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Developing a healing and wellness program for First Nations boys and men: The Mishoomsinaang Mentorship Program

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Abstract

Very little is known about men's lived experiences with, or tangible barriers to, accessing or receiving support for mental health, substance use, and violence challenges. This paper describes the development of a healing and wellness program for boys and men, developed by men in a First Nation community in southern Ontario, Canada, drawing on local data collected and using participatory action research. Men's mental wellness was identified as a priority area after reviewing preliminary research findings from a community-wide survey; interviews with people with lived experiences with mental health, substance use, and/or violence challenges; and focus groups with service providers. Photovoice was then used as a form of participatory action research to develop a) a knowledge base on men's health and well-being across the life course and b) a comprehensive, integrated, and culturally appropriate program of services for boys and men. Men who participated in the Photovoice study developed a program that supports Mino Bimaadiziwin, a way of life lived in accordance with original cultural teachings on the importance of Spiritual connectedness and how to live as Spiritual beings in harmony with all of Creation. We share how this community-driven research led to scalable program and recommendations to improve Indigenous boys and men's mental health and wellness.

Keywords: First Nations, Indigenous, boys, men, mental health, Photovoice, participatory action research, decolonising research

Declarations:

Ethics approval and consent to participate

The boys and men's mental health research-to-action program, entitled Acting Locally to

Address a National Issue (ALANI), was approved by Chief and Council of Kettle and Stony Point First Nation (KSPFN) and the Research Ethics Board at the Centre for Addiction and Mental Health (CAMH). Participation in this study was completely voluntary and participants were told that they could omit any questions or drop out of the study at any time. Participants were informed that all data collected would remain confidential and never be linked with their names or other personal information. All participants provided written consent.

Availability of data and material

The datasets generated and analysed during the current study are not publicly available. This study was conducted in keeping with the ownership, control, access and possession (OCAP®) principles for research with First Nations people, with direction from a community advisory committee and approval by Chief and Council. Access to KSPFN research data will require a formal request and will be reviewed on a case-by-case basis.

Competing Interests

The first author holds a position as the Mental Health, Addiction and Violence Support Manager for the community discussed in this paper. The remaining authors declare that they have no conflicts of interest.

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Abbreviations

ALANI	Acting Locally to Address a National Issue
KSPFN	Kettle & Stony Point First Nation
MSV	Mental health, substance use, and violence
PAR	Participatory Action Research
RHOC	Researching Health in Ontario Communities

Background

Throughout this paper, we use the term Indigenous which, in Canada, includes people who identify as First Nations, Métis and/or Inuit. Within First Nations, Métis and Inuit communities, there are many distinct languages as well as cultural practices and protocols. We use the term First Nations when referring to people who are members of a First Nation in Canada, including the First Nation community involved in the present project. In Canada, there are more than 600 First Nations, each with its own unique heritage and culture.

Mental health combined with co-occurring substance use and violence challenges among Indigenous boys and men is a significant public health concern. One example of the impact of these challenges is the high suicide mortality rate of 62 per 100,000 among males versus 25 per 100,000 for females in predominantly Indigenous communities in Canada (Pan-Canadian Health Inequalities Data Tool, 2017). By comparison, these figures among non-Indigenous populations are 17 per 100,000 for males and 5 per 100,000 for females (Pan-Canadian Health Inequalities Data Tool, 2017).

Depression and suicide among Indigenous men have shown to be linked to a lack of access to appropriate services within Indigenous communities. Culturally appropriate (DeVerteuil & Wilson, 2010; Gutierrez et al., 2018; Josewski, 2012; Kirmayer et al., 2003) and gender-based programming (Bingham et al., 2019) serving Indigenous populations is lacking in Canada; moreover, mental health research and programs involving Indigenous populations have rarely focused on the unique needs of men (Atkinson, 2017). Although there are a number of resources and toolkits for mental health programming for Indigenous women, there are few comparable initiatives specifically addressing the lived experiences and needs of Indigenous men. A recent national inquiry into missing and murdered Indigenous women, girls, two spirit, and trans women identified factors contributing to violence against Indigenous women and strategies needed to address violence and increase women's safety (National Inquiry, n.d.). This

inquiry highlighted the role of men in perpetrating violence, including Indigenous men who have been negatively impacted by colonialism, residential schools, racism, and poverty (Brownridge, 2003).

Despite disproportionate numbers of Indigenous boys and men affected by mental health, substance use, and violence challenges, and the clear need for culturally-appropriate and gender-based health resources and programming for this population, very little is known about their lived experiences or the unique barriers they face in receiving support (Atkinson, 2017). Therefore, a research-to-action approach is needed led by and developed for Indigenous boys and men and built on lived experiences and addressing the root causes of mental health and addiction challenges.

Colonisation and the Health of Indigenous Boys and Men

Colonisation and the inequalities created by colonisation have had clear negative impacts on the well-being of Indigenous peoples, including mental health and substance use problems, violence, acute and chronic physical diseases, and early death (Allan & Smylie, 2015; Elias et al., 2012; Kirmayer et al., 2000; Nelson & Wilson, 2017). Forced settlement and relocation to lands designated by government, external political control, systems of assimilation, cultural disruption, discrimination and the provision of low-level services (e.g., poor education and inaccessible health care) have contributed to health disparities between Indigenous peoples and non-Indigenous peoples in Canada (Gracey & King, 2009; King et al., 2009; National Collaborating Centre for Aboriginal, 2012). Successive traumatic events through colonialism have eroded Indigenous languages, traditions, kinship networks and community ties in such a way that authentic social and cultural contexts in which Indigenous people thrived have been damaged (Kelm, 1998; O'Neil, 1993; Truth and Reconciliation Commission, 2015). Historical loss, trauma, and unresolved grief in addition to intergenerational transmission of loss and trauma have collectively overwhelmed the natural resilience of Indigenous peoples (Dion Stout & Kipling, 2003).

For Indigenous boys and men, cumulative losses are linked to substance use, aggression turned both inwards and outwards, and various other dissociated states and learned patterns of self-destructive behaviour (George et al. 2019; Restoule, 2008). Indigenous wellness strategies that hold the most promise use decolonizing approaches and self-determination to address historical trauma and unravel the effects of colonization, including supports focused on resilience resources specific to Indigenous peoples in Canada, such as spirituality, language, family ties, and connection to the land (Reading & Wien, 2009a; Smylie et al., 2008; Tagalik, 2010; Thunderbird Partnership & Health, 2015).

A plethora of factors create barriers to accessing care for Indigenous peoples, especially among men. These include a lack of culturally appropriate services, experiences of racism and discrimination, disparate ways of communicating when accessing care from non-Indigenous providers and contrasting views about what constitutes or comprises health and how health is prioritized (Allan & Smylie, 2015). As shown in the broader mental health literature (Evans et al., 2011), challenges to providing programs for Indigenous boys and men are compounded by challenges for men generally, including unclear gender roles, behavioural expectations, and self-identity concerns (Anderson et al., 2015). Research in the general North American population suggests that men tend to engage in risky behaviours such as substance use, violence, and aggression more than women, while being less willing to seek medical or mental health care (Mahalik et al., 2007; Oliffe & Phillips, 2008). Seeking help – among men who face mental health challenges – is perceived to be a sign of weakness and compromised masculinity (Oliffe et al., 2015; Oliffe & Phillips, 2008). For Indigenous men living on-reserve, barriers to help-seeking are often amplified and further compounded by the lack of employment opportunities as well as pressing issues such as housing and food insecurity, low self-esteem, trauma, violence and shame, loss of social skills, negative coping behaviours, poor communication skills, and a general sense of not being supported (Anderson et al., 2012; Ball, 2009; George et al., 2019; McKegney, 2013). Innes and Anderson (2015) suggest that positive Indigenous masculinity is less about defining masculinity and more about promoting actions

and responsibilities that promote Mino-*Bimaadiziwin*, living "the good life" among Anishinaabe peoples.

The present article describes a strengths-based participatory action approach to developing a boys and men's healing and wellness program in Kettle & Stony Point First Nation (KSPFN), both using methods and building supports that address the impact of colonisation and promote Mino-Bimaadiziwin. The overall goal of the program was to serve as a model that could be adapted in other Indigenous communities across Canada. The project addressed recommendations outlined in the Truth and Reconciliation Commissions' Calls to Action (Truth and Reconciliation Commission, 2015); specifically recommendations #19 and #55 on improved supports to address the disparity between Indigenous and non-Indigenous populations on mental health and addiction indicators and access to health services. Importantly, the project's processes and its outcomes point directly to the importance of resilience, and resistance to approaches and practices that sustain ill health, to instead, restore and promote community strengths and reposition Indigenous peoples themselves at the centre of renewal.

Anishinaabe Culture and Colonialism in Kettle & Stony Point First Nation (KSPFN)

KSPFN is one of 42 Anishinaabe nations with a population of approximately 2,100 (Chippewas of Kettle and Stony Point First Nation, 2020). The community is located on the southern shoreline of Lake Huron in Southern Ontario, where there are unique and exceptional boulders called kettles (one of three places worldwide) in the water along the beach. KSPFN was a gathering place with a rich oral history, passed down through countless generations, whereby the kettles are considered thunderbird eggs; thunderbirds are considered one of the most powerful spiritual beings among the Anishinaabe people. In the 1827 Huron Tract Treaty, Kettle Point and Stony Point were two distinct communities that became part of the reserve system in Canada. By 1932, the beachfront of Stony Point was sold by a government agent for the purpose of recreational development, and in 1936, Ipperwash Provincial Park was created despite the Anishinaabe peoples' claims that the park was partially on traditional burial sites (Linden, 2007).

In 1942, Stony Point was expropriated under the War Measures Act as a Canadian army training site with the promise that the land would be returned after the war to the Anishinaabe families that lived there. Barracks and other buildings were constructed and members of Stony Point were required to relocate to Kettle Point, without sufficient funds to cover that expense and without access to visit or use their community's cemetery which was on the army training site. This upheaval caused fractions and feelings of frustration and, in 1990, a non-violent protest by KSPFN members resulted in the shooting of Dudley George from KSPFN by an Ontario Provincial Police officer – making national headlines and associating KSPFN with the "Ipperwash Crisis" (Linden, 2007).

The community of KSPFN has survived and thrived despite many forms and instances of oppressive colonisation. There are many people in the community who are retaining and re-learning Anishinaabemowin (traditional language) as well as teaching and learning cultural knowledge, traditions, and practices, and conducting traditional cultural ceremonies. There are many people in the community who also identify as Christian, and although they may identify with their history and culture, do not practice traditional spirituality. In spite of these differences, there is a strong sense of community, and community members always rally together in times of crisis. Kettle & Stony Point Health Services aims to promote wellness of mind, body and spirit, prevent disease and injury, and protect the community's health through prevention, promotion and early intervention programs and services. The mandate is to enhance the health of community members through a barrier-free, holistic, culturally competent and accessible service delivery system.

The *Acting Locally to Address a National Issue* (ALANI) Project

Development of the Mishoomsinaang Mentorship Program drew on two preliminary research studies and participatory action research using Photovoice. Basic information on prevalence and need was obtained from two

preliminary research projects called Researching Health in Ontario Communities (RHOC) and Five Views on a Journey ("Five Views") to develop the Acting Locally to Address a National Issue (ALANI) Project, The ALANI Project involved participatory action research using Photovoice to develop a program by and for men based on the findings from Photovoice.

Preliminary research that led to the ALANI Project. *Researching Health in Ontario Communities* (RHOC) was a multidisciplinary team initiative that involved the collection of social, epidemiological, and biological data to better understand and address community-identified concerns regarding mental health, substance use and violence (MSV) challenges in diverse communities, including two First Nations, in Ontario, Canada (George et al., 2013; George et al., 2017; Wells et al., 2011). In KSPFN, a random sample of 340 band members completed a community health survey that was developed in close consultation with members of KSPFN to gather data on: connections to cultural knowledge and practices; cultural identity; challenges and strengths within community; overall health and wellness indicators; substance and prescription drug use; access to local services and resources; significant life events; sources of stress; mental health; and experiences of violence (Wells et al., 2011). Data were analysed by gender to understand how men's and women's life experiences and service needs differed.

The *Five Views* project complemented the RHOC study by focusing on the *system of care for MSV* issues. The title "Five Views on a Journey" reflected the five perspectives explored as part of the system analysis: (1) interviews with people with MSV about their lived experience with MSV issues and their experiences accessing and receiving help for MSV; (2) interviews with family members of people with MSV challenges to understand the experiences and the role of family members in the system of care; (3) analysis of RHOC survey findings from the general population in the community about their experiences accessing MSV services; (4) analysis of databases of health and addictions treatment services to better understand service needs of people with MSV issues; and (5) focus groups with formal and informal services providers in the community to understand the perspectives of service providers and build coalitions for future service development.

Findings from RHOC and Five Views revealed that many men in KSPFN were unable, reluctant, or unwilling to seek support for MSV challenges (George et al., 2019). For example, more than 20 percent of male study participants reported that they needed help for their emotional or mental health but did not receive it. And only 32 percent of men who had depression had seen or talked to a health professional (i.e., psychiatrist, psychologist, social worker, counsellor, psychotherapist, or traditional healer) about their emotions or mental health in the previous 12 months, compared to 65 percent of depressed women who had done so. During one interview, a male participant explained,

> I really needed help and pretty much nothing was around. Ain't nothing in the community to help you through it. You can go do a urine sample here and that's only one thing, but other than that there ain't no place for you to talk about it.

Overall, this preliminary research identified an urgent need for effective, culturally appropriate and gender-specific programming for First Nations men. Programming was needed to address these needs in a way that included a community support system grounded in community/cultural values and drawing on the resilience of affected boys and men and of their community. Funding from the Movember Foundation was secured for the *Acting Locally to Address a National Issue* (ALANI) Project, a research-to-action initiative that would result in mental wellness supports developed *for* and *by* men in a First Nations community. The main goal of this project was to develop a new system of care by engaging First Nations men in a process of identifying and reflecting on personal strengths and challenges.

Through a collaborative partnership between First Nations men and the lead researcher (JG), the ALANI Project had the following three main objectives: 1) to develop a knowledge base for understanding First Nations boys and men's mental health and co-occurring addiction and violence challenges across the life course; 2) to develop a comprehensive, well-integrated and culturally appropriate program of services that respects and prioritizes the experiences of First

Nations boys and men; and 3) to create and share new resources addressing First Nations boys and men's mental health. Our paper details the participatory action research methodology, key research findings, and the mentorship program that was developed from the research.

The ALANI Project Methodology. The ALANI Project used a strengths-based participatory, community-based, and decolonising approach to highlight individual and community strengths, healing, and culturally meaningful and spirit-centred supports. We use the term *decolonising* to describe the process of developing a program of supports that, rather than following Western-informed approaches, restores cultural values and traditional ways of knowing and doing, thereby reclaiming a sense of community, language, culture, and identity, and, in turn, improving self-esteem and well-being. We use the term *spirit-centred* to describe a First Nations worldview that brings hope and meaning through a relationship that includes family members, community and creation as a balanced extension of a greater family.

The ALANI Project was designed to develop a knowledge base for understanding First Nations boys and men's mental health and well-being across the life course, using an arts-based participatory action research methodology called Photovoice. Together with the Project Lead, a Project Coordinator was hired to work closely with the community's health care providers to recruit male participants for the Photovoice study. The Coordinator, formerly a mental health counsellor in KSPFN, had good relationships with many people within the community, including some of the men who participated in the ALANI Project. Invitations to participate were disseminated through service providers, social media, community newsletters, community radio, paper flyers in public buildings and facilities throughout the community, as well as referrals through probation and legal services. Criteria for participation included: self-identifying as a man with mental health and co-occurring addiction and/or violence challenges; 18 years of age or older; living on the reserve or being a member of KSPFN; and being able to participate in one-to-one interviews, Elder-led sharing circles and photo-taking. Fifteen men who met all of the criteria agreed to participate in the project.

Participants were introduced to and trained in Photovoice, given a digital camera, and asked to take pictures of places or objects that (1) best represented their current health, (2) negatively impacted their health, or (3) positively impacted their health. Over several months, the Project Lead and Coordinator maintained regular contact with participants in person or by phone. Informal individual and group meetings were held at least weekly to discuss feelings and emotions related to taking photographs, specific challenges or barriers to taking photographs, and creative ways to capture an experience or feeling through photography.

All but two of the men who commenced work on the Photovoice component of the project completed it. Once it was determined by the Coordinator, in collaboration with the participants, that the period of taking photographs was complete, participants were then invited to participate in individual interviews, during which they shared some of their photographs and discussed the meanings and significance behind each photograph. Participants were asked to select their most meaningful photos and write captions to accompany the photos. When participants returned their cameras, they received a $100 gift card as a token of appreciation for participating in the Photovoice component of the study.

Thematic analyses were conducted in four phases. First, the Project Lead and Coordinator independently analysed the detailed notes from participant interviews and identified emerging themes and sub-themes related to health status, barriers to receiving support for mental health, addiction and violence, and sources of strength and resilience. These themes were reviewed and discussed by the Project Lead and Coordinator, resulting in a refined set of collated broad themes (Castleden et al., 2008; Miles & Huberman, 1994; Ronzi et al., 2016). Second, all men who participated in Photovoice were invited to participate in a sharing circle led by a community Elder to discuss key themes from the selected photos and captions. The men also reviewed and discussed men's mental health themes specific to KSPFN identified in the RHOC and Five Views

projects. Participants who participated in the sharing circle received a $50 gift card for their time and contributions to the circle discussions. Third, thematic qualitative analyses of the circle sharing notes were conducted by the Project Lead and Coordinator using guiding questions about resilience, strength, masculinity, colonization, and experiences with Indigenous service providers. Fourth, after these analyses were completed, a workshop was held with all Photovoice participants to review and discuss key themes and further validate the data and analysis.

Upon completion of the thematic analyses, a community forum was planned and held by the Project Lead, Coordinator, and the men participating in Photovoice at the health centre. At this event, men shared the meaning behind their photographs and the photographs with their accompanying captions were shown in a gallery format, and later mounted in the main health clinic hallway, where they continue to be on display.

Over the course of a year, and with the ongoing encouragement and support of a respected Knowledge Keeper and Spiritual Advisor from a neighbouring First Nation community, the men worked together with the Project Lead to apply the themes from Photovoice into the development of a wellness strategy aimed at boys and men. This participatory action research process (see Figure 1) was iterative and involved cycles of research, reflection, action, evaluation, and modification (Kemmis & McTaggart 2000), made possible by weekly meetings, which supported ongoing dialogue and planning around how to implement the themes. The successes and lessons learned from using a strengths-based participatory action approach to developing a First Nations boys and men's healing and wellness program of services were documented, incorporated into shareable resources, and are currently being shared with other First Nation communities in Ontario.

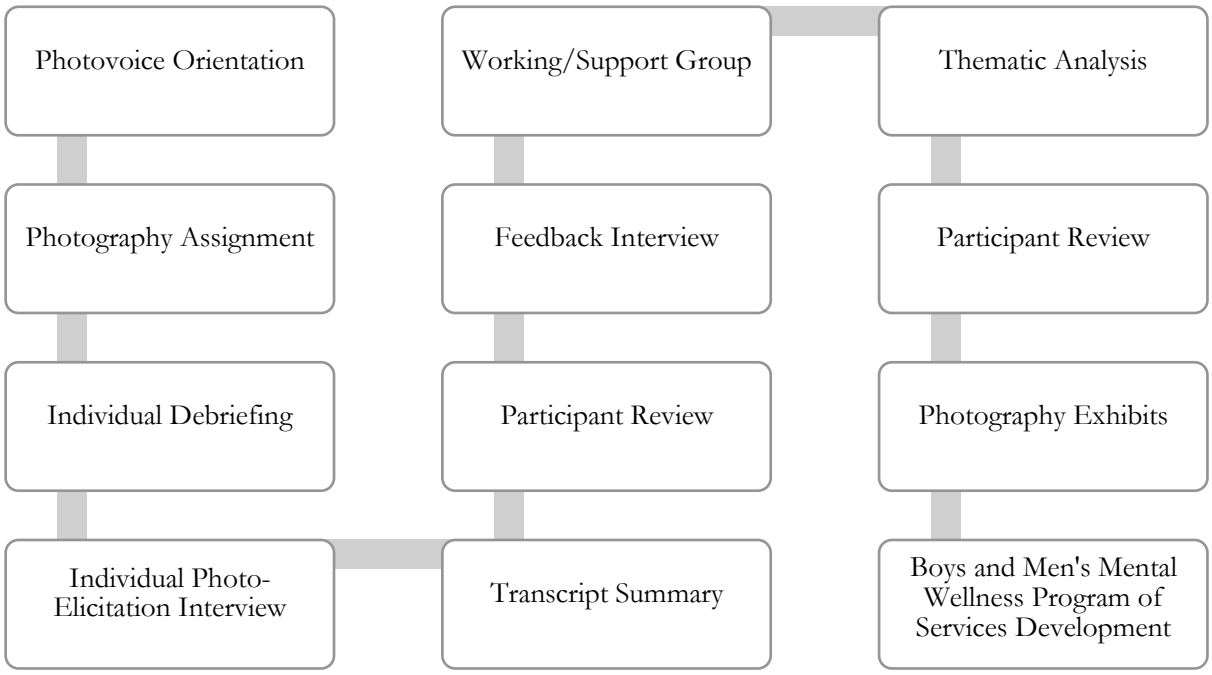

Figure 1. ALANI Project progression

ALANI Project Findings

The overall findings emerged from three key components of the participatory action process: 1) the decolonising research methodology, 2) local policy and programming recommendations, and 3) recommendations for future directions at (inter)national levels (*see* Figure 2). The process of using Photovoice as a decolonising research methodology centred on men's experiences and knowledge in articulating personal and

community challenges and strengths, observing, and reflecting on themes, and imagining a vision for a system of care that would meet the needs of boys and men. The success of meaningful engagement with KSPFN men in developing a program of services is attributed to a strong sense of ownership of the project and self-determination by the KSPFN men, building a knowledge base built on rich and honest lived local experience, and recognising similarities in barriers to and sources of strength and resilience.

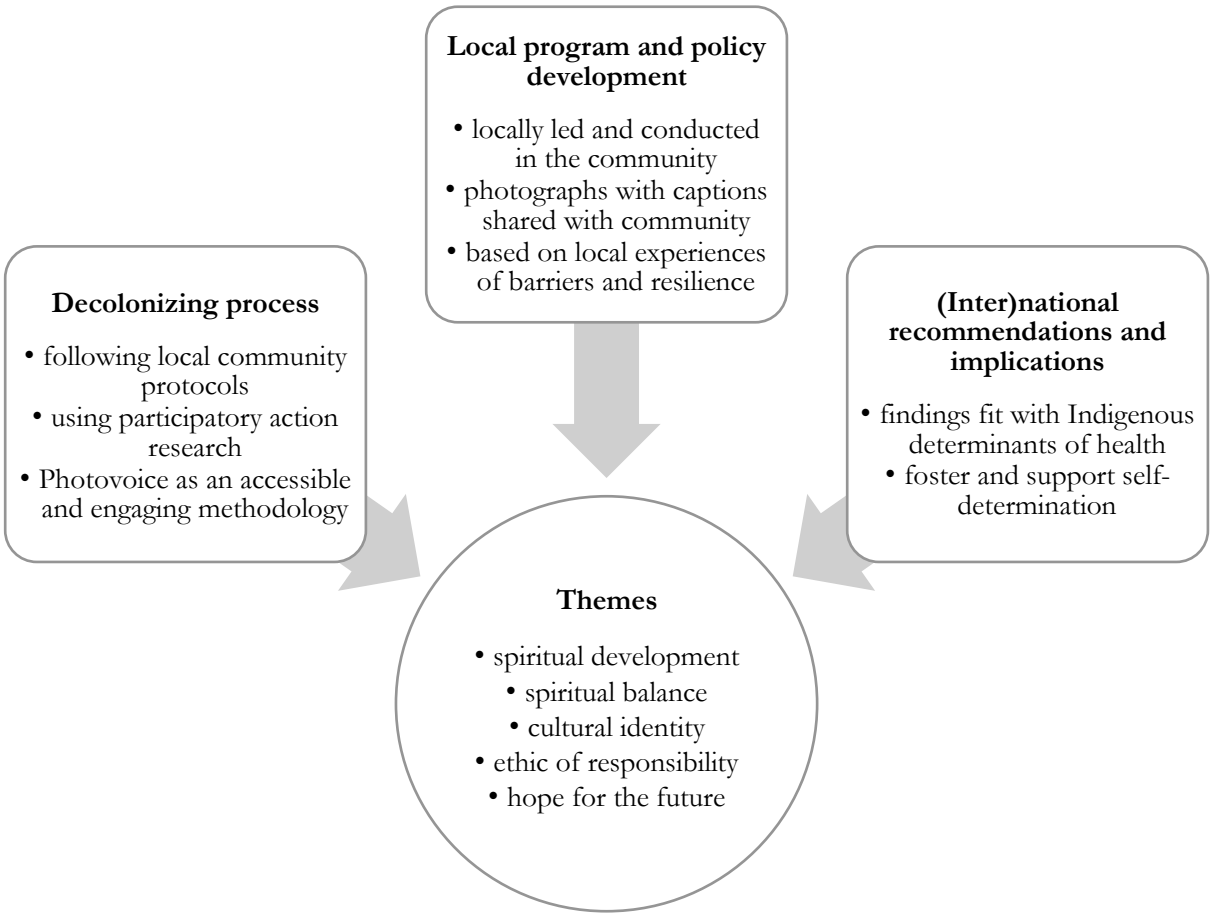

Figure 2. ALANI Project commitments and themes

Participants were personally and deeply engaged in the Photovoice process. They collectively took over 700 photographs and took part in numerous one-to-one and group meetings to discuss the photographs and ways forward to address boys and men's mental health in the community. The photographs held great significance to the men because they gave voice to their experiences with mental health, addiction and violence. Yet, despite the compounding and cumulative effects of adversity, men chose to photograph images that featured strength, courage, and purpose – as individuals, family members, and members of a First Nations community. The majority of the photographs and narratives centred on men's ability to overcome life's challenges. Together with the narratives and their stories, the photographs served an important function in both raising awareness about men's mental health and well-being and contributing to theories of effective change in the community with respect to the nature of service provision. Participants were acutely aware of the legacy and ongoing effects of colonialism, both in terms of how they negatively affect the lives of First Nations people but also their lessons for promoting healing in communities; for example, through renewed reverence to their teachings and the Spirit and sacredness of the natural environment (i.e., *Shkaakaamikwe* - Mother Earth) and its elements.

For example, one participant took a picture of a feather held up to the sun on the horizon, and wrote the accompanying caption (Figure 3):

> This reminds me of my healing journey. The stem of the feather is my life and each little hair represents all the paths I need to go down to heal. I feel very connected to the water. The water in the background calms me and the bright light of the sunset gives me hope. [male participant from the ALANI Project].

Figure 3. Participant Photovoice Photograph

Through a lengthy and iterative process of reflection and analysis of their data, the men identified five key areas of high priority and importance for mental wellness: spiritual development, spiritual balance, ethics of responsibility, cultural identity, and children as hope for the future. Maintaining health and well-being, especially in the face of adversity and the importance of returning to *Mino Bimaadiziwin*, the way of a good life, was an overarching principle across the five themes. *Mino Bimaadiziwin* involves taking on culturally valued roles and responsibilities that include having a spiritual connection; extending kindness and by virtue of extending kindness, accepting all people and belief systems; practicing a strong connection to the natural environment; and fostering an ethic of responsibility while fulfilling the aforementioned roles. Men's commitment to *Mino Bimaadiziwin* led to the development of a culturally relevant and sustainable healing and wellness program for boys and men, enhancing pre-existing prevention efforts.

Through their photographs, their narratives and stories, it was clear that participants had many traumas in their pasts and unique preferences for how trauma should be addressed and, therefore, required different opportunities for healing. Although the definition of healing was fluid; what the participants agreed on was the need to support healing as a critically important component of health care. Towards that goal, they identified the need for concerted efforts to support the notion of reconciliation in health care, inclusive of support to undo the harms created by colonialism, and therefore opportunities to learn about and reconnect to their roles and responsibilities. The overwhelming message was that First Nations men must be supported in connecting to their identity and to the things that their ancestors did to support health and well-being. Theoretically and in practice, the form that these efforts take and the effectiveness of approaches vary from one community to the next, and from one individual to the next.

As an example, a number of this project's participants identified as Christian. This represented a common dilemma among the participants, but not because they felt that they could not benefit from activities that supported cultural identity development, but because many of the community's health care workers are Christian, and their parents and siblings are Christian, and some participants felt threatened by the repercussions of engaging in activities that others in the community might consider offensive to the Church. For that reason, participants settled on a more generalised approach that focused less on the term "traditional" and the idea of a traditional lifestyle, and more on the concept of responsibility as First

Nations men to self, family, community, and nation. This attention to how their approach would be defined helped clear the way to focus on program development. The Project Lead introduced the men to the health centre's mission and mandate, highlighting the centre's commitment to a barrier-free, holistic, culturally competent, and accessible service delivery system. After much discussion, the men intentionally decided to not promote a particular religious belief system or associated practices; rather, they focused on promoting a way of life that both: a) takes into consideration the emotional, mental, physical and spiritual components of the individual, and b) aids identity development.

The program development was a concerted call to decolonize health care through spiritual development, spiritual balance, ethics of responsibility, cultural identity, and children as hope for the future – the Photovoice themes. For participants, the Photovoice themes served as therapeutic factors in healing. In short time, through regular working group meetings and open dialogue, again spanning several months, the themes were advanced as critical tools in building prevention and intervention initiatives. In applying the themes to program development, the Project Lead introduced participants to the concept of Indigenous social movement – based on Linda Tuhiwai Smith's (2012) assertion that positive movement for Indigenous peoples develops simultaneously out of both survival strategies and cultural systems. These strategies and systems grow out of frustration with how things are in the present but also nurture Indigenous Spirits, beliefs, values, and practices. For the men, the concept of Indigenous social movement served as a precursor to and motivation for developing and implementing programs that would enable them, and other boys and men from the community, to learn about the roles and responsibilities that they, as First Nations men, are innately destined to fulfil. This learning occurred through increased knowledge and experience relating to a) historical cultural practices such as teachings on rites of passage, b) social cultural activities such as traditional dance, and c) Ceremony such as the sweat lodge.

Development of a Comprehensive Boys and Men's Mental Health Program: The Mishoomsinaang Mentorship Program

The ALANI Project Lead, together with most Photovoice participants, and under the continual advisement of the Project's Knowledge Keeper/Spiritual Advisor, designed and implemented what became the *Mishoomsinaang Mentorship Program* which when translated, means the Place of the Grandfathers. The team identified the resources needed to accomplish activities, identified expected outputs, and developed the short- and long-term goals of the program. The program encouraged communication and collaboration among boys and men and working effectively together in the best interest of the self, family, community, and nation. It also focused on the importance of historical trauma, integrating the Stages of Change and Motivation to Change models, as well as existing primary care and community health services, and offered a wide range of complimentary cultural activities to address health and wellness challenges along the continuum of care. Under this model, men had the opportunity to access support with detoxification and medical stabilization, followed by intensive aftercare that included regular prayer and smudging, the sweat lodge and other ceremonies such as winter and summer solstice celebrations, naming ceremonies, fasting camps and other rites of passage, plant medicines, a healing drum circle, traditional dance, and the sharing of traditional stories and teachings. The boys and men's healing and wellness program also included services and programs such as case management, counselling, cognitive behavioural therapy, an addiction engagement group, stress and anxiety support group, Fitness for Recovery program, and the Red Path and Eastern Door programs. Thus, the program was an amalgamation of several already existing services in the community, adapted versions of existing services, and new programs and services that filled identified gaps.

Rooted in culture, the *Mishoomsinaang Mentorship Program* provides a unique and comprehensive blend of community-driven western clinical and traditional spiritual approaches specifically for boys and men in a community-based setting. The most fundamentally important feature of the

program is its focus on spirit and spirit-centredness, and on strengths derived from a reconnection to cultural identity and one's spiritual connection to creation, family, community, and nation. It provides education, knowledge exchange, and role definition, and it restores and sustains a sense of cultural identity and spiritual connectedness, which are, in turn, critically important in addressing the impact of dispossession, assimilation, and social marginalization. At the core of the mentorship program is spiritual connectedness through adherence to the Seven Grandfather Teachings – of wisdom, love, respect, bravery, honesty, humility, and truth – through harmony with the natural environment, regular prayer, and the use of natural medicine, as part of achieving *Mino-Bimaadiziwin* (the way of the good life).

Knowledge Translation and Sharing: "From Little Things, Big Things Grow"

Within the community, sharing was done as part of the development of the program. To begin with, a public gallery photo exhibit at KSPFN Health Services and several presentations by men within the community raised the profile of this project in KSPFN. In addition, conference presentations, reports, and community meetings have helped to disseminate the process and findings from ALANI. A three-day event entitled Honouring Mino-Bimaadiziwin (the way of the good life) in the summer of 2018 was held and was open to any KSPFN community members, service providers, and, especially, boys and men from KSPFN and other First Nation communities. The three days included sunrise ceremonies; teachings on the drum, spirit, traditional burial, rites of passage, sacred pipe, and harvesting corn; sharing of songs; fire teachings and sweat lodge ceremonies; and many meals together. Events such as Honouring Mino-Bimiaadiziwin offered opportunities to share and practice what the ALANI participants have learned with others, in addition to strengthening relationships with boys and men from other First Nation communities. For people who work in the community, especially those who work at the KSPFN Health Services, attending this event offered an opportunity to learn more about the strength of the newly developed *Mishoomsinaang Mentorship Program* and see the importance, strength, and power of the program's knowledge base and practices for improving the health of boys and men.

Discussion

This paper describes how a healing and wellness program for boys and men was developed by men in a First Nation community. Through participatory action research and Photovoice, a group of men from the community developed the knowledge base for understanding boys and men's lived experiences, barriers to accessing support, and sources of strength and resilience. Through thematic analyses, they identified five key priority areas, or areas of importance, in addressing boys and men's wellness needs: spiritual development, spiritual balance, ethic of responsibility, cultural identity, and children as hope for the future. Drawing on these strength and resilience themes, the men then developed an integrated and culturally appropriate program of services for boys and men focused on returning to Mino Bimaadiziwin, the way of a good life. Mino Bimaadiziwin encourages holistic health with a focus on developing oneself spiritually, learning and adhering to the traditional roles and responsibilities of Anishinaabe men and women (e.g., the clan system) and the responsibilities that come along with one's Spirit name.

By actively engaging First Nations men in the entire research-to-action process, the men relinquished their "subject" role that is common in Western-informed research and assumed highly valued and collaborative roles in the data collection, analysis and community action. Drawing on an existing knowledge base plus their own experiences, the participatory action research approach both galvanized men and protected their interests by giving them control over the collection and presentation of their experiences (Castleden et al., 2008; Jacklin & Kinoshameg, 2008). Men who sought and/or received support and/or treatment for MSV issues both participated in the Photovoice study and developed the knowledge and programming to address boys and men's health. The project integrated Freire's (1970) ideas on power, shared discourse, and action by providing a context for First Nations men – a group of men who occupied a marginalised position in larger society and whose voices were rarely heard – to become

active participants in examining their own circumstances, creating their own knowledge, and taking relevant action against health inequality in their own communities.

Kettle & Stony Point Health Services Mental Health, Addiction, and Violence Support Program is now called the Community Wellness and Cultural Support Program. The program creatively restructured and broadened its funding structure circa 2014 to include a broader range of clinical interventions for the treatment of mental health and addiction challenges, in addition to peer support opportunities, which at the time was not a common use of base funding for most First Nations communities in Canada. By developing and implementing programming that assisted boys and men in learning about their cultural identity and putting into practice their roles and responsibilities, ALANI Project participants expanded the program's reach to be inclusive of a much broader range of community members. Importantly, the nature of the program implemented represented a shift in peoples' perceptions about health behavior and ways to overcome health disadvantages and promote whole health.

As important as this project was to the community and its efforts to prioritise, expand, and improve on health and wellness programs and services, this project's significance extends far beyond a single community. This project places social determinants at the root of ill health and at the centre of interventions that address it. It exposes the sensitivity of health and ill health to the social environment which has largely resulted from colonisation, including loss of language and culture and disconnection from the land (King et al. 2009). And it sheds light on the community strengths that First Nations men rely on to support healing. Historical, cultural, and social factors not only work together to impede whole health, but also work as protective factors that enable resilience in the face of adversity. Just as spiritual development, spiritual balance, an ethic of responsibility, cultural identity, and children as hope for the future helped men thrive in the face of adversity, so too might the development of strategies congruent with these themes enable other men from other communities to move beyond mental illness, substance abuse, and violence.

The five themes – as resilience resources - identified by the men served as therapeutic factors for the participants and helped to advance critical tools in prevention and intervention work generally. Determined by the experiences, needs and preferences of First Nation men, resilience resources can inform local-level strategies and have implications for policy and practice in other First Nations. Furthermore, they make possible further exploration into the mechanisms by which these resilience resources support healing and the points at which prevention and intervention might be enhanced.

Limitations of the ALANI Project

The ALANI project and the resulting program have some limitations. The men who were involved in the Photovoice project described in this paper took photographs of and provided narratives for experiences somewhat specific to their community. However, after initial implementation of the Mishoomsinaang Mentorship Program, additional men from surrounding First Nation communities have participated in the program and its ongoing development and have been influential in the execution of programs which were available to men from KSPFN and also the surrounding communities. Perhaps a more significant limitation is that none of the men who participated in ALANI Project or assisted with developing and implementing programs for boys and men self-identified as being two-spirited or trans. Further work is needed to assess the extent that this new program suits the needs of two-spirit and trans Indigenous males. Finally, an evaluation of the program was not conducted. A next step will be to conduct a formal evaluation to provide evidence on program effectiveness and identify ways these programs can be improved so that evidence-based community wellness programs with proven success can be widely disseminated.

Conclusion

Using a decolonising approach to addressing historical trauma and the effects of colonisation on boys and men, men participating in the ALANI Project developed the Mishoomsinaang Mentorship Program focused on resilience

resources specific to their needs, including spirituality, language, family ties and connection to the land. The research-to-action process and resources developed in this project offer practical and conceptual ideas for researchers, health care providers and decision makers, community leaders and mental health consumers alike who are looking to use strengths-based and culturally relevant mental wellness supports for boys and men. It is hoped that knowledge and wisdom gained from this project will benefit other communities to improve Indigenous boys and men's health and well-being in Canada and elsewhere.

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