Web of culture: Critically assessing online mental health resources for Indigenous youth in northern British Columbia using digital storytelling

Valerie Ward[1], Sarah de Leeuw[2]
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Abstract

Objectives: Traditional sources of health information are no longer meeting needs of young generations, including Indigenous youth, who are increasingly turning to the internet with health–related questions. Research has shown that culturally–tailored health education and information resources are best received by Indigenous people. Using a research approach accentuating the voices and experiences of young (ages 19-25) Indigenous peoples in northern British Columbia, this project discovered that online mental health resources need to be conceptualized and implemented differently to have their intended impact.

Methods: This research used a social determinants of health framework and purposefully sought out and accentuated young Indigenous peoples' stories through arts–based methods.

Results: Four relevant themes emerged: 1) definitions of mental health in online resources do not resonate with Indigenous youth in northern British Columbia; 2) existing online resources do not reflect voices of youth, particularly Indigenous and northern youth; 3) understanding of recovery among Indigenous youth in northern British Columbia are not the same as those reflected in existing online resources; and 4) Indigenous youth in northern British Columbia support technology as a means of reaching and giving voice to youth populations.

Conclusions: Existing online mental health resources do not adequately address needs of Indigenous youth living in northern British Columbia. Digital storytelling, an arts–based method, is an effective and engaging research tool to work with youth populations.

Introduction

Traditional sources of health information are no longer satisfying the needs of young generations who increasingly are turning to the internet with health–related questions.[1,2] The internet has been recognized as an ideal venue for dissemination of health information because it has the capacity to provide anonymity, offers accessible e–health services, and provides tailored health information.[3-5] Broadly speaking, Indigenous youth surf the internet, access social media sites, and are bombarded, like all youth, by popular culture.[6] Not unlike their non–Indigenous counterparts, the internet is being used by Indigenous youth for seeking out health information, including mental health (MH) information.[7-9] What remains poorly understood is whether existing online MH resources are culturally– and age–appropriate for Indigenous youth. This study evaluates if existing online MH resources, especially those catering to a British Columbia audience, are culturally and age appropriate for Indigenous youth (ages 19-25) living in northern British Columbia.

Methods

The majority of prior research with Indigenous peoples—especially conducted in colonized places by non–Indigenous researchers—has been critiqued for perpetuating, aiding, and deepening processes of colonization, particularly if it takes a deficits–based, pathologizing view of Indigenous peoples.[10,11] In contrast, decolonizing methodologies, those that work against colonization and its harms to Indigenous peoples, are rooted in Indigenous knowledge and highlight Indigenous voices, worldviews, and ways of knowing and being.[12] Nevertheless, following Tuck and Wang's reminder that decolonization is not a metaphor and that it "specifically requires the repatriation of Indigenous land and life,"[13] we know this research takes only a small step in that direction by taking a critical orientation to colonial power and seeking to emphasize voices and stories of Indigenous youth.

This research used a social determinants of health (SDoH) framework to focus on broader and more contextualized sets of social, political, economic, and historical determinants of health for Indigenous youth in northern British Columbia. The SDoH framework recognized colonialism as a distal determinant of health for Indigenous peoples in Canada.[14-16] These methodological frameworks informed the use of a strengths–based approach[17] which focuses on potentials, strengths, interests, knowledge, and capacities of individuals, rather than their limits.[17] This research positioned youth participants as experts in their own lives, and privileged their voices and stories using arts–based methods. Additionally, stories shared by Indigenous youth participants were perceived as stories of strength and resilience, recognizing the impact of environments and multiple contexts influencing lived realities.[16]

Action–based research principles were used in this study. Action–based methodologies attempt to shift power from the researcher to people being researched and are grounded in capacity building and relationships.[18] Research participants provided guidance and input that directed the workshop; they developed rules for their shared space, goals for the workshop, and the question that they wanted to answer with their digital stories. Additionally, youth participants who wished to be co–facilitators in this research were more involved in the research process, for example, helping to facilitate group discussions and verifying identified themes. The results and findings were shared with all participants.

UNBC Research Ethics Board, #E2015.0401.023.00 approved the two–part project: Part one involved collection and analysis of online MH resources to critically assess their relevance to Indigenous youth living in northern British Columbia. Part two involved a digital storytelling workshop to stimulate Indigenous youth's opinions and ideas about identified online MH resources, juxtaposing them with findings of the critical discourse analysis (CDA). The work was iterative, with one part informing the other and vice versa.

Part 1: Collection and analysis of online MH resources

To find out what online MH resources existed for Indigenous youth living in northern British Columbia and which resources were recommended to youth, the primary investigator sought input from seven frontline

[1]MD Program, Faculty of Medicine, University of British Columbia, Vancouver, BC, Canada
[2]Northern Medical Program, UNBC, Faculty of Medicine (School of Public and Population Health), University of British Columbia, Vancouver, BC, Canada

Correspondence to
Valerie Ward (valerie.ward@alumni.ubc.ca)

healthcare workers in Prince George including two nurses, one social worker, one mental health/addictions counselor, two researchers, and one physician. Additional resources were included if they contained Indigenous–specific MH information or were created in northern British Columbia. Resources created outside British Columbia were excluded.[19] 15 resources were identified, however, only eight resources were e–knowledge websites, using Usher & Skinner's criteria for classifying websites.[20] E–knowledge websites are created for general public and are user–friendly.[20] The following eight resources were included and analyzed: 1) heretohelp.ca; 2) keltymentalhealth.ca; 3) princegeorge.cmha.bc.ca; 4) mindcheck.ca; 5) unya.bc.ca; 6) bcss.org; 7) bcmhsus.ca; and 8) FNHA.ca. Screenshots taken of the eight resources between July and October 2015 were analyzed using CDA, a methodology which "focuses on the ways discourse structures enact, confirm, legitimate, reproduce, or challenge relations of power and dominance in society."[21] CDA moves beyond the content of text alone, and explores the following three dimensions: 1) sociocultural (conditions within which text is created); 2) discourse (processes by which text is produced and received by human subjects); and 3) text analysis (object of analysis, including verbal and/or visual texts).[22] This lens has been used in health research for over two decades[23,24] and has been validated for analyzing web–based resources and online MH resources.[25]

Part 2: Digital storytelling workshop

Incorporating storytelling into research can bridge Western and Indigenous ways of knowing and can be a respectful and culturally meaningful approach to research.[26] Digital storytelling is an effective tool for engaging youth in creating health promotion tools.[27,28] Digital stories are short narratives combining auditory–, visual–, and text–based storytelling by stitching together pictures, audio, text, music, and video to create an original piece.[27] Participants were recruited using a poster sent to existing community contacts. A youth–based organization requested the workshop be held in Terrace, British Columbia, taking place August 19-21, 2015. Thirteen youth who identified as Indigenous signed up and eight attended. Of the eight youth who attended, all between the ages of 19-25, five identified as female, three as male. Three youth wanted to be co–facilitators, as discussed above.

The goal of the digital storytelling workshop was to elicit Indigenous youth's opinions about the identified online MH resources, juxtaposing them with the findings of the CDA. This three–day workshop began with a set of introductory activities, including youth developing shared ground rules and engaging in arts–based activities. The primary investigator did a short presentation about digital storytelling detailing an introduction to digital stories and how to create storyboards. Youth agreed upon the question "what does mental health/wellness mean to you?" as a starting point for their digital stories. Youth also explored the eight resources, discussing questions such as "what makes an online mental health resource appealing?" Youth shared their digital stories with each other on the last day and were given their digital story on a CD to take home.

Analysis

This research draws from four datasets for qualitative analyses: 1) digital stories created by Indigenous youth during a digital storytelling workshop; 2) online MH resources; 3) transcriptions of recorded focus group discussions; and 4) field notes documented by the primary investigator during the workshop. Once all data were collected and transcribed, they were analyzed through critical and close reading. Informed by thematic analysis, data were manually coded and further distilled into themes using an iterative process. At the mid– and end–point of the analysis process, youth co–facilitators reviewed identified themes and provided feedback that was incorporated.

Results and Discussion

(1) Definitions of mental health do not resonate with Indigenous youth

MH resources consist mainly of information about mental illness, MH challenges, or mental disorders, using the terms "mental health" and "mental illness" seemingly interchangeably. Only two of eight resources, (keltymentalhealth.ca, FNHA.ca) distinguished the terms by defining mental health. During focus groups, youth participants defined mental health as "…taking care of your body, your emotions, physically, emotionally [which is] different than depression and anxiety" and as "chemical imbalances in the brain." Some had never heard the term mental health before.

The language present on many of the online MH resources implied a sense of blame towards individuals about their mental illness or poor mental state. Most of the online MH resources list causes of mental illnesses, with minimal reference to the impact of environmental factors as stressors to the individual. This heavy focus on the role of the individual and the role of individual treatment of mental problems excludes a broad range of contextual factors that may impact Indigenous youth. It is possible this may lead to the implication or assumption that MH issues are related to individual flaws or weakness and can be addressed by simply accessing the right tools, developing the right skills, or accessing the right treatment.

Some resources—notably FNHA.ca—identify the importance of environmental factors and their connection to wellness. This website notes mental wellness is "far more than the absence of mental illness and encompasses all aspects of a person's life. [It] is the presence of factors that promote and maintain physical, mental, emotional and spiritual balance."[29] Youth preferred the term "wellness," believing it carries less stigma and "is a more positive way of looking at things…[mental illness] comes with a label."

(2) Under-representation of northern Indigenous youth voices in online resources

Only four of the eight resources were created in collaboration with youth. However, youth had clear preferences describing: "more pictures make [websites] more eye–catching for younger audiences;" "little short video clips instead of reading;" and "not having too much information." These preferences mattered more than the credentials of the website [30] making resources more engaging and "easier to focus."

Almost all resources were funded by the Provincial Health Services Authority (PHSA) and were designed to be representative of, and useful to, the entire population of British Columbia. There is little in the way of geographic customization to materials which makes resources less appealing and useful for youth. This was articulated by one participant who said "I feel like it would be better if it was more local. I think it would be easier to find the resources and the resources would be different."

Indigenous voices were largely absent from MH resources. Two of the resources (unya.bc.ca, FNHA.ca) were created for First Nations living in British Columbia. The remaining six resources have Indigenous–specific information that is scarce and hard to find. CDA highlights how silencing Indigenous understandings of MH in online resources perpetuates colonialism through erasure of Indigenous voices and realities. This reinforces dominant biomedical discourses of MH and positions an alternate understanding of being lesser than. In order to counter this colonizing tendency, Indigenous voices, Indigenous realities, and Indigenous knowledge about MH must be emphasized and made available to youth. Youth liked the bcss.org recordings of Elders talking about mental illness in their traditional languages, because it bridges a generational and language gap between youth and Elders. However, most youth felt resources should include information about wellness or MH so they could talk to their Elders about wellness, not just illness. The bcss.org resource also recognized residential school as a risk factor in certain mental illnesses. Youth participants were interested in cultural elements and approaches to wellness being incorporated into online MH resources as a way of "showing that there are different ways to connect and promote wellness."

(3) Definitions of recovery do not resonate with northern Indigenous youth

Youth felt they could be well even when recovering from mental illness.

Some youth participants who shared this understanding of recovery voluntarily disclosed a diagnosis of mental illness. Discussions also revealed that Indigenous youth in northern British Columbia incorporate healthy activities into daily lives to promote wellness and participants articulated that maintaining wellness was an ongoing process. Recovery, one of many pieces that can contribute to wellness, was described as "something that needs hard work. It's a commitment to get better." Several youth felt that online MH resources should "try to show the perspective of people with mental illness" and highlight recovery as a process. Most existing online MH resources provided little information about treatment and recovery; instead, most resources discussed risk factors and symptoms of diseases.

(4) Youth support technology for reaching youth populations

Youth spoke supportively about technology as an avenue for their generation to access services or resources with confidentiality that does not exist in their communities because "sometimes it's easier to talk to someone that that you don't know." Youth also spoke about the potential of apps, social media, or video conferencing to access MH information or services. Most participants preferred culturally–tailored MH information that was relevant to their understanding, including a focus on holism and wellness that seems to be true for Indigenous youth elsewhere.[31-33]

The extent to which youth search for MH information online was unclear. In discussions, participants shared positive experiences asking family about health–related information and other frustrating experiences "because generally, you learn at a young age that everybody has their own problems." Additionally, MH resources might not be ideal for individuals who are in crisis: "I just think when anybody is upset or raging or not in a good place they wouldn't go directly to a computer...They would first try and get into a saner state and then try and figure it out on their own."

Youth spoke positively about learning digital storytelling and improving computer skills. Youth participants felt digital storytelling was a relevant and engaging tool because it allowed them to share their own story related to MH or wellness. There was enough interest that the principal investigator was invited to hold another workshop in a neighboring community. This is a testament to the use of computers and digital storytelling in this project and that computer and technology–based skills are appealing to youth.

Limitations

Given the diversity among and between Indigenous peoples in Canada, the findings of this study cannot and should not be assumed to be true of all First Nations, Métis, and Inuit peoples. Additionally, the findings of this research should not be considered reflective of all Indigenous youth in northern British Columbia. This research provides a useful starting point in discussions of online MH resources for this population, an area which needs further exploration.

Youth participants did not report searching the internet for MH information and had not accessed the collected resources prior to participation in the workshop. Therefore, recommendations for online MH resources were based on preferences while engaging with online MH resources during this workshop. Still, the findings of this research offer insight into youth preferences for online resources and suggestions to make MH resources more accessible.

Conclusion

The most important finding of this research was that existing online MH resources do not adequately address the needs of Indigenous youth living in northern British Columbia. Indeed, there is a need to emphasize Indigenous voices, Indigenous realities, and Indigenous understandings within MH resources, specifically those of Indigenous peoples living in northern British Columbia. If this was the case, "it would be easier to find the resources and the resources would be different." Digital storytelling, as an arts–based method, however, was an effective and engaging research tool to work with in youth populations.

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