Cultural Safety and Knowledge Sharing: Work on Mental Wellness at Inuit Tuttarvingat, NAHO

Inuit Tuttarvingat

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)

Knowledge Sharing and Inuit Cultural Safety

The term cultural safety has us ask what we need to understand about Aboriginal peoples' sense of danger or risk when they bring themselves to a place for screening, counselling or therapy. If there is a sense that one's values, language or ways of life are threatened or looked down upon, then we speak of the environment not being culturally safe.

In order to be effective, any act of knowledge sharing and counselling needs to happen in an environment perceived as safe. Quotations of Inuit Elders' statements can help create this sense of cultural safety for Inuit and therefore encourage sharing and learning.

Cultural safety

- is a concept applied in an Aboriginal context.
- is an outcome.
- is defined by those who receive the service.
- makes programs and services more effective.
- is based on respectful engagement that can help find paths to well-being.

Cultural safety goes beyond the three related concepts of :

Cultural awareness – the acknowledgement of difference.

Cultural sensitivity – the recognition of the importance of respecting difference, a term often associated with cross-cultural education or diversity training.

Cultural competence – describes the skills, knowledge and attitudes in practice.

Origin of concept: The concept 'cultural safety' arose from the colonial context of Indigenous peoples in New Zealand and the insistence that service delivery change profoundly. Prompted by Maori nurses, cultural safety became a requirement for nursing and midwifery courses in New Zealand in 1990.

Knowledge sharing

- is more than communications.
- makes knowledge available in meaningful ways.
- encourages researchers, policy makers, and service providers to work together.
- improves access to information.
- encourages participation in learning and decision making.

Some overlap exists in the use of the terms such as :

Knowledge translation – a "dynamic process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians." (Canadian Institutes of Health Research)

Knowledge transfer – is the bridge between knowing and doing, between research and the use of that research by those responsible for health-care policy and decision making.

Research dissemination – is part of the research process and aims at sharing research results in a meaningful way and increasing access to the research results.

Cultural Safety in Aboriginal Canada

In Canada, the concept of cultural safety is being discussed among health-care providers and academics working in an Aboriginal context and it has become part of teaching nurses and other health and human service workers.

In a guide for health-care administrators, providers, educators and researchers, among other things, NAHO describes approaches that help in educating the health-care workforce in cultural safety (1):

- recognizing the historical context within which the worker practices.
- recognizing diversity between Aboriginal Peoples (First Nations, Inuit, Métis).
- understanding health care worker-patient power relations.
- raising organizational awareness.

Another Canadian example is the formulation of five principles recommended to achieve cultural safety in health service delivery to First Nations in British Columbia (2). The principles identified are:

- personal knowledge (know who you are).
- cultural protocols.
- process.
- partnerships.
- positive purpose.

Applying the Cultural Safety Concepts to Inuit Mental Health Care Requires:

- believing that health is a holistic concept.
- knowing that Inuit ways of thinking and being are important to the restoration of Inuit health.
- recognizing that mental health is developed and is maintained through connectedness with family, community and the environment.
- understanding how history may influence experience.
- accepting that different healing processes exist for different people.
- establishing a connection between health-care professional and client, based on cultural safety.
- respecting each other's strengths and abilities in helping.

Resilience: Overcoming Challenges and Moving on Positively, 2008

- poster produced upon request by Inuit community health-care providers
- purpose is to provide positive messaging in an Inuit-specific context

What is Mental Illness?, 2006

- explains the types of mental illnesses, their causes and the possible treatment choices

Suicide Prevention: Inuit Traditional Practices that Encouraged Resilience and Coping, 2006

- summarizes results from focus groups with Inuit elders to understand historical resilience and coping methods used by Inuit in difficult times
- Inuit elders explain how certain behaviors are necessary to live a good life

"Tell them they are important. Let them know you care about them … Let them know they are safe and in a good place to let it out. Then really listen to them."
(Elder from Hopedale, Nunatsiavut)

"You have to praise any accomplishments …. That is what is going to lead him through life, what he hears about himself."
(Elder from Iqaluit, Nunavut)

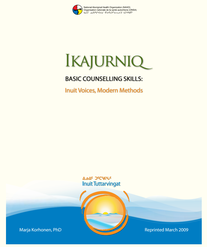
"Talk to each other when you are in crisis, which is like bad weather. When you talk to another about things, it starts to feel like good weather."
(Elder from Kangiqsualujjuaq, Nunavik)

"We cannot be surprised when hard times come to us. We have to know how to face problems and get through them."
(Elder from Tuktoyaktuk, Inuvialuit Settlement Region)

Citing Inuit Elders' Statements as a Means of Creating an Environment of Cultural Safety

We have used citations in particular in our work relating to mental wellness and have been encouraged to continue to use this technique to support the creation of:

- culturally safe environments.
- opportunities for knowledge exchange.
- safe learning environments.



Ikajurniq, Basic Counselling Skills: Inuit Voices, Modern Methods, 2006

- a manual for Inuit counsellors
- explains techniques of modern counselling
- explains Inuit traditional helping techniques by presenting Inuit voices
- describes Inuit helping values and beliefs and modern counselling as both sharing the goal to help and improve

Resilience: Overcoming Challenges and Moving on Positively, 2007

- shares knowledge about coping strategies
- presents Inuit traditional ways of coping
- explains research results and coping strategies coming from Western counselling models

Resilience: Coping with Life's Challenges, 2008

- explains resilience in plain language
- provides explanations on how to cope

Inuit Tuttarvingat of NAHO is dedicated to improving the physical, social, emotional and spiritual health of Inuit and their communities. Up until Fall 2008, Inuit Tuttarvingat was known as Ajunnginiq Centre.

© 2009

(1) **NAHO**, 2008, Cultural Competency and Safety: A Guide for Health Care Administrators, Providers and Educators. July 2008. www.naho.ca/publications/culturalCompetency.pdf
Lily Tsui, 2006, A Handbook on Knowledge Sharing: Strategies, Recommendations for Researchers, Policymakers, and Service Providers. Edmonton, Community-University Partnership.
(2) **Ball, Jessica**, Cultural Safety in Practice with Children, Families and Communities. University of Victoria. Early Childhood Development Intercultural Partnerships. www.ecdip.org/culturalsafety
Cultural Safety – Modules 1-3. University of Victoria. Web2.uvcs.uvic.ca/courses/csafety/mod1/index.htm
Smye, V. and A. Browne, 2002,'Cultural safety' and the analysis of health policy affecting Aboriginal people. Nurse Researcher 2002, 9 (3):42-56.

Inuit Tuttarvingat
inuit@naho.ca
1-877-602-4445