

Aboriginal Social Policy: A Critical Community Mental Health Issue

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ABSTRACT

Community psychologists offer relevant tools for pursuing critical reflection on the nature of social policy, with special consideration of power inequities that often arise from the misrepresentation of affected stakeholders. This article examines the critical role researchers and community health practitioners can play in guarding against the misrepresentation of community voices in neoliberal policy environments. We identify the extreme harm caused by socially exclusive policy-making in an examination of the institutional oppression of Aboriginal peoples across Canada. We caution against the dangers of perpetuating neoliberal agendas and token participation via the misuse of community engagement. We emphasize the important role of community psychologists in challenging the status quo, for engaging stakeholders in authentic participation, and in policy development. We conclude with recommendations to broaden and improve the policy skills of community psychologists and other mental health professionals to more effectively advance social policy and actualize the potential for transformative social change in Aboriginal communities.

Keywords: social policy, neoliberalism, social transformation, Aboriginal

RÉSUMÉ

La psychologie communautaire offre des outils pertinents pour encourager une réflexion critique sur la nature de la politique sociale, avec une attention particulière aux inégalités de pouvoir qui découlent souvent de la fausse représentation des parties concernées. Cet article montre que les chercheurs et les praticiens et praticiennes de la santé communautaire peuvent jouer un rôle décisif en empêchant une telle fausse représentation dans un contexte néolibérale. En examinant l'oppression institutionnelle des peuples autochtones à travers le Canada, les auteurs identifient le mal extrême provoquée par l'élaboration socialement exclusive des politiques. Bien qu'ils soient sensibles aux dangers de perpétuer un régime néolibéral et de la fausse participation à travers l'utilisation abusive de la mobilisation communautaire, les auteurs soulignent le rôle important que peuvent jouer les psychologues communautaires en contestant le statu quo, en impliquant les parties dans la participation authentique et en développant la politique sociale. Les auteurs concluent par des recommandations en vue d'élargir et d'améliorer la boîte à outils des psychologues communautaires afin de mieux avancer la politique sociale et de réaliser le potentiel de transformation sociale chez les peuples autochtones.

Mots clés : politique sociale, néolibéralisme, transformation sociale, autochtone

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Although there is a dearth of research on Indigenous mental health around the world, mental health concerns are demonstrated in Canadian Aboriginal communities by high levels of depression, addiction, and suicide rates, which have been linked to oppression and social and cultural discontinuity (Kirmayer, Brass, & Tait, 2000). The high degree of cultural, mental, and emotional distress is most profoundly manifested among Inuit youth, who have the highest suicide rates in the world (Kral, 2012). The mental health of Aboriginal peoples is linked to a complex interaction of multiple social and economic determinants of health that affect the collective well-being of Aboriginal communities and in turn of individuals. In this paper we discuss how government Aboriginal policies, which have been developed outside of a cultural and consultative framework, have resulted in long-term negative mental health impacts. Little or no attention has been given to the specific cultures of diverse Aboriginal communities in the design and administration of social policies. Aboriginal peoples have historically been referred to in federal policies as “the Indian Problem” (Miller, 2004, p. 35) rather than recognized and addressed as sovereign peoples with distinct cultures and collective treaty rights. Policies have been drafted and administered by the Canadian government with little to no Aboriginal input, as was the case with the Indian Act of 1867, which endures to this day. Significantly, First Nations peoples did not have voting rights in Canada until 1960.

We discuss social policy as a significant contributor and powerful mediator to the mental health and well-being of Aboriginal communities. In particular, we consider the discipline of community psychology in relation to the aspiration for our social research and community practice to contribute to transformative change. Community psychology has a long historical association with the mental health movement. The issues, methods, and theories of concern to community psychology are also central to other disciplines interested in community mental health. We provide a critical case study of Aboriginal policy in Canada to highlight the degree to which social policy created without their consultation or consent can, and has, negatively affected populations. We consider how the failure to commit to meaningful stakeholder consultation in the development of policies that affect communities and the increasing *appearance* of participation—rather than true decision making—can be harmful. We discuss an extreme case of the oppressive use of social policy and consider the cautions of Rodriguez-Ferreira (2009), who raises concerns about the use of social policies to “manage” populations, thereby maintaining the status quo through instrumental versus authentic collaborative processes of policy development and implementation.

Although we believe that the values and mechanisms of participation and empowerment within community psychology and other community mental health disciplines have emancipatory potential, we consider the ways in which our work may currently be positioned to either disrupt or, inversely, reinforce systemic power imbalances. In framing this discussion we seek to deepen and extend the existing literature on community psychology and social policy by situating policy work within the context of neoliberalism. With the rise of neoliberal ideology in governance, frameworks such as “empowerment” and “participation” are being radically re-contextualized, becoming suspect as tools for transformative processes.

We propose that community psychologists are in a position to contribute to processes of authentic stakeholder participation, for both mainstream and vulnerable populations, at a time of increasing threats of co-optation and social exclusion. We argue that for community psychologists to remain progressive and to fulfill the goal of transformative change, we need to be increasingly aware of how the tools of community

engagement and community-based research may be employed to advance social justice or misappropriated to support the status quo.

NEOLIBERALISM AND SOCIAL POLICY

Community psychologists who work with Aboriginal communities can provide a great deal of perspective and contextual data regarding community mental health concerns and the social processes that produce them. Discussions of transformative social action, however, must take into account the tendency for neoliberalism to re-contextualize policy frameworks and concepts such as “community” and “participation.” In order to comment on social policy in the context of this neoliberal political environment, we begin by providing an outline of the concept of neoliberalism. Neoliberalism emerged following a period of rising inflation and stagnant economic growth in the 1970s. The central concept was that governments in the era of the welfare state were distorting the market, inhibiting economic growth, and constraining optimal allocation of goods and services. Free markets and small government were seen as the solutions to stagnant economic growth both nationally and internationally. Neoliberalism has thereby become synonymous with the state’s rollback of service provision and a hollowing out of government, along with increased privatization and deregulation (Dadich, 2009). David Harvey (2005), in his noteworthy *A Brief History of Neoliberalism*, posits that neoliberalism is

a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade. (p. 2)

With the financial crisis of 2008 and the failure of the G20 governments to substantively steer away from the neoliberal social and economic policy that so clearly caused the crisis in the first place, it has become increasingly obvious that neoliberalism, with its focus on the “economizing of social life” (Sager, 2011, p. 148), remains orthodoxy in policy circles.

Discussions of transformative social action must take into account the tendency for neoliberalism to re-contextualize in unintended ways such policy frameworks and concepts as community and participation. Whereas the welfare state is associated with “the social” as a concept—social justice, social insurance, and so on—neoliberal states deploy a markedly different ethos that favours the rollback of the state and the responsibilization of communities, families, and individuals. With this shift, “the community” instead of “the social” began to emerge as a framework for thinking about social policy, particularly with regard to mental health (Rose, 1996). This is to say that the ideological terrain upon which questions of social policy are situated has undergone a substantive shift underpinned by markedly different thinking about who should be responsible for what; that is, the state functions of social welfare have shifted so that the responsibility of care falls to communities and to individuals themselves.

COMMUNITY PSYCHOLOGY: SOLIDARITY AND SOCIAL POLICY

The authors are situated within the field of community psychology and consider the aspirations and largely untapped potential of our discipline to engage in social policy. As a subdiscipline of psychology, community psychology presents itself as well positioned to tackle the heterogeneous nature of policy based

on the discipline's (a) interdisciplinary nature, (b) participatory methodologies, and (c) value orientation. These claims are rooted in a preoccupation with methodologies that tend to privilege participation and empowerment. These methodologies are often diverse and draw on several disciplines, including public health, psychology, social work, and sociology, and as such encourage collaboration and well-considered decision making.

These practices, however, represent just one dimension of understanding social issues and circumstance, and this framework is highly congruent with current practices of neoliberal social policy. Community psychologists work from a critical analysis of power to identify, critique, and address oppression through employing participatory research processes with multiple levels of analysis (Nelson, Poland, Murray, & Maticka-Tyndale, 2004). As community psychologists, we strive to embody the values of diversity, social justice, and an appreciation of community strengths and capacity (Prilleltensky & Nelson, 1997). In turn, we seek to advance progressive social policy and social change that is consistent with these values (Nelson, Lavoie, & Mitchell, 2007).

Community psychologists have long viewed the discipline of community psychology as appropriate, even ideal, for contributions to social policy. As early as the 1960s, community psychologists were speaking of the importance of social policy and the role of "participant conceptualizers" to "deconstruct the context and nature of policy and to inform and affect others in the policy setting" (Bennett et al, 1966, p. 113). Early definitions of empowerment also explicitly included a personal sense of power as well as access to resources and influence on the political decisions that affect one's community and well-being (Rappaport, 1981). Community psychologists have long understood the importance of working at a systems level given that the lives of those most disadvantaged are largely shaped and constrained by their socio-historical and political economic contexts (Kubiak, Siefert, & Boyd, 2004; Riger, 2000).

In this light we look at a critical case of Canadian social policy and consider the increasing risks of shrinking democratic participation in governance environments shaped by neoliberal exercises of austerity. In particular, we consider the failure to engage Aboriginal populations in policies that profoundly impact individuals and communities, both historically and in current political realities.

POLICY AS A VEHICLE FOR POLITICAL AND CULTURAL INTERFERENCE

We briefly present a historical framework of government Aboriginal policies to provide an example of the importance of policy and consultation in the Canadian socio-political landscape. In this historical overview we foreground the lack of consultation and representation inherent in policy decisions and connect this power imbalance to negative mental health outcomes.

Initially, the Indigenous population of what is now called Canada was decimated as a result of the introduction of old-world diseases such as smallpox, typhus, and influenza, declining from an estimated two million at contact (roughly 1500 CE) to a low of 150,000. The decimation from disease was followed by the devastation of assimilation policies, including the outlawing of spiritual practices, interference with local forms of governance, forced relocation, and involuntary enfranchisement. Enfranchisement involved the political loss of Indigenous identity and rights in turn for gaining an education, owning land, or obtaining Canadian citizenship, for example (Adams, 1989; Berger, 1991; Cardinal, 1969; Miller, 1991). Government

documents make explicit the government's assimilative aims to remove and replace cultural practices and identity. Duncan Campbell Scott, deputy superintendent of the Department of Indian Affairs from 1913 to 1932, was quoted as saying,

I want to get rid of the Indian problem. . . . Our object is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question, and no Indian Department, that is the whole object of the Bill. (Leslie, 1978, p. 114)

From 1883, the residential school policy, one of the most egregious and well-documented policies of assimilation, forcibly separated Aboriginal children aged 6 years and up from their families (Milloy, 1999). Children were subjected to multiple forms of physical, emotional, spiritual, and sexual abuse. In the years following the introduction of residential schools, further assimilation policies were introduced that banned important spiritual and cultural ceremonies such as the Potlatches and the Sun Dance. Pre-eminent Canadian historian James Miller (2004) describes these policy actions as extremely paternalistic and violent. He describes how Aboriginal peoples were "legally infantilized and politically patronized" (p. 102), their cultures, communities, families, and selves battered by an unrelenting "vicious assimilative assault" (p. 251).

Between 1960 and 1990 further social policies affected another 11,000 Aboriginal children placed for adoption in non-Native homes. This period, now called the "Sixties Scoop," has also had a profound impact on cultural, community, and mental health. Child welfare policies continue to be a concern for Aboriginal communities; as Aboriginal scholar Cindy Blackstock asserts, more Aboriginal children are currently in child welfare than were in residential schools in the height of that era (Blackstock, 2003). Educational funding policies also affect Aboriginal children, with Aboriginal schools receiving substantially less per child per year; Shawn Atleo (2013), the national chief of the Assembly of First Nations, states, "Our children are more likely to end up in jail than to graduate from high school."

The mental health impact of colonial social policies is referred to as colonial trauma arising from "both historical and contemporary events that reflect colonial practices to colonize, subjugate, and perpetrate ethnocide and genocide" (Evans-Campbell, 2008, p. 335). To conceptualize Indigenous trauma as colonial trauma is to do two significant things. First, it externalizes the trauma as not belonging to or stemming from the individual or community that endures the trauma. Second, it identifies a traumagenic agent or policy force, looking upstream to see what is contributing to the phenomenon of the psycho-social-physical health crisis of Aboriginal peoples to address the origin of the problem. To support this brief historical account of Aboriginal policy in Canada we can recall the government apology that provides a political and social record of the devastating long-term impacts of cultural interference through centralized, bureaucratic, non-participatory policies.

In 2008, Prime Minister Stephen Harper provided a political apology to Canadian Aboriginal peoples for the residential schools, acknowledging the wrongdoing of the assimilative policy that enforced the separation of 150,000 very young children, in 132 church-run schools, from their parents, families, communities, and cultures. The prime minister recognized that the primary objectives of the Indian residential school system were to "remove and isolate children from the influence of their homes, families, traditions and cultures . . . to kill the Indian in the child" and to "assimilate them into the dominant culture" (Canadian Broadcasting Corporation, 2008).

Despite the 2008 apology for the Canadian Indian residential schools, Canada's existing educational, corrections, and child welfare policies continue to negatively affect the cultural continuity and mental health of Aboriginal communities. Although Canada signed the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) in 2010, the Canadian government has systematically cut funding to national, provincial, and territorial Aboriginal organizations, such as the National Aboriginal Health Organization and the National Centre for Aboriginal Governance. In addition they have approved massive cuts to the national governing body of provincial and territorial chiefs (Assembly of First Nations) without significant consultation.

Perhaps the most visible issue of non-consultation with respect to policies affecting Aboriginal peoples is highlighted in the recent voices and actions of the Idle No More movement, when Aboriginal peoples objected to the passing of the Government of Canada's Bill C-45. Bill C-45 is an omnibus bill that, among many other things, deregulated environmental protection of more than 1,900 of the 2,000 protected lakes and rivers in Canada without consultation with the Canadian population generally or Aboriginal peoples specifically. Aboriginal peoples have constitutional and treaty rights that decree that they must be consulted about matters that affect their traditional lands and their well-being. This is confirmed by the Supreme Court ruling that "the Crown has a duty to consult and, where appropriate, accommodate" if proposed actions may adversely impact Aboriginal rights (Department of Aboriginal Affairs and Northern Development Canada, 2011, p. 1). The current failure to consult with Aboriginal Canadians around Bill C-45 erodes the already fragile relations of First Nations and the government of Canada. The bill dismantles the policy protection of Canadian waterways, limiting the ability of Aboriginal peoples to exercise their rights to free prior and informed consent in relation to industrial development and resource extraction as set out in the UNDRIP (McFarlane, 2013) and the rights of consultation and accommodation as established by the Supreme Court of Canada in *R. v. Sparrow* (1990).

CRITICAL REFLECTIONS ON COMMUNITY, PARTICIPATION, AND EMPOWERMENT

The brief overview of the government of Canada's Aboriginal assimilation policies identified both historical and contemporary evidence of non-consultation. In the introduction we spelled out the gross impact and long-term mental health outcomes of non-representative social policy in which stakeholders are not given an opportunity to have their unique cultures and worldviews respected. This practice of non-consultative policy sets the backdrop for community psychologists and other mental health professionals to increasingly contribute to the development of participatory policies that, through consultation with affected communities, attend to social, cultural, and environmental justice.

Rodriguez-Ferreyra (2009) suggests that under neoliberal social policy, community research methodologies emanating from the liberation philosophy of Paulo Freire (1970) have become depoliticized and deployed as simple methodological frameworks adopted by politically motivated actors. The instrumental deployment of the practices of community consultation are particularly problematic for Bishop, Vicary, Browne, and Guard (2009), Rodriguez-Ferreyra (2009), and Perkins (1995) insofar as they produce the illusion of choice and participation while simultaneously depoliticizing participation and the political processes that underpin the socially created and maintained conditions of poverty and social exclusion: "This depoliticization hides

the origins of poverty, the power relationships sustaining social inequality, and the deeply political meaning of social policy” (Rodriguez-Ferreya, 2009, p. 124).

While social policy can be a mechanism for the transformation of the social, it has also been employed as a tool of social control and a means of maintaining the status quo. Particularly within the context of the increased proliferation of neoliberalism, community psychologists need to be wary of the depoliticization of community researchers’ values, terms, and tools. Community engagement and participatory research methods can both be depoliticized. Rodriguez-Ferreya (2009) gives examples of parent participation in social programs that is limited to educational, cleaning, and fund-raising tasks versus decision-making and project design, stating that participants “thus have little opportunity to produce their own discourses with which to face the State” (p. 124).

From this debate we can situate several substantive critiques with regard to the practices and theory of community psychology research and social policy. Firstly, “participation” can be deployed in relation to social policy in ways that are depoliticized, instrumental, and misleading. Secondly, there is the issue of social policy being deployed as compensatory or palliative, versus transformative (Bishop et al., 2009; Perkins, 1995; Rodriguez-Ferreya, 2009). Significantly, the rebalancing of power is not always implied in practices of “participation” and “empowerment,” particularly where that methodological framework has been convincingly shown to be taken up in ways that are problematic for the poor (Cooke & Kothari, 2001).

While social policy can serve as a political pathway to community health and social justice, it is important to be cognizant of the degree to which social policy, generated in a centralized government, has been and can continue to be harmful. Canadian history shows that the relations between settlers and Aboriginal peoples have been characterized by social policies designed to remove people from their lands, suppress their traditional forms of governance, and stifle their identities as Aboriginal peoples (Miller, 2004). As community psychologists, we walk a fine line to advocate for populations based on privileged access to a “seat at the table” in our role as “experts,” who facilitate and support stakeholder voice and participation in the identification and definition of social problems and policy responses. The conceptual and technical tools of community psychologists are therefore not exempt from being misappropriated by a neoliberal agenda such that community participation, community voice, community ownership, and principles and practices of empowerment are subverted to maintain rather than challenge the status quo.

POLICY AS A VEHICLE FOR TRANSFORMATIVE CHANGE

Community psychologists and other community mental health practitioners must be committed to ensuring that the knowledge and capacity of stakeholders are engaged in a productive manner to consciously inform the sound development and wise implementation of social policies that affect them. In the case of Aboriginal policy, the majority of us who are non-Aboriginal must remain vigilant to support Aboriginal voice and choice so that we do not emerge as a second wave of missionaries, perhaps more dangerous than the first (Mitchell, 1993). As Fanon (1963) reminds us:

The healing and re-development of the “fourth world” must not be modeled on the existing models re: cultural, economic and social development. Social policies and governmental structures need to be developed which do not mimic the existing models which have been founded on subjugation, assimilation, and colonial practices of land and resource appropriation. (p. 83)

Aboriginal communities and other disenfranchised and marginalized communities are no longer simply asking to have their views included through the lens of social researchers as passive research participants. Stakeholders want to be viewed as more than data sources and are increasingly unwilling to have their quotations serve as “window dressing” on academic reports (Beresford, 2001). Stakeholders rightfully seek to provide their own analyses, interpretations, and plans for action. Disenfranchised people who are governed by public policy want to contribute to the development of policies and services rather than being subject to other people’s vision and mandates for their lives (Beresford, 2001; Ormiston, 2010). Significantly, Aboriginal policies must be developed in such a manner that they attend to the often contradictory world-views of Aboriginal and non-Aboriginal peoples. While “zones of refuge”—Aboriginal peoples working separately within their own linguistic and cultural frames, as suggested by Indigenous scholars Alfred and Corntassel (2005, p. 605)—are critical, and Indigenous leadership essential, settler populations also have a responsibility to promote historical redress, reparation, and reconciliation. As stated in the report of the Royal Commission on Aboriginal Peoples (1996), the harms of the past and the social and political structures that currently sustain them should not be left to Aboriginal people to address and redress alone:

Just as social problems spring in part from collective experience, so solutions require change at the collective level. Aboriginal people acting alone cannot shift the weight of disadvantage and discrimination. But solutions that lift the weight for Aboriginal people collectively shift it for everyone. (p. 1)

The First Peoples of Canada are a vital and visible aspect of many Canadian communities. Currently Canada’s Aboriginal population is just over a million, representing 3.8% of the total population and composed of three distinct groups: First Nations, 698,025; Métis, 389,785; and Inuit, 50,485 (Statistics Canada, 2006). These statistics, however, misrepresent the visibility of Aboriginal people and their important presence within the Canadian population as the youngest and fastest-growing population in Canada. Although the greatest number of Aboriginal people reside in the most populous province, Ontario, where they represent only 2% of the total population, it is significant to note that in the northern territories Aboriginal peoples represent 25%–85% of the population. In Nunavut, 85% of the population is Inuit, while 50% of the population of the Northwest Territories and 25% of Yukon is First Nations. Fifteen percent of the population of the provinces of Manitoba and Saskatchewan is also First Nations. Significantly, the Aboriginal population is growing much faster than the non-Aboriginal population, having increased by 48% in the 10-year period between the national censuses of 1996 and 2006. The demographic is youthful, with 50% of the population 24 years old or younger (Statistics Canada, 2006).

Political engagement and sound social policy developed in collaboration with the populations they affect are important pathways to addressing the longstanding issues of social injustice with respect to Aboriginal peoples in Canada. In keeping with the Supreme Court of Canada’s rulings, and in accordance with articles 18 and 19 of the UNDRIP, consultation, participation, and consent in decisions affecting Indigenous populations are a necessary part of governance.

The extensive long-term participatory processes of the formation of the UNDRIP and the Royal Commission and the 18 months of intense consultation with first ministers and chiefs leading up to the signing of the Kelowna Accord in 2005 provided important, specific, and potentially powerful policy recommendations to advance the health, well-being, and security of Aboriginal peoples in Canada (Patterson, 2006) and Indigenous peoples worldwide. The policy and practice recommendations arising from these

intense periods of consultation have largely been shelved and ultimately abandoned, however, providing examples of consultations that have not been translated into action. Consultations that lack political impact have resulted in limited or no actual power, influence, or benefit for Aboriginal Canadians.

The *Report of the Royal Commission on Aboriginal Peoples* (1996) provides solid and relevant policy recommendations that have not been implemented. Although plans for addressing numerous long-standing issues for Aboriginal peoples, informed by intensive consultation, are available, the political will remains absent. The Kelowna Accord, an agreement signed in 2005 by all first ministers and all regional chiefs—a blueprint for advancing the wellness and autonomy of Aboriginal communities—was abandoned by the Harper government (Mitchell & Curtis, 2013). Political will is needed not only to engage in meaningful consultation but also to commit to adequate funding and full implementation of jointly agreed-upon social policies.

Community psychologists are well positioned to prepare the ground for and facilitate authentic and respectful engagement, consultation, and policy translation with government officials, Aboriginal communities, and policy-makers. However, community psychologists must engage critically, ensuring that community participation results in community-defined outcomes rather than token participation intended to placate communities, producing only a political veneer of community consultation.

In reflecting on our home discipline of community psychology, we appreciate that the values and foci of a strengths- and rights-based agenda with a commitment to participation of affected populations is an important aspect of our subdiscipline of psychology. The research skills of community psychologists and the related processes and methods of interdisciplinary, collaborative, in-depth, applied research using multilevel analysis, with a commitment to intervention and social change, are all well suited to making contributions to the critique and development of social policy (Bishop et al., 2009; Phillips, 2000; Rodriguez-Ferreya, 2009). As stated by Phillips (2000), “CP is intimately related to political action and thus to social policy” (p. 408). Despite the discipline’s stated values and apparent awareness of the powerful role of social policy, community psychology has not optimized its role in policy work. We have given inadequate attention to training in policy analysis, to policy research and policy development in our graduate training programs, and have, as a discipline, published surprisingly little on policy interventions.

Phillips (2000) suggests that perhaps the scant visibility of social policy work in the literature has occurred because governments, and therefore funding bodies, are less committed to investing in the restructuring of society and the redistribution of resources than they are in maintaining the status quo. A great deal of policy research has therefore been largely instrumental rather than transformative, “with politicians preferring feasible short-term responses” versus the types of in-depth social critique that community psychologists are well positioned to provide (Phillips, 2000, p. 401). In addition, it may be that the discipline of psychology, along with the health professions in general, provides benefits that maintain our beliefs in the value of the status quo. It seems no less true today than when noted by Prilleltensky in 1989, and is perhaps even more so, that that there is a risk of our work being instrumental in maintaining the status quo.

With the current encroachment of neoliberal policies and the misconstrual of the principles of “community” and “participation,” we need to be vigilant that the tools of community research and community development are not misappropriated by government. We recommend interdisciplinary collaborations to optimize the contributions of our individual disciplines to community engagement, participatory research,

and policy interventions to advance social justice with and for affected communities. As such, we will be better prepared to critique the neoliberal misappropriation of the language of “community” and “participation” and “community engaged research” methodologies that have been used to usurp rather than advance the “voices” of stakeholders. The values, methodologies, and theoretical frameworks of community psychology can be employed to limit these risks and to increase the complexity of policy problem framing, with multiple levels of analysis expanding the scope and context in which social issues are considered. This is what Phillips (2000) referred to as the “enlightenment function” (p. 404), where the conceptual understanding of social issues is deepened through social criticism and the illumination of contexts, populations, and complex social issues.

Moving beyond the instrumental tasks of the social researcher, community psychologists can increasingly serve the role of bearing witness to and acting upon social injustice as “participant conceptualizers” (Elias, 1994, p. 301) and as policy advocates with populations who are “speaking truth to power” (Perkins, 1995, p. 783). We can increasingly hold governments responsible for participatory policy development and responsible administration of social policies that attend to the well-being of the communities they affect (Bishop et al., 2009).

CONCLUSION

A brief outline of Canadian Aboriginal social policy history reveals that public policy can be a powerful and destructive political tool with profound and enduring community mental health impacts. The Canadian government’s apology to Aboriginal peoples who attended Indian residential schools confirms the negative impact of centralized policy and indicates just how far removed a government can be from protecting the rights and serving the needs of a population. The lesson that could have been learned from Canadian history about non-participatory policy is unfortunately repeated in the current passing of Bill C-45, in which significant social policies were made without concern for Aboriginal people’s constitutional right of consultation. We have proposed that policy is an important community mental health issue. We have identified how hundreds of years of social policy without consultation with affected populations has led to colonial trauma with enduring and intergenerational effects. We have highlighted the serious mental health issues in Aboriginal populations in Canada and the fact that the Inuit population has the highest suicide rate in the world. This is not something to be proud of as Canadians; this is a critical and unacceptable mental health crisis that needs to be addressed. Community psychologists and other community mental health professionals have a responsibility to consider how our skills and our professional positions may serve to support Aboriginal peoples as they strive to address this crisis.

The current political context of severe cutbacks to national Aboriginal organizations, the increase in prison infrastructure, with a gross over-representation of Aboriginal inmates in Canadian prisons (Atleo, 2013), and a focus on resource extraction on Indigenous lands without adequate consultation to achieve free, prior, and informed consent are all policy issues. Policy to address Aboriginal mental health issues from a prevention and community health perspective is long overdue. Its importance is also heightened in the context of a neoliberal agenda that views human well-being in an individualistic manner, which can be described as the antithesis of an Aboriginal world view of community health and wellness.

While there exists a rhetoric of consultation, Aboriginal leaders consistently identify the lack of consultation on matters significant to Aboriginal communities. Although economic engagement is an important element of community wellness, it currently occurs without addressing the existing social crisis, inadequate community infrastructure, significant mental health needs, and cultural renewal aspirations of Aboriginal communities. Community mental health workers have a role in supporting the cultural renewal, re-emergence, and nation building of Aboriginal communities in Canada. Community psychologists can work with Aboriginal communities to identify in what manner our skills in community research, advocacy, and policy-making can be best employed, shared, and transferred to support community wellness, cultural renewal, and the development of public policy to advance community-identified wellness goals.

This policy snapshot elucidates the essential need for increased public participation in policy development, implementation, and evaluation and the importance of resisting centralized policies that are not informed by, or accountable to, the populations they affect. Policy work, such as disseminating information, persuasion, and engagement in political processes, is an important and effective tool to influence decision making at legislative or administrative systems of governance (Lavoie & Brunson, 2010). Policy is a powerful tool of governance that can be used to maintain the status quo or to advance social justice. Involvement in public policy has, therefore, been advocated for decades within the subdiscipline of community psychology (Albee, 1959; Bennett et al., 1966; Sarason, 1974). If community psychologists are to be effective in our efforts to implement structural changes we will need greater knowledge and efficacy in and of policy as an important area of praxis.

Community psychologists and other community mental health professionals have a critical social role to play in engaging in participatory policy at local, provincial, national, and international levels, working collaboratively with affected populations to address stakeholder-identified social problems. By providing critical analyses of social policy, promoting understanding of complex social and cultural issues through research, facilitating authentic participation at meetings with members of government, and collaboratively preparing/presenting reports with affected communities for decision makers, community psychologists can advance social transformation and social justice through policy work.

Community psychologists can play several roles to influence and advance progressive social policies, to address community issues, and/or to critique regressive, punitive, or ineffective social policies. With extensive knowledge of issues such as ecological analysis, citizen engagement, and participatory research (Lavoie & Brunson, 2010), community psychologists can serve as a liaison or bridge between various geographical communities and government policy-makers. We can contribute to social policy by inserting critical social perspectives into the policy agenda and by providing expert knowledge based on collaborative stakeholder research and literature reviews. Significantly, community psychologists can also advance participatory policy development by acting in solidarity with Aboriginal communities and other marginalized populations to analyze and resist regressive centralized policies. In particular, community psychologists can engage in participatory action research and the mobilization of research findings with communities and can promote public awareness and dialogue through collaboration with community groups and policy institutes. Traditional and, increasingly, social media are also effective means for promoting social dialogue through, for example, blogs, community cafés, and YouTube videos. As such, community psychology as a discipline

is positioned, both theoretically and methodologically, to challenge imbalances of power through facilitating authentic participation and meaningful political representation of stakeholders.

At this critical juncture in Aboriginal–non-Aboriginal relations, at this time of public apology, the state’s acknowledgement of wrongdoing, and the emergence of the Idle No More movement, there is an opportunity for community psychologists to engage more actively in Aboriginal public policy. There is an opportunity to employ the tools of our discipline for critical social analyses, to highlight historical and contemporary forms of oppression, and to advocate for progressive social policy that recognizes the ongoing struggles of Aboriginal peoples and their constitutional right to consultation and accommodation. As community psychologists with a commitment to the prevention of mental health problems and the promotion of a larger framework of social justice, we have not only an opportunity but also a responsibility to consider how our values, theories, and technologies may be refined and expanded to address the demands of Aboriginal social policy and community wellness through culturally appropriate and substantive consultation.

We have argued that Aboriginal social policy is a serious mental health issue in Canada with demonstrated community mental health impacts. We have recommended that community psychologists contribute to social critiques, to bearing witness to social injustice, to providing accountability by evaluating social policy and reporting on social conditions, and to serving as participant conceptualizers and policy advocates. In this manner community psychologists can assist in addressing the dearth of research on Aboriginal mental health and wellness and begin to support communities in their efforts to address the high rates of depression, addiction, and suicide that exist across Canada and are manifested most extremely in Canada’s north.

In conclusion, we recommend increasing the commitment of the community mental health profession to engagement in the monitoring and advancement of social policy processes that promote authentic community consultation and community wellness. In the current context of a neoliberal period of austerity, which ultimately costs the most to those with the least, we promote building relationships with Aboriginal communities to advance social policies grounded in an awareness and understanding of our colonial history and the cultural world views of specific Aboriginal populations.

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