What We Heard:
Community Report Summary

LFMO's MIYÓYÂWIN Initiative on Métis Mental Wellness

2024

WOMEN OF THE MÉTIS NATION • LES FEMMES MICHIF OTIPEMISIWAK •

ACKNOWLEDGEMENTS

We honour the courage and voices of Métis women and 2SLGBTQQIA+ kin who generously shared their stories. We are deeply grateful to the LFMO Grandmothers, Elders, Knowledge Holders, and all who participated in surveys, engagement sessions, and community validation. Your wisdom and lived experience shaped this initiative, and this report belongs to you.

This work is grounded in a shared commitment to uplift and empower Métis women, girls, and 2SLGBTQQIA+ kin. Together, we walk a path toward meaningful change - one where our voices are heard, our needs are honoured, and our care is rooted in respect, culture, and community.

Maarsii, Miigwetch, Merci, Thank you.

Why This Work Matters

Addressing mental health disparities, particularly among Indigenous Peoples, is essential for health equity and justice in Canada. For Métis, this means centring the voices, priorities, and solutions of Métis women and 2SLGBTQQIA+ people in mental health policy and service design. Mental health is foundational to the well-being of Métis families and communities. Yet, many face barriers to culturally safe, accessible care.

Through LFMO's mental health project, we heard directly from over 400 people to guide the development of the MIYÓYÂWIN Initiative—a community-led, culturally grounded response to Métis mental wellness. We learned that culture heals, community connection matters, and Western systems alone cannot meet our needs. It's time to prioritize Métis-led, community-designed solutions, backed by long-term, flexible investment and decisive policy action.

Funding Acknowledgement

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Survey Overview

Our national survey focused on understanding:

- Access to culturally appropriate and Métis-specific mental wellness services
- Barriers and gaps in the Canadian healthcare system Social determinants affecting Métis mental health
- What supports and changes are needed to improve experiences and outcomes

Survey Results: What We Heard

Who Participated

409 Métis survey respondents from across the Métis Motherland. The majority aged 35–54 86.6% identified as women; 24.2% as 2SLGBTQQIA+. Most were employed full-time, did not receive social assistance, and owned or rented their homes.

Mental Health Reality

Mental health was described as vital and "the foundation of well-being," deeply interconnected with mental, emotional, physical, and spiritual health and well-being. Only 4.9% rated their mental health as excellent; most rated i t as fair or good. 89.5%reported barriers to culturally relevant care. Most agreed Métis women and 2SLGBTQQIA+ people's needs are not being met.

Barriers & Challenges

Top factors negatively affecting mental health:

- Lack of Métis cultural connection (**72%**)
- Trauma (**68%**)
- Financial pressures (**57%**)
- Lack of social support (**53%**)
- Impacts of colonialism (**51%**)

Additional barriers included racism, lateral violence, caregiving stress, gender-based discrimination, and inaccessibility of services.

Diagnoses & Services

- 58.4% had received a mental health diagnosis (e.g., anxiety, depression, PTSD)
- 82% accessed counselling;
- Only 13.2% accessed a Métis-specific mental wellness program

Métis Ways of Wellness

- 43.3% used traditional medicines or plants Others connected with Elders, attended ceremonies, or found healing in land and beading.
- One-time sessions were not enough—relationship-based, ongoing supports were preferred.

What Would Help

- Wraparound supports (e.g., childcare, transport, housing) are essential.
- 81.9%want Elders/Knowledge Keepers in healthcare.
- 80.2%want Métis care providers Services should be accessible, trauma-informed, and virtual.

Factors Increasing Vulnerability

- Lackof Métis and 2SLGBTQQIA+ care providers
- Lackof gender-affirming care, transparency, and cultural safety
- Structural racism, poverty, and being seen as "not Indigenous enough" in pan-Indigenous spaces

Key Themes from Validation Sessions

1.Mental Health is Foundational

- Participants emphasized the deep connection between mental, emotional, physical, and spiritual well-being.

"Any health issue affects your mental health and vice versa [meaning that] all health issues should be a major policy statement and ways to navigate that process." **- General Validation Session**

2.Barriers are Systemic and Personal

- Long waitlists, high costs, and a lack of culturally safe care stigma in small towns and fear of being recognized .
- Lack of referrals due to limited access to primary care Lack of ongoing programs and services as "one and done" .

"...I have even to ration my therapy sessions because my insurance only covers. So yeah, so much, and I can't afford to pay $200 out of pocket. I only really get help when I'm reaching the point where I'm struggling to function." **- General Validation Session**

Discussing the shortage of counsellors:

"I have a lot of access now to counselling, but I've experienced having to ration and pay out of pocket. Yeah, having access to mental health practitioners who understand or share an Indigenous worldview is also very difficult to find, but it makes all the difference. Consistency and therapeutic relationships are crucial." **- General Validation Session**

When they do have access to a referral, they are *"often questioned about the validity of their claims for wanting mental health and wellness support"*
-Survey Results.

"Funding and support for diagnostic processes not covered for adults (such as autism spectrum disorder, which can look like many other conditions and go unnoticed at high rates in women and gender diverse people."
-Survey Results

Response to the topic of referrals from a primary care physician (PCP):

"This creates compounding barriers for Métis women, as noted, many do not have access to a PCP, so they struggle to acquire the referral."
-General Validation Session

3.Culture Heals

- Beading, tea circles, storytelling, ceremonies, and land-based gatherings were identified as critical supports. These activities support intergenerational connection and healing.

"Land connection is SO important, needs to be accessible for all families, including ensuring Métis families have paid time off from work to spend time unplugged from phones and back in nature feeling strong and connected again." **- Survey Respondent.**

"Like in June, we always have a strawberry tea to honour women. So, we just have strawberry tea. But it's just a gathering and people share, and they talk about whatever is going on, good, better and different. And sometimes it's just beading with ten women." **- General Validation Session**

"When we meet in circles filled with meeting women, great things will happen. As meeting women, we need to share our knowledge, respect and understanding as givers of life. It is our responsibility to provide shelter from life storms for our sisters, aunties, cocoms daughters and granddaughters. We should be teaching self-respect to young girls and women. Sit and have tea and cookies or bannock or cake or whatever and just do like we used to do when we were supporting a family, going through whatever they were going through", where conversations can be grounded in "humour and love and kindness." **- General Validation Session**

"Tea times, cedar tea, cooking together, and beading together."
-General Validation Session

"Connecting to the land is a way that I also like to heal; connection to land and kin and allowing therapy to involve both of those ideas." **- 2SLGBTQQIA+ Validation Session**

4.Métis-Led, Not Western-Only

Participants called for:

- Programs designed by Métis, for Métis
- Recognition of Métis identity in mental health spaces—not just pan-Indigenous approaches

It was noted that *"much of the social and wellness programming that respondents have access to is still deficit-based in its design and assimilatory in practice". In contrast, another respondent noted a "lack of care period. I feel like an ideal Métis mental wellness community would want me to succeed and return to health so that I can thrive. My life would have purpose and meaning, to keep well, so I can give back what I can. Right now, I am simply a burden on the medical social services system."*
-Survey Response

"Our mental health system is very, very colonial in that. I think it really looks at people as from the Western perspective of being very individualistic, whereas for me ... we're more collective in terms of our identity. And so, I think that." **- General Validation Session.**

"Mental health practitioners who are not indigenous or not understanding of that indigenous worldview that they don't really understand that issues that are more collective or family oriented or within our kinship network can, I think." - General Validation Session

"It's like a rock, another rock that we put in our backpack that we carry around with us, and that what they [healthcare practitioners] fail to realize and recognize and and address too is that that blood memory, and we know our ancestors have always known that blood carries memory and our DNA carries memory. And even if we didn't, you know, one of the one of. Whatever you want to put fill, f ill in that blank with indigenous woman. Whatever negative statement you want to put in there, just another indigenous woman. What they what they feel to recognize and and address is that. Memories, the DNA memories and the blood memories of our ancestors, who had to hide their pain and hide their wounds until that is openly dealt with. We can't move on in a healthy way. We can't move on in a good way, and we can't receive." **- General Validation Session**

5.Representation Matters

- There's a need for more Métis and 2SLGBTQQIA+ practitioners, advocates, and system navigators.
- One respondent noted that the health navigators would also help to facilitate and support Métis families so that familial connections are still present when Métis women and 2SLGBTQQIA+ people are interacting with the healthcare system, such as during extended hospitalizations for example, so that Métis patients can play games or tell stories with their kin to support their healing, noting :

"I needed them. I needed their love and I needed their support. So a health navigator for health facilities."

"How to contribute to more positive experiences is a tough one, because I hope education is what is needed of the current practitioners. How to get a nurse, doctor, or social worker with 20+ years of experience to change their way of thinking, I have no idea. Those are the people who need to have the change, not necessarily the new people coming onto the floors; advocating for more educational requirements of these professions is a start." **- 2SLGBTQQIA+ Validation Session**

6.2SLGBTQQIA+ Métis Face Unique Challenges

- Few services reflect the intersection of Indigeneity and queerness.
- Participants felt excluded, misrecognized, or forced to explain themselves.

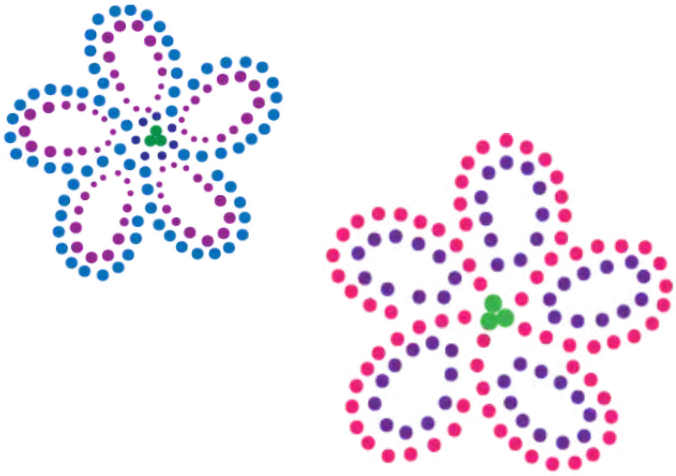
"Being queer, we are always seeking connection and support, and that is already difficult for 2SLGBTQQIA+, let alone being Métis. Connection is extra important to all of us." - 2SLGBTQQIA+ Validation Session

"Being Indigi-queer,whenever I try to access services, I feel they go one of two ways: either being demonized or tokenized to educate themselves."
-2SLGBTQQIA+ Validation Session

"There is a lack of Indigenous 2SLGBTQQIA+ resources in general. Everyone is either Indigenous-focused or LGBTQQIA+-focused, but they do not overlap in that sense." **- 2SLGBTQQIA+ Validation Session**

7.Wraparound & Community-Based Support

- Healing happens in community: around the fire, with aunties, through laughter.
- Informal spaces arejustasimportantasformal clinical ones.



What We Are Learning from You

- **85.8%** want more Métis mental healthcare providers
- **81.9%** want access to Elders in healthcare
- **72.1%** said a lack of cultural connection harms their wellness
- **Only 13.2%** accessed Métis-specific mental health programming.

Community Priorities Moving Forward

1. Sustainable, flexible fundingfor community-rooted programs;
2. More Métis and 2SLGBTQQIA+ mental health providers;
3. Services that reflect Métis culture, not just Western models;
4. Virtual, mobile, and cross-jurisdictional options;
5. Distinctions-based programs, designed with and by Métis.

Policy Recommendations

To close the gap in Métis mental health outcomes:

1.Invest in long-term, flexible funding for Métis-led, gender-inclusive mental health programs

2.Support arts- and land-based healing activities like beading and ceremony

3.Provide Métis-specific care within and beyond healthcare institutions

4.Ensure service access across provinces and territories

5.Embed Elders and traditional knowledge into service delivery

6.Fund navigators and advocates to guide people through care

7.Support 2SLGBTQQIA+ Métis-specific programs and providers

Conclusion

The voices of Métis women and 2SLGBTQQIA+ individuals shared through this project underscore the urgent need for culturally grounded, community-driven approaches to mental health and wellness. Wellness does not begin and end in clinical settings. Instead, it thrives in informal, relational spaces - around kitchen tables with tea and bannock, during beading circles, and in the embrace of land and ceremony. These everyday practices are not "extras"—they are essential, Métis forms of care that build connection, resilience, and safety.

A consistent theme across the survey and validation sessions is the need for greater representation of Métis and 2SLGBTQQIA+ mental health practitioners - people who share and respect the lived experiences of those they support. Participants emphasized the importance of trust, cultural safety, and spiritual connection in the care they receive. The presence of Métis Elders, Knowledge Holders, and community advocates within healthcare systems can foster a more holistic, kinship-based model of care. At the same time, barriers such as cost, stigma, lack of access in rural and remote areas, and systemic discrimination continue to prevent many Métis from accessing the support they need. Addressing these barriers means creating space for community-rooted, flexible supports that reflect the realities of Métis life. Above all, sustainable and adaptable funding is critical to long-term wellness. Communities need funding that responds to their unique and evolving priorities - funding that recognizes housing, transportation, and connection as health and supports continuity in programs and relationships. LFMO's MIYÓYÂWIN Initiative has illuminated the deep, interwoven needs and strengths of Métis women and 2SLGBTQQIA+ people. The path forward is clear: it must be Métis-led, grounded in culture, and centred on community. Policymakers, funders, and health leaders must take these insights seriously and invest in lasting, transformative change. Métis-led, culturally grounded mental wellness is not only possible—it's already happening. However, to grow, it needs stable investment, recognition, and respect. By centring Métis voices —particularly those of women and 2SLGBTQQIA+ individuals—we move closer to a future where healing is accessible, community-rooted, and culturally safe for all Métis people and families.