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# PHO Webinar: Walking in a Good Way with First Nations, Métis, & Inuit Clients

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# Webinar Objectives

By the end of this session, participants will be able to:

- Describe the effects of intergenerational trauma and stigma on First Nations, Métis, and Inuit (FNMI) families.
- Develop strategies and build confidence to engage in meaningful discussions about mental health with FNMI clients.
- Recognize the importance of cultural safety and its role in fostering trust and healing.
- Incorporate holistic approaches, such as the Medicine Wheel, into practices supporting Indigenous families.
- Use open-ended, neutral questions to respectfully learn about clients' experiences and perspectives.

# Agenda

- Positionality statement – who am I?
- Impacts of racism on mental health of First Nations, Métis, and Inuit (FNMI)
- How mental health is understood among FNMI families
- Two-Eyed Seeing framework and the Medicine Wheel as a holistic tool
- Providing culturally safe and trauma-informed perinatal care to Indigenous clients: examples of questions





Who am I?



# Impacts of racism on mental health of First Nations, Métis, and Inuit (FNMI)

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Historical and ongoing trauma has had a severe impact on the mental health of Indigenous people in Canada (Haskell & Randall, 2009).

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Indigenous women face a heightened risk of mental health challenges throughout the perinatal period, including elevated rates of depression, anxiety, and substance use (Owais, Faltyn & Johnson, 2020).

# Resiliency factors

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- Despite colonization, efforts to assimilate, and ongoing racism affecting their lives, Indigenous peoples have shown great resilience, mainly through their connection to traditional lands and culture.
- Indigenous women are viewed as "life givers"



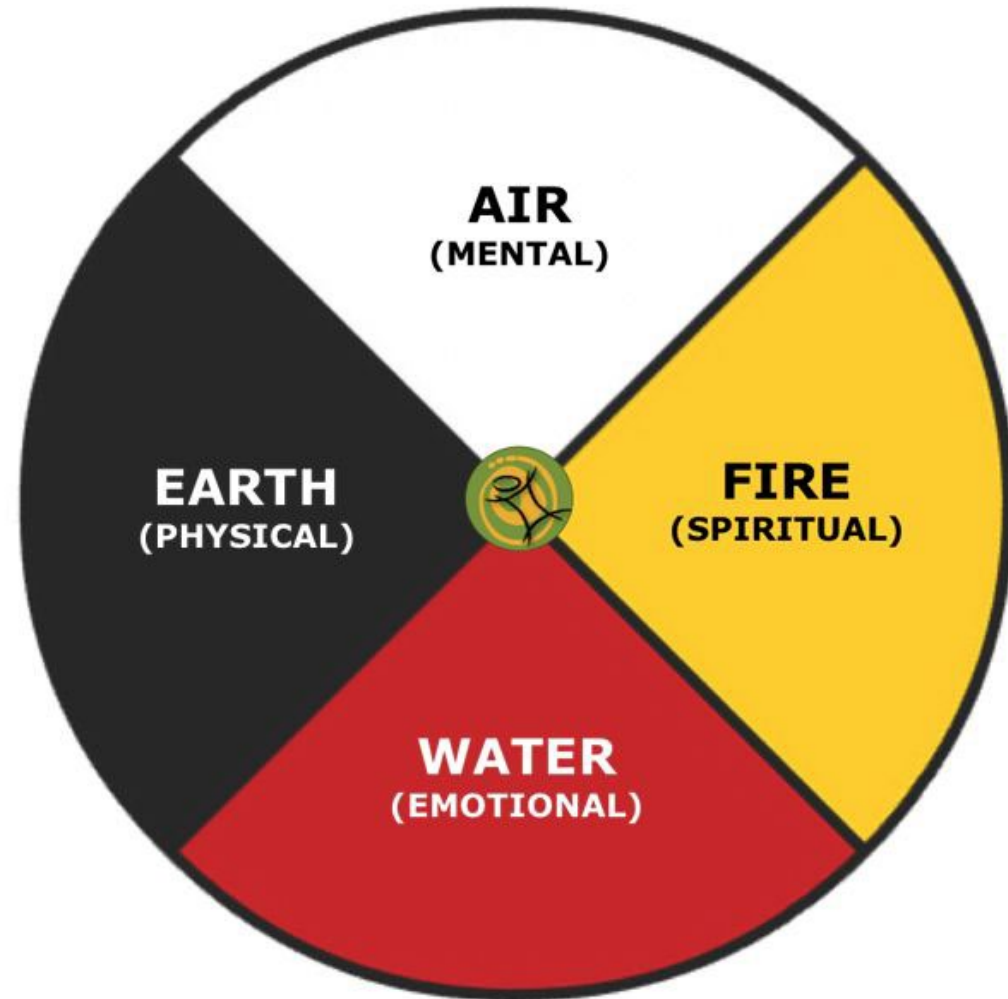
# Two-Eyed Seeing

First articulated by Mi'kmaq Elder Albert Marshall, **Two-Eyed Seeing**, or ***Etuaptmumk***, refers to “seeing with one eye the strengths of Indigenous knowledge systems, and with the other eye the strengths of Western knowledge systems, and using both eyes together to guide understanding.” (Bartlett, Marshall & Marshall, 2012, p. 335)



# The Medicine Wheel

## Medicine Wheel



**Note:** The colors are not related to the Tzolkin Solar Seals

# The four sacred medicines

- Tobacco
- Sage
- Cedar
- Sweetgrass
- Aka “Our Sacred Bundles”
- They each have their “job”  
(gratitude, kindness, cleansing, protection)



# Getting started: tips for working with FNMI families

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- Ask clients how their birth went and how parenting is going. Ask them how they feel in general. Be present and listen carefully.
- If you need to make notes, please ask if that's okay and let them know it is helping you to remember the important stuff.
- If you notice a client is upset, allow them to pause on that topic and circle back to it later if that helps.
- It always helps if you can speak from experience.

## Things to remember:

- Becoming a mother can trigger big feelings about someone's own childhood experiences.
- Special considerations are needed for those who may have grown up in foster care – lots of encouragement and praise for all of the great things they are doing now for their child(ren).
- There can be a lot of anxiety around parenting and feelings of inadequacy and/or fear of judgement (IPV, traumatic childhood, previous abortions or miscarriages, issues with breastfeeding are huge risk factors for PPD).





# Asking clients about mental health

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- Let clients know the purpose of your visit/asking these questions and ask for permission to continue to address the topic.
- ALWAYS let them know they do not have to answer or disclose anything they are not comfortable with.
- Offer to meet them in an alternative space (if they aren't comfortable meeting in their own home). Some people are not comfortable with meeting in their own home, for the first visit.
- If you need to complete certain questionnaires while there, let them know that ahead of time and let them know you can work through them together if they prefer (may not know how to read or write, etc.).
- Always ask if they have questions and if they are okay to proceed.

# Having A Difficult Conversation

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A lot of intergenerational trauma; previous abuse issues (family, IPV, drug and alcohol, grief, colonialism). This is a very sensitive topic but very important topic to understand!



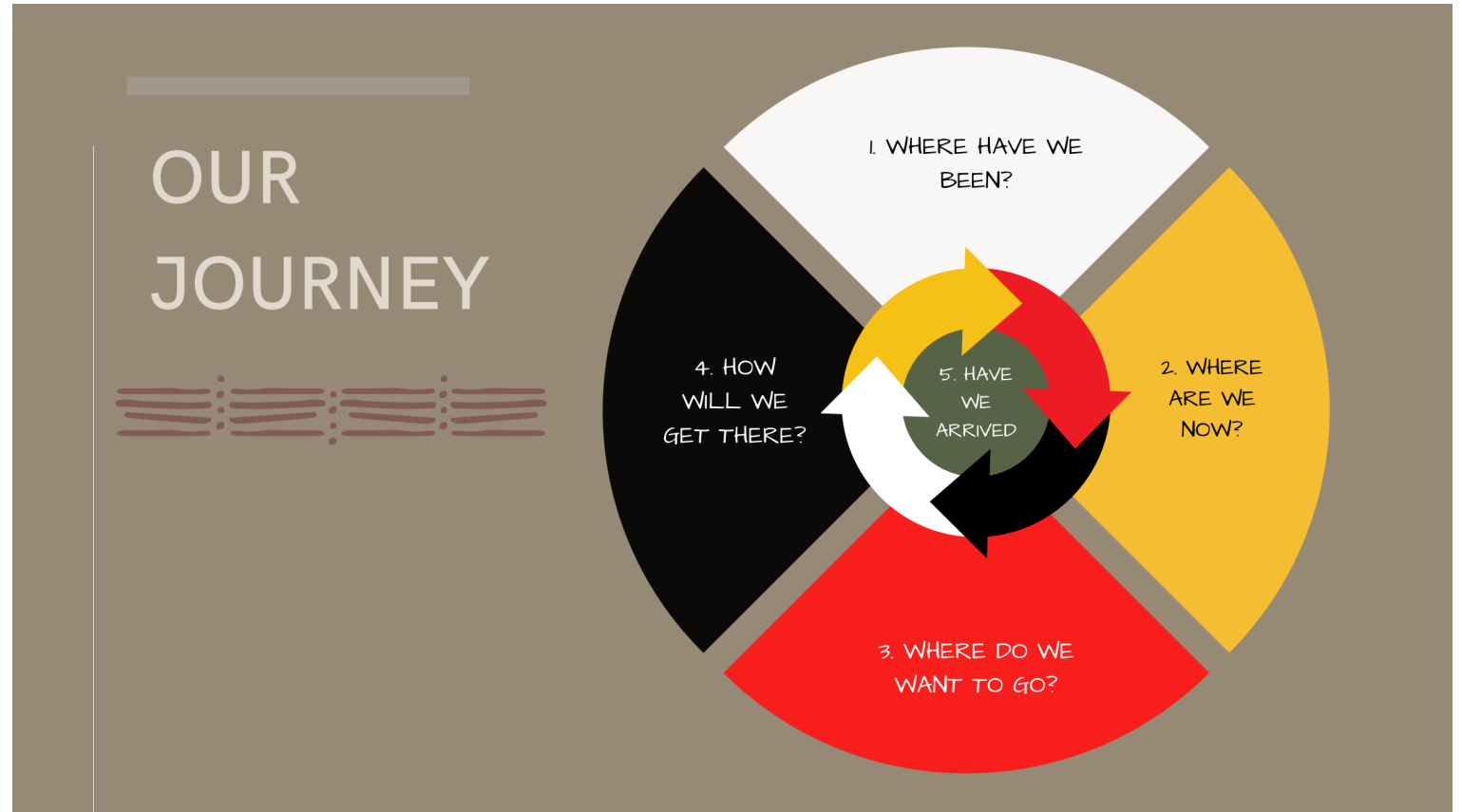
If the client gets onto a topic and needs to vent, its perfectly okay to allow them to vent. You may have the exact resource(s) they need or could use.



Keep a neutral “poker” face when allowing clients to talk about difficult topics. Clients may be more likely to “get more off their chest” to an understanding face.

# Create a plan or next steps to follow

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# Four R's framework for cross-cultural dialogue (Kirkness & Barnhardt, 1991)

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1. Respect Indigenous women and pregnant individuals for who they are and what they know.
2. Provide Indigenous women, pregnant individuals, and families with information that is relevant to their lives, experiences, and worldviews.
3. Encourage reciprocity in healthcare relationships by viewing teaching and learning as a two-way process.
4. Enable clients to exercise responsibility and make decisions about their health.



(Perinatal Services BC, 2021)



Six practice principles which support culturally safe, humble, trauma-informed perinatal care

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(Perinatal Services BC, 2021)



# Cultural safety and cultural humility

Things you can do:

- Let clients know they are welcome to ask as many questions as are needed to feel comfortable, supported, and safe.
- Asking clients whether they feel safe in your care. If not, ask what you can do to help them feel safe.

(Perinatal Services BC, 2021)



# Self-determination

Things you can do:

- So that clients can be empowered to make their own decisions, use plain language when suggesting or recommending plans of care and ask clients if they understand their options.

(Perinatal Services BC, 2021)



# Trust through relationship

Things you can do:

- Foster the relationship by asking how your client is doing, listening, and then responding in a way that acknowledges you understand their feelings.
- You may choose to share your own story/experiences.

(Perinatal Services BC, 2021)





# Respect

Things you can do:

- Adopt a universal approach that assumes everyone has experiences of trauma.
- Be non-judgmental.
- Be understanding.
- Treat people as you would like to be treated.
- Ask respectfully about traditional practices and whether clients would like to access support.

(Perinatal Services BC, 2021)



# Anti-Indigenous racism

Things you can do:

- Engage in ongoing training and self-reflection.
- Understand the social determinants of health.
- Practice cultural humility.
- Advocate for systemic change.
- Collaborate with communities.

(Perinatal Services BC, 2021)



# Strength and resilience-based practice

Things you can do:

- Focus on the strengths and resources of Indigenous clients.
- Provide care that places focus on clients' positive experiences and that supports their informed decisions.

(Perinatal Services BC, 2021)

# Remind clients they are doing a great job!

Compliment the parent for things they are doing well.

Parenting 1,2 or 5 children is not easy. Let clients know it's ok to ask other family members for help.

Remind clients you are there to help and point them in the direction of others as well.

# Thank you!

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# References

Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-eyed seeing and other lessons learned within a co-learning journey of bringing together Indigenous and mainstream knowledge and ways of knowing. *Journal of Environmental Studies and Sciences*, 2(4), 335–340. <https://doi.org/10.1007/s13412-012-0086-8>

Haskell, L., & Randall, M. (2009). Disrupted attachments: A social context complex trauma framework and the lives of Aboriginal peoples in Canada. *Journal of Aboriginal Health*, 5(3): 48-99.

Kirkness, V. J., & Barnhardt, R. (1991). First Nations and higher education: The four R's—Respect, relevance, reciprocity, responsibility. *Journal of American Indian Education*, 30(3), 1–5.

Owais S., Faltyn, M., Johnson, A.V.D., et al (2020). The perinatal mental health of indigenous women: A systematic review and meta-analysis. *The Canadian Journal of Psychiatry*, 65(3), 149-163. doi:10.1177/0706743719877029

Perinatal Services BC. 'Honouring Indigenous Women's and Families' Pregnancy Journeys: A Practice Resource to Support Improved Perinatal Care Created by Aunties, Mothers, Grandmothers, Sisters, and Daughters' 2021 May, Vancouver, BC. Retrieved from [https://www.google.com/url?sa=i&url=https%3A%2F%2Fcms.psbchealthhub.ca%2Fsites%2Fdefault%2Ffiles%2F2023-09%2FHonouring\\_Indigenous\\_Womens\\_and\\_Families\\_Pregnancy\\_Journeys.pdf&psig=AOvVaw1UX7ucQnjEX0BB4cKIA68A&ust=1736366457564000&source=images&cd=vfe&opi=89978449&ved=0CAQQn5wMahcKEwjImu2fs-SKAXUAAAAAHQAAAAAQBW](https://www.google.com/url?sa=i&url=https%3A%2F%2Fcms.psbchealthhub.ca%2Fsites%2Fdefault%2Ffiles%2F2023-09%2FHonouring_Indigenous_Womens_and_Families_Pregnancy_Journeys.pdf&psig=AOvVaw1UX7ucQnjEX0BB4cKIA68A&ust=1736366457564000&source=images&cd=vfe&opi=89978449&ved=0CAQQn5wMahcKEwjImu2fs-SKAXUAAAAAHQAAAAAQBW)

Turpel-Lafond, M. E. (2020). In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care. Vancouver, BC. Retrieved from <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf>