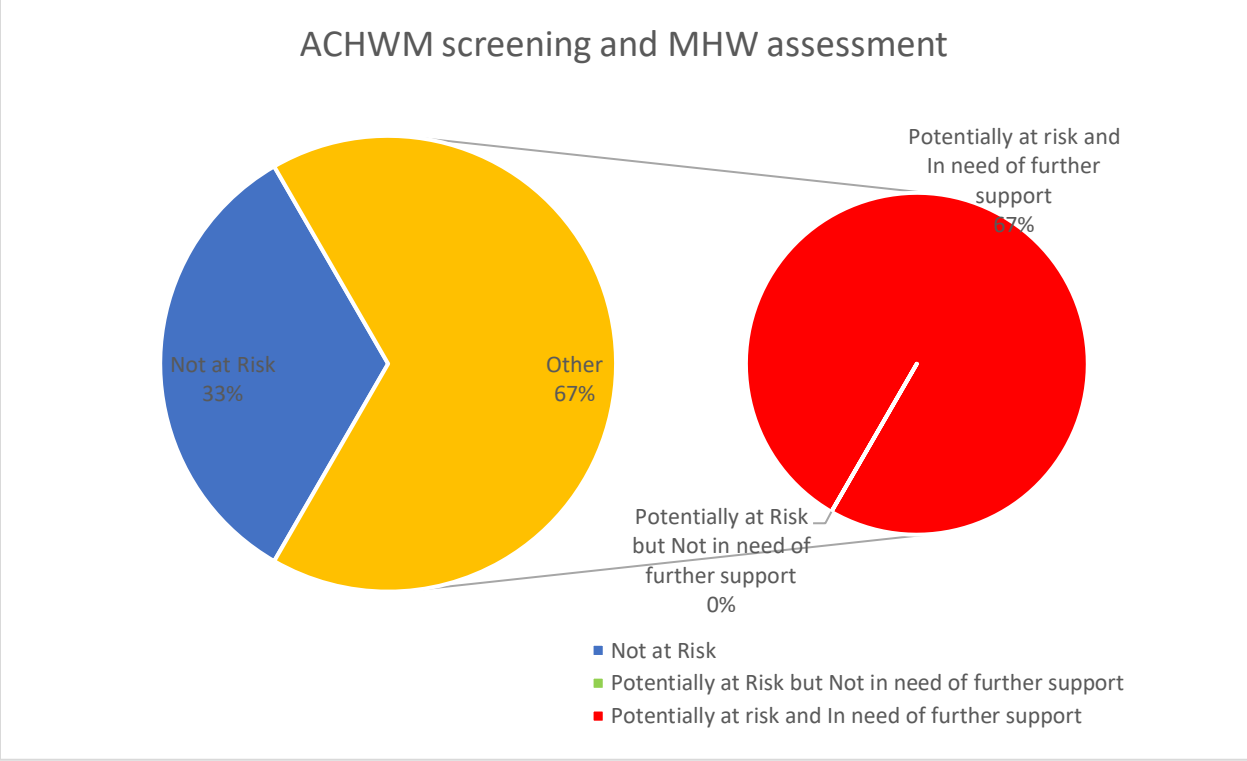

ACHWM Balance Diagram
Spiritual
Emotional
Physical
Mental
100
90
80
70
60

ACHWM Screening and Clinician Assessments

Figure 5 shows that more than 2/3 of the participants (53%) indicated they needed further support. Three (33%) of the nine females who completed the questionnaire were subsequently flagged to receive further support. Over half of the nine males (67%) who completed the questionnaire were also flagged as needing further support. None of the participants felt they needed further support at the time. I gave participants the contact information of the clinician and a list of supportive resources in their community should they change their mind.

Figure 5

ACHWM Screening and MHW Assessment diagram



At risk questions were included in the survey to identify those who are at risk and in need of support. After the youth completed the survey, I along with the youth and the onsite mental

health clinician conversed about the flagged questions. This was an opportunity for me to ask them if they were going through a difficult time, if they were experiencing emotional distress in that moment or in their daily lives, and if they had any concerns they would like to address with the clinician. Some participants disclosed that they had struggled with mental health in the past while others shared that they often struggle with mental health issues but choose not to access support because they view traditional mental health services negatively.

Open-Ended Questions

To help guide program planning and evaluation at the SLCC, participants were asked to answer three open-ended questions that were intended to capture their voices: (1) What do you do to stay actice (physically, creatively, and culturally)? (2) What cultural activities do you do? (3) What activity would you like to do if you had the chance? The word cloud (Figure X) shows the most common responses given by youth about which activities they like to do to stay active and culturally involved.

Figure X

Word Cloud

In the next section, findings from individual interviews of SLCC staff and IYA participants, speak to the health and well-being of current and past IYA youths. Findings from the interviews are followed by a discussion, a summary of the findings from both quantitative and qualitative findings, and my recommendations for future service(s).

Findings from Individual Interviews

This section of this report is organized into the five themes derived from analysis of the interview data. These include: (1) youth mental health; (2) cultural mentorship; (3) manager development; (4) programming for development; and (5) expanding basic needs.

Theme 1. Youth Mental Health

Many interview participants discussed the mental health challenges faced by youth coming to the SLCC, the complexities of the issues that impact their day-to-day lives, and their experiences in the IYA program. Some participants spoke about the importance of belonging and their sense of family cohesion at the SLCC. the impact of residential schools on their people and how stereotypes about Indigenous people pervades their experiences. They spoke about the public who visit the SLCC and how their stereotypes would be revealed in the questions they asked. The most common assumptions participants reported are that Indigenous people are alcoholics and choose to be on welfare and live on a reserve. One youth shared how some people still think Indigenous people live in tepees. Youth also shared the stigma they experienced and the poor treatment they received when accessing supportive services for mental health issues. They explained how healthcare professionals automatically assumed they were intoxicated and were told that for their mental health to improve they would need to stop using drugs and alcohol.

Trauma

Participants reported that the trauma experienced by residential school survivors not only impacted the mental and physical health of one generation; it was also passed on to their children, grandchildren, and future generations. One participant described the legacy of pain and suffering her people have experienced for generations: “We have so much trauma in our history, so the level of support that is needed is really high.” During her interview, she revealed that her grandparents went to residential school, and both her parents grew up witnessing the devastating impact of loss of identity, language, and connection to culture: “It was tough for my parents, especially my dad, you know, watching his parents struggle all those years. It was really hard on them. There was not any support for them.”

In the following passage, this participant explains that the lack of support in his community is like the lack of support his parents experienced: “You know, there still isn’t much help for us. I mean, yeah, there are some supports if you can get to them. A lot of us can’t drive an hour or two to see a person” (SLCC staff).

Participants stated that while there may be more supportive services than there were for previous generations, accessing said services require long commutes.

Attitudes Toward Mental Health in Community

The data include descriptions of poor social and emotional well-being and substance use among youth in the IYA program. Many participants shared concerns about the well-being of youth, lack of coping skills, and their discomfort in openly sharing their struggles. Participants described the change in their community’s generally negative attitude towards mental health and the common types of disorders that youth experience, including depression and generalized social anxiety. Although some participants discussed how their peers are becoming more open

toward discussing mental health, many still view this subject as taboo. In the following excerpt, a participant recounted the change in her community's attitude towards mental health.

> I know that when I was younger, it was really frowned upon. Now that I'm getting older a lot of people are getting more open towards it now. They're kind of recognizing that it is very serious and that they are trying to be more open towards it. Umm, just recognizing that anxiety is real and mental health is real (IYA Graduate).

Another participant shared his struggles with depression and suicidality and its impact on his life. He talked about how he found someone whom he trusted to share his pain and in doing so was able to "address the more deep-rooted problems" underlying his symptoms of distress. He described how people in his community are starting to talk more about mental health and how this new attitude validates the seriousness of some disorders. He also explained how people are still reluctant to share their struggles for fear of being judged and the stigma associated with mental illness.

> Yeah, in the past, it wasn't talked about. People around me are starting to see that mental health is a real thing. You know the anxiety and depression, it's real, it's serious but people are still afraid to talk about it. There's so much judgement and you don't want that label. (SLCC staff)

Participants recognized that mental health is a serious issue in their community. They also acknowledged a positive shift in people's awareness but note that people are still reluctant to talk openly about the topic.

Many participants shared their concerns about mental health and substance use issues that new IYA graduates starting the program are battling. Participants also frequently described the

lack of appropriate resources to address substance abuse and common mental health issues. One participant spoke to her experience watching youth who struggle with mental well-being through the program. She explained that those who struggle miss out on learning and are therefore less likely to become successful graduates. She claimed "It's obvious which ones are struggling. They miss a lot of work because they're depressed or come in hungover, and when their mental health is not good, they do not get the full experience, and they don't last."

In the following comment, the same participant shared her sadness and observations of youth entering the program and the need for quick access to supportive services.

> It's sad to see so many of the youth who come in struggle with mental health and addiction problems. Every new intake of IYA's there's always one or two, sometimes more who struggle. We need to have the support for youth built in. You know, my generation we didn't really have the support. (IYA Graduate)

In summary, youth frequently come to the program with generational trauma and stigma around addressing mental health and substance abuse issues which suggests specific support is needed to address the growing number of complex issues. Some of these issues include poor health, lower levels of education, inadequate housing and crowded living conditions, higher rates of suicide, and substance abuse, and limited access to health care services are some of the complexities Indigenous youth are dealing with today (Barras, 2018).

Stigma

In addition to mental health challenges, stigma and discrimination continue to create significant barriers to accessing mental health services (Boksa et al., 2015). Researchers identified stigma as a significant barrier to addressing mental health concerns and using services. Indigenous youth reported that stigma was a significant challenge to overcome and prevented

them from reaching out for support during difficult times (Nguyen et al., 2020). Indigenous people are inaccurately portrayed in the media leading to harmful stereotyping such as that all Indigenous people are addicts or alcoholics and falsify health concerns to abuse medication (Nguyen et al., 2020). During one interview, a participant described an incident he experienced years ago in which he characterized himself as "on the verge of giving up." He explained that out of desperation he found the courage to seek help from a community program, only to be looked down on and judged by the health care providers.

> You know, it's hard for us, we don't get treated the same. It's why a lot of us don't get the help we need. People that are supposed to help us, you know, they judge us. There's already the stigma with mental health but for us it's more. (IYA graduate)

The participants implied that systemic racism within the healthcare system undermines access to treatment and creates significant barriers for Indigenous people needing support.

One of the IYA graduates leading cultural tours at the centre speaks about the stereotypes visitors have towards their people. He discussed the difficult questions people ask and how these harmful misconceptions impact his people's mental health. He understood and appreciated that more people are wanting to learn about Indigenous people but often finds himself triggered by "dumb and offensive" questions.

> People come to the centre and ask hard questions like why many Indigenous people are alcoholics or do so many drugs. It's like they see us as a big problem. We know how people see us, right. When people see us that way you know, that doesn't help our mental health. (IYA Graduate)

Most participants reported having a friend or family member who had an addiction to alcohol and drugs. Participants acknowledged how addiction has become normalized in their

community and more accepted among their peers. Some shared that the only option for most is Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). However, they said that, as helpful as these resources are, they do not always provide the confidentiality and anonymity people need and can work against those who require a safe and private environment to address their addiction. One participant acknowledged the prevalence of substance abuse in her community and that accessing certain resources can come at a cost.

> I know there is a lot of substance abuse and alcohol abuse in my community. They have counselling at Lil'wat health and healing, AA meetings, NA meetings they hold at the community centre in Mount Currie, so it's, it's a big thing in my community, but with that comes a lot of stigma (SLCC staff).

Participants described how Indigenous people continue to experience negative stereotypes when accessing healthcare which can create significant barriers for Indigenous populations to access services.

Inclusion and Belonging

In addition to mental health and stigma, one participant shared his experience in the IYA program and focused on the importance of ensuring that new participants feel a sense of inclusion and belonging. He shared his own feelings of fear, awkwardness, and not fitting in with the rest of his peers and how it took a while to feel grounded in the program. Now as a full-time employee at the SLCC, he makes a point of connecting with each new member in the program. He referred to connecting opportunities as a time when "I make a friend or two." In the following excerpt, he described how he feels when he comes to work and his thoughts about the sense of belonging and safety youth need while in the program.

> When I joined the IYA program, I felt out of place. I kind of think they need to feel

> comfortable and knowing that they are part of the family even though they just joined us. It's a big family for us. That's how I feel when I come to the SLCC. Ummm, I guess that they need to feel at home when they come here, that they can come to anybody to just talk if they're having any troubles. It's what I think would help some of the youth coming here. (IYA graduate)

Consistent with the experiences of many Indigenous people in Canada, some participants experienced poverty, overcrowded living conditions, violence, parent absenteeism, and years spent in foster care. They also experienced losses and deaths in their families and social worlds, including loss of connection to their culture, often at a young age, without access to meaningful support or loved ones to lean on in times of crisis. For some, the thought of family brings up many unpleasant memories. Some described being raised in unsatisfactory households and by non-Indigenous people, concluding that family has become the most important part of their lives. As one participant puts it "Family is what keeps me going. I have my kids, and I have my family at the SLCC." During her interview, this participant discussed the absence of support at home for many youths and shared her thoughts about what will improve their well-being.

> A lot of youth don't get that support at home, and I think it affects their mental health. So yeah, I honestly think that they need like a brotherly or sisterly support. I think if they feel like they are part of a family at the SLCC, it will benefit their mental health. If they feel like they have belonging here they really grow, I see how far they come (SLCC staff).

In both of these examples, participants explained how the absence of family support contributes to poor mental health for many youths in their communities, which is why it is so important that they feel a sense of safety and belonging when they come to the SLCC. Research

suggests that social inclusion/connectedness and civic engagement provide a sense of belonging and positive effects on a range of health and well-being outcomes. Some of these include reduced rates of depression and anxiety, and increased self-esteem, cognitive and physical function, and sense of purpose (Mamatis et al., 2019).

Theme 2. Cultural Mentorship

Participants were asked what they thought youth in the IYA program need to feel supported mentally and emotionally. Participants were also asked what supports they felt were working well and what is needed to improve youth mental health services at the SLCC. Many spoke about the importance of tradition and culture and spending time with influential people in their community.

Connections To Ancestors, Culture, and Ceremony

During interviews, participants shared the benefits of traditional practices and spoke about the importance of connecting youth to the land for physical, mental, emotional, and spiritual well-being. Participants shared their concerns about the impact technology has on youth. Liebenberg et al. (2019) state, "Indigenous culture is inextricably linked to land/place: a collective sense of community and self emerges from this place-based understanding" (p.2).

> Regular connection with the land and the river. You know, get the youth connected to nature, the spiritual world, it helps, it will help them. The technology takes away everything from them, it's hard to watch, you know, we're losing them. (SLCC staff)

Participants commented on the negative impacts of technology and suggest that youth are losing their sense of cultural identity and are becoming more disconnected from their families, communities, and traditional practices, all of which promote health and well-being. Rice et al. (2016) suggest that modern technology can also have positive implications for Indigenous youth

who live in remote communities. Youth can access supportive resources online, technology allows youth to participate and communicate in new ways, and it provides opportunities for Indigenous youth to connect with and give voice to their culture, which can further define and affirm their identity.

Participants referred to the drum as a ceremonial tool they use to ground themselves and connect to their Creator. They described the drum as something that crosses cultural worldviews and the spiritual world, the same way speaking to their Creator might. A study by Browne et al. (2018) suggests that cultural leaders can provide opportunities for youth to reclaim traditional practices as part of their mental health treatment.

> I find drumming really grounds me. Anytime I get a chance to do any dancing and drumming, I try and go. It helps me. I also like just sitting by the water and going to sweats; it helps me feel connected to my Creator (IYA graduate).

This participant spoke about the value of traditional practices around healing, such as ceremonies (sweat lodge, dancing, singing/song, smudging, stories, art), connecting to nature/walking on the land, and being by the water. One participant stated, "We need to help them from the cultural side of things. They need to see the big picture. They're looking at the wrong picture, you know."

In the following excerpts, participants highlight the importance of attending ceremonies and celebrations and learning from immersing themselves in culture. One participant said, "The cultural knowledge piece is huge. You really learn from the Elders and going to ceremonies and celebrations." They also recommend that educating youth on historical facts about their culture would strengthen their sense of cultural identity and feelings of pride. Liebenberg et al. (2019) claim that as a social determinant of health, meaningful connections to culture and community

are essential to positive outcomes for marginalized Indigenous youth. One participant suggests,

> The morning circle is great. Maybe include a historical fact each day about the culture. Something that will teach the youth more about where they come from, and not always the negative. Something that might spark a conversation, a thought in the brain. There's so much sadness in our people, something positive, inspiring, that kind of thing (SLCC staff).

The SLCC begins each day with a morning circle in which an IYA or staff leader, or both, sing a traditional song while drumming to honor their culture. During morning circle, educating youth with inspiring facts about their culture creates an opportunity for discussion which helps overcome some of the abovementioned barriers.

Mentorship

Many participants identified the positive health impacts of spending time with Elders. They found that learning from Elders and Knowledge Keepers helped them understand the histories of cultural oppression and how this had an enduring effect on their overall sense of well-being. Participants highlighted the importance of talking with Elders with whom they shared histories of colonial oppression and how doing so enabled them to "address the more deep-rooted problems" underlying their symptoms of pain. Participants spoke about the lack of connection some youth have to their culture and traditional practices and emphasize the importance of knowledge transfer and talking with Elders. Browne et al. (2018) found that involving Elders in mental health promotion for youth resulted in reduced suicides and improved mental health and well-being.

> I think we really need cultural mentorship. You know, someone the youth can relate to. A lot of the youth come to the program who don't know much about their culture and the

> importance of it. Having a mentor come in and share cultural knowledge and practices, especially mentors who practice the culture in all areas of their life. (SLCC staff)

It was apparent that many participants believe that youth coming to the centre have little knowledge of culture and that through regular interactions with Elders and Knowledge Keepers, youth will learn more about the importance and value of their culture.

For many participants, the experience of feeling "connected" to an Elder became a bridge to other relationships, allowing them to feel "part of something" that eased painful feelings of loneliness. As one participant put it, spending time with an Elder helped her "to heal my shame that keeps me disconnected from the people who care about me." Participants often described Elders as aunties, uncles, and other family. One participant shared how "meeting with [the Elders] reinforced that it is ok to be Native and proud of who I am and where I come from." Participants also explained that after sitting down with an Elder they felt proud, a feeling that gave them more self-respect and faith in themselves. A few participants shared that it is very hard for Indigenous people to open up and talk about certain things. Some said that when they were growing up, trust had been broken in many ways for some and going to see a healthcare professional was not something they felt comfortable doing. One participant described how Elders are "soft-spoken" and "easy to talk to."

> I think having mentors like Elders, community leaders or IYA ambassadors come in more often just to sit down and speak with them to understand better the support they need.
>
> You know, the Elders have so much to offer, and they want to share their knowledge. We have a large range of younger to older youth coming in to do the program from different nations so some of their needs might be different. (SLCC staff)

A few participants shared their struggles with drugs and alcohol and talked about what

helped them overcome their addiction. One participant explained how he tried AA treatment and moved to a different town, neither of which worked for him. It was through listening to recovering addicts and alcoholics his age share their experience of reconnecting with their culture, spending time with Elders, and learning healthier ways of coping that he was able to recover. Ferguson et al. (2021) suggest that peer-led health promotion programs by Indigenous youth led to healthier life-style awareness, behaviours, and attitudes, to decreased alcohol or substance use, and to improved self-esteem.

> Having people come in and share how they got through their addiction or mental health problems is really important. Have Elders come in to speak to them who have gone through tough times and come out the other end and made something of their lives. You know, success stories. It shows the youth there's hope, like a better future out there for them. (SLCC staff)

Elders are deeply committed to sharing their knowledge, providing leadership, and teaching others to respect their culture and the natural world. In these examples, participants articulate how mentors' experiences of hardship and stories of resilience can bring value to youth who need cultural guidance, life direction, and inspiring stories of courage, perseverance, and faith.

Theme 3. Manager Development

The efficacy of the overall program approach to engaging youth and the need for manager training were two issues highlighted in the participants' comments. Participants said they would like to see the leadership actions of managers demonstrating more care for the well-being of the IYA cohort and deepening youth involvement. Participants suggested that managers' mental health training such as suicide prevention and awareness and harm reduction approaches

would benefit youth. Additionally, participants explained how better communication skills among managers such as regular check-in's, constructive feedback that is delivered in a respectful manner, and more empathy and patience during conversations that are personal and sensitive in nature. Participants feel that a more compassionate approach would help youths articulate their emotions and improve their capacity to identify, express, and process their emotions in a constructive and healthy way.

Examining the Current Approach

During her interview, one participant acknowledged that the SLCC is taking measures to support the youth but that she is unsure if their approach has enough impact.

> I don't know if we're doing a very good job supporting the youth in the IYA program. I see the staff supporting youth while they're here. I think the SLCC is doing what it can with the resources they have (SLCC staff).

Her uncertainty about how youth are supported at the centre is "concerning" to her and others. She recognized that managers make efforts to support youth but questions if more could be done to address the needs of youth who show signs of emotional distress.

Another participant suggested that, collectively, the SLCC staff need to spend more time getting to know the youth, their struggles, and their history in order to understand the issues they are dealing with. He argued that some youths are good at "hiding their emotions" and putting on a "mask" to cover up their sadness and depression.

> I think we need to be more understanding. I mean, we need to take more time to inquire, to find out more about what is going on with some of the youth. We need to dig a little deeper to understand how people feel rather than [focus] on the surface. (IYA graduate)

Participants recognized that the SLCC is taking measures to concentrate on the health and

well-being of staff. Last March, the centre closed its doors to the public for a few weeks and dedicated the closure to improving wellness. Staff came in for their regular shift but instead of working in their departments they attended mini-workshops throughout the day, such as sharing and healing circle, land-based activities, and fish tanning. I as project leader was asked to lead two workshops during this time. One activity focused on mindfulness and meditation and the other focused on the Medicine Wheel. Unfortunately, the turnout was low but those who attended found the exercises very beneficial and educational. One participant described her disappointment with staff turnout during the two weeks of in-house wellness workshops.

> We just had a two-week closure, and we focused on mental health and well-being. It was challenging to get people to go, and so that's really unfortunate and dissatisfying and makes me question how we're approaching it all. (SLCC staff)

This participant's dissatisfaction with staff turnout during wellness week has him questioning if there might be a different way of encouraging them to participate in organized activities.

Mental Health First Aid Training

In addition to their concern showing deeper care, participants spoke about the importance of mental health training to better equip management to support youth and to be able to identify signs and symptoms of emotional distress. Some participants suggested a disconnect in the first aid training they receive and do not receive at the centre. During one interview, a participant found humor in how little she uses the first aid skills she learned through training. She indicated that "emotional first aid is what is really needed here." A few highlighted the helplessness they felt at times while sitting with a youth who was really struggling. One participant explained how worried he felt for a youth who had shared that he wanted to end his life. He feared the worst when he did not see that youth at work the following day. Some said they had shared their

concerns with management, but there is little they can do to help people who are struggling when they do not have mental health training or proper channels for referral.

> More training. I mean, we get training for first aid [but] we also need training for mental health. We need to be able to support each other emotionally the same way we would dress a wound for a co-worker. (IYA graduate)

This participant also supports a desire for mental health training:

> I feel we are doing fine but we do need more umm leadership, I guess. More training to be able to treat others. You know, to be able to support the youth who are struggling. (IYA graduate)

Both these examples, participants described how they have acquired the skills to address physical wounds and suggest that more training is required to assist others with emotional wounds.

Theme 4. Programming for Development

Under the theme of programming, interview participants discussed the value and importance of purposeful activities to spur personal development, of in-house counselling support, and of training to support the healthy expression of feelings.

Purposeful Activities for Development

One participant recommended hands-on activities with a theme or focus that will spark conversation and growth – activities such as the Medicine Wheel workshops that had generated meaningful discussion. This activity "opened up the discussion to talk about mental health from a cultural perspective, was so beneficial for them." For this activity, I had supplied paint and brushes and given each member a wooden circle to paint. I had focused on Lil'wat nations' interpretation of the Medicine Wheel, given that participants are from these communities. The wheel is a widely known symbol that represents all things we need in life. It represents the

alignment and continuous interaction of the body, mind, heart, and soul (white, red, black, and yellow) (Squamish Lil'wat Cultural Centre, 2021). The Medicine Wheel workshop aimed to introduce the community's spiritual beliefs to those unfamiliar with them. I also used it as an opportunity to discuss each quadrant of the wheel from a mental health perspective. While youth and staff painted, I asked them to explain their understanding of the four teachings and how their mental health relates to an Indigenous worldview. This exercise elicited deeper discussions relating to mental health than would otherwise have been possible.

> Get them doing a meaningful craft that helps to have a discussion like a drum making activity. Have them talking while making the drums. Help them recognize the energy of the environment can go into the craft, so being mindful of that. (IYA Graduate)

Cultural craft projects also provide an opportunity to educate youth about traditions, customs, and ceremonies where song, story, dance, and drumming are used to connect to their Creator.

One participant recommended exploring a combination of cultural practices and alternative approaches to healing through art, explaining how "[art therapy] needs to include cultural traditions and to focus on the kinds of intergenerational traumas that our people are facing." Another participant suggested having leaders from the community come in to share culture through painting.

> We should look into different art therapies. Even have someone in the community who does cultural painting and art for healing. There's lots of stuff we haven't thought of (SLCC staff).

This participant explained how the centre might want to explore other avenues to facilitate healing and suggested bringing in knowledgeable community members who use cultural art for therapeutic purposes.

During these interviews, participants advocated for more culturally appropriate training mainly land-based teachings that connect youth to their culture, improve their mental health, and develop their sense of identity. Walsh et al., (2020) state, “The relevance of the land is really fundamental in addressing mental health related issues, particularly as it relates to generational trauma and cultural identity” (p. 209). One participant commented on one of the Knowledge Keepers in his community who is skilled at identifying native plants used for healing. Every spring, he sees her out on the land gathering and harvesting plants and describes how she shares her medicines to promote healing and encourage better health. He recommended having someone come in and educate everyone about the medicinal benefits of native plants that grow in and around their communities.

> We need more training. You know, getting us out on the land learning about the native healing medicines. Get someone who knows about harvesting and teaching us how to use the medicines to heal us. This is something we can pass on to the youth. (SLCC staff)

Participants articulated how being introduced to land-based learning and knowledge of sacred plants and other natural materials used for healing purposes would be valuable learning and something they could pass down to youth.

In-House Support

In addition to purposeful activities, participants discussed the need for consistently available and accessible professional support for IYAs and staff. One participant suggested, “I think we really need someone here that is available all year round. Not just for youth, honestly, it’s for everybody to talk to.” All full-time staff have access to full health benefits, which include counselling. However, one participant explained, "After rent is paid, groceries are in the fridge, and gas is in the car, I don’t have much money left over to put towards counselling. I know I get

the money back but that takes a while."

> I think a counsellor, you know, a professional to talk to would really help the youth and staff. Someone who is going to provide support. An in-house person people know they can go and talk to if they are struggling, someone who understands their challenges. (IYA graduate)

This participant also supports a desire for in-house counselling:

> Having in-house counselling available, I think, would be really beneficial. You know, having an open house kind of format where people can set up times or a person can just drop in would be unique and limit the barriers to getting assistance and support. (Indigenous SLCC staff)

In both of these examples, it was understood that supports are needed and that the preference is that they are easily accessible so that staff and IYAs can drop in at any time throughout their shift and speak to a counsellor. Providing in-house support would limit barriers for many who would otherwise not be able to afford a counsellor or not have the time to get to an appointment because of long commutes.

Additionally, participants shared their discomfort with seeking support from their Band due to living in tight-knit communities. They spoke about their concerns regarding a lack of anonymity on reserve, which for some can create an additional barrier to accessing services. One participant said, "When they find out you are getting help for an addiction or depression, there's people in my community who shame." According to one participant, "I've got one cousin who really made an effort to go and get help from AA, but his friends found out from people gossiping in the meetings and turned it into a joke and now his name is Rehab."

> I don't feel comfortable talking to an Indigenous counsellor or a professional in my

> community. Everybody knows each other, we're all related. It has to be someone who doesn't know my friends or relatives, you know. It's the shaming and gossiping that makes it worse. (Indigenous SLCC staff)

Learning to Share Feelings

Most participants commented that most youth who have come through the program do not talk about their feelings and are uncomfortable with sharing openly. One participant shared his experience of a time when he took a risk and disclosed his suicidal thoughts to someone he trusted. After unburdening himself he felt relieved of the guilt and shame he had "been hanging on to for years." After that initial disclosure, he found that "reaching out" and "opening up" became much easier. He explained that having others share openly will create a safe environment for youth and believes that the health of everyone at the centre would improve if support was more accessible.

> So, the idea of talking about their feelings is really scary. I think the more we experience it, I think the better our team will be, and the better youth mental health will be, if they have those supports built in. Even in my generation we really didn't have that support. It also helps with listening to others share about their emotions. (SLCC staff)

In the following passages, the participants shared their thoughts about the difficulties youth have expressing their emotions and talking about their feelings. They also explained how youth will benefit from learning effective communication skills, which will help them become more comfortable talking about their feelings and articulate them in a way they feel will be understood.

> The youth need to learn how to communicate better. To learn how to express their feelings. You can tell they're struggling but don't know how to talk about what's going

> on with them. You know, we need to understand what they're going through. (IYA Graduate)

This participant also supports this request for communication skill development:

> I think learning how to communicate better, learning how to express your feelings. A lot of youth don't know how to do this. If they did, they'd be better off. They keep it in and it really affects them. The youth are hurting in a big way, even the staff also. (SLCC staff)

It was understood that youth coming into the IYA program have difficulty discussing and expressing their feelings. As a result, their suffering is prolonged, causing further emotional distress. With proper support and programming in place, youth can develop a deeper sense of emotional awareness, and learn the necessary skills to convey their feelings.

Some participants explained how many survivors missed out on learning valuable cultural ways of coping and practicing good health while attending residential school and instead learned unhealthy communication and coping strategies to avoid punishment. They suggested that these unhealthy coping strategies have been passed down for generations.

> Indigenous people have this idea drilled into them from residential school about feel nothing, say nothing; we gotta change that. So, the idea about talking about our feelings is scary. We live with all this hurt and pain because this is what we learned from our families; it's no wonder our people struggle. (SLCC staff)

Like the previous participant, this participant indicated that the learned behaviour – the "feel nothing, say nothing" style of coping – needs to change. Youth need to learn healthier coping strategies, which include talking about their feelings.

Theme 5. Addressing Basic Needs

Under the theme of expanding basic needs, interview participants discussed the need for housing and a better living wage. The topic of housing was a particularly sensitive subject. Some participants spoke about their overcrowded living conditions, the harmful home environments many youths live in, the scarcity of affordable housing, and the impact inflation has had on their mental health and quality of life. For many, having a better housing option would contribute significantly to a healthier work-life balance and leave more time for self-care and more time to spend with friends and family. Many participants expressed dissatisfaction with earning low wages in a region that is becoming less and less affordable.

Housing

Participants highlighted the lack of affordable housing, the long daily commutes, and the volatile living environments some youth experience. Statistics Canada says British Columbia (BC) is the least affordable province for housing in Canada, and households led by a person of colour are among those most likely to experience economic hardship (Statistics Canada, 2022). Participants suggested that providing housing for IYA attendees would improve their emotional well-being and allow them more time to work on themselves and focus on their program. One participant commented on the distance some travel to get to work each day. “It’s the long commute for some of them. Some IYAs travel to and from the city every day to attend the program. It’s hard on them, you know. If they had housing here it would make a huge difference.”

> A safe place to stay, you know staff housing. Some of the youth come from homes where there’s violence, a lot of partying, they see stuff that affects them, they shouldn’t see that stuff. Giving them a break from what’s going on at home would be the ultimate mental

> health factor. You know, stuff we take for granted, a safe place, their own space, food (IYA Graduate)

Another participant explained, “Well, the best thing would be staff housing to get them off the reservation and give them a break from what is happening at home. I think it would be the ultimate mental health factor." In the following example, a participant described how staff housing would allow youth to concentrate on their program and relationships at the centre.

> One of the things I think is important is to have a stable home. So, if the SLCC would be able to provide a housing unit or a connection to low-income housing for people to access, that would help benefit their mental health and their living situations and become more connected to the work that they are doing. (SLCC staff)

Both of these excerpts implied that turbulent living environments and long daily commutes can negatively impact youths’ emotional well-being. If affordable housing were offered, it would give youth an opportunity to experience life off their reserve, and more time to immerse themselves in the program.

Livable Wage

In addition to housing, participants commented on the affordability issues they experienced in the region and the rising cost of living. Most of the youth who attended the program live near Whistler, considered one of most expensive resort towns in the world (Curiosity, 2022). In the following passages, participants recounted the obligations of many IYAs and staff who must support large families, and the impact this has on their mental health. One participant noted, "I have a lot on my shoulders. I provide for my dad, my grandma, and two younger siblings. Once all the bills are paid, my paycheque is gone.”

Participants described their financial responsibilities and how their substandard living

conditions contribute to poor mental health.

> A lot of the youth that come into the program have children and big families to take care of and the wages here make it really hard to do that, you know, provide for your family. Making not much money makes it stressful and doesn't help with their well-being. (IYA Graduate)

This participant also spoke about financial challenges:

> It's stressful getting by and it's hard to make ends meet. How do you expect youth or anyone to have good mental health when they live in poverty? (SLCC staff).

Some participants shared the hopelessness they felt in their lives, their sense of low self-worth, and the lack of opportunity they had to get ahead financially. Many stated they felt "stuck" and could not see things getting better for themselves.

Participants often spoke about the financial challenges of not being able to afford certain luxuries others take for granted. As one participant stated, "The bike park, I don't have money for that. It's too bad you know; it would keep my mind off things." Some participants explained how they have had to stop doing some of the things that bring them joy because they can no longer afford to play sports, fix their car, or purchase the materials they need to sell their artwork.

Due to rising inflation and an unaffordable rental market, many people in the area are increasingly impacted by the high cost of living. One participant commented on his inability to pursue his passions because things have become unaffordable.

> Everything is just so expensive. I do not have enough money to do the stuff I want to do. Because gas is so expensive and I don't have the money to fix my truck, I'm stuck at home. When people see that I'm home they want to party, you know, and that never ends

well. (IYA graduate)

He described how the cost of living is becoming so high that he can no longer afford to engage in the activities and hobbies he once used to.

Discussion

My study focused on understanding youths' mental health needs, I drew upon a Two-Eyed Seeing approach that uses a convergent parallel mixed-methods design. Two-Eyed Seeing refers to learning to see from one eye with the strengths of Indigenous knowledge and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing (Ermine et al. 2004).

By using both quantitative and qualitative approaches, I aimed to measure the emotional, spiritual, physical, and mental health of youths in the IYA program and learn through the interview data what is needed to support youth with mental health issues. The questionnaire comprised two categories of continuous questions: positive and negative levels of measurement. For the validation of this project, the Pediatric Quality of Life Inventory TM (PedsQL) was the comparison. Often, youth would simply put a line down through an entire column of answers on the PedsQL (e.g. they would quickly check off 'agree' to all of the questions by putting one continuous line down through all the checkboxes in a column). To ensure the validity of the tool, the ACHWM mixed positive and negative questions in an unpredictable pattern designed to keep children and youth alert. Furthermore, content validity was ensured by the results of focus groups with Elders, experts, and children who confirmed that the questions represented the construct of health and well-being consistent with an Indigenous perspective (Young et al., 2015). Following is my interpretation of the relationship between the questionnaire and interviews.

Interview data regarding youth mental health is congruent with the quantitative findings.

Interview data regarding what participants said about many of the youth having poor mental health aligned with their low mental health scores. Of the 18 survey participants, more than half of the respondents were flagged as needing support. Participants who were flagged as needing support all declined counselling services. A few stated that they are currently accessing resources in their community, while the others did not provide a reason for declining support. While survey participants' spiritual, physical, and emotional health is relatively high, they scored significantly lower on mental health. Why interview data is inconsistent with survey data on this measure may be because the data provided by interview participants is based on general observations of youth attending the program over the years. Survey respondents' mental health score was the lowest of the four quadrants. Males scored significantly higher than females did on questions regarding feelings of loneliness, feeling overwhelmed, feeling scared or afraid, I get so worried that I feel it in my body, and being forgetful. It is difficult to say why males scored higher in these questions. These findings are consistent with what interview respondents said about the impacts of generational trauma regarding "feel nothing, say nothing" attitudes towards sharing feelings and talking about personal issues. Additionally, males may find it more difficult to talk about their feelings and share openly about how they are doing mentally and emotionally, which could explain their lower mental scores. Other possibilities for low mental scores may include the lack of accessible and culturally appropriate services available to Indigenous youth in their communities and surrounding area. In alignment with interview data and what other researchers found while conducting Indigenous youth needs assessment, youth in the IYA program also live in rural and remote communities where unreliable roads, long commutes, and negative stereotypes continue to create barriers to accessing mental health services.

Recommendations

Considering the results of my research into the barriers and supportive factors youth in the IYA program face, I propose the following recommendations for creating a culturally safe mental health service for Indigenous youth. These recommendations reflect the principles emerging from participant's stories and experiences of what helps or could help. I acknowledge that individuals and communities many vary in terms of what they see as their most pressing issues, and that some of these recommendations are already well established in some contexts, though not in others. I affirm the need for local evaluation of the following suggestions, and for adaptation and implementation of these suggestions in ways that make sense for service users based on their individual needs.

SLCC Support

1. **Sustain and strengthen the family-like support offered to youth**

   In Theme 1, participants share how the absence of family support contributes to poor mental health for many youths in their communities. In pursuit of supporting youth so they feel a sense of belonging they made comments such as, "I kind of think they need to feel comfortable and knowing that they are part of the family." Research suggests that social inclusion provides a sense of belonging and has positive effects on a range of health and well-being outcomes (Mamantis et al., 2019).

2. **Ensure mental health first aid training is provided to managers.**

   My research points to a desire for greater access to trained staff who could identify warning signs and distress. Each illness has its own symptoms, and the Mental Health Commission of Canada offers mental health first aid (MHFA) courses specifically designed for adults working with Indigenous youths. Their courses can be accessed on

their website: https://www.mhfa.ca/en/course-types

3. **Create a position for in-house counselling.**

   Findings show that professional support is needed at the SLCC. This is currently being provided and is proving to be beneficial to not only to IYA participants but also to staff.

4. **Establish a more formalized support structure**.

   Make clear what mental health services and supports are included in support from SLCC to IYA participants by increasing the visibility and accessibility of supportive people and programs). This can be achieved at the beginning of each IYA intake or during the IYA orientation to ensure new participants are aware of the resources available to them and how to access them, and to ensure they have an opportunity to ask questions.

5) **Establish a process for securing housing opportunities for IYA participants**.

   Research results suggests that staff housing would give youth a break from living on reserve, provide a safe living environment, and improve the quality of life for those who must travel to and from the city each day to attend the program. In the fall of 2022, the SLCC secured through Whistler staff housing a two-bedroom apartment with the potential of acquiring a second unit. The SLCC is currently providing housing for one IYA graduate. For the first time since the IYA program began the SLCC is now able to house the next cohort of participants in February 2023.

6) **Build critical awareness, among both Indigenous and non-Indigenous staff and community members of the oppressive factors at work and the need for deliberately decolonizing practices.**

   While acknowledging the efforts made by non-Indigenous staff, additional cultural competency and Indigenous awareness training workshops are offered online and in-

person. The following sites provide a list of culturally relevant resources from which to choose: https://indigenousawarenesscanada.com; https://sanyas.ca; https://nvisiongroup.ca/the-path-indigenous-cultural-awareness/

7) **Recognize and affirm the strengths and resources that IYA participants bring to their communities and workplace.**

Recognizing youth for their successes and in ways that are meaningful to them can make a lasting impact beyond involvement in the program. Consider ways to recognize youth publicly within their peer group settings as well as privately by, for example, writing youth a letter of reference or nominating them for a larger community or agency reward or nominating youth for awards to recognize their accomplishments. A number of awards are listed on the National Aboriginal Achievement Foundation website at www.naaf.ca/html/home_e.html. Another award is the Lead Your Way, which can be found at the National Aboriginal Health Organization website at www.naho.ca/rolemodel/English/nomination_generalinfo.php.

8) **Obtain additional funding to adequately support the delivery of innovative, mental health programs and services**.

The SLCC relies heavily on grant funding to support programs, counselling, and training. The Executive Director of the SLCC, Heather Paul is actively applying for grants that will fund new programs.

9) **Build infrastructure (e.g., cabins, a sweat lodge) to support delivery of land-based retreats and healing programs.**

My study has highlighted a desire for land-based learning and healing programs on the land that are effective for engaging youth in healing and learning. The building of a

permanent infrastructure will make it easier to expand land-based programming for youth.

10) **Fostering opportunities to strengthen coping and communication skill development for IYA participants.**

Learning effective communication skills, for example, will help youth to articulate their emotions, improve their capacity to identify, express, and process their emotions in a constructive and healthy way. Findings suggest this could be achieved by having guest speakers (Elders, Knowledge Keepers, community leaders) come in and provide individual, group, and inhouse workshops. Additional systems could also be created for addressing misunderstandings and resolving disagreements.

11) **Create opportunities to talk openly about mental health and addiction.**

Results of my study suggest that listening to community members and/or IYA alumni share their experience, strength, and hope of how they were able to overcome their addiction through reconnecting with their culture and learning healthier ways of coping during difficult times. Findings also suggest that listening to Elders talk about their resilience during difficult times can provide hope for youth.

12) **Re-examine existing mental health and wellness day approaches.**

Ensure youth are aware and understand the purpose and benefits of attending wellness day workshops. Findings suggest youth are more likely to attend and engage in workshops if their input is considered in the design, implementation, and delivery of wellness day activities. (Ask youth what they would like as opposed to assuming what is best for them – they need a say.)

13) **Create relationship-building opportunities between managers and IYA participants**

This is currently being done in some instances such as attending Vancouver Canuck hockey games and additional outings such as Whistler experiences (rafting, snowmobiling, hiking) and other opportunities youth would otherwise not experience.

14) **Include youth in service planning.**

Authentically engaging with Indigenous youth has been cited by Indigenous scholars as being effective at achieving and enhancing wellness for and with youth (Okpalauwaekwe et al., 2022). Creating space for future IYA participants/alumni and staff to share their ideas and suggestions for a new service(s). This can be achieved anonymously, individually, or in a group setting.

15) **If a livable wage is not viable at this point, consider exploring alternative options that supplement basic needs (grocery cards, providing low cost/free meal(s) while at work).**

The SLCC is currently designing a free breakfast program for staff beginning in 2023. The SLCC also provides youth with grocery vouchers, gift cards, and opportunities to work at catered functions (e.g., weddings, conferences) outside of their regular work hours. Youth are paid more per hour when working a private function.

Cultural Support

16) **Facilitate opportunities for Elders and cultural leaders to mentor IYA participants to share stories and experiences.**

Social isolation, mental health and substance abuse issues create major barriers for youth in this region. Coming together to share stories is healing and inspirational. Geographic distance and small communities lead to many youths living in isolation, whereas sharing

positive practices can contribute to dissemination and wider implementation of healing practices.

17) **Consider complimentary therapeutic approaches.**

Many youths do not have access to alternative forms of healing. Findings suggest therapeutic approaches such as art therapy (e.g., cultural painting, cedar hat weaving, carving) where youth can heal and learn about their culture, which can also be a form of healing.

18) **Ensure that expanded mental health services are culturally appropriate**

Findings suggest that mental health services are grounded in land-based activities, arts-based activities, Medicine Wheel workshops, and sharing circles led by Elders, and facilitate relationship building opportunities with Elders.

19) **Ensure programs provide culturally based sources of healing by including the following:**

Findings show the importance of connecting youth to their culture through healing circles led by Elders; drumming circles with Elders and/or community leaders, gathering and harvesting native plants for medicinal purposes; and spiritual ceremonies (sweat lodge, smudging, cedar cleansing). As well, youth should attend ceremonies and celebrations in the community when possible (field trips/outings).

20) **Develop innovative informal, community-based learning programs with Elder instructors to teach traditional skills alongside literacy and essential skills.**

Research results suggest youth are most motivated by learning opportunities that include Elders as teachers and that focus on traditional knowledge and skills. Programs that employ these motivations, and embed literacy and essential skills, can be an effective

bridge supporting the goal of improved mental health and well-being. Browne et al. (2018) suggest that cultural leaders can provide opportunities for youth to reclaim traditional practices as part of their mental health treatment.

Summary

This summary considers salient findings from analyses of both quantitative questionnaire data and qualitative interview data. One significant finding was that more than half of the survey respondents, most of whom were males, were flagged as being potentially at risk and in need of further support. Another is the lack of accessible culturally appropriate services in or near their community. It was troubling to hear that participants continue to experience racism within the healthcare system, undermining equitable access to treatment. Many participants come from rural and remote communities where poor road conditions create additional barriers to accessing services. These challenges highlight what other researchers have identified as barriers to accessing mental health services (Nguyen et al., 2020; Vukic et al., 2009; Marrone, 2007). The findings from this study confirm what other studies found regarding service barriers. Youth experience almost identical barriers when trying to access services in this region. Youth from Squamish and Lil'wat communities have paved roads to travel on making transportation less of an issue. However, for the more remote communities that surround Lil'wat Nation, youth must travel on unpaved roads that are not as accessible during the winter months, even with vehicles with four-wheel drive. Findings from this study confirm that youth also experience racism and stigma within the healthcare system and report that mental health services that acknowledge traditional healing practices and cultural values and beliefs are non-existent.

Additional findings that stood out as strengths include the high spiritual score and the opportunity to connect more deeply to their culture. This is a strength that can be drawn upon in

planning to help the youth cope with their mental health and addiction issues. Respondents' high scores on questions about feeling connected to Mother Earth, being active outdoors, and feeling like good things will happen, suggest their spiritual, physical, and emotional health is good. Respondents' significantly lower scores on questions such as feeling overwhelmed and missing doing things that used to be fun suggest they are struggling mentally. The higher emotional score, however, contradicted what was said during the interviews. Interview participants stated that youth struggled emotionally and often put on a mask to hide their sadness. These comments led me to ask participants for their recommendations about what things they would like to see in a mental health service. Participants suggested incorporating land-based exercises and traditional practices that are culturally safe and facilitate healing.

The most critical need expressed by youth via the questionnaire and the interviews was a need for basic physical safety and security (e.g., housing and a livable wage, feeling safe in their community), better connection to mentors such as Elders, cultural leaders, and IYA graduates, and easier access to supportive services such as in-house counselling. Additionally, there were requests for early prevention and intervention services for youth with evolving mental health issues and mental health training for SLCC managers. It will be necessary for the SLCC to consider these findings in any planning for a new or expanded mental health service.

These recommendations are provided with an acknowledgement that in some of the areas discussed the SLCC has already made great strides in addressing youths' mental health. These successes include bringing in cultural leaders to share traditional practices such as fish tanning, carving, and healing circles. Based on participant commentaries, the SLCC provides a place of safety, a sense of belonging, social cohesion, and belonging. Additionally, the SLCC has obtained a counselor to come in one day a week to provide direct support to IYA attendees and

staff at no charge to them. It has been my intent to identify areas for further development and some new areas for exploration and implementation.

Conclusion

Many factors have contributed to the current wellness, realities, and concerns of Indigenous youth. Some of these facotrs are discrimination, assimilation, generational trauma, the over-representation of Indigenous children and youth in foster care, and a loss of tradition, language, and culture (Government of Canada, 2022). Indigenous children, youth, and families often have more difficulty accessing health and supportive services due to geographic location, language barriers, poor telecommunication infrastructure, unsafe road conditions, and racism, stigma, and financial resources to pay upfront for services (National Collaboration Centre for Indigenous Health, 2019).

Indigenous youth need a range of culturally safe services that respect traditional practices, cultural values, and beliefs. The importance of cultural safety in health services is about empowering individuals, families, and communities to take control of their health and well-being. It is important to note that achieving cultural safety requires that the SLCC respect the diversity between and amongst Indigenous youth and their views. I witnessed a significant amount of support from the program stakeholders. I look forward to seeing the progress made by the SLCC in the coming year in an effort to support youths' mental health and improve the quality of life for some of the vulnerable young people in the Sea to Sky area.

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Appendix 1: Community Partner Agreement

University of Victoria

Dr. Jessica Ball, School of Child and Youth Care

Human and Social Development Building Room B136 | PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada

Dear Community Member,

We appreciate your expression of interest in a project proposed by a graduate student in the School of Child and Youth Care at the University of Victoria. Projects of an applied nature may be chosen by graduate students in lieu of a research thesis. A project is undertaken by the student as partial fulfillment of the requirements for a Master of Arts Degree in Child and Youth Care.

Our structure within the School of Child and Youth Care is that a graduate student who undertakes a project will have a committee that oversees the project. The committee must approve the idea and methods for the project and provide supportive commentary and evaluative feedback while the student is undertaking the project. Generally, the committee consists of a primary supervisor, who is a faculty member of the School of Child and Youth Care, and a resource person in the community who is well situated to comment on the validity and utility of the project. This person is referred to as the Community Representative. This designation reflects the intention that the person is someone who is involved in the area of applied work addressed by the project and is, conceivably or actually, a potential end-user or beneficiary of the project in their professional capacity.

The kind of questions that the Community Representative is expected to be able to advise on include (but are not limited to) those noted below.

1. Is the project potentially useful to the target population that the student has identified?
2. Is the student well enough informed about the subject matter and the population that the project addresses?
3. Is the way the student proposes to go about the project well conceived?
4. Is it ethical?
5. Is it likely to produce the desired results?
6. Is the final product or end result of the project worthwhile to the target population and to the issue that it purports to address?

If you accept the role of Community Representative in regard to the proposed project, the School of Child and Youth Care requests that you agree to undertake the actions noted below.

1. Critical and constructive review of a written proposal for the project provided to you by the student. If approved, the Community Representative should indicate this approval in writing.

A brief letter addressed to the primary supervisor and copied to the student is sufficient. However, commentary, suggestions, or requests for changes in project plans are also welcomed.

2. Critical and constructive review of the project provided verbally in a meeting with the student at a mid-point during the student's work on the project.

3. Critical and constructive review of the written product of the project, culminating in a letter to the primary supervisor indicating:
(a) approval.
(b) non-approval with indications of concrete steps that the student should take to complete the project satisfactorily.

4. Participation in an 'oral defense' of the project after it is completed. This is a formal meeting, chaired by a member of the Faculty of Graduate Studies, and attended by the primary supervisor, the Community Representative, and the student. Interested other parties are sometimes invited as non-participating attendees at the discretion of the faculty, Community Representative and student. At this defense, the student presents the project, the adjudicating committee asks questions, and a discussion of the project ensues. Finally, the committee members, including the Community Representative, are asked to determine whether or not the student has successfully met the requirements for the project. It is strongly preferred that the Community Representative be present in person for the defense held at the University of Victoria. Reimbursement for travel expenses can be provided. In difficult circumstances, participation via teleconferencing can be arranged.

Thank you for considering becoming involved as the Community Representative on a student's project. Your contribution as a Community Representative would be very much appreciated by the School of Child and Youth Care and by the student.

Please find attached a Community Representative Memorandum of Understanding that we request you to complete and return to the primary supervisor if you decide to go ahead and formally become the Community Representative on the proposed project.

Yours sincerely,

Primary Supervisor
School of Child and Youth Care

Community Representative
on a School of Child and Youth Care Graduate Student Project

Memorandum of Understanding

I agree to serve as the Community Representative on the Committee for a Project to be carried out by (name of student)_____Ian Macleod_____ .

I understand that this project will be undertaken by the student as partial fulfillment of the requirements for a Master of Arts degree in Child and Youth Care. I understand that my role would be voluntary and would not be remunerated.

I agree to provide feedback at the following four points:
1. Critical and constructive review of a written proposal for the project provided to you by the student. If approved, I agree to indicate my approval in a written letter addressed to the primary supervisor and copied to the student. If not approved, I agree to provide commentary, suggestions, or requests for changes in project plans in a written letter addressed to the primary supervisor and copied to the student.

2. Critical and constructive review of the project provided verbally in a meeting with the student at a mid-point during the student's work on the project.

3. Critical and constructive review of the written project, culminating in a letter to the supervisor indicating: (a) approval;
(b) non-approval with indications of concrete steps that the student should take to complete the project satisfactorily.

4. Participation in an 'oral defense' of the project after it is completed.
This meeting process has been described to me as follows:
The oral defense is a formal meeting, chaired by a member of the Faculty of Graduate Studies, and attended by the primary supervisor, the Community Representative, and the student. Interested other parties are sometimes invited as non-participating attendees at the discretion of the faculty, Community Representative and student. At this defense, the student presents the project, the adjudicating committee asks questions, and a discussion of the project ensues. Finally, the committee members, including the Community Representative, are asked to determine whether or not the student has successfully met the requirements for the project. It is strongly preferred that the Community Representative be present in person for the defense held at the University of Victoria. Reimbursement for travel to and from the meeting by car can usually be provided following discussion in advance of the meeting. (In difficult circumstances, participation via teleconferencing can be arranged.)

I agree to serve as a Community Representative.

Heather Paul

Signature: _____ _____Executive Director_____ Professional role: _____

Appendix 2: Aboriginal Children Health and Well-Being Measure Questionnaire

1. I laugh and have fun
2. I feel physically fit (I feel that my body is in good shape)
3. I feel afraid or scared
4. I feel bullied
5. I make healthy choices
6. I enjoy exercise
7. It is hard to keep my mind on my schoolwork during class
8. I have enough energy
9. I forget things
10. I spend time listening to and learning from Elders
11. I have time to be with my family
12. There is someone I can go to for help when I am not well
13. I see the beauty in nature
14. I show respect to the people around me
15. I take time to connect (talk or pray) to the Creator/God
16. It is hard for me to do well at school
17. I enjoy celebrations (gatherings) in my home or community
18. I hurt people when I am upset or angry
19. I do things to keep myself safe
20. I am proud to be a part of my community
21. I feel lonely
22. I am grateful for what I have

23. I break things when I am upset or angry

24. I feel safe at home

25. I have time on my own to relax with an activity I like (music, etc.)

26. When I get sad or upset I get over it quickly

27. I make choices that send me on a good path in life

28. I stay home from school

29. I am active outdoors

30. I play sports

31. I get mad or cry when something small goes wrong

32. I feel connected to Mother Earth

33. I feel like hurting myself

34. There is a really good person in my life who is there for me

35. I take time to learn our Native language

36. I feel like I have too much to do (feel overwhelmed)

37. I feel encouraged by my community (they believe in me)

38. I am in a bad mood

39. I get a good night's sleep

40. I feel like ending my life

41. I get so worried that I feel it in my body

42. There are things in my life that make me happy

43. I eat healthy foods

44. My family helps each other

45. I feel like good things will happen

46. I can get clean drinking water

47. I miss doing things that used to be fun

48. I find enough fun things to do in my community to keep me happy

49. I am a good son/daughter to my family

50. Being active gives me energy

51. I feel safe in my community

52. I feel loved by other people around me

53. I worry about getting enough to eat

54. I have hope for my future

55. I think that learning is..

56. Spending time with Elders is…

57. Our Native language is…

58. Knowing about our culture (like the stories of our ancestors) is…

59. Knowing about our traditional medicines is…

60. For me, believing in the Creator/God is..

61. Drinking water to keep me healthy is…

62. Long-time friendships are…

What do you do you do to stay active?

What cultural activities do you do?

What activity would you like to do if you had the chance?

Appendix 3: Youth Consent Form

University of Victoria

Youth Participant Questionnaire Consent Form

Project Title: Young Indigenous Voices: A youth-based Mental Health Needs Assessment for the Squamish Lil'wat Cultural Centre

Client*: Indigenous Youth Ambassador attendees*

Researcher(s): Ian Macleod (Graduate student, Child and Youth Care, UNIVERSITY OF VICTORIA, 604 655-6910, iangusmacleod@gmail.com)

Supervisor: Dr. Jessica Ball, Faculty of Child and Youth Care, 250 721-7979, jball@uvic.ca
Secondary Supervisor: Dr. Lindsay Harriot, (Alberta), Adjunct assistant professor, lindsayherriot@uvic.ca

UVIC Human Research Ethics contact information: ethics@uvic.ca 250-472-4545

Purpose(s) and Objective(s) of the Research:

- The SLCC recognizes a significant need for a service that addresses and supports youth in the IYA program who struggle with mental health challenges. The researcher offered to conduct a needs assessment that will help the SLCC to understand the needs and goals of youth ages 15 to 25, identify the mental health needs of this population, what services are currently benefiting them, and what additional services the SLCC could offer to meet their needs.
- This project is important because it will provide the leadership of the SLCC with data that will help them find ways to support youth with mental health issues.
- Suggestions and recommendations for new kinds of supports for wellness

This Research is Important because:

- The questionnaire will help the SLCC determine what mental health challenges youth have and where to focus programming based on questionnaire results.

Participation:

- I understand that I am being invited to participate in a questionnaire for the SLCC that is being done by Ian Macleod
- Participation in this project is entirely voluntary.
- Whether you choose to participate or not will have no effect on your position [e.g. IYA enrollment/employment] or how you will be treated.

Procedures:

- Participants will complete the electronic questionnaire on a tablet provided by the ACHWM team.
- **Duration: 20 to 30 minutes**

- **Location: SLCC Boardroom**
- **Inconvenience:** Potential inconveniences might include fatigue, disruption in internet connection.

Compensation:

- As a token of appreciation, I understand that I will receive a $25 gift card after completing the study.

Benefits:

- The benefits to participants: Participants will be able to identify what areas of support participants need to address their mental health. Participants may benefit from a sense of empowerment, as well as an increase in knowledge that came about as a result of participating in the questionnaire. The leadership of the SLCC will benefit from the data collected from the questionnaire, which will provide them with data that will help them find ways to support youth with mental health issues.

Risks:

- There are no known or anticipated risks to you by participating in this research**.** A cultural leader will be present for the questionnaire to ensure the procedure is safe and ethical.
- Potential health risks are associated with exposure to COVID-19. Participants will be advised if they have or may have come into contact with an individual who has tested positive for COVID-19. Contact information for participants will be stored in a separate file from research data in the event that follow up is needed.

- **Risks will be addressed by**: In agreement with using the ACHWM tool, as part of their protocol they require that the researcher have two mental health clinicians on site during the questionnaire. While there is no risk/harm that could occur, there will be two qualified mental health clinicians on site during data gathering. One child and youth mental health clinician (CYMH) from a government agency (MCFD) and one Indigenous mental health clinician from Lil'wat Health and Healing will be present before, during, and after the questionnaire.

Researcher's Relationship with Participants:

- The researcher does not have a relationship with the participants.

Withdrawal of Participation:

- You may withdraw at any time without explanation or consequence.
- Should you withdraw from participation, please contact Ian Macleod to remove your data.

Continued or On-going Consent:

- Ongoing. IYA participants will only engage in generating data via questionnaire once.

Anonymity and Confidentiality:

- All information collected from participants for this study will be kept confidential. In agreement with the ACHWM policy, an ID number will be assigned to each participant and used throughout this study. Participants will submit the questionnaire tablet to the researcher when they are done. All data will be entered into SLCC computers that are password protected and encrypted to ensure that data remains private and secure.

Research Results will [may] be Used/Disseminated in the Following Ways:

- The study results will be provided to the SLCC in a final report written by Ian Macleod. All data will be owned by the SLCC after Ian MacLeod has orally defended his research project

Disposal of Data

- After three years, the ACHWM destroys/erases all records (questionnaire answers).

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- Contact the Human Research Ethics Office, University of Victoria, (250) 472-4545 ethics@uvic.ca

Consent [SELECT APPROPRIATE OPTION(S) FROM BELOW]**:**

[FOR SIGNED CONSENT] Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

_____	_____	_____
Name of Participant	*Signature*	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

[FOR IMPLIED CONSENT FOR SURVEYS] By completing and submitting the questionnaire, **YOUR FREE AND INFORMED CONSENT IS IMPLIED** and indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Appendix 4: Individual Interview Consent Form

University of Victoria

SLCC Staff participant Interview Consent Form

Project Title: Young Indigenous Voices: A youth-based Mental Health Needs Assessment for the Squamish Lil'wat Cultural Centre (SLCC)

Client*: SLCC staff*

Researcher(s): Ian Macleod (Graduate student, Child and Youth Care, UNIVERSITY OF VICTORIA, 604 655-6910, iangusmacleod@gmail.com)

Supervisor: Dr. Jessica Ball, Faculty of Child and Youth Care, 250 721-7979, jball@uvic.ca
Secondary Supervisor: Dr. Lindsay Harriot, (Alberta), Adjunct assistant professor, lindsayherriot@uvic.ca

UVIC Human Research Ethics contact information: ethics@uvic.ca 250-472-4545

Purpose(s) and Objective(s) of the Research:

- The SLCC recognizes a significant need for a service that addresses and supports youth in the IYA program who struggle with mental health challenges. The researcher offered to conduct a needs assessment that will help the SLCC to understand the needs and goals of youth ages 15 to 25, identify the mental health needs of this population, what services are currently benefiting them, and what additional services the SLCC could offer to meet their needs.
- This project is important because it will provide the leadership of the SLCC with data that will help them find ways to support youth with mental health issues.
- Suggestions and recommendations for new kinds of supports for wellness

This Research is Important because:

- The group interview will help the SLCC determine what mental health challenges youth have and what services they need. This group discussion will also help the Centre find out what barriers youth face when trying to get help and support from the SLCC to be mentally well.

Participation:

- I understand that I am being invited to participate in a recorded group interview activity for the SLCC that is being done by Ian Macleod.
- Participation in this project is entirely voluntary.
- Whether you choose to participate or not will have no effect on your position [e.g. employment, class standing] or how you will be treated.

Procedures:

- As requested by the SLCC, an opening and closing ceremony will be guided by a designated SLCC spiritual leader before and after the interview(s), Audio recording will be used as a method of collecting participant data]
- **Duration: 30 to 60 minutes**
- **Location: ISTKEN Hall or in the Longhouse**

Compensation:

- As a token of appreciation, I understand that I will receive a $25 gift card after completing the study.

Benefits:

- The benefits to participants: Participants will be able to identify what areas of support participants need to address their mental health. Participants may benefit from a sense of empowerment, as well as an increase in knowledge that came about as a result of participating in the interview. The leadership of the SLCC will benefit from the data collected during the interviews, which will provide them with data that will help them find ways to support youth with mental health issues.

Risks:

- There are no known or anticipated risks to you by participating in this research**.**
- Potential health risks are associated with exposure to COVID-19. Participants will be advised if they have or may have come into contact with an individual who has tested positive for COVID-19. Contact information for participants will be stored in a separate file from research data in the event that follow up is needed.
- **Risks will be addressed by:** While there is no risk/harm that could occur, there will be two qualified mental health clinicians on site during data gathering. One child and youth mental health clinician (CYMH) from a government agency (MCFD) and one Indigenous mental health clinician from Lil'wat Health and Healing will be present before, during, and after participants complete the interview.

Researcher's Relationship with Participants:

- The researcher does not have a relationship with participants

Withdrawal of Participation:

- Participation is voluntary. During the study, participants may choose to leave specific questions blank and still participate, or withdraw from participation with no consequence. Should you decide to leave the study early, and you prefer that your responses be removed from the group conversation, Ian Macleod will use your data but in a summarized form with no identifying information. After completing the study, original data will be kept on an encrypted external hard drive in a locked filing cabinet at the SLCC.

Continued or On-going Consent:

- Interviews will be scheduled over several days. Review of transcripts will take approximately 6 weeks.
- The researcher will ask for consent and have participants sign a new consent form should he need to re-do an interview(s).

Anonymity and Confidentiality:

- All information collected from participants for this study will be kept confidential. All audio recordings will be destroyed 7 years after they have been transcribed. All data will be entered into SLCC computers that are password protected and encrypted to ensure that data remains

private and secure. The laptop computer used to store data will be locked in a filing cabinet and a locked office after use.

Research Results will [may] be Used/Disseminated in the Following Ways:

- The study results will be provided to the SLCC in a final report written by Ian Macleod. All data will be owned by the SLCC after Ian MacLeod has orally defended his research project.

Disposal of Data

- After seven years, (interview answers) from this study will be destroyed.

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- Contact the Human Research Ethics Office, University of Victoria, (250) 472-4545 ethics@uvic.ca

Consent [SELECT APPROPRIATE OPTION(S) FROM BELOW]**:**

[FOR SIGNED CONSENT] Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Name of Participant		*Signature*		*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix 5: Interview Questions

Interview questions

1. What are some of your thoughts about what youth in the IYA program need to feel supported mentally and emotionally?
2. What would you say you are satisfied with regarding how youth are mentally and emotionally supported by the SLCC?
3. Are there things you are dissatisfied with, that you would like to see changed? (What's not going well?) If so what are they? Why is that? How should they change? What kinds of things would you like to see happen?
4. Some people have said that one way to improve child and youth mental health services is to…
5. Are there any culturally-based practices that you find helpful?
6. What culturally-based practices would be helpful?
7. What are some recommendations that you have?
8. How is mental health treatment viewed amongst your peers in your culture?
9. How is treatment for substance use disorders viewed amongst peers in your culture?

- Close with - Are there other things you would like to say before we finish?

Appendix 6: Map of the Sea-to-Sky Corridor