Exploring the workplace experiences of Indigenous workers regarding cultural connectedness and mental health outcomes in Northwestern Ontario

by

Jazanne Bunting

A Thesis presented to

Lakehead University

in partial fulfillment of the

thesis requirement for the degree of

Master of Health Sciences

with specialization in Indigenous and Northern Health

Thunder Bay, Ontario, Canada, 2026

Declaration of Originality

I hereby declare that I am the sole author of my thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

Indigenous peoples in Canada face significant disparities in mental health outcomes, which is a challenge that extends into the workplace. Indigenous workers often face a range of workplace factors that contribute to negative mental health outcomes, including discrimination, racism, historical trauma, a lack of cultural safety, and lateral violence. The primary objective of this study was to explore the workplace experiences of Indigenous workers regarding cultural connectedness and mental health outcomes in Northwestern Ontario. The current state of the literature around Indigenous workplace mental health demonstrates a lack of knowledge and understanding of how Indigenous workers experience the workplace, for which this study aimed to contribute to. This study conducted 24 semi-structured interviews with Indigenous-identifying participants working in the Northwestern Ontario region, which were then analyzed using thematic analysis. Findings revealed key knowledge related to cultural connectedness, mental health, and workplace experiences. The results highlight *community recognition* as an emergent workplace factor for Indigenous workers, which is not included in Canada's National Standard for Psychological Health and Safety in the Workplace, suggesting that there are workplace factors that are unique to Indigenous workers. This demonstrates the interconnectedness of mental health and cultural connectedness with the workplace. These findings can be used by workplace health and safety representatives to develop and implement policy that is aimed at improving Indigenous worker mental health.

Acknowledgements

I would like to thank those who have helped me along the way on this journey.

Firstly, I would like to thank my supervisor and committee member, Dr. Vicki Kristman and Dr. Charles Levkoe respectively, for all your help in guiding me through my proposal and completing my thesis. I thank you both for your time, patience, and effort in helping me complete and see this project end in a good way.

I want to thank those at the EPID@Work Research Institute for making this project come to life, for all the work that you have put towards it. I also want to thank Fernanda, for all your time and feedback, in challenging and guiding me to the right path.

To my partner, my family, and my pet-children for all the love and support. I wouldn't have gotten through this journey without your unconditional love. To my friends who inspired me and who helped me along, I appreciate you all. And to my community of Wabaseemoong Independent Nations for supporting me throughout my academic journey, thank you.

Lastly, thank you to those who participated in the interviews. Thank you to the participants who gave their meaningful time, thoughts, feelings, insights, and approval for sharing their experiences to make this world a better place.

Chi miigwetch.

Table of Contents

Chapter 1: Introduction

1.1 Background

Indigenous peoples in Canada face significant disparities in mental health outcomes, which is a challenge that extends into the workplace (Nelson & Wilson, 2017; O'Loughlin et al., 2022). Indigenous workers often face a range of workplace factors that contribute to negative mental health outcomes, including discrimination, racism, historical trauma, a lack of cultural safety, and lateral violence (Brathwaite et al., 2021; O'Loughlin et al., 2022). These challenges are deeply rooted in the historical trauma of colonization, which continues to affect Indigenous peoples across Canada today (O'Loughlin et al., 2022). In spite of colonization and capitalism, the Indigenous population in Canada is increasing, with Indigenous people participating in the workforce in greater numbers than ever before. Despite historical and ongoing issues, research specifically focused on Indigenous workplace mental health remains limited. Much of the existing literature regarding Indigenous populations tends to focus on mental health and addiction in Indigenous communities, neglecting the role of socioeconomic factors and social determinants of health (Reading & Wien, 2009). This gap in research has hindered an extensive understanding of the unique mental health challenges faced by Indigenous workers, making it difficult to develop targeted interventions or policies to address these concerns.

The limited research on the mental health of Indigenous workers is further compounded by the lack of exploration into workplace-specific factors that may exacerbate these mental health challenges. While a small number of studies have examined how income and education affect the mental health of Indigenous peoples, there is limited understanding of how the workplace itself contributes to mental health outcomes for Indigenous peoples. Moreover, some

studies suggest that Indigenous workers on-reserve may experience poorer health and mental well-being compared to their off-reserve counterparts (Durand-Moreau et al., 2022). However, the reasons remain poorly understood, and research comparing the mental health of Indigenous workers on- versus off-reserve is practically nonexistent. This gap is particularly vital in Ontario, given that Ontario houses the largest Indigenous population in Canada, at approximately 374,000 individuals (Ontario, 2022). Ontario has 23% of all Indigenous people in Canada, with 78% of First Nations communities located in Northern Ontario (Ontario, 2022). Approximately 23% of First Nations people in Ontario live on-reserve (Ontario, 2022). Roughly 56% of Indigenous peoples participate in the workforce in Ontario (Statistics Canada, 2025); yet we know virtually nothing about Indigenous workplace mental health in Ontario. Northwestern Ontario is home to a large proportion of Indigenous people, with Thunder Bay having the highest proportion of Indigenous people at 12.7% in Canada (Ontario, 2022). Ontario is also characterized by many remote or rural communities where access to healthcare and mental health services is often limited (Reading & Wien, 2009). As a result, Indigenous people in this region may face unique challenges that exacerbate their mental health struggles compared to other parts of Canada, such as the remoteness of Northwestern Ontario, limited infrastructure, and limited access to health services (Mandal & Burella, 2021).

1.2 Rationale

The lack of research on Indigenous workplace mental health, particularly in regions like Northwestern Ontario, represents a critical gap in our understanding of the specific challenges that Indigenous workers face. Additionally, the regional context of Northwestern Ontario, with its unique demographic and geographical characteristics, is often overlooked in studies overall. Understanding how workplace factors impact the mental health of Indigenous workers in this

region is essential for informing policies and practices that can improve the health and mental well-being of Indigenous workers.

The aim of this study was to explore Indigenous workers' experiences around cultural connectedness and mental health outcomes in the workplace, contributing to a more nuanced understanding of the mental health challenges encountered in the north. By focusing on mental health in the workplace, this study sought to provide an overview of the mental health disparities faced by Indigenous workers, ultimately contributing to the development of more effective workplace health strategies that can inform policies and practices to improve workplace mental health in the region. This study was part of a larger collaborative project with the Nokiiwin Tribal Council, who are the stewards of the data for First Nations worker participants for all of Northwestern Ontario. Collaboration with the Nokiiwin Tribal Council provides the ability to inform Indigenous communities, neighboring tribal councils, employers, managers, policymakers, workers and community leaders with the insights needed to create supportive and culturally safe work environments for the betterment of Indigenous workers in Northwestern Ontario.

1.2 Research Objective

The primary objective of this study was to explore the workplace experiences of Indigenous workers regarding cultural connectedness and mental health outcomes in Northwestern Ontario.

The objective of this study emerged from the gaps and limitations found in the literature on Indigenous workplace mental health and the role that cultural connectedness has in Indigenous communities. This research was conducted to fill in existing gaps by examining

socioeconomic inequalities such as workplace impacts on Indigenous mental health. It also contributed qualitative data to the field of Indigenous workplace mental health by exploring the experiences of Indigenous workers. Additionally, there is limited research about the connection between cultural connectedness and mental health in other socioeconomic contexts, hence the purpose of incorporating it as part of this study's research objective.

The objective of this research was done using qualitative methods, namely semi-structured interviews conducted with 24 Indigenous-identifying workers in Northwestern Ontario. Results revealed community recognition as a significant factor for Indigenous workers, such that it appeared to promote workers' mental health and work performance. Community recognition appeared to be an emergent workplace factor not yet included in Canada's National Standard for Psychological Health and Safety in the Workplace (Canadian Standards Association [CSA], 2013), indicating the lack of acknowledgement and consideration of underrepresented populations within national policies. With that, the regional nature of this study allowed a starting point for changing practices and policies to promote Indigenous-specific worker health and mental health in the workplace. This study has the potential to contribute significantly to the field of health sciences and Indigenous workplace mental health by addressing key gaps in the literature around Indigenous perspectives of cultural connectedness and cultural identity, lateral violence in the workplace, community recognition as a workplace factor, and navigating mental health challenges in the workplace.

This thesis is divided into seven sections, for which this chapter makes up the first. The second section, which is the literature review, provides a summary of the current literature of Indigenous workplace mental health. The third section is the methods, which outlines the study design and details how the study was conducted. This is followed by the findings, which feature

the outcomes that emerged from participants' interviews. And then the next section, the discussion, goes on to discuss the findings of this study in relation to existing research. The final section concludes this thesis and outlines future directions.

Chapter 2: Literature Review

As of 2021, Indigenous people in Canada make up 5% of the total population that comprise of three distinct groups: First Nations, Inuit, and Métis (Statistics Canada, 2022; Thiessen, 2023). While the term *Indigenous* is commonly used as an umbrella term, it can obscure the considerable diversity that exists (Stewart, 2017). Indigenous peoples in Canada encompass a wide range of cultures, languages, and traditions, of which is reflected in each unique nation and community across the country (Durand-Moreau et al., 2022; Stewart, 2017). Ontario has the largest First Nations population, representing approximately 24% of Canada's total First Nations population (Ontario, 2022). There are over 630 different First Nations communities and over 1.1 million First Nations people across Canada (Government of Canada, 2025), with the number of First Nations people increasing rapidly in the last couple of decades (O'Loughlin et al., 2022). Statistics Canada (2021) has reported that about 44% of First Nations people live on-reserve, with the remaining living off-reserve or in urban areas.

In North America, Indigenous people have faced direct and indirect impacts of colonization, including forced assimilation, systemic violence, and discriminatory legal policies to name a few (Ninomiya et al., 2022; Thiessen, 2023). In Canada, one of the most damaging acts of colonization was residential school. These schools forced Indigenous people to assimilate and removed Indigenous culture from the Indigenous children at the time (Bombay et al., 2014; Corrado & Cohen, 2003; Truth and Reconciliation Commission of Canada [TRC], 2012b; Wilk et al., 2017). Although the last residential school shut down in 1996, it has had lasting and intergenerational effects on the physical and mental well-being of residential school attendees, their children, and their grandchildren (Reading and Wien, 2009; Wilk et al., 2017). Residential school is only one part of Indigenous peoples' history in Canada. Other historical and

contemporary events and practices continue to contribute negatively to Indigenous peoples' health and well-being (Ninomiya et al., 2022). For example, the Indian Act and the Sixties Scoop, started in 1876 and the 1960s respectively, continue to negatively impact Indigenous peoples to this day (Lavoie et al., 2010; McKenzie et al., 2016). Contemporary events that persist today include environmental displacement and environmental racism against Indigenous peoples, as well as challenges with child welfare, which are only one of many issues that stem from the impacts of industrialism and colonialism (Venkataraman et al., 2022; McKenzie et al., 2016). The impacts of colonialism have resulted in disproportionate health and mental health challenges for Indigenous people, which can be shown through the social, political, and economic inequalities present today (Reading and Wien, 2009). As a result, it is important to consider the history and current state of Indigenous people in Canada to understand how and why Indigenous people face disproportionate mental health challenges (Toombs et al., 2023).

2.1 Mental Health of Indigenous People

Globally, Indigenous people face a disproportionate burden of negative mental health outcomes (Nelson and Wilson, 2017). The same holds true for the Indigenous population in Canada. Rates of negative mental health outcomes among Indigenous people throughout Canada are disproportionately higher than among non-Indigenous Canadians (Nelson and Wilson, 2017). Although research overemphasizes suicide and substance use for Indigenous populations, these are areas that have been identified by Indigenous communities as top priorities to combat (Firestone et al., 2015; Nelson and Wilson, 2017). In addition to Indigenous people having high rates of mental health diagnoses, having attended residential school and experiencing discrimination appear to contribute to poorer mental health as well (Firestone et al., 2022; Toombs et al., 2023).

In terms of research, Canada has the second largest Indigenous population worldwide, yet there is limited research in mental health outside of suicide and substance use challenges (Owais et al., 2022). This leads to a significant gap in mental health research concerning Indigenous people in Canada, especially regarding socioeconomic impacts on people's mental health and well-being (Owais et al., 2022). Additionally, much of the research is based on non-Indigenous perspectives, which may result in misrepresentations of Indigenous mental health in research (Nelson and Wilson, 2017). Such misrepresentations can reinforce inaccurate assumptions and overlook key factors that influence Indigenous mental health and well-being, resulting in ineffective policies and programs for the population of interest. This limitation in the research has resulted in a large gap for certain populations, including Métis and urban Indigenous peoples, in understanding mental health research (Nelson and Wilson, 2017), especially research on workplace mental health among Indigenous peoples.

2.2 Employment of Indigenous People

2.2.1 Employment

In terms of employment in Canada, Indigenous peoples have a unique relationship with employment because of their different worldviews and values compared to non-Indigenous people (Thiessen, 2023). For instance, Indigenous knowledges focus on the importance of relationships and connections among all living beings, with key aspects including relationships, responsibility, reciprocity, and respect (Kapyrka & Dockstator, 2012). On the other hand, Western worldviews tend to centralize the self and hold that individuals are separate from the environment, which highlights a stark contrast between the two worldviews (Kapyrka & Dockstator, 2012). This unique relationship is due to most workplaces being built and functioning within a Western model that differs from Indigenous worldviews and values

(Thiessen, 2023). Western-based workplaces, which are the dominant model, are a byproduct of settler-colonialism that have and continue to negatively affect Indigenous people today (Durand-Moreau et al., 2022; Yuan, 2024). The impacts of colonization and historical trauma that Indigenous people in Canada have endured have greatly affected their health, mental health, employment trajectory, and have led to numerous socioeconomic inequities (Durand-Moreau et al., 2022; O'Loughlin et al., 2022). This has resulted in several issues for the employment of Indigenous people, some of which include a lack of cultural safety, experiencing lateral violence, harassment, disrespectful attitudes from non-Indigenous co-workers, and racism, which contribute to facing disproportionately higher rates of poor mental health outcomes at work (Brathwaite et al., 2021; O'Loughlin et al., 2022).

Indigenous people's unique relationship with employment can be informed by their relatively high rates of unemployment compared to non-Indigenous people in Canada (O'Loughlin et al., 2022). In Canada, 15% of Indigenous people aged 15+ are unemployed, with higher rates of unemployment occurring on-reserve (Reading & Halseth, 2013). Conversely, non-Indigenous Canadians aged 15+ have an unemployment rate of only 6.3% (Reading & Halseth, 2013). The gap in unemployment has been decreasing in recent years, yet Indigenous people still face more challenges in obtaining and retaining employment overall due to factors that are unique to Indigenous people (Mills & McCreary, 2006; Reading & Halseth, 2013). For instance, some key factors that exclude Indigenous people from participating in the workforce include inequitable employment opportunities and accessibility, as well as discrimination, racism, and a lack of cultural comprehension (Brockie et al., 2023; Hom et al., 2020; Hunter, 2014; O'Loughlin et al., 2022; Thiessen, 2023). However, for Indigenous people who are employed, they tend to have a higher risk of experiencing negative behaviours in the workplace

(O'Loughlin et al., 2022). Despite these statistics, there is limited information about Indigenous employment in the north, specifically in Northwestern Ontario (Indigenous Advances Education & Skills Council [IAESC], 2020). This is critical as the context of work in the north differs from central regions in Canada (IAESC, 2020), which may suggest that Indigenous workers in Northwestern Ontario face different challenges and opportunities as compared to those in more central regions of Canada. The lack of regional data in this area indicates the need for further research.

The high rates of unemployment among Indigenous populations are mostly due to socioeconomic factors such as low-income jobs and a lack of education (Durand-Moreau et al., 2022; Lamb, 2013; Pendakur & Pendakur, 2011; Reading & Halseth, 2013). For instance, research indicates that Indigenous people are often employed in lower-paying positions as compared to non-Indigenous workers, suggesting that lower-paying positions is a factor that contributes to poorer mental health (Park, 2021; Reading & Wien, 2009). Additionally, First Nations workers who work on-reserve have the lowest income of all Indigenous workers, which might suggest worse health and well-being outcomes for First Nations workers living on-reserve (Durand-Moreau et al., 2022; Lamb, 2013; Pendakur & Pendakur, 2011). In terms of education, high unemployment rates among Indigenous people can be partly explained by a lack of Western education attained among Indigenous people (Reading & Halseth, 2013). Education is one of the key factors to gaining employment and is said to be a main contributor to First Nations' well-being (Reading & Halseth, 2013).

While Western education contributes to better socioeconomic outcomes, Indigenous ways of knowing contributes to overall health and well-being for Indigenous peoples, specifically by acting as a protective health factor (Biles et al., 2024). For example, Indigenous health and well-

being are closely tied to culture, which encompass Indigenous ways of knowing and being (Biles et al., 2024). While colonial trauma has contributed to significant health disparities, strengthening cultural connections can promote resilience, strength, and self-determination, consequently promoting Indigenous knowledges and ways to improving health outcomes and systems (Biles et al., 2024). Socioeconomic factors, such as employment, education, and housing, play a major role, historically and today, on Indigenous peoples' employment trajectory and as such, have and continue to result in inequities across various aspects of Indigenous peoples' lives.

2.2.2 Socioeconomic Factors

Indigenous people have historically been denied access to the resources and conditions necessary to maximize socioeconomic status through the impacts and policies of colonization in Canada, which have resulted in high rates of unemployment, scarce economic opportunities, low educational attainment, and meager community resources (Reading and Wien, 2009). Despite these disparities, the socioeconomic status of Indigenous people in Canada has steadily been improving in recent years, despite the gap that still exists in the health and well-being of Indigenous people (Reading & Halseth, 2013). This is important because socioeconomic factors play a major role in Indigenous peoples' health, such as determining the outcome of one's health status and quality of life (Reading & Halseth, 2013). For example, low educational attainment can increase the chances of having a low-income job, which may impact the health and well-being of a person because of the inability to access adequate resources. Additionally, other factors can further result in negative health outcomes, such as a negative workplace experience or unemployment (Reading and Halseth, 2013).

As alluded to previously, education plays a role in socioeconomic status and in employment (Reading & Wien, 2009). As for secondary school, about 22% of Indigenous youth have dropped out before completing high school (Reading & Wien, 2009). However, for those who have completed high school, studies have shown a significant increase in the prospects of employment, income, and better health outcomes (Reading & Wien, 2009). This indicates that education has a direct impact on the overall health and well-being of Indigenous people, independent of employment (Reading & Wien, 2009). While employment does not directly impact health and well-being as education does, it is suggested that employment contributes to an increase in health status among Indigenous people (Reading & Wien, 2009). However, it is important to consider other factors as well when understanding Indigenous people's health. Indigenous people who live in rural regions have lower rates of educational attainment (Durand-Moreau et al., 2022). On a positive note, though, education at the post-secondary level for Indigenous people in Canada has also been improving significantly over the years (Kolahdooz et al., 2015). This is promising because educational attainment is seen as a major barrier to employment for Indigenous people (Kolahdooz et al., 2015).

Moreover, to combat the inequities that Indigenous people face, the Truth and Reconciliation Commission developed "Calls to Action" that were designed to lessen the gap in various sectors between Indigenous and non-Indigenous people in Canada (TRC, 2012a). Call to Action No. 7 states, "We call upon the federal government to develop with Aboriginal groups a joint strategy to eliminate educational and employment gaps between Aboriginal and non-Aboriginal Canadians" (TRC, 2012a, pp. 1–2). However, very little has been done to date, and a lot is still to be done by the government in relation to call to action No. 7 (Indigenous Watchdog, 2024). As such, there is currently minimal work being done in relation to Indigenous

employment in Canada, even though employment and occupational health are considered one of Canada's major health issues to focus on (Dimoff & Kelloway, 2013).

2.3 Employment and Mental Health

Most of the literature on Indigenous people's health tends to focus on the mental health and addictions of Indigenous people, specifically looking at the prevalence estimates of suicide, substance use, and mental health challenges; mental health in relation to intergenerational trauma and residential school; and the effects of colonization on Indigenous mental health and well-being (Nelson & Wilson, 2017; O'Loughlin et al., 2022). This has led to a lack of understanding of how socioeconomic inequalities impact mental health in general, especially among Indigenous people in Canada (Reading & Wien, 2009). With the lack of literature on socioeconomic inequalities, there is also a major lack of available information on the employment of Indigenous people in Canada, specifically on how employment and the workplace impact the mental health of Indigenous workers (Hajizadeh et al., 2019; O'Loughlin et al., 2022). This is important as employee mental health has become an important issue and one of Canada's major occupational health issues (Dimoff & Kelloway, 2013). Additionally, with the population of Indigenous people growing rapidly in the last couple of decades, this highlights a need for further research regarding Indigenous workplace mental health as a greater proportion of young Indigenous workers enter the workforce (Nowrouzi-Kia et al., 2021). With that, there is a need to understand Indigenous experiences of workplace mental health in order to address the disparities and barriers that Indigenous people often face, as well as how this is understood within the unique aspects of Canada with rural and remote areas where many Indigenous people reside (Eva et al., 2023; Nowrouzi-Kia et al., 2021).

First Nations people who live and work in rural or remote settings face more barriers than those living in urban areas. This is important to take into consideration as location and housing are socioeconomic factors. First Nations communities often experience more economic disadvantages due to a lack of economic development and difficulties accessing job opportunities due to being in a rural and remote area (Reading & Wien, 2009). Many Indigenous people are often forced to relocate off-reserve for employment opportunities despite many not wanting to leave due to the remoteness (Adelson, 2005; O'Loughlin et al., 2022). However, research has shown that leaving the community for employment can cause feelings of exclusion at work, disengagement from the home community, and an increase in facing discrimination, violence, and racism in the workplace (Kolahdooz et al., 2015; McCaslin & Boyer, 2009; O'Loughlin et al., 2022). Additionally, rural or remote employers may lack understanding and support of First Nations culture and have limited availability of culturally appropriate resources for mental health, which may exacerbate feelings of exclusion and reduce workplace mental health. (Kolahdooz et al., 2015; McCaslin & Boyer, 2009; O'Loughlin et al., 2022).

Overall, Indigenous people face poorer mental health outcomes than their non-Indigenous counterparts, especially in the workplace (Nowrouzi-Kia et al., 2021; O'Loughlin et al., 2022). Among First Nations people, those living on-reserve face poorer mental health outcomes than those living off-reserve (Hajizadeh et al., 2019). The reasons why Indigenous people living on-reserve have worse mental health than those living off-reserve, particularly in the workplace, are not well known in the literature. However, it is suggested that access to culturally appropriate resources for mental health and person-to-person interaction is more limited in remote settings, such as reserves, than in urban areas (O'Loughlin et al., 2022).

2.5 Workplace Factors

2.5.1 Harassment, discrimination, and racism

Canada being built from a colonial foundation has resulted in barriers in the workplace that systemically exclude or limit Indigenous employment, which is the most likely explanation for the underrepresentation of Indigenous people in the workplace (Abele & Stasiulis, 1989; Eva et al., 2023). These barriers are a consequence of historical and ongoing discrimination against Indigenous people, which have contributed to substantial mental health inequities and negative mental health outcomes (Eva et al., 2023; Nowrouzi-Kia et al., 2021). In the workplace, the most common barrier and factor that negatively impacts the mental health of Indigenous workers are experiences of discrimination, racism, harassment, and violence and other negative attitudes and behaviors from peers (Brockie et al., 2023; Hom et al., 2020; O'Loughlin et al., 2022). Experiencing racism and discrimination in the workplace worsens mental health, as well as exacerbates feelings of social exclusion, which may drive workers to leave their place of employment (Browne et al., 2012; Conway et al., 2017; O'Loughlin et al., 2022). Additionally, Indigenous workers are two times more likely to experience negative behaviours such as harassment, discrimination, and racism in the workplace compared to non-Indigenous employees, making these experiences common for Indigenous workers (Browne et al., 2016; Jones et al., 2018; Kolahdooz et al., 2015; McGregor, 2017; O'Loughlin et al., 2022). Moreover, with the rapidly increasing population of Indigenous people that will make up a larger proportion of younger and new workers, more Indigenous workers will likely face discrimination and exclusion in the workplace (Law Commission of Ontario [LCO], 2012).

A lack of cultural understanding in the workplace has been found to contribute to negative mental health outcomes and barriers in the workplace for Indigenous workers (Brockie

et al., 2023; Hom et al., 2020). For instance, when employers fail to understand Indigenous workers' culture and traditions, it can exacerbate feelings of discrimination, racism, or exclusion, which can result in difficulties in retaining employment for Indigenous workers (Adu-Febiri & Quinless, 2010; Ambtman et al., 2010; Ben-Cheikh, 2022; Popken et al., 2023; Thiessen, 2023). Furthermore, other employment-specific factors that have been found to contribute to negative mental health outcomes include having less access to training compared to non-Indigenous workers, experiences of lateral violence resulting from historical trauma, and a lack of cultural safety and mental health resources (Durand-Moreau et al., 2022; O'Loughlin et al., 2022). Although cultural safety and awareness of Indigenous peoples and cultures have been promoted in recent years, Indigenous people have stated that these types of training are not enough to create a supportive environment (Thiessen, 2023).

Certain factors that are experienced in the workplace have been found to further negatively impact levels of socioeconomic status and education. Specifically, social exclusion in the workplace can prevent individuals from pursuing education and training (Reading & Wien, 2009). The lack of opportunities can then subsequently result in insecurity and low self-esteem, which can then cause poor mental health outcomes and psychosocial stressors, which exacerbates feelings of social exclusion in the workplace (Reading & Wien, 2009). Additionally, clashing confrontational styles, tokenism, unconscious bias, and a lack of promotion opportunities in the workplace are found to be workplace factors that act as barriers in the workplace for Indigenous people (Eva et al., 2023; Thiessen, 2023). In terms of confrontational styles, workplaces tend to work within Western ways of autocratic styles, which clashes with the non-confrontational style of Indigenous workers (Thiessen, 2023). This factor results in poor

experiences with confrontation and is an aspect that pushes Indigenous workers to leave their place of employment (Thiessen, 2023).

On the other hand, workplace factors can also have a positive effect and are important not only for mental health but also for engagement and retention at work. Building and fostering a sense of identity and relationships in the workplace is beneficial to promoting positive mental health, especially among Indigenous workers (Nowrouzi-Kia et al., 2021; O'Loughlin et al., 2022). This is relevant because among Indigenous people, building relationships within the workplace that are trustworthy is important to improving mental health outcomes, opening doors for new opportunities, and increasing inclusivity in the workplace (O'Loughlin et al., 2022), which also results in higher involvement and trust (Thiessen, 2023). Research also indicates that having supportive peers and supervisors in the workplace can help mitigate adverse workplace mental health outcomes (O'Loughlin et al., 2022; Thiessen, 2023).

Furthermore, mental health improves when the workplace fosters a supportive, collaborative, relational, and mentally challenging environment (Bakker et al., 2011; Jongen et al., 2019). Research has also shown that when positive experiences, encouragement, and support are shared in the workplace, the mental health of Indigenous employees improves (Jongen et al., 2019; O'Loughlin et al., 2022). Other positive workplace factors include providing mentorship opportunities for Indigenous workers and including workers in decision-making processes of the workplace (Jongen et al., 2019).

Another workplace factor that has been found to promote positive mental health is providing culturally safe and competent human resources policies and practices that enable further training and development (Jongen et al., 2019). It is also important to address structural inequality in the workplace, such as promoting Indigenous workers to higher positions of power

and giving opportunities for decision-making, as this has been found to improve inclusivity in the workplace (Mills & McCreary, 2006). When opportunities are given, it promotes positive interactions in the workplace, which is key to better mental health outcomes (Thiessen, 2023). In the Australian context, Indigenous-owned businesses have demonstrated high levels of Indigenous employment and retention, which could be due to different environments that are created and are supportive of Indigenous employees (Eva et al., 2023). However, the research is lacking in understanding how these workplaces differ in providing a more supportive environment for Indigenous workers.

When the workplace understands and respects Indigenous culture and traditions, it has been found to positively impact the mental health of Indigenous workers (O'Loughlin et al., 2022). For instance, one paper indicated that there are fewer challenges for Indigenous workers when the employer is understanding and accommodating of family and cultural obligations (Eva et al., 2023; Lahn, 2012). Additionally, when a workplace supports a healthy sense of cultural identity for Indigenous workers, it increases cultural well-being which is associated with improved career satisfaction, which showcases the importance of employers giving recognition to the cultural practices and background of Indigenous workers (Haar & Brougham, 2013; Mills & McCreary, 2006). This is essential because in one study, participants mentioned that celebrating their culture in the workplace was associated with fortitude and having a greater voice in the workplace (Mills & McCreary, 2006). Cultural traditions and identity play a major role in influencing Indigenous peoples' mental health, suggesting that there is a connection between culture and mental health; however, how this connection plays out in employment mental health has not yet been explored in the literature.

2.5.2 Cultural Connectedness

Indigenous mental health research suggests that engagement in one's culture is strongly associated with positive mental health outcomes (Auger, 2016; Firestone et al., 2022; Ninomiya et al., 2022). This is also known as cultural connectedness and is considered an important protective factor for the health and mental health of Indigenous people (Snowshoe et al., 2015). Studies have found that engagement in cultural practices, traditions, and language were associated with improved mental health and well-being, as well as a strong sense of cultural identity and self-esteem (Auger, 2016; Firestone et al., 2022; Ninomiya et al., 2022). Participants of one study conducted in Sarnia, Ontario, Canada, indicated that culture was a source of strength and resilience, which was associated with positive mental health and well-being (Ninomiya et al., 2022). However, the study was not workplace-related and had recruited participants from a partnering Indigenous community that struggled with mental health and/or substance use challenges (Ninomiya et al., 2022). Furthermore, even though culture was considered a source of strength and resilience, researchers did not define culture (Ninomiya et al., 2022). Regardless, the role of culture for Indigenous people has been found to act as a buffer against adversity (Auger, 2016; Pearce et al., 2015).

Cultural connectedness, though not yet explored in Indigenous workplace mental health research, may be an important factor for Indigenous peoples' mental health and well-being. Given the unique health determinants of Indigenous people, understanding how cultural connectedness impacts Indigenous workers in the workplace is essential.

2.6 Knowledge Gaps

Ongoing research on the mental health of Indigenous people in Canada tend to focus on treatment rather than the etiology of mental health and addictions, which has resulted in a lack of

study on mental health in relation to socioeconomic inequalities such as the workplace (Hajizadeh et al., 2019; Nelson & Wilson, 2017). As a result, workplace mental health for Indigenous people is poorly understood (Nowrouzi-Kia et al., 2021). This is critical due to the rapidly growing population of Indigenous people in Canada, as it is projected that they will take up a larger percentage of Canada's working population in the future, so understanding mental health in relation to socioeconomic inequalities is critical (Nowrouzi-Kia et al., 2021).

Additionally, off-reserve populations are underrepresented in the literature because populations living off-reserve are often widely dispersed and difficult to track (Nelson & Wilson, 2017). On-reserve populations, however, are surprisingly not underrepresented as they are centralized to a community and often considered a priority when it comes to health-based research (Nelson & Wilson, 2017). This leads to the fact that current research of Indigenous populations in Canada tends to be scattered and generalized when considering both on-reserve and off-reserve populations (Reading & Wien, 2009). For instance, virtually none of the literature compares on- and off-reserve populations despite the importance of considering the various populations that exist under the umbrella term "Indigenous" (Lashley & Olfert, 2013). Acknowledging the diversity that exists among Indigenous populations will help to reduce the marginalization of Indigenous people in research. Nearly half of the articles that do examine Indigenous mental health only identify populations as "Aboriginal" or "Indigenous" and does not specify exact populations such as First Nations, Inuit, Métis, or by their community of origin, making it less clear when trying to compare groups within Indigenous populations (Nelson & Wilson, 2017).

Furthermore, because of the sparsity of research of Indigenous populations in Canada, either due to the limitations of surveys or research studies, mental health related research often

homogenizes Indigenous peoples, which can obscure differences between Indigenous groups, communities, and individual experiences (Nelson & Wilson, 2017). This results in a lack of regional and local context for understanding the impacts on the mental health of certain groups. Additionally, it prevents meaningful comparisons between Indigenous groups across different variables (Reading & Wien, 2009). The current dearth of literature on workplace mental health among Indigenous people demonstrates a lack of Indigenous-specific workplace studies, resulting in a lack of understanding around workplace experiences and mental health.

To address these research gaps, my study explored the workplace experiences of Indigenous workers regarding cultural connectedness and mental health outcomes in Northwestern Ontario. The goal of this research was to use a qualitative methodology that focused on Indigenous workers within Northwestern Ontario, a region in the north that is seldom understood in terms of employment. Moreover, this research was done to examine how the workplace impacts mental health outcomes and cultural connectedness among Indigenous workers by understanding workers' unique experiences in-depth.

Chapter 3: Methods

3.1 Positionality

I am Anishinaabekwe from Wabaseemoong Independent Nations, located in Treaty Three territory in Northwestern Ontario. I am a daughter, a granddaughter, a sister, a niece, an auntie, a cousin, a partner, and a friend.

I entered the Master of Health Sciences program with the goal of researching Indigenous mental health, particularly within Northwestern Ontario. As an Anishinaabekwe, I have witnessed many members of my community struggle with a range of mental health and substance use challenges. These individuals include my friends, family, and others from neighbouring communities throughout Treaty Three territory. My personal and professional experiences, as well as a growing passion for health and healing, led me to pursue this field. While I was not always sure how I would contribute to improving mental health outcomes, my journey eventually brought me to this program.

Having lived in Northwestern Ontario my entire life—and having spent the first 17 years in my community—I have had the opportunity to work both on- and off-reserve. These experiences have shaped my understanding of the unique health and social issues Indigenous communities face, which have strengthened my commitment to contributing to positive change.

I have grown up with a close connection to my community and culture while staying on-reserve, which has led to my cultural identity and connection to my community being central to who I am. I was raised with a deep appreciation for Anishinaabe ways of knowing and being, thanks to the teachings of my dad, mom, and kookom (grandmother), who all played pivotal roles in my upbringing.

My kookom taught me many traditional teachings and practical skills. She showed me how to understand signs from the land and the animals to predict the upcoming weather. She taught me about berries and medicines, and shared stories about our family history, the strength of women, and the importance of being rooted in our homelands. My mom passed down deep knowledge and strength. She is a woman I deeply admire and aspire to be. She taught me that women are life-givers and the carriers of strength in our world. Through her, I learned about what it means to be a strong Anishinaabekwe—my role, my duties, and the values I should uphold as a woman in this world. The women in my life have instilled in me the traditional matriarchy of our culture. The way they lived and thought is grounded in Anishinaabe teachings, which have shaped how I see the world and my place within it. In carrying their ways forward, I am passing down our traditional ways of knowing and being.

My lived experience has shaped how I approach my academic and professional work. Growing up in Northwestern Ontario and witnessing the mental health challenges in communities has shown me the importance of centering Indigenous voices in research. This is especially true when considering workplace mental health—something many people experience yet is rarely explored from an Indigenous perspective. I want to highlight the stories and knowledge of those with lived experience. My upbringing has taught me to always come back to my people – and this is my way of coming back home to help my people. To tackle mental health struggles with change that can be seen for the upcoming younger generation and workforce. This is what pushes me toward improving mental health among my people – in a way that I know, which is research.

3.2 Study Design

This was a qualitative study that used aspects of phenomenology. This approach was selected because phenomenology focuses on an individual's lived experiences, which align itself with the objective of this study (Neubauer et al., 2019). The focus of this study was to explore the workplace experiences of Indigenous workers regarding cultural connectedness and mental health outcomes, demonstrating the significance in using aspects of phenomenology to explore the experiences of Indigenous workers.

This master's thesis was part of a larger project titled "Supporting Indigenous Workplace Mental Health: A Mixed Methods Approach," which was conducted at the EPID@Work Research Institute at Lakehead University. The overarching project used a mixed-methods design and included quantitative, qualitative, and knowledge mobilization components. Its general objective was to identify and understand workplace factors that influence Indigenous workers' mental health. The qualitative component aimed to gain an in-depth understanding of how workplace experiences affect Indigenous workers' mental health using grounded theory (Corbin & Strauss, 2008). The present master's thesis was aligned with this qualitative objective and constituted a focused analysis by using thematic analysis, within the qualitative arm of the larger project. As such, data generated through the qualitative component of the overarching study were used to address the objectives of this master's thesis.

3.3 Participants and Recruitment Methods

The target population included Indigenous workers within Northwestern Ontario who had already completed the baseline Northwestern Ontario Workplace & Worker Health Cohort Study (NOWWHS) survey, which was the quantitative component of the overarching study. The target population consisted of employees aged 14 or older, currently employed, self-employed, or

employed in the past year. Participants who self-identified as Indigenous and agreed to be contacted for a follow-up interview as per the NOWWHS survey were selected. EPID@Work staff and members were excluded from participating in the study for confidentiality reasons.

Contact information was provided by participants through prior participation in the NOWWHS survey. Purposive sampling was employed as part of participant recruitment. A list of 198 potential participants who had previously consented to being contacted for a qualitative interview was extracted from the quantitative data. Participant contact was prioritized by gender to support gender representation within the sample. Outreach to participants occurred via phone or email. Upon agreement from participants, a time, date, and location were set up to conduct the semi-structured interview. Based on the preferences of the participants, semi-structured interviews occurred over Zoom or in-person at the EPID@Work Research Institute in a private interview room. Interviews, both online and in-person, were recorded and conducted in pairs led by me. I was accompanied by a post-doctoral fellow during the interviews to ensure safety and guidance if needed. Both interviewers were trained in qualitative interview techniques to ensure culturally safe and rigorous data collection. Interviews lasted approximately 60 minutes, ranging from a minimum of 45 minutes to a maximum of 90 minutes. Participants who were able to attend in-person were permitted to request the presence of an Elder or Nokiiwin Spirit Builder (a person trained to address challenges through culturally and trauma-informed practices) for support.

3.4 Data Collection

This study employed semi-structured interviews because it allowed the exploration of pertinent ideas that came up throughout the interviews (DeJonckheere & Vaughn, 2019). Semi-structured interviews allowed for not only a contextual understanding of the experience of

Indigenous workers but allowed participants a space to talk about their experiences while sticking within a structured format (DeJonckheere & Vaughn, 2019). This method was more feasible than a focus group due to the nature of personal information that was being shared by participants. The interview guide was developed in collaboration with fellow researchers at the EPID@Work Research Institute and with Nokiiwin Tribal Council. Nokiiwin Tribal Council supported and approved development of the interview guide to ensure that questions remained relevant to the study's objective and were culturally appropriate. The interview guide was organized into six sections and included a total of 15 questions. Probes were included to encourage participants to provide concrete examples of experiences and perceptions. The interview guide can be viewed in Appendix B.

The complementary focus of the larger qualitative project and the master's thesis facilitated the development of a coherent and integrated interview guide that addressed workplace factors, cultural connectedness, and mental health in a congruent manner. The alignment between the larger project and the master's thesis supported the integration of these topics within a single interview guide. Questions related to workplace mental health were informed by the workplace factors outlined in the National Standard for Psychological Health and Safety in the Workplace (CSA, 2013), shaping question development. Questions related to cultural connectedness were informed by the cultural connectedness construct proposed by Snowshoe and colleagues (2015). Although the cultural connectedness construct is grounded in quantitative research, it was adapted to inform qualitative inquiry, allowing cultural connectedness to be explored through the lived experiences and perspectives of Indigenous workers.

Prior to data collection, the interview guide was pilot tested with five participants, of which two were Indigenous workers and three were immigrant workers from the EPID@Work

Research Institute, chosen for their similar contexts of workplace vulnerability. The pilot interviews were done to ensure that there was consistency in the questions asked, in the way they were asked, and in the representation of body language and vocal cues, to ensure reliability across interviews. The interview guide questions, which are in Appendix A, inquired about one's connection with one's culture and their experiences in the workplace. The purpose of the interview guide questions was to explore individual experiences about how workplace factors impact the mental health of Indigenous workers, what it looks like, and how cultural connectedness plays a role in workplace mental health. Given the grounded theory nature of the main project, the interview guide evolved over the course of data collection. The interview guide was refined and adjusted following the first version as analysis progressed and new concepts emerged. Subsequent versions of the interview guide were informed by ongoing data analysis and reflexive team discussions. This iterative development process has been previously described in Bunting and colleagues (2025). Despite the evolution of the interview guide, questions pertaining to this thesis' objectives were not modified. The order of the questions, specifically those as part of this thesis, were modified to allow for a more logical flow throughout the remainder of the interviews. Such changes can be viewed in Appendix A and Appendix B.

Termination of data collection and sample size was guided by theoretical saturation. Theoretical saturation, first described by Glaser and Strauss (1967), occurs when no additional themes emerge from data collection. With that, theoretical saturation was used as the primary criterion to determine sample size as no additional themes emerged from the semi-structured interviews.

3.5 Data Analysis

Interviews were transcribed verbatim onto the Microsoft Word program and independently reviewed by both me and a second researcher, Fernanda Miranda, whom was overseeing the overall project, to ensure the accuracy and fidelity of the transcribed data. This study used thematic analysis to analyze the data. Although this study used aspects of phenomenology in its aim to explore people's feelings and experiences, thematic analysis was used because of its flexibility and suitability in analyzing participants' experiences (Clarke & Braun, 2013). While the overarching project was based on grounded theory methodology, the use of thematic analysis in this study allowed for a constant comparative and iterative analytic approach guided by the research objective (O'Callaghan et al., 2024).

The data was subsequently analyzed using NVivo (Lumivero, 2025), a qualitative analysis software. NVivo was used due to its ease of accessibility offered by Lakehead University, but also its efficiency in data organization and management, saving time and effort in analysis (Limna, 2023).

Following the six phases of thematic analysis as outlined by Clarke and Braun (2013), I started by familiarizing myself with the data which was done through conducting the interviews and transcribing them. The second step, coding, was done by identifying and labeling codes in the NVivo program. The third step, searching for themes, consisted of organizing the codes and categorizing them into themes that were relevant to the research question. Then the codes were further categorized into overarching themes, subthemes, sub-subthemes, and their associated codes based on the data from the interviews. The fourth step, reviewing themes, was done to ensure that the themes worked in relation to one another and to the research question. This step consisted of collapsing, combining, or splitting codes under their associated subtheme or sub-

subtheme to refine each theme. The fifth step, defining and naming themes, was done throughout the first four steps of data analysis. The sixth step was to write the report. Findings were presented in a narrative way, including excerpts to illustrate the coding trees. The names of the participants were substituted with pseudonyms to ensure confidentiality and anonymity of participants. The reporting of the methodology section was guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007).

This study was also informed by Snowshoe and colleagues' (2015; 2017) research on cultural connectedness. Based on the nature of this study and the overarching study, the interview guide did not contain questions pertaining specifically to cultural connectedness. However, the interview guide did contain questions about Indigenous workers which did relate to their cultural identity, as can be viewed in Appendix A and Appendix B.

3.6 Ethical Considerations

This study was carried out following ethical guidelines to safeguard the rights, well-being, and dignity of all participants. We obtained Lakehead University Research Ethics Board (REB) approval for both the NOWWHS and the qualitative project to ensure the study has met or exceeded ethical standards. Participation was completely voluntary, and participants were made aware of their right to decline or withdraw from the study at any point. Initial consent was obtained from participants through their participation in the NOWWHS project. The NOWWHS contained a consent form at the beginning of the survey, in which participants can agree to or decline prior to starting it. Participants completed a second consent form prior to participation in the semi-structured interview. Consent was obtained in the form of signing the informed consent sheet, which outlined the study's details so that the participant was made aware of any potential risks and benefits of participating in the study. In addition to the informed consent, participants

were provided with an information letter that listed the purpose, procedures, potential risks, and benefits of the study.

Participants were informed, as per the consent form, that their answers will be kept confidential and not shared with their workplace, and that their workplace will not be notified of their participation in both the survey and interview. To ensure the credibility and trustworthiness of this study, transparency and accountability were practiced when working with participants. This study compensated participants for their time in participating in interviews to minimize disruption to their daily activities. This study aimed to maintain positive relationships with participants while adhering to ethical guidelines that benefit both participant and researcher.

While communicating with the participants prior to and while conducting the interview, respectful language was used to ensure a comfortable and trusting environment for participants. Information from the interviews was anonymized and de-identified to ensure anonymity of the participants through the process of transcribing the interviews. Participants were informed that their information will be securely stored and accessible only by the researcher. This ensured that participants remained comfortable while conversing about their experiences. Participants were given the right to skip any questions that they may have found uncomfortable answering at any point during the interview. Member checking with a fellow researcher was done to ensure the interpretation of the data remained accurate and reflective of the experiences of the participants. Final research results will be provided to participants who participated in the interview portion of the study.

This study adhered to the principles of OCAP® in terms of data control and holdings, which have been anonymized. The Nokiiwin Tribal Council are the stewards of the NOWWHS data for First Nations participants for all of Northwestern Ontario. Providing the anonymous data

to Nokiiwin Tribal Council adheres to the principles of OCAP® in that they will be able to assert ownership, control, access, and possession of the data. This is beneficial to provide First Nations in Northwestern Ontario sovereignty over their own research data to respect First Nations peoples' protocols and how their data is stored, interpreted, used, or shared (FNIGC, n.d.).

Chapter 4: Findings

In this chapter, I summarize participant demographics and the three key themes that emerged from the findings. Within these three key themes, subthemes, sub-subthemes and their codes also emerged. The thematic map of this study's findings can be viewed in the following Figures 1–4 throughout this section. The themes, subthemes, sub-subthemes, and codes will be discussed in this chapter, but the relationships between the three key themes will be examined in further detail in the next chapter (Discussion section).

The first theme that will be discussed is mental health, which examined how participants define mental health, as well as participants' mental health outcomes and coping mechanisms. The second theme to be discussed is cultural connectedness and its three components: identity, traditions, and spirituality. The third and final theme that will be discussed is workplace experiences. Workplace experiences are composed of two primary subthemes, which delve into experiences around culturally specific workplace factors and discrimination in the workplace. The themes that have emerged from the semi-structured interviews reflect the experiences of Indigenous workers in the workplace. These perspectives demonstrate the relationships between mental health, cultural connectedness, and workplace experiences for Indigenous workers. Within each theme are quotes taken from participants' interviews to exemplify their perspectives, as it is important to maintain and articulate Indigenous perspectives within the research. This also helps to demonstrate the relationship between each theme as well. Finally, it's important to maintain the integrity of Indigenous voices and perspectives, which is why I chose to showcase participants' quotes as much as possible in this thesis project, not only for them but to ensure that Indigenous workers are heard and that their perspectives and experiences are acknowledged.

4.1 Demographics

There was a total of 24 participants in this study. Data saturation was reached after 24 participants. Of all the participants, there were 15 that self-identified as First Nations, six as Métis, and three as both First Nations and Métis. Nine of the participants identified as women, ten as men, four as Two-Spirit, and one as a transgender woman. The minimum age of the participants was 24 years old, with the highest being 57 years old, giving a median age of 39 years old.

Participants worked in a variety of sectors, including Healthcare (n=7), Education (n=5), Arts and Culture (n=4), Public Services (n=3), Construction/Utilities (n=2), Social Services (n=1), Retail (n=1), and Finance/Real Estate (n=1). Employment continuity, which refers to whether one remains in the same job or employer over time, was taken at the time of the interviews being conducted. Participants displayed varying continuities in their employment, as follows: 11 had no change in employer and job role; three remained at the same employer but different position; four were employed at a different employer; one was employed in a different sector; one became self-employed; and four were unemployed. A list of participant demographics can be found in Table 1.

ID	Participant Name	Sector	Gender	Employment Continuity
P1	John	Cultural/Arts	Two-spirit	No change in employer/job role
P2	Jeffrey	Healthcare	Man	Currently unemployed
P3	Carly	Education	Woman	Employed at a different employer
P4	Caroline	Healthcare	Woman	Currently unemployed
P5	Charlie	Public Sector	Man	No change in employer/job role
P6	Sophia	Education	Woman	Currently unemployed
P7	Ariel	Construction/Utility	Two-spirit	Currently unemployed
P8	Rose	Education	Woman	Employed at a different employer
P9	Laura	Cultural/Arts	Two-spirit	No change in employer/job role

P10	Susan	Finance, Real Estate	Woman	No change in employer/job role
P11	Jennifer	Healthcare	Woman	No change in employer/job role
P12	Doris	Education	Woman	Became self-employed
P13	Georgina	Social Services	Woman	Employed at a different employer
P14	Maxwell	Healthcare	Man	No change in employer/job role
P15	Michael	Healthcare	Man	No change in employer/job role
P16	George	Healthcare	Man	No change in employer/job role
P17	Will	Cultural/Arts	Two-spirit	No change in employer/job role
P18	Scott	Construction/Utility	Man	Employed in a different sector
P19	Gary	Education	Man	No change in employer/job role
P20	Samantha	Public Services	Man	Same employer, different position
P21	Kelly	Retail	Transgender woman	Employed at a different employer
P22	Barb	Healthcare	Woman	Same employer, different position
P23	Manuel	Public Services	Man	Same employer, different position
P24	Dean	Cultural/Arts	Man	No change in employer/job role

Table 1: Participant demographics

4.2 Mental Health

Three related themes emerged from this category: definition of mental health, coping mechanisms, and mental health outcomes. Together, these themes illustrate a continuum from how mental health is conceptualized, how it is enacted in daily practices, and to how it is ultimately experienced within the context of work and culture. Figure 2 presents the coding tree for this category.

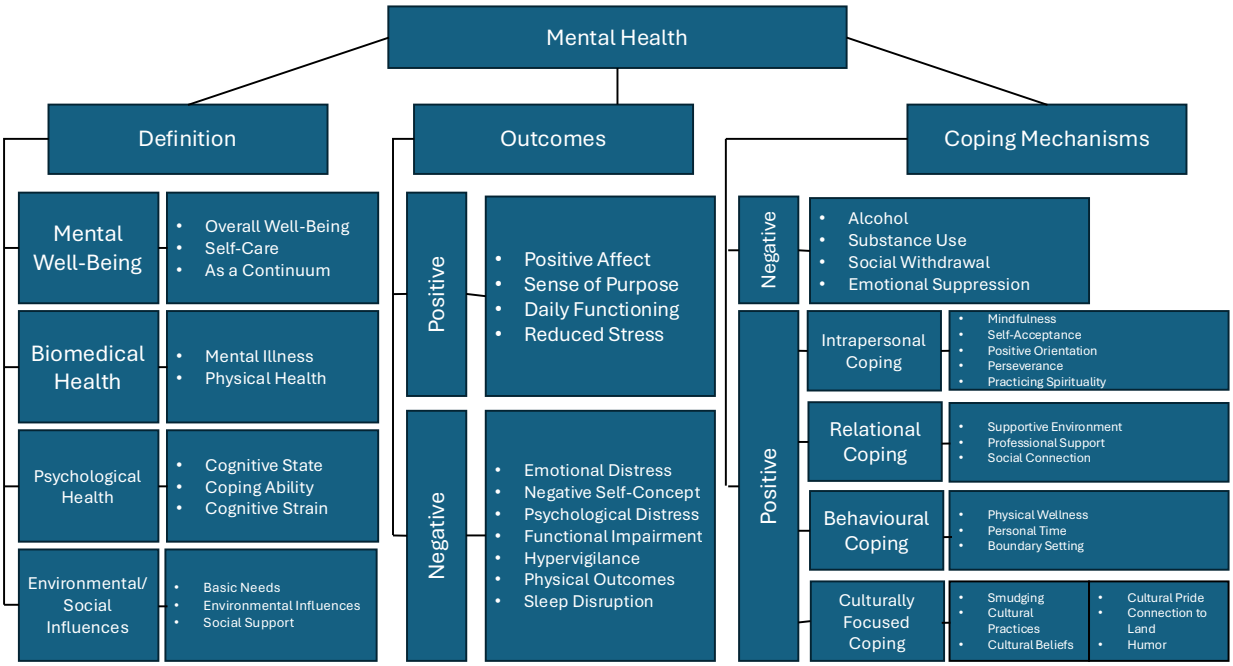

Figure 1: Mental Health Coding Tree

Participants seldom discussed specific mental health disorders or symptoms in the workplace. Participants talked about their overall workplace experiences rather than specific mental health outcomes. For example, when talking about a workplace experience, a participant would talk about their perspective and the outcome of that experience. Generally, the most discussed themes were mental health outcomes and coping mechanisms.

4.2.1 Defining Mental Health

This section shows the broad ways in how participants define their mental health. How participants understand and perceive mental health were inquired about early in the interview as a form of an icebreaker question. Understanding how participants perceived mental health was important, as it gave critical insights into how they interpreted their workplace experiences and broader life contexts. Although this was introduced early in the interview, it demonstrated how

defining mental health shaped coping strategies, mental health outcomes, and how participants perceived their own mental health.

Mental health was described in multifaceted ways. Definitions of mental health ranged from holistic and relational to a more individual or biomedical lens. Participants understood mental health in four main ways: mental well-being, environmental/social influences, biomedical health, and psychological health.

Defining mental health as mental well-being often aligned with Indigenous worldviews on health. Mental well-being was encompassed as having the physical, mental, and spiritual aspects that make up well-being, which was demonstrated by a participant: “Mental health is kind of a whole well-being, I suppose, or wellness. Not just, you know, that affects your everyday life, physical, mental, spiritual.” [Charlie].

Participants also described mental well-being in a broad sense, such that it was characterized as a continuum in which to visualize the status of one’s mental well-being. Some participants also saw mental well-being as self-care. While self-care varied by the individual, participants indicated its importance to managing stressful life situations.

Similarly, participants described mental health and well-being as shaped by external factors, or in other words, by environmental and social influences. This demonstrates how participants often perceive mental health as external to the self, such that mental health is instead situated within their relationships and broader structural influences. Moreover, participants highlighted the importance of having basic needs met, as well as the impact of different environments (including the workplace) on their mental health. One participant reflected on how their mental health is shaped by their environment: “I think that for me, more recently, let's say in

the last 5 years, I've really learned more about my mental health, and sort of, how that… how my environments, including the workplace, workplace, home, family, all of those things can be contributing factors to how I'm feeling." [Samantha].

Participants also defined mental health as psychological health and emotional functioning, particularly as the ability to manage stress and maintain focus. While less commonly mentioned, psychological health underlined the capacity to navigate life demands and the internal processes. As one participant described: "Just the state in which a person is at in their life, like, how they're feeling, and just basically where they're at." [Doris]. In this sense, mental health was linked to one's cognitive state. On the other hand, some participants perceived their mental health as cognitive strain, which was often referred to as the inability to ground oneself, as is exemplified by one participant: "Mental health, to me, is just struggling to focus. Struggling to ground yourself and struggling to focus." [Jennifer].

Similarly, defining mental health through a biomedical lens was also less commonly expressed, but showed up in interviews. Participants framed mental health as mental illness or as physical health, as is illustrated: "Mental health, like, disorders, I guess. Like, I don't know. Depression, stuff like that" [Gary]. Defining mental health through a biomedical lens appeared to be more restrictive, reflecting Western understandings, such as mental health being limited to diagnosable conditions or bodily states. However, participants rarely defined mental health with this perspective. Rather, mental health was most often perceived through a holistic lens.

4.2.2 Coping Mechanisms

While defining mental health illustrated how Indigenous workers perceived mental health in their own words, coping mechanisms showed how these understandings were put into practice

within their own social, cultural, and work-related contexts. Coping mechanisms were a central piece in addressing the research question, as it demonstrated how participants actively navigated the crossroads of workplace experiences, cultural connectedness, and mental health in their daily lives. Based on the accounts of participants, coping strategies were broadly organized into two main themes: positive and negative coping mechanisms.

Within positive coping came about general coping strategies that were separated into: intrapersonal, relational, behavioural, and culturally focused coping. This highlights that despite many coping strategies being drawn from, participants also draw from culturally specific practices that are based on one's cultural identity, community, and relationships to the land.

Intrapersonal coping involved relying on internal processes to cope, as described by participants. Examples of intrapersonal coping include multiple processes such as: self-acceptance, maintaining a positive orientation or outlook, perseverance, mindfulness, and practicing spirituality. One participant demonstrated perseverance in the following example: "That's what my mom always says. She's like, I don't even know how you did it. It's because I knew I had to. I knew that I had to. I had no other choice. Like, something was pushing me to know that I had to do that." [Sophia].

Relational coping emerged from participants' perspectives on how connections with their loved ones served to better their own mental health. The connections to loved ones comprise of having a supportive environment, the ability to access professional support, and maintaining a social connection, which is exemplified with the quote: "And that's, at the end of the day, that's my only savior is my family. Like, if I didn't have them and I walked out that emergency and didn't have my mom to say, can you come pick me up? Like, I probably wouldn't be here. And I think that that's the hardest part, so…" [Sophia].

Behavioural coping emerged from how participants took action to manage one's own mental health. Participants often described engaging in physical wellness, taking personal time, and setting boundaries as ways to manage mental health, as is demonstrated by one participant: "So I'm learning to say no to certain like I said yes to every job. And then, for my sanity, I said, no to a couple, like I've got too much ethics for, for that organization." [John].

The final positive coping strategy, culturally focused coping, was most frequently mentioned by participants. Culturally focused coping is generally understood as engaging in culturally specific practices to manage one's own mental health. While the codes under this category may fit within the first three groups, these strategies were specific to cultural practices, which is why they were categorized under culturally focused coping. This highlights the cultural aspect that Indigenous workers draw from to manage their mental health. Ways in which participants talked about using culturally focused coping strategies included smudging, using humor, cultural practices, cultural pride, cultural beliefs, and connection to land. One participant demonstrated using humor to cope, as is demonstrated: "So, the most scary parts of your life. And I think a lot of Indigenous people learn how to laugh. They dealt with a lot of trauma, and on and off, they joke right?" [John].

Participants also engaged in cultural practices to improve mental health. Cultural pride, on the other hand, materialized from participants' interviews and was most commonly specified as feeling prideful in one's own culture, identity and background – and can be a form of being true to oneself. One participant shared how cultural pride was closely tied to their mental health:

> Yeah, I think it's culturally, like, it ties a lot into mental health, because that's, like, who you are, and you can't deny who you are. And, like, I think it seriously affected the

> mental health of generations before, because they kind of had to hide who they are, who they were. So, it's, I try and wear it loud and proud. [Manuel]

In general, most participants have cited cultural involvement in one's own culture, its values and what it brings as beneficial to one's overall mental health. Many have attributed involvement in their culture, no matter how it looks like, to promote positive mental health outcomes and manage workplace stressors. Culturally focused coping strategies represent the link between cultural connectedness and mental health, demonstrating how these often complex processes are applied in Indigenous workers' daily lives.

Compared to positive coping mechanisms, negative coping mechanisms were reported significantly less by participants. It appeared that negative coping mechanisms were shaped by structural and historical influences, as well as individual social and cultural contexts. This drives the need to understand negative coping mechanisms at the individual level among Indigenous workers.

The most common negative coping mechanisms that participants used to deal with mental health challenges consisted of alcohol use, substance use, withdrawal from social surroundings, and suppressing one's emotions. The following is demonstrated as an example of alcohol use: "Because I've seen that, and I've kind of lived it myself, right, too? Like, when you used to make the… what do you call the negative coping stuff, right? Like, back then, I used to turn to the bottle, I used to turn to whatever, right?" [Jeffrey].

Social withdrawal was mentioned by participants as withdrawing from one's social groups. In the workplace, this looked like disengaging from work or mentally checking out from work: "Well, it kind of makes you go secluded, right? You don't want to talk to anyone, you're

like, okay, well, I don't feel comfortable here, but you gotta go there and do your job, right?" [Ariel]. This form of coping reflects a distancing not only from others, but also from one's immediate environment and responsibilities.

Closely related to this, participants also brought up emotional suppression as another form of coping with distress. While social withdrawal was based more on behavioural coping, emotional suppression occurred at an internal level. Social withdrawal showed up as concealing emotions in order to navigate challenging situations, as exemplified by one participant in the following:

> Not a very emotional person, you know, grew up at a time where those emotions were kind of locked down and everything else, and you didn't talk about them or anything else. So, especially in my occupation, there are things that we see and do and unfortunately, experience that people shouldn't have to experience, but we do. [Charlie]

4.2.3 Mental Health Outcomes

While coping mechanisms focused on how workers dealt with adversity in the workplace, mental health outcomes are composed of both positive and negative outcomes that can be understood as changes to a person's overall well-being. Participants often discussed mental health outcomes as a result of experiencing a negative workplace incidence. For instance, Indigenous workers talked about how experiencing discrimination in the workplace had a negative impact on their mental health, which can be understood as a negative mental health outcome. For many, mental health outcomes were heavily informed by workplace experiences and some aspects of cultural connectedness. Mental health outcomes were organized into two categories: positive and negative mental health outcomes.

Positive mental health outcomes were characterized by a general sense of positive mental well-being and the ability to function on a day-to-day basis. Across the interviews conducted, positive outcomes were rarely touched on as compared to negative outcomes. However, for those that did mention positive outcomes, it mainly comprised of feeling a sense of purpose, having a positive affect (mood), being able to function on a daily basis, and having reduced stress.

One participant described their work as giving purpose to their life, which helped their mental health in a positive way. This illustrates how employment can contribute to positive mental health outcomes for Indigenous workers. One participant exemplified this in the following: “Like I said, it was probably when my mental health was at its best, because I was felt like I had purpose every day.” [Scott].

Participants also described having a positive affect or mood, which can be understood as feeling positive emotions. Some participants attributed this to good mental health for them, as is demonstrated: “I guess a sign of good mental health in my state would be when I'm, like, super motivated, like, I'm more… I'm… I'm less lazy, I guess, when I'm… when I'm in a good mental headspace. More positive, easier to get along with.” [Manuel].

Daily functioning was also described as another outcome of positive mental health. One participant described how daily functioning was important to being able to complete their work tasks, illustrating the relationship between the workplace and positive mental health outcomes. While most participants did not attribute positive mental health outcomes to the workplace, there were some that did, as is shown in the following quote: “And then with that my mental health increases because I know I'm doing a good job. And, like, that's the one consistent place in my life that I've always been able to do a good job, it's been work.” [Samantha].

Some participants also described reduced stress as a positive mental health outcome. For some, outcomes were strongly shaped by workplace experiences, emerging through participants' accounts particularly as consequences of exposure to or removal from work-related stressors, as illustrated by: "Well, what supported my mental health was actually being laid off now, because all those stresses are gone" [Jeffrey].

In contrast, negative mental health outcomes were brought up more often than positive mental health outcomes, reflecting the cumulative impact of challenging workplace environments. Negative mental health outcomes were predominantly characterized as a range from psychological distress to impairments of physical functioning. The most common negative outcomes consisted of experiencing emotional distress, psychological distress, having a negative self-concept, functional impairment, hypervigilance, physical outcomes, and sleep disruption.

Participants reported experiencing emotional distress, which is feeling anger or fear. Often, emotional distress was due to facing a negative experience in the workplace, as is illustrated: "Oh, it would make me angry. It would make me… like, like I said, the one day I just, I was actually just gonna quit that day, I was gonna leave the kids unattended. Walk into her room, give her a piece of my mind, and just leave. I was so upset. I was so upset that day." [Doris].

On the other end, some participants also described experiencing psychological distress, which emerged from experiencing and navigating mental illness. Psychological distress often consisted of experiencing anxiety, depression, burnout, psychosis, or thoughts of suicide. Symptoms varied across participants and differed based on their coping mechanisms and workplace environment. One participant described their own experience with psychological distress in the workplace: "This entire year, I would say that I've been in essentially a perpetual

black mood. This year has been a real task just because of how the business has grown and changed." [Dean].

Participants also faced a sense of low self-worth and self-criticism. Some participants have described ruminating as a negative mental health outcome, specifying how rumination often led to feelings of low self-worth and self-criticism. One participant talked about their experience with low self-worth and how it impacted them in the workplace: "I tend to fear of my thoughts and opinions being shoved to the side. You ever have that? When you have an idea and you're like, yeah. Then they're like, no, they don't like your idea." [Susan].

Participants brought up functional impairment as feeling emotionally numb and not having the capacity to deal with external stressors, such as mental exhaustion. Opposingly, some participants discussed feeling hypervigilant because of experiencing an adverse event in the workplace. Participants described hypervigilance as feeling on high alert or on edge. One participant shared their experience with hypervigilance that stemmed from the workplace:

> I could almost be like, well, my boss is calling me in for a meeting. It's like, what did I do? Now, what did I do? You know? And then always, you know, if someone says something, well, was that a good one or a bad one? And then remember people going, calm, just calm down. It's all good, right? Yeah, not when you're dealing with this for 20 years. You know? It's a lived experience. You've got that... It's almost like you're, you know, on that fight phase all the time, right? [Georgina]

Physical outcomes, as compared to previous mental health outcomes, were characterized by physical symptoms that participants have reported. For instance, some individuals talked about feeling physically ill or gaining weight due to workplace stressors. Participants also

mentioned having sleep disruption due to negative workplace experiences, such as nightmares or insomnia. One participant talked about having nightmares after leaving their workplace: “I've been having nightmares of it since I've left. And I, like, I messaged my daughter, I messaged my daughter this morning, actually, and I said, ‘Oh my god, I had another nightmare, oh my god, of just having to be there.’ You know?” [Doris].

4.3 Cultural Connectedness

This category contains three interrelated themes based on the cultural connectedness construct, including: traditions, spirituality, and identity. These themes illustrate how Indigenous workers maintain connection to their culture, whether it is by engaging in traditional activities, holding a spiritual worldview, or by their sense of identity. Figure 1 presents the coding tree for this category.

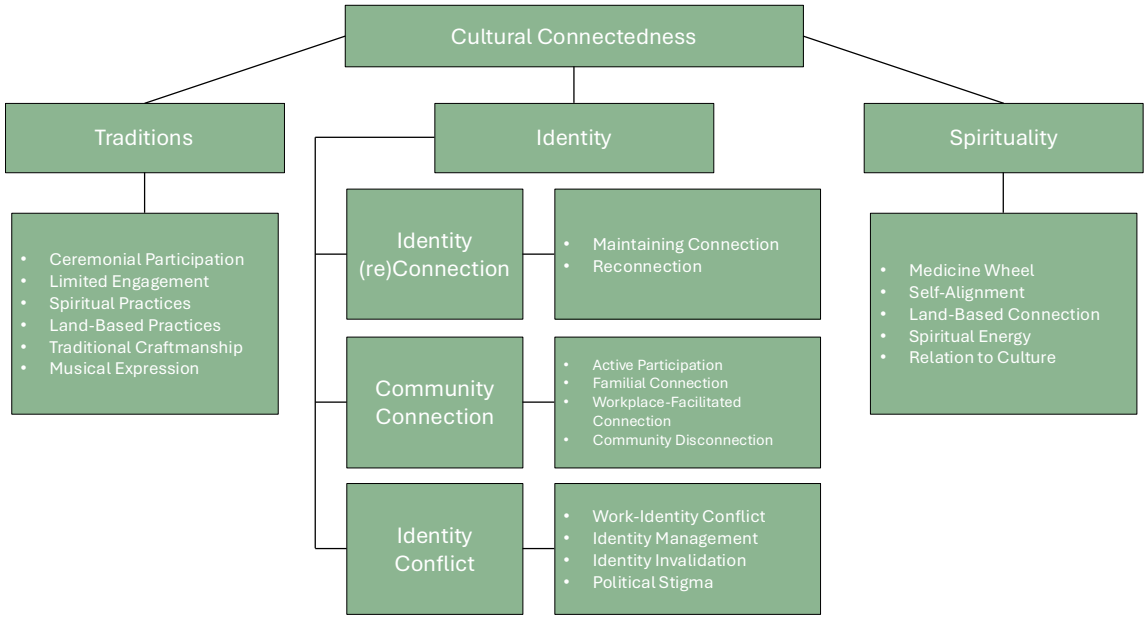

Figure 2: Cultural Connectedness Coding Tree

Participants' accounts revealed deeply shaped relations between workplace experiences, cultural connectedness, and mental health. Across interviews, cultural connectedness emerged as how participants interacted with their culture within their environment and internally, but more specifically as to how they managed their identity in relation to mental health and workplace experiences. In this sense, identity was revealed to be central as to how cultural connectedness is practiced in day-to-day life. Cultural connectedness influences how people manage and perceive their workplace experience, as well as how they manage coping in relation to mental health and its outcomes.

4.3.1 Traditions

Traditions is a key aspect of cultural connectedness. Traditions within this context can be understood as engaging in cultural activities, such as attending a sweat lodge ceremony for example. Cultural traditions were engaged in by several participants, but there were others that did not engage either. While traditions is a critical aspect of cultural connectedness, it appeared to not play a major role in Indigenous workers' workplace experiences but did have a minimal role in workers' mental health coping strategies and mental health outcomes. Based on the interviews, traditions were organized into six categories: ceremonial participation, traditional craftmanship, musical expression, land-based practices, spiritual practices, and limited engagement.

Ceremonial participation was often talked about by participants as engaging in cultural ceremonies such as attending a sweat lodge ceremony, sundance lodge, powwow, cedar bush, among many others. Participants participated in cultural ceremonies as a way of staying connected to one's culture and managing mental health. For many, participating in ceremony was

also a way to engage with community, which is demonstrated by one participant in the following quote:

> I was involved in a little… there was just a few of us that would like to go on weekends to different powwows, and then there was another group that liked to go to check out different knowledge keepers and go to attend sweats and stuff. So, I was connected in that way to a lot of things. [Rose]

Participants also related cultural practices to positive mental health, further illustrating the importance of engaging in one's own cultural practices, as one participant mentioned: "Like, for me, it's working out. Exercising, taking walks, being in nature. Practicing my culture. So… Those are things, to me, good signs of mental health, health, like, being healthy overall, no health problems, so…." [Jeffrey].

Moreover, traditional craftmanship, which is characterized by engaging in activities such as tanning hide, moccasin making, pipe-making, drum making, and creating other cultural items, was another way of engaging in one's culture. Traditional craftmanship was often marked by intergenerational knowledge transmission, as these are activities often taught by Elders or individuals who are already aware of such practices. Participants that worked with Indigenous employers often talked about engaging in traditional craftmanship within the workplace, as is illustrated by one participant:

> Like, when I first started working there, like I said, like, I, like, the beading and the community and, like, the, you know. That aspect of it felt healing for me at first because I was like, oh, wow, I'm going to learn, like... I'll never forget. I never beaded in my life

> and somebody was, and I'm like, this is actually healing. This is cool. This is nice. [Sophia]

Musical expression was another way Indigenous workers engaged in cultural activities, consisting of dancing, singing, and drumming. Musical expression appeared to encourage community engagement as well, contributing to positive mental health outcomes. One participant talked about how drumming connected them to community, as illustrated: “So essentially, for the last couple of… Well, pre-COVID, I was connected to my community in big time. I was part of our community's drum group.” [Rose].

Land-based practices were described by participants as engaging in hunting, fishing, or harvesting traditional food on the land. While land-based practices seldom related to the workplace, it did appear to play a role in peoples’ mental health coping strategies. One participant discussed how they were able to engage in land-based practices and other cultural activities through their workplace, illustrating how engaging in cultural traditions and activities can exist in the workplace:

> And then my job right now is at an Indigenous organization, so we do a lot of different traditional, like, feasts and powwows and sweats, and… a lot of different things. We do lots of protocols throughout work, and we do have, like, a youth and family camp where it's about, like, trying to bring back, like, land learning to the communities we work in. [Barb]

Spiritual practices also appeared to play a positive role in workers’ mental health. Spiritual practices consisted of practicing day-to-day cultural values. Participants engaged in smudging as a form of spiritual practice, a practice that was also commonly done in the

workplace as well. One participant who worked at a non-Indigenous employer talked about being able to smudge in the workplace, as shown:

> So, to avoid all that, [workplace name] actually does have a smudging policy in place. So, we just have to let people know 48 hours behind, 48 hours prior to the event. And then I have to specify, like, its… It's in the [workplace room]. And then I would say in the email, if anybody has any allergies or is susceptible to smoke, please talk… please talk to the scheduler to adjust your schedule. [Will]

There were also many participants that had little to no engagement in cultural activities. This showcased the varying degrees in which people maintained cultural connectedness. The reasons why some had different degrees of engagement varied amongst people and were often due to each person's unique circumstances and personal histories. Despite limited engagement, participants did not relate it to negative mental health nor negative workplace experiences, indicating that there may be other underlying mechanisms that contribute to their experiences in the workplace and mental health.

While traditions were seldom practiced into the workplace, participants found that being able to incorporate cultural practices in the workplace a benefit. Engaging in cultural traditions in any form appeared to benefit Indigenous workers' mental health, especially contributing to positive coping mechanisms. Notably, based on participants' accounts, it appeared that engaging in cultural activities were often done with Indigenous employers, as was shown in the examples throughout this section. However, non-Indigenous employers appeared to have limited ability to accommodate Indigenous workers' traditional practices in the workplace. This was an interesting finding and one that should be investigated further as to why non-Indigenous employers are limited in accommodating Indigenous workers' cultural practices.

4.3.2 Spirituality

While traditions focused on engaging in cultural activities, spirituality interrelates with Indigenous ways of knowing, being, and doing (Vance et al., 2025). Although spirituality can be understood as those who hold a spiritual worldview (Snowshoe et al., 2015), it is a more complex concept that goes beyond how it can be defined. Indigenous populations globally often place importance on spirituality as it is deeply intertwined with ways of knowing, being, and doing, and in turn, health and mental well-being (Fleming & Ledogar, 2008; Terpstra et al., 2021). Spirituality is a significant concept to consider as part of people's health and well-being.

Spirituality was a common theme brought up by participants throughout the interviews, showing its importance in how workers manage and experience mental health within the workplace context. Results demonstrated how spirituality was interconnected with health and well-being among Indigenous workers, as well as how they interacted with the world around them. While difficult to define, spirituality was organized into five categories that best reflected how participants discussed it: medicine wheel, self-alignment, land-based connection, spiritual energy, and relation to culture.

Some participants talked about how they used the medicine wheel to exemplify and relate it to their mental health. For instance, participants talked about how the medicine wheel contains the mental, physical, emotional, and spiritual well-being of a person, and that if one piece is out of place, it can alter the well-being of a person, illustrating the interrelationship between spirituality and mental health. One participant talked about how they centered their mental well-being with the medicine wheel: "For me, it's, I would say, vital. Right? You know, I consider myself part of the medicine wheel, so if one segment is out of place, then I'm out of balance, right? And culture is part of that, so…" [Caroline].

Participants also highlighted self-alignment within spirituality. Self-alignment appeared to be important for one's own mental health and staying connected with not only the culture, but with oneself. Self-alignment was similar to the medicine wheel in terms of staying in balance. For one participant, staying aligned helped them to focus on their job duties and represented good mental health, as is demonstrated:

> I always want to look at it, like, when your whole, when your whole body is aligned in a good way, so you can focus on your job and your surroundings. You focus, you're able to, what do you call it, be attuned to, like, your team and their feelings… So, for me, having your, kind of like, your mind, your body, and your spirit all in good alignment is good mental health. If that makes any sense. [Jennifer]

Some participants also described their spirituality by being out on the land. One participant shared their land-based connection: "Just being out in the bush, and like I said before. Nature was always kind of my spiritual thing, so I would go camping lots and everything else, and, you know, I was by myself most of the time and grew up that way." [Charlie].

Participants talked about their spirituality in other forms as well. For instance, one participant described spiritual energy as a form of their spirituality, such that the energy you emit can affect others. Interestingly, one participant discussed how spiritual energy can impact doing their work tasks, illustrating the dynamics between spirituality, the workplace, and mental health:

> I believe in energy, so I believe what you emit is what people are feeling towards you. So, I don't want to engage myself with a new patient with this energy, because that patient's always going to remember, and they would say, no, no, I don't want that person coming

> near me, because they were… they were really cranky, or they're not nice, you know what I mean? [Jennifer]

Finally, participants felt that the connection to their culture was the one thing they resonated with the most. Relation to culture was strongly associated with positive mental health and mental strength. This is highlighted by one participant in the following quote:

> "So, like, we went to… we went to church for funerals and weddings. I think a lot of people would do something like that. But I've found a much deeper I guess when people say when people click, a much deeper connection with the culture. With my wife also, same kind of situation." [Michael]

Spirituality is a central aspect of cultural connectedness. Like the traditions subtheme, spirituality demonstrates the interrelation of culture and mental health. Based on participants' interviews, spirituality appeared to have especially strong ties to positive mental health and coping mechanisms, which seemed to influence how workers navigate and deal with adversity in the workplace. Overall, spirituality demonstrates its significance to how individuals navigate mental health and their experiences in the workplace. Spirituality is not a one-size-fits-all model and is often demonstrated in unique ways, such as how Indigenous workers perceive their experiences, manage workplace adversity, or interact with people.

4.3.3 Identity

Identity had the biggest role within the cultural connectedness construct for Indigenous workers, as it was the most discussed in all interviews. While spirituality and traditions were key aspects of connecting to one's culture, Indigenous workers most often discussed their identity. This is sensible as identity is central to how cultural connectedness is practiced in day-to-day life

and makes up part of who an individual is, whereas spirituality and traditions could be considered external processes to which an individual must put effort into. Many participants related identity to both their mental health and workplace experiences. Based on participants' accounts, it appeared that identity influenced how people navigate and perceive their workplace experiences, on top of how they manage coping strategies and mental health outcomes. Moreover, how identity interacted with mental health and workplace experiences was not unidirectional. Workplace experiences and mental health also influenced how Indigenous workers perceived and managed their own identity. Identity was organized into three categories: identity (re)connection, community connection, and identity conflict.

Identity (re)connection can be characterized as connection or reconnection to one's cultural background or identity. While identity (re)connection did not play a major role in workers' mental health, it did remain central to one's identity and connection to one's culture, as well as certain aspects of the workplace. For instance, some participants described being connected to their culture and oneself through the workplace, whereas others were able to connect or reconnect outside of the workplace, demonstrating how the workplace can act as a facilitator to (re)connecting to one's culture. This is demonstrated by one participant in the following: "So, like I said, it's been a… one of the stable things in my life has been the [Indigenous organization]. And it has been the core of my learning for culture. And it has been my connection to people who have knowledge, knowledge keepers and practitioners. So, it's been my base." [Rose].

Identity (re)connection often took the form of either maintaining connection or reconnecting to one's culture. A handful of participants described maintaining a connection to their culture from their youth into adulthood. Maintaining connection is understood as preserving

one's connection to their cultural background or identity. For some, maintaining connection to their culture was done through the workplace or by working at Indigenous employers, as was demonstrated in the above quote. On the other hand, there were a number of participants that navigated reconnection to their culture. Based on participants' accounts, reconnection was defined as reconnecting back with one's own cultural background or identity. Some participants worked at Indigenous employers as a form of reconnection, although this was not the case for all participants who sought to reconnect, as others also worked at non-Indigenous employers in positions that related to Indigenous peoples.

One participant describes their story on reconnection:

> Well, for the first 30 years of my life, I thought I was connected to [Indigenous community], and had some interactions with them, and then when I found out I was a 60s scoop kid, I found out I was attached to [associated Indigenous community], so, I've… tend to have more of a connection to my [Indigenous community] side than my original side that I grew up with. The side that, I guess… genetically attached to, yeah, I have almost no interactions with [associated Indigenous community]. [Maxwell]

However, participants often did not attribute identity (re)connection to their mental health or their overall experiences in the workplace. This implies that while important, identity (re)connection plays a minimal role to Indigenous workers' experiences in the workplace and to their mental health.

Conversely, community connection appeared to play a vital role to Indigenous workers' workplace experiences, cultural connectedness, and mental health. Based on the accounts of participants, community connection can be understood as one's connection to their community.

Participants described community as where they are from, one's family and friends, the service users that they serve in the workplace (i.e., children can be defined as community by a social worker), or as a combination of the three. Regardless of how it was defined, community connection remained an important aspect to Indigenous workers. Community was included within identity in this context because Indigenous worldviews tend to include community as part of one's identity.

Being connected to community appeared to be important for Indigenous workers as it related to experiences in the workplace and aspects of mental health. Community connection looked different across participants' accounts, consisting of active participation, being connected only through family, through the workplace, and disconnection. While participants engaged in their community and culture in various ways, the common ways were maintaining relationships with community members, participating in ceremony, or attending cultural events. One participant described what it meant to be part of a community and summarized what this looked like across participants: "When people say, like, oh, well, we're a part of a community. It's kind of an abstract concept, but actually doing it, like, it's not like, oh, I'm a member, I have a thing, and then that's just what I do. But doing it, talking to people, hanging out with people, sharing things. That's what a community is." [Michael].

There were several participants that described having limited or no connection to their community. The reasons for the disconnection varied considerably among participants. A couple of participants talked about their disconnection alongside the desire to have a better connection, highlighting the necessity of community as part of one's identity. This is exemplified by one participant in the following:

> It's something that I've always wanted to be more involved in, for sure. Because, you know, in order to make the most of yourself, who you can be, who you are, you have to understand your roots, where you come from, you know, how things have come to be the way that they are. So, it's… It's a connection or a relationship that I would like to have, and eventually I would like to… I'm going to remain optimistic that that opportunity will make itself available. [Dean]

With that, there were some participants that connected to their community through family. One participant talked about their only connection being through their family: "So, I guess that's like my main connection in [city name] alone. It's like basically just my direct family from my reservation, but like, yeah, that's about it." [Gary]. For the participants that did talk about this, family was an aspect of not only their identity but connection to their culture as well. Familial connection often did not include greater involvement in the community. While important to connection to culture, familial connection was not attributed to mental health nor workplace experiences.

Participants discussed connecting to their culture through their workplace as well. This was mentioned previously to maintain or reconnect to one's culture. For the six participants that discussed workplace-facilitated connection, this was a means to connect to their community as they defined it. In these cases, it appeared that the workplace provided opportunities to conduct or participate in cultural activities or ceremonies during work hours or after hours. Interestingly, findings showed that this was mentioned by those who worked at non-Indigenous employers, although two of which had worked for an Indigenous organization at some point in time. This indicates that non-Indigenous employers may be more conscious to the needs of Indigenous

workers. One participant described their experience connecting to their community through workplace opportunities:

> At work, I really like being able to handle the Indigenous belongings, and think about, like, artists that, like, worked on these pieces, and… It helped a lot, too, and I really like that I can do tours and tell, like, other, like, Native people the what the [workplace name] got, and, like, what the new plans are for the Indigenous belongings, like, bring it all back to the community, and I think that's really important. [Laura]

The third category, identity conflict, can be characterized as having a conflict with one's own identity due to internal or external processes. Based on the accounts of participants, identity conflict appeared to have a negative influence as to how workers experienced the workplace, mental health, and cultural connectedness. For example, some participants discussed how conflict with their identity resulted in negative mental health outcomes. While identity conflict appeared to be a common occurrence among Indigenous workers, it took form in different ways, often having four ways in which it showed. Based on that, identity conflict was organized into four main categories: work-identity conflict, identity management, identity invalidation, and political stigma.

Work-identity conflict was mentioned by a singular participant. Even though it was only mentioned by one participant, it was important to include as it may be reflective of other Indigenous workers employed in the same sector. While not as related to mental health, work-identity conflict appeared to play a role in terms of one's own cultural identity and how one experienced the workplace. Furthermore, the reason that only one participant had talked about work-identity conflict, which is defined as when there is a conflict between one's cultural values and the work tasks or workplace goals they must abide by, was likely because they were

employed in the construction and utilities sector. Based on the demographics, only two of the 24 participants worked in the construction and utilities sector, making it reasonable as to why work-identity conflict was seldom mentioned. The one participant talked about how their work conflicted with their cultural identity in the following:

> Doing all that kind of job, and it's needed to make the world running around, but you actually realize how, how devastating it is, so, you know, being cultural and, like, being connected to it, because, like, I grew up in the bush, and then you see all the pollution that's happening now, it's… Yeah, it's kind of, kinda, kinda goes against your moral values, I guess, you know? But you have to make a living. [Ariel]

On the other hand, identity management was mentioned by several of participants. Identity management was characterized as managing one's Indigenous identity. For instance, identity management can take the form of code-switching, which is illustrated by one participant: "Yeah, yeah, it's like, it's a lot in, like, manage… like, a whole part of my identity, like, I'm Native, like, I can't pretend I'm not, and I don't want to, but… Yeah. A lot of code switching, and it gets really exhausting." [Laura].

For others, identity management also looked like not being forefront about one's own Indigenous identity, which is described by one participant in the following:

> But then, again, so many things, you know, in our system, like, I was dissuaded from telling people when I was young, I was dissuaded from telling people that I was Indigenous or gay. Don't tell people those things because it will limit your career. So, I didn't make artwork for like decades, like I did it just for myself, just for you know my own joy. [John]

When participants talked about managing their identity, it was done because either they did not want to experience stigma, they did not feel comfortable to be themselves in front of non-Indigenous coworkers, or they were dissuaded from acknowledging their own identity. Another example of identity management is depicted in the following quote, in which a participant talked about feeling the need to conceal their identity:

> And it's even sad today that, you know, we feel sometimes like with what's going on in the media and with First Nations, that we have to also hide it, too, because we're, you know, pretendians or whatever everybody wants to say. When it's like, wow, my ancestor was an interpreter for the [First Nation Treaty]. [Sophia]

Participants that talked about having to manage their identity often attributed it to negative workplace experiences coupled with negative conceptions of their Indigenous identity. One participant talked about that despite being Indigenous, they managed their identity in the workplace that they saw fit best, having led to missed work opportunities. This illustrates how managing one's identity can lead to negative outcomes in how one experiences the workplace, as is shown:

> I also worked at [workplace name], and the way that it affects my mental health, or I would say maybe my confidence would be that I played the role of an ally, and that I would, I wouldn't participate fully, or I would kind of, like, self-select myself out of some opportunities in the workplace that were for Indigenous people, because I felt if I felt any kind of, like, resistance from the people and my colleagues around me, then I, I just wouldn't participate or speak. [Carly]

Identity invalidation was another recurrent topic across participant interviews. Defined as having one's own Indigenous identity invalidated by other people, this was frequently described by participants as having their identity dismissed, having to "prove" that they are Indigenous to others, or not feeling like the "right kind of Indigenous person," all of which encompass identity invalidation. Based on the workers' accounts, it appeared that having one's identity invalidated contributed to negative mental health outcomes, negative workplace experiences, and feeling a lack of belonging, which showcases the connection between the three themes of mental health, workplace experiences, and cultural connectedness.

One participant talked about their experience as an Indigenous person in the workplace yet not feeling the like "the right kind" of Indigenous person:

> I've been living and loving and knowing in this field for a long time, and it is, it's not easy being, white and being Métis or Indigenous, especially in Ontario. So, there's times in my life where the, the feeling of that has really come, like, been, I don't know, like, hard on my skin. And I know that my skin is a privilege, but at some points it just really hurt being Indigenous, and feeling like you're not the right person, or in the right place, or doing the right things, and, and I, I have, at different times, questioned whether I needed to turn back and do and be someone else, and, like, I just couldn't. Like, it's really who I am and what I've always been, and so it really isn't something that, like, it is really upsetting to me when I think of that, so it's not been something that I could do. [Carly]

This illustrates the social complexity of identity invalidation and the negative impacts that it may have. Another participant talked about identity invalidation, in which they state the difficulties of feeling a sense of belonging: "No. Yeah. So, it makes it difficult to really find that

you're belonging somewhere" [Sophia]. This further showcases the negative impacts that identity invalidation can have socially, mental health-wise, and within the workplace.

Many of the participants that talked about identity invalidation often brought up how they felt that they could not be their authentic selves. Participants attributed this experience with their skin colour, as they expressed themselves as "white-passing." This is depicted by one of many participants in the following quote: "But, and I think that that's another thing, is like, unless I tell people where I identify, it's immediately assumed that I am white." [Kelly]. Upon discussing identity invalidation, there were participants that described this issue as a form of lateral violence while others dismissed it, illustrating the differences in perception and coping mechanisms in face of adversity. This is demonstrated in the following quotes in which the first deems it as lateral violence whereas the second does not: "But then lateral violence I have been, you know, come for, for being light skinned, for, for so many things." [John]. The second quote is as follows: "I think most people have an idea of what an Indigenous person looks like, and if I don't fit the traditional view of that, that kind of throws them for a loop, but it doesn't get in the way of me doing my work." [Michael].

Political stigma was another key point that was voiced often. Participants described political stigma as feeling one's Indigenous identity is stigmatized due to the political landscape. Interestingly, this was only brought up by participants who self-identified as Métis. While similar to identity invalidation in some aspects, such as not feeling like the "right kind of Indigenous person" or having to prove their Indigeneity, political stigma stems from the political landscape of the Northwestern Ontario context. More specifically, political stigma is based on the ongoing conflict between First Nations and Métis political bodies in the region of Northwestern Ontario, which have resulted in feelings of shame and stigma against those who are Métis.

All the participants who brought up political stigma attributed it to the regional political conflict, as is shown by one participant: “And, and right now in Ontario, the Chiefs of Ontario and Manitoba Métis Federation have declared anyone in Ontario as a pretendian.” [Carly]. This shows how Métis-identifying individuals may face negative impacts to their cultural identity, mental health, and workplace experiences. Another participant who brought up political stigma also talked about how it may have influenced their loss of employment at a First Nations employer:

> So that was another thing that was going on during my time of losing my job was the fight against the First Nations and the Métis, like [Métis organization] and stuff like that. So, during that June when I lost my job, there was also a lot of fights between the [First Nation Treaty] and the [Métis organization]. And I didn't really piece it all together at that time, but now continuing to still watch it go. [Sophia]

Many participants shared how not only they felt stigmatized due to their Métis identity, but they also discussed how this impacted their workplace experiences around discrimination and identity conflict in general. One participant talked about their conflict with their identity due to the political stigma:

> And I think I felt like that conflict, like, what are people gonna think? Are all of these people against Métis? Like, what is it? And it's really, like, the messaging from these larger political bodies. And it's become, you know, social media. You see people's comments, and you see that, and even though you try to let it not impact you, it does. So I guess that's where my conflict stems from. [Samantha]

Furthermore, Métis-identifying participants often discussed facing discrimination and identity invalidation in the workplace, indicating that the regional political conflict may play a role in exacerbating negative experiences in the workplace for Métis workers. Based on the conflict, Métis is also not understood as Indigenous, which further extends to the issue. This is described by one participant in the following: "I don't even think it's a [workplace name] problem, it's just, like, a social thing that's happening right now. Métis isn't really understood as Indigenous. It's not really a part of that, it's only federally part of that scene, but not maybe socially." [Carly].

Another participant talked about facing identity invalidation within their workplace, which they attributed to their skin colour. This distinguishes Métis workers' experiences from those of First Nations workers, despite both populations being Indigenous. The quote is as follows:

> And in my first meeting with my council that's supposed to be guiding the work that we do, which is for Indigenous people in [location], which are made up of First Nation, Métis, Inuit. You have people who are more traditional, people who are more spiritual based on where they come from. And literally, in my first interaction… this is… they brought up the color of my skin and what I look like, and I was like: what? Like, it was mind-blowing to me, and I kind of laughed it off in the moment, but I was like, you are supposed to be guiding work for all Indigenous people to make them feel included and this and that, and I faced it again. [Samantha]

Political stigma demonstrated some of the adversities Métis peoples face as an Indigenous peoples in today's climate, especially in Northwestern Ontario. It also revealed the complex social processes within Indigenous populations, history, and politics. With that, political

stigma further showed how regional and political issues can seep into the workplace and negatively impact workers' experiences in the workplace and their mental health. One participant shared their feelings about their Métis identity, in which the other Métis participants in this study also echoed: "I even find myself, with all of the politics and conflict going on in the region, not embracing that anymore, and feeling nervous and shamed and judged and all of these things." [Samantha].

4.4 Workplace Experiences

There were two key themes that emerged from the category of workplace experiences: culturally specific workplace factors and discrimination. These two themes contributed to the experiences of Indigenous workers in the workplace and demonstrated what aspects of the workplace that Indigenous workers tend to place importance on. Additionally, Indigenous workers often talked about their workplace experiences alongside mental health and cultural connectedness, further illustrating the interrelation of the three themes. Figure 3 represents the coding tree for this category.

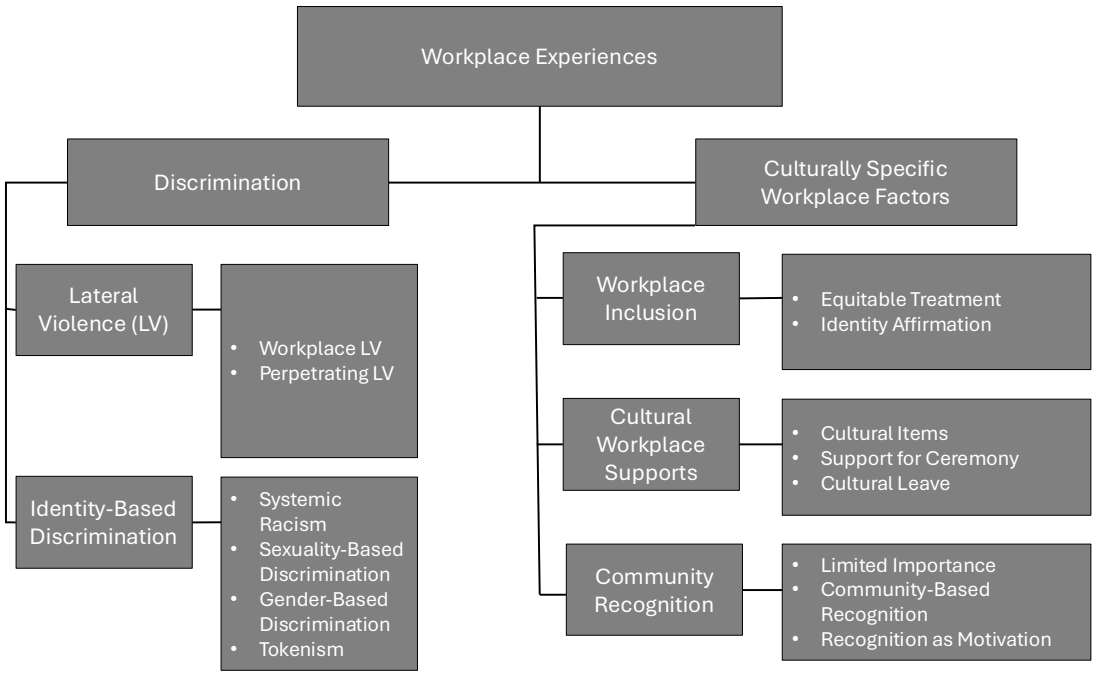

Figure 3: Workplace Experiences Coding Tree

Across the interviews, participants discussed how their workplace experiences interacted and influenced their mental health outcomes and cultural identity. Workplace experiences ranged as a continuum from positive to negative experiences, which then influenced whether their mental health outcomes and cultural identity were positive or negative.

4.4.1 Culturally Specific Workplace Factors

Culturally specific workplace factors were factors that occurred in the workplace and impacted a worker's health or mental well-being. Indigenous workers highlighted key factors that they placed the utmost importance on in the workplace, factors that influenced their health or mental health the most. These workplace factors were derived from the Canadian Standard Association (CSA, 2013), in which the most relevant factors were adapted to reflect the perspectives of Indigenous workers. Culturally specific workplace factors appeared to impact

participants' experiences of cultural connectedness and mental health in the workplace. While examining workplace factors was not the objective of this thesis project, culturally specific workplace factors did play a role by influencing how Indigenous workers experienced the workplace, hence its importance in including it in the results section. Based on participants' workplace experiences, culturally specific workplace factors were organized into three categories: cultural workplace supports, workplace inclusion, and community recognition.

Cultural workplace supports, which was based upon the psychological protection factor (CSA, 2013), ensured that the workplace is a safe environment for workers. Many participants described culturally relevant elements that their workplace offered to ensure a safe workplace environment. Many of these cultural workplace supports came as being able to bring one's cultural items into the workplace, giving support to workers to attend or conduct ceremony, and permitting a leave of absence for cultural reasons. Even though these supports were frequently mentioned by participants, it did not appear as significant to workers' experience in the workplace as compared to other workplace factors. While beneficial, many participants did not attribute cultural workplace supports to their mental health or connection to their culture. This implies that cultural workplace supports plays a minimal role to Indigenous workers' mental health and cultural connectedness.

However, there were a handful of participants that did express how cultural workplace supports gave way to feeling engaged and supported in the workplace as an Indigenous person. For instance, participants talked about how their workplace offered cultural leave on top of their allotted leave of absence, which contributed to feeling a sense of engagement in the workplace. This is demonstrated by one participant: "Well, the [workplace name] does a lot of pretty cool things to help Indigenous workers feel engaged. I know that you get to take cultural time off."

[Carly]. This was the most mentioned workplace support across all the interviews. Many participants expressed using cultural leave days to take part in cultural events or ceremonies out in the community.

One participant also described being able to bring their cultural items into the workplace. While seldom mentioned, it was implied by several participants that engaged in traditional practices such as smudging in the workplace. Although being able to bring one's cultural items into the workplace appeared to hardly impact the workplace experience, it did remain relevant as a culturally specific workplace factor as it supported feelings of inclusion in the workplace. One participant shared their experience with being able to bring their cultural items to the workplace: "And yeah, like, for me, I'm allowed to have my cultural items up. I have my fan there, I have my dream catcher above me. I got my feather fan. And yeah, I got a bunch of medicine wheel pins on my desk, free for anyone to take." [Will].

Along the same lines, participants also expressed feelings of support from the workplace to host ceremonies or cultural events in the workplace. These events often consisted of smudging, feasts, or other ceremonies that were not specified. For workplaces that did support Indigenous workers hosting ceremonies, workers related it to positive mental health. This demonstrated how support from the workplace and positively impacted Indigenous workers. For instance, one participant described how engaging in smudging promoted positive coping mechanisms to manage their mental health in the workplace. This is shown in the following quote: "And also, the [workplace name] has a smudge room, so, if I was feeling, like, really overwhelmed, I could go into the smudge room, smudge, and just sit in quiet. And it was really, like, really beautiful there." [Carly].

Workplaces also supported feelings of inclusion; however, this was not mentioned consistently across interviews. Feeling included in the workplace varied across participants and contributed to positive mental health outcomes for some. Workplace inclusion was also derived from the CSA and stems from the psychological and social support workplace factor, which was based on supporting employees' mental health concerns (CSA, 2013). Workplace inclusion is defined as how inclusive the workplace is towards Indigenous workers. Based on the interviews, equitable treatment or identity affirmation were elements that contributed to feelings of inclusion in the workplace.

A small number of participants described equitable treatment as being treated the same as other employees in the workplace. This element contributed to positive experiences in the workplace for one participant, although it was seldom mentioned across interviews, making it difficult to draw conclusions as to how equitable treatment may interact with experiences of mental health and cultural connectedness in the workplace. On the other hand, some participants felt affirmation about their Indigenous identity in the workplace, which contributed to feeling welcome and included. In workplaces that acknowledged participants' identity, participants described how this supported their mental health, further demonstrating how this contributed to the interconnection of workplace experiences, mental health, and cultural connectedness of Indigenous workers. One participant illustrated this in the following quote: "I think it helps a lot, because… If they're accepting of… my culture, it makes me more accepting of their culture, which is more accommodating, so it's like a virtuous cycle. So, I think it helps my mental health a lot." [Michael].

Across all interviews, one factor appeared to be the most significant. This was community recognition, derived from the recognition and workplace factor, which was based on

acknowledging the effort of employees (CSA, 2013). Community recognition was defined as one's work being recognized by one's own community. In this sense, participants described their community to be the community in which they are from, their family and friends, or the people that they serve in the workplace. Community recognition was mentioned consistently across interviews as contributing to positive mental health outcomes and workplace experiences, as well as serving as a means of connecting to culture. This factor played a significant role in how participants experienced and perceived the workplace. In fact, this factor was mentioned so often that it sparked the revision of the interview guide to better reflect Indigenous workers' perspectives.

Participants often talked about community recognition by itself or as motivation. Community recognition was described as being recognized through tokens of appreciation for their work. This was sensible as most participants worked in service-related fields. Participants shared how they appreciated the feeling of being recognized by their community, which contributed to the desire to further serve the community. Community recognition appeared to contribute greatly to positive experiences in the workplace, as is demonstrated by one participant:

> Oh, yeah. I mean, ultimately, again, having those relationships with the kids from [previous Indigenous organization], having them still connect with me, having them still... If they see me out, it's... It's amazing. Having adult people telling me that I was the best worker that they've ever had, right? Those things. It's just, almost like, okay, all that was worth it. [Georgina]

Many participants also discussed how being recognized by the community motivated them to continue working to further serve their community. While some participants shared that

they did not find it important to receive recognition, they still felt it was important to continue to work for the community. Many participants described feeling a sense of accomplishment and satisfaction from serving their community. Community recognition also contributed to workers' sense of cultural identity. With this, community recognition was a major workplace factor for Indigenous workers and appeared to have a positive impact on workers' mental health how the workplace was experienced.

Some individuals described community recognition as fuel, as is illustrated in the following example: "And actually, I forgot this one, like, the community. Like, when people in the community are talking about it, that's, like, the biggest fuel for me, and I think it's… that's what it is, it's fuel." [Samantha].

Although most participants talked about the importance of community recognition, there were two that did not find it important to do their work. In fact, the two participants that attributed limited importance to this factor also did not find it important to receive recognition from the workplace.

4.4.2 Discrimination

While culturally specific workplace factors positively influenced the workplace experiences of Indigenous workers, discrimination can negatively impact Indigenous workers in various ways. Indigenous workers often discussed experiencing discrimination and its neagative impacts on their health and mental well-being. For many participants, having experienced discrimination appeared to be a common occurrence in the workplace and influenced how participants navigated the workplace, mental health, and cultural connectedness as a result. Based on participants' accounts, experiencing discrimination in the workplace took on various

forms and were broadly organized into two main categories: lateral violence and identity-based discrimination.

Lateral violence was described as harmful behaviours that happen toward peers or community members of the same group (Habermann, 2025). Lateral violence was talked about often across interviews and appeared to contribute to negative perceptions of the workplace. Lateral violence also contributed to negative mental health outcomes and workers' sense of cultural identity, further illustrating the interrelation between the three themes.

Most participants experienced instances of lateral violence, whereas a small handful of participants perpetrated lateral violence in the workplace. Interestingly, several participants reiterated the same message around lateral violence, as is exemplified by one participant: "You know, where you get the most negativity is from other Indigenous people." [Jennifer]. With that, participants who faced lateral violence tended to discuss how it impacted their experience in the workplace. One participant perceived their work environment to be more negative as a result of lateral violence from coworkers: "And then it got really where we would come into work, there would be a group of teachers across the hallway all talking. You would go in there, they'd all stop talking. And it was just, she created a very hostile environment." [Sophia].

Another participant talked about how experiencing lateral violence led to a change in their employment status:

> Everyone kind of ganged up on me, and I ended up getting fired from that job even though it's, like, what the fuck. These guys… Sorry, pardon my language. But these guys are literally bullying me, and you're firing me? So, that was, like, kind of horrible. But, yeah, like… I'm over it now. [Manuel]

A few participants talked about how their mental health was negatively impacted as a result of lateral violence from coworkers and management in the workplace, illustrating how the workplace can impact the individual beyond the workplace and into peoples' daily lives. One participant shared the impacts of lateral violence on their mental health:

> Just the way you're treated, the way you're talked to is not… Like, it really impacts your mental health because you're at work all the time. Like, you're at work most… Like, more than you are at home. And they always say, like, keep your work at your work and your home at your home, but it's impossible not to be, like, impacted by your work at home, especially if it's so negative. [Barb]

On the other hand, there was a minority of participants that perpetrated lateral violence in the workplace. However, it seemed that for those who did perpetrate lateral violence, they did not appear aware that they were the perpetrators. One participant who experienced lateral violence and then perpetrated lateral violence is demonstrated in the following quote:

> So, it came to a point where I kind of took it upon myself, and I was like, well, I'm gonna let you see what it's like to experience that kind of, like, you know, like, being rude to you and stuff. So, it led to a big whole complaint, HR complaint and all that. I got written up, and I was all ticked off because I was just like... I just felt it was a little bit injustice, but then ever since then, it was like I was walking on eggshells. [Jeffrey]

Participants also described facing identity-based discrimination in the workplace. Across interviews, participants discussed facing tokenism, sexuality-based discrimination, gender-based discrimination, and systemic racism in the workplace. Despite the various instances of discrimination that were mentioned across interviews, lateral violence was still the most

mentioned, while instances of identity-based discrimination were least mentioned. Furthermore, identity-based discrimination was rarely attributed to negative impacts on workers' mental health or cultural connection. This indicates that there may be differences in the effects of identity-based discrimination and lateral violence in the workplace, and how such negative experiences interact with workers' mental health and cultural connections.

Participants who talked about tokenism felt that they were given the job task as a spokesperson for the workplace and often felt othered. This is demonstrated in the following quote by one participant: "I worked at [former workplace], and I was an [job position], and… I was really… like, I learned that I was actually just being tokenized, and it was like, anything Indigenous-facing, you're gonna deal with." [Samantha]. Along the same line, another participant discussed tokenism in the opposite fashion, such that they were unfairly rejected from a job opportunity as they did not meet what the organization was looking for visibly, despite being Indigenous, as is illustrated: "And then I find out later off-record from somebody who was involved in the process that I didn't meet what they were looking for visibly. So… but they can never say that, right? It's a human rights issue." [Samantha].

A small number of participants also described facing gender- and sexuality-based discrimination in the workplace. Similarly, participants seldom discussed any negative impacts to their mental health or to aspects of cultural connectedness from facing discrimination in the workplace. In fact, for the small number that did talk about gender- and sexuality-based discrimination, they appeared to practice more positive coping strategies. For example, one participant who mentioned facing discrimination based on their sexuality took appropriate action, showcasing a positive way to cope with the situation. This is demonstrated by one participant in the following quote:

> And then I sat beside a [educational institute] professor who, when I said, “Oh, Hi, Buddy! My name is [Participant 1]! I've, you know, I've seen your art practice. I research everybody. You know. This is what I do.” You know, like out of respect, and she's just said to me like almost like the first things out of her mouth, “Oh, I don't have time for that.” And I'm like, oh, oh, she doesn't give a fuck. And so that's that was my first interaction with her. And then the microaggressions just built and built until there was open homophobia. And I told the [provincial art agency] that I would make a human rights complaint in a heartbeat if they did not, you know, reevaluate, you know these 2 queer artists that had been discounted by this, you know, other juror. I won. [John]

On the other hand, another participant described their experience with gender-based discrimination in the workplace. While they described the workplace as a tough environment, they practiced positive coping mechanisms such as relying on family for support. However, they seldom related their workplace experiences to cultural connectedness, similar to the previous example of sexuality-based discrimination and tokenism. The participant that faced gender-based discrimination described how being a woman in a male-dominated field came with more problems than being an Indigenous person, which is shown in the following quote:

> I think if you do your job well, nobody bothers you, and I never had that problem, but then again, being a woman had more problems than being Indigenous, you know, because, like… Often I was the only Indigenous woman in there. But the problem was because I worked in the work field. Well, it's more or less because I was a woman, but when the Indigenous part came in, there isn't… there wasn't… I don't think anyone really ever, ever really bothered me, you know, about that part. [Ariel]

When an individual experienced lateral violence or denial of their Indigeneity in the workplace, it negatively impacted their health and mental health. Even if one had struggled with mental health challenges, findings have revealed that Indigenous workers were likely to turn to their culture as a coping mechanism, strengthening their connection to their identity, spirituality, and traditions. While a somewhat complicated illustration, it has revealed significant insights for Indigenous workplace mental health and the importance of considering health and mental health beyond just the individual and to consider it as interconnected with self, community, and the environment.

Chapter 5: Discussion

Findings of this study demonstrated that mental health, cultural connectedness, and workplace experiences are closely interconnected for Indigenous workers. Participants highlighted the use of coping mechanisms, such that positive strategies were used more often than negative strategies. Culturally focused coping was a key finding that participants often discussed, which involved drawing on traditions, spirituality, community, and familial connections to manage workplace stress and support mental well-being. However, negative mental health outcomes were more common among workers and were often linked to challenging workplace experiences, specifically lateral violence.

Within the cultural connectedness construct, while identity negatively impacted workers' mental health and perception of the workplace, community recognition emerged as a positive factor, promoting workers' sense of belonging, support, and workplace motivation. Participants' experiences in the workplace demonstrated how cultural connectedness and mental health are influenced by their workplace environments. Overall, the findings of this study illustrate the interrelations between mental health, cultural connectedness, and workplace experiences, with each theme influencing and reinforcing one another. This research contributes to the research on Indigenous workplace mental health, providing an in-depth understanding of the current state of Indigenous workers in Northwestern Ontario.

The structure of this chapter examines the interrelations among the key themes explored in this study: mental health, cultural connectedness, and workplace experiences. Examining these themes in relation to one another provides a more comprehensive understanding of participants' experiences and perspectives. The chapter starts with examining workplace experiences of cultural connectedness, particularly looking at community recognition and identity conflict, and

how these aspects contradict and support the existing research respectively. It then moves on to examine lateral violence and its relevance in the literature, specifically focusing on its effects on mental health and sense of identity within the workplace. Following that, workplace experiences of mental health will be focused on, with attention to how mental health outcomes are manifested and are linked to lateral violence. The relationship between cultural connectedness and mental health is then considered, demonstrating how culturally focused coping strategies align with other collectivist populations, such as through relying on familial relationships and broader sociocultural connections to navigate mental health. Finally, the chapter concludes with a discussion of the study's strengths and limitations.

Workplace Experiences of Cultural Connectedness

Although the interview guide did not inquire about cultural connectedness specifically, the depth at which participants talked about their identity and cultural background was profound. Data analysis revealed cultural connectedness was talked about through identity, traditions, and spirituality. The domain of traditions is concerned with engaging in traditional activities, while the spirituality domain is concerned with items that are reflective of a spiritual view of the world (Snowshoe et al., 2015). Identity, however, is concerned with one's own self-concept and connection to external elements (Snowshoe et al., 2015). Participants were not asked specific questions relevant to the three domains, yet when they talked about their cultural identity and background, their answers ranged from traditions, spirituality, and identity. This is important because it demonstrates how interrelated the three domains of cultural connectedness are, such that it is difficult to talk about one aspect of culture without talking about the other (Snowshoe et al., 2017).

Community connection and identity conflict were the most mentioned by participants. Community connection was included as part of one's identity in this study as it is interrelated to the individual, their family, and the natural environment, making up a core part of one's identity, and as such being a vital part of cultural connectedness (Mohatt et al., 2011). The findings showed the importance that community connection has, as it was found to play an important role in one's workplace experiences, mental health, and connection to one's culture. While community connection was demonstrated in various ways, most participants connected it to their own mental health, which is consistent with research around community and cultural connectedness. For instance, research indicates that community connection and belonging has a protective role for Indigenous peoples' mental health and well-being (Burnett et al., 2022; Ullrich, 2019).

Canada's National Standard for Psychological Health and Safety in the Workplace is a guideline to help workplaces promote positive mental health and aid in the prevention of psychological harm at work (CSA, 2013). The Standard outlines 13 workplace factors as a guideline towards creating healthier workplaces (CSA, 2013). Despite recent updates of the Standard to reflect contemporary workplaces, it does not incorporate workplace factors that are representative of underserved populations. For instance, results highlight community recognition as a workplace factor for Indigenous workers, which is not included in the Standard, suggesting that there are workplace factors unique to Indigenous workers. Moreover, cultural workplace supports are considered another potential workplace factor that emerged from this study's findings, another which is not covered in the Standard. The absence of cultural workplace supports and community recognition from the Standard is significant because it increasingly marginalizes Indigenous workers by not acknowledging Indigenous peoples' cultural identity in

the workplace, undermining not only Indigenous perspectives but also other underrepresented populations while limiting the scope of the Standard's focus. Incorporating Indigenous-specific workplace factors is beneficial to being better able to support Indigenous workers' health and well-being in the workplace.

Community recognition is based upon the community acknowledging the effort of the employee (CSA, 2013). In this sense, the community is defined by the participant, which is where the individual is from, one's family and friends, the service users that they serve in the workplace, or a combination of the three. While there were a very small number of participants that did not place importance on community recognition, most participants did consider community recognition important and considered it as motivational fuel to continue work efforts. These findings contradict the current literature, such that employees value recognition from the employer (CSA, 2013). However, the findings of this thesis revealed the opposite, in which workers do not value recognition from the employer, and instead value recognition from their community. For instance, research done by Lewis and colleagues (2020) found that most workers find importance in recognition from the employer or workplace, whereas a smaller proportion find importance in recognition outside the workplace. However, the findings that did align with current research was that in this thesis project, only two participants did not consider any type of recognition important, which is consistent with the research in that only a small proportion of individuals do not find value in recognition whatsoever (Lewis et al., 2020). The finding that Indigenous workers do not place importance on workplace recognition is important to consider, as this finding could either be due to the type of sectors that participated in this study or the cultural values of participants, or perhaps a combination of the two. While contradicting of the current literature, the findings do align with Indigenous worldviews and values, which tend to

differ from Western worldviews (Thiessen, 2023). With that, community recognition plays a vital role amongst Indigenous workers.

Moreover, while research shows that Indigenous workers tend to face feelings of exclusion and misunderstanding at work (Kolahdooz et al., 2015; McCaslin & Boyer, 2009; O'Loughlin et al., 2022), the findings of this study revealed quite the opposite. In fact, most participants often appreciated their workplace for fostering an inclusive environment. Surprisingly, participants who talked about an inclusive environment often worked at non-Indigenous organizations. However, that was not the case for all participants. Participants who faced negative experiences tended to feel excluded and faced lateral violence, which increased negative mental health outcomes, showing consistency with the literature (Kolahdooz et al., 2015; McCaslin & Boyer, 2009; O'Loughlin et al., 2022).

As for identity, identity conflict appeared to play a major role in the workplace experiences and mental health of Indigenous workers. It is important to note that those who identified as Métis talked about political stigma, which refers to stigma with one's identity due to political ongoings, whereas those who identified as First Nations did not. For Métis peoples, this is understandable due to historical atrocities in which Métis peoples often hid their Indigenous identity as a form of survival (Richardson, 2004). While Métis are Indigenous peoples, their experiences differ from First Nations peoples considerably (Ironside et al., 2020; Richardson, 2004). This is further demonstrated in the different challenges that Métis workers face as compared to First Nations workers, given the recent political conflict that Métis peoples are facing in Northwestern Ontario against First Nations political bodies (Grand Council Treaty #3, 2023; Métis Nation of Ontario [MNO], 2022). With that, Métis participants often mentioned facing discrimination and identity invalidation in the workplace due to their cultural background

and White-presenting appearance. Many participants discussed how these experiences were exacerbated due to the political conflict between Métis and First Nations political bodies. This could be why only Métis workers shared having faced stigma with their Métis identity based on the political climate.

The findings around Indigenous workers' experiences in the workplace and cultural connectedness demonstrate how employers should consider the role of workers' cultural identity. Community connection appeared to positively influence how Indigenous workers' found meaning in their work, further contributing to positive perceptions of the workplace environment. In contrast, identity conflict was often caused by instances of lateral violence, which contributed to increased feelings of exclusion and as such, contributing to negative perceptions of the workplace environment. While community connection played a protective factor for Indigenous workers' mental health, identity conflict seemed to have a negative impact on mental health outcomes. This research demonstrates the relationship between mental health and cultural connectedness, showing how culture and mental health function within the workplace. These findings do indeed prompt further investigation, namely into how community connection can be implemented into workplace practices and how to limit the negative impacts to workers' cultural identities.

Lateral Violence

Lateral violence, understood as negative behaviours against members within the same oppressed or racialized group, is a common occurrence at all levels within Indigenous communities (Habermann, 2025; Whyman et al., 2021). Lateral violence results in many negative impacts, especially to one's mental health and sense of identity (Whyman et al., 2021). This piece is critical, as it was found that lateral violence negatively impacts one's sense of

identity, particularly if one was considered an "authentic" Indigenous person (Bennett, 2014; Young, 2011). This is consistent with the findings in this study. For participants that shared about facing lateral violence in the workplace, they often experienced negative mental health outcomes, most of which were psychological in nature and a small handful being physiological.

The impact of lateral violence on one's sense of identity reflects what is found in the current research (Whyman et al., 2021). This highlights the bigger picture of one's workplace experiences, mental health, and cultural connectedness as intertwined. For instance, results showed that experiencing any type of discrimination or lateral violence in the workplace resulted in negative mental health outcomes and conflict with one's identity. Lateral violence can lead to feelings of conflict, such that individuals question their own authenticity and Indigenous identity, making individuals more prone to experiencing lateral violence (Whyman et al., 2021). As corroborated in this study's findings, research shows that lateral violence is often directed at those who do not have "stereotypical" Indigenous features (Bennett, 2014; Whyman et al., 2021). Many White-passing and Métis-identifying participants often discussed facing lateral violence due to their looks, further impacting their sense of identity.

While systemic racism was brought up as a workplace issue, it was seldom focused on as compared to sexuality- and gender-based discrimination. Discrimination against one's gender, particularly as a woman in a male-dominated field, has been cited as a common occurrence, particularly for Indigenous women (Cowdery & Taylor, 2024). Facing gender-based discrimination can negatively impact one's mental health and well-being (Cowdery & Taylor, 2024). Sexuality-based discrimination has also been cited as detrimental to one's mental health, such that individuals have often been discriminated against due to their gender identity and sexual orientation, resulting in worser mental health outcomes and identity distress (Berman et

al., 2025). Participants discussed facing gender- or sexuality-based discrimination alongside having negative mental health experiences. This is an unsurprising finding due to the demographic of participants. In addition, very few participants discussed having to leave their community in search of employment opportunities. For one participant that did, though, they had encountered an increase in discrimination in the workplace due to their gender, which is further consistent with what is found in the literature when leaving one's home community to access further employment opportunities (Kolahdooz et al., 2015; McCaslin & Boyer, 2009; O'Loughlin et al., 2022).

The findings around lateral violence establishes it as a social determinant of health within the workplace. Lateral violences appears to negatively impact many aspects of Indigenous workers' health and mental health, including sense of identity, illustrating the connection between one's workplace experiences, mental health, and cultural connectedness. In the workplace, lateral violence seems to have more of an impact than any other identity-based discrimination, demonstrating how lateral violence should be more focused on as a social determinant of health for Indigenous peoples. This also identifies how workplaces should pay more attention on combatting lateral violence in the workplace through workplace policies and practices.

Workplace Experiences of Mental Health

Congruent with the literature, Indigenous workers often face negative mental health outcomes (Firestone et al., 2022), which this study corroborated. Participants voiced experiencing mental health outcomes that ranged from psychological and emotional to physiological. This range of negative mental health outcomes, most of which were psychological and emotional, confirms existing research around Indigenous workers' mental health (Firestone

et al., 2022; Nowrouzi-Kia et al., 2023). Additionally, Indigenous peoples are more likely to have increased rates of negative mental health outcomes if they also experience discrimination and lateral violence (Firestone et al., 2022; Toombs et al., 2023). This was also evident in the findings of this study, in which it was found that participants seemed to have had the most negative mental health outcomes when they experienced lateral violence in the workplace.

Positive mental health outcomes were seldom mentioned. However, positive coping mechanisms were discussed the most among participants. Interestingly, this reflects findings in the current literature. For example, a study done by Firestone and colleagues (2022) found that despite facing deleterious mental health outcomes, Indigenous peoples tended to use positive coping mechanisms, much of which are based in community and culture, and had self-reported good levels of mental health and well-being. Culture-based coping mechanisms are key to maintaining Indigenous wellness (Firestone et al., 2022).

Cultural Connectedness and Mental Health

Positive coping mechanisms were described in this study as intrapersonal coping, relational coping, behavioural coping, and culturally focused coping. The first three coping mechanisms loosely resemble Lazarus and Folkman's work (1984). Their models of coping include problem-focused coping, emotion-focused coping, and meaning-focused coping (Folkman, 2008; Lazarus & Folkman, 1984; Stanisławski, 2019). While this study's categories do not exactly reflect the work of Lazarus and Folkman (1984), the coping mechanisms do relate to problem, emotion, and meaning-focused coping. However, it should be noted that the models of coping are typically not generalizable to minority populations, as mentioned in studies of coping strategies (Sah et al., 2025; Weiss et al., 2018). Minority and other ethnic populations turn to their familial connections and sociocultural ties as a mode of coping (Sah et al., 2025).

Unsurprisingly, this applies to Indigenous populations as well in that they turn to their culture as a coping mechanism (Firestone et al., 2022; Chandler & Lalonde, 1998; Chandler & Lalonde, 2008). This was noted in our findings as culturally focused coping. Culturally focused coping represents the relationship between mental health and cultural connectedness. Our findings of culturally specific coping demonstrated culture and community connection as a potential protective factor against negative mental health outcomes. Furthermore, this implies that community connectedness may act as a protective factor in the workplace, as participants highlighted community recognition as important in the workplace; however, more research would be needed to understand the relationship between community connection and recognition for Indigenous workers.

5.1 Strengths and Limitations

Qualitative research allows for an in-depth exploration of complex phenomena, which was well suited to the objective of this study. This study was informed by aspects of phenomenology and thematic analysis to approach and interpret the workplace experiences of Indigenous workers. Furthermore, this study employed semi-structured interviews, which provided rich and in-depth insights from participants. The use of these methods allowed analysis to remain flexible while analyzing the themes that emerged from participants' perspectives. Analysis enabled examining the data as interconnected, deepening the understanding and the conveyance of Indigenous workers' experiences around cultural connectedness and mental health.

A further strength of this study was that semi-structured interviews were conducted by an Indigenous-identifying member of the research team. This researcher's Indigenous identity and positionality may have contributed to participants' comfort and willingness to share their

experiences. In particular, I as the researcher, upon sharing my Indigenous identity, several of the First Nations participants appeared to become more open in their interviews. This revelation for the interviewees may have contributed to the development of trust. At the same time, this positionality is an important consideration, such that it may have influenced not only the interview process, but also how the findings were interpreted.

While this study illustrates its strengths in providing nuanced context that quantitative data alone would not be able to, it also acts as a limitation. For instance, this study did not collect information on individual histories that could have influenced the interpretation of the findings, such as participants' education, family connection, workplace histories, and other factors. This study relied on the information shared by participants in the interviews.

There are further inherent methodological and theoretical limitations that should be considered as well. Firstly, this study was informed by aspects of a phenomenological approach, focusing on participants' lived experiences and their perspectives (Neubauer et al., 2019). As such, the accounts of participants are subjective. Thematic analysis, while a strength, also has its limitations such that it introduces the potential for researcher subjectivity (Polat, 2025). For instance, the identification, interpretation, and organization of themes are subjective to the researcher, and therefore may have been influenced by the researcher's perspectives and assumptions. Furthermore, thematic analysis lacks standardization in its analytical process, which can lead to differences in how researchers approach and interpret the findings (Polat, 2025). With that, the interpretation of the findings could have been further limited by this researcher's positionality as an Indigenous-identifying individual. This is particularly relevant when interpreting experiences related to culture and identity, as the researcher's own experience and understandings may have shaped how participants' accounts were understood.

Semi-structured interviews also have several limitations. The most common limitation being that some participants are not ideal participants (Dejonckheere & Vaughn, 2019). In addition, the interaction between the interviewer and participant may have influenced how participants understood and responded to the interview questions (Dejonckheere & Vaughn, 2019). Participants' comfort level and trust may have also affected their willingness to disclose sensitive information, especially around topics of mental health and discrimination. Additionally, while some interviews were conducted in-person, some were conducted online, which may have influenced the interviewer noticing important visual and non-verbal reactions of the participants.

5.2 Implications

The findings of this study have important implications for not only Indigenous workplace mental health research, but also for workplace policies and practices. It is imperative to consider the implications for Canada's National Standard for Psychological Health and Safety in the Workplace as well, given its role in the findings of this study. With that, this section comprises of implications pertaining to three key aspects: Implications for research, implications for workplace health and wellness initiatives, and implications for workplace standards and policies.

Implications for Research

This study brings forth important implications for research. This study contributes to the limited body of research around Indigenous workplace mental health, going beyond just mental health and addictions research. The findings highlight Indigenous mental health in relation to socioeconomic factors, an area that is often overlooked within the broader field of Indigenous mental health research. Furthermore, the findings emphasize Indigenous workers' perspectives

on the interrelations between culture, mental health, and the workplace, which provides a nuanced understanding of the current landscape and challenges Indigenous workers face.

The findings also highlight how Indigenous mental health should be researched through approaches that recognize Indigenous perspectives and ways of knowing, rather than understanding mental health at an individual level. This indicates that Indigenous mental health should be examined holistically, as the findings demonstrate the importance of considering the relationships between individuals, culture, community, and workplace environments. This may help to broaden the understandings of workplace mental health and could inform the development of culturally responsive research and workplace practices that are situated within Indigenous ways of knowing.

Implications for Workplace Health and Wellness Initiatives

The findings of this study also provide practical implications for workplace health and wellness initiatives. Employee and family assistance programs (EFAPs), provided through employers, could consider integrating Indigenous-based health and wellness supports. For instance, this could include access to Indigenous counsellors, Elders, cultural practitioners, ceremonies, and other culturally grounded supports. Incorporating these approaches alongside existing Western-based supports could provide Indigenous workers with greater choice and support in navigating health and wellness challenges.

Leadership and education are also important considerations for workplace health and wellness. Training for leadership, employers, and management is critical to address lateral violence that occurs in the workplace. Training should incorporate how lateral violence arises, how it impacts workers within and beyond the workplace, and how the employer, management,

and employees can contribute to creating psychologically healthier and more inclusive workplaces environments. Furthermore, employers could create opportunities for relationship-building and knowledge sharing across departments, which could foster workers' sense of belonging, mental well-being, and workplace education. However, health and wellness initiatives should be developed in collaboration with Indigenous employees to ensure appropriate supports are implemented.

Implications for Workplace Standards and Policies

Canada's National Standard for Psychological Health and Safety in the Workplace provides voluntary guidelines, tools, and resources that employers can use to promote psychological health and prevent psychological harm associated with workplace factors (CSA, 2013). The Standard consists of 13 workplace factors that can impact workers' psychological health and safety, which include organizational culture, psychological and social support, clear leadership and expectations, civility and respect, psychological demands, growth and development, recognition and reward, involvement and influence, workload management, engagement, balance, psychological protection, and protection of physical safety (CSA, 2013).

The Standard was intended to be applicable across Canadian organizations (CSA, 2013). However, the findings of this study have implications for how the Standard may be applied within Indigenous workplace contexts. For instance, community recognition emerged as an important workplace factor for participants, potentially representing an Indigenous-specific factor that is not captured in the Standard. Although community recognition may overlap with the existing workplace factor of recognition and reward, participants described community recognition as extending beyond employer recognition. Community recognition is based on the relationship between workers, their communities, and the value of their work within those

communities. This distinction highlights how broader social, cultural, and community contexts can shape how Indigenous workers experience and perceive the workplace.

Based on the findings, the Standard could recognize that psychological health is culturally situated, such that what the Standard constitutes a psychologically healthy workplace may not be experienced in the same way by all workers. As such, the Standard could be more responsive to cultural and population-specific determinants of psychological health. For example, further iterations of the Standard could incorporate Indigenous perspectives and identify culturally specific factors that impact the psychological health and safety of workers. This could include considerations related to community as part of the workplace mental health context. Community, specifically, was determined to be significant for Indigenous workers in how they managed their mental health, cultural identity, work tasks, and workplace-related challenges. This highlights the need for the Standard and workplace policies to better account for the different values and mental health needs of Indigenous workers. Community recognition could also be further examined as a potential Indigenous-specific workplace factor, and culturally specific assessment tools or indicators could be developed to complement existing assessments accordingly.

Chapter 6: Conclusion

The purpose of this study was to explore the workplace experiences of Indigenous workers around cultural connectedness and mental health outcomes. The findings demonstrated mental health, cultural connectedness, and workplace experiences as closely interconnected. Workplace environments may support or challenges Indigenous workers' mental health and connection to their culture, while cultural connectedness may also shape how workers experience and navigate workplace and mental health challenges.

This study highlights the emergence of community recognition as a potentially important workplace factor for Indigenous workers. Community recognition is significant because it demonstrates the role that community plays for Indigenous workers, and how this relationship can contribute to positive workplace experience, mental health, and promote connection to culture. This further shows the importance that cultural identity has as well, such that identity is critical to maintaining positive mental health and navigating challenging workplaces.

Connecting to culture through the workplace was another significant finding. Participants described engaging in cultural activities that were facilitated by the employer. This suggests that workplaces can facilitate connection to culture for Indigenous workers, which may promote workers' connection to culture. However, this was not commonly reported across all participants in this study. This underlines the potential role of workplaces acting as facilitators for workers to (re)connect to culture.

Overall, this study contributes to the growing but limited body of research on Indigenous workplace mental health. The findings extend understandings of workplace mental health beyond the individual, highlighting the interconnected roles of culture, identity, community, and

workplace experiences. This study provides an important qualitative understanding of how Indigenous workers experience these interconnected aspects in their everyday lives. Finally, this research demonstrates the importance of considering Indigenous perspectives within workplace mental health research, policy, and practice.

6.1 Future Directions

This study provides a foundation for furthering Indigenous workplace mental health research, especially around workplace experiences, mental health outcomes, and cultural connectedness. Future research could build on these findings by examining community recognition across different sectors, regions, and communities. Further investigation is needed to understand how community recognition is experienced by Indigenous workers, where it occurs, and how it may be integrated into existing workplace policies to health and safety.

Future research should also examine how the workplace can act as a facilitator to culture in greater depth. While participants described being able to engage in culture through workplace opportunities, this finding remains not well understood. This is particularly intriguing given that workers worked at either Indigenous or non-Indigenous employers, indicating that workplace-facilitated connection to culture may be attributed to underlying factors not well understood. As such, future research could examine in what workplace contexts does workplace-facilitation connection to culture occur and how this interacts with Indigenous workers' experiences.

Additional research should consider the diversity of Indigenous peoples and communities. Understanding the nuances between Indigenous populations, such as Métis, Inuit, and First Nations people is important to identifying similarities and differences that exist. Furthermore, research should also investigate any variances that exist among on- and off-reserve,

rural, urban, and remote employment contexts, including how location can impact access to resources, supports, and other factors that may influence workplace experiences.

Future knowledge of cultural connectedness, specifically for working-age individuals, is needed and should be studied, including its role as a determinant and protective factor for mental health, as it may provide a broader understanding to Indigenous mental well-being within the workplace. In addition, future research could also investigate how workplace factors interact with cultural connectedness, and whether culturally responsive workplace practices are associated with differences in mental health outcomes in the workplace.

This research was conducted in hopes of contributing and guiding the development of not only future research, but also workplace policies and procedures that can better the health and mental well-being of Indigenous workers. It is anticipated that these findings will contribute to more culturally responsive and effective workplace policies, workplace standard, and awareness for workers that will improve mental health outcomes for Indigenous workers more broadly, paving a better pathway to developing more positive, inclusive, and healthier workplaces that the next seven generations can succeed in.

References

Abele, F., & Stasiulis, D. (1989). Chapter 11: Canada as a "White Settler Colony": What about Natives and Immigrants? In W. Clement & G. Williams (Ed.), *New Canadian Political Economy* (pp. 240–277). Montreat: McGill-Queen's University Press. https://doi.org/10.1515/9780773561830-014

Adelson, N. (2005). The embodiment of inequity: Health disparities in Aboriginal Canada. *Canadian Journal of Public Health*, S45–61. https://doi.org/10.1007/BF03403702

Adu-Febiri, F., & Quinless, J. M. (2010). Workplace diversity and Aboriginal people in Canada: Going beyond the managerial model. *The International Journal of Diversity in Organizations, Communities & Nations, 10*(4), 161–178. https://doi.org/10.18848/1447-9532/CGP/v10i04/39875

Ambtman, R., Hudson, S., Hartry, R., & MacKay-Chiddenton, D. (2010). Promoting system-wide cultural competence for serving Aboriginal families and children in a midsized Canadian city. *Journal of Ethnic & Cultural Diversity in Social Work*, *19*(3), 235–251. https://doi.org/10.1080/15313204.2010.499328

Auger, M. D. (2016). Cultural continuity as a determinant of Indigenous peoples' health: A metasynthesis of qualitative research in Canada and the United States. *The International Indigenous Policy Journal, 7*(4). https://doi.org/10.18584/iipj.2016.7.4.3

Bakker, A. B., Albrecht, S. L., & Leiter, M. P. (2010). Key questions regarding work engagement. *European Journal of Work and Organizational Psychology*, *20*(1), 4–28. https://doi.org/10.1080/1359432X.2010.485352

Ben-Cheikh, I. (2022). Psycho-education on racism: Psychiatry's role and responsibility in dismantling institutional racism. *The International Journal of Social Psychiatry*, *68*(2), 239–243. https://doi.org/10.1177/0020764020973057

Bennett, B. (2014). How do light-skinned Aboriginal Australians experience racism. *AlterNative, 10*(2), 180–192. https://doi.org/10.1177/117718011401000207

Berman, S. L., Sansfacon, A. P., Labelle, E. D., & Stuckey, A. L. (2025). Identity, discrimination, and resilience among Two-Spirit Indigenous emerging adults. *Social Sciences, 14*(11), 650. https://doi.org/10.3390/socsci14110650

Biles, B. J., Serova, N., Stanbrook, G., Brady, B., Kingsley, J., Topp, S. M., Yashadhana, A. (2024). What is Indigenous cultural health and wellbeing? A narrative review. *The Lancet Regional Health Western Pacific, 52,* 101220. https://doi.org/10.1016/j.lanwpc.2024.101220

Brockie, T., Clark, T. C., Best, O., Power, T., Bourque Bearskin, L., Kurtz, D. L. M., Lowe, J., & Wilson, D. (2023). Indigenous social exclusion to inclusion: Case studies on Indigenous nursing leadership in four high income countries. *Journal of Clinical Nursing*, *32*(3-4), 610–624. https://doi.org/10.1111/jocn.15801

Browne, A. J., Varcoe, C., Lavoie, J., Smye, V., Wong, S. T., Krause, M., Tu, D., Godwin, O., Khan, K., & Fridkin, A. (2016). Enhancing health care equity with Indigenous populations: evidence-based strategies from an ethnographic study. *BMC Health Services Research*, *16*(1), 544. https://doi.org/10.1186/s12913-016-1707-9

Browne, A. J., Varcoe, C. M., Wong, S. T., Smye, V. L., Lavoie, J., Littlejohn, D., Tu, D., Godwin, G., Krause, M., Khan, B. K., Fridkin, A., Rodney, P., O'Neil, J. & Lennox, S.

(2012). Closing the health equity gap: Evidence-based strategies for primary health care organizations. *International Journal of Equity Health, 11*(59), 1–15. https://doi.org/10.1186/1475-9276-11-59

Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian Residential Schools: implications for the concept of historical trauma. *Transcultural Psychiatry*, *51*(3), 320–338. https://doi.org/10.1177/1363461513503380

Brathwaite, A. C., Versailles, D., Juüdi-Hope, D., Coppin, M., Jefferies, K., Bradley, R., Campbell, R., Garraway, C., Obewu, O., LaRonde-Ogilvie, C., Sinclair, D., Groom, B., & Grinspun, D. (2021). Tackling discrimination and systemic racism in academic and workplace settings. *Nursing Inquiry*, 29:e12485. https://doi.org/10.1111/nin.12485

Bunting, J., Miranda, F. M., Levkoe, C. Z., Gilbeau, A., & Kristman, V. (2025, September 23). *Iterative paths to theory: Methodological insights from grounded theory on workplace mental health among Indigenous workers* [Poster presentation]. Research Into Action Conference, Thunder Bay, Ontario, Canada.

Burnett, C., Purkey, E., Davison, C. M., Watson, A., Kehoe, J., Traviss, S., Nolan, D., & Bayoumi, I. (2022). Spirituality, community belonging, and mental health outcomes of Indigenous peoples during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health, 19*(4), 2472. https://doi.org/10.3390/ijerph19042472

Canadian Standard Association, Bureau de Normalisation du Quebec. (2013). Psychological health and safety in the workplace: Prevention, promotion, and guidance to staged implementation. Toronto: CSA Group. Available from:

https://www.csagroup.org/documents/codes-and-standards/publications/CAN_CSA-Z1003-13_BNQ_9700-803_2013_EN.pdf

Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry, 35*(2), 191–219. https://doi.org/10.1177/136346159803500202

Chandler, M. J., & Lalonde, C. (2008). Cultural continuity as a protective factor against suicide in First Nations youth. *Horizons, 10*(1), 68–72.

Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist, 26*(2), 120–123. https://doi.org/10.1016/j.glmedi.2025.100198

Conway, J., Tsourtos, G. & Lawn, S. (2017). The barriers and facilitators that indigenous health workers experience in their workplace and communities in providing self-management support: A multiple case study. *BMC Health Services Research, 17*, 319. https://doi.org/10.1186/s12913-017-2265-5

Corbin, J., & Strauss, A. (2008). Basics of qualitative research (3rd ed.): Techniques and procedures for developing grounded theory. SAGE Publications, Inc., https://doi.org/10.4135/9781452230153

Corrado, R. R., & Cohen, I. M. (2003). Mental Health Profiles for a Sample of British Columbia's Aboriginal Survivors of the Canadian Residential School System. Ottawa: Aboriginal Healing Foundation.

Cowdery, J., & Taylor, A. (2024). Employment trends for Indigenous women working in the Northern Territory's large-scale mining industry: Real employment opportunities or empty corporate promises? In Rodon, T., Thériault, T., Keeling, A., Bouard, S., & Taylor, A. (Eds.*), Mining and Indigenous livelihoods: Rights, revenues, and resistance*. (pp. 241–265). Routledge. https://doi.org/10.4324/9781003406433

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigor. *Family Medicine and Community Health, 7*(2). https://doi.org/10.1136/fmch-2018-000057

Dimoff, J. K., & Kelloway, E. K. (2013). Bridging the gap: Workplace mental health research. *Canadian Psychology / Psychologie canadienne, 54*(4), 203–212. https://doi.org/10.1037/a0034464

Durand-Moreau, Q., Lafontaine, J., & Ward, J. (2022). Work and health challenges of Indigenous people in Canada. *The Lancet.*, *10*(8), E1189–E1197. https://doi.org/10.1016/S2214-109X(22)00203-0

Eva, C., Bodle, K., Foley, D., Harris, J., & Hunter, B. (2023). The importance of understanding Indigenous employment in the Indigenous business sector. *The Australian Journal of Social Issues.*, *58*(3), 494–522. https://doi.org/10.1002/ajs4.271

Firestone, M., Tyndall, M., & Fischer, B. (2015). Substance use and related harms among Aboriginal people in Canada: A comprehensive review. *Journal of Health Care for the Poor and Underserved, 26*, 1110–1131. https://doi.org/10.1353/hpu.2015.0108

Firestone, M., McConkey, S., Beaudoin, E., Bourgeois, C., & Smylie, J. (2022). Mental health and cultural continuity among an urban Indigenous population in Toronto, Canada.

Canadian Journal of Public Health, 115, 263–272. https://doi.org/10.17269/s41997-022-00709-6

First Nations Information Governance Centre. (n.d.). The First Nations Principles of OCAP®. https://www.fnigc.ca/ocap-training/

Fleming, J., & Ledogar, R. J. (2008). Resilience and Indigenous spirituality: A literature review. *Pimatisiwin, 6*(2), 47–64.

Folkman, S. (2008). The case for positive emotions in the stress process. *Anxiety, Stress, & Coping, 21*(1), 3–14. https://doi.org/10.1080/10615800701740457

Glaser, B. G., & Strauss, A. L. (1967). The Discovery of Grounded Theory: Strategies for Qualitative Research. Mill Valley, CA: Sociology Press.

Government of Canada. (May 22, 2025). *First Nations.* Government of Canada. Retrieved from https://www.rcaanc-cirnac.gc.ca/eng/1100100013791/1535470872302

Grand Council Treaty #3. (2023, May 4*). Grand Council Treaty #3 Reject Métis Claim as Treaty Participant, Opposes Proposed MNO Self-Government Legislation.* Grand Council Treaty #3. Retrieved from https://gct3.ca/grand-council-treaty-3-rejects-metis-claim-as-treaty-participant-opposes-proposed-mno-self-government-legislation/

Haar, J. M., & Brougham, D. M. (2013). An Indigenous model of career satisfaction: Exploring the role of workplace cultural wellbeing. *Social Indicators Research, 110*, 873–890. https://doi.org/10.1007/s11205-011-9962-y

Habermann, P. (2025). From Lateral Violence to Lateral Kindness – Crisis & Trauma Resource Institute. *Crisis & Trauma Resource Institute.* Available at: https://ctrinstitute.com/blog/from-lateral-violence-to-lateral-kindness/

Hajizadeh, M., Bombay, A., & Asada, Y. (2019). Socioeconomic inequalities in psychological distress and suicidal behaviours among Indigenous peoples living off-reserve in Canada. *Canadian Medical Association Journal, 191*(12), E325–336. https://doi.org/10.1503/cmaj.181374

Hom, P. W., Allen, D. G., & Griffeth, R. W. (2020). *Employee retention and turnover: Why employees stay or leave* (1st ed.). New York: Routledge.

Hunter, B. (2014). Indigenous employment and businesses: Whose business is it to employ Indigenous workers? *The Economic and Labour Relations Review, 26*(4). https://doi.org/10.1177/1035304615598526

Indigenous Advances Education & Skills Council (IAESC). (2020). *Report on the Indigenous employment and training landscape in Ontario.* https://iaesc.ca/wp-content/uploads/2025/10/IAESC-Employment-Training-Landscape-Ontario.pdf

Indigenous Watchdog. (2024, July 02). Call to Action #7. https://www.indigenouswatchdog.org/cta/call-to-action-7/

Ironside, A., Ferguson, L. J., Katapally, T. R., & Foulds, H. J. A. (2020). Cultural connectedness as a determinant of physical activity among Indigenous adults in Saskatchewan. *Applied Physiology, Nutrition, and Metabolism, 45*, 937–947. https://doi.org/10.1139/apnm-2019-0793

Jones, A. M., Finkelstein, R., & Koehoorn, M. (2018). Disability and workplace harassment and discrimination among Canadian federal public service employees. *Canadian Journal of Public Health = Revue Canadienne de Santé Publique*, *109*(1), 79–88. https://doi.org/10.17269/s41997-018-0022-0

Jongen, C., McCalman, J., Campbell, S., & Fagan, R. (2019). Working well: strategies to strengthen the workforce of the Indigenous primary healthcare sector. *BMC Health Services Research*, *19*(1). https://doi.org/10.1186/s12913-019-4750-5

Kapyrka, J., & Dockstator, M. (2012). Indigenous knowledges and Western knowledges in environmental education: Acknowledging the tensions for the benefits of a "two-worlds" approach. *Canadian Journal of Environmental Education, 17*, 97–112.

Kolahdooz, F., Nader, F., Yi, K. J., & Sharma, S. (2015). Understanding the social determinants of health among Indigenous Canadians: priorities for health promotion policies and actions. *Global Health Action, 8*, 27968. https://doi.org/10.3402/gha.v8.27968

Lahn, J. (2012). Poverty, work and social networks: The role of social capital for Aboriginal people in urban Australian locales. *Urban Policy and Research, 30*(3), 293–308. https://doi.org/10.1080/08111146.2012.673483

Lamb, D. (2013). Earnings inequality among Aboriginal groups in Canada. *Journal of Labor Research, 34*, 224–240. https://doi.org/10.1007/s12122-013-9158-0

Lashley, P., & Olfert, M. R. (2013). Off-reserve employment options for on-reserve First Nations in Canada. *The Journal of Aboriginal Economic Development, 8*(2), 112–127. https://doi.org/10.29173/jaed324

Lavoie, J. G., Forget, E. L., & Browne, A. J. (2010). Caught at the crossroad: First Nations, health care, and the legacy of the Indian Act. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 8*(1), 83–100.

Law Commission of Ontario / Commission du Droit de L'Ontario (LCO). (2012). Vulnerable workers and previous work: Final report. https://www.lco-cdo.org/en/our-current-projects/vulnerable-workers-and%20precarious-work/vulnerable-workers-and-precarious-work-final-report-december-2012/ii%20identifying-vulnerable-workers-and-precarious-work-2/

Lewis, V., Marsh, G., Macmillan, J., & Mullins, R. (2020). Does acknowledgment matter? An exploratory study of the value of a Healthy Workplace Recognition Scheme. *Health Promotion Journal of Australia, 31*(3), 518–524. https://doi.org/10.1002/hpja.299

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping.* New York: Springer.

Limna, P. (2023). The impact of NVivo in qualitative research: Perspectives from graduate students. *Journal of Applied Learning & Teaching, 6*(2). https://doi.org/10.37074/jalt.2023.6.2.17

Lumivero. (2025). *NVivo* (Version 15.3.1) [Computer Software]. https://lumivero.com/products/nvivo/

Mandal, A., & Burella, M. (2021). Inadequate mental health supports in rural and Northern Ontario communities. *Ontario Medical Students Association*. Retrieved from https://omsa.ca/policy-position/inadequate-mental-health-supports-in-rural-and-northern-ontario-communities/

McCaslin, W. D. & Boyer, Y. (2009). First Nations communities at risk and in crisis: justice and security. *Journal of Aboriginal Health, 5*(2), 61–87. https://doi.org/10.3138/ijih. v5i2.28983

McGregor, D. (2017). From 'decolonized' to reconciliation research in Canada: Drawing from Indigenous research paradigms. *ACME: An International Journal for Critical Geographies, 17*(3), 810–831. https://doi.org/10.14288/acme.v17i3.1335

McKenzie, H. A., Varcoe, C., Browne, A. J., & Day, L. (2016). Disrupting the continuities among Residential Schools, the Sixties Scoop, and Child Welfare: An analysis of colonial and neocolonial discourses. *The International Indigenous Policy Journal, 7*(2). https://doi.org/10.18584/iipj.2016.7.2.4

Métis Nation of Ontario. (2022, September 9). *Understanding the Halfbreed Adhesion to Treaty #3.* Métis Nation of Ontario. Retrieved from https://www.metisnation.org/news/understanding-the-halfbreed-adhesion-to-treaty-3/

Mills, S., & McCreary, T. (2006). Culture and power in the workplace: Aboriginal women's perspectives on practices to increase Aboriginal inclusion in forest processing mills. *Journal of Aboriginal Economic Development, 5*(1), 40–50. https://doi.org/10.29173/jaed231

Mohatt, N. V., Fok, C. C. T., Burket, R., Henry, D., & Allen, J. (2011). Assessment of awareness of connectedness as a culturally-based protective factor for Alaska Native youth. *Cultural Diversity & Ethnic Minority Psychology, 17*, 444–455. https://doi.org/10.1037/a0025456

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education, 8*(2), 90–97. https://doi.org/10.1007/s40037-019-0509-2

Nelson, S. R., & Wilson, K. (2017). The mental health of Indigenous peoples in Canada: A critical review of research. *Social Science & Medicine, 176*, 93–112. https://doi.org/10.1016/j.socscimed.2017.01.021

Ninomiya, M. E. M., Tanner, B., Peach, L. J., George, N., Plain, S., George, T., Graham, K., Bernards, S., Brubacher, L. J., & Wells, S. (2022). Anishinabek sources of strength: Learning from First Nations people who have experienced mental health and substance use challenges. *Social Science & Medicine, 309*, 115197. https://doi.org/10.1016/j.socscimed.2022.115197

Nowrouzi-Kia, B., Gohar, B., Sithamparanathan, G., Sun, R. Y., & Casole, J. (2021). Workplace mental health characteristics of the Indigenous workforce in Canada: A descriptive study. *Work, 74*, 129–136. https://doi.org/10.3233/WOR-210927

O'Callaghan, C., Dwyer, J., & Schofield, P. (2024). Thematic analysis informed by grounded theory (TAG) in healthcare research: Foundations and applications. *Qualitative Research in Psychology, 21*(3), 279–306. https://doi.org/10.1080/14780887.2024.2347580

O'Loughlin, R. A., Kristman, V. L., & Gilbeau, A. (2022). Inclusion of Indigenous workers in workplace mental health. *Equality, Diversity and Inclusion: An International Journal*, *41*(3), 340–351. https://doi.org/10.1108/EDI-07-2020-0176

Ontario (2022). Indigenous peoples in Ontario: In the spirit of reconciliation: Ministry of Indigenous relations and reconciliation's first 10 years. *Ontario.* Retrieved November 1, 2024, from https://www.ontario.ca/document/spirit-reconciliation-ministry-indigenous-relations-and-reconciliation-first-10-years/indigenous-peoples-ontario

Owais, S., Tsai, Z., Hill, T., Ospina, M. B., Wright, A. L., & Van Lieshout, R. J. (2022). Systematic review and meta-analysis: First Nations, Inuit, and Métis youth mental health. *Journal of the American Academy of Child & Adolescent Psychiatry, 61*(10), 1227–1250. https://doi.org/10.1016/j.jaac.2022.03.029

Park, J. (2021). Over-qualification in the Workforce: Do Indigenous Women and Men Benefit Equally from High Levels of Education? *Aboriginal Policy Studies: APS*, *9*(2), 49–74. https://doi.org/10.5663/aps.v9i2.29383

Pearce, M.E., Jongbloed, K. A., Richardson, C. G., Henderson, E. W., Pooyak, S. D., Oviedo-Jeokes, E., …for the Cedar Project Partnership. (2015). The cedar project: Resilience in the face of HIV vulnerability within a cohort study involving young Indigenous people who use drugs in three Canadian cities. *BMC Public Health, 15*, 1095–1106. https://doi.org/10.1186/s12889-015-2417-7

Pendakur, K., & Pendakur, R. (2011). Aboriginal income disparity in Canada. *Canadian Public Policy / Analyse de Politiques, 37*(1), 61–83. https://doi.org/10.3138/cpp.37.1.61

Polat, A. (2025). Thematic analysis in qualitative research: Common pitfalls and practical insights for academic writing. International Journal of Qualitative Methods, 24. https://doi.org/10.1177/16094069251372835

Popken, L. R., Griffin, P. J., Coté, C., & Angel, E. (2023). Indigenous food sovereignty through resurgent self-governance: Centering Nuu-chah-nulth principles in sea otter management in Canada. *Ecology and Society, 28*(2), 12. https://doi.org/10.5751/ES-13702-280212

Reading, J., & Halseth, R. (2013). *Pathways to Improving Well-Being for Indigenous Peoples: How Living Conditions Decide Health.* Prince George, BC: National Collaborating Centre for Aboriginal Health.

Reading, C. L., & Wien, F. (2009). *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. Prince George, BC: National Collaborating Centre for Aboriginal Health.

Richardson, C. L. (2004). *Becoming Metis: The relationship between the sense of Metis self and cultural stories.* School of Child and Youth Care, University of Victoria, Victoria, BC.

Royal Commission on Aboriginal Peoples (RCAP). (1996). *The Report of the Royal Commission on Aboriginal Peoples (RPRT).* Ottawa: Royal Commission on Aboriginal Peoples.

Sah, R. K., Singh, D. R., Simkhada, B., Sah, L. K., Retzler, J., Smith, T., Khan, W., & Doyle, M. (2025). Coping strategies to enhance mental health and wellbeing of ethnic minority populations in the United Kingdom: A scoping review. *Journal of Immigrant and Minority Health.* https://doi.org/10.1007/s10903-025-01761-3

Snowshoe, A., Crooks, C. V., Tremblay, P. F., Craig, W. M., & Hinson, R. E. (2015). Development of a Cultural Connectedness Scale for First Nations youth. *Psychological assessment*, *27*(1), 249–259. https://doi.org/10.1037/a0037867

Snowshoe, A., Crooks, C. V., Tremblay, P. F., & Hinson, R. E. (2017). Cultural connectedness and its relation to mental wellness for First Nations youth. *Journal of Primary Prevention, 38*, 67–86. https://doi.org/10.1007/s10935-016-0454-3

Stanisławski, K. (2019). The coping circumplex model: An integrative model of the structure of coping with stress. *Frontiers in Psychology, 10*, 694. https://doi.org/10.3389/fpsyg.2019.00694

Statistics Canada. (2021). A snapshot: status First Nations people in Canada. Retrieved on November 10, 2024, from https://www150.statcan.gc.ca/n1/pub/41-20-0002/412000022021001-eng.htm

Statistics Canada. (2022). First Nations people, Métis and Inuit in Canada. Retrieved on April 22, 2026, from https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2022057-eng.htm

Statistics Canada. (2025). Labour force characteristics by province, region and Indigenous group. Retrieved on April 22, 2026, from https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410036401

Stewart, G. (2017). What does 'indigenous' mean, for me? *Educational Philosophy and Theory, 50*(8), 740–743. https://doi.org/10.1080/00131857.2017.1302050

Terpstra, J., Lehto, R., & Wyatt, G. (2021). Spirituality, quality of life, and end of life among Indigenous peoples: A scoping review. *Journal of Transcultural Nursing, 32*(2), 161–172. https://doi.org/10.1177/1043659620952524

Thiessen, S. (2023). Engaging First Nations people at work: The influence of culture and context. *Administrative Sciences, 13*(179). https://doi.org/10.3390/admsci13080179

Tong A, Sainsbury P, Craig J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Toombs, E., Lund, J. I., Mushquash, A. R., & Mushquash, C. J. (2023). Intergenerational residential school attendance and increased substance use among First Nation adults living off-reserve: An analysis of the aboriginal peoples survey 2017. *Frontiers in Public Health, 10*, 1029139. https://doi.org/10.3389/fpubh.2022.1029139

Truth and Reconciliation Commission of Canada (TRC). (2012a). *Calls to Action.* Truth and Reconciliation Commission of Canada.

Truth and Reconciliation Commission of Canada (TRC). (2012b). *They came for the children: Canada, Aboriginal peoples, and residential schools.* Winnipeg: Truth and Reconciliation Commission of Canada.

Ullrich, J. S. (2019). For the love of our children: An Indigenous connectedness framework. *AlterNative: An International Journal of Indigenous Peoples, 15*(2), 121–130. https://doi.org/10.1177/1177180119828114

Vance, A., McGraw, J., Winther, J., & Eades, S. (2025). Indigenous spirituality, health, and well-being in the young: Yarns with the Victorian Aboriginal community. *Qualitative Health Research, 35*(7), 768–778. https://doi.org/10.1177/10497323241274706

Venkataraman, M., Grzybowski, S., Sanderson, D., Fischer, J., & Cherian, A. (2022). Environmental racism in Canada. *Canadian Family Physician, 68*(8), 567–569. https://doi.org/10.46747/cfp.680856

Wilk, P., Maltby, A., & Cooke, M. (2017). Residential schools and the effects on Indigenous health and well-being in Canada–A scoping review. *Public Health Reviews*, 38:8. https://doi.org/10.1186/s40985-017-0055-6

Whyman, T., Adams, K., Carter, A., & Jobson, L. (2021). Lateral violence in Indigenous peoples. *Australian Psychological Society, 56*(1), 1–14. https://doi.org/10.1080/00050067.2021.1893595

Young D. B. A. (2011). *Chicanismo, Indigenous identity and lateral violence: A qualitative study of Indigenous identified individuals in Colorado* [Master's thesis]. Colorado State University. https://mountainscholar.org/handle/10217/47428

Yuan, N. H. (2024). *Decolonizing settler workplace: Insights from an Indigenous meaning of work perspective.* [Master's thesis, University of Calgary, Calgary, Canada]. Retrieved from https://prism.ucalgary.ca

Appendices

Appendix A: Semi-Structured Interview Guide: First Iteration

Thank you **[participants name]** for agreeing to participate in this interview. **[Introduce the researchers' and their roles]. If in person and the participant asked for an Elder:** You have chosen to include an Elder/Nokiiwin Spirit Builder (NSB) to support you, so we welcome **[acknowledge the Elder/NSB presence and their role].**

- We are interviewing you to better understand how the workplace affects indigenous workers' mental health. So, there are no right or wrong answers to any of our questions, we are interested in your own experiences. We are very thankful for your presence today.
- The interview should take approximately 60 minutes depending on how much information you would like to share.
- I want to remind you that participation in this study is voluntary and your decision to participate, or not participate, will not affect your work. The workplace will not have access to your information.
- All responses will be kept confidential. This means that your identified interview responses will only be shared with research team members, and we will ensure that any information we include in our report does not identify you as the respondent.
- You may decline to answer any question or stop the interview at any time and for any reason. Are there any questions about what I have just explained? **[Confirm the consent form signature]**
- With your permission, I would like to audio record the interview because I don't want to miss any of your comments. **May I turn on the digital recorder?**

Intro

1) When you hear the term 'mental health,' what kinds of things come to your mind?
   Examples of probe: Are there things people say or do that make you think, 'this is about mental health'? What do you see in yourself that shows signs of good mental health? Could you explain a little more for me with some examples?
2) To help me understand your day-to-day, could you tell me a bit about your job, like what you usually do at work?
   Examples of probe: Could you explain a little more for me with some examples?
3) Tell me about your connection to your Indigenous culture/identity and community.
   Examples of probe: How would you describe your Indigenous culture/identity? How important is staying connected with your community for your well-being? What does stay connected with your community look like for you?
4) How do you feel your identity as an Indigenous person is treated in your workplace?
   Examples of probe: Can you provide examples of when you felt respected (or disrespected) by your colleagues or supervisors? How does your workplace accommodate your cultural needs? How does that influence your work and mental health? Have you ever felt that you were treated unfairly because of your Indigenous identity in the workplace?

Work

5) What do you like about your job?
   Examples of probe: Could you explain a little more to me with some examples/situations? What other aspects of your work contribute to what you enjoy most about your job?
6) What are the biggest challenges you currently face in your workplace?
   Examples of probe: Could you explain a little more for me with some examples/situations? Do you think your interpersonal interactions during work affect your mental health? Do you feel safe at your workplace? What other aspects of your work contribute to these challenges? Tell me about the amount of work assigned or expected from you.

Voice and Value

7) Do you receive regular feedback from leadership about your work performance?
   Examples of probe: What kind of feedback? Could you explain a little more for me with some examples/situations? Do you feel that you understand what is expected of you in your role? How does that influence your work and mental health?
8) Are there opportunities for growth and development in your workplace?
   Examples of probe: Could you explain a little more for me with some examples/situations? How do you feel about that? How does that influence your work and mental health?
9) How do you feel your work is recognized in your workplace?
   Examples of probe: Could you explain a little more for me with some examples/situations? How do you feel about the way your contributions are recognized? What kind of recognition do you expect? How does that influence your work and mental health?
10) How much influence do you feel you have in shaping the work environment or the direction of your team or organization?
   Examples of probe: Could you explain a little more for me with some examples/situations? How do you feel about the amount of influence that you have? How does that influence your work and mental health?

Balance and Support

11) How does your work affect your balance with your personal life?
   Examples of probe: I mean, you said [complete with participant experience about identity or connectiveness with their community, family, etc.], how do you balance that with your workload? How does that influence your work and mental health?
12) Based on everything you shared, what do you feel really supports your mental health?
   Examples of probe: Do you think work contributes to one's good mental health? If so, how? If not, why not?

13) What aspects or initiatives of your workplace do you feel really supports your mental health?

    Examples of probe: Whether your coworkers, supervisors, or formal initiatives or resources in your workplace, how they influence stress and mental health? *Can you think of a time when a colleague or supervisor supported you during a difficult moment at work? Could you explain a little more for me with some examples/situations? Are the formal initiatives working?*

Summary

14) If you could suggest changes in the workplace environment or culture that would help reduce stressors, what would it be?

    Examples of probe: Can you think of any specific situations where changes in the work environment or practices could have helped reduce stress or improve well-being? What could the organization do to foster a more inclusive culture that helps all employees, especially Indigenous workers, feel engaged?

We appreciate your participation today; it was very important for us to better understand WMH from your perspective. Is there anything else you would like to share regarding how your workplace affects your mental health? Thank you.

Appendix B: Semi-Structured Interview Guide: Second Iteration

Thank you **[participants name]** for agreeing to participate in this interview. **[Introduce the researchers' and their roles]. If in person and the participant asked for an Elder:** You have chosen to include an Elder/Nokiiwin Spirit Builder (NSB) to support you, so we welcome **[acknowledge the Elder/NSB presence and their role].**

- We are interviewing you to better understand how the workplace affects indigenous workers' mental health. So, there are no right or wrong answers to any of our questions, we are interested in your own experiences. We are very thankful for your presence today.
- The interview should take approximately 60 minutes depending on how much information you would like to share.
- I want to remind you that participation in this study is voluntary and your decision to participate, or not participate, will not affect your work. The workplace will not have access to your information.
- All responses will be kept confidential. This means that your identified interview responses will only be shared with research team members, and we will ensure that any information we include in our report does not identify you as the respondent.
- You may decline to answer any question or stop the interview at any time and for any reason. Are there any questions about what I have just explained? **[Confirm the consent form signature]**
- With your permission, I would like to audio record the interview because I don't want to miss any of your comments. **May I turn on the digital recorder?**

Intro

15) When you hear the term 'mental health,' what kinds of things come to your mind?
    Examples of probe: Are there things people say or do that make you think, 'this is about mental health'? What do you see in yourself that shows signs of good mental health? Could you explain a little more for me with some examples? What do you feel really supports your mental health?
16) Tell me about your connection to your Indigenous culture/identity and community.
    Examples of probe: How would you describe your Indigenous culture/identity? How important is staying connected with your community for your well-being? What does stay connected with your community look like for you?
17) To help me understand your day-to-day, could you tell me a bit about your job, like what you usually do at work?
    Examples of probe: Could you explain a little more for me with some examples?

Work

18) What do you like about your job?
    Examples of probe: Could you explain a little more to me with some examples/situations? What other aspects of your work contribute to what you enjoy most about your job?
19) What are the biggest challenges you currently face in your workplace?

Examples of probe: Could you explain a little more for me with some examples/situations? Do you think your interpersonal interactions during work affect your mental health? Do you feel safe at your workplace? What other aspects of your work contribute to these challenges? Tell me about the amount of work assigned or expected from you.

Voice and Value

20) Do you feel that leadership provides clear guidance and sets clear expectations for your role?

Examples of probe: Do you receive regular feedback from leadership about your work performance? What kind of feedback? Could you explain a little more for me with some examples/situations? Do you feel that you understand what is expected of you in your role? How does that influence your work and mental health?

21) You mentioned that you [feel supported / feel a lack of support]. What does support look like to you?

Examples of probe: What kind of behaviors, attitudes, or resources do you expect to feel supported?

22) Are there opportunities for growth and development in your workplace?

Examples of probe: Could you explain a little more for me with some examples/situations? How do you feel about that? How does that influence your work and mental health?

23) How much influence do you feel you have in shaping the work environment or the direction of your team or organization?

Examples of probe: Could you explain a little more for me with some examples/situations? How do you feel about the amount of influence that you have? How does that influence your work and mental health?

24) How do you feel your work is recognized in your workplace?

Examples of probe: Could you explain a little more for me with some examples/situations? How do you feel about the way your contributions are recognized? What kind of recognition do you expect? How does that influence your work and mental health?

25) Besides recognition at work, do you feel your contributions are recognized by your community?

Examples of probe: Could you explain with an example? Do you think community recognition fulfils the gap of workplace recognition?

Respect and Justice

26) Have you ever felt that you were treated unfairly in the workplace?

Examples of probe: What made you feel it was unfair? Do you think this treatment was related to your Indigenous identity, or could it have been for another reason (such as gender, age, position, or other aspects of who you are)? Have you ever

seen others being treated unfairly in similar or different ways? How did these experiences affect you and your mental health? How do you feel your identity as an Indigenous person is treated in your workplace?

Balance and Support

27) How does your work affect your balance with your personal life?

Examples of probe: I mean, you said [complete with participant experience about identity or connectiveness with their community, family, etc.], how do you balance that with your workload? How does that influence your work and mental health?

28) What aspects or initiatives of your workplace do you feel really supports your mental health?

Examples of probe: Whether your coworkers, supervisors, or formal initiatives or resources in your workplace, how they influence stress and mental health? *Can you think of a time when a colleague or supervisor supported you during a difficult moment at work? Could you explain a little more for me with some examples/situations? Are the formal initiatives working?*

Summary

29) If you could suggest changes in the workplace environment or culture that would help reduce stressors, what would it be?

Examples of probe: Can you think of any specific situations where changes in the work environment or practices could have helped reduce stress or improve well-being? What could the organization do to foster a more inclusive culture that helps all employees, especially Indigenous workers, feel engaged?

We appreciate your participation today; it was very important for us to better understand WMH from your perspective. Is there anything else you would like to share regarding how your workplace affects your mental health? Thank you.

Appendix C: Information Letter and Consent Form

WORKER INFORMATION SHEET AND CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title	Supporting indigenous workplace mental health: a mixed methods approach
Principal Investigator	Vicki L Kristman Professor, Dept Health Sciences Director, EPID@Work Research Institute, Lakehead University; (807) 343-8961 or (807) 343-7184
Co-Investigators	Charles Levkoe, Lakehead University
Partners	Audrey Gilbeau, Nokiiwin Tribal Council
Project Staff/Student	Fernanda M de Miranda Patrick Sabourin Jazanne Bunting
Funder	Canadian Institutes of Health Research (CIHR)

Dear Potential Participant,

You are invited to participate in this study because you participated in the “Northwestern Ontario Workplace and Worker Health Study” and gave permission for us to reach out to you. This study is being conducted by researchers from the Enhancing the Prevention of Injury and Disability @ Work (EPID@Work) Research Institute at Lakehead University, in partnership with the Nokiiwin Tribal Council. To participate in this study, you will be asked to participate in an interview. Please read this explanation about this study and its risks and benefits before you decide if you would like to take part. Participation in this study is completely voluntary, and your decision to participate or not will have no impact on your employment status.

Purpose

The purpose of this study is to gain an in-depth understanding of how the workplace affects Indigenous workers’ mental health.

Study Eligibility

Indigenous workers who participated in the Northwestern Ontario Workplace and Worker Health Study (NOWWHS) survey.

Study Procedures

If you agree to participate, you will be asked to participate in an individual interview. We are interviewing you to better understand how workplace affects indigenous workers mental health. So, the interview includes questions about your mental health, workplace conditions, workplace dynamics and work relations. There are no right or wrong answers to any of our questions, we are interested in your own experiences. The interview may be conducted in-person or online (by zoom). Since we are asking questions about your experience in the workplace, which may be difficult to talk about, you can request an Elder or a Nokiiwin Spirit Builder (NSB) to join you. This can provide an opportunity for smudging and healing. If you request either an Elder or a Nokiiwin Spirit Builder (NSB), or both to join you in the interview, it will have to be in person. Otherwise, you could just select what option is the best for you. The interview should take approximately 60 minutes depending on how much information you would like to share. With your permission, we would like to audio record the interview because we don't want to miss any of your comments. You may decline to answer any question or stop the interview at any time and for any reason. We will also access the NOWWHS survey results for your demographic information including age, sex, education level, job location, cultural connections, industry sector, employment situation, years of experience in the workplace, and others to help us to understand the characteristics of our participants.

Risks Related to Participating in the Study

By agreeing to participate in this study, you acknowledge that the interview may involve discussing sensitive topics related to your mental health in the workplace. We understand that reflecting on such experiences may evoke emotional responses, and we are committed to providing a safe, confidential environment for you to share your thoughts. We also suggest that participants who are able to attend the interview in person have the option to request an Elder or an NSB, as these conversations may be difficult. It is important to provide an opportunity for smudging and healing for those who wish to have this support. There is also a potential risk of stigmatization or prejudice that you may experience when discussing your experiences. We emphasize that our research team is committed to creating a safe, non-judgmental environment where participants can share their experiences without fear of being stigmatized.

You may feel insecure about the negative impact on your work relationship. Importantly, confidentiality will be strictly maintained to ensure that your' identity and sensitive information are protected, as discussed below. You are welcome to discuss any questions or feelings you may have regarding the research process or how the data was collected. Details for this are provided below. If you experience any stress or anxiety after participating in this study, please consult the resources that you can find by clicking here.

Benefits to Participating in the Study

You will not receive any immediate direct benefit from being in this study. Information learned from this study may, in the future, help workplaces, supervisors, and worker compensation boards improve efforts and policies related to workplace health. As mentioned earlier, this project was initiated by Nokiiwin's goal to become an Indigenous Health & Safety Association for Ontario. The findings from this study will assist Nokiiwin in preparing for this role by identifying workplace targets for program and tool development.

Voluntary Participation

Your participation in this study is completely voluntary. You may decide not to be in this study without penalty, and your workplace will not be notified of whether you have chosen to participate. You may refuse to answer any question in the interview that you do not wish to answer or end participation at any time.

Confidentiality

All information collected during this study, including personal details from consent forms, will be kept confidential and will not be shared with anyone outside of the research team. The information collected as part of this study will only be used for the purposes of this research study. All recording and transcript data will be kept confidential. This means that your identified interview will only be shared with research team members, and we will ensure that any information we include in our report does not identify you as the participant. For that, remove your name, and the interview will be identified by the consonant P for participant and one number, representing the chronological number of your interview in our data gathering. Data will be published in aggregate form (i.e., a summary of results from all participants). You will not be named in any reports, publications, or presentations that may come from this study. While the research is ongoing, data will be stored in a share file on Lakehead University's server. This server has daily backup and protects access. The data will be housed on a Lakehead

University server for the duration of the project. Once manuscripts are published, data (transcriptions and researchers' memos) will solely be held and owned by Nokiiwin.

Expenses Associated with Participating in the Study

In-person interviews will be conducted at the EPID@Work Research Institute. Participants residing in Thunder Bay will be reimbursed for any public transportation expenses. Participants from outside Thunder Bay, if included in the study, will not have travel costs covered for in-person participation and will be encouraged to take part online instead.

Research Results

As a participant in this study, it's important for you to know how the results of the research will be shared. We will use various channels to share the findings, including scientific communication, seminars, websites, social media platforms, and local media outlets. As the project continues, we will work closely with Nokiiwin to ensure that the dissemination strategies include culturally appropriate and effective strategies for reaching those who can benefit most. We want to reassure you that your identity will not be revealed in any of the materials shared.

To Show our Appreciation

To thank you for participating in an interview, we will provide you with $100 for your time. For the in-person interviews, we will also provide a small snack and beverage.

Conflict of Interest

Lakehead University, the Enhancing the Prevention of Injury and Disability @ Work (EPID@Work) Research Institute, and the CIHR will pay the researchers for the costs of doing this study. All these people have an interest in completing this study. Their interests should not influence your decision to participate in this study. You should not feel pressured to join this study.

Questions About the Study

This information letter will be sent by via email for prior reading, regardless of the interview format. Regarding the consent signature, it can be signed in person for face-

to-face interviews or electronically for both in-person and Zoom interviews. If you have any questions, concerns or would like to speak to the study team for any reason, please email the principal investigator, Dr. Vicki Kristman at epid.director@lakeheadu.ca or phone at (807) 343-8010 x7184. This study has been approved by the Lakehead University Research Ethics Board. If you have any questions about your rights as a research participant or have concerns about this study, contact Sue Wright from the Lakehead University Research Ethics Board (REB) (phone: (807) 343-8010 x8283; email: research@lakeheadu.ca). The Research Ethics Board is a group of people who oversee the ethical conduct of research studies. These people are not part of the study team.

I have read and understood the information provided above. I have had the opportunity to discuss this study, and my questions have been answered to my satisfaction. I understand the potential risks and benefits of the study. Any data I provide will be securely stored at Lakehead University until the completion of the project, after which it will be stored with Nokiiwin Tribal Council. I will remain confidential in any publication/presentation arising from this study. I consent to take part in the study with the understanding that I may withdraw at any time or choose not to answer any questions.

Consent Form

I voluntarily consent to participate in this study.

- ☐ Yes
- ☐ No

I agree to be audio-recorded during the interview : YES / NO

Name (Please print first, middle and last name) _____

E-mail address (Please avoid using your work email)_____