

Inclusion of Indigenous workers in workplace mental health

Robyn A. O'Loughlin

*EPID@Work Research Institute, Lakehead University, Thunder Bay, Canada and
Law and Legal Studies, Carleton University, Ottawa, Canada*

Vicki L. Kristman

*EPID@Work Research Institute, Lakehead University, Thunder Bay, Canada;
Health Sciences, Lakehead University, Thunder Bay, Canada;
Institute for Work and Health, Toronto, Canada and
Northern Ontario School of Medicine, Thunder Bay, Canada, and*

Audrey Gilbeau

Nokiiwin Tribal Council, Thunder Bay, Canada

Abstract

Purpose – This paper highlights inclusion issues Indigenous people experience maintaining their mental health in the workplace.

Design/methodology/approach – Using a grounded theoretical approach, five sharing circles were conducted with the Nokiiwin Tribal Council's community members to better understand inclusivity issues related to workplace mental health.

Findings – Five themes emerged from the data related to enhancing inclusivity and workplace mental health for Indigenous workers: (1) connecting with individuals who understand and respect Indigenous culture; (2) respecting Indigenous traditions; (3) hearing about positive experiences; (4) developing trusting relationships and (5) exclusion is beyond the workplace.

Research limitations/implications – The next step is to finalize development of the Wiji app and evaluate the effectiveness of the app in helping Indigenous workers feel included at work and to improve workplace mental health. If effective, the Indigenous-developed e-mental health app will be promoted and its benefits for helping Indigenous workers feel included at work and also for providing accessible mental health resources, will be known. In the future, other Indigenous groups may be potentially interested in adopting a similar application in their workplace(s).

Originality/value – There is very little known about inclusivity issues related to Indigenous workers' maintaining their mental health. This paper identifies major issues influencing the exclusion and inclusion of Indigenous workers.

Keywords Indigenous workers, Mental health crisis, Canadian Indigenous population, e-mental health, Medicine wheel

Paper type Research paper

Introduction

Workplace discrimination is common for Indigenous people who may work alongside workers who hold discriminatory views of others and thus are potentially excluded in the

© Robyn A. O'Loughlin, Vicki L. Kristman and Audrey Gilbeau. Published by Emerald Publishing Limited. This article is published under the Creative Commons Attribution (CC BY 4.0) licence. Anyone may reproduce, distribute, translate and create derivative works of this article (for both commercial and non-commercial purposes), subject to full attribution to the original publication and authors. The full terms of this licence may be seen at <http://creativecommons.org/licences/by/4.0/legalcode>

They are thankful to Dr. Tanya Watson for her assistance with data collection. This research was supported by a Canadian Institutes of Health Research Catalyst Grant WSW 151927, Designing an e-health intervention for Indigenous mental health in the workplace: a partnership with the Nokiiwin Tribal Council (PI: VL Kristman). Dr. Kristman was supported by the Canadian Institute of Health Research through a New Investigator Award in Community-based Primary Health Care.



workplace (Browne *et al.*, 2016; Firestone *et al.*, 2015). Unacceptable behaviours may take place at work, such as degrading comments, threats, intimidation or even violence (Firestone *et al.*, 2015). The discriminatory behaviours and attitudes held by co-workers may impact an Indigenous worker's mental health; the Occupational Health and Safety Council of Ontario acknowledges that the personal well-being of workers is at risk when these behaviours are present in the workplace (OHSCO, n.d.). Although all workers potentially encounter these behaviours, Indigenous workers are more likely to experience these behaviours due to the history of trauma many Indigenous Canadians suffered (Browne *et al.*, 2016). A colonialist employment framework is adopted in Canada (and elsewhere), meaning Indigenous workers may potentially be excluded or denied employment (Abele and Stasiulis, 1989). Low cross-cultural considerations in the workplace may contribute to workplace exclusion and poor workplace mental health for Indigenous people. The objective of this paper is to highlight workplace inclusion issues Indigenous people experience with regards to maintaining their mental health in the workplace.

Indigenous people and the workforce

Indigenous people in Canada represent 4.3% of the total Canadian population (NHS, 2011). Numerous studies, enquiries and statistics have demonstrated the poor status of Indigenous people relative to the Canadian population (Hall *et al.*, 2015). Indigenous people were forcefully displaced from their land and confined to reserves, where adequate employment, education, housing, healthcare and food access are limited or non-existent. The cumulative impacts of the inaccessibility to resources impact the quality of life and subsequently, mental health, for Indigenous people (Barsh, 1994; Dextras-Gauthier and Marchand, 2018). Indigenous people have “never had the benefit of being full and active participants in mainstream society because of restrictive social and physical barriers” (Durst *et al.*, 2006, p. 38). Indigenous people may then face discrimination by others who are not aware of the politics that impacts their quality of life. The combined effects of discrimination contribute to the mental health stress faced by Indigenous people. Despite balancing their own mental health needs in their communities, inclusion and cultural safety in the workplace is also a concern for Indigenous workers.

Indigenous people struggle with relatively high unemployment rates. Notwithstanding rhetoric of reconciliation from the Canadian government, only 57% of eligible Indigenous people are working (StatsCan, n.d.). The history of trauma endured by Indigenous people affects their employment trajectory. The residential schools and 60s scoop era impacted the education Indigenous people received and the employment sectors they could enter. Without an education, it is very difficult to obtain long-term meaningful work. They are also more likely to face discrimination due to the historical oppression Indigenous people endured. Thus, if intergenerational and intragenerational impacts of residential schooling and the 60s scoop exists for some Indigenous people (Milne, 2015, 2016), then the likelihood of obtaining meaningful work is at-risk.

Milne (2015) acknowledges that youth “have to contend with the intergenerational effects of racial discrimination in schooling” (p. 271) and thus it is important to acknowledge, incorporate and understand Indigenous culture and traditions, not only in schools but also in the workplace. The experiences of residential schooling add to the problems of low employment rates, excluding Indigenous workers from obtaining meaningful work. All workers, regardless of cultural background, should understand the impact of colonization in Canada and its ongoing impact on Indigenous people.

Mental health in indigenous populations

The Canadian Government has attempted to shift the disadvantage Indigenous people face by proactively promoting and including Indigenous education and employment programmes for Indigenous people who are eligible to work (i.e. direct employment programmes, training

projects, job placement and welfare to work programmes) (Curtis *et al.*, 2012; TRC, 2015a); however, it is not clear if Indigenous workers obtain continuous and meaningful work from these programmes. Specifically focussing on the workplace, Indigenous people are not provided with equitable access (Hunter, 2014; Firestone *et al.*, 2015). Many Indigenous communities are located in remote areas away from jobs and infrastructure. Many Indigenous people do not want to leave their home communities for work, nor should they be forcefully displaced again for employment purposes (Adelson, 2005). Studies have found that some Indigenous people who leave their home communities for work are not satisfied due to disengagement from their home community, feeling excluded in the workplace and lack of external cultural support (Kolahdooz *et al.*, 2015; McCaslin and Boyer, 2009).

The population of Indigenous people in Canada is growing. By 2036, there is expected to be approximately 1.2 million Indigenous people in Canada (Morency *et al.*, 2015). The Canadian workforce is moving towards increasing acceptance of Indigenous employees (OECD, 2018); however, the question of whether or not the workforce will adapt to provide Indigenous workers equitable access to employment remains. At present, there is little research on how equitable employment opportunities for Indigenous people in Canada can be achieved. Inequitable employment opportunities, such as the denial of work due to race and culture, exclude Indigenous people from meaningful work and impact their mental health.

Studies have indicated that unemployment is closely linked to health inequity (Hunter, 2014; Richardson, 2007; Hart, 2010). Individual health is evaluated based on social factors, such as gender, poverty, education and employment. Unemployment is also associated with high-risk activities that impact one's health, such as smoking, alcohol abuse and substance abuse (Curtis *et al.*, 2012); historically these have been trending issues in Indigenous communities. Indigenous people are dealing with historical trauma and compounding issues on reserve, such as lateral violence (anger directed towards peers or community members), political differences between band and community members, and low education levels, in addition to the inequitable opportunities for employment. Since many Indigenous workers are forced to move off-reserve for employment, they are funnelled into an environment where they are more likely to face discrimination, violence and racism. Within a work environment, they may face these behaviours for various reasons (lack of respect for cultural differences or inability to afford certain items). All of these cumulative impacts exclude Indigenous workers and decrease positive health outcomes for Indigenous people. Thus, when one is not able to participate in society, they may suffer from poverty, homelessness and mental health issues. For Indigenous workers, it is important to feel spiritually, emotionally and mentally connected to their Indigenous identity (McPherson and Rabb, 2011). When an Indigenous worker is disconnected from their Indigenous identity, their overall health is at risk.

On a global scale, studies identified localizing Indigenous traditions and providing "cultural safety training" to non-Indigenous employees, ensuring that Indigenous workers feel culturally "safe" at work (Hart, 2010; Curtis *et al.*, 2012). Another study identified a mentorship programme for Indigenous workers (Burgess and Dyer, 2009). The authors argued that "mentoring can offer the bridge between being inside and outside of the workforce" (Burgess and Dyer, 2009, p. 468) pushing the idea that Indigenous workers must fit into the established Westernized workforce framework. Although these data provide important insight into how Indigenous workers can be trained to do well in a position—an attempt by an employer to include them in their workforce—the employer may fail to acknowledge that Indigenous people may not want to be employed with an employer who does not value Indigenous traditions or amongst co-workers who display negative behaviour(s) towards Indigenous culture.

Furthermore, these studies only tap into generalized ideations of cultural training for non-Indigenous employees, thus providing only a colonialist view of what it means to be "culturally safe" at work. Specific workplace context is critical when creating, adapting and implementing policies and programmes that include and provide Indigenous people equitable

opportunity to obtain and maintain employment. Globally, there is a gap regarding access to equitable employment opportunities and health for Indigenous people (Hunter, 2014; Hart, 2010); many colonialist assumptions persist, thus excluding Indigenous people from the workforce.

Another workplace study acknowledged Indigenous traditions and “cultural safety training” for non-Indigenous employees to help include Indigenous workers and ensure they feel accepted at work (Browne *et al.*, 2012). Unfortunately, despite attempts with cultural safety training, many Indigenous workers end up leaving their place of employment due to behaviours recognized as blatant and systemic racism (Conway *et al.*, 2017). The negative attitudes and behaviours displayed towards or against an Indigenous worker affects their mental health, even if the behaviours are considered to be jokes. This can become a self-fulfilling prophecy; “if a [worker] is constantly told they are [insert negativity here], they might start to believe it” (O’Loughlin, 2021, p. 44). The negative attitudes and behaviours impact Indigenous worker mental health.

In Canada, the Truth and Reconciliation Commission provided advice to the Canadian Government to lessen the employment gap for Indigenous workers and include them in the Canadian workforce. Under the Truth and Reconciliation Commission’s “Calls to Action”, specifically call to action No. 7, there is a focus on the educational gaps that exist for Indigenous people; “we call upon the federal government to develop with Aboriginal groups a joint strategy to eliminate educational and employment gaps between Aboriginal and non-Aboriginal Canadians” (TRC, 2015b, pp. 1–2). This call to action acknowledges the fact that Indigenous people are disadvantaged from a young age in school and continue to be excluded in employment opportunities. However, the Government is not legally responsible or required to address the recommendations.

Many Indigenous communities are resilient in maintaining employment despite challenging political issues and unstable funding. For those Indigenous people who are employed, they are at a higher risk of exposure to negative behaviour in the workplace, which impacts their mental well-being. Statistics Canada (2016) found 15% of self-identified Indigenous people reported workplace harassment (Hango and Moyser, 2018). Furthermore, approximately 10% of Indigenous women reported that they had been sexually harassed at work in the last year, compared to 3.8% in the general Canadian population (Hango and Moyser, 2018). Unlike many of the public sector workforces in Ontario and Canada, the Indigenous population has a higher proportion of young, new, vulnerable workers who make up another generation of eligible workers who may face discrimination and thus be excluded from work simply because they are Indigenous (LCO, 2012). Positive mental health for Indigenous Canadians is strongly related to cultural identity (Hall *et al.*, 2015). Maintaining Indigenous mental health requires incorporating connections to land, community and family (Hall *et al.*, 2015). The mental health needs amongst the Indigenous populations are often significant and unique, which also overlap into the workplace.

Indigenous workplace mental health

It is known that Indigenous people are less likely to seek help for mental health and accordingly, have rates of suicide at least twice as high as non-Indigenous counterparts (Sveticic *et al.* (2012); Wexler and Gone, 2012). Indigenous people who feel included and have a solid management of stress in the workplace tend to have overall better health (Gopalkrishnan, 2018), keeping their health in line with traditional cultural values that represent the medicine wheel framework. The medicine wheel focusses on four aspects: (1) “truth” *Debuewin*, to recognize differences and to speak truth in a good way; (2) “bravery” (strength) *Aakdehuin*, doing what is right for others; (3) “respect” *Minaadendmoin*, act in a way you would expect to be treated-acknowledge individual opinions and points of view and (4) “trust”, the confidence to speak up with the belief that you will be heard and supported

(NTC, 2021). This Indigenous framework is holistic – it is a “comprehensive health and safety model based on cultural beliefs and values” (NTC, 2019, p. 19).

There is little literature on how workplace mental health impacts Canadian Indigenous populations. Rather, there is a plethora of literature on addictions amongst Indigenous populations and the impact on their overall health. The Ontario Human Rights Commission found that, “more than twice the proportion of Indigenous people in Ontario living off reserve (12%) report mental health and addiction disabilities compared to non-Indigenous people (4.6%)” (OHRCC, n.d.). Although this number deals with general mental health and addiction, it overlaps into the workplace. There may be a number of issues as to why Indigenous workers struggle with mental health at work: (1) historical trauma has led Indigenous workers to harass each other in the workplace (i.e. lateral violence), leading to exclusion within their own communities; (2) there may be a lack of resources Indigenous communities have to assist with workplace mental health and (3) lack of cultural safety, harassment, violence, racism and disrespectful attitudes and behaviours from non-Indigenous workers, adding to the reason why Indigenous workers may feel excluded from their workplace.

When lateral violence occurs in the workplace, it may or may not be reported. Issues that stem from the community, may creep into the workplace (regardless of whether the place of employment is on or off reserve), leading some Indigenous workers to feel disengaged from their work and possibly from their identity. When an Indigenous worker is disconnected from their identity due to instances of lateral violence in the workplace, their health and well-being is at risk (NWAC, 2011). An Indigenous worker may want to seek mental health resources without explicitly stating why. Additionally, having access to culturally appropriate resources for mental health is extremely limited when living in a remote area. Some Indigenous communities are so remote or areas where people work are remote that seasonal roads may be non-existent. Without access to a community, accessing equitable resources becomes difficult.

The importance of cultural safety in the workplace is integral to Indigenous workers. When an Indigenous worker feels connected to their culture and knows that their culture is respected by their employer/colleagues, they are more likely to have positive mental health. If their mental health suffers, they may be in distress at work. If there are supportive peers in the workplace or in the community the Indigenous worker is from, negative workplace mental health may be managed positively. The inclusion of cultural safety training for all workers is beneficial to workplace mental health.

Indigenous workplace mental health solutions

In June 2017, our research team and members from Indigenous communities attended the “Hacking Mental Health in the Workplace” Hackathon at the e-Health Annual Conference held in Toronto, Ontario, Canada, from 4 to 6 June 2017. The goal of the event was to co-create solutions to mental health challenges in the workplace, for example, the inclusion of Indigenous workers and ensuring positive mental health. Our research team was paired with a multidisciplinary team of developers and programmers to find an innovative, actionable and impactful e-health solution. Over three days, we created a skit showing a real-life example of a workplace issue where an Indigenous worker was excluded and belittled by their employer; this same situation may also be seen between co-workers. Using this example, our team developed an idea on how to tackle this real-life situation that many Indigenous workers face. Our research team consulted with communities of the Nookiwin Tribal Council to obtain their input on workplace mental health and inclusion.

Recruitment of sample

After receiving ethics approval for human participation, the Nookiwin Tribal Council recruited participants for sharing circles (focus groups). The homogenous sampling method

was used, where participants were chosen based on their qualities (Etikan *et al.*, 2016). Homogenous sampling refers to the choice of participants where age, culture, job or life experiences are similar (Etikan *et al.*, 2016). Acknowledgement that our sample would be the Nookiwin Tribal Council community members, Indigenous people with work experience, it was best to recruit those “who could and were willing to provide the information by virtue of knowledge or experience” (Etikan *et al.*, 2016, p. 1). Using this method allowed our research team to consult with Indigenous workers on their job experiences, and knowledge of mental health issues at work. Five sharing circles took place in various locations with 65 participants, ranging from youth, teachers and working band members. The sharing circles took place in formal boardrooms and at community gatherings. Sharing circles were audio recorded.

Qualitative methods

In order to better understand workplace exclusion and how to include Indigenous workers by incorporating technology, we chose to develop an e-mental health application by asking Indigenous community members questions about their app usage, what they would like to see an app do to help Indigenous workers and how the app could be used for workplace mental health crises. To understand the thought processes of community members, regardless of their employment status or role (i.e. supervisor, manager or worker), we used a grounded theoretical approach for data collection and analysis (Charmaz, 1996). A grounded theoretical framework acknowledges that themes and concepts will emerge from the data. There are some limitations to using grounded theory in this project, such as the likelihood that not all working Indigenous people who were part of the Nookiwin Tribal Council had an opportunity to participate in a sharing circle to provide their opinion on what they would have liked to see in the application; and some opinions, while valid, may not be included in the project as they did not develop as a theme in the “grounded” approach.

Our research team did not have preconceived notions of how Indigenous workers understand their workplace or how mechanisms to provide workplace mental health would or would not be beneficial to the larger community. Thus, throughout the sharing circles, themes emerged acknowledging inclusion in the workplace, how an app could aid in maintaining positive workplace mental health and whether its scope should only focus on the workplace. It was through the analysis of sharing circle transcripts where concepts and sub-themes from data developed (Charmaz, 1996).

In this study, data analysis began before all sharing circles were complete. We also used a constant comparative analysis approach, which means that as new data were collected and analysed, it was integrated into the findings from previous sharing circles (Morgan, 1993; Jasper, 1994). Researcher notes were reviewed at the end of each sharing circle to compare/contrast to the next sharing circle. The recordings were not transcribed until all sharing circles were complete. Transcript themes were compared and contrasted to research notes to ensure a constant comparative approach. Data analysis consisted of identifying emerging themes which were further segregated into categories. Theoretical explanations for the relationships between themes and categories emerge as data analysis reaches its conclusion (Belgrave and Smith, 1995).

Using qualitative methods allows a deeper understanding of Indigenous perspectives on issues at work, specifically how an Indigenous worker feels excluded or included and how they assess their mental health at work. The sharing circles focussed on understanding workplace inclusion and how to improve workplace mental health through the development of an e-mental health application. Open-ended questions were asked around the types of features or functions the app should have, what topics the app should address (i.e. worker’s rights, mental health) and when would it be used (daily or during a crisis only)? As the themes developed, the primary concern was to ensure that Indigenous voices were heard and that the

collective voice was considered. Preliminary results were presented to the Nokiiwin Tribal Council's G'minoomaadozimin Steering Committee that promotes a health and safety initiative to ensure that the message community members provided and what was heard by our research team, was the same. The G'minoomaadozomin Steering Committee's health and safety initiative refers to the concept "we are living well". This concept reflects the idea of safety, but aims at enhancing health and safety beyond the workplace; "not just in the workplace [...] it originates from self, so we have to look at self, family, the home, our community. If we are well in those areas, then it will go into our workplace" (Garrick, 2017, para. 2).

Results

Although input on the functionality of the app was provided, it is not the objective of this paper. Rather, five main themes related to the exclusion of Indigenous workers were identified from the sharing circles: (1) connecting with someone who understands and respects Indigenous culture; (2) respecting Indigenous traditions helps workers feel included; (3) positive experiences enables inclusivity; (4) trusting relationships promotes workplace inclusivity and (5) feelings of exclusion move beyond the workplace. These themes represented the collective voice of Indigenous participants and their descriptions of issues that impact Indigenous workplace mental health.

(1) Connections with someone who understands Indigenous culture

A large theme that was consistent during the sharing circles was making connections with people who understand Indigenous culture. One participant stated, "when we try to ask for help, we get shown numbers. Telephone numbers. And that's not right." It was stressed that aid should not be from Southern Ontario residents, who may not understand "what it's like to live [in a remote community]". It is important to be connected to people who understand the limitations of a remote community, where access may only be provided by air or winter roads.

Another participant recognized that an isolated community is a factor for mental health; there needs to be "person to person contact in some way". Another participant suggested that there needs to be "a champion in the community [...] somebody close by would make sense to me." The champion in the community would ensure that if a community member requested workplace mental health support, they would have access to someone who respectfully listens and understands what is taking place in their personal situation, and also in their larger community. Participants agreed that it is important to ensure that mental health supporters are people who will ensure confidentiality when listening to the needs of the person requesting support.

(2) Respecting Indigenous traditions includes Indigenous workers

Another theme that was recognized in the sharing circles, was that respecting and understanding Indigenous traditions is a way to include Indigenous workers and improve workplace mental health. Participants discussed various traditional teachings as a way to keep their mental health stable, such as reading information relative to the sweet grass teachings, language teachings and medicine wheel teachings. Participants agreed that the sweet grass teachings acknowledged positivity and kindness. Part of the sweet grass teaching is a shiny side and dull side; "there should be the shiny side [...] if people are looking for support, it should be] something that people want." Referring to the sweet grass teaching, the shiny side includes ways of viewing the world in a positive manner, rather than negative thinking (NTC, 2019). Some participants also wanted to remain connected to Indigenous cultures through traditional languages; however, the traditional Indigenous languages differ by communities.

(3) Positive experiences enable feelings of inclusion

In addition to the sweet grass teaching that promotes positivity, participants in the sharing circles expressed their general need for positivity to be promoted in the workplace. One participant stated, “it would be nice if you’re having a moment at work, and you could pick up your phone, and you know that positiveness is [present].” Other participants asked for positive stories. Connecting stories to Indigenous culture and heritage, one participant stated, “you gotta tell a story, because in our language, it’s so colourful that it’s very descriptive.” Respectful listening and understanding of the stories that are told is also a method to include Indigenous workers and promote positive workplace mental health. Some youth involved in the sharing circles asked for stories from elders to help them feel included in understanding their cultural traditions, which would empower their positive mental health overall.

(4) Trusting relationships promote workplace inclusivity

A large message that came out of the sharing circles was the development of trusting relationships. Although communication with someone who understands Indigenous culture and traditions is important, it is also important that the person making those connections is someone that can be trusted; “You’ve got trusted people that you can just talk to. They’re not going to judge you.” Unfortunately, many Indigenous populations do not trust easily due to the historical mistreatment by the Canadian state and others. It takes time to develop trusting and meaningful relationships; when an Indigenous worker is at their workplace, they want to know that who they are working with is a trusted individual who respects their cultural background and understands the mistreatment and oppression Indigenous people endure(d).

(5) Exclusion is beyond the workplace

From sharing circles that took place in the Nokiwin Tribal Council communities, participants informed the research team that, although relative to workplace mental health, the issues “permeate far beyond just the workplace [. . .] we’re talking about our children, we’re talking about our families [. . .] we’re talking about people in crisis”. Another participant stated that “this is how First Nations people think all the time—it’s holistic [. . .] we do not only, only want to take the approach ‘if we’re in a crisis, we need this.’” Also, there was the need for community buy-in, that “the person whose [requesting support] needs to know up front that no matter what they do, someone is going to be there after the fact”.

Each of the communities in the Nokiwin Tribal Council is different and has their own successes and mental health worries. The discussion on inclusion in the workplace considers the differences amongst each community, but also tries to focus on connections in and between communities. Some community members were impacted by residential schools and the 60s scoop era. The issues that stem from those experiences impacted their work lives and are not reconciled despite the 2008 apology from former Prime Minister Stephen Harper (CIRNAC, 2008). The current and future generation(s) of Indigenous workers are required to function without consideration for their unique histories. The gaps caused by residential schools remain; “even though they no longer exist, their legacies of distrust and tension are real” (O’Loughlin, forthcoming 2021, p. 42). There are barriers for Indigenous people to establish quality connections (Milne, 2015). Indigenous people in particular have unique and fragile circumstances that many employers/co-workers overlook in Canadian history.

Discussion

The overall discussions that took place were holistic in nature, recognizing that the issues that impact and exclude Indigenous workers, trickle from individual life at home to the workplace; “mental health crosses many boundaries, it does not stay within the workplace [. . .] you got people taking care of grandparents and that could be their workplace at home

[. . .] trying to establish that kind of foothold in [our] unique communities because we're not the same people." From the sharing circle responses and the Canadian Institutes of Health Research (CIHR) Hackathon experience, we developed an e-mental health intervention, the Wiji, that will potentially guide Indigenous workers from feeling excluded to feeling included in the workplace.

Inclusion at work and supporting indigenous workplace mental health

E-health interventions have shown success for several mental health-related conditions, including anxiety, depression, sleeping disorders and feelings associated with low self-worth (Naslund *et al.*, 2016). Yet, only a few Australian studies have started to explore the acceptability of e-mental health approaches amongst remote health service providers working with Indigenous populations (Dingwall *et al.*, 2015; Povey *et al.*, 2016; Puszka *et al.*, 2016), and no study has explored the possibility of e-mental health approaches for Canadian Indigenous workers and managers within workplaces.

The Wiji app provides information on work-related mental health resources that Indigenous workers who are part of the Nokiiwin Tribal Council can access. The app also provides a mechanism to connect with a peer-supporter who can assist the worker in times of stress or exclusion. Supported workers may be better at coping with negative situations in the workplace. The app components were created directly from the sharing circles where we gained an understanding of how Indigenous people think about maintaining positive mental health despite potential exclusion from resource accessibility (depending on whether or not their community was remote).

Strengths and limitations

Understanding Indigenous worker experiences around inclusion and exclusion at work is necessary for all employers and workers to move Canada's Truth and Reconciliation's calls to action forward. Participation is always a challenge when studying with those who have been historically mistreated. However, our research team has worked hard to develop a trusting partnership and trusting friendships with members of the Nokiiwin Tribal Council communities. Our trusting and respectful partnership on this project engaged community members and enabled participation. This project advances the calls to action from the Truth and Reconciliation Commission regarding Indigenous employment. It also provides a unique opportunity for employers to hear from Indigenous workers about inclusion and mental health in the workplace.

Conclusion and future steps

The next step is to finalize development of the Wiji app and implement it in a strategic fashion to evaluate its effectiveness in helping Indigenous workers feel included and supported at work and to improve workplace mental health. Evaluation of the Wiji app will provide insight into the usage, barriers, compliance and perceived effectiveness of the Wiji app to determine if Indigenous workers feel they now have access to mental health resources that they may never have had access to before. If the app is determined to be effective and deemed useful, we can create awareness of the culturally adapted e-mental health app and its benefits for helping Indigenous workers feel included at work and also for providing accessibility to mental health resources. From there, we can determine if other Indigenous groups are potentially interested in adopting a similar application in their workplace(s). These contributions have the potential to increase Indigenous participation in employment, reduce work disability and improve the mental health of the Indigenous population. This will return economic and health benefits to Indigenous employers, communities, families and individuals.

References

- Abele, F. and Stasiulis, D. (1989), "Canada as a 'white settler colony': what about natives and immigrants?", *The New Canadian Political Economy*, Chapter 11, Wallace Clement and Glen Williams (Eds), pp. 240-277.
- Adelson, N. (2005), "The embodiment of inequity: health disparities in Aboriginal Canada", *Canadian Journal of Public Health*, Vol. 96 No. 2, pp. 45-61.
- Barsh, R. (1994), "Canada's Aboriginal peoples: social integration or disintegration?", *Canadian Journal of Native Studies*, Vol. 14 No. 1, pp. 1-46.
- Belgrave, L. and Smith, K. (1995), "Negotiated validity in collaborative ethnography", *Qualitative Inquiry*, Vol. 1 No. 1, pp. 69-86.
- Browne, A.J., Varcoe, C.M., Wong, S.T., Smye, V.L., Lavoie, J., Littlejohn, D., Tu, D., Godwin, G., Krause, M., Khan, B.K., Fridkin, A., Rodney, P., O'Neil, J. and Lennox, S. (2012), "Closing the health equity gap: evidence-based strategies for primary health care organizations", *International Journal of Equity Health*, Vol. 11 No. 59, pp. 1-15.
- Browne, A.J., Varcoe, C., Lavoie, J., Smye, V., Wong, S.T., Krause, M., Tu, D., Godwin, O., Koushambhi, K. and Fridkin, A. (2016), "Enhancing health care equity with Indigenous populations: evidence-based strategies from an ethnographic study", *BMC Health Services Research*, Vol. 16, p. 544.
- Burgess, J. and Dyer, S. (2009), "Workplace mentoring for Indigenous Australians: a case study", *Equal Opportunities International*, Vol. 28 No. 6, pp. 465-485.
- Charmaz, K. (1996), "The search for meanings - grounded theory", in Smith, J.A., Harre, R. and Van Langenhove, L. (Eds), *Rethinking Methods in Psychology*, Sage Publications, London.
- Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) (2008), "Statement of apology to former students of Indian residential schools", June 11, available at: <https://www.rcaanc-cirnac.gc.ca/eng/1100100015644/1571589171655>.
- Conway, J., Tsourtos, G. and Lawn, S. (2017), "The barriers and facilitators that indigenous health workers experience in their workplace and communities in providing self-management support: a multiple case study", *BMC Health Services Research*, Vol. 17, p. 319.
- Curtis, E., Wikaire, E., Stokes, K. and Reid, P. (2012), "Addressing indigenous health workforce inequities: a literature review exploring 'best' practice for recruitment into tertiary health programmes", *International Journal for Equity in Health*, Vol. 11 No. 13, doi: [10.1186/1475-9276-11-13](https://doi.org/10.1186/1475-9276-11-13).
- Dextras-Gauthier, J. and Marchand, A. (2018), "Does organizational culture play a role in the development of psychological distress?", *The International Journal of Human Resource Management*, Vol. 29 No. 12, pp. 1920-1949.
- Dingwall, K.M., Puszka, S., Sweet, M. and Nagel, T. (2015), "'Like drawing into sand': acceptability, feasibility, and appropriateness of a new e-mental health resource for service providers working with Aboriginal and Torres strait islander people", *Australian Psychologist*, Vol. 50 No. 1, pp. 60-9.
- Durst, D., South, S.M. and Bluehardt, M. (2006), "Urban First Nations people with disabilities speak out", *Journal of Aboriginal Health*, Vol. 3 No. 1, pp. 34-43.
- Etikan, I., Musa, S.A. and Alkassim, R.S. (2016), "Comparison of convenience sampling and purposive sampling", *American Journal of Theoretical and Applied Statistics*, Vol. 5 No. 1, pp. 1-4, doi: [10.11648/j.ajtas.20160501.11](https://doi.org/10.11648/j.ajtas.20160501.11).
- Firestone, M., Smylie, J., Maracle, S., McKnight, C., Spiller, M. and O'Campo, P. (2015), "Mental health and substance use in an urban First Nations population in Hamilton, Ontario", *Canadian Journal of Public Health*, Vol. 6, pp. e375-e381.
- Garrick, R. (2017), *Nokiiwin's G'minoomaadozimin Initiative Aims at Enhancing Health and Safety beyond the Workplace*, Anishinabek News.ca, available at: <http://anishinabeknews.ca/2017/01/>

[25/nokiiwins-gminoomaadozimin-initiative-aims-at-enhancing-health-and-safety-beyond-the-workplace/](#).

- Gopalkrishnan, N. (2018), "Cultural diversity and mental health: considerations for policy and practice", *Front Public Health*, Vol. 6, p. 179.
- Hall, L., Dell, C.A., Fornssler, B., Hopkins, C., Mushquash, C. and Rowan, M. (2015), "Research as cultural renewal: applying two-eyed seeing in a research project about cultural interventions in First Nations addictions treatment", *International Indigenous Policy Journal*, Vol. 6 No. 2, pp. 1-15.
- Hango, D. and Moyser, M. (2018), *Insights on Canadian Society - Harassment in Canadian Workplaces*, Statistics Canada, December 17, available at: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2018001/article/54982-eng.htm>.
- Hart, S.M. (2010), "Self-regulation, corporate social responsibility, and the business case: do they work in achieving workplace equality and safety?", *Journal of Business Ethics*, Vol. 92, pp. 585-600.
- Hunter, B. (2014), "Indigenous employment and businesses: whose business is it to employ Indigenous workers?", *Centre for Aboriginal Economic Policy Research*, Vol. 95, pp. 1-21.
- Jasper, M. (1994), "Issues of phenomenology for researchers of nursing", *Journal of Advanced Nursing*, Vol. 1 No. 9, pp. 309-14.
- Kolahdooz, F., Nader, F., Kyoung, Y.J. and Sharma, S. (2015), "Understanding the social determinants of health among Indigenous Canadians: priorities for health promotion policies and actions", *Global Health Action*, Vol. 8 No. 1, p. 27968.
- Law Commission of Ontario (LCO) (2012), "Vulnerable workers and previous work: final Report", available at: <https://www.lco-cdo.org/en/our-current-projects/vulnerable-workers-and-precarius-work/vulnerable-workers-and-precarius-work-final-report-december-2012/ii-identifying-vulnerable-workers-and-precarius-work-2/>.
- McCaslin, W.D. and Boyer, Y. (2009), "First Nations communities at risk and in crisis: justice and security", *Journal of Aboriginal Health*, Vol. 5 No. 2, pp. 61-87, doi: [10.3138/ijih.v5i2.28983](https://doi.org/10.3138/ijih.v5i2.28983).
- McPherson, D.H. and Rabb, J.D. (2011), *Indian from the inside. Native American Philosophy and Cultural Renewal*, 2nd ed., McFarland & Company, Jefferson, North Carolina.
- Milne, E. (2015), *Renegotiating Family-School Relationships Among Indigenous Peoples in Southern Ontario*, UWSpace, available at: <http://hdl.handle.net/10012/9810>.
- Milne, E. (2016), "I have the worst fear of teachers': moments of inclusion and exclusion in family/school relationships among Indigenous families in Southern Ontario", *Canadian Review of Sociology*, Vol. 53 No. 3, pp. 270-289, doi: [10.1111/cars.12109](https://doi.org/10.1111/cars.12109).
- Morency, J., Caron-Malenfant, E., Coulombe, S. and Langlois, S. (2015), *Projections of the Aboriginal Populations and Households in Canada, 2011-2036*, Statistics Canada, Ottawa, ON, Table 91-552-X.
- Morgan, D. (1993), "Qualitative content analysis: a guide to paths not taken", *Qualitative Health Research*, Vol. 3 No. 1, pp. 112-21.
- Naslund, J.A., Aschbrenner, K.A., Marsch, L.A. and Bartels, S.J. (2016), "The future of mental health care: peer-to-peer support and social media", *Epidemiology and Psychiatric Sciences*, Vol. 25 No. 2, pp. 113-22.
- National Household Survey (NHS) (2011), *Aboriginal Peoples in Canada*, Statistics Canada, available at: <https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.cfm>.
- Nokiiwin Tribal Council (NTC) (2019), "Our journey away from lateral violence", available at: <https://www.nokiiwin.com/upload/documents/joint-gathering-2019/our-journey-away-from-lateral-violence.pdf>.
- Nokiiwin Tribal Council (NTC) (2021), "Our respectful community – zero tolerance policy", available at: <https://www.nokiiwin.com/article/zero-tolerance-policy-1186.asp>.

- Native Women's Association of Canada (NWAC) (2011), "Aboriginal lateral violence", *What is it? Aboriginal Lateral Violence*, available at: <https://www.nwac.ca/wp-content/uploads/2015/05/2011-Aboriginal-Lateral-Violence.pdf>.
- Organisation for Economic Cooperation and Development (OECD) (2018), "Indigenous labour market outcomes in Canada", *Indigenous Employment and Skills Strategies in Canada*, available at: <https://www.oecd-ilibrary.org/docserver/9789264300477-6en.pdf?expires=1593262414&id=id&accname=guest&checksum=4D330CD513381123B4B74BAEAE95DA8>.
- Ontario Human Rights Commission of Canada (OHRC) (n.d.), *By the Numbers: A Statistical Profile of People with Mental Health and Addiction Disabilities in Ontario*, 978-1-4606-6592-3, (PDF), available at: http://www.ohrc.on.ca/sites/default/files/By%20the%20numbers_Statistical%20profile%20of%20people%20with%20mental%20health%20and%20addiction%20disabilities%20in%20Ontario_accessible_5.pdf.
- Occupational Health and Safety Council of Ontario (OHSCO) (n.d.), "Developing workplace violence and harassment policies", *Workplace Violence Prevention Series*, available at: https://www.workplacesafetynorth.ca/sites/default/files/resources/Developing_Workplace_Violence_and_Harassment_Policies_Programs.pdf.
- O'Loughlin, R. (2021), *The Ontario Anti-bullying Framework and its Potential Impact on Indigenous Students in Northern Ontario. Doctoral Dissertation*, Carleton University, Ottawa, ON, forthcoming.
- Povey, J., Mills, PPJR, Dingwall, K.M., Lowell, A., Singer, J., Rotumah, D., Bennett-Levy, J. and Nagel, T. (2016), "Acceptability of mental health apps for aboriginal and torres strait islander Australians", *A Qualitative Study J Med Internet Res*, Vol. 18 No. 3, p. e65.
- Puszka, S., Dingwall, K.M., Sweet, M. and Nagel, T. (2016), "E-Mental health innovations for aboriginal and torres strait islander Australians: a qualitative study of implementation needs in health services", *JMIR Mental Health*, Vol. 3 No. 3, p. e43.
- Richardson, B.J. (2007), "Protecting Indigenous peoples through socially responsible investment", *Indigenous Law Journal*, Vol. 6 No. 1, pp. 205-234.
- Statistics Canada (n.d.), "Labour force characteristics by province, region and Aboriginal group", Table 14-10-0364-01, available at: <http://www150.statcan.gc.ca/t1/tb11/en/tv.action?pid=1410036401>.
- Sveticic, J., Milner, A. and De Leo, D. (2012), "Contacts with mental health services before suicide: a comparison of Indigenous with non-Indigenous Australians", *General Hospital Psychiatry*, Vol. 34 No. 2, pp. 185-91.
- Truth and Reconciliation Commission (TRC) (2015a), *Honouring the Truth, Reconciling for the Future*, National Centre for Truth and Reconciliation, available at: <http://nctr.ca/reports.php>.
- Truth and Reconciliation Commission (TRC) (2015b), *Calls to Action*, National Centre for Truth and Reconciliation, available at: http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf.
- Wexler, L.M. and Gone, J.P. (2012), "Culturally responsive suicide prevention in indigenous communities: unexamined assumptions and new possibilities", *American Journal of Public Health*, Vol. 102 No. 5, pp. 800-6.

Corresponding author

Robyn A. O'Loughlin can be contacted at: raolough@lakeheadu.ca

For instructions on how to order reprints of this article, please visit our website:

www.emeraldgrouppublishing.com/licensing/reprints.htm

Or contact us for further details: permissions@emeraldinsight.com