2015

Chisasibi Mental Wellness Team

Prepared by : Ioana Radu

HEALING AND WELLNESS AMONG CHISASIBI YOUTH: A BRIEF PORTRAIT

The present report details the results from a survey administered in 2013.

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Healing and wellness among Chisasibi youth: a brief portrait

The results of the present healing and wellness survey are based on 15 questionnaires, and while it is not a statistically representative sample, it does point to some interesting findings for future research.

Introduction

The survey was modeled on the *Aboriginal Healing and Wellness Strategy Longitudinal survey* (2007) as well as the *Inuit Health Survey* (2007-2008) and was culturally adapted to the Chisasibi context in consultation with the Miyupimaatisiiun Committee. The healing and wellness[1] survey aimed to assess:

1) what healing means to the Chisasibi youth,
2) whether there is a broader interest in healing services among this population,
3) if and how existing healing services have been used and
4) what types of needs and gaps in health and social services can healing programs and activities fill.

This information was used by the Miyupimaatisiiun Committee to configure its programs and services to better reflect the unique needs of this population. In total there were 83 questions divided into for main sections. The first covered a short demographic profile; section 2 aimed to build a personal wellness profile,

[1] The present survey is part of Ioana Radu's PhD research project that received ethical approval from Concordia University and the Chisasibi Miyupimaatisiiun Committee.

including questions about community and social supports; section 3 assessed use and access to existing health and social services in the community; and the last section identified the kinds of culture based healing services used by the youth and their assessment of these services. A section was also designed to assess the awareness of culture-based services for youth that had never used this type of service (see appendix 1). Of the total 15 participants, only three (20%) had never used traditional healing or culture-based services, which strongly suggests that these services are an important aspect of personal self-care in Chisasibi. Finally, five survey participants completed the questionnaire while also participating in the land-based healing program in April 2013, the rest were community youth chosen using a combination of snowball and random sampling.

Limitations

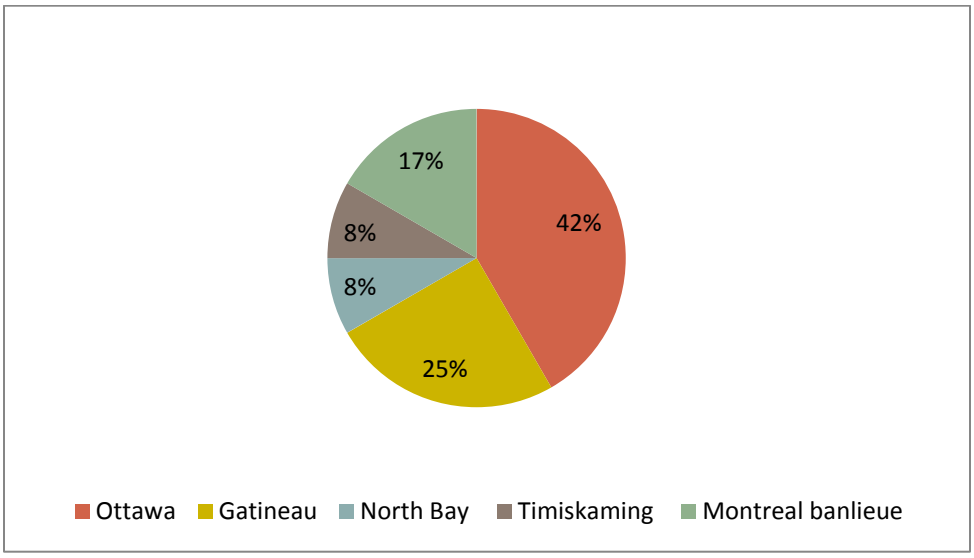
The healing and wellness survey was in some ways successful, yet given the few local resources available we were not able to attain the goal of 40 questionnaires. The first installment in Chisasibi coincided with the arrival of the Nishiiyuu Walkers on Parliament Hill, a momentous event that many community members attended in Ottawa. That meant that many potential survey participants were not in the community, that the Youth Center was mostly closed during my stay, and the local restaurant (a potential recruiting place) was closed for a couple of days due to technical and staffing issues. Because only 15 questionnaires were filled, we developed an online version and attempted to enlist the help of the James Bay Eeyou School to reserve a couple of hours to complete the survey with the secondary 4 and 5 students. We visited with the principal and presented the research but due to the nature of the questionnaire (the metal wellness profile), the ethical requirements needed to be debated and assessed by the local school committee and permission from parents had to be secured. It was agreed that September would be a good time conduct the survey at the school, unfortunately in the fall 2013, all high schools in Quebec, including those in Eeyou Istchee, were undergoing the *Québec Survey on Smoking, Alcohol, Drugs and Gambling in High School Students* (ETADJES) a multi-

year provincial health survey developed and delivered by the Ministère de la Santé et des Services Sociaux, which took precedence[2].

Demographic profile

The median age of participants was 22 years of age, with the youngest being 15 and the oldest 34. The gender distribution of participants was grater for males (60%) than females (40%). Of these, more than half or 67% have lived in an urban region, with Ottawa being the main place of residence (42%) outside Chisasibi.

Figure 1 Residence outside the community by city



Many participants (40%) identify as Eeyou (Cree) an option that was not initially included in the survey and was listed in the 'other' category. Three or 20% of the participants identified as James Bay and Northern Quebec Agreement (JBNQA) beneficiaries, while only 13% did not know what their legal status was. Of the remaining 27%, only one identified as Métis while some identified as Cree-Italian, Cree-Innu, and Cree-Acadian, with one youth identified as "Naskapi-Anishnabwe-human being". Some of the comments received for this particular identity question revolved around tensions between being identified as JBNQA beneficiary, which was viewed as a bureaucratic and imposed identity, and self-

[2] Personal communication with James Bay Eeyou School principal

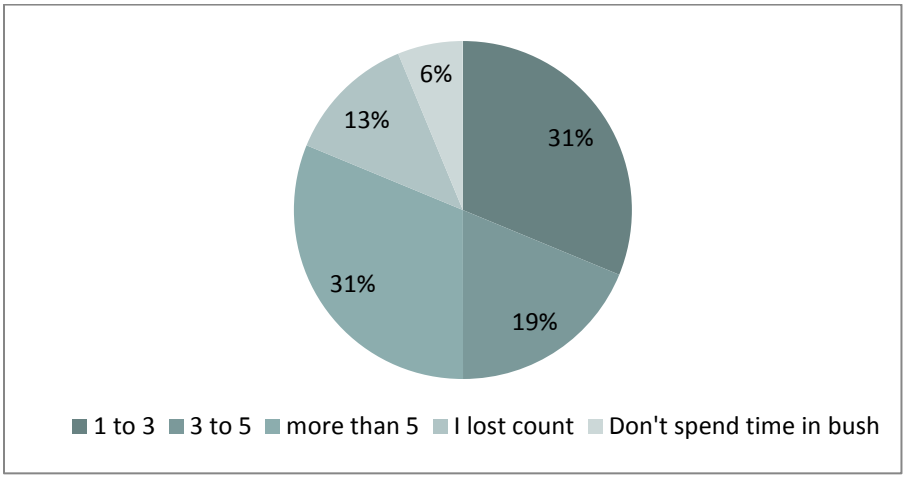
identifying as Eeyou. In the latter case, some youth even objected to identifying as Cree, preferring instead the more culturally relevant identifier 'Eeyou'. In addition a majority or 87% stated that they spoke Cree regularly, with one in the process of learning the language and another only understanding but not speaking Cree.

In terms of education, less than half or 44% had finished secondary school at the time of the survey. One individual did not have any secondary education while two (13.3%) had some college or CEGEP education, and three (30%) others had received a technical or vocational diploma or certificate. More than half or 53% were single and 40% were in a common-law relationship. A little under half, or 40% did not have any children while the majority or (60%) had on average 2 children. Finally, on average, there were 6 individuals living in the same household, with the largest household counting 10 people.

Wellness and social network

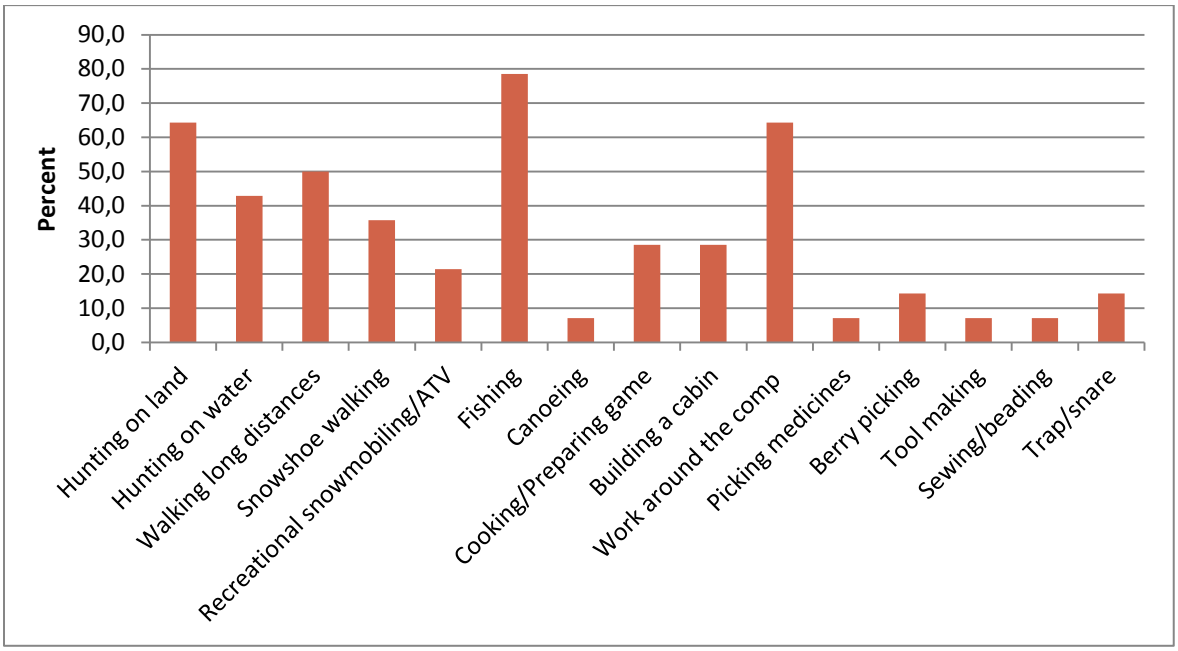
Many Chisasibi youth stay connected with their culture and take part in land-based activities. The majority of participants (62%) spend at least one to five weeks in the bush in any given year. Two individuals added the qualifier "I lost count" of time spent in the bush, suggesting that they spend at least half a year on the land.

Figure 2 Time spent on the land



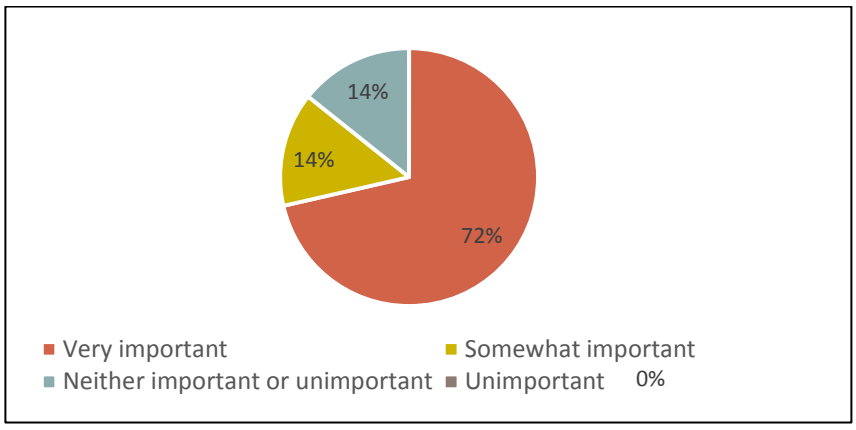
While on the land, Chisasibi youth participate in a variety of activities, most often fishing and hunting, while also helping around the camp hauling water, chopping wood, and cooking.

Figure 3 Types of activities carried out on the land



The majority of participants or 72% deemed very important to spend time in the bush, and many indicated during the survey that the bush helps them "forget things" and reflect on issues of personal importance.

Figure 4 Significance of having access to the land



Genrally, participants qualify the community as being mostly peaceful (36%) or have a neutral opinion (29%), with some having identified "alcohol and fighting" as the main disrupting factors to community cohesion (this information was volunteered by participants). It is important to note that these numbers do not represent *actual* levels of violence, they rather represent how youth *feel* about their community. Participation in community life was, on the other hand, split between those that participate in community activities or recreational activities regularly and those who rarely participate in public events or activities. The majority (67%) have a job and almost all (90%) are happy with their employment situation.

Figure 5 Participation in activities where people came together to work for the benefit of the community

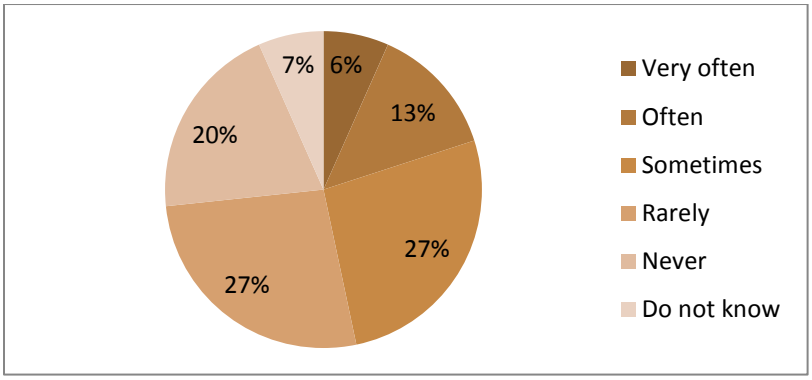
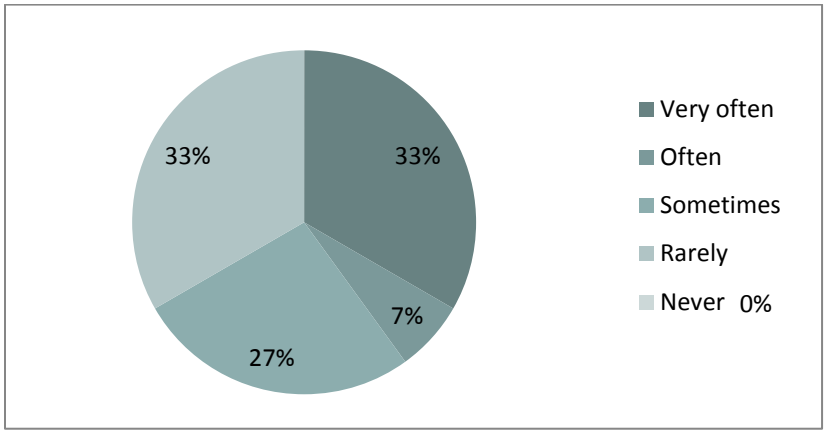


Figure 6 Participation in recreational activities



Individual mental health

Sleep quality can have a significant impact on the health of individuals. In Canada approximately 3.3 million individuals suffer from insomnia, which is defined as 'always or often having trouble falling asleep or staying asleep' (Galloway et al., 2012). Survey participants have slightly lower incidence of insomnia with an average of 8.9% compared with their Canadian adult counterparts (13.4%), nevertheless stress was the main cause of sleeplessness with 44%, which is on par with national trends (Tjepkema, 2003).

Figure 7 Overall sleep patterns

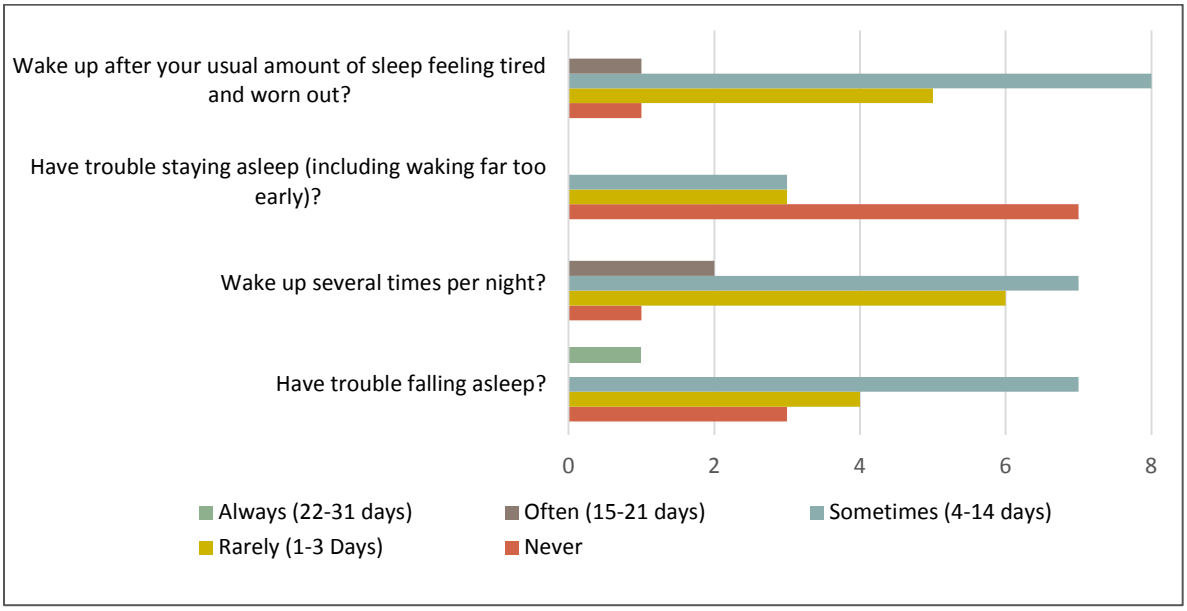
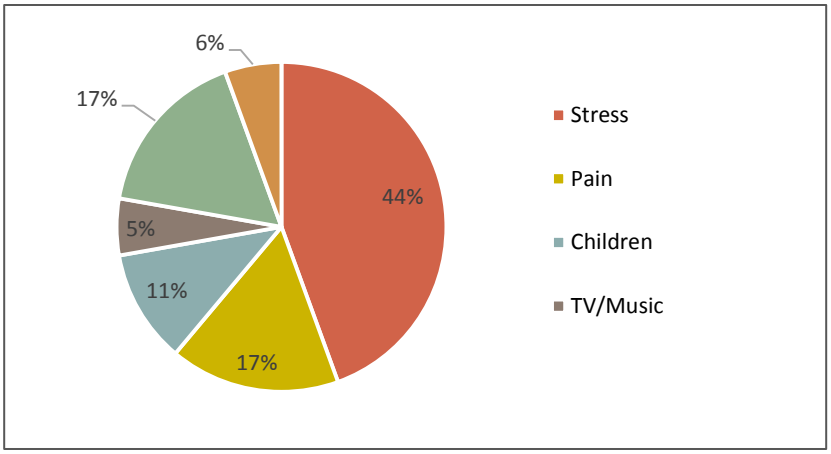


Figure 8 Reasons for sleeplessness



Kessler-6 psychological distress scale is designed to "screen for psychological distress experienced by persons with anxiety and mood disorders. The Kessler-6 scale asks respondents how frequently they have experienced six forms of psychological distress in the past 12 months, which include feeling 1) nervous, 2) hopeless, 3) restless or fidgety, 4) so sad or depressed that nothing could cheer the respondent up, 5) that everything is an effort, and 6) feeling worthless[…]An individual's score is calculated by adding the items together, which gives a score ranging from 0 to 24. A score of 13 or more indicates the person has experienced serious psychological distress[…]but does not identify a specific mental illness" (Galloway et al., 2012, p. 19). Data suggests that half (50%) of survey participants had scores indicating serious psychosocial distress, nevertheless on average this score was very close to the 13 point mark with and average score of 13.7. Scores varied from a high of 20 to a low of 6. Of the five youth that completed the questionnaire while on the land-based program, they all scored above 13 with an average score of 15.2.

Figure 9 Feelings of hopelessness

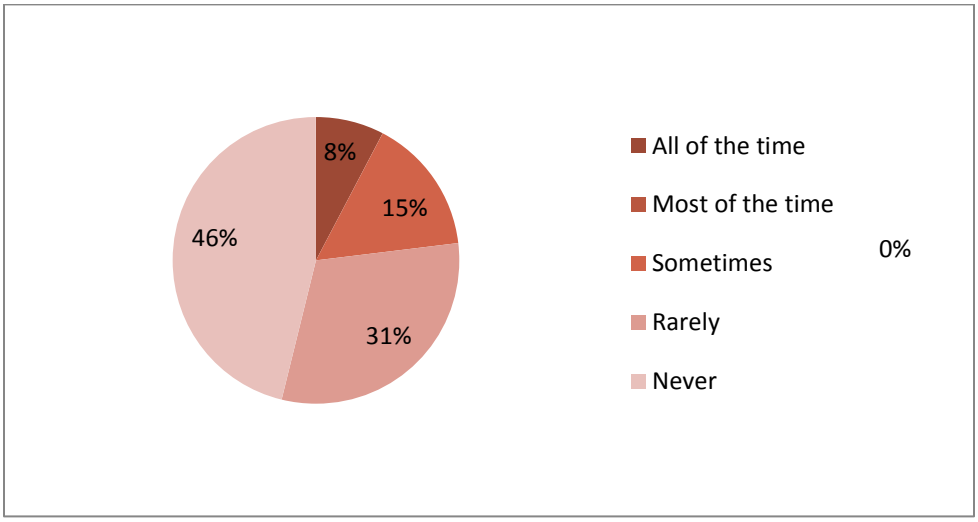


Figure 10 Feelings of worthlessness

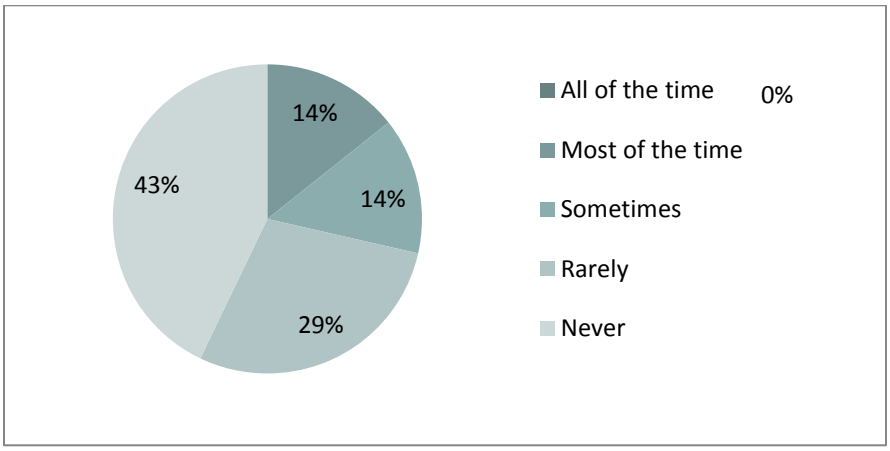
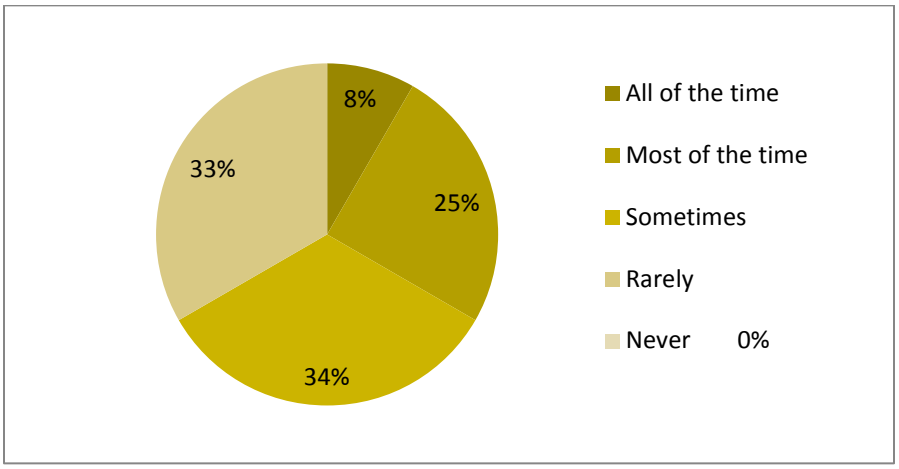


Figure 11 Feelings of restlessness



This data shows that while many youth exhibit significant distress they nevertheless exhibited the highest scores in the restlessness category and the lowest scores in the hopelessness and worthless categories, which suggests that the distress may be a result of factors less related with psychosocial dimensions and more with lack of activities available locally or regionally. On the other hand, given the low representativeness of the sample no definite conclusion can be derived at this time. A more comprehensive assessment with a representative sample needs to be carried out to get a more accurate profile of individual psychosocial distress.

When asked to describe their best qualities many participants identified their ability to help and care for others above all else, as well as excelling at sports and hunting. When asked about what qualities they admire in others caring, being a good listener and hardworking were most appreciated.

Figure 12 Best personal trait

Figure 13 Best quality admired in others

Finally, when asked about what would help people thrive in the community they recommended more activities for youth as well as developing local social

capital. In their view more caring and hardworking individuals would help community cohesion and address social issues such as availability of drugs. “Letting go of the past” will help people “take care of each other” and work together to achieve “unity” in the community.

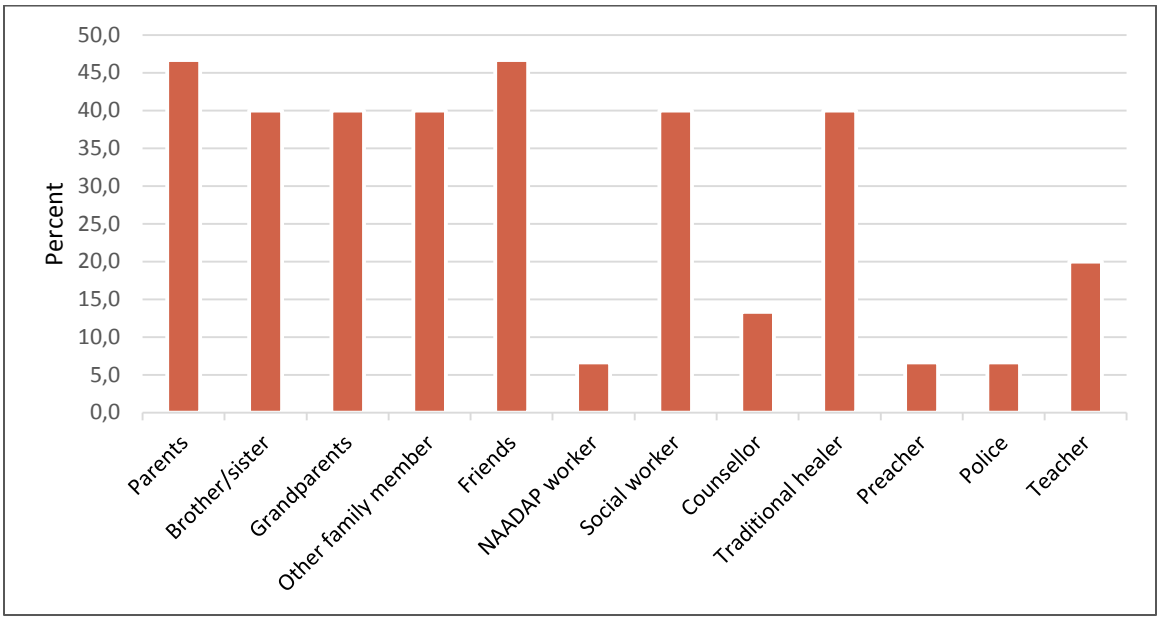
Social network

Emotional support from a good social network is strongly associated with a good overall mental health and is conducive to people developing coping skills that help individuals deal with stressful life periods (Galloway et al., 2012). Approximately half or 53% of participants have sought help, 13% decided to address their issues by themselves, while 20% did not appeal to anyone for support. The majority of participants (72%) have indicated that they have someone to talk to if they feel troubled or if they needed emotional support, of these 50% indicated that such a person was available all of the time, while 22% indicated that most of time they could appeal to their social network. In addition almost all participants (92%) have someone that they like with whom they can spend time as often as needed.

Overall, participants have a varied and supportive social network. Parents and friends figure as the most important sources of emotional support for young people (47%), as well as the immediate and extended family (40%). Social workers and traditional counsellors figure as the most used professional support (40%) followed closely by teachers (20%). The least consulted social resources were NAADAP workers, police officers and clergy people with 6.7% respectively.

Although half of participants scored more than 13 points on the Kessler scale, on average the score was very close to the 13 point limit. This can be indicative of a particularity of younger generation reporting higher levels of depression compared to the adult population (Galloway et al., 2012). It is also important to note that a survey such as the one administered cannot diagnose depressive illness or disorder even though it employed clinical evaluative tools.

Figure 14 Composition of social support system



While levels of insomnia are lower than the national average, young people indicated that stress is the major factor for sleep quality. In sum, while young people seem to struggle with stressful situations they nevertheless appear to have a strong self-esteem as well as a good social support where they can get the needed emotional support from many sources including family and friends as well as local professionals.

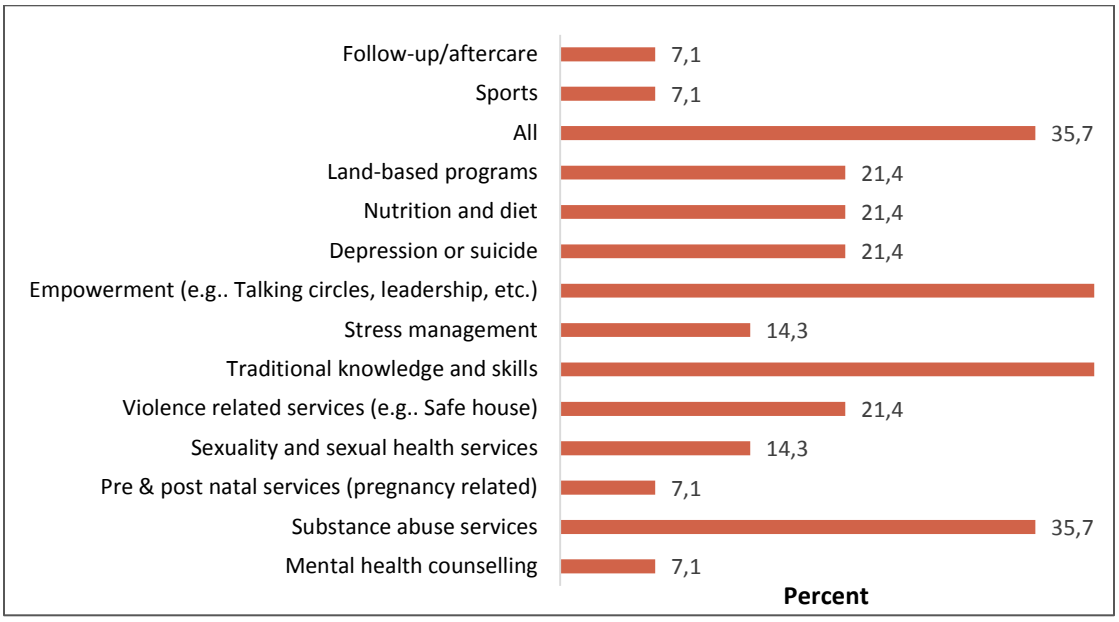
Community services

Access to and good quality of community health and social services is strongly associated with good health and mental wellbeing. Although others (Shecapio & Iserhoff, 1996) have found that young people are reluctant to appeal to existing community services, based on the results presented above, social service providers and counsellors do make up an important proportion of individual's social network. We therefore aimed to assess the gaps in service provision.

Half of participants indicated that they did not receive the health care needed, either because the service or the staff was not available (14% and 21% respectively). In 21% of the cases no reason was given to the client as to why

services were not available and on one occasion band membership was a barrier to service accessibility. Of the services sought but not received in 29% of cases it related to an assessment or treatment of an emotional or health problem; in 14% of cases participants had sought help with an assessment or treatment of an injury or substance abuse. Standing at 7%, the following services were not available when the participants attempted to access them: assistance with family issues, rehabilitation or chronic condition, suicide prevention, dermatology, and help with going in the bush. Half of participants think that services could be improved in the community while 28% believe that available services do not address community needs. The following figure identifies the types of service that the participants think are missing in the community.

Figure 15 Type of services that need improvement



The majority or 64% of participants are interested in engaging in community consultations regarding health and social services while 21% did not indicate an interest in participating and 14% indicated that they may participate in consultation activities. In terms of responsibility for the quality of health and social services half of participants believe that responsibility is shared across all local entities, while

21% respectively believe that Chief and Council or the community members at large are responsible for improving local services.

Almost all participants indicated that a combination of Cree and non-Cree services is ideal to address their needs. They strongly disagreed on using an either/or approach whether it was the case for Cree only or exclusively non-Cree models of care, yet Cree culture continues to be an important part of their life.

Table 1 Role of culture

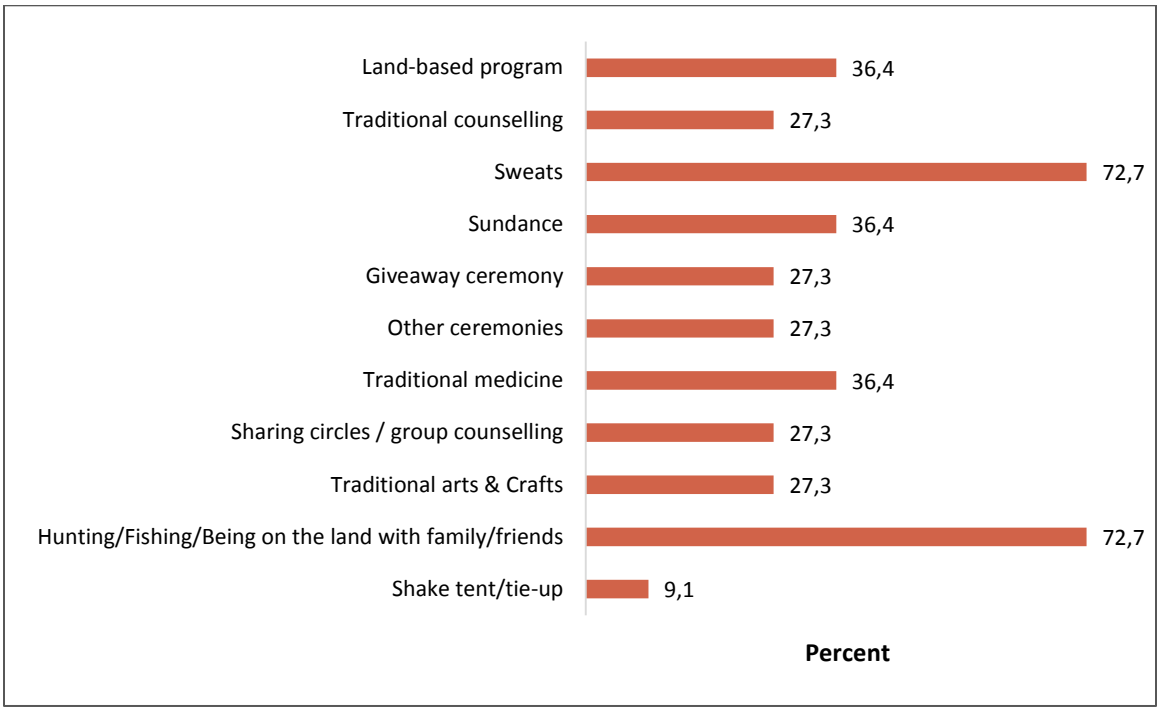
	Agree (%)	Strongly Agree (%)
Traditional Cree cultural events are important to my life	28,6	**71,4**
Traditional Aboriginal events (not Cree) are important to my life	50,0	42,9
I would like to learn more about my culture	35,7	**64,3**
I would like to know more about other Aboriginal cultures	**57,1**	35,7
I would like to incorporate more Cree culture into my life	**57,1**	42,9
I would like to incorporate more Cree culture into the life of my family	50,0	42,9

Traditional healing

For the participants miyupimaatisiiun means to "have faith in living life with pride and positivity", to be a "compassionate individual who cares for others" and who is 'passionate about what one does'. It means participating in traditional activities such as ceremonies, sweats, and hunting in "every season to learn what activities are good" for wellbeing. Finally, being well means keeping active, whether by playing sports, working out, or being on the land; maintaining a good nutrition; and surrounding oneself with healthy people that avoid drugs and alcohol. When asked to describe their own culture based models of care, being on the land and eating traditional food were among the most important aspects. In addition maintaining "traditional family roles", "showing respect for all things and people", and experiential learning ("if you can't find what you need keep on seeking it") were identified as foundational values that are passed on through 'legends and teachings

shared within families'. Interestingly, when speaking about wellness in general or about their own models of wellbeing many youth underlined the embodied dimension of miyupimaatisiiun in the sense that each individual needs to work hard to be a role model for others: "what the village would do is within one man". Finally for 65% of participants, healing is understood holistically as it addresses physical, mental, emotional and spiritual aspects of wellbeing. A majority (80%) of participants have used traditional healing services at the time of the survey: the results of the following section are based on responses from 12 participants. Of these, hunting/fishing/being on the land with family and sweats were the most used forms of healing. Moreover, all participants had used a combination of many different services and culture-based activities.

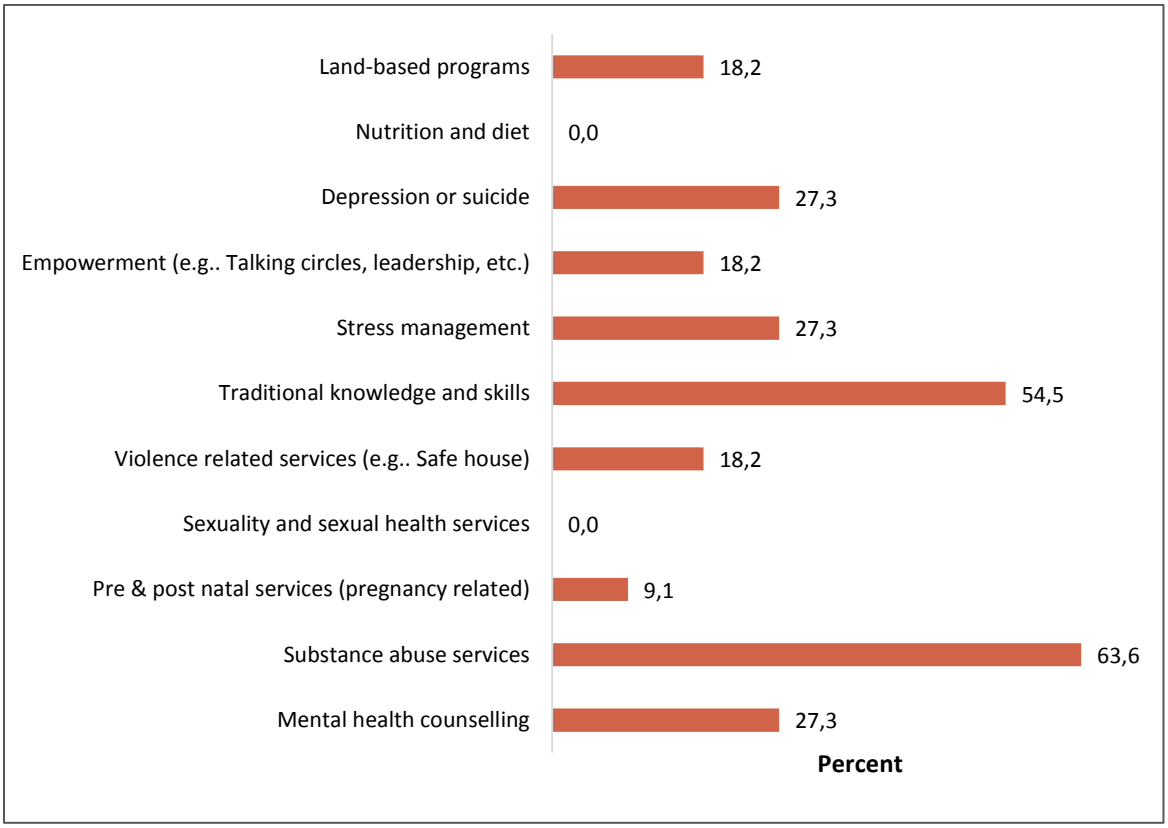
Figure 16 Type of healing method used



Most participants have been introduced to culture-based services and healing activities either by family members (30%) or they sought them out on their own (40%). Some had been referred by a counsellor or had such activities as part of a

care plan developed by local service providers (10% respectively). Almost all youth had participated in healing activities to address a variety of needs. Healing services were primarily (64%) used to address substance abuse issues or to acquire traditional knowledge and skills (54%). Coming as a close second (27% respectively), participants also appealed to culture-based services to deal with issues of depression and to manage stress.

Figure 17 Type of need met by culture-based services



While some were newcomers to participating in culture-based healing, having used such services for 2 to 6 months, other had used them for years and in some instances for more than a dozen years. When asked to assess healing programs in which they participated, survey respondents qualified them as good and excellent, nevertheless improvements in facilities should be considered as some indicated.

Table 2 General assessment of healing activities

	Very Good (%)	Excellent (%)
Overall assessment of healing activities	42,9	21,4
Activities met my expectations	35,7	14,3
Staff & elder were helpful (they provided support and were understanding)	42,9	28,6
Treatment Plan (the tasks help me to address my issues)	35,7	14,3
Instructions/introduction was clear (I knew what I had to do)	42,9	14,3
Dialogue between participants (was dialogue well facilitated)	35,7	21,4
Facilities	35,7	7,1

Overall healing activities provided the majority with enough support to feel comfortable and confident, where 72% felt that healing helped them develop their strengths and feel good about themselves. More than half (54%) believed that healing was very good at helping them move beyond traumas of the past, while 18% believed that such activities helped them extremely well. On the other hand, 9% believed that healing activities only helped minimally. Nonetheless, almost all (91%) participants felt that participating in healing activities has made a positive difference in their life, chief among these was to take responsibility for their own life. On the other hand, few (18%) believed that participating in healing correlated with political participation.

Table 3 Individual positive changes

I am working at improving my family relationships	**63,6 %**
I have left an abusive relationship	27,3 %
I have begun to eat healthier foods	45,5 %
I have increased my physical activity	54,5 %
I interact more with other people	**72,7 %**
I have moved to a healthier home	27,3 %
I have taken more responsibility for my own health	63,6 %
I have taken more responsibility for my own lifestyle	**90,9 %**
I participate more in cultural activities	**72,7 %**
I participate more in decision-making/self-governance related to community life	**18,2 %**

Contrary to some studies (AHWS, 2009; NAHO, 2008), healing had little or no impact on participants' access to a doctor (72% indicated "not at all") or increasing access to other health care services (27% "not at all" and 45% "a little"). This difference may be due to both the current proximity and access to clinical services in the community compared to other regions where culture-based community services are "providing essential primary care services", or the little integration of culture in existing service provision in Chisasibi which may not entice clients to appeal to clinical services preferring instead to see traditional counsellors and other cultural resources (AHWS, 2009, p. 61). On the other hand, more than half indicated that participating in healing activities increased their access to traditional health providers and supports (27% respectively answered "a lot" or "a great deal"). Changes in behaviour such as making healthy lifestyle changes, improved stress levels, and an increase in participation in culture-based activities in general were also recorded.

Table 4 Overall benefits of healing

	Improved	Not improved
Stress levels (improvement means they decreased)	72,7	9,1
Social supports (e.g.. family, friends, co-workers)	**81,8**	0,0
Sleep habits	63,6	9,1
Levels of happiness, contentment	72,7	9,1
Balance in your life (physical, emotional, mental, spiritual)	**90,9**	0,0
Participation in self-governance	54,5	**27,3**
Connection with Cree/Aboriginal culture	63,6	0,0
Understanding of Cree/Aboriginal culture	**81,8**	0,0

Individual healing not only improves individual health and wellness but also has positive effects at the level of family, community and the nation. According to the majority of participants (63%) their own healing has lasting positive effects on family by strengthening familial relationships (72%) and reducing family violence (63%). Although many agree that such positive effects extend at the level of the

community and nation these benefits tens to decrease with each level of societal diffusion.

Table 5 Nature of impacts of healing

	Community	Nation
More awareness of traditional healing methods/activities/services	54,5	18,2
More people know more about how to live a healthier life	45,5	9,1
Increased awareness of how to develop stronger, healthier family lives	45,5	18,2
Increased opportunities to access Elders	36,4	27,3
Renewed relationship with the land	18,2	18,2
Use of Cree language	27,3	18,2
More individuals are committed to healing	36,4	18,2
Reduction in violence issues	36,4	18,2
Increased access to holistic health care	9,1	9,1
Increased community dialog on pressing health and social issues	27,3	18,2
Creation of more safe spaces to share experiences and solutions of pressing issues facing the community	27,3	18,2
Increased participation of community members in decision-making/ self-governance	9,1	9,1
Increased understanding of impacts of history on individuals and community	0,0	18,2
Increased understanding of personal and collective trauma	18,2	18,2

Overall healing has helped participants to “reduce anger and be more spiritual”, to “better understand problems and how to deal with them”, to “keep in shape and learn new things”, and “have more confidence and self-esteem” to ‘address the root causes of the issues’ they deal with. Some felt that participation in healing activities has had some negative effects such being confronted by judgemental attitudes from some community members, as well as difficulties reconciling with estranged family members or friends because their participation in ceremonies. One individual expressed some concern over the behavior of some traditional counsellors outside of the ceremonial/counselling context. Indeed, of the three individuals who had never participated in healing activities they cited objection from the part of family and sacredness of ceremonial aspects as a barrier to participation.

Participants who had used healing services recommended that culture-based services should be more visible (advertised) in the community and "more open" to youth on a "continuous basis throughout the year" and receive "more support from the community" in terms of budget. Indeed, even for those who had not used healing services they agreed that traditional healing should be included as part of the health and social program delivery because it helps address health and social priorities for the community.

Future directions

While the survey is not representative of the young population in Chisasibi it has pointed to some interesting and important aspects. For the Miyupimaatisiiun Committee, the high percentage of youth already using culture-based services has been a surprizing result. Often, adults and institutions tend to speak about young Cree in terms of acculturation and psychosocial distress, yet the survey points towards aspects that mitigate the negative impacts of, in this case perceived, culture loss. Even though young Cree do have a high level of distress in their lives they also have good and supportive social networks that may be responsible for the lower incidence of depression and low self-esteem. Appealing to elders and other cultural resources is seen as a good way of developing cultural skills, maintaining Cree values, and strengthening links with the land.

Overall, even though young Cree do not speak in terms of 'positive cultural identity', it is exactly what they are aiming to build by engaging in healing activities. They understand that by building strong links with Cree culture they gain coping skills, bring balance in their lives and gain spiritual awareness. As explained by Eddie Pash in the Land-based healing program manual, a culturally safe healing model strengthens family relationships, instills a sense of control and responsibility over life decisions, and motivates individuals to maintain a healthy life (Radu et al., 2014).

On the other hand, it is evident that young people continue to be confronted by difficult situations, often outside of their control (such as family violence) that negatively impacts their mental health. They are keenly aware of their own social

contexts as well as the historical processes that continue to influence health outcomes. **For these reasons they have identified the need of local institutions and community members to develop concerted actions and structured processes that support healing in Chisasibi**. Moreover, they have indicated that such programs need to be multidisciplinary, both in terms of the composition of intervention teams as well as in terms of models of care. This suggests that the 'identity crisis' that is often associated with young Indigenous peoples has less to do with a 'clash of cultures' and more with weak cultural supports at home. In other words, it is not that Cree youth are less interested in hunting than in playing video games, but more that they have fewer opportunities (financial or familial) to go in the bush. Although they are young, their own life experience has provided skills and knowledge that should be mobilized in local decision making, and especially in terms of devising appropriate and culturally safe environments. The land-based healing program, developed by elder Eddie Pash, is one such initiative that aims to address the healing need of young people in Chisasibi. For more information please consult our website www.chisasibiwellness.ca

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Appendix 1

The survey questionnaire

Uschiniichuu Futures:

Healing, empowerment and agency among the Chisasibi Cree youth

Background

The CBHSSJB 2005 Strategic Regional Plan (SRP) aimed to first respond to the needs of the Cree population regarding health and social services. Second, the SRP is viewed as an "opportunity for the Cree Health Board to begin a process to integrate traditional approaches to health and wellness."

In 2009, the Chisasibi Miyupmaatissiiun Committee was instituted with the mandate 'to review all matters relating to community health and social issues' and 'to assist the Council in implementing effective policies and strategies to promote the health and social welfare of the residents of Chisasibi'. During the two Symposiums on health and social services (2009 & 2010), the community of Chisasibi expressed interest and recommended the implementation of projects and programs that integrate traditional approaches to health and social services, including the assessment of needs for such services for the youth population.

The assessment of needs has also been identified as responding to the Nishiiyuu Department objectives:

- Undertake community needs assessments to identify community needs, priorities and specific programming aspiration for healing;
- Indentify healing program activities and approaches that best matches needs of different age groups/life stages, gender, geographic location, community norms/priorities, etc.

Ioana Radu, a PhD student at the Center for Interdisciplinary Studies in Society and Culture (Concordia University), is conducting research that centers on the concept of healing as a means through which youth negotiate identity and strengthen agency in collaboration with the Chisasibi Miyupmaatissiiun Committee and the Nishiiyuu Department. Below you will find the details of the research and how the information will be used.

Project objective

The project consists of administering a Healing and Wellness survey among the Chisasibi youth Specifically the objectives are to identify:

- what healing means to the youth,
- whether there is a broader interest in healing services among this population,
- if and how existing healing services have been used and
- what types of needs and gaps in health and social services can healing programs and activities fill.

Ethics and consent

Completed questionnaires will be analysed and submitted in a report to the Chisasibi Miyupmaatissiiun Committee, the Chisasibi Youth Council, and the Nishiiyuu Department. Results / findings will be disseminated back to communities. A final PhD Thesis will be deposited on the Concordia website and academic articles will be published based on the data gathered. No individual having completed a questionnaire will be identified in any publication or dissemination activities. The information collected will remain confidential. These will form the basis for a strategic approach to supporting Community Based Healing in Chisasibi and contribute to design a Nishiiyuu Traditional Healing and helping models based on Cultural approaches that will be implemented on the territory of the Cree Nation.

Copies of completed forms will be held by Ioana Radu in secure state as evidence to support the report of findings. If any community member would like to retain a copy of their completed survey please ask Ioana Radu to arrange this for you at the time of completion.

For any information regarding the project please contact Ioana Radu at 514-831-8796 or oanarw@gmail.com

CONSENT TO PARTICIPATE IN

Uschiniichuu Futures: Healing, empowerment and agency among the Chisasibi Cree youth

This is to state that I agree to participate in a program of research being conducted by Ioana Radu of the Center for Interdisciplinary Studies in Society and Culture at Concordia University. Questions or concerns should be directed to Ioana Radu at 514.366.6483/514.831.8796 or oanarw@gmail.com

A. PURPOSE

I have been informed that the purpose of the survey is develop a profile of health and wellness for the Chisasibi youth population as described in the information sheet. I understand that the information gathered will contribute to Ioana Radu's PhD research that centers on the concept of healing as a means through which youth negotiate identity and strengthen agency.

B. PROCEDURES

I understand that the survey will take approximately 45 minutes and that I can withdraw at any time during the survey. Completed questionnaires will be analysed and submitted in a report to the community. A final PhD Thesis will be deposited on the Concordia website and academic articles will be published based on the data gathered. No individual will be identified as this will use collated data only. The information collected will remain confidential.

C. RISKS AND BENEFITS

I understand that this study involves minimal risk. If I need psychological support I can refer to the attached information. Lastly, I understand that I will be provided with a copy of the final report and any resulting works free of charge.

D. CONDITIONS OF PARTICIPATION

☐ I understand that my participation in this study is confidential (i.e., the researcher will know, but will not disclose my identity)

☐ I understand that I am free to withdraw my consent and discontinue my participation at anytime without negative consequences.

☐ I understand that I have the right to stop the administering of the questionnaire, should I wish to, or to not answer some of the questions.

☐ I understand that the data from this study may be published.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) _____

SIGNATURE _____

Interviewer Name _____

Interviewer Signature _____

If at any time you have questions about your rights as a research participant, please contact the Research Ethics and Compliance Advisor, Concordia University, 514.848.2424 ex. 7481 ethics@alcor.concordia.ca