

Indigenous Land-Based Healing Programs in Canada:

A Scoping Review



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About this publication

Hotì ts'eeda is a research support centre for community members, organizations and researchers involved in Northwest Territories health and health research. It is funded by the Canadian Institutes of Health Research under their Strategy for Patient-Oriented Research. The organization is hosted by the Tłıchǫ Government and supported by a partnership of NWT governments and organizations. To learn more about Hotì ts'eeda, visit nwtspor.ca.

The NWT Recreation and Parks Association works with communities across the NWT to promote recreation by supporting leaders, communities, and partners through training, advocacy, and networking. To learn more about the NWT Recreation and Parks Association, visit nwtrpa.org

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Background

Colonization of the lands now known as Canada is widely acknowledged as the primary source of ill health among First Nations, Inuit and Métis peoples (1–6). Residential schools, reserves and other colonial systems undermined Indigenous peoples' abilities to live healthy lives by severing their ties with their cultures and ancestral lands (1) and disrupting the social foundations upon which their societies were built (3). Contemporary symptoms of colonization include inequitable systems that place Indigenous peoples in a position of disadvantage and reinforce cycles of trauma and poor health outcomes (5,7). Furthermore, a general failure among Canadian health and social services systems to recognize Indigenous knowledges, ways of knowing and cultures contributes to health policies and services that are culturally unsafe and do little to address Indigenous peoples' wholistic health needs (8).

The most appropriate mechanism and site of healing for Indigenous peoples are perhaps the lands from which they were forcibly displaced (9). Relationship with the land has forever been a core aspect of health and healing in Indigenous communities (10–12), and being on the land is therefore key to restoring one's connection with traditional health knowledge and ultimately finding means to heal (4,13,14). Yet there are very few published studies or even evaluations of land-based healing programs in Canada to inform our understanding of their design and implementation. This deficiency is even more conspicuous when considered in light of recognition by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) of the inherent right of Indigenous peoples worldwide to use their own medicine and health practices (15). This imperative is reinforced by the Truth and Reconciliation Commission (16), which called on Canada to collaborate with Indigenous healers and Elders to make such medicine and healing practices available to Indigenous clients.

Others still have called for health professionals to develop a basic understanding of the cultures and ways of knowing that underlie Indigenous health practices (17,18), which encompass land-based approaches to healing.

This paper presents the findings of a scoping review that aimed to determine and describe what is known in academic and grey literatures about Indigenous land-based healing programs in Canada. A scoping review was well-suited to this aim given the intent to map concepts in the literature and provide an overview of the range of current evidence and activities (19). Following established methodology (20), this review contributes to the evidence base for Indigenous land-based healing programs in Canada by synthesizing knowledge and pointing toward future directions in research.

The term 'Indigenous' is used throughout this paper to collectively refer to First Nations, Inuit and Métis peoples. This collective term acknowledges similarities in First Nations, Inuit and Métis experiences with colonization and facilitates ease of reading. It is not intended to deny the diversity in cultures, practices or histories among these peoples. On the contrary, this paper aims to support a conceptualization of Indigenous healing as an expression of the richly diverse knowledges, identities and values among First Nations, Inuit and Métis peoples (21,22). Wherever possible, the name according to which an individual or group self-identifies is used.

Methods

Study design

A scoping review was chosen to search for and review academic literature and other non-academic information sources in order to synthesize existing knowledge about the design and implementation of Indigenous land-based healing programs in Canada. The scoping review is a common method for reviewing literature on a given topic and demonstrating what is known or not known, helping to inform policy, practice and additional research (20). Designed according to methodology established by Arksey and O'Malley (20), the methods and findings of this scoping review are reported as per the PRISMA Extension for Scoping Reviews (PRISMA-ScR) (23). An academic health sciences librarian was consulted in the planning and development of the study design and search strategy.

Search strategy

The search strategy included an academic database search, search engine queries, targeted website review and reference tracking. Search terms included several combinations, variations and synonyms of 'Indigenous,' 'land-based,' 'healing' and 'Canada.' Terms such as 'wilderness therapy' or 'outdoor behavioural healthcare,' which appeared to be used primarily by non-Indigenous organizations and mostly returned examples of land-based programs that were not connected with an Indigenous worldview, were not included.

The initial academic search strategy was developed for Ovid MEDLINE® using a combination of title, abstract and subject headings in addition to text words and then translated for other academic databases. The full search equation for Ovid MEDLINE® is found in Appendix A. Final searches with no language or date limits were conducted between November 19-December 11, 2018 in Ovid MEDLINE®; PsycINFO; CINAHL Plus with Full Text; Embase Classic; Bibliography of Native North

Americans; Arctic Health Publications Database; and the University of Saskatchewan Indigenous Studies Portal (iPortal). Eight other academic databases or repositories were searched, but generated no eligible citations.

Online search engines used in this review were Google, Google Scholar and Duck Duck Go. Web browser cookies were cleared before beginning any searches. The review of search results continued up to five pages after last clicking on a relevant item. The websites of 70 Indigenous organizations, research centres, universities, news agencies and governments in Canada were also reviewed using a combination of Advanced Google, website search bars and browsing.

Eligibility criteria

This research sought to identify work based in empirical research, theory or actual practice that described Indigenous land-based healing programs in Canada. Citations had to fulfill the following criteria to be included in this study:

- Description of an actual land-based healing program(s) led by Indigenous peoples or organizations or discussion of Indigenous healing in connection with the land;
- Whether it is labelled using 'healing,' 'recovery,' 'mental wellness promotion' or other similar terms, healing is described as part of the program's mandate, design or outcomes;
- Inclusion of a Canadian setting(s); and
- Written in English or French.

Citations were excluded if they were dated before 2000, a date chosen on the basis of preliminary searches in Scopus that indicated articles related to 'Indigenous healing' increased in number after this year. This also served to limit the number of search results that pertained to healing programs no longer in operation.

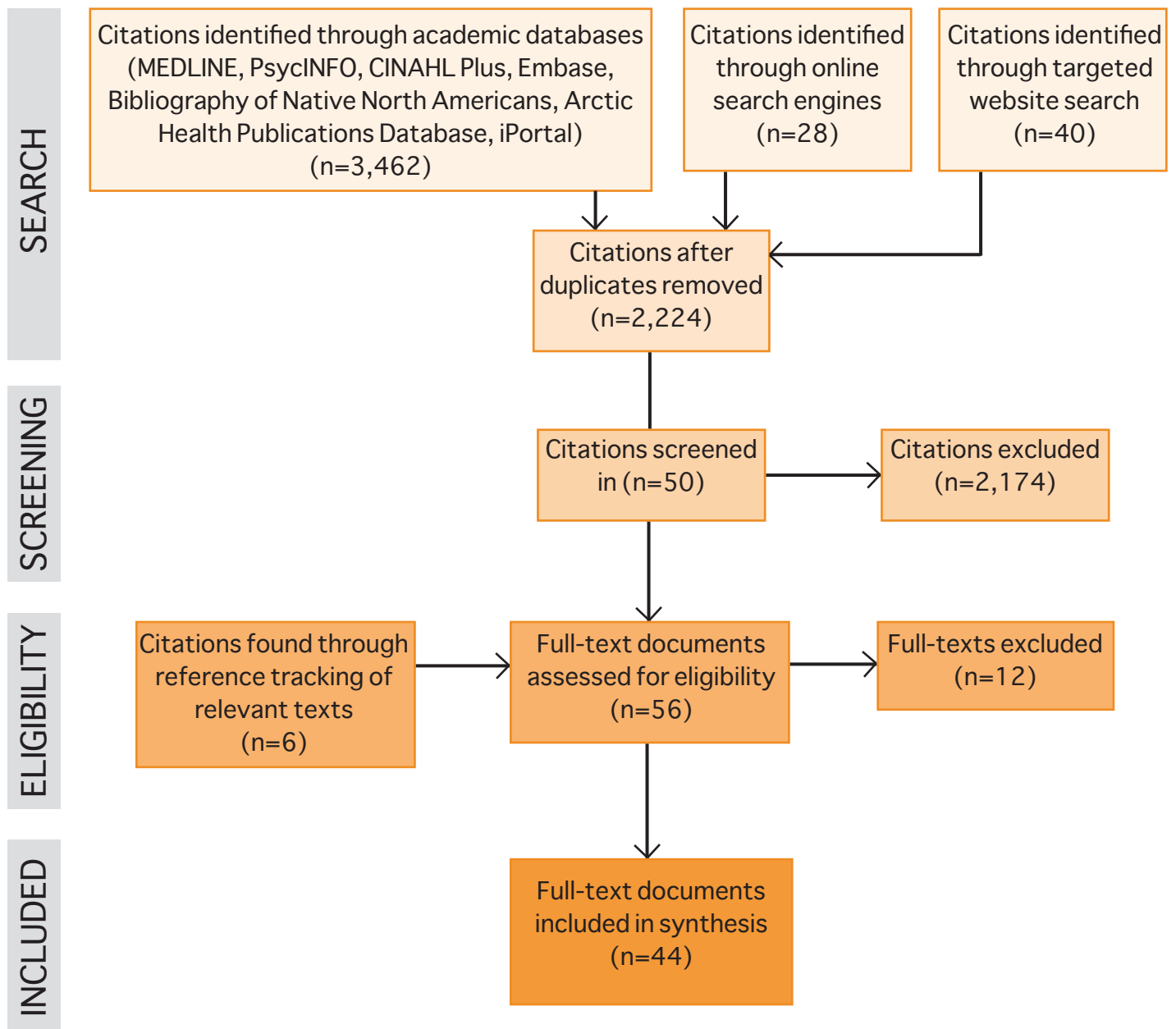
Study selection and data collation

Before screening began, the eligibility criteria

were pilot tested on a preselected list of 10 citations. A single reviewer reviewed all titles and abstracts. Where there was not enough or unclear information to exclude a citation, the citation was included for full-text review. In total, 50 citations were screened in for full-text review against the eligibility criteria. Six additional citations were included at this stage after reviewing the reference lists of all citations. This process is illustrated in Figure 1 below.

Using a chart in Excel, data were extracted with regard to numerous variables including article characteristics (e.g., geographic focus, funding source, document-type); definition of land-based healing; and program description (e.g., governance structure, delivery model, clients). For a summary of data abstraction for each specific Indigenous land-based healing program, see the table in Appendix C. Results were synthesized using frequencies and thematic analysis (24). Meta-analysis was not performed.

Figure 1: PRISMA flow chart



Results

Literature search

In total, 2,224 titles and abstracts and 56 full-text documents were assessed for eligibility. Of these, 44 fulfilled the eligibility criteria and were included in this review. The academic database search contributed 15 citations for full-text review. Google Scholar did not respond to the search terms. Google, however, contributed 15 documents that were included in full-text review. Duck Duck Go supplemented this output with three more. The targeted website search found 11 citations that were included in the review. The websites that contributed the greatest number of relevant items are included in Table 1.

Table 1: Top targeted websites (number of items generated)

Aboriginal Healing Foundation	ahf.ca
Cree Board of Health and Social Services of James Bay	creehealth.org
Kwanlin Dün First Nation	kwanlindun.com
Pauktuutit Inuit Women of Canada	pauktuutit.ca
Qaujigiartiit Health Research Centre	qhrc.ca
Thunderbird Partnership Foundation	thunderbirdpf.org

Characteristics of included documents

As shown in Table 2, most documents (73%) were published in the last decade. Six (14%) documents were undated. The majority of documents focused on the northernmost regions of Canada: 7 (16%) documents pertained to a single land-based healing program in Yukon; 4 (9%) pertained to various programs in Nunavut; 7 (16%) pertained to northern Canada generally; and 14 (32%) pertained to programs in the northern

regions of British Columbia, Ontario, Québec and Newfoundland and Labrador. Twelve (27%) documents focused on Canada more generally.

This review found written documentation of Indigenous land-based healing programs in Canada from academic and non-academic sources to be limited. General description of each document included in this review is provided in Appendix B. In summary, the documents included 18 (41%) reports or report summaries; eight (18%) journal articles; six (14%) PowerPoint presentation slide decks; five (11%) workshop guides or other manuals for land-based healing programming; three (7%) information sheets or booklets; two (5%) posters; one (2%) Master's thesis; and one (2%) video. Whereas half did not report their source of funding for document development, 13 (30%) indicated government funding and nine (20%) indicated funding from a non-profit organization. Notably, six of the nine acknowledged funding from the Aboriginal Healing Foundation (25–30). Among 22 (50%) documents that were specific to a prior or currently existing program, only four (9%) assessed or evaluated program outcomes or impact (27,31–33). The 22 (50%) documents that were not specific to a prior or currently existing program nonetheless enhanced understanding of specific programs as well as wise practices in land-based healing. These documents included 10 (23%) literature reviews or other knowledge syntheses; five (11%) workshop guides or other manuals; four (9%) articles or reports outlining research into program outcomes or impact; and three (7%) descriptive documents. See Appendix B for detail on each document.

Table 2: Document characteristics (n=44)

Year of publication	2000-2004	1	(2%)
	2005-2009	5	(11%)
	2010-2014	15	(34%)
	2015-2018	17	(39%)
Geographic focus	British Columbia	1	(2%)
	Newfoundland and Labrador	4	(9%)
	Nunavut	4	(9%)
	Ontario	6	(14%)
	Quebec	3	(7%)
	Yukon	7	(16%)
	Northern Canada	7	(16%)
	Canada	12	(27%)
Funding source	Government or government agency	13	(30%)
	Non-profit organization	9	(20%)
	Not reported	22	(50%)
Program focus	Specific to an actual program	22	(50%)
	Not specific to an actual program	22	(50%)
Document type	Report or report summary	18	(41%)
	Journal article	8	(18%)
	PowerPoint slide deck	6	(14%)
	Workshop guide or other manual	5	(11%)
	Information sheet or booklet	3	(7%)
	Poster	2	(5%)
	Master's thesis	1	(2%)
	Video	1	(2%)
Document purpose	Provide description	21	(48%)
	Synthesize knowledge/research	10	(23%)
	Assess or evaluate program outcomes or impact	8	(18%)
	Guide implementation of a program or workshop	5	(11%)

Definitions of land-based healing

Only four (9%) documents provided a definition for land-based healing (31,34–36). The most comprehensive definition, provided by Hanson (31) and cited by Redvers (34) states that a land-based healing program is:

“...a health or healing program or service that takes place in a non-urban, rural or remote location on a land base that has been intentionally spiritually cultivated to ensure the land is honoured and respected. The land is understood to be an active host and partner to the people engaged in the healing process. The cultivation of a land base under the stewardship of First Nation people is usually done through the development of an intimate spirit-based relationship through ceremony, offerings, expression of gratitude and requests for permission from the land to enter and use it for healing purposes.” (Hanson, 2012, p.2)

Redvers (J. Redvers, 2016, p.3) offered a similar definition of land-based healing as a “set of culturally-defined healing practices in a non-urban location” where “the land is a host and partner” to healing and the focus is on “renewing a person’s relationship and connection with the land.” She also indicated the possibility of integrating Western therapeutic methods into healing processes. Walsh et al (Walsh, Danto, & Sommerfeld, 2018, p.3) simply defined land-based healing as interventions that address the “essential connection” between Indigenous peoples and the land as part of their mental health and healing. Though his research focused on the meaning and processes of healing generally rather than land-based healing specifically, Waldram acknowledged the ambiguous meaning of ‘Indigenous healing,’ which he described as occurring through relationship with others (Waldram, 2008). Another document described healing as “when one person speaks

and another listens” (Justice Department, 2010, p.1). Additional authors supported the idea that the land facilitates connection given that being on the land is therapy in itself (39); a facilitator of intergenerational relationships (36); and brings people close to God (Mamakwa, Meshake, & Macfadden, 2015).

The term ‘healing’ was not always used to describe land-based interventions that contribute to wellbeing among Indigenous clients. Alternative descriptors included ‘mental health and wellness’ (32,41–45); ‘resilience promotion’ (46,47); ‘suicide prevention’ (36,47); and ‘recovery and personal growth’ (48). Rowan et al (49) discussed healing in terms of wholistic recovery from addictions.

Indigenous and Western healing frameworks

In describing the foundations of land-based healing, nine (20%) documents focused on programming entirely built upon local Indigenous knowledges and ways of life (43,44,46,50–55). Notably, one program was structured on mentoring relationships through which program clients received traditional teachings and skills from community volunteers (43,44,46).

By contrast, 14 (32%) documents described a number of specific frameworks founded on a blend of Indigenous and Western knowledges and evidence (27,29,31–33,40–42,56–61). Common to each framework was the integration of Western therapeutic techniques within Indigenous knowledges, ways and culture—not the other way around. For example, the Eight Ujarait (Rocks) Model, developed through literature reviews and community consultations in Nunavut, provides a foundation to bring Inuit and Western knowledges together while privileging Inuit culture (32). The Jackson Lake Land-based Healing Program in Kwanlin Dün First Nation (Yukon) has developed its own Building a Path to Wellness Model that is designed according to local knowledge and experience while aligning

with national guidelines for ethical healing in Indigenous communities, frameworks to address substance abuse, and mental health strategies (Kwanlin Dün First Nation, n.d., p.1). The Jackson Lake program also uses the Medicine Wheel as the basis for its program logic model and evaluations (33). Similarly, the First Nations Mental Wellness Continuum (40,58,60,61) and Indigenous Wellness Framework (41,42) hold Indigenous values, worldviews and culture at their centre and suggest the outcomes of healing and wellness are hope, belonging, meaning and purpose.

The remaining 21 (47%) documents did not specify a framework for healing.

Wise practices

Wise practices are defined as “locally-appropriate [emphasis added] actions, tools, principles or decisions that contribute significantly to the development of sustainable and equitable conditions” (Wesley-Esquimaux & Calliou, 2010, p.19). Wise practices—as opposed to best practices, which may or may not be replicable in other settings—are seen as reflective of the great diversity among Indigenous peoples and places and therefore more relevant in Indigenous settings (62,63). The documents considered here cited a variety of practices attributed to the effectiveness and overall success of land-based healing and are therefore considered wise practices in the context of this review. These wise practices are represented in Figure 2 below, listed according to the number of documents that cite them explicitly.

A foundation in Indigenous culture and spirit was cited as a wise practice in 26 (59%) documents. Elders were seen as having a prominent leadership role in creating this foundation, as cited by 20 (45%) documents. Indeed, one literature review suggested that input from Elders is necessary to tailor programs to local context and cultures (64). Due to the place-based nature of Indigenous healing practices, community direction and

ownership were also widely understood to be essential. Fourteen (32%) documents indicated that community-driven programs are better able to respond to local priorities and needs and take advantage of community strengths. In the least, as suggested by eight (18%) documents, consultation with the community during program development is recommended. In Chisasibi, Québec, the community supported the local land-based healing program by helping to identify health and social service needs, engage with clients and their families, identify a pool of local cultural resources, and strengthen aftercare (51,55).

Figure 2: Wise practices cited, by number of citing documents

Ground the program in culture and spirit	26
Give Elders leadership roles	20
Ensure cultural and personal safety	17
Blend mainstream and traditional approaches, privileging Indigenous ways	17
Have activities to build skills and facilitate experiential learning	17
Focus on fostering healthy relationships	17
Allow the community to drive and direct the program	14
Conduct program evaluation	12
Collaborate with families of clients	8
Develop partnerships across various service sectors	8
Offer traditional foods	8
Consult with community to develop the program	8

As mentioned in the previous section, a foundation in Indigenous culture and spirit does not necessarily preclude Western approaches. This is reflected in 17 (39%) documents that endorsed blending Indigenous and Western ways. For example, the Jackson Lake program in Kwanlin Dün First Nation is rooted in the land, traditional knowledge, spirituality and ceremony, but aims to balance these cultural elements with mainstream clinical practice. Visits by medical staff from the Kwanlin Dün First Nation health centre are considered a strength of the program because clients are able to access care for underlying health issues (39). In the same way, the Carrier Sekani Family Services land-based healing program in central-northern areas of British Columbia has formally adopted a two-eyed seeing approach, which refers to the valuing of both Indigenous and Western ways of knowing (65,66). Over 28 days, clients participate in traditional activities such as sweat lodge ceremonies or talking circles, but also have ongoing one-on-one sessions with an addictions counsellor or therapist.

Seventeen (39%) documents cited the creation of an environment that ensures cultural and personal safety of clients as a wise practice. Cultural safety refers to an environment where the Indigenous client feels respected and safe to be who they are, and the determination of cultural safety can be made only by the client (8,67). Personal safety refers to protection from danger or injury while out on the land and can be achieved by many logistical and risk management measures such as prohibiting drugs and alcohol, wilderness insurance, emergency communication and response systems, conflict resolution training and ensuring access to drinking water. Some programs have integrated safety measures with their activities to build skills and facilitate experiential learning, which is a wise practice cited by 17 (39%) documents. The Nishiiyuu land-based healing program in Whapmagoostui First Nation (Québec) has incorporated canoeing skills, water safety training and teachings from Elders

about weather forecasting as part of its three-day preparation training for program staff (52). Engagement and screening of incoming clients also contribute to personal safety by ensuring they are ready to commit to healing. Education, support and assessment are seen as necessary to ensure the client is mentally, emotionally and spiritually ready to enter the program and benefit from the program as much as possible (33,39,66). This is crucial not only for the individual client but for other clients, especially if it is a long program.

The development of healthy relationships was cited as a wise practice by 17 (39%) documents. The Aullak, Sangilivallianguinnatuk (Going Off, Growing Strong) youth program in Nunatsiavut (Newfoundland and Labrador) has found that youth relationships with 'harvester-mentors' builds community resilience and connection with culture while supporting cultural land-based activities (46). The Jackson Lake program has integrated days when the clients' families can visit camp, helping to build and rebuild relationships for sustained healing and aftercare. Furthermore, developing relationships and partnerships across various service sectors and with local Indigenous governing organizations was seen as a facilitator of local capacity building and cited as a wise practice by eight (18%) documents. For example, the Chisasibi program collaborates with local and regional health and justice service providers (55). Relationships across service sectors and the local community are likely to also assist in the provision of aftercare, cited as a wise practice by seven (16%) documents. After completing a land-based healing program, clients require support in the community to turn new healthy living patterns into habit. Aftercare is considered an essential way to ensure this support is in place, and has been found to reduce a client's risk of returning to harmful practices such as substance abuse (33). The Nishiiyuu land-based healing program in Whapmagoostui First Nation runs an aftercare program that includes paddle making, knife carving, counseling, peer support, healing circles

and sharing circles (52). Written, personalized aftercare plans for each client are also helpful to guide aftercare in a relevant and impactful way (31,33).

Another wise practice cited by 12 (27%) documents was program evaluation. Evaluation can be used as a tool to improve program design and implementation by identifying areas for improvement and areas of success. The evaluation of program outcomes can also support efforts to secure funding. However, there are very few frameworks to evaluate land-based healing programs. In the case of a women's camp at Jackson Lake, clients were interviewed on a weekly basis to gather data to indicate how the program made a difference in their lives in the short-term, and again in the months after the program ended to get a sense of longer-term impact (33). In a different example, the Shibogama land-based family healing program (Ontario) has drawn from a variety of sources for evaluation data, including observation, video, photo collages made by client families, and family trees and histories painted by clients (Mamakwa et al., 2016). The Aullak Sangillivalianginnatuk (Going Off, Growing Strong) program recognizes evaluation as a core component of the program. Its evaluation team includes program team members, harvesters, community members and university researchers. In 2012, a postdoctoral fellow lived in Nain for 10 months to support discussions about the documentation and evaluation of the program (44). Other programs have also used university researchers to help document their work. Project George in Moose Cree First Nation (Ontario) recently collaborated with researchers to study the components of land-based interventions, key challenges, and steps in transferring knowledge (36). In 2011, Carrier Sekani Family Services became involved in a national research project that aimed to gather evidence to support the idea that reconnecting clients with culture on the land was effective to help recovery from addictions (66).

Characteristics of specific programs

The 22 (50%) documents that were specific to a prior or currently existing land-based healing program permitted a deeper understanding of the features of 11 programs located across Canada: three in Nunavut; two each in Québec, Newfoundland and Labrador and Ontario; and one each in Yukon and British Columbia. Target clients varied across programs, with four programs serving youth only (32,36,44,46,50); one serving families (58); one serving adults only (52); and another serving only men aged 18-30 (51,55). Three programs were described as serving all demographics (27,29,57), although the Jackson Lake program offers gender-specific programming (31,33). One program did not specify target clientele (66).

Six programs take place over one to four weeks either at a land-based camp (31,33,36,55,58,66) or journeying on the land (52). By contrast, the other five programs are only partially land-based and instead integrate land-based activities within a program held either at a residential facility (50) or through other community-based initiatives (27,29,32,44-46). All programs were described as driven and directed by Indigenous community leadership, Elders and volunteers, except two: while the Nutshimit Program at the Charles J. Andrew Treatment Centre (Newfoundland and Labrador) is governed by a board of directors representing Innu, Nunatsiavut and the Atlantic Policy Congress (50), the curriculum of the Makimautiksat Youth Camp (Nunavut) was developed by the Qaujigiartiit Health Research Centre, which provides training to new facilitators in communities that wish to hold the camp (32).

Six programs clearly described a blend of Indigenous and Western approaches to healing, integrating trauma-informed counselling and other mental health treatments with practices such as healing circles, storytelling, spiritual ceremony and other Indigenous forms of therapy (27,29,31,33,38,40,50,56-58,66,68,69).

Descriptions of the other five programs focused on traditional and cultural teachings and practices or simply being on the land (32,36,44,44,46,48,51,52,55).

With regard to program team composition, all programs recognize the importance of participation by Elders and other knowledge keepers (e.g., Mamakwa et al., 2016; Plaskett & Stewart, 2010). Documents pertaining to three programs (i.e. the Nutshimit Program at the Charles J. Andrew Treatment Centre, the Carrier Sekani Family Services program and the Jackson Lake program) described a combination of Indigenous- and Western-trained staff (33,50,66), though Plaskett and Stewart (33) acknowledged that clients may more easily engage with healers that resemble themselves. The program run by Carrier Sekani Family Services does not attempt to hire only First Nations staff but does require all staff to understand local First Nations worldviews and actively participate in cultural activities (66). At Jackson Lake, the program team includes a First Nations lead to coordinate First Nations healing practices; a clinical lead to coordinate mainstream healing practices; a land-based cultural program coordinator; community outreach workers; camp

attendants; and cooks (57). Common roles across all programs are listed in Table 3 (opposite).

Of the 11 programs nine cited having to pool funding from various sources. Five of these programs (programs at Carrier Sekani Family Services, Chisasibi, Jackson Lake, Shibogama First Nation and Project George) receive funds from Indigenous and/or Canadian governments (36,51,57,58,66). Project George, run entirely by community volunteers under the guidance of Elders, is in fact primarily funded through fundraised donations (36). The Makimautiksat Youth Camp appears to operate according to a different model whereby communities that wish to hold a camp contract the Qaujigiartiit Health Research Centre to train facilitators. There is little publicly available information about the costs of land-based healing programs. A sole analysis by Radu (2018) determined that the average cost per client for an eight-week land-based program is \$9,200. This figure does not include start-up costs of equipment (estimated at \$500,000) or participant travel costs. The cost of a three-week program at Chisasibi with five staff and seven clients is estimated at \$20,000, including gas, food, Elder honoraria and other small contract payments.

Table 3: Example roles within a land-based healing program

Role	Brief Description
Aftercare coordinator	<ul style="list-style-type: none"> • Help clients develop aftercare plans • Liaise with support resources in community • Connect clients with community support • Follow-up with clients after program completion
Camp helpers	<ul style="list-style-type: none"> • Complete daily camp tasks such as collecting firewood or cleaning
Clinical counselor	<ul style="list-style-type: none"> • Lead clinical healing practices • Connect client with other health-care professionals as needed
Community outreach workers	<ul style="list-style-type: none"> • Liaise with community agencies to promote program and identify clients
Cook and cook assistants	<ul style="list-style-type: none"> • Plan and prepare meals
Cultural worker	<ul style="list-style-type: none"> • Collaborate with Elders to implement cultural activities
Elders	<ul style="list-style-type: none"> • Lead program content and strategy • Design traditional healing plans • Provide wholistic counseling • Share traditional knowledge • Advise program coordinator
Healer/cultural counselor	<ul style="list-style-type: none"> • Lead traditional healing practices • Support client healing processes • Support client personal growth
Intake coordinator	<ul style="list-style-type: none"> • Oversee client referrals, assessment, and intake • Conduct client entry interviews • Support potential clients to become ready for the program
Night staff	<ul style="list-style-type: none"> • Ensure camp security at night
Office manager	<ul style="list-style-type: none"> • Process program registration • Data entry • Support program coordinator with other administrative tasks
Program coordinator	<ul style="list-style-type: none"> • Oversee organization and implementation of the program • Recruit and manage team • Facilitate orientation and debriefing sessions

Discussion

This study set out to determine and describe what is known about Indigenous land-based healing programs in Canada. Rather than an exhaustive account of knowledge about land-based healing, this paper provides a summary of what knowledge is available in writing—in Canada only. The objective was to capture the greatest possible breadth and depth of written knowledge, regardless of document type and without assessment of document quality, which is not included in scoping review methodology (20). Due to the limited availability of written documentation, this review extended beyond journal articles and reports to include PowerPoint presentation slide decks, posters, video and other types of documentation publicly available online. Even so, it appears that land-based healing is poorly documented, one possible reason being that knowledge about Indigenous healing remains held in Indigenous worldviews, language and oral-based traditions. Furthermore, the documents included in this review are primarily focused on northern regions of Canada, which raises questions about the environments that are most conducive to implementing—or perhaps simply documenting—land-based healing programs. As shown in this review, programs vary according to their local contexts. Building on this review, consultation with Indigenous Elders, communities and land-based healing program managers would be invaluable to contextualize and interpret the results from local Indigenous perspectives. Respectful dialogue, privileging Indigenous voice, would also help to address any biases potentially present in this review as a result of the author's non-Indigenous Settler Canadian status.

While there are studies that relate to healing in Indigenous communities and others that relate to land-based programs, less attention is paid in the literatures to examining land-based healing as a single (albeit multidimensional) construct. Among the definitions of land-based healing presented

above, key shared components include spiritual practice, healing as a process, and relationship with the land as both host and partner to healing (Hanson, 2012; Health and Social Development Department, 2013; Mamakwa, Meshake, & Macfadden, 2015; Redvers, 2016b; Waldram, 2008). Redvers (2016a) similarly proposed that a land-based healing program is defined by three main elements: Indigenous healing practices; health and wellness teachings connected to the land; and recognition of the land as necessary for personal and intergenerational healing. Definitions aside, the documents in this review collectively point to the need for Indigenous values, worldviews and healing practices at the heart of land-based healing programming. The Chisasibi Land-based Healing Program, for example, has adopted a culture-based model wherein liyiyiu (Cree) methods, teachings, and perspectives form the program's core principles (55). Such a strong foundation in culture and spirit seems a standard wise practice, even where programs or frameworks reflect a blend of Indigenous and Western knowledges and evidence (32,40–42,57,58,60,61). Nonetheless, a dearth of formal research or evaluation, combined with the place-based nature of wise practices and healing itself, make the comparative analysis of programs in diverse settings challenging.

Moreover, healing remains a term that is challenging to define from a Western academic perspective. Western definitions of healing may not always match definitions held within Indigenous communities. Whereas Western science tends to view healing from a clinical, biological perspective oriented toward the individual, Indigenous peoples tend to view healing from a collective perspective oriented toward repairing social relationships (Waldram, 2008). The Royal Commission on Aboriginal Peoples acknowledged this divergence, describing healing as “practices designed to promote mental, physical and spiritual well-being that are based on beliefs which go back to the time before the spread of western, ‘scientific’ bio-

medicine” (Dussault & Erasmus, 1996, p.325). It has also been described as a continuous process (33,71), transformative not only in the biomedical sense, but also in terms of individual or community empowerment (72) and applying new life skills (3). Furthermore, the biomedical perspective may be less inclined to recognize the systemic social suffering that is at the source of what Indigenous peoples are healing from (Adelson, 2001; Adelson, 2000; Irlbacher-Fox, 2009; Waldram, 2014). Caused by the systemic oppression of colonization, social suffering may manifest in innumerable ways including poverty, addictions and violence in addition to general poor physical health (Adelson, 2009; Irlbacher-Fox, 2009). The antecedents, practices and outcomes of healing are thus heavily influenced by a complex web of social and political determinants (75), a greater understanding of which could be attained through further research.

A poor understanding of healing, combined with a tendency in Western science to focus on illness instead of strength, may play a part in the varied terms used to describe healing programs in the literature, such as ‘suicide prevention’ or ‘recovery from addictions.’ There is also the question of whether a program is a ‘healing program’ or just a ‘land-based program.’ Although the term ‘healing’ may never be used to describe a land-based program, many may still lead to healing. The Makimautiksat Youth Camp in Nunavut is one example. This program is founded on Inuit knowledge and traditions to foster physical, mental, emotional and spiritual wellness among youth, and includes on-the-land components delivered by Elders and other knowledge keepers. It is not described as a healing program even though participants have reported feeling happier, more energetic, and less sad (32). Another example is the Aullak, Sangilivallianguinnatuk (Going Off, Growing Strong) program in Nain, Nunatsiavut, a grassroots initiative operated out of the Nain community freezer housed in the Nain Research Centre. This youth outreach program takes Inuit

youth onto the land but does not describe itself as a healing program. Even so, the program was launched in response to a cluster of school-aged male suicides in 2011 and has contributed to what can arguably be described as healing, reflected in a reduction in suicide rates among school-aged males and the Nain population in general (46).

Whether or not the term ‘healing’ is used, being on the land is central to Indigenous peoples’ healing. Redvers (2016) found that land-based programs led to positive mental, physical, emotional and spiritual outcomes, regardless of program objectives. For example, residents of Clyde River, Nunavut, report feeling safer and more open to talking about their challenges when out on the land (76). In Ontario, the Shibogama Health Authority in Sioux Lookout has structured its family healing program around the ‘stimulating our senses model,’ which encourages people to reflect on their five senses while on the land and replace negative memories with positive ones, bringing about “feelings of wellness and change” (Mamakwa et al., 2016, p.15). In the words of Radu (2018, p.4), “healing with the land is a practice and knowledge system that is common to Indigenous peoples everywhere.”

What varies is how healing with the land may be approached via a formal program. Indigenous land-based healing programs in Canada have adopted numerous different models of delivery. Whereas many programs are held entirely on the land (e.g., Jackson Lake), others may integrate land-based activities within the context of a treatment facility or organization that is off the land. In these cases, land-based healing is considered one aspect of a broader initiative or service. For example, the Charles J. Andrew Youth Treatment Centre, a residential facility, runs the Nutshimit Program to help youth develop self-esteem and Indigenous identity while learning life skills on the land (50). The Makimautiksat Youth Camp is based on an eight-module curriculum primarily implemented in community centres or schools, with a two- to three-day on-the-land component (32). Indeed,

the sustained length of time on the land also varies by program, from a few days at a time (e.g., the Makimautiksat Youth Camp and Aullak Sangilivalliinginnatuk) to a few weeks (e.g., the Jackson Lake and Carrier Sekani Family Services programs). Many informants to a Yukon report on land-based healing programs suggested three months would be ideal (39), though there appears to be no consensus (or serious exploration) in the literature regarding requisite lengths of time spent on the land. It may be that time spent on the land may simply be a function of funding. For example, the Shibogama land-based family healing program has had to adapt the length of its summer healing camps according to available funding; unlike the first 21-day camp in 2013, the eight-day camp in 2015 was seen by participants, resource workers and Elders as too short (Mamakwa et al., 2016). Regardless of time spent on the land, a program structure that permits flexibility to adapt to client and community strengths and needs appears to be important. The relatively well-established and well-documented program at Jackson Lake is structured over four weeks, with a different theme each week (i.e., finding a sense of place, setting goals, facing fears and developing aftercare plans). In Chisasibi, the land-based healing program is described as having a basic daily structure of lectures, group discussions and bush activity at the same time as flexibility to adapt to the “natural rhythm of life in the bush” and new circumstances as they arise (Radu, House, & Pashagumskum, 2014, p.90). By contrast, Project George, an all-season camp established in 2009 to address youth suicides in Moose Factory and the Moosonee area of Ontario, does not focus on structured learning. The purpose of Project George was clearly described by the program’s namesake, the late Elder George E. Echum: “nothing fancy, just take them out” (48).

Evidently, this is where fostering healthy relationships—with oneself, other individuals, the land and ancestors—comes in. Despite their place-based nature, healing practices and

traditions among different Indigenous groups are similar in their orientation toward communal approaches to helping one another heal (77). In fact, decolonization has been described as a movement from individual to social wellness and a shared sense of belonging and empowerment (11,77). In other words, mending relationships is central to healing, which also presents an entry toward decolonization through empowerment of individuals and communities to engage in political resistance and transformation (55). Human relationships have an added benefit of transmitting cultural understanding and skills through intergenerational connections between program clients and mentors. Interorganizational relationships also strengthen land-based healing programs. The program that nurtures partnerships across various service sectors and with local Indigenous governing organizations will identify more support resources and points of referral in the community. As demonstrated by the Chisasibi program, health and social services agencies, as well as the justice department or community justice committees, can play important roles in identifying and referring clients to land-based healing programs. Relationships with individuals and organizations throughout the community also support the provision of aftercare.

Indigenous land-based healing programs in Canada are thus founded in culture, spirit and relationships. Intimately tied to their local geography and peoples, programs are different depending on where they are and who leads them. Comparison and generalization across programs and locations is challenging on account of this diversity—which may well be a reason for the relative scarcity of research and evaluations—and there is also the added challenge of devising tools to measure abstract concepts such as healing and relationships in a way that honours Indigenous knowledges and ways of knowing. However, instead of insurmountable obstacles we must conceive of these challenges as calls to engage and act. The documents included in this scoping review

clearly suggest that land-based healing programs can contribute in crucial ways to individual and community health as well as decolonization, and therefore merit a more robust evidence base that blends Indigenous and Western knowledges. The alternative to this is continued privileging of mainstream knowledge over Indigenous healing practices and traditions, an imposition that amounts to systemic and epistemic racism (8). This scoping review adds to the evidence base for Indigenous land-based healing programs in Canada by summarizing what is known in academic and grey literatures and positioning this knowledge in the greater context of healing and decolonization. Yet there is much that remains unknown. More research is needed to understand healing and its various dimensions, including connections with the land and sociopolitical relations; healing practices; and outcomes of healing. Program evaluations and research could contribute to the design of two-eyed seeing knowledge frameworks that support the implementation and evaluation of programs in a way that privileges Indigenous methodologies. Even in the absence of formal research or evaluation, better documentation of programs and their components would assist in sharing and spreading wise practices. Documents such as information sheets or brochures could also be used to enhance awareness across communities, organizations and sectors of the modalities and positive outcomes of land-based healing programs and increase the likelihood of one day obtaining core funding. Looking beyond the narrow scope of biomedicine to include the knowledges long-held in Indigenous practices and ceremonies—and supporting ways to restore access to these practices and ceremonies by those previously dispossessed of them—would be a worthwhile goal of any health and social services organization.

Conclusion

There is relatively little in the realms of academia and practice that is written about Indigenous land-based healing programs, but this does not mean there is little known. Indigenous land-based healing programs in Canada are founded in diverse cultures, spirit and relationships that hold deep knowledge about Indigenous healing. Valuing, listening and learning from this knowledge will be necessary for Canadian health and social services systems to tailor strengths-based, culturally safe interventions to contribute to breaking cycles of trauma and poor health. Moreover, targeted funding for land-based healing led by Indigenous Elders, knowledge keepers and organizations is needed not only for program sustainability, but also for research, evaluation and progressive improvement of programs. Such support would align with the imperatives put forward by UNDRIP and the Truth and Reconciliation Commission and be considered a vital act of decolonization and reconciliation in Canada.

References

1. Alfred GT. Colonialism and State Dependency. *J Aborig Health*. 2009 Nov;5(1-3):42-60.
2. Czyzewski K. Colonialism as a Broader Social Determinant of Health. *Int Indig Policy J*. 2011;2(1).
3. Fiske J-A. Making the Intangible Manifest: Healing Practices of the Qul-Aun Trauma Program. In: Waldram JB, editor. *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ottawa, ON: Aboriginal Healing Foundation; 2008. p. 31-91.
4. Kelm M-E. *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50*. Vancouver, BC: UBC press; 1998.
5. McGibbon EA. *Oppression: A Social Determinant of Health*. Winnipeg, MB: Fernwood Publishing; 2012.
6. Reading C, Wien F. *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. Prince George, BC: National Collaborating Centre for Aboriginal Health; 2009.
7. Irlbacher-Fox S. *Finding Dahshaa: Self-government, Social Suffering, and Aboriginal Policy in Canada*. Vancouver, BC: UBC Press; 2009.
8. Matthews R. The cultural erosion of Indigenous people in health care. *CMAJ Can Med Assoc J*. 2017;189(2):E78.
9. Simpson LB. Land as pedagogy: Nishnaabeg intelligence and rebellious transformation. *Decolonization Indig Educ Soc*. 2014;3(3).
10. Adelson N. "Being Alive Well": Health and the Politics of Cree Well-being. Toronto, ON: University of Toronto Press; 2000.
11. Kirmayer LJ. The cultural diversity of healing: meaning, metaphor and mechanism. *Br Med Bull*. 2004;69(1):33-48.
12. Kirmayer LJ, Fletcher C, Watt R. Locating the Ecocentric Self: Inuit Concepts of Mental Health and Illness. In: Kirmayer LJ, Valaskakis GG, editors. *Healing Traditions: the Mental Health of Aboriginal Peoples in Canada*. Vancouver, BC: University of British Columbia Press; 2009. p. 289-314.
13. Stewart S. Indigenous helping and healing in counselor training. *Cent Native Policy Res Monit*. 2007;2(1):53-65.
14. Stewart SL. Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *Int J Health Promot Educ*. 2008;46(2):49-56.
15. United Nations Declaration on the Rights of Indigenous Peoples: Resolution Adopted by General Assembly [Internet]. UN General Assembly; 2007 Oct. Available from: http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf
16. Truth and Reconciliation Commission of Canada. *Calls to Action*. Winnipeg, MB: Truth and Reconciliation Commission of Canada; 2015.
17. Allan B, Smylie J. *First Peoples, Second Class Treatment: The role of racism in the health and well-being of Indigenous peoples in Canada* [Internet]. Toronto, ON: Wellesley Institute; 2015. Available from: <http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf>
18. Struthers R, Eschiti VS, Patchell B. Traditional indigenous healing: Part I. *Complement Ther Nurs Midwifery*. 2004;10(3):141-9.
19. The Joanna Briggs Institute. *The Joanna Briggs Institute Reviewers' Manual: 2015 edition/supplement*. Adelaide, AU: The Joanna Briggs Institute; 2015.
20. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol*. 2005;8(1):19-32.
21. Adelson N. Towards a Recuperation of Souls and Bodies: Community Healing and the Complex Interplay of Faith and History. In: Kirmayer LJ, Valaskakis GG, editors. *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Vancouver, BC: University of British Columbia Press; 2009. p. 272-88.
22. National Aboriginal Health Organization (NAHO). *An Overview of Traditional Knowledge and Medicine And Public Health in Canada* [Internet]. National Aboriginal Health Organization; 2008. Available from: https://www.hhr-rhs.ca/index.php?option=com_mtree&task=att_download&link_id=7878&cf_id=68
23. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*. 2018;169(7):467-73.
24. Patton MQ. *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage Publications, Inc.; 2002.
25. Aboriginal Healing Foundation. *A Healing Journey: Final Report Summary Points*. Ottawa, ON: Aboriginal Healing Foundation; 2006.
26. Anarqaq M. *The Iceberg Healing Manual*. Panginirtung, NU: Author; 2010.
27. Barlow K. *Case Study Report: Healing and Harmony in Our Families*. Cape Dorset, NU: Aboriginal Healing Foundation; 2002.
28. Castellano MB. *Final Report of the Aboriginal Healing Foundation Volume 1: A Healing Journey: Reclaiming Wellness* [Internet]. Ottawa, ON: Aboriginal Healing Foundation; 2006. Available from: <http://www.ahf.ca/downloads/final-report-vol-1.pdf>

29. Fletcher C, Denham A. Moving Towards Healing: A Nunavut Case Study. In: Waldram JB, editor. *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ottawa, ON: Aboriginal Healing Foundation; 2008. p. 93–129.
30. Waldram JB, editor. *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ottawa, ON: Aboriginal Healing Foundation; 2008.
31. Hanson G. Strong Women's Voices: Building a Path To Wellness Final Report [Internet]. Whitehorse, YT: Kwanlin Dün First Nation; 2012. Available from: <http://www.kwanlindun.com/images/uploads/KDFN%20Building%20a%20Path%20to%20Wellness%20-%20Evaluation%20Final%20Report%202012.pdf>
32. Mearns C, Healey GK. Makimautiksats Youth Camp: Program Evaluation 2010-2015. Iqaluit, NU: Qaujigiartiit Health Research Centre; 2015.
33. Plaskett R, Stewart B. Caring for the Circle Within: Jackson Lake Land-based Healing Program Program Overview & Evaluation Report [Internet]. Whitehorse, YT: The Psychology Centre; 2010 Oct. Available from: <http://www.kwanlindun.com/images/uploads/KDFN%20Caring%20for%20the%20Circle%20Within-Evaluation%20report%202010.pdf>
34. Redvers J. Land-based Practice for Indigenous Health and Wellness in Yukon, Nunavut, and the Northwest Territories [Internet]. [Calgary, AB]: University of Calgary; 2016. Available from: <https://prism.ucalgary.ca/handle/11023/2996>
35. Redvers J. Study: Land-based Practice for Indigenous Health and Wellness in the Northwest Territories, Yukon, and Nunavut. Plain Language Research Summary and Recommendations. Whitehorse, YT: Author; 2016.
36. Walsh R, Danto D, Sommerfeld J. Land-Based Intervention: a Qualitative Study of the Knowledge and Practices Associated with One Approach to Mental Health in a Cree Community. *Int J Ment Health Addict*. 2018 Oct 4;1–15.
37. Waldram J. The Models and Metaphors of Healing. In: Waldram J, editor. *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ottawa, ON: Aboriginal Healing Foundation; 2008. p. 1–8.
38. Justice Department. *Caring for the Circle Within: Jackson Lake Land-based Healing Camps 2010*. Whitehorse, YT: Kwanlin Dün First Nation; 2010.
39. Health and Social Development Department. *Land Based Treatment Programs: Promising Practices, Key Considerations, and Ideas for Action* [Internet]. Whitehorse, YT: Council of Yukon First Nations; 2013. Available from: [http://www.kwanlindun.com/images/uploads/CYFN%20Report%20-%20Land%20Based%20Treatment%20Programs%20-%20Practices,%20Considerations%20&%20Ideas%20\(2013\).pdf](http://www.kwanlindun.com/images/uploads/CYFN%20Report%20-%20Land%20Based%20Treatment%20Programs%20-%20Practices,%20Considerations%20&%20Ideas%20(2013).pdf)
40. Mamakwa S, Meshake H, Macfadden L. *Shibogama Traditional Land Based Family Healing Program* [PowerPoint presentation] [Internet]. 2015. Available from: <https://thunderbirdpf.org/wellness-on-the-land/>
41. Dell CA, Dell D, Dumont J, Fornssler B, Hall L, Hopkins C. *Connecting with Culture: Growing our Wellness. Activity Guide*. Saskatoon, SK: University of Saskatchewan, Research Chair in Substance Abuse; 2015.
42. Dell CA, Dell D, Dumont J, Fornssler B, Hall L, Hopkins C. *Connecting with Culture: Growing our Wellness. Facilitators' Handbook*. Saskatoon, SK: University of Saskatchewan, Research Chair in Substance Abuse; 2015.
43. Healey G, Cherba M, Tabish T. *Pathways to Mental Wellness for Indigenous Boys and Men: Community-led and land-based programs in the Canadian North, Movember Project Report*. Iqaluit, NU: Qaujigiartiit Health Research Centre; 2018 Jun.
44. Hirsch R, Furgal C, Hackett C, Sheldon T, Bell T, Angnatok D, et al. *Going Off, Growing Strong: A program to enhance individual youth and community resilience in the face of change in Nain, Nunatsiavut*. *Études/Inuit/Studies*. 2016;40(1):63–84.
45. Nain Research Centre, Nunatsiavut Government, Sustainable Communities Initiative, ArcticNet, Newfoundland and Labrador. *Aullak, Sangilivallianguinnatuk (Going Off, Growing Strong) "Going off" on the land helps Inuit youth improve mental health* [Poster] [Internet]. Available from: http://www.idees-ideas.ca/sites/default/files/rir_poster_mun_e.pdf
46. Hackett C, Furgal C, Angnatok D, Sheldon T, Karpik S, Baikie D, et al. *Going Off, growing strong: Building resilience of Indigenous youth*. *Can J Commun Ment Health*. 2016;35(2):79–82.
47. Sustainable Development Working Group. *Sharing Hope: Circumpolar Perspectives on Promising Practices for Promoting Mental Wellness and Resilience* [Internet]. Iqaluit, NU: Arctic Council; Available from: <https://oaarchive.arctic-council.org/handle/11374/411>
48. Moose Cree First Nation. *Project George: Reconnecting with the Land* [Information booklet] [Internet]. n.d. Available from: <http://www.moosecree.com/projectgeorge/donorbooklet.pdf>

49. Rowan M, Poole N, Shea B, Mykota D, Farag M, Hopkins C, et al. A scoping study of cultural interventions to treat addictions in Indigenous populations: methods, strategies and insights from a Two-Eyed Seeing approach. *Subst Abuse Treat Prev Policy*. 2014;10(1):26.
50. Charles J. Andrew Treatment Centre. Healing on the Land [PowerPoint presentation] [Internet]. 2014. Available from: https://www.slideshare.net/NNAPF_web/charles-j-andrew-june-2014
51. House L, Pashagumskum E. Designing a Culturally Safe Land-Based Healing Program in Chisasibi: the importance of building partnerships with Health Managers locally [PowerPoint presentation] [Internet]. 2014. Available from: <https://www.fnhma.ca/archive/conference/2014/Files/Workshop%20G%20Bill%20House.pdf>
52. Mukash M. Whapmagoostui Nishiiyuu Land-based Miupimaatisiun Program [Internet]. PowerPoint presentation presented at; 2018 Apr. Available from: <https://www.creehealth.org/sites/default/files/Whapmagoostui%20Nishiiyuu%20Land-based%20Healing%20Program.pdf>
53. Pauktuutit Inuit Women of Canada. An On-the-Land Workshop Model for Inuit Women. Ottawa, ON: Pauktuutit Inuit Women of Canada; 2011.
54. Pauktuutit Inuit Women of Canada. A Community Story Workshop Model: An Intergenerational Healing Model. Ottawa, ON: Pauktuutit Inuit Women of Canada; 2013.
55. Radu I, House LLM, Pashagumskum E. Land, life, and knowledge in Chisasibi: Intergenerational healing in the bush. *Decolonization Indig Educ Soc*. 2014;3(3).
56. Jackson Lake Wellness Team. Land & Culture-Based Healing: Developing a program model. Whitehorse, YT: Kwanlin Dün First Nation; 2014.
57. Kwanlin Dün First Nation. Building a Path to Wellness: Jackson Lake Land-Based Healing Program Adult Program Model. Whitehorse, YT: Kwanlin Dün First Nation;
58. Mamakwa S, Macfadden L, Winter M, Anderson B, Mamakwa R, Stoney T, et al. Reaching Wellness Through the Land: First Nation Mental Wellness Continuum Framework Implementation Project Report 2015-2016. Sioux Lookout, ON: Shibogoma Health Authority Land Based Healing Program; 2016.
59. Pulla S. Building on Our Strengths: Aboriginal Youth Wellness in Canada's North. Ottawa, ON: The Conference Board of Canada; 2013.
60. Radu I. Land for Healing: Developing a First Nations Land-based Service Delivery Model. Bothwell, ON: Thunderbird Partnership Foundation; 2018.
61. Thunderbird Partnership Foundation. Wellness on the Land: Land-Based Service Delivery Models [Infographic poster] [Internet]. Available from: <https://thunderbirdpf.org/wellness-on-the-land/>
62. Wesley-Esquimaux C, Calliou B. Best practices in Aboriginal community development: A literature review and wise practices approach. Banff Cent. 2010;
63. Churchill M, Parent-Bergeron M, Smylie J, Ward C, Fridkin A, Smylie D, et al. Evidence Brief: Wise Practices for Indigenous-specific Cultural Safety Training [Internet]. Toronto, ON: Well Living House Action Research Centre for Indigenous Infant, Child and Family Health and Wellbeing; 2017. Available from: http://soahac.on.ca/wp-content/uploads/2015/01/CS_WisePractices_FINAL_11.02.17.pdf
64. Noah J. Youth Wellness and Empowerment Camps. Iqaluit, NU: Qaujigiartiit Health Research Centre; n.d.
65. Bartlett C, Marshall M, Marshall A. Two-eyed seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *J Environ Stud Sci*. 2012;2(4):331–40.
66. Dobson C, Brazzoni R. Land based healing: Carrier First Nations' addiction recovery program. *J Indig Wellbeing*. 2016;2(2):9–17.
67. Ramsden I. Cultural safety. *N Z Nurs J Kai Tiaki*. 1990;83(11):18–9.
68. Kwanlin Dün First Nation. Design and Implementation of Land-based Healing Programs. Healing Together with Land and Culture: Gathering of Wisdom [PowerPoint presentation] [Internet]. 2014. Available from: [http://www.kwanlindun.com/images/uploads/HealingTogether%20-%20Design%20and%20Implementation%20of%20Land-based%20Healing%20Programs%20\(Gaye%20Hanson\).pdf](http://www.kwanlindun.com/images/uploads/HealingTogether%20-%20Design%20and%20Implementation%20of%20Land-based%20Healing%20Programs%20(Gaye%20Hanson).pdf)
69. Shibogama First Nations Council, Blue Earth Photography. Reaching Wellness Through the Land [Video] [Internet]. 2016. Available from: <https://vimeo.com/156188519>
70. Dussault R, Erasmus G. Report of the Royal Commission on Aboriginal Peoples: Volume 3 - Gathering Strength. Ottawa, ON: Royal Commission on Aboriginal Peoples; 1996.
71. Waldram JB. Transformative and Restorative Processes: Revisiting the question of efficacy of Indigenous healing. *Med Anthropol Cross Cult Stud Health Illn*. 2013;32(3):191–207.
72. Adelson N, Lipinski A. The Community Youth Initiative Project. In: Waldram JB, editor. *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ottawa, ON: Aboriginal Healing Foundation; 2008. p. 9–30.

73. Adelson N. Re-Imagining Aboriginality: An Indigenous People's Response to Social Suffering. In: Das V, Kleinman A, Lock M, Ramphele M, Reynolds P, editors. *Remaking a World: Violence, Social Suffering and Recovery*. Berkeley, CA: University of California Press; 2001. p. 76–101.
74. Waldram JB. Healing history? Aboriginal healing, historical trauma, and personal responsibility. *Transcult Psychiatry*. 2014 Jun;51(3):370–86.
75. Reading C. Structural Determinants of Aboriginal Peoples' Health. In: *Determinants of Indigenous Peoples' Health in Canada: Beyond the Social*. Toronto, ON: Canadian Scholars' Press; 2015. p. 3–15.
76. Land Based Programming [Internet]. Ilisaqsivik. 2019 [cited 2019 Jan 3]. Available from: <https://ilisaqsivik.ca/programs-and-services/land-based-programming>
77. Schouls T. *Shifting Boundaries: Aboriginal Identity, Pluralist Theory, and the Politics of Self-Government*. Vancouver, BC: UBC Press; 2004.
78. Brascoupe S, Weatherdon M. First Nations Land Based Healing [PowerPoint presentation] [Internet]. Available from: https://www.fnhma.ca/archive/conference/2015/english/Presentations/Workshop_P.pdf
79. Hill DM. Traditional Medicine and Restoration of Wellness Strategies. *Int J Indig Health*. 2009 Nov;5(1):26–42.
80. Mamakwa S, Kahan M, Kanate D, Kirlew M, Folk D, Cirone S, et al. Evaluation of 6 remote First Nations community-based buprenorphine programs in northwestern Ontario: Retrospective study. *Can Fam Physician*. 2017 Feb;63(2):137–45.
81. Redvers J. *Kwanlin Dün First Nation Land Based Healing Program Research Assistance*. Whitehorse, YT: Kwanlin Dün First Nation; 2013.

APPENDIX A: Sample Academic Database Search Equation

Database(s): Ovid MEDLINE: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE® Daily and Ovid MEDLINE® 1946-Present

#	Searches	Results
1	exp Health Services, Indigenous/	2852
2	ethnic groups/ or exp inuits/	60984
3	Inuits/	3816
4	(Ahtna or Ahtena or Nabesna or Anishinaabe or Oji-Cree or Anishinini or Severn Ojibwa or Ojibwa or Chippewa or Ojibwe or Odawa or Atikamekw or Bearlake or Chipewyan or Cree or Dakelh or Babine or Wetsuweten or Deg Hitan or Deg Xinag or Degexitan or Kaiyuhkhotana or Denaina or Dunneza or Gwich* or Kutchin or Loucheaux or Han or Hare or Holikachuk or Innu or Montagnais or Naskapi or Kaska or Nahane or Kolchan or Upper Kuskokwim or Koyukon or Naskapi or Sekani or Tagish or Tahltan or Tanana or Tanacross or Tasttine Tlicho or Tlingit or Tsilhqotin or Tutchone or Yellowknives or Sahtu Dene or Akaitcho or Yellowknives or Dehcho First Nations or Tlicho or T?icho or Inuvialuit or Aleut or Kalaallit or Inuit or Inupiat or M#tis or Yupik).mp	23430
5	(Turtle Island or Canada or Arctic or Canadian Arctic or Yukon or Northwest Territories or NT or NWT or Nunavut or Nunavik or Newfoundland or Labrador or Northern Canada or Nunatsiavut or Nutaqqavut or Subarctic or British Columbia or Alberta or Saskatchewan or Manitoba or Ontario or Qu#bec or Nova Scotia or New Brunswick or Prince Edward Island or circumpolar or North America).mp	286147
6	exp INDIANS, NORTH AMERICAN/	13654
7	Medicine, Traditional/	10435
8	exp Culturally Competent Care/	872
9	exp GLOBAL HEALTH/ or exp HEALTH EQUITY/ or exp HOLISTIC HEALTH/	49347
10	(land?based or land or place or environment or tradition*).mp	1125259
11	(healing or health or health?care or wellness or medicine or therap* or mental health or treatment or intervention or trauma or well?being or addiction*).mp	10226652
12	(indigenous or native or aboriginal or first nation* or 1st nation or 1st nations or inuit or m#tis or native people* or tribal or tribe* or indian people* or autochtone or Premi#res nations or amerindien or indigene*).mp	245153
13	2 or 3 or 4 or 6 or 12	323345
14	1 or 7 or 8 or 9 or 11	10226765
15	5 and 10 and 13 and 14	1292

APPENDIX B: Basic Document Characteristics, by Citation

Citation	Geographic Focus	Funding Source	Document type	Description	Program -specific?
Aboriginal Healing Foundation (2006) (25)	Canada	Aboriginal Healing Foundation	Report summary	Assesses/ evaluates program outcomes/impact	No
Anarkaq (2010) (26)	Nunavut	Aboriginal Healing Foundation	Manual	Outlines guidance for future programming	No
Barlow (2002) (27)	Nunavut	Aboriginal Healing Foundation	Report	Assesses/ evaluates program outcomes/impact	Yes
Brascoupé & Weatherdon (n.d.) (78)	Canada	Not stated	PowerPoint	Descriptive material	No
Castellano (2006) (28)	Canada	Aboriginal Healing Foundation	Report	Assesses/ evaluates program outcomes/impact	No
Charles J. Andrew Treatment Centre (2014) (50)	Newfoundland & Labrador	Not stated	PowerPoint	Descriptive material	Yes
Dell et al (2015) (42)	Canada	Canadian Institutes of Health Research	Facilitator guide	Outlines guidance for future programming	No
Dell et al (2015) (41)	Canada	Canadian Institutes of Health Research	Activity guide	Outlines guidance for future programming	No
Dobson & Brazzoni (2016) (66)	British Columbia	Canadian Institutes of Health Research	Journal article	Descriptive material	Yes
Fletcher & Denham (2008) (29)	Nunavut	Aboriginal Healing Foundation	Report chapter	Descriptive material	Yes
Hackett et al (2016) (46)	Newfoundland & Labrador	Not stated	Journal article	Descriptive material	Yes

Citation	Geographic Focus	Funding Source	Document type	Description	Program -specific?
Hanson (2012) (31)	Yukon	Yukon Government, Kwanlin Dün First Nation and others	Report	Assesses/ evaluates program outcomes/impact	Yes
Healey et al (2018) (43)	Yukon, NWT, Nunavut, Labrador	Movember Foundation	Report	Assesses/ evaluates program outcomes/impact	No
Health and Social Development Department (2013) (39)	Yukon	Health Canada	Report	Knowledge synthesis	No
Hill (2009) (79)	Canada	Not stated	Journal article	Knowledge synthesis	No
Hirsch et al (2016) (44)	Newfoundland & Labrador	Health Canada, other government agencies	Journal article	Descriptive material	Yes
House & Pashagumskum (2014) (51)	Québec	Not stated	PowerPoint	Descriptive material	Yes
Jackson Lake Wellness Team (2014) (56)	Yukon	Not stated	Information sheet	Descriptive material	Yes
Justice Department (2010) (38)	Yukon	Not stated	Information sheet	Descriptive material	Yes
Kwanlin Dün First Nation (2014) (68)	Yukon	Not stated	PowerPoint	Descriptive material	Yes
Kwanlin Dün First Nation (n.d.) (57)	Yukon	Not stated	Report	Descriptive material	Yes
Mamakwa et al (2015) (40)	Ontario	Not stated	PowerPoint	Descriptive material	Yes

Citation	Geographic Focus	Funding Source	Document type	Description	Program -specific?
Mamakwa et al (2016) (58)	Ontario	First Nations Mental Wellness Continuum Framework	Report	Descriptive material	Yes
Mamakwa et al (2017) (80)	Ontario	Not stated	Journal article	Assesses/ evaluates program outcomes/impact	No
Mearns & Healey (2015) (32)	Nunavut	Public Health Agency of Canada	Report	Assesses/ evaluates program outcomes/impact	Yes
Moose Cree First Nation (n.d.) (48)	Ontario	Ontario Trillium Foundation	Booklet	Descriptive material	Yes
Mukash (2018) (52)	Québec	Not stated	PowerPoint	Descriptive material	Yes
Nain Research Centre et al (n.d.) (45)	Newfoundland & Labrador	Not stated	Poster	Descriptive material	Yes
Noah (n.d.) (64)	Nunavut and northern Canada	Not stated	Report	Descriptive material	No
Pauktuutit Inuit Women of Canada (2011) (53)	Inuit Nunangat	Status of Women Canada	Manual	Outlines guidance for future programming	No
Pauktuutit Inuit Women of Canada (2013) (54)	Inuit Nunangat	Canadian government	Manual	Outlines guidance for future programming	No
Plaskett & Stewart (2010) (33)	Yukon	Not stated	Report	Assesses/ evaluates program outcomes/impact	Yes
Pulla (2013) (59)	Canada	Conference Board of Canada Centre for the North	Report	Descriptive material	No
Radu (2018) (60)	First Nations land-based services across Canada	Not stated	Report	Knowledge synthesis	No

Citation	Geographic Focus	Funding Source	Document type	Description	Program-specific?
Radu et al (2014) (55)	Québec	Not stated	Journal article	Descriptive material	Yes
Redvers (2013) (81)	Canada and worldwide	Not stated	Literature review	Knowledge synthesis	No
Redvers (2016) (35)	Yukon, Northwest Territories & Nunavut	Not stated	Study brief	Knowledge synthesis	No
Redvers (2016) (34)	Yukon, Northwest Territories & Nunavut	University of Calgary	Master's thesis	Knowledge synthesis	No
Rowan et al (2014) (49)	United States and Canada	Canadian Institutes of Health Research	Journal article	Knowledge synthesis	No
Shibogama First Nations Council & Blue Earth Photography (2016) (69)	Ontario	Not stated	Video	Descriptive material	Yes
Sustainable Development Working Group (2015) (47)	Arctic Indigenous communities	Canadian government agencies	Report	Knowledge synthesis	No
Thunderbird Partnership Foundation (n.d.) (61)	First Nations land-based services across Canada	Not stated	Poster	Knowledge synthesis	No
WalDRAM (ed.) (2008) (30)	Canada	Aboriginal Healing Foundation	Report	Knowledge synthesis	No
Walsh et al (2018) (36)	Ontario	Not stated	Journal article	Descriptive material	Yes

APPENDIX C: Characteristics of Specific Programs

Program	Authors	Fully land-based?	Governance structure	Delivery Model	Program content/activities	Clients	Program funding	Program team
Aullak, Sangilivallianginnatuk (Going Off, Growing Strong) Newfoundland and Labrador	Hirsch et al 2018; Nain Research Centre et al n.d.; Hackett et al 2016	No	Community-directed	Weekly land-based and community-based activities	Traditional and cultural activities with focus on learning from Inuit harvesters about hunting, trapping, fishing and other land skills	At-risk youth	Varied sources	Program staff, community steering committee, volunteer harvester mentors
Cape Dorset Land-based Camp Nunavut	Barlow 2002	No	Community-directed	Land-based camps complementary to other activities	Healing circles, workshops, team building, grieving workshops, trauma-informed counselling	Youth, Elders, women, men, families	Aboriginal Healing Foundation	1 project coordinator and the community health team
Carrier Sekani Family Services Land-based Healing Program British Columbia	Dobson & Brazzoni 2016	Yes	Carrier Sekani Family Services, a non-profit agency formed by Carrier and Sekani people	28-day land-based session	Traditional activities such as letting go and sweat lodge ceremonies or talking circles, cultural activities and contemporary addiction and mental health treatment	Not stated	Federal government and any first Nation band that joins Carrier Sekani Family Services	4 addictions counsellors; 1 mental health professional; 1 cultural worker; camp staff
Chisasibi Miyupimaatisiun Québec	House & Pashagumskum 2014; Radu et al 2014	Yes	Founded and run by Elders, in collaboration with local community committees	2 or 3-week bush trips to land-based camp	Cree teachings and traditional counselling	18-30 year old males	Local health and social services programs	Elder, program coordinator, office manager, camp helpers

Program	Authors	Fully land-based?	Governance structure	Delivery Model	Program content/activities	Clients	Program funding	Program team
Jackson Lake Land-based Healing Program Yukon	Jackson Lake Wellness Team 2014; Kwanlin Dün First Nation n.d.; Kwanlin Dün First Nation 2014; Justice Department 2010; Hanson 2012; Plaskett & Stewart 2010	Yes	Directed by Kwanlin Dün First Nation	4-week land-based program	First Nations therapy, clinical therapy, circle healing work, ceremony, cultural and land-based activities	Youth, family, women, men	Predominantly Kwanlin Dün First Nation and other varied sources	First Nation lead, clinical lead, Elders, social worker, psychologist, community wellness worker, camp staff
Makimautiksat Youth Camp Nunavut	Mearns & Healey 2015	No	Camp curriculum developed and managed by Qaujigiartiit Health Research Centre, which trains facilitators	8 modules delivered over 8-10 days including a 2-3 day on-the-land component	Health and wellness, positive Inuit identity, community building and skill building	Youth aged 9-12 in Nunavut	Varied sources	Camp facilitators
Whapmagoostui Nishiyuu Land-based Miupimaatisiuun Program Québec	Mukash 2018	Yes	Elder and community-driven in partnership and collaboration with Cree institutions and other partners	2-week journeys on the land in winter and fall	Pre-journey training, land-based healing, skills and teachings, aftercare, evaluation, storytelling, traditional skills training	Men and women	Not stated	Not stated
Nutshimit Program Newfoundland and Labrador	Charles J. Andrew Treatment Centre 2014	No	Board of directors representing Innu, Nunatsiavut and Atlantic Policy Congress	50% clinical residential and 50% cultural on-the-land program	Storytelling, sharing circles, spiritual rituals, land and survival skills, detoxing, addictions counselling	Innu, Inuit and FN youth across Canada	Not stated	Many varied clinical and cultural staff, including a land-based coordinator
Project George Ontario	Moose Cree First Nation n.d.; Walsh et al 2018	Yes	Community-driven and directed	Land-based camp	Traditional and sporting/recreational activities on the land	At-risk youth aged 12-20	Personal donations and Government of Ontario	Run by volunteers under guidance from Elders

Program	Authors	Fully land-based?	Governance structure	Delivery Model	Program content/activities	Clients	Program funding	Program team
Shibogama Land-Based Family Healing Program Ontario	Mamakwa et al 2015; Shibogama First Nations Council & Blue Earth Photography 2016; Mamakwa et al 2016	Yes	Shibogama First Nations Council with direction from Elders and community	Land-based camp with cabin accommodation, length varies as per available funding (8-21 days)	Cultural and land-based activities	Families impacted by prescription drug abuse	Shibogama First Nations Council and varied sources	Elders and community resource workers
Unidentified program Nunavut	Fletcher & Denham 2008	No	Community-directed	Activities at local community centre with trips onto the land	Healing circles, counselling, cultural and land-based activities	Men, women, children	Aboriginal Healing Foundation and other sources	Community Justice division and other community organizers



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