



Mental Health Programming Revelations in Red River Métis

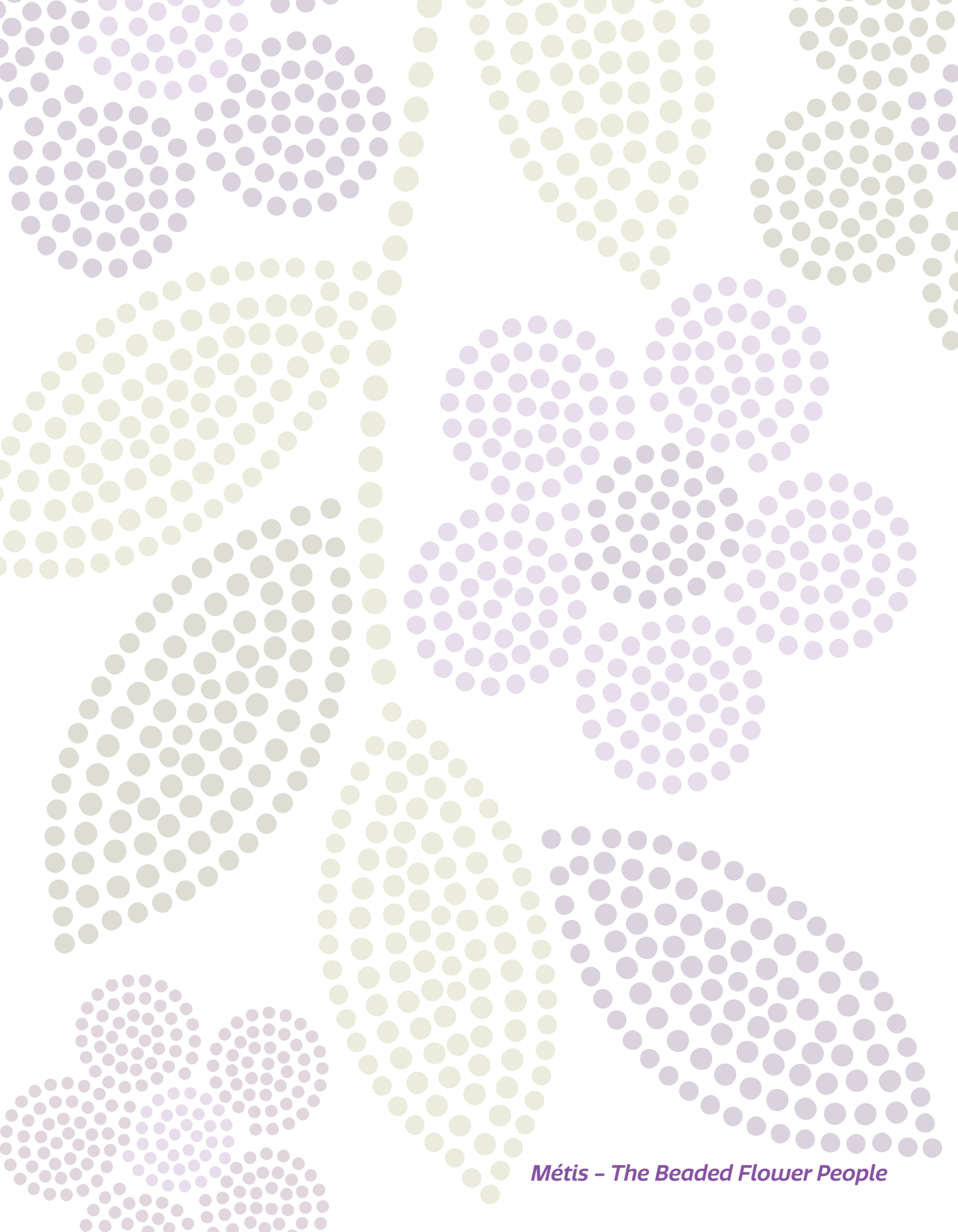
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Winnipeg, Manitoba, Canada, 2025
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Métis – The Beaded Flower People

Publication Information

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How to cite this publication:

Silva, P., Poitras, C., Deptuch, M., Rodway, L., Chartrand, A.F., & Kloss, O. (2025).
‘Mental Health Programming Revelations in Red River Métis’. Winnipeg, MB: Manitoba Métis Federation

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A Message from the Minister of Health & Wellness

FOREWORD FROM MINISTER FRANCES CHARTRAND

It is with immense gratitude and a deep sense of purpose that I address the resilient and vibrant Red River Métis Citizens, our esteemed staff, and our invaluable funders through these words.

The idea of distinctions-based healthcare is crucial to the Manitoba Métis Federation. It recognizes the history and culture of Indigenous peoples, including Red River Métis Citizens, and acknowledges systemic inequalities. The MMF is dedicated to providing culturally sensitive and respectful healthcare through distinctions-based healthcare. We aim to nurture a healthier and prosperous future for our Community and create relevant programs and support for our Citizens.



Our Red River Métis Citizens have shown time and again their commitment to the betterment of our Community's health and well-being. Your voices, stories, experiences, and active participation in our research are the foundation upon which we build a future of improved health outcomes and holistic well-being.

To the remarkable staff from the Health and Wellness Department who facilitate research and program development for our Citizens I extend my deepest thanks. Your commitment to ensuring the success of our initiatives, and your unwavering dedication to the well-being of our Citizens is commendable. It is through your efforts that we have been able to gather meaningful data, provide a safe space for dialogue, and offer a platform for the voices of our Red River Métis Citizens to be heard.

No endeavor of this magnitude can be achieved without the support of those who believe in our vision. To our esteemed funders, your commitment to our Community's health and well-being speaks volumes. Your belief in our mission has enabled us to take strides toward implementing distinctions-based healthcare that not only acknowledges the unique needs of our Community but also paves the way for equitable and accessible services.

In closing, I want to reiterate my deepest gratitude to each and every one of you. Your participation, dedication, and support have transformed research from a mere endeavor into a beacon of hope and progress. Together, we are shaping a future where the well-being of our Red River Métis Citizens stands as a testament to the strength of Community, the power of collaboration, and the potential of compassionate healthcare.

With heartfelt appreciation,

Minister Frances Chartrand

Acknowledgements

The Manitoba Métis Federation Health & Wellness Department extends its gratitude to several individuals for their contributions to this report. Special thanks go to the President and Cabinet of the Manitoba Métis Federation for their continuous support throughout this project.

We also acknowledge the valuable assistance provided by the staff at MMF Regional Offices in facilitating recruitment.

Lastly, we express our heartfelt appreciation to the Red River Métis Citizens who generously shared their experiences and insights, which were instrumental in shaping this report.

Disclosure

The results and conclusions in this report are those of the authors and no official endorsement by the Public Health Agency of Canada, or other parties, is intended or should be inferred. For the research design and all project activities related to the main goal of this study, approvals were obtained from the Manitoba Métis Federation to work with Red River Métis in various regions.

Table of Contents

Publication Information	1
A Message from the Minister of Health & Wellness	2
Acknowledgements	3
Disclosure	3
List of Figures	6
List of Tables	6
Abbreviations	7
Executive Summary	8
Section 1: Introduction	9
1.1: Project Context:	9
1.2 The Red River Métis	9
1.3 The Manitoba Métis Federation (MMF)	10
1.4 Manitoba Métis Federation–Health & Wellness Department	13
Section 2: Preliminaries	15
2.1: Background & Previous Knowledge	15
2.1.1 Overview of Mental Health	15
2.1.2 Mental Health Problems, Mental Illnesses and Mental Disorders	16
2.1.3 The Complexities of Mental Health Determinants	17
2.1.4 Mental Health Status in Canada	18
2.1.5 Mental Health Status in Manitoba	19
2.1.6 Mental Health Status in Red River Métis Community	20
2.1.7 Mental Health Wellness Programs in Canada	22
2.1.8 Research Gap	24
2.2 Goal and Objectives	25
Section 3: Methods & Methodology	26
3.1: Methodology	26
3.2: Knowledge Translation	26
3.3: Data Collection Techniques	27
3.3.1: Recruitment:	27
3.3.2: Survey Analysis:	28
3.4: Limitations	29

Section 4: Results	30
4.1: Demographics of the Participants	30
4.2: Data Analysis of Survey Questionnaire on Mental Health Service Access and Satisfaction	31
4.2.1 Mental Health Service Utilization among Red River Métis Citizens in Manitoba	31
4.2.2 Demand for Mental Health Services among Red River Métis Citizens	32
4.2.3 Factors Influencing Non-Utilization of Mental Health Services among Red River Métis Citizens in the Past 5 Years	32
4.2.4 Leading Causes for Mental Health Issues	33
4.2.5 Perceived Barriers and Uncertainties in Accessing Mental Health and Addiction Services	33
4.2.6 Comfort Levels in Accessing Online and In-Person Counselling Services	34
4.2.7 Comfort Levels in Accessing Peer Support Services	35
4.2.8 Assessment of Satisfaction with Accessible Mental Health Services	36
4.2.9 Information Acquisition Methods for MMF Programs and Services, and Preference for Service Delivery	36
Section 5: Discussion	37
Section 6: Recommendations	42
Section 7: Conclusions	44
References	46

List of Figures

Figure 1.2.1: National Homeland of the Red River Métis.....11

Figure 1.3.1: MMF Governance Structure within Manitoba.....14

Figure 4.2.1: Current Usage of Mental Health Services.....33

Figure 4.2.2: Necessity of Mental Health Services.....34

Figure 4.2.3: Availability of Addiction Treatment Programs in Community.....35

Figure 4.2.4: Comparing Comfortability in Counselling Access.....36

Figure 4.2.5: Preference for Online vs In-Person Peer Support Services37

Figure 4.2.6: Exploring Satisfaction Levels with Accessible Mental Health Services.....38

List of Tables

Table 4.1: Questionnaire Demographics.....30

Abbreviations

CBPR: Community-Based Participatory Research

CBT: Cognitive Behavior Therapy

CBTm: Cognitive Behavior Therapy with Mindfulness

CCDAP: Collective Consensual Data Analytics Procedure

HWD: Health & Wellness Department

KT: Knowledge Translation

MMF: Manitoba Métis Federation

MMIWG2S+: Missing and Murdered Indigenous Women, Girls, Two-Spirit, Transgender, and Gender-Diverse+ Peoples

RHAs: Regional Health Authorities

SFI: Strongest Families Institute

UNDRIP: United Nations Declaration on the Rights of Indigenous Peoples

Executive Summary

The essence of mental health lies in achieving a state of well-being that empowers individuals to navigate life's challenges, utilize their capabilities effectively, and contribute meaningfully to their surroundings. In acknowledging the historical adversity and systemic barriers confronting the Red River Métis Community, along with the scarcity of Red River Métis specific mental health data, the Manitoba Métis Federation - Health and Wellness Department (MMF-HWD) initiated the "*Mental Health Programming Revelations in Red River Métis*" project. This endeavor aims to confront the longstanding issues that have adversely impacted the mental health and overall well-being of Red River Métis Community members, perpetuating ongoing hurdles.

The central goal of this study is to comprehend the mental health landscape within the Red River Métis Community in Manitoba. This involves assessing the efficacy and accessibility of existing mental health services and advocating for necessary adaptations in mental health programs, services, and policies. Ultimately, the project strives to craft a culturally sensitive framework tailored specifically for the Red River Métis Community, fostering inclusivity and support for mental health and holistic well-being.

Using a community-based participatory research (CBPR) approach, the project engaged directly with Red River Métis Citizens across the seven MMF Regions. Through surveys and demographic analysis, the report delves into the Red River Métis Community's perspectives on mental health service availability, satisfaction levels, service preferences, and comfort with delivery methods. A consistent theme emerged, highlighting widespread acknowledgment of inadequate mental health services and a pressing need for enhancement.

Overall, the report underscores the imperative to bolster the mental health and holistic well-being of Red River Métis Citizens by implementing legislation, policies, and programs that are culturally relevant and responsive. This necessitates improvements in mental health support services, addressing concerns voiced by Red River Métis Citizens in Manitoba. Enhancing the availability, quality, and communication of mental health services within the Red River Métis Community is paramount. By incorporating insights gleaned from this study, a framework can be devised that prioritizes distinctions-based approaches, paving the way for positive transformations and ensuring equitable access to vital support systems for the Community's thriving.

Section 1: Introduction

1.1: Project Context:

This project's primary goal is to investigate mental health disparities within the Red River Métis Community, recognizing the intricate interplay of historical, social, economic, and cultural factors. Through an assessment of the current mental health services' performance and accessibility for Citizens in Manitoba, our aim is to guide policy decisions and shape future research initiatives. The overarching aim is to deepen understanding of mental health and wellness perspectives and experiences among the Red River Métis Communities. By addressing longstanding disparities faced by the Red River Métis, the project seeks to enhance the availability and efficacy of mental health supports for Citizens, culminating in the development of a Red River Métis-specific framework dedicated to fostering a more inclusive and supportive environment for mental health and well-being within the Community.

1.2 The Red River Métis

The Red River Métis have a distinct identity and share a common history, entirely our own, in the great western plains centered in the Red River Valley of West Central North America. It is the Indigenous collective - made up of Citizens and individuals entitled to be Citizens - located within Manitoba and elsewhere inside and outside of Canada. In this regard, it transcends the common meaning of on-site specific “brick and mortar” Community such as a village or a settlement. The national homeland of the Red River Métis is pictured in **Figure 1.2.1**. The Red River Métis are comprised of a common identity, culture, and history and, among other things, interconnected political, social, entrepreneurial, economic, and kinship networks.

In 1869, the National Committee of the Red River Métis, led by President John Bruce and Secretary Louis Riel, rightly asserted Red River Métis People's jurisdiction and authority over the whole of the Métis Homeland in what was then commonly referred to as the North-West Territory. Through negotiations with Canadian representatives, the Territory entered Canada. In 1870, the Red River Métis became the Founder of the province of Manitoba and Canada's negotiating partner in Confederation.

After governing the province peacefully, the Red River Métis faced a Reign of Terror resulting in many being widely dispersed across the Homeland and beyond, mainly westward and northward in search of peace and security. To this day, the Red River Métis bear the consequences of the broken promise of the Manitoba Act, 1870, the Reign of Terror, and the dispersal as well as the Residential and Day Schools, and the Sixties Scoop. To this day, Red River Métis remain overrepresented in the foster care system and among the unemployed, the incarcerated, and the chronically ill.



Figure 1.2.1. National Homeland of the Red River Métis.

1.3 The Manitoba Métis Federation (MMF)

Decades after the Reign of Terror and the dispersal, The Red River Métis People began to regroup and reorganize with the aim to improve the lives of Red River Métis Citizens historically treated unfairly. Nearly 100 years after the National Committee of the Red River convened to assert jurisdiction, the Red River Métis used the only available avenue for representation and incorporated the MMF as a non-profit in 1967. The current Governance structure is pictured in **Figure 1.3.1**.

In 1981, MMF launched a court case on behalf of the Red River Métis claiming that the federal government had failed to implement the land grant provision set out in section 31 of the Manitoba Act, 1870, as per the honor of the Crown. Thirty-two years later, in 2013, the Supreme Court of Canada determined that the federal government was constitutionally obligated by section 31 to fulfill its promise to the Red River Métis. Responding to this decision, in 2016, Canada and MMF signed a memorandum of understanding as well as the November 15, 2016, *Framework Agreement for Advancing Reconciliation to advance exploratory talks on reconciliation*.

In 2021, Canada and the MMF signed the *Manitoba Métis Self-Government Recognition and Implementation Agreement (SGRIA)* to “recognize, support, and advance the exercise of the Manitoba Métis’[also known as the Red River Métis] right to self-determination, and its inherent right to self-government recognized and affirmed by section 35 and protected by section 25 of the Constitution Act, 1982, in a manner that is consistent with the United Nations Declaration on the Rights of Indigenous Peoples, through a constructive, forward-looking, and reconciliation-based arrangement that is premised on rights recognition and implementation.” This same year, Canada’s *United Nations Declaration on the Rights of Indigenous Peoples Act* (UNDRIP; the Act, 2016) received royal assent and came into force. Both the Act and the SGRIA commit Canada to working with the MMF to implement the UN Declaration, to advance reconciliation with the Red River Métis, and to advance the Red River Métis right to self-government and self-determination.

Today, to be a Citizen of the Manitoba Métis Federation one must:

- 1) Self-identify as Red River Métis.
- 2) Show an ancestral connection to the Historic Red River Métis Community; and
- 3) Be accepted by the contemporary Red River Métis Community.

Further, the Canadian endorsement of the *UN Declaration on the Rights of Indigenous Peoples* serves as a significant step that highlights Indigenous people’s entitlement to self-determination, culture, and health. This declaration stresses the importance of their participation in health decisions. Despite these advancements, Canada’s fragmented health care system has historically yielded inconsistent services for Red River Métis, a situation further exacerbated by a lack of distinction-based health legislation. To bridge this gap and honor Indigenous rights, a dedicated focus on creating distinctions-based health legislation to support Red River Métis health is crucial. These historical reasons result in the creation and persistence of the MMF-HWD.

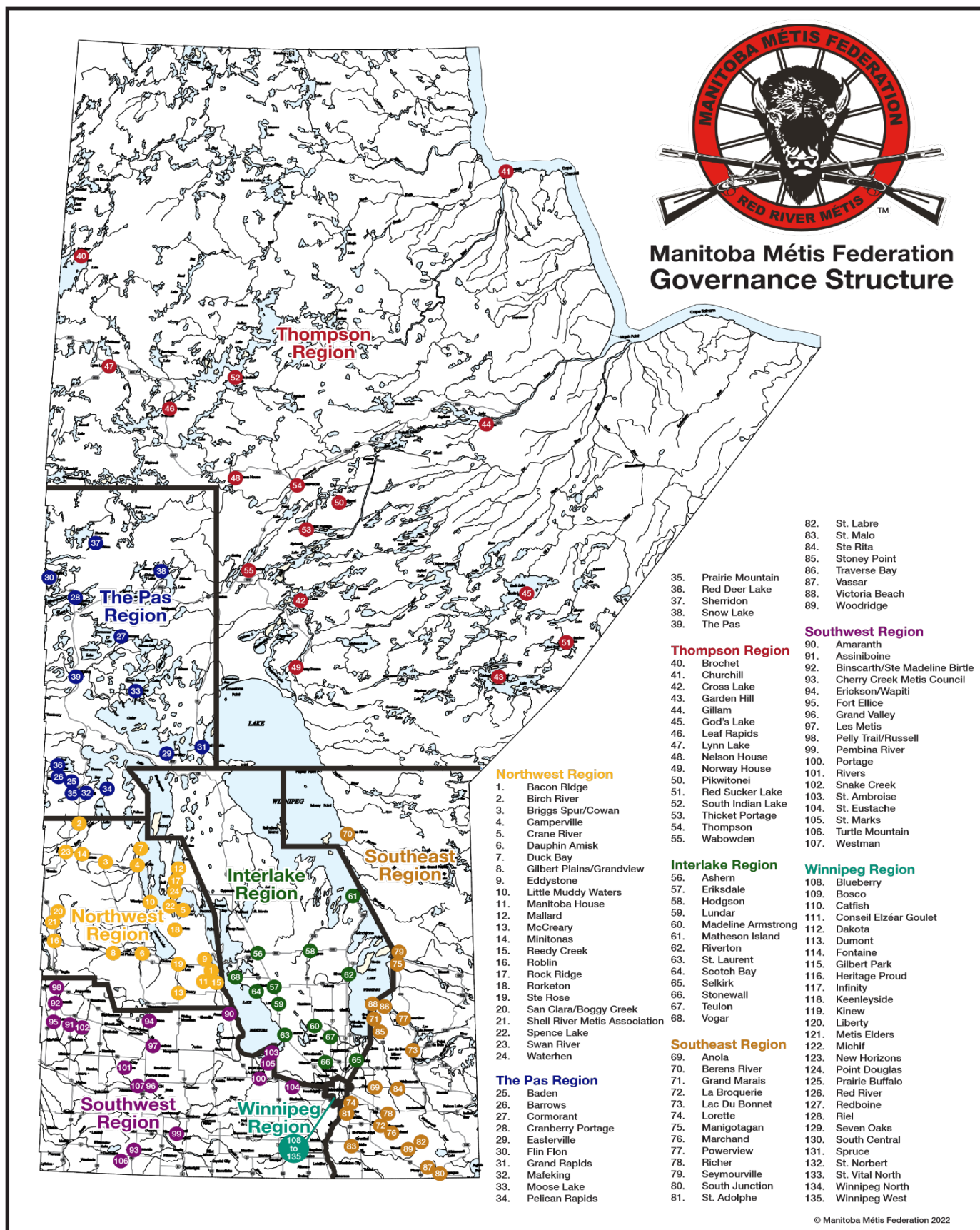


Figure 1.3.1. MMF Governance Structure within Manitoba

1.4 Manitoba Métis Federation–Health & Wellness Department

In 2005 after deliberation on the historical poor health of Red River Métis, the MMF established the Health and Wellness Department (HWD). Today, the HWD continues the fight to improve the overall health and wellness of Red River Métis Citizens. The HWD is committed to developing and using culturally grounded, distinctions-based, holistic knowledge. This commitment aims to enhance the quality of life and wellbeing of Red River Métis through prevention, health service delivery, research, and innovation.

The HWD consists of a dedicated team, structured into four functional areas of work:

Health Research: Established in 2005, this team conducts qualitative research to grasp the viewpoints and encounters of Red River Métis Citizens regarding their health and access to health care. The aim is to generate culturally appropriate and safe Red River Métis-specific health insights by gathering lived experiences through consultations, group discussions, and individual interviews.

Clinical Services: Includes Nurses, Registered foot care Nurses, Registered dietitians and Support staff that serve Red River Métis Citizens by implementing strategies developed by the health research and policy and health information team to improve their health.

Policy & Health Information: This was created in January 2022 to develop Red River Métis-specific information to support policies, programs, and services for our Citizens.

Community Programming: Formed in 2022, the team empowers the MMF-HWD to tackle Citizens' health requirements via diverse programs. Through Community engagement and attentive listening, they customize health initiatives to ensure relevance, accessibility, and a positive impact on the overall well-being of all Citizens.

All these areas are overseen by our leadership & management team. Over the past few years, MMF's HWD has significantly expanded its capacity to address the health-related needs of Red River Métis Citizens. Throughout the challenging times of the COVID-19 pandemic, the HWD actively supported Citizens by establishing vaccine clinics, bolstering mental health services, and adapting to virtual engagements to stay connected with the Red River Métis Community. Our commitment to collaboration with Red River Métis Communities has led us to grow, acquire knowledge, and discover innovative ways to support the health of Red River Métis people.

At MMF's HWD, we also offer Health Consultations that provide an opportunity for Citizens to actively participate in shaping the Department's policies and initiatives. We highly value their knowledge, expertise, and input on various health-related topics, including developing federal health legislation, access to medical transportation services, vaccine hesitancy, mental health, and addictions. By participating in our focus group

discussions, our Citizens provide vital insights on how MMF can improve healthcare for Red River Métis Citizens. These healthcare gaps result from long-standing government assertions, denying the existence of Red River Métis rights, considering any potential rights extinguished through scrip, categorizing assistance as charity, and disavowing fiduciary responsibility to our Citizens.

Section 2: Preliminaries

2.1: Background & Previous Knowledge

2.1.1 Overview of Mental Health

According to the WHO (2022), Mental Health is defined as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community”. Further, Mental health is a fundamental aspect of overall well-being that supports our capacity to make choices, form connections, and influence our environment. It is a fundamental human entitlement and plays a vital role in personal growth, community welfare, and socio-economic progress. The three core components of mental health are (1) well-being, (2) effective functioning of an individual, and (3) effective functioning for a community (WHO, 2022).

Mental health is not merely the absence of mental illness but encompasses a broader spectrum of well-being, including emotional, psychological, and social aspects. It manifests along a multifaceted spectrum, presenting unique experiences and levels of challenge and distress for each individual, potentially leading to diverse social and clinical consequences (WHO, 2022). Particularly, Mental health is the foundation upon which individuals build their lives, influencing their ability to navigate challenges, foster meaningful relationships, and achieve their aspirations. It refers to a favorable state of emotional and spiritual wellness that values culture, fairness, social equality, interconnectedness, and individual dignity.

When mental health is robust, individuals can effectively cope with stressors, maintain resilience in the face of adversity, and engage in fulfilling social interactions. This resilience not only benefits individuals but also contributes to the overall welfare of society by fostering cohesive communities and social responsibility.

Conversely, untreated mental health issues can have profound and far-reaching consequences, encompassing mental disorders, psychosocial disabilities, and other psychological states marked by considerable distress, functional limitations, or a risk of self-harm. Individuals with such conditions often face reduced levels of mental well-being, although this isn't universally or inherently true in every instance (WHO, 2022). Without proper support and intervention, individuals may experience significant distress, impairments in daily functioning, and decreased quality of life. Untreated mental health conditions can also lead to negative outcomes such as unemployment, substance abuse, homelessness, and even suicide. Moreover, the ripple effects extend beyond the individual to impact families, communities, and society as a whole (Alegria et al., 2018).

2.1.2 Mental Health Problems, Mental Illnesses and Mental Disorders

It's crucial to distinguish between mental health and mental illness. As mentioned previously, mental health encompasses emotional well-being, social connections, cognition, and resilience to life's challenges, akin to physical health (Canadian Mental Health Association, 2021b). Mental illnesses, on the other hand, involves changes in thought, mood, or behavior resulting from significant stressors or impaired functioning, such as major depressive disorder, general anxiety disorder, bi-polar, eating disorders, problem gambling, and substance dependency (Government of Canada, 2020).

Mental health and mental illness often depict them as existing on a linear continuum. Mental illness is typically portrayed at one extreme, while mental health is situated at the opposite end. However, mental health encompasses more than simply the absence of mental illness (Health and Welfare Canada, 1988).

The terms "mental health problems," "mental illness," and "mental disorder" are frequently used interchangeably. While "mental health problem" can encompass any deviation from a state of mental or psychological well-being, the terms "illness" and "disorder" indicate clinically recognized conditions that involve significant distress, dysfunction, or a notable risk of adverse outcomes (Public Health Agency of Canada, 2006).

2.1.3 The Complexities of Mental Health Determinants

Throughout individuals' lifespans, various personal, societal, and structural factors may interact to either bolster or undermine their mental well-being, thereby shifting their position along the mental health spectrum.

Factors such as emotional resilience, family history of mental illness, age, sex, chronic diseases, substance use, genetic predispositions and life event stresses at the individual level can increase susceptibility to mental health challenges. Additionally, exposure to adverse social, economic, geopolitical, and environmental conditions like poverty, violence, inequality, and environmental degradation escalates the likelihood of mental health disorders (Government of Canada, 2020; WHO, 2022).

Systemic disparities such as racial discrimination, economic hardship, lack of housing, prejudice, historical injustices, and violence based on gender or colonial legacies have been acknowledged as major factors that can exacerbate mental health issues and the manifestations of mental illness, particularly when access to mental health services is challenging (Canadian Mental Health Association, 2024a).

These risks can manifest at any life stage, with those occurring during critical developmental phases, notably early childhood, having particularly detrimental effects. Conversely, protective factors, including social and emotional skills, positive social interactions, quality education, stable employment, safe Communities, and community cohesiveness, work to enhance resilience.

Mental health risks and protective elements exist within society across various levels. Localized threats heighten risks for individuals, families, and communities, while global challenges such as economic downturns, disease outbreaks, humanitarian crises, forced displacement, and the escalating climate emergency pose risks at the population level (Government of Canada, 2020; WHO, 2022).

2.1.4 Mental Health Status in Canada

Self-perceived mental health serves as a valuable gauge of the overall mental well-being of a population. The majority of individuals possess a clear understanding of their mental state and circumstances. However, individuals experiencing mental health issues and lacking insight into their thoughts, emotions, and actions may struggle to provide an accurate assessment of their true mental condition (Public Health Agency of Canada, 2006).

Mental health poses a significant concern for Canadians, with statistics indicating that approximately 20% of Canadians will experience a mental health issue during their lifetime (Canadian Mental Health Association, 2021b; Lesage, 2006). Furthermore, projections suggest a 31% increase in the number of individuals living with mental illness over the next three decades (Smetanin et al., 2011).

The Canadian Mental Health Association (2024a), reveals a significant prevalence of mental illness, affecting people across various demographics in Canada. By age 40, about 50% of the Canadian population experience a mental illness. Major depression affects approximately 5.4% of Canadians, while anxiety disorders impact 4.6% of the population (Dobson et al., 2020). About 1% of Canadians experience bipolar disorder or schizophrenia each. Eating disorders, affecting up to 1 million Canadians; between 0.3-1% of the population have a disproportionate impact on women compared to men, with higher mortality rates (Langlois et al., 2012). Substance use disorders affect around 6% of the population (Mental Health Commission of Canada, 2013).

Suicide remains a critical concern, with 4,012 deaths reported in 2019 (Statistics Canada, 2023). Suicide disproportionately impacts Indigenous peoples, with higher rates among First Nations and Inuit Communities compared to non-Indigenous Canadians. For the Inuit population (72.3 deaths per 100,000 person-years at risk), the rate was approximately nine times higher than that of non-Indigenous individuals (8.1 deaths per 100,000 person-years at risk) The suicide rate among individuals who identify as Red River Métis (14.7 deaths per 100,000 person-years at risk) was roughly double the rate of non-Indigenous individuals (Kumar & Tjepkema, 2019).

Gender-specific patterns also exist. Men have a mortality rate from suicide that is three times higher than that of women, whereas girls and young women are three times as likely as men to engage in self-harm and require hospitalization for it (Public Health Agency of Canada, 2023).

From an economic standpoint, mental illness ranks among the costliest health conditions in Canada (Smetanin et al., 2011). Despite the prevalence of mental health challenges, there are persistent disparities between the number of affected individuals and those who seek professional help. Research indicates that

only about 40-60% of people with mental health issues actively seek professional assistance (Andrews & Carter, 2001; Lesage, 2006).

2.1.5 Mental Health Status in Manitoba

Mental illness has been recognized as a significant issue in Manitoba, Canada; however, there is a lack of regional information available on the prevalence of mental disorders among Citizens in Manitoba.

According to Martens et al. (2004), approximately 37% of individuals aged 10 and above in Manitoba had at least one healthcare encounter with a mental illness diagnosis, highlighting the crucial role of mental health services within the province's healthcare system. Furthermore, about 24% of Manitobans were diagnosed with one or more "cumulative" mental disorders, such as depression, anxiety disorders, substance abuse, schizophrenia, and personality disorders.

Treatment prevalence rates for mental health disorders are higher among Manitoban females compared to males in several categories: "cumulative disorders" (29.1% versus 18.8%), depression (23.6% versus 12.6%), anxiety disorders (8.66% versus 4.59%), personality disorder (1.0% versus 0.8%), dementia in individuals aged 55 and above (11.6% versus 8.9%), and "other disorders" (14.0% versus 11.5%) (Martens et al., 2004). However, treatment prevalence for substance abuse is lower among females compared to males (5.3% versus 6.3%). The treatment prevalence of schizophrenia is similar between females and males (1.2%). Additionally, the treatment prevalence of ADD/ADHD in children aged four to 18 is lower among females compared to males (1.3% versus 4.6%) (Martens et al., 2004).

Elderly individuals in Manitoba exhibit a notably high treatment prevalence of dementia, particularly in the age groups of 80-84, with rates of 26.3% for males and 30.6% for females, which increase with advancing age. Martens et al. (2004), indicates that almost one-third (29%) of those treated for any mental illness also had at least one other mental illness diagnosis, indicating comorbidity, with varying percentages depending on the specific condition (51% for depression, 75% for schizophrenia, 89% for personality disorders).

Mental illness significantly impacts healthcare utilization, with one in ten physician visits and one in ten hospitalizations attributed to mental health issues. Individuals diagnosed with mental illness also demonstrate higher rates of home care and personal care home utilization compared to the general population of Manitobans. Given the critical nature of mental illness within healthcare planning and policymaking, this report highlights several pertinent issues that warrant attention (Martens et al., 2004).

In terms of regional disparities, the treatment prevalence of most mental health disorders is lower in the Rural South but higher in the North, Winnipeg, and Brandon regions compared to the provincial average (Martens et al., 2004).

2.1.6 Mental Health Status in Red River Métis Community

Within the context of Indigenous populations including the Red River Métis Community in Canada, mental health holds an elevated significance that is deeply intertwined with the unique historical, social, and cultural fabric. For centuries, Red River Métis have endured a legacy of colonization marked by systematic erasure of cultural identities, forced assimilation, and dispossession of ancestral lands. These historical traumas have left indelible scars on the collective psyche of Citizens, manifesting in intergenerational trauma, loss of cultural continuity, and profound challenges to mental well-being.

The Red River Métis have borne the brunt of policies and systemic injustices that have systematically undermined their autonomy, dignity, and sense of belonging. From the imposition of colonial borders that fragmented traditional territories to the establishment of discriminatory policies that denied Red River Métis rights and recognition, the Red River Métis have faced persistent marginalization and exclusion. This ongoing marginalization has created an environment of systemic inequities, where access to essential resources and services, including mental health care, is often limited or non-existent.

Additionally, the mental health landscape within the Red River Métis Community is complex, shaped by historical traumas including residential and day schools, land dispossession, and chronic underfunding. These factors contribute to further barriers in accessing appropriate mental health services, including lack of information, long wait times, and cultural insensitivity.

More recently, it has been evidenced that the Red River Métis Community faces heightened vulnerability to mental health challenges, evidenced by elevated rates of suicide, depression, and anxiety compared to all other Manitobans. For example, the *PROFILE OF MÉTIS HEALTH STATUS AND HEALTHCARE UTILIZATION IN MANITOBA: A POPULATION-BASED STUDY* (2010) – also known as the Métis Atlas, Red River Métis are more likely than all other Manitobans to suffer from Mental Health conditions. For example, 30.2% of Red River Métis received diagnoses for various mental health conditions, compared to 25.7% of other Manitobans (Martens, 2010). Further, the most prevalent comorbidities were depression/anxiety, affecting 5.4% of Red River Métis and 4.0% of other Manitobans (Martens, 2010). It was also reported that Red River Métis experience anxiety disorders at a rate 18% higher (9.4% vs. 8.0%) than other Manitobans, with substance abuse among Red River Métis being particularly concerning, at a staggering 47% higher (7.2% vs. 4.9%) (Martens, 2010). The occurrence rate of personality disorders is

19% greater among one group compared to another (1.08% versus 0.91%). Depression emerges as the most prevalent diagnosis, with a similar statistical prevalence observed in both groups, affecting 22.0% of Red River Métis individuals and 20.4% of all other Manitobans (Martens, 2010).

The cumulative mental illness disorders (having one or more of depression, anxiety disorders, substance abuse, personality disorders, and schizophrenia) is comparable between the Red River Métis population and all other residents of Manitoba (28.4% versus 25.9%, not statistically significant). However, when comparing specific regional health authorities (RHAs), nine out of eleven RHAs exhibit a significantly higher prevalence of cumulative mental health disorders among the Red River Métis population compared to residents in other areas. However, Red River Métis have 1.32 times the likelihood of being diagnosed with one or more of the cumulative mental illnesses (Martens, 2010).

2.1.7 Mental Health Wellness Programs in Canada

In Canada, the primary health professionals consulted for mental health issues include general practitioners (GPs), social workers, counselors, psychotherapists, psychiatrists, psychologists, and self-help groups (Lesage, 2006). However, in 2012, the Mental Health Commission of Canada introduced the inaugural national strategy for mental health (Mental Health Commission of Canada, 2012).

National mental health organizations in Canada, mainly the Canadian Mental Health Association (CMHA) and the Centre for Addiction and Mental Health (CAMH) offer a range of services including mental health resources (Canadian Mental Health Association, 2024b):

- a)** Coping with Loneliness
- b)** Fast Facts about Mental Health and Illness
- c)** Feeling Angry, Grieving
- d)** Mental Health for Life
- e)** Mindfulness
- f)** Overdose Prevention Social Support, Stress
- g)** Talking to Teens about Mental Health
- h)** Understanding Substance Use
- i)** Work-Life Balance
- j)** Youth and Self Injury

and mental health programs (Canadian Mental Health Association, 2024c):

- a)** Talk Suicide Canada
- b)** Bounceback,
- c)** Recovery Colleges
- d)** Workplace Mental Health
- e)** Peer Support Canada

Resilient Minds to online courses and support for grief and addiction issues. Specialized support is also available for Indigenous Peoples, including the Hope for Wellness Help Line and crisis lines for Indian Residential School Survivors and individuals impacted by MMIWG2S+.

For youth and young adults, services like “Kids Help Phone” provide confidential and anonymous care, while “Wellness Together Canada” offers one-on-one counselling, self-guided courses, peer support, and credible information on mental health and substance use (Canadian Mental Health Association, 2024b).

Currently, the Department of Mental Health and Community Wellness of the Government of Manitoba provides two main programs to support the mental wellness of Manitobans.

- a) **Cognitive Behaviour Therapy with Mindfulness (CBTm)**- CBTm is a scientifically supported program consisting of five sessions aimed at enhancing resilience and promoting mental well-being. It integrates mindfulness principles to assist individuals in managing stress, anger, fatigue, sleep disturbances, and negative health effects while boosting resilience and enhancing emotional control. The program is available at no cost, and individuals in Manitoba can enroll themselves.
- b) **Strongest Families Institute (SFI)**- The SFI offers complimentary e-mental health solutions to individuals of various age groups, ranging from children to adults, who are experiencing mild to moderate mental health issues. These services encompass Cognitive Behavior Therapy (CBT) techniques and approaches for children and their caregivers addressing disruptive behaviors, anxiety, or bedwetting. Similarly, services tailored for youth and adults emphasize providing CBT skills and strategies to manage and alleviate symptoms of anxiety and depression.

Further, the Government of Manitoba provides strategic direction and funding for mental health, addictions, and wellness programs. This includes national overdose response services, Naloxone distribution, smoking and vaping control and cessation programs, promotion of active living and healthy sexuality, support for Selkirk Mental Health Centre, and initiatives for creating healthy schools.

2.1.8 Research Gap

Despite the extensive research conducted and the fact that Métis individuals make up 36.1% of Canada's Indigenous population (Statistics Canada, 2017), there is a scarcity of health research focusing on the Red River Métis Community (Bourassa, 2011; Krieg & Martz 2008; National Collaborating Centre for Aboriginal Health, 2014). Consequently, health issues and needs specific to Red River Métis Communities have largely been overlooked in health planning and policy development (Krieg & Martz, 2008).

While there is limited literature available, epidemiological data have highlighted mental health challenges among Red River Métis individuals in Manitoba compared to the non-Indigenous population (Martens et al., 2004; Martens et al., 2010). This is further complemented by phenomenological evidence, which reflects Communities' desires for enhanced mental well-being and health services that approach health from a holistic perspective (Bartlett, 2005; Edge & McCallum, 2006).

The intricate nature of mental health and wellness underscores the pressing need for distinctions-based policy, programming, and research, alongside a nuanced understanding of what mental health and well-being entails for Citizens. Specifically, for the Red River Métis, mental health is profoundly intertwined with cultural identity, representing a comprehensive concept of well-being that involves healing from historical injustices and revitalizing cultural heritage.

By recognizing the inherent correlation between mental health and cultural identity and by incorporating distinctions-based pertinent strategies into mental health care policies and initiatives, this endeavor aims to enhance comprehension of the perspectives and lived experience of mental health and wellness among the Red River Métis Communities. In addressing the enduring discrepancies encountered by the Red River Métis, the project aims to formulate a Red River Métis-Specific framework focused on nurturing a more inclusive and supportive environment for mental health and well-being within the Red River Métis Community.

2.2 Goal and Objectives

The primary objective of this project is to comprehensively analyze the availability, accessibility, utilization, and satisfaction levels regarding existing mental health services for Red River Métis Citizens. The outcomes derived from this research endeavor will provide crucial insights that will inform the development of future policies specifically tailored to meet the needs of the Red River Métis Community. These policies will be designed to uphold distinctions-based approaches and ensure cultural safety, ultimately serving to support Citizens grappling with mental health challenges. The specific objectives of this study include:

- 1)** Assess the level of satisfaction among Red River Métis Citizens regarding existing mental health services.
- 2)** Investigate the preferred methods of accessing mental health services among Red River Métis Citizens.
- 3)** Explore ways in which the Manitoba Métis Federation (MMF) can promote and facilitate positive mental health activities and strategies among its Citizens.
- 4)** Discern variations in mental health service needs across Manitoba's Citizens.
- 5)** Propose recommendations for future enhancements and developments in MMF-HWD mental health services specifically tailored for Red River Métis Citizens.

Section 3: Methods & Methodology

3.1: Methodology

This study employed a survey research approach, inviting Red River Métis Citizens to complete questionnaires during various consultations and events. The questionnaire comprised a combination of multiple-choice and long-answer questions, covering topics such as current access to and satisfaction with mental health supports and services, ongoing struggles with mental health, and preferences for future programming. These questions aimed to provide insights into the significance of mental health for Red River Citizens and their needs.

The study design prioritized a distinctions-based approach, and is in alignment with the guiding principles of Indigenous data sovereignty, which assert that Indigenous nations have rights over their own data and its analysis and presentation methods.

Furthermore, the survey methodology facilitated a comprehensive understanding of the mental health landscape within the Red River Métis Community. By gathering data directly from Citizens, the study aimed to capture their perspectives and experiences accurately. Through a combination of multiple-choice and long-answer questions, the survey allowed for nuanced insights into various aspects of mental health, including access to services, existing challenges, and aspirations for future support initiatives. This approach ensured that the research findings would be grounded in the realities and needs of the Red River Métis population, contributing to more informed decision-making and resource allocation in mental health initiatives.

3.2: Knowledge Translation

Knowledge Translation (KT) is a very important part of our methodology. It means using *what we know* from research to influence *what gets done* in health and services. Using KT maximizes the benefit for Red River Métis Citizens by combining experiential knowledge with findings from Red River Métis Citizens and the *Profile of Métis Health Status and Healthcare Utilization in Manitoba* (Martens et al., 2010). This knowledge dissemination process enables translation of evidence into policy and practice, resulting in a more holistic information base that guides Knowledge Networks in their efforts to enhance the health and wellbeing of Red River Métis in Manitoba.

3.3: Data Collection Techniques

3.3.1: Recruitment:

To ensure a comprehensive representation and encompass diverse voices within our Red River Métis Community, consultations were conducted with various groups, including youth, elders, and members of the Infinity Secretariat. This process commenced with collaborative efforts between the MMF-HWD and the MMF Engagement and Consultation Department. Together, they liaised with Vice-Presidents (VPs) of each region, who then disseminated invitations to their constituents for upcoming consultations.

In addition to the invitations facilitated by the VPs, the MMF-HWD utilized email and popular social media platforms like Instagram and Facebook to inform Red River Métis Citizens about the consultations. Invitations were extended to a minimum of fifteen Red River Métis Citizens, ten members of the Infinity Women's Secretariat, ten Red River Métis youth, and five Elders.

Data collection took place through questionnaires administered across multiple consultations spanning the Manitoba Métis Federation Regions from 2022 to 2023. The MMF-HWD actively engaged with Citizens from all seven MMF Regions, including Interlake, Northwest, Southeast, The Pas, Thompson, Southwest, and Winnipeg.

3.3.2: Survey Analysis:

Participation in the survey was entirely voluntary, with respondents encouraged to engage based on their willingness to contribute. A total of 143 surveys were collected and analyzed (see the **Section 4** for detailed demographic information)

1. Survey Structure and Content:

The survey was structured with twenty-four inquiries covering a range of mental health-related topics. It delved into aspects such as the accessibility of current programming, barriers to treatment, and recommendations for enhancing services. The questionnaire consisted of eighteen multiple-choice questions and four open-ended questions, allowing for both quantitative and qualitative data collection.

2. Data Analysis:

The analysis of open-ended responses followed a pseudo-CCDAP (Coding Consensus Development Analysis Procedures) procedure. This approach involved the research team identifying themes within the responses to categorize and analyze them effectively, providing insights into participants' perspectives and experiences regarding mental health services.

3. Data Linkage:

The survey responses were systematically linked with demographic data, enabling a more comprehensive exploration of potential differences based on factors such as age and region. This linkage facilitated a nuanced understanding of how mental health perceptions and needs might vary across different segments of the Red River Métis Community.

4. Statistical Analysis:

To extract meaningful findings, statistical analysis was conducted on the mental health consultation data linked with demographic information. This analysis was performed using statistical software R version 4.4.0, USA, allowing for rigorous and accurate examination of relationships and patterns within the data.

3.4: Limitations

1. Several Sample Bias:

- a) **Potential overrepresentation of individuals with higher political engagement and familiarity with MMF:** Attendees of consultation events may consist of individuals with a stronger interest or involvement in political activities related to the Manitoba Métis Federation (MMF). This overrepresentation of politically engaged individuals could introduce bias, as their perspectives and experiences may differ from those less involved or familiar with MMF affairs.

2. Voluntary Participation Bias:

- a) **Introduction of bias toward respondents with stronger opinions:** Voluntary participation in the study can lead to a bias towards individuals who have stronger opinions or experiences related to mental health programming. Those with more intense feelings or experiences may be more motivated to participate, potentially skewing the findings towards extreme viewpoints and overlooking the perspectives of individuals with moderate or neutral opinions.

3. Disproportionate Representation of Demographic Groups:

- a) **Women and older age cohorts:** The disproportionate representation of demographic groups, such as an overrepresentation of women or older age cohorts, can limit the diversity and representativeness of the sample. This imbalance may result in a biased portrayal of mental health experiences and needs, as different demographic groups may have distinct perspectives and challenges that are not adequately captured.

Nevertheless, these limitations offer opportunities for future research to address and enhance these findings.

Section 4: Results

4.1: Demographics of the Participants

One-hundred-forty-four Red River Métis Citizens participated in the survey. The participants' ages spanned from 18-85, with the majority aged 50+ (73%). 79% of individuals self-identified as “female”; 20% self-identified as “male”. All reported percentages are rounded, and due to nonresponses on the part of participants may not sum to 100%.

Table 4.1: Questionnaire Demographics

Demographics	Percent (%)	n
Gender/Sex:		
Male	20.1	29
Female	79.2	114
Other	0	0
Age Range:		
<16	0	0
16-29	6.9	10
29-49	20.1	29
50>=	73.0	105
Use/Used Mental Health Services:		
Yes	20.8	30
No	76.4	110

4.2: Data Analysis of Survey Questionnaire on Mental Health Service Access and Satisfaction

4.2.1 Mental Health Service Utilization among Red River Métis Citizens in Manitoba

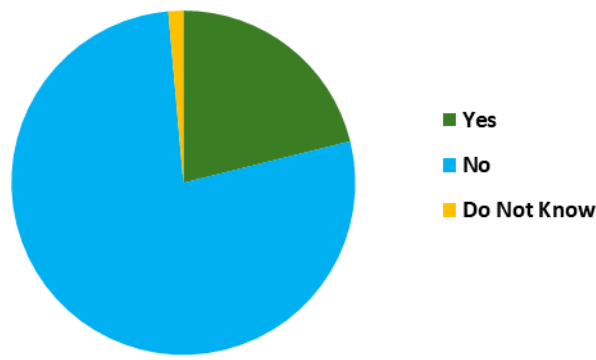


Figure 4.2.1: Current Usage of Mental Health Services

The analysis of survey questionnaire data regarding the current utilization of mental health services by Red River Métis Citizens in Manitoba reveals insightful results. A significant majority of 77% responded negatively, indicating that they are not currently accessing any mental health services. In contrast, a notable 21% of respondents affirmed that they are accessing mental health services, highlighting the presence of a portion of the population actively engaging with such services. Interestingly, a negligible proportion of 1% expressed uncertainty or lack of awareness regarding their current utilization of mental health services.

4.2:2 Demand for Mental Health Services among Red River Métis Citizens

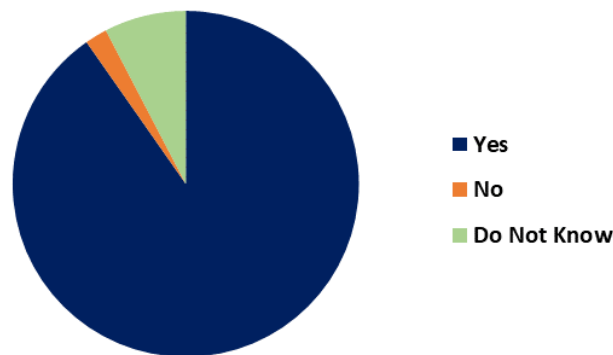


Figure 4.2.2: Necessity of Mental Health Services

Among respondents, 90% expressed a strong affirmative response, indicating a clear consensus within the Community regarding the necessity for additional mental health services. Only 2% of respondents indicated a negative sentiment, suggesting a small minority view on the adequacy of current services. Additionally, 8% of respondents expressed uncertainty, highlighting a potential area for further exploration and clarification.

4.2:3 Factors Influencing Non-Utilization of Mental Health Services among Red River Métis Citizens in the Past 5 Years

The reasons for non-access to services were diverse: 61% attributed it to not requiring them, 3% faced access barriers, 6% lacked interest, 6% lacked time, and 13% were unaware of the services available. Additionally, 23% of respondents believed that current services inadequately met the requirements of the Red River Métis Community. This viewpoint was shared by 33% of service users and 19% of non-users.

River Métis Citizens identified unawareness of available services (62%) as the most significant barrier, followed by financial constraints (44%) and stigma (41%). Geographical barriers/lack of services in the Community were deemed significant by 26%.

4.2:4 Leading Causes for Mental Health Issues

Addictions (75%) and financial stress (68%) were the leading reasons for requiring mental health services within the Red River Métis Community. A majority (63%) identified addictions as the primary mental health issue.

4.2.5 Perceived Barriers and Uncertainties in Accessing Mental Health and Addiction Services

Participants' responses regarding the most significant barrier to accessing mental health services reveal that a considerable 62% identified unawareness, while an additional 12% acknowledged the need for more services while admitting their own unawareness of available programs. Additionally, when asked if addiction services were available in their Community, it is very telling that “Do not know” is so prominent (Figure 4.2.3).

Furthermore, a notable proportion of respondents indicated uncertainty regarding the availability of addiction services. Notably, 3% of participants desired access to mental health services but were not able to access.

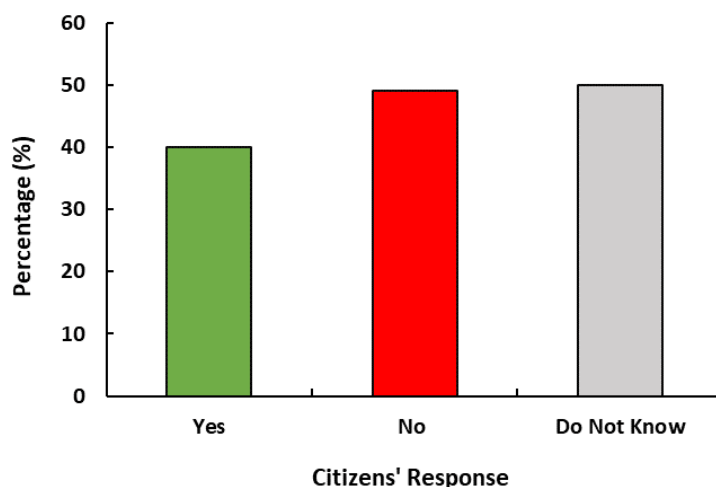


Figure 4.2.3: Availability of Addiction Treatment Programs in Community

4.2.6 Comfort Levels in Accessing Online and In-Person Counselling Services

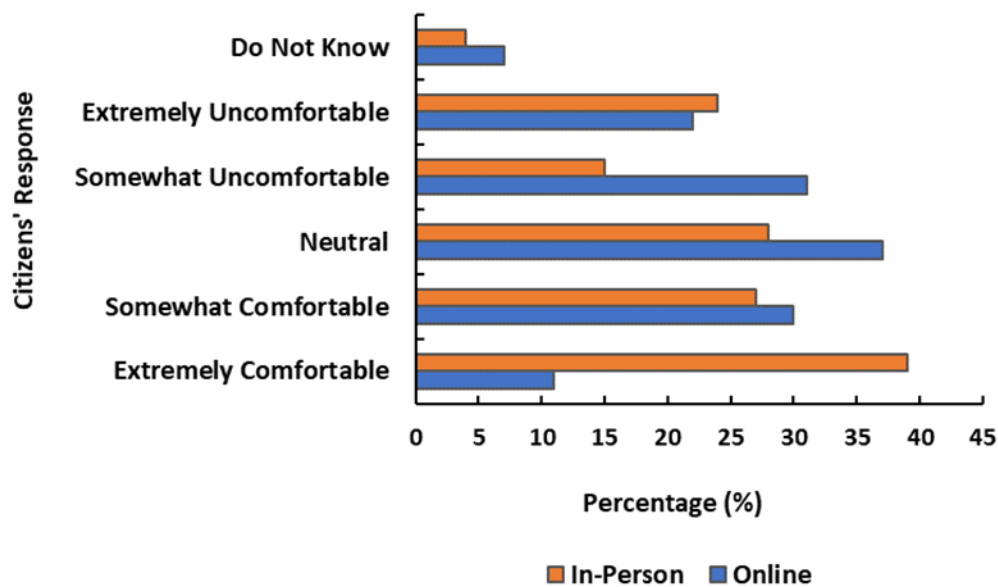


Figure 4.2.4: Comparing Comfortability in Counselling Access

Regarding in-person mental health services, 4% of participants expressed uncertainty, while 24% reported feeling extremely uncomfortable, 15% indicated a somewhat uncomfortable stance, 28% remained neutral, 27% felt somewhat comfortable, and a significant 39% expressed extreme comfort. Conversely, concerning online mental health services, 7% expressed uncertainty, 22% reported feeling extremely uncomfortable, 31% were somewhat uncomfortable, 37% remained neutral, 30% felt somewhat comfortable, and 11% expressed extreme comfort.

4.2.7 Comfort Levels in Accessing Peer Support Services

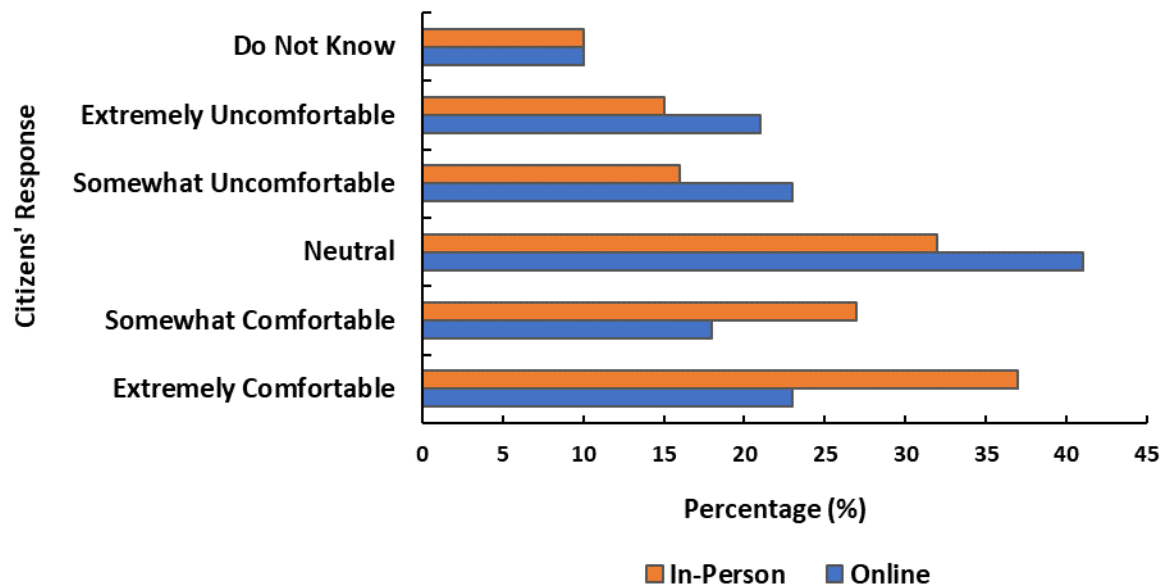


Figure 4.2.5: Preference for Online vs In-Person Peer Support Services

The analysis of survey data regarding comfort levels in accessing online and in-person peer support services among Red River Métis Citizens revealed notable trends. For in-person mental health services, 37% of respondents reported feeling extremely comfortable, with an additional 27% feeling somewhat comfortable. Conversely, 10% were unsure about their comfort level, and 15% expressed feeling extremely uncomfortable. The distribution was more evenly spread for online mental health services, with 23% feeling extremely comfortable, 18% somewhat comfortable, and 41% neutral. However, 10% were unsure, and 21% indicated feeling extremely uncomfortable.

4.2:8 Assessment of Satisfaction with Accessible Mental Health Services

When aggregating Extremely Satisfied and Satisfied, and Unsatisfied and Extremely Unsatisfied across the entire sample, there was an 11% greater prevalence of dissatisfaction than satisfaction (34% vs. 23%), with 27% expressing neutrality (**Figure 4.2.6**). Among individuals who utilized mental health services, a larger proportion reported satisfaction (37% vs. 17%) but also indicated higher levels of dissatisfaction (43% vs. 29%).

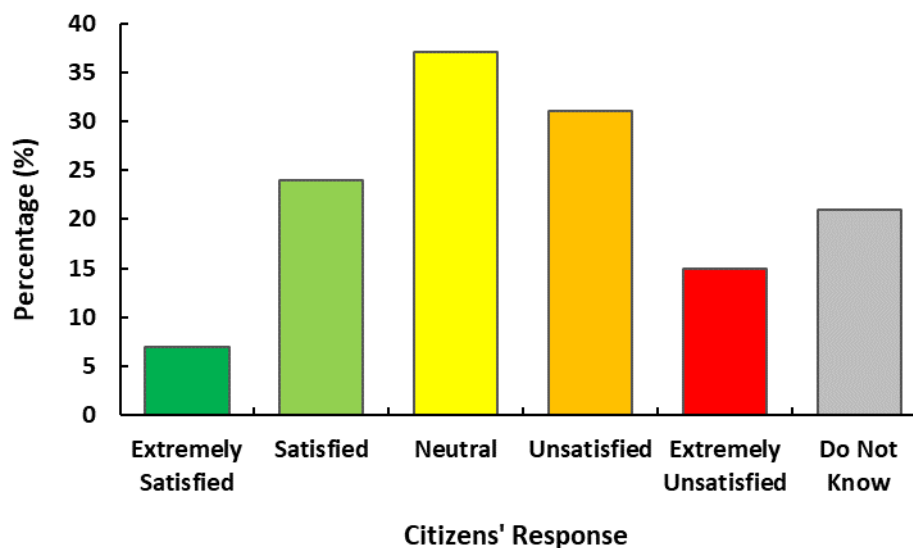


Figure 4.2.6: Exploring Satisfaction Levels with Accessible Mental Health Services

4.2.9 Information Acquisition Methods for MMF Programs and Services, and Preference for Service Delivery

Red River Métis Citizens received information primarily through Emails/Newsletters (53%), followed closely by Word of Mouth (45%), Facebook (44%), and the MMF Website (42%).

Section 5: Discussion

The concept of Red River Métis health is holistic, emphasizing the interconnectedness of spiritual, mental, emotional, and physical well-being, each aspect necessitating care and equilibrium. (Bartlett, 2005, Dyck 2008).

The Canadian healthcare system fails to adequately meet the health needs of Red River Métis individuals. For instance, Krieg and Martz (2008) observed that Métis women found individual-level treatment to be inappropriate, intimidating, and impersonal. Similarly, challenges in accessing culturally appropriate healthcare are evident in broader Indigenous health research (Auger et al., 2016; Browne & Fiske, 2001). Regrettably, Red River Métis often face exclusion from federal Indigenous health programs and funding, exacerbating health disparities due to jurisdictional gaps. Overall, this research highlights a significant disparity between Red River Métis views on mental health and their experiences with the healthcare system, which largely neglect the systemic, intergenerational root causes of mental health issues.

Mental health concerns within the Red River Métis Community pose a complex and pressing issue necessitating comprehensive intervention strategies. The impacts of colonization on Red River Métis Communities across Canada have been profound, manifesting through social and political methods such as marginalization, isolation, and displacement (Logan, 2018). These actions included the removal of Red River Métis children, relocation from their lands, and cultural suppression. These historical traumatic events have significantly affected Red River Métis mental health, leading to ongoing generational trauma and loss (Richardson, 2016). This trauma, which is both historical and ongoing, has directly influenced how Red River Métis experience mental health challenges. Importantly, these enduring effects have perpetuated mental health disparities and hindered equitable access to care.

One possible solution to enhance mental health services for Red River Métis Communities is to implement culturally responsive and trauma-informed practices in mental health care tailored to Red River Métis individuals.

Addressing these challenges and realities requires a multifaceted approach that integrates distinctions-based programming, develops targeted strategies, and involves ongoing engagement with the Red River Métis Community to ensure that their needs are understood and met.

The current study seeks to bridge crucial gaps in understanding and addressing mental health challenges, including access to services and satisfaction with existing programming within the Red River Métis

Community. Through a deep dive into these complexities, the study aims to uncover insights of Red River Métis Communities to guide the enhancement of inclusive and culturally appropriate mental health programs and services for the Red River Métis Communities. Ultimately, the goal is to dismantle barriers hindering equitable access to mental health services and care for the Red River Métis Community, leading to the development of a Red River Métis-specific mental health framework in Manitoba.

Service Accessibility and Lack of Awareness

While there is a clear call for additional services, it is essential to recognize the prevalent unawareness among participants regarding existing programming. This unawareness, highlighted as a significant barrier to accessing mental health services by a majority of respondents, underscores the need for a comprehensive strategy that combines service expansion with increased awareness efforts.

The data further supports the argument for unawareness, as evidenced by participants' uncertainty about available addiction services in their Community. This lack of awareness aligns with national trends, where Canadians cite personal reasons such as uncertainty about where to seek help as barriers to receiving necessary mental health assistance. Understanding how Citizens receive information is crucial, with digital platforms (social media platforms, mobile applications, website and online portals, email campaigns, and virtual events and webinars) emerging as the primary means for effective communication.

Moving forward, strategies aimed at engaging Citizens and reducing demand should focus on expanding online platforms to disseminate information about mental health programs. Simultaneously, efforts to raise awareness and increase service availability should be intertwined, as a joint approach may yield more impactful results than simply expanding services in isolation. This integrated strategy holds promise for addressing the interplay between service availability and unawareness, ultimately enhancing access to vital mental health resources for the Red River Métis Community.

(b) Obstacles in Access

The absence of follow-up questions to participants who did not access services creates an information gap, leaving the reasons behind their decisions to be speculated. Potential barriers such as the lack of mental health professionals (Canadian Mental Health Association, 2021a), stigma (Knack, 2017), or other unknown factors may contribute to this decision-making process. Furthermore, the factors that contribute to the 6% of participants lacking the time to access services may be related to regional constraints (geographic distance, limited healthcare infrastructure, transportation issues, cultural and linguistic barriers and socioeconomic factors) (Murray & Knudson, 2023), or alternative explanations.

Additionally, the 3% of participants who desired but were unable to access services highlight a systemic failure in meeting the needs of Red River Métis Citizens across various organizations, including the MMF, regional health authorities, and the federal government.

Surprisingly, only 26% of participants considered geographical barriers as significant hindrances to service access, although this perception aligns with previous literature (Canadian Mental Health Association, 2021a; Murray & Knudson, 2023). This finding underscores the need for comprehensive sampling strategies in future projects to capture the perspectives of all regions, including those like Thompson, which currently lack sufficient data representation. Ensuring a stratified approach to regional differences will be crucial for advancing our understanding of mental health access challenges and developing targeted interventions to address them effectively.

Monchalin et al. (2022), has highlighted the importance of creating "warm and inviting service spaces" in mental health services to overcome barriers to accessing mental health services for Red River Métis Citizens. This emphasizes the significance of health and social services in Manitoba being warm and inviting to make them more comfortable and accessible for the Red River Métis Community. This includes features such as relaxing music, warm and neutral wall colors, calm lighting, windows for natural lighting, plants, comfortable chairs, and accessibility for individuals who are hearing impaired and/or physically disabled. The lack of these facilities for the Red River Métis Communities in current mental health services in Manitoba could be one of the major reasons for limited access (Monchalin et al., 2022).

(c) Service Delivery Preferences

Despite the strong inclination towards traditional in-person services (**Figure 4.2.6**), particularly among older participants, there is a notable preference even among younger individuals for face-to-face interactions (**Table 4.1**). This finding highlights the challenge of meeting the demand for in-person resources, especially in rural areas where logistical and financial constraints are significant barriers. Given these challenges, there is merit in exploring ways to enhance online service delivery as a viable alternative. Improving online services not only increases availability and access but also requires efforts to convince Red River Métis Citizens of the effectiveness and benefits of digital mental health care delivery. This shift towards online services could bridge the gap between preference and practicality, ensuring that mental health services remain accessible and responsive to the needs of Red River Métis Citizens across diverse age groups and geographic locations.

The research indicates a potential positive impact of video conferencing, web-based applications, and mental health apps on mental health functioning, particularly for Indigenous Communities like the Red River Métis (Mushquash et al., 2019). However, the effectiveness of these resources, hinges on their cultural

relevance and adaptation to the specific needs of the Red River Métis Community. Studies have shown that culturally grounded online mental health resources can significantly benefit Indigenous populations, emphasizing the importance of incorporating traditional teachings and holistic approaches (Balci et al., 2022).

Despite these promising insights, significant challenges persist in developing and implementing online mental health resources for Red River Métis Communities. One major issue is the digital divide, which disproportionately affects rural and remote areas of Manitoba due to limited access to high-speed internet (Adams, 2020; Mitchell et al., 2019; Ramsetty & Robotham et al., 2016). This lack of access not only impedes the adoption of online resources but also exacerbates existing disparities in mental health care access for Red River Métis Communities. Considering that high-speed internet may not be universally available in rural and remote regions of Canada, including Manitoba until 2030 (ISED, 2019), addressing this digital divide is paramount to ensure equitable access to culturally adapted online mental health services for Indigenous populations.

(d) Justification for Necessity of Mental Health Services

Participants identified addictions, financial stress, and trauma as major drivers necessitating mental health support. Of these, addictions emerged as a particularly pressing concern, reflecting the complex intersection of mental health and substance abuse issues.

Many people turn to substances like psychoactive drugs to improve their mood, manage stress and anxiety, or fulfill an addiction that has formed (Health Officers Council of British Columbia, 2005). However, improper use of these substances, along with various others, can lead to substance abuse issues. Regrettably, improper use of these substances, along with many others, can lead to substance abuse. Substance abuse refers to a structured usage of a substance (drug) in which the individual consumes it in quantities or through methods that are neither sanctioned nor monitored by medical experts (Ksir & Ray, 2002). Substance abuse can lead to numerous adverse consequences, such as neglecting responsibilities in daily life, experiencing significant interpersonal conflicts, engaging in risky behaviors, encountering frequent legal issues, or negatively impacting the overall well-being of the individual and their close associates (Government of Canada, 2006; Martens et al., 2010). Studies suggest that individuals who have both depression and anxiety disorders concurrently are more likely to experience higher rates of substance abuse than those who only have either depression or anxiety disorders individually (Gratzer et al., 2004; Kessler et al., 1997).

In examining substance abuse prevalence among different demographic groups in Manitoba, notable patterns emerge. Red River Métis individuals exhibit a higher prevalence of substance abuse compared to other Manitobans, with rates at 13.8% versus 10.5%, respectively (Sanguins et al., 2013). Moreover, residents of the North aggregate region within Manitoba face a heightened risk of developing substance abuse issues. Psychiatric conditions such as depression, anxiety disorders, schizophrenia, and personality disorders are associated with an increased risk of substance abuse, even when controlling for other variables (Sanguins et al., 2013). Additionally, advancing age corresponds to a heightened risk of substance abuse, while males exhibit a greater risk compared to females in Manitoba after accounting for other factors (Sanguins et al., 2013). These findings underscore the multifaceted nature of substance abuse risk factors and the importance of tailored interventions across various demographic and clinical contexts.

Mental health services play a pivotal role in addressing these challenges by offering tailored interventions such as addiction counseling, trauma therapy, and stress management techniques. These services empower individuals to develop healthier coping mechanisms, process past traumas, and build resilience in the face of adversity. However, the absence of accessible mental health resources leaves vulnerable populations, like the Red River Métis, without essential support, perpetuating their struggles with mental health and hindering their path to recovery and well-being. Addressing these gaps in mental health services is critical to ensuring that all individuals receive the necessary assistance and care to lead healthier and more fulfilling lives.

Section 6: Recommendations

Through a comprehensive analysis and stakeholder engagement, this report aims to provide recommendations for enhancing mental health programs, addressing systemic barriers, and promoting holistic well-being for the Red River Métis Community. The following recommendations outline key strategies for improving mental health outcomes and advancing equity in mental health services within the Red River Métis context.

1. Interdisciplinary Approach for Mental Health Programs:

Engaging Red River Métis Community leaders, mental health professionals, and cultural experts is crucial in designing effective mental health programs for the Red River Métis Community. Collaborative teams, consisting of Red River Métis Citizens from diverse backgrounds, including Community leaders who understand local needs, mental health professionals specializing in addressing mental health issues, and cultural experts providing insights into traditional healing practices and cultural sensitivities, can work together to create culturally relevant and effective interventions. These interventions should be aligned with the Community's cultural values and traditions while incorporating evidence-based practices. By integrating traditional healing practices alongside conventional treatments, such as counseling or medication, mental health programs can offer holistic care that resonates with the Red River Métis Community's cultural context and promotes overall well-being.

2. Policy Advocacy for Systemic Change:

Advocacy efforts are crucial in improving mental health outcomes for the Red River Métis Community. This includes advocating for increased funding for mental health services tailored to their needs, ensuring resources for culturally competent professionals and traditional healers, and supporting Community-based initiatives. Additionally, policymakers must prioritize Red River Métis mental health by developing culturally competent services and policies. This involves training mental health professionals in cultural competency and integrating Red River Métis-specific perspectives into mental health practices. Furthermore, addressing structural inequalities is essential in tackling mental health disparities. Advocacy should target changes in social determinants like housing, employment, and education, as these factors significantly impact mental health outcomes within the Red River Métis Community.

3. Addressing Historical Trauma:

Acknowledging and addressing the impact of historical trauma and discrimination is crucial in designing effective mental health programs for the Red River Métis Community. These programs must recognize and respond to intergenerational trauma stemming from colonization, dispossession, and marginalization. Policies and practices should be trauma-informed, prioritizing safety, trustworthiness, collaboration, empowerment, and cultural competence in mental health services. Additionally, efforts should be directed towards creating an equitable healthcare system that prioritizes the needs of the Red River Métis Community. This includes promoting culturally responsive mental health services, reducing stigma, and fostering collaboration between healthcare providers and the Community to ensure holistic and effective mental health care.

4. Creating an Inclusive Healthcare System:

Focusing on creating an inclusive healthcare system that addresses the mental health needs of the Red River Métis Community, is paramount. This entails developing culturally sensitive mental health programs tailored to Red River Métis cultural values and traditions, while also increasing accessibility to services and dismantling barriers to care. Moreover, efforts should extend to advocate for equity and support in mental health services for all Métis Communities. This encompasses addressing systemic issues that contribute to disparities, promoting cultural competency among healthcare providers, and fostering meaningful collaboration and partnership between Métis Communities and healthcare institutions to ensure comprehensive and effective mental health care for Métis Communities in Canada.

5. Cultivate Non-judgemental Mental Health Services

It is recommended to prioritize the cultivation of non-judgmental attitudes among mental health service providers for the Red River Métis Community. These services should be structured in a way that Red River Métis Citizens feel believed and respected, without their experiences being minimized. Service providers should demonstrate transparency, reassurance, and exhibit traits such as making eye contact, practicing trauma-informed care, and seeking explicit consent. Additionally, service providers must acknowledge individuals' autonomy and expertise regarding their own bodies, thereby fostering a trusting and collaborative therapeutic environment.

Section 7: Conclusions

The findings of this project have provided valuable insights into the critical aspects of mental health programming and services within the Red River Métis Community. It has highlighted the holistic nature of Red River Métis health, emphasizing the interconnectedness of spiritual, mental, emotional, and physical well-being, all of which require careful attention and balance. However, the Canadian healthcare system has shown inadequacies in meeting the diverse health needs of Red River Métis individuals, as evidenced by observations revealing challenges in delivering culturally appropriate healthcare. Recognizing the diversity among Métis Communities across Canada, and the need for a locally tailored approach to culturally safe service delivery, this research demonstrates that Red River Métis Citizens experience major gaps in access to culturally safe mental health services in Manitoba.

One key finding concerns the barriers to accessing mental health services, notably the widespread unawareness among participants regarding existing programs. This significant barrier highlights the need for a comprehensive strategy that combines service expansion with increased awareness efforts to bridge this gap effectively. Additionally, the preferences for service delivery among Red River Métis Citizens overwhelmingly favor traditional in-person services, despite the associated logistical and financial challenges. Exploring enhanced online service delivery options could offer a viable alternative, especially in rural areas where practical constraints are pronounced. Assessing Citizens' attitudes toward online service access is crucial, given its potential effectiveness in reaching remote populations. The prevalent dissatisfaction with current programming underscores the urgent need for the MMF to enhance mental health service accessibility and communication channels for resource dissemination. Focusing on these critical areas can enhance satisfaction levels among Citizens, improve service quality, and promote the adoption of healthier coping strategies within the Community.

The substantial impact of substance abuse within the Red River Métis Community, with higher prevalence rates compared to other Manitobans. Factors contributing to substance abuse risk include comorbid psychiatric conditions, advancing age, and gender disparities, showcasing the complexity of mental health challenges faced by this population.

Addressing the mental health needs of the Red River Métis Community necessitates a comprehensive and culturally responsive approach. This involves overcoming barriers to access, improving service delivery options, and prioritizing mental health support tailored to the specific needs of Red River Métis Communities. By implementing these strategies, we can work towards dismantling systemic barriers and

promoting equitable access to vital mental health resources for the Red River Métis Community, thereby fostering improved well-being and resilience.

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