

Development of a Culturally Safe Wellbeing Intervention Tool for and with the Inuit in Quebec

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Abstract : Suicide rates among Inuit in Nunavik are six to eleven times larger than the Canadian average. The colonization, religious missions, residential schools as well as economic and political marginalization are factors that have challenged the well-being and mental health of these populations. In psychiatry, screening for mental illness is often done using questionnaires with which the patient is expected to respond how often he/she has certain symptoms. However, the Indigenous view of mental wellbeing may not fit well with this approach. Moreover, biomedical treatments do not always meet the needs of Indigenous peoples because they do not understand the culture and traditional healing methods that persist in many communities. Assess whether the questionnaires used to measure symptoms, commonly used in psychiatry are appropriate and culturally safe for the Inuit in Quebec. Identify the most appropriate tool to assess and promote wellbeing and follow the process necessary to improve its cultural sensitivity and safety for the Inuit population. Qualitative, collaborative, and participatory action research project which respects First Nations and Inuit protocols and the principles of ownership, control, access, and possession (OCAP). Data collection based on five focus groups with stakeholders working with these populations and members of Indigenous communities. Thematic analysis of the data collected and emerging through an advisory group that led a revision of the content, use, and cultural and conceptual relevance of the instruments. The questionnaires measuring psychiatric symptoms face significant limitations in the local indigenous context. We present the factors that make these tools not relevant among Inuit. Although the scale called Growth and Empowerment Measure (GEM) was originally developed among Indigenous in Australia, the Inuit in Quebec found that this tool comprehends critical aspects of their mental health and wellbeing more respectfully and accurately than questionnaires focused on measuring symptoms. We document the process of cultural adaptation of this tool which was supported by community members to create a culturally safe tool that helps in resilience and empowerment. The cultural adaptation of the GEM provides valuable information about the factors affecting wellbeing and contributes to mental health promotion. This process improves mental health services by giving health care providers useful information about the Inuit population and their clients. We believe that integrating this tool in interventions can help create a bridge to improve communication between the Indigenous cultural perspective of the patient and the biomedical view of health care providers. Further work is needed to confirm the clinical utility of this tool in psychological and psychiatric intervention along with social and community services.

Keywords : cultural adaptation, cultural safety, empowerment, Inuit, mental health, Nunavik, resiliency

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