

Mental Health of Indigenous People in Canada

Rosina Fernandes*

Department of Neurology, University of California, California, USA

Introduction

Academics agree that Indigenous people are more likely than other groups to be affected by mental illness. Research shows that Indigenous people's health worldwide is significantly affected by colonialism and the processes that go along with it. Despite the prevalence of disparities in Indigenous people's morbidity and mortality rates, mental health has received relatively little attention in Canadian health research. This paper provides a critical analysis of the Canadian literature on Indigenous mental health. We searched eleven databases and two Indigenous health-focused journals for research on mental health, Indigenous peoples, and Canada between 2006 and 2016. Over 200 papers are included in the review, which is organized by research theme, population group, and location. According to the findings, the majority of the published literature is concerned with issues related to colonialism in mental health services and Indigenous Canadians' prevalence and causes of mental illness [1]. However, there are numerous significant literature gaps. The study of Indigenous mental health in Canada places an excessive emphasis on suicidal ideation and problematic substance abuse; It is suggested that colonialism and historical trauma be considered more critically; The populations of Métis and urban or off-reserve Indigenous people are underrepresented in research. The findings are useful in a global context as a point of departure for discussions, dialogue, and additional research regarding Indigenous mental health research.

Description

There are approximately 370 million Indigenous people worldwide today, according to data from the World Health Organization from 2007. The term "Indigenous peoples" typically refers to groups of people whose ancestral lands predate colonial incursions and nation-state boundaries, as stated by Wilson and Richmond (2009) and the World Health Organization (2007). Indigenous people all over the world share a common experience of colonialism, but how this experience and history are experienced and documented varies greatly between Indigenous groups and geographies. Indigenous people are referred to by a variety of names all over the world [2]. In Canada's constitutional definition of Indigenous peoples, First Nations, Métis, and Inuit are all referred to as "Aboriginal peoples." In the United States, Native Americans are referred to as American Indians or Alaska Natives. In Australia, the terms "Aboriginal" and "Torres Strait Islander" people are used; Additionally, the name Mori is used by indigenous people in New Zealand. Many of these terms do not take into account the names that Indigenous people give themselves, nor do they show how distinct Indigenous groups are within nation-states. Over 600 distinct First Nations in Canada are covered by the term "First Nations peoples," as stated by the Royal Commission on Aboriginal Peoples (1996). Based on where they live, First Nations people in Canada are frequently divided into the

following categories: on or off the reservation Early settlement resulted in the establishment of a system of small parcels of land designated as reserves for Indigenous people. The Canadian Indian Act has been in effect since 1876 (Canada's Government, 1985; 2009, Hanson) [3].

Compared to the general population, indigenous populations worldwide have significantly higher rates of mental and physical illness. 2007, Waldram and coworkers, Marrone, 2006, 2011, Elias et al., citing the Commission on Social Determinants of Health (2008), Social inequalities associated with health determinants like poverty and colonial racism have been linked to health outcomes like infant mortality, high rates of acute or chronic pain, and high rates of injury [4]. When it comes to mental health in particular, research from all over the world strongly suggests that we shouldn't jump to conclusions about the prevalence of mental illness without considering colonial structures and procedures. Indigenous people's mental health has been linked to colonialism, as have their experiences in residential schools and suicidal ideation or attempts, but also as a framework that can construct mental illness in accordance with its own norms and definitions durie and others, 2009, 2013 Gone. In the past, both in Canada and elsewhere, settlers have conducted research into the mental health of Indigenous populations by employing colonial and non-Indigenous concepts and epistemologies. Numerous studies indicate that contemporary research on mental health in Canada continues to disregard Indigenous perspectives, which has the potential to misrepresent the rates and types of mental health issues experienced by Indigenous communities. Academics in Canada also warn that colonialism is deeply ingrained in the health care system, making it difficult for Indigenous people to access health care, especially for mental health issues [5].

Conclusion

The majority of the mental health research in this paper on Canadian Indigenous peoples is focused on colonialism and the effects of colonization on Indigenous peoples' and communities' health and well-being. It emphasizes the significance of colonial policies and practices to Indigenous mental health. The concept of "culture" underpins a lot of the solutions discussed in this review, which may aid in the promotion of multiculturalism [6].

Acknowledgement

None.

Conflict of interest

None.

References

1. Avenevoli, Shelli, Jon Baio, Rebecca H. Bitsko and Joseph Gfroerer, et al. "Mental health surveillance among children—United States, 2005-2011." (2013).
2. Ayers, John W, Benjamin M. Althouse, Jon-Patrick Allem and John S. Brownstein, et al. "Novel surveillance of psychological distress during the great recession." *J affect disord* 142 (2012): 323-330.
3. Afifi, Tracie O, Murray W. Enns, Brian J. Cox and Jitender Sareen, et al. "Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with adverse childhood experiences." *Am J pub health* 98 (2008): 946-952.

*Address for Correspondence: Rosina Fernandes, Department of Neurology, University of California, California, USA, E-mail: rosina@fenandes.us

Copyright: © 2022 Fernandes R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 24 October, 2022, Manuscript No. jmt-23-85860; **Editor assigned:** 26 October, 2022, Pre QC No. P-85860; **Reviewed:** 09 November, 2022, QC No. Q-85860; **Revised:** 16 November, 2022, Manuscript No. R-85860; **Published:** 24 November, 2022, DOI: 10.37421/2471-271X.2022.08.246

4. Arseneault, Louise. "The long-term impact of bullying victimization on mental health." *World psychiatry* 16 (2017): "Seasonality in seeking mental health information on Google." *Am J of pre med* 44 (2013): 520-525.
5. Ayers, John W, Benjamin M. Althouse, Jon-Patrick Allem and Daniel E. Ford, et al.
6. Baglioni, Chiara, Svetoslava Nanovska, Wolfram Regen and Dieter Riemann, et al. "Sleep and mental disorders: A meta-analysis of polysomnographic research." *Psychol bulletin* 142 (2016): 969.

How to cite this article: Fernandes, Rosina. "Mental Health of Indigenous People in Canada." *J Ment Disord Treat* 08 (2022): 246.