

Shades of Disparities: Addressing Mental Health Among Indigenous Veterans

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ABSTRACT

Research shows that because of the implementation of policies like residential schools, forced adoption, or disparities resulting from reservation life, there are discrepancies in health outcomes between Indigenous and non-Indigenous people. There could be other events that are not commonly addressed such as the 60s scoop and wars. In this article, we will explore the attitudes and burden of mental illnesses in Indigenous veterans. Although mental health has become a popular research topic, mental health among veterans has received little attention. To our knowledge Indigenous veterans have received the least attention, which is why our present study, will address mental health among this group.

This article is embedded with research papers sought while researching this topic. The search was conducted using Google Scholar. The search was completed in the month of March 2023. A review of the literature shows that veterans seem to suffer more from co-morbidities than the general population. There is also evidence that health inequities exist in the Indigenous populations.

(Keywords: veteran health, mental health, indigenous populations, meta-analysis)

INTRODUCTION

One of the authors of this article, remembered reading in a textbook that Indigenous people were involved in WWI. When this topic was introduced, the importance was not immediately evident, given that WWI was a long time ago. However, there are Indigenous veterans in our society that served their country but do not get recognized. Now that society is more aware of mental health,

we have seen growing intellectual curiosity about this particular group of people.

Research papers have documented the differences in disease outcomes between Indigenous and non-Indigenous people. Research papers have also given us a contrast between veterans and non-veterans. Veterans have higher levels of chronic conditions for which health behaviors may influence etiology and outcomes. For example, Veterans cope with twice the prevalence of diabetes and three times the prevalence of diagnosed cancer and ischemic heart disease compared to their civilian counterparts (Washington, *et al.*, 2017).

Furthermore, self-reported health status and behavioral indicators reveal discrepancies between Veterans and non-Veterans. For both male and female Veterans, compared to non-Veterans, reports suggest greater limitations with daily activities and physical and/or emotional distress (Hoerster, *et al.*, 2012; Lehavot, *et al.*, 2012). The participation of indigenous minority soldiers in combat is a neglected research area, although, recently, the challenging and complex needs of soldiers, who belong to these groups, are gaining recognition (McDonald, 2017; Whealin, Nelson, Kawasaki, and Mahoney, 2017).

We also determined that the prevalence of mental illnesses varies by the Indigenous population. Therefore, it may be difficult to measure the burden of mental illnesses. But we can be confident that the overall health status is lower (Valeggia and Snodgrass, 2015), and suicide rates are consistently two to five times higher (Hunter and Harvey, 2002). Despite the disproportionate need, Indigenous populations from countries like Canada, the USA, and Australia are more likely than the rest of society

to receive professional help for mental illness (McIntyre, *et al.*, 2017).

In Canada, Indigenous people who live on reserves may have difficulty accessing a doctor or a nurse, because many health practitioners are concentrated in major cities like Toronto.

METHODS

The following databases were searched as sources for this meta-analysis: Google Scholar, PUBMED, and JSTOR.

Search terms included but were not limited to the following: “Indigenous Veterans,” “Mental Health,” and “Attitudes.” Due to the lack of literature present, we could not just focus on the Indigenous people of Canada but also the United States and Australia.

Eligibility Criteria

Studies were limited to those published in English from the year 2000 and onwards. However, more weight was given to articles published from 2010 and onwards. There was no hard and fast restriction on inclusion criteria. We wanted the articles to mention that Indigenous veterans were part of the study sample. Initially, we wanted to explore the prevalence and risk factors of depression among Indigenous veterans, but searching for articles on this topic was unsuccessful. We simply changed the directory and examined what articles were published on anything based on mental health and Indigenous Veterans and discussed a general and overarching theme. However, we took extra note of the attitudes toward mental health and professional services.

Indigenous Populations

Indigenous people are a diverse population, given their many tribes and languages. In Canada, they used to be referred to as Aboriginal people. Most older articles will mention Aboriginals. Note: we are referring to the land's original people and their descendants. Canada recognizes three groups of Indigenous peoples: First Nations (who were once called Indians), Inuit, and Métis.

Mental Health

Mental health and mental illness are terms used interchangeably, but they are not to be confused as the same thing. In this article, when we mention mental health, we really mean mental illness. We are particularly interested in diagnosed conditions like post-traumatic stress disorder (PTSD), depression, and anxiety.

RESULTS

Themes

Theme #1: Colonialism- With an emphasis on the notion of intergenerational trauma, there are real health effects of social, political, and economic marginalization embodied within individuals, which can collectively affect entire communities (Czyzewski, 2011). Colonialism can also be enacted and reinforced within Indigenous mental health discourse, thus influencing scholarly and popular perceptions (Czyzewski, 2011). Addressing this distal determinant through policy work necessitates that improving Indigenous health is inherently related to improving these relationships (Czyzewski, 2011).

Ray and Abulwasi conducted a secondary analysis on homelessness among Indigenous Veterans in Canada revealed forced adoptions during the 1960s as a contributor to homelessness, along with physical and emotional abuse. This result can be generalized to our study, given that mental illness is very common in the homeless population.

Theme #2: Lack of Trust- Research suggests that trust is vital for quality healthcare and effective outcomes. Trust becomes necessary in conditions of vulnerability and uncertainty (Brown, *et al.*, 2009). These conditions may be especially relevant to the experience and treatment of mental illness (Brown, *et al.*, 2009).

Theme #3: The Need for Culturally Appropriate Services- Telehealth was a great initiative to reach out to populations that do not have easy access to a doctor. As we have seen previously, it is not only a lack of access to a doctor but a lack of trust. A drawback of telehealth, however, is that remote monitoring devices are programmed to reach a broad audience (Brooks, *et al.*, 2013). Consequently, the content may not be suitable for all patients—

especially those not part of the dominant culture (Brooks, *et al.*, 2013).

Other Key Findings

Other notable findings include age and education level. Beals et al observed that Indigenous veterans were younger and had no completed grade 12 education. This was significant at the univariable analysis. The multivariable analysis showed that loss of meaning, and control were significant factors for PTSD. The prevalence of PTSD was higher for Indigenous veteran than Caucasian veterans.

DISCUSSION

It seems like studies on homeless veterans have been well-documented, but because the authors did not have access to full texts, we were not able to determine if there could have been elements of mental health. One study stated, “while the minorities had combat-PTSD; were charged and convicted of domestic violence; were on supervised parole or probation; had juvenile records; were victims of domestic violence during rearing; had a perpetrator relative; had prior domestic violence treatment” (Schaffer, 2012).

Although limited research has been done on PTSD in Indigenous Veterans, the need is recognized. Veterans' healthcare programs will receive \$416 million over three to five years, including \$17.5 million for a Centre of Excellence for Post-Traumatic Stress Disorder (Sibbald and Eggertson, 2017).

In 2007 a study involved American Indian Veterans responding to a survey. While the survey could not establish a valid diagnosis for PTSD, some figures did emerge regarding symptomatology (Gross, 2007). For example, more than 81 percent experienced problems with alcohol, and 80 percent had problems with depression.

Other problems included sleep intrusion, flashbacks, and feelings of anger or rage (Gross, 2007). Of special note, though, is the help tribal ceremonies and healing practices afforded these veterans in overcoming some of their challenges (Gross, 2007). Of the number who believed they had resolved their problems, anywhere between 65 percent and 85 percent stated that they had

attended ceremonies, depending on the respective problem (Gross, 2007).

In the United States, they found that Vietnam era American Indians and Alaskan Native veterans (AI/AN) report depression numbers as high as 80% (Albright, *et al.*, 2021). With AI/AN, veterans face more difficulties being uninsured and accessing health care services than other veterans. AI/AN veterans report unfulfilled health care needs at four times the rate of veterans who identify as white (Albright., 2021). In this case we see that this population has tried reaching out to the healthcare system, but it is the health care system that is failing them. If a system is always failing you, will you trust it? This can be linked to one of our identified themes.

A study conducted by Forchuk, *et al.*, confirms that some studies involving veterans only include a small portion of Indigenous people. In their study they claimed that fewer than 10% of the sample identified as Indigenous. This has cultural implications because culturally specific experiences may differ for Indigenous Veterans experiencing homelessness.

Veterans who struggled with medical, mental health, or addiction-related issues felt invalidated if, and when, their issues were not tied to military service because this often meant they did not qualify for Veteran-specific supports through OSIC or VAC (Forchuk, *et al.*, 2022).

STRENGTHS, LIMITATIONS, AND FURTHER SCOPE

Although the authors did not write this article with direct interviews from Indigenous veterans nor sought guidance from them, this article responds to an issue that they face. This paper is a contribution towards a new direction in mental health research which is moving away from colonialism. Although we did not access the mental health differences between non-Indigenous and Indigenous veterans, we can be confident that there is a difference, given the experiences faced by the later. A researcher from any scientific discipline can learn from this article and expand on the concepts presented.

When we mentioned Indigenous veterans, the authors mainly intended to discuss those in Canada but most of the articles were based in Australia. We discarded articles published before

2000, because of concerns about the relevance of older studies to the current problems faced by Indigenous Veterans. Even though we used credible articles from the early 2000s, these are also relatively old and may not capture all the current knowledge that is known today. One major takeaway from the older articles shows that mental health is not a new research topic, and we may conclude that some of the research has taken a very long time to implement (if implemented). Also, it was not always possible to get full access to some articles because of unavailability. In this article, we did not compare Indigenous veterans to non-Indigenous veterans.

Further studies should also mention ways to overcome the barriers faced by indigenous veterans. The authors mostly address what challenges are present and that it requires patience to build that trust. Lastly, we did not mention strategies for building trust or how to collaborate with Indigenous communities. Therefore, the authors urge readers to examine collaborative action -based research.

RECOMMENDATION

When it comes to helping someone with their mental illness, mental health professionals need to start building trust instead of focusing on the science or theory behind the disease. Building trust takes patience. To make programs targeted at Indigenous veterans, they need to be involved. This is called collaborative research. There should also be knowledge translation plans with this kind of research. For example, on Remembrance Day, local radio stations mention Indigenous veterans' achievements; this will help them be seen and empowered.

If this is not already being implemented, international surveys (ex. Indigenous Peoples Survey) should prompt respondents to answer if they or parent/grandparents were veterans. This may allow researchers to do a proper analysis on the risks and prevalence for diseases like anxiety.

Lastly, we echo what was indicated in the 94 calls to action. There should be more Indigenous people working in healthcare and assure the retention of these workers in Indigenous communities, and health care professionals should be provided with training on cultural competency.

CONCLUSION

Whether an Indigenous person is a youth or an adult, and whether they have experienced living in Residential Schools or not, mental health is still a concern that can be generalized to the entire population. Mental health illnesses like PTSD can stem from traumatic events like a war. A literature review indicated that colonialism was the leading cause of mental illnesses and substance abuse among Indigenous veterans, not the wars. Traumatic events can also include the abuses that occurred in the residential schools.

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