Strengthening research into aboriginal mental health

In the late 1980s, as Dr. Laurence J. Kirmayer began travelling to northern Quebec to provide psychiatric consultations in Inuit communities, one fact became increasingly clear: there was more work than he could possibly handle on his own. Dr. Kirmayer had come north at the request of a young family physician, Dr. Michael Malus (today the JGH Chief of Family Medicine) and together they went on to conduct research into concepts of mental health among the Inuit.

However, Dr. Kirmayer felt he had to do more. Aware of the need for better mental health services among aboriginal Quebeckers, he understood that an expansion of in-depth research could provide the underpinnings for improvement. Equally important, this research would enable native groups to devise programs that complemented their specific cultures and traditions.

That dream has been realized in the Network for Aboriginal Mental Health Research, founded and co-directed by Dr. Kirmayer, who directs the Culture and Mental Health Research Unit in the JGH Institute for Community and Family Psychiatry. In the 15 years since its launch, the Network grew first into a provincial and then a national organization, with funding from the Canadian Institutes for Health Research. Solid ties have also been established to researchers around the world, says Dr. Kirmayer, who is Director of the Division of Social and Transcultural Psychiatry at McGill University.

Partnerships and collaborations are vital, says Dr. Kirmayer, since they enable the Network to work with investigators and aboriginal groups across Canada to meet the needs of individual communities, policy-makers and front-line mental health workers. The Network is also involved in training new researchers—especially aboriginal researchers—to develop their own mental health promotion program for youth. “Culture has to be part of the cure,” says Dr. Kirmayer, “but it can’t be done in a generic way. It has to be tailored to a community’s needs in reinforcing a person’s positive identity and sense of belonging. And it’s not targeted at people who are ill, although it can be of value to kids who are at risk. Instead, it’s framed as a project for healthy family living.”

Among those drawn to the Network has been Morgan Kahentoni Phillips, a Kahnawake resident of Mohawk descent, who is involved in an international project (led by Dr. Kirmayer) to determine how indigenous people draw on their background and heritage to acquire the resilience to overcome significant challenges.

Mr. Phillips was focused on anthropology, earning a B.A. and M.A. from Concordia. But after being introduced to Dr. Kirmayer in 2007 and learning more about the Network for Aboriginal Mental Health Research, he eventually switched fields and is now working toward a PhD in education at McGill.

“I made the change, because I realized how little is understood by mainstream people about indigenous societies,” says Mrs. Phillips. “Now at McGill I’m helping to develop a curriculum for doctors who may have native patients, but may not truly understand them. It’s important for doctors to know, for instance, about their history of assimilation, the loss of language and the residential schools where their heritage was denied to them. Most of all, we want to remove the stereotypes.”

Ms. Phillips adds that her work has benefited greatly from her connection to the JGH Culture and Mental Health Research Unit and especially to Dr. Kirmayer. “If not for him, I wouldn’t be where I am today.”