

Anishnabeg Outreach

# The AONest System of Support

Addressing Holistic Wellbeing using an Evidence-Based Framework

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## Table of Contents

|                                                                                                                                             |    |
|---------------------------------------------------------------------------------------------------------------------------------------------|----|
| Executive Summary.....                                                                                                                      | 3  |
| Introduction .....                                                                                                                          | 8  |
| Longevity and Quality of Life of First Nations, Inuit, and Métis (FNIM) People in Canada..                                                  | 9  |
| Impacts of Colonialism and Intergenerational Trauma .....                                                                                   | 10 |
| Adverse Childhood Experiences (ACES) .....                                                                                                  | 11 |
| Understanding Complex Trauma and Toxic Stress.....                                                                                          | 11 |
| Disparity of First Nations, Inuit, and Métis (FNIM) in the Care-to-Prison Pipeline .....                                                    | 12 |
| Barriers to Accessing Care for First Nations, Inuit, and Métis (FNIM) .....                                                                 | 13 |
| Discrimination in Healthcare .....                                                                                                          | 13 |
| Cultural Disconnect.....                                                                                                                    | 14 |
| Geographic Isolation.....                                                                                                                   | 15 |
| Socioeconomic Barriers.....                                                                                                                 | 15 |
| Education and Mental Health .....                                                                                                           | 16 |
| Frameworks Informing the AONest System of Support .....                                                                                     | 17 |
| Ecological Systems Theory .....                                                                                                             | 17 |
| Social Determinants of Health.....                                                                                                          | 17 |
| Indigenous Social Determinants of Health.....                                                                                               | 18 |
| Healthcare .....                                                                                                                            | 19 |
| Education .....                                                                                                                             | 20 |
| Social Welfare.....                                                                                                                         | 20 |
| STEM Determinants of Health .....                                                                                                           | 20 |
| Ameliorating Negative Mental and Physical Health Impacts Through Innovative, Integrative<br>Evidence-Based Practices: AONest Software ..... | 21 |
| Risk and Protective Factors for Wellbeing and Resilience .....                                                                              | 21 |
| Risk Factors for Negative Mental Health Outcomes .....                                                                                      | 21 |
| Protective and Resiliency Factors for Wellbeing.....                                                                                        | 24 |
| AONest Software: An Evidence-based Solution for Mental Wellbeing .....                                                                      | 26 |
| Evidence-Based Therapeutic Modalities in AONest System of Support .....                                                                     | 27 |
| Efficacy of Digital Mental Health Interventions .....                                                                                       | 27 |

|                                                                                    |    |
|------------------------------------------------------------------------------------|----|
| Cognitive Behavioural Therapy .....                                                | 28 |
| Evidence-Based Addictions Interventions .....                                      | 29 |
| Dialectical Behaviour Therapy .....                                                | 29 |
| Evidence-Based Indigenous-Informed Interventions .....                             | 34 |
| Land-Based Healing .....                                                           | 35 |
| Wellbeing from a Bioecological Perspective with the AONest System of Support ..... | 36 |
| Supporting the Supporters .....                                                    | 36 |
| Food Security and Sovereignty in Improving Health Outcomes .....                   | 37 |
| Addressing Social Health Needs and Belonging Through Community Connections .....   | 39 |
| Reducing Barriers to Education and Employment: Pipeline to Prosperity.....         | 39 |
| Conclusion.....                                                                    | 40 |
| References .....                                                                   | 42 |

# Executive Summary

## **AONest System of Support: An Indigenous-Informed, Evidence-Based Holistic Approach to Health, Housing and Wellbeing**

### **The Opportunity**

Across Canada, First Nations, Inuit and Métis peoples continue to experience significant inequities in health, housing, education, employment and social wellbeing. These outcomes are interconnected and cannot be effectively addressed through isolated services or crisis response alone.

The AONest System of Support was developed by Anishnabeg Outreach as an **Indigenous-led, culturally grounded and evidence-informed approach to addressing the interconnected causes and consequences of poor mental health, trauma, houselessness, substance use, family instability, unemployment and justice-system involvement.**

AONest is designed to complement—not replace—existing healthcare, housing, shelter, social-service and community systems by providing an accessible layer of prevention, self-directed learning, cultural connection and wrap-around support.

### **The System Challenge**

The evidence presented in this paper demonstrates that health outcomes are shaped by much more than access to clinical care. Housing, income, education, employment, food security, transportation, relationships, cultural connection and community belonging all influence wellbeing.

For Indigenous peoples, these determinants are further shaped by the ongoing effects of colonization, intergenerational trauma, systemic discrimination and geographic and socioeconomic barriers. The result is a cycle in which individuals may move between shelters, emergency departments, mental-health and addiction services, child welfare, justice systems and other crisis-response environments without receiving coordinated support addressing the underlying drivers of their circumstances.

Housing insecurity is particularly significant. The paper identifies that houselessness and housing instability affect not only where a person lives, but also their ability to access healthcare, maintain employment, pursue education and improve mental health.

### **A Different Approach: From Crisis Response to Upstream Prevention**

AONest proposes a shift from responding primarily to crisis toward **early intervention, prevention, healing and long-term stability.**

The System of Support brings together:

- **Mental health and emotional wellness**
- **Trauma and grief support**
- **Substance-use and harm-reduction education**
- **Suicide-prevention and resilience resources**
- **Indigenous cultural teachings and language**
- **Elder and Knowledge Keeper involvement**
- **Ceremony, traditional medicines and land-based healing**
- **Housing life skills and housing supports**
- **Financial literacy**
- **Employment readiness and career support**
- **Education and skills development**
- **Family and relationship support**
- **Community connection and mentorship**
- **Support for frontline workers and caregivers**

The model incorporates more than **4,000 hours of online and in-person learning** developed with mental-health professionals, Indigenous Knowledge Keepers and community practitioners. Programming is designed to be available 24/7 and can be accessed independently or alongside support from trusted family members, mentors, frontline workers or agencies.

### **Why This Matters for Health and Shelter Systems**

For health and shelter organizations, AONest offers a potential mechanism for extending support beyond the traditional encounter.

Individuals experiencing homelessness, addiction, trauma or mental-health challenges often require more than a bed, appointment or referral. They may need support developing the skills, relationships, confidence and connections required to sustain progress after

leaving a crisis environment. **This model can be extended to support all agencies involved with homelessness, addiction and justice.**

AONest is designed to help bridge this gap by providing individuals with resources they can access **before, during and after their interaction with formal services.**

For shelters, this can provide an additional resource that can be incorporated into existing case-management and housing-stability approaches.

For healthcare organizations, it can provide accessible education and self-management resources that complement clinical care and help individuals remain engaged between appointments or while waiting for services.

For governments, it offers a framework through which investments across health, housing, mental health, employment, education and social services can be connected around shared outcomes rather than operating exclusively within separate program silos.

### **Supporting the People Who Provide Care**

AONest also recognizes that sustainable outcomes depend on the wellbeing and capacity of the people delivering services.

Frontline workers, caregivers and community organizations supporting people with complex needs can experience chronic stress, burnout and empathic strain. The AONest System therefore includes resources intended for **service providers and supporters as well as service users.**

Organizations can introduce AONest to staff first, allowing frontline workers to develop their own resilience and mental-health skills before integrating the platform into client support. This creates an opportunity to strengthen both individual and organizational capacity.

### **Indigenous-Led and Culturally Grounded**

A central distinction of AONest is that Indigenous culture is not positioned as an optional addition to a Western service model. Indigenous teachings, relationships, language, ceremony, land and community are incorporated as components of wellbeing.

The System is informed by Indigenous understandings of holistic wellness alongside evidence-based approaches including Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, motivational interviewing, harm reduction, emotional-regulation strategies and digital mental-health interventions.

This creates a **two-eyed or integrative approach**: combining evidence-informed mental-health practices with Indigenous knowledge, cultural connection and community-based healing.

### **From Stabilization to Prosperity**

AONest is designed to support individuals through a continuum rather than treating healing as an isolated clinical intervention.

The intended pathway is:

**Connection → Stabilization → Healing → Skill Building → Housing & Life Stability → Education & Employment → Economic Participation → Community & Generational Wellbeing**

The model includes practical supports such as employment readiness, resume and interview preparation, mentorship and employment counselling. Its Pipeline to Prosperity initiative also identifies transportation and technology as practical barriers and proposes resources such as refurbished laptops and bicycles to support participation in education and employment.

### **A Partnership Opportunity**

AONest is positioned as a **system-support resource**, rather than a standalone program operating separately from existing services.

Potential partners include:

- Federal, provincial, territorial and municipal governments
- Indigenous governments and organizations
- Hospitals and primary-care organizations
- Mental-health and addictions providers
- Emergency and transitional shelters
- Housing organizations and supportive-housing providers
- Child and family services
- Justice and community-reintegration organizations
- Educational institutions
- Employers and corporate partners

- Community and cultural organizations

Partnerships can enable AONest to be integrated into existing pathways so that individuals have access to consistent, culturally relevant support across different points of contact. The entire system of support is provided to each partner which often extends resources beyond those offered by individual organizations so that clients in need don't experience insurmountable barriers or fall between the cracks when they have to find supportive services in other organizations.

### **The Intended System-Level Impact**

The long-term objective is to help shift the system from **reactive crisis management toward proactive, coordinated and preventative support.**

The AONest paper identifies intended outcomes including:

- Improved self-perceived mental and physical health
- Increased emotional resilience and coping skills
- Reduced isolation and increased community connection
- Improved access to culturally relevant supports
- Greater engagement with education and employment
- Improved housing stability and life skills
- Increased frontline-worker capacity and resilience
- Reduced barriers to accessing support
- Improved socioeconomic wellbeing
- Stronger pathways toward long-term independence and prosperity

The authors ultimately envision a model in which healing, housing, education, employment and economic participation reinforce one another rather than being addressed independently.

### **A Call to Collaboration**

The AONest System of Support presents an opportunity for governments, health systems, shelters, Indigenous organizations and community partners to collaborate around a shared premise:

**People experiencing complex challenges need more than crisis intervention. They need accessible pathways to healing, belonging, stability, opportunity and long-term wellbeing.**

By combining Indigenous knowledge, evidence-informed mental-health practices, digital accessibility and practical wrap-around supports, AONest seeks to strengthen the continuum between **crisis response and sustainable recovery**.

For decision-makers, the opportunity is to explore how AONest can complement existing investments and service pathways, strengthen frontline capacity, reduce barriers to care, and create more coordinated pathways toward health, housing stability, education, employment and community wellbeing.

## Introduction

Western models of healthcare in Canada leave many individuals falling through the cracks, exacerbating their mental physical and social health. First Nations, Inuit and Métis in Canada are even further barriered in accessing holistic and culturally appropriate services. The impacts of colonization are not in the past — they are ongoing. The current healthcare system across the country is not the solution that all Canadians need, including Indigenous peoples. The fragmentation of these systems, alongside the discrimination that Indigenous peoples face, has gone on long enough. These are some of the main reasons that inspired Anishnabeg Outreach, an Indigenous nonprofit organization, to spend time and resources into developing the AONest System of Support.

The AONest System of Support is an Indigenous-informed, holistic framework designed to operationalize reconciliation through healing, housing stability, education, employment, and long-term economic participation. Rooted in Indigenous teachings and developed in response to the urgent realities facing Indigenous individuals across Canada, the AONest System provides a scalable and culturally grounded solution to address intergenerational trauma, houselessness, addiction, suicide, unemployment, and overrepresentation in the justice and child welfare system.

The AONest System recognizes that reconciliation must move beyond symbolic commitments and toward measurable outcomes that restore wellbeing, strengthen communities, and create pathways to prosperity for future generations. By combining mental health supports, Indigenous cultural teachings, wrap-around case management, employment readiness, housing supports, and corporate partnership opportunities into one integrated framework, the AONest System creates a practical bridge for governments,

businesses, Indigenous communities, and social agencies to participate meaningfully in reconciliation.

In the following sections of this paper, we will review the interconnectedness of mental, physical, and social well-being and its impact upon one's quality of life. We will outline the frameworks from various methodologies that have been integrated to provide holistic outcomes in promoting well-being. We will also review key research about the efficacy of various evidence-based approaches to improve wellbeing and how they are delivered within the AONest System of Support.

## Longevity and Quality of Life of First Nations, Inuit, and Métis (FNIM) People in Canada

Indigenous People across Canada have been dealing with the ramifications of colonization for generations, deeply impacting their longevity and quality of life. In the most recently available data through the Government of Canada, there is a stark contrast between the life expectancy and wellbeing of First Nations, Inuit, and Métis peoples compared to their non-Indigenous counterparts. The life expectancy at birth for non-Indigenous people is 84.99 years compared to 71.42 years for Indigenous People living on reserve, 76.04 years for Indigenous People living off-reserve, 71.94 years for Inuit peoples, and 80.47 for Métis peoples (Statistics Canada, 2025). Further examination of this data shows there is a 13-year difference in life expectancy for Indigenous People living on-reserve, and an eight-year difference for Indigenous People living off-reserve. The Canadian Community Health Survey has also revealed stark contrasts between Indigenous People living off reserve and non-Indigenous people's quality of life. Compared to their non-Indigenous counterparts, Indigenous Canadians reported higher rates of obesity, and mood disorders (Statistics Canada, 2025). Wellbeing of First Nations peoples is also geographically influenced, with First Nations living on reserves experiencing twice the suicide rates compared to First Nations living off reserve (Graham et al., 2021).

Additionally, some of the lifestyle behaviours people engage in to help manage stress — while effective in the short term — can lead to long term negative health consequences. Substance use is one of these behaviours, and there are notable contrasts between Indigenous and non-Indigenous people in Canada that are worth mentioning. When looking at rates of addiction, 27% of Indigenous respondents said they engage in heavy drinking compared to 19% of non-Indigenous respondents, and 17% reported themselves as daily smokers compared to 8.3% of their non-Indigenous counterparts. These addictive lifestyle factors generally shorten lives and lead to preventable, chronic illnesses, such as liver disease or chronic obstructive pulmonary disease (Statistics Canada, 2025).

Wellbeing isn't just measured through how long someone lives, it's measured in the quality of their lives as well. The Government of Canada's Quality of Life Index highlights three central indicators when measuring someone's quality of life: life satisfaction, sense of meaning and purpose, and one's outlook. 22.7% of non-Indigenous people rated their satisfaction with life as low compared to 33.9% of Indigenous People (Statistics Canada, 2025). Moreover, 7.1% of Non-Indigenous People rated their sense of purpose as low compared to 22.7% of Indigenous People (Statistics Canada, 2025), and 11.8% of non-Indigenous people reported rarely or never having a hopeful outlook compared to 16.9% of Indigenous People (Statistics Canada, 2025).

The Canadian Community Health Survey revealed that Indigenous People had higher daily rates of perceived stress, perceived poor or fair mental health, and a lower sense of belonging compared to non-Indigenous Canadians. The Canadian Social Survey, conducted by the Government of Canada, explores social wellbeing for noninstitutionalized people living off reserve. Compared to 13.3% of Non-Indigenous people, 18% of Indigenous People reported always or often feeling lonely, 16.6% reported dissatisfaction in their family relationships, and 18% reported dissatisfaction in their friendships, compared to rates of 9.9% and 14.1% in Non-Indigenous People (Statistics Canada, 2025).

When our wellbeing is impacted, so too can our capacity to tend to our education, our work, and our prosperity. Economically disadvantaged and marginalized communities are at a higher risk of experiencing a mental health disorder, with other factors such as employment and familial relationships strongly impacting mental health (Alegria et al., 2018). The Community Wellbeing Index examines the socioeconomic wellbeing of communities across Canada by examining a community's access to education, labour market participation, income, and housing. A higher rating on the Wellbeing Index indicates higher rates of wellbeing for that community. Over time, the scores have improved for Indigenous People, but they continue to lag behind the scores of non-Indigenous communities, as demonstrated in the most recent data. There is a 15.6-point difference in ratings for attaining education, a 14.2-point difference in labour market participation, a 15.2-point difference in income levels, and a 20.4-point difference in housing. This shows a continuing shortfall in education, employment, attaining a livable income, and having appropriate housing for Indigenous People (Government of Canada, 2024).

## Impacts of Colonialism and Intergenerational Trauma

Trauma is often intergenerational, where suffering is caused by historical oppression or when trauma from previous experiences is passed down through generations. A key example of intergenerational trauma is seen in ongoing symptoms that are still being

experienced by many Indigenous individuals and communities in association to residential schools (Menzies, 2020). Below, we will outline how these traumas impact the next generation in childhood and across the lifespan.

## Adverse Childhood Experiences (ACES)

The CDC, in partnership with Kaiser Permanente conducted an in-depth longitudinal study on the impacts of adverse childhood experiences (ACEs) across the lifespan (Centers for Disease Control and Prevention, 2021). This foundational data has informed other studies about early formative experiences on wellbeing. An adverse childhood experience (ACE) is an event in a child's life, before the age of 18, that can add additional stress at a biological level, such as abuse, neglect, deaths of caregivers, incarceration of a caregiver, or family separation. This study determined that the number of ACEs someone experiences in childhood correlates to their longevity or lifespan. Telomeres are protective caps on the end of chromosomes in the body, and can become damaged when there is heightened stress, leading to cellular aging and impacts on longevity (Lin & Epel, 2022). In a different longitudinal study, those who experienced maltreatment in childhood had shorter telomeres than their counterparts who did not experience maltreatment in childhood (ACES Aware, 2025). Compared to those who did not experience an ACE, individuals who experienced four or more ACEs are twice as likely to develop heart disease and autoimmune diseases, 4.5 times more likely to be depressed, 10 times more likely to be intravenous drug users, and 12 times more likely to be suicidal (Felitti, et al., 1998; ACES Aware, 2025). Higher ACE scores also correlate with increased risks of food insecurity (Jackson et al., 2019) and mental health issues, highlighting the interconnectedness of these challenges (Hecht et al., 2018).

## Understanding Complex Trauma and Toxic Stress

Not everyone who has an adverse childhood experience (ACE) will develop complex trauma or chronic stress. However, those who are stuck in environments that continue to expose them to trauma, stress, and other risk factors can face serious health issues. Research underscores that early exposure to trauma — whether through ACEs or intergenerational trauma — markedly increases the risk of difficulties later in life. For instance, individuals with a history of involvement in child welfare or foster care are disproportionately represented among individuals experiencing houselessness (Albertson et al., 2020; Patterson et al., 2015). Similarly, forms of trauma such as sexual or emotional abuse in childhood are correlated with higher rates of incarceration and victimization as adults (Bodkin, et al., 2019; Perrault, 2022).

These cycles of adversity perpetuate within communities and include patterns of abuse, intimate partner violence (IPV), and persistent socioeconomic disadvantage. Unresolved

trauma is a critical part of these cycles, manifesting in poor mental health, which can worsen these challenges. Experiences of trauma, particularly in childhood, are also associated with more diagnoses and symptoms of mental health disorders (Liu et al., 2021).

For many Indigenous communities, chronic stress is fueled by the ongoing impacts of colonization, systemic inequalities, intergenerational trauma, and barriers to culturally safe healthcare. These experiences contribute to disproportionately higher rates of psychological distress and health inequalities in this population (Walls, et al., 2017).

### Disparity of First Nations, Inuit, and Métis (FNIM) in the Care-to-Prison Pipeline

There is also a “care-to-prison pipeline,” which refers to the fact that youth in the foster care system or other care are at a higher risk of encountering the juvenile justice system and being incarcerated (Yamat, 2020). This underscores the gap in mental health and social services, as well as the need for more support for youth accessing social services.

There is an overrepresentation of Indigenous Peoples who are incarcerated. With available data from the Overrepresentation Index from Prince Edward Island, Nova Scotia, Ontario, Saskatchewan, Alberta, and British Columbia, Indigenous adults were incarcerated at a rate of 10 times higher than non-Indigenous people. Indigenous adults represented 4.3% of the general population in these provinces, but they comprised 33.2% of the incarcerated population. This number increased by 2 points over a 5-year period. Indigenous women had higher Overrepresentation Index scores compared to men, with a score of 18.2 compared to non-Indigenous women. Compared to Indigenous men over a 5-year period, the Overrepresentation Index score rose considerably higher for Indigenous women – by a staggering 22% -while the rate for non-Indigenous women decreased by 11% (Statistics Canada, 2026a; Statistics Canada, 2026b).

Incarceration is another detrimental impact of trauma. Individuals in correctional facilities have much higher rates of post-traumatic stress disorder (PTSD) and experiences of trauma compared to the general population (Adams et al., 2017; Bodkin et al., 2019).

Research with marginalized groups who are incarcerated, including Indigenous peoples, have demonstrated the large impact ACEs have had in their lives. In interviews with incarcerated individuals, many shared they experienced ACEs without proper support from a trusted adult in their life — whether a parent, teacher or mentor. Many of these individuals noted that they believe they would have had a very different outcome in their life if they had received proper care and support during childhood, a key developmental stage.

As noted, research shows that positive social relationships and support from trusted adults are one of the key protective factors that promote resilience after trauma.

## Barriers to Accessing Care for First Nations, Inuit, and Métis (FNIM)

### Discrimination in Healthcare

Canada's healthcare system is built on the notion that everyone should have access to care, regardless of their income or the barriers they may face. The Canada Health Act is supposed to reflect this goal by emphasizing that healthcare should be accessible to all Canadians. However, this promise has not always been the reality for certain communities that have historically received the short end of the stick, including Indigenous people in Canada.

Despite Canada's fundamental goal of equal access, many Indigenous communities — including Métis and Inuit populations — still face challenges when trying to access the healthcare they both need and deserve. These challenges derive from a range of barriers, which can be grouped into three main types: proximal, intermediate, and distal barriers. Proximal barriers are more immediate, including factors such as where someone lives, their level of education, and the negative attitudes or biases they may have faced from healthcare professionals. Intermediate barriers include issues related to employment, income, and access to health education. Distal barriers are more broader issues, such as colonialism, racism, and social exclusion (Nguyen et al., 2020, p. 1).

Starting with proximal barriers, a main barrier that Indigenous People face when accessing healthcare is the way they are treated by healthcare providers. Negative attitudes and beliefs from healthcare workers can lead to patients feeling that they are not being listened to, cared for, or treated properly. This type of ignorance or judgement can affect both the quality of care they receive and their overall health (Reader and Gillespie 2013).

For example, research led by Indigenous communities, such as Our Health Counts, has shown that experiences of racism can cause Indigenous People to avoid healthcare services or wait until their health concerns become an emergency before seeking help (Monchalin et al., 2019, pp. 2-3). Instead of being able to see a primary care provider for non-urgent health concerns, some Indigenous People may rely on hospital emergency departments or walk-in clinics, which are notoriously crowded, unavailable, and overwhelming. Others may avoid seeking healthcare altogether because of past experiences or an overall lack of trust in the healthcare system (Allan & Smylie, 2015).

In one study from British Columbia, 84% of Indigenous participants reported experiencing racism or discrimination when using the healthcare system. These experiences can discourage people from seeking healthcare when they need it (Smladeno, 2020). Indigenous people have also reported having their symptoms taken less seriously and being stereotyped by healthcare staff, especially around substance use and addiction (Yangzom et al., 2023). Similar results were found in a Toronto-based study, where one-third of participants said they had experienced discrimination in a healthcare setting. Two-thirds of those participants said that these experiences made them delay or avoid going back to receive healthcare (Snyder et al., 2024), which is completely understandable when the institutions that are supposed to take care of its people abandon, judge, or harm them.

Indigenous people who have intersecting identities — such as Indigenous women and Two-Spirit people — can also experience unique complexities that impact their healthcare opportunities. For example, Indigenous women may avoid or delay seeking healthcare because they fear that their children could be taken away from them. This fear can create mistrust in the healthcare system and make women feel even more marginalized, which can negatively affect their health (Fiedeldey-Van, 2016). Métis people have also experienced historical discrimination and exclusion from some Indigenous health services (Beks et al., 2020; Kitching et al., 2020). Institutions should be inherently designed to reflect safety and accessibility. They should cater to everyone, regardless of identity.

## Cultural Disconnect

Cultural and traditional practices are an important way for Indigenous People to center their health and wellbeing, but these practices are not always easily available within healthcare settings either (Harfield et al., 2024). For example, some Indigenous patients have experienced being unable to access their traditional ceremonies as an outpatient, waiting up to 48 hours for a ceremony to be arranged, being discouraged from participating in ceremonies, or not having a safe place to practice them. Smudging —or burning sacred herbs to cleanse the environment — is one example of a traditional practice that can be difficult to carry out in healthcare settings due to concerns about smoke detectors and fire alarms (Oelke, 2010).

Another barrier is the lack of cultural awareness and training among healthcare workers. Although some healthcare organizations offer cultural training, it's not always required in hospital settings, which means that some staff may not receive enough education about Indigenous cultures and healthcare needs (Toronto Central Regional Cancer Program & Indigenous Cancer Program, n.d.). Health information provided to patients, such as brochures and videos, may also not reflect Indigenous cultures, experiences, or ways of learning (Oelke, 2010).

As a distal barrier, healthcare workers may also not fully understand the specific factors that affect Indigenous health, including the effects of colonization, intergenerational trauma, and systemic racism. This lack of understanding can make it harder for Indigenous People, especially youth, to access and continue receiving mental health support (Kalucy et al., 2019). It is fundamental to feel supported by your community, and when the community you live in does not or cannot understand you, it can feel incredibly isolating.

## Geographic Isolation

Location and transportation can also make it difficult for Indigenous People to access healthcare. Because of the effects of colonization and government policies, many Indigenous communities are in rural or remote areas, which can make it harder to reach healthcare services (Lavoie et al., 2021). Some people may not be able to afford a car or bus, while others may not have reliable transportation or live in areas where public transportation is limited or non-existent (Davy et al., 2016). For people living in rural or remote communities, healthcare facilities can be very far away, and poor roads or limited infrastructure can make travelling even more difficult (Shah et al., 2003). This can result in people having to travel long distances to receive basic or specialized healthcare, which can be an incredibly exhausting feat when someone is required to travel just to survive.

As we know, having reliable and affordable transportation can make a big difference in accessing services such as cancer screening, maternal and child healthcare, and other treatments (Burns et al., 2019; Fraser et al., 2021; Howard et al., 2014). This is especially important for older adults, people with disabilities, and those living in rural communities.

There are also shortages of healthcare providers in many Indigenous communities across Canada. A lack of doctors can lead to long wait times, larger number of patients, and less time spent with each patient (Barbo & Alam, 2024; Shah et al., 2003). Indigenous People living in cities have also reported not having a regular family doctor and relying more on walk-in clinics for their healthcare needs (Jacklin et al., 2017; Oelke, 2010). These issues can make it harder to build trusting and consistent relationships with healthcare providers.

## Socioeconomic Barriers

According to the 2020 Canadian Census, Indigenous People were more likely to experience low income compared to non-Indigenous people. Up to 31.3% of Indigenous People were living with low incomes, compared to 10.7% of the non-Indigenous population (Indigenous Services Canada, 2023). A major wage gap also exists, with the medium annual income of First Nations individuals at \$21,875 CAD, compared to \$34,604 CAD for non-Indigenous people (Doris & Brooklyn, 2024). This statistic demonstrates an unfair 13K difference in income between communities who are dedicating an equal amount of time and resources

towards their profession, and it also leaves many Indigenous communities below the low-income cut-off. This means that Indigenous communities frequently cannot afford extra insurance or health services that are not already covered by the Non-Insured Health Benefits (NIHB) program or provincial and territorial governments.

In 2016, the unemployment rate for Status First Nations was 23% for those living on-reserve and 14% for those living off-reserve, compared to 6% among the non-Indigenous population (Government of Canada, 2024). These inequalities can also affect income, as First Nations and Métis people who are employed are reported to have lower average hourly earnings than non-Indigenous people (Bleakney et al., 2024). This is one of the many reasons why it's so integral to clarify that unemployment rates are not because of "character flaws" or personal "deficiencies" — they're systemic, institutional, and racist.

Additionally, finding safe and affordable housing can be especially difficult because some Indigenous renters have experienced discrimination and racial profiling from landlords. This can lead to people living in overcrowded or poor-quality housing or experiencing houselessness (CMHC, 2022). Although insurance coverage is supposed to be available for low-income residents and seniors, many Indigenous seniors cannot afford long-term care housing. For example, only 53 long-term care institutions are run by First Nations communities out of the more than 600 First Nations across Canada (Nguyen et al., 2020).

Housing insecurity and houselessness, including having to stay with friends or family or use shelters, can make it harder to access care (Vogel, 2015). Housing insecurity involves so much more than not having a safe and secure building to rest your head in – housing insecurity affects people's lives in numerous ways, affecting employment, healthcare, and mental health.

## Education and Mental Health

Indigenous students are much more likely to struggle with their mental health than non-Indigenous students (Hop Wo et al., 2019). Another study discovered that 42% of Indigenous residents in urban cities have a mental health condition (Firestone et al., 2015). This reality is extremely concerning, since a higher mental well-being is connected to higher grades and a lower probability of leaving college early (Eisenberg et al., 2009; Marmolego et al., 2022).

91% of public Canadian universities have counseling services, but they frequently lack the resources to accommodate all students, including those who identify as Indigenous (Jaworska et al., 2019). For example, another study focusing on Canadian public universities found that, although Indigenous and international students are the most

targeted demographic by mental health outreach programs, they lacked ethnically diverse counsellors (Jaworska et al., 2019).

Indigenous Student Services, an academic support system in colleges and universities, can help give students a sense of community and boost their success rates, but there is also a lack of Indigenous staff working in ISSs (Walton et al., 2020; Bazemore-James & Dunn, 2020). This is an especially concerning trend because it is a fundamental human need to feel connected to and supported by others, especially those who can relate to your own lived experiences.

## Frameworks Informing the AONest System of Support

Recognizing the interconnectedness of well-being, as outlined within Anishnaabe medicine wheel teachings, was incredibly important while creating the AONest System of Support. The following theories and frameworks guiding mental and physical health have informed not only content within the AONest software, but the additional wrap around supports the entire AONest System of Support offers to Indigenous Peoples.

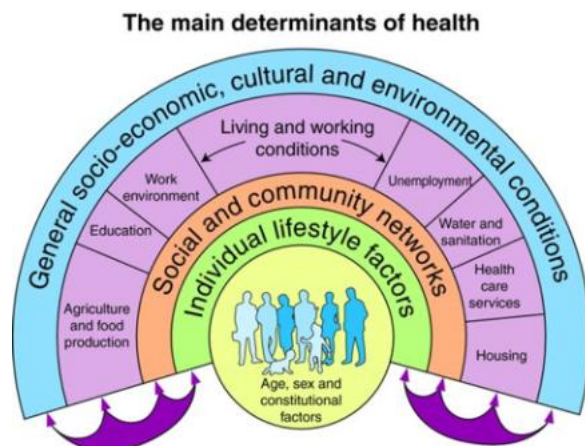
### Ecological Systems Theory

Ecological Systems Theory is a socioecological model of development, created by Bronfenbrenner in the 1970s, that continues to inform how mental healthcare professionals approach supporting clients. This theory takes a person-in-context approach, recognizing that a person's development and wellbeing across their lifetime are influenced explicitly and implicitly by varied factors within their environment. Where one lives, who they live with, the quality of those relationships, as well as the environments they are learning and working in, shape wellbeing. It also expands outward to include how policy, culture, and dominant social narratives can impact one's experience in navigating resources in their community, and therefore, their wellbeing (Kiaras & Dashora, 2026; Busch et al., 2026). As discussed earlier in this paper, many of the barriers that Indigenous peoples face in receiving adequate care align with ecological systems theory. This also connects to evidence-based research about the social determinants of health, which will be discussed below.

### Social Determinants of Health

Social determinants of health are physical, social, economic, and behavioral factors that influence individual health (Rudolph et al., 2013). The below figure illustrates how various layers of social determinants of health interact to shape an individual's health outcomes.

Figure 1. Social determinants of health.



Dahlgren, G., & Whitehead, M. (1991). Policies and strategies to promote social equity in health. *Stockholm: Institute for future studies*, 27(1), 4-41.

Access to good health care contributes only 20% to an individual's overall well-being, whereas the social determinants of health majorly determine how well an individual will live their life. Studies suggest that improving health inequities will have a greater effect on the improvement of the population's health than medical advancements (Rudolph et al., 2013). Equity involves providing greater support and resources to individuals who are more impacted by a situation or less able to cope, to help them achieve their full health potential (Canadian Public Health Association, 2020)

## Indigenous Social Determinants of Health

Social determinants of health do not affect all populations in the same way. For Indigenous Peoples, health is closely connected to the land, cultural, and language. To illustrate these relationships, Loppie and Wien (2022) use a tree metaphor that organizes the determinants of health into interconnected components represented by the roots, trunk, and stem.

**The roots** represent the structural determinants that form the foundation and influence all other determinants. These include colonial ideology and governance, as well as Indigenous self-determination. Colonization disrupted Indigenous communities by displacing them from their traditional lands and undermining their social, political, and cultural systems. Colonial governments established governing structures that primarily benefited white settlers while disadvantaging Indigenous Peoples. These systems have contributed to the loss of land, culture, language, and community well-being. They have also limited Indigenous representation in government and reduced opportunities for self-determination, as policies affecting Indigenous Peoples have often been developed without their meaningful participation or leadership. Because land is central to Indigenous

identity, culture, and traditional ways of life, the displacement and disconnection from ancestral lands caused by colonization has had lasting effects on their wellness (Loppie & Wien, 2022).

The impacts of colonization have not been experienced equally across all Indigenous groups. For example, socioeconomic outcomes generally differ among Métis, First Nations, and Inuit populations, with Métis often experiencing higher socioeconomic status than First Nations, while Inuit communities face some of the greatest socioeconomic challenges (Loppie & Wien, 2022).

In addition, many remote Indigenous communities have experienced limited economic development, contributing to lower individual and community socioeconomic status. Although colonization has affected all Indigenous groups, certain government policies have had particularly harmful effects on specific populations. For example, First Nations have a unique legal and political relationship with the Canadian government through the Indian Act of 1876, which has had profound and lasting impacts on their health, governance, and overall well-being (Loppie & Wien, 2022).

The **core determinants** include systems such as healthcare, education, social welfare, and justice, as well as community infrastructure, resources, and capacity. These determinants form the trunk of the tree by providing the essential support needed for individuals and communities to grow and thrive. When these systems are equitable, accessible, and culturally appropriate, they promote positive health outcomes (Loppie & Wien, 2022).

However, when communities lack sufficient infrastructure, resources, or opportunities for capacity building, the root causes of negative health effects emerge. Some of the barriers to health promotion include lack of access to good healthcare, education, jobs, secure housing, and nutritious food. On the other hand, protective factors such as strong family networks, meaningful interactions with the land and water, Indigenous languages, cultural customs, and community ties can enhance resilience (Loppie & Wien, 2022).

## Healthcare

Indigenous Peoples often face geographic, political, financial, and social barriers to accessing healthcare services. Many Indigenous communities are located in remote regions where healthcare facilities are limited. As a result, individuals may need to travel long distances for routine care, diagnostic testing, or specialist appointments. These barriers often contribute to delayed diagnoses, reduced preventive screening, poorer management of chronic diseases, and worse health outcomes (Loppie & Wien, 2022). In addition to physical barriers, many Indigenous Peoples experience racism, discrimination,

and culturally unsafe care, reducing their trust in the healthcare system (Allan & Smylie, 2015).

## Education

Education is a key determinant of health because it influences employment opportunities, income, health literacy, and access to resources. Historically, colonial policies disrupted Indigenous education and contributed to intergenerational trauma, language loss, and cultural disconnection. Today, many Indigenous communities continue to experience inequities in educational funding, infrastructure, and access to culturally relevant learning (Loppie & Wien, 2022).

## Social Welfare

Social welfare systems are intended to support vulnerable individuals and families; however, Indigenous families continue to be disproportionately represented within the child welfare system. According to Indigenous Services Canada (2021), more than half of the children in foster care are Indigenous, despite representing only 7.7% of Canada's child population. This overrepresentation is closely linked to the ongoing impacts of colonization, including intergenerational trauma, poverty, inadequate housing, substance use, and limited access to mental health and family support services (Loppie & Wien, 2022).

## STEM Determinants of Health

Loppie and Wien (2022) describe the STEM determinants as a group of social and environmental factors that shape Indigenous health, including access to education, employment and income, food security, and the physical environment. Social determinants of health (SDH) affect health at every stage of life, from childhood to adulthood. For example, children who are raised in a supportive and healthy environment are less likely to suffer from illnesses later in life. Similarly, crowded housing has been associated with substance use among adults (Loppie & Wien, 2022).

Smoking is clinically proven to be associated with many diseases such as cancer, heart problems and mental illnesses. Unfortunately, smoking is three times more prevalent among Indigenous people than among the non-Indigenous population. Approximately 53.5% of First Nations people living on reserve smoke daily. Some of the factors contributing to smoking are education, relationship stability, and socioeconomic status (Loppie & Wien, 2022).

The geophysical environment, including access to resources, adequate housing, clean water, waste management, and transportation, plays a vital role in determining the health

of a population. Due to colonialism, Indigenous communities face problems such as unsafe drinking water, inadequate housing conditions, and food insecurity. A greater percentage of Indigenous folks live in crowded homes, which deprives them of their personal space and leads to psychological stress. They are also more likely to experience intimate partner violence, which may be influenced by social and environmental factors related to crowded housing (Loppie & Wien, 2022).

Through colonialism, Indigenous people have been denied equitable access to many of the resources and conditions necessary to improve their socioeconomic status (SES). Individuals with lower SES are generally more likely to experience poor health outcomes. For example, people with low incomes may have limited access to nutritious and affordable foods and may rely more heavily on inexpensive processed foods. This can contribute to a higher incidence of chronic conditions, including cardiovascular disease and diabetes (Loppie & Wien, 2022).

Similar disparities can be observed in education. The rate of First Nations people with no education, 33.2%, is over double that of non-Indigenous peoples, 15.5%. The amount of Métis people without education is 22.1%, and 49.8% for Inuit people. There is also a large gap when it comes to post-secondary education. When compared to 27.4% of Non-Indigenous peoples who have a Bachelor's degree or higher, these rates are 9% for First Nations, 4.8% for Inuit peoples, and 12.6% for Métis peoples (Statistics Canada, 2023). Educational attainment impacts participation in the labour market; these employment and income disparities also contribute to health inequities among Indigenous populations in Canada. Indigenous people have lower employment rates and, on average, lower annual incomes than non-Indigenous people (Loppie & Wien, 2022). Lower income is also associated with social challenges, including relationship instability and social isolation, which can further contribute to poor mental health (Loppie & Wien, 2022).

## Ameliorating Negative Mental and Physical Health Impacts Through Innovative, Integrative Evidence-Based Practices: AONest Software

### Risk and Protective Factors for Wellbeing and Resilience

#### Risk Factors for Negative Mental Health Outcomes

Indigenous communities have always been incredibly resilient and powerful, despite what they've experienced in the past and present. At the same time, it's crucial to recognize that

resilience can co-exist with structural and systemic challenges that can take a toll on one's mental health. Like any human being, nobody is immune to their environment, and life can be objectively stressful, even when there are glimmers of hope or light at the end of the tunnel.

According to the Canadian Mental Health Association (CMHA), the rates of mental well-being for Indigenous communities are much lower than the national average, and the rates of mood disorders and anxiety conditions are higher for Indigenous populations, although the results are slightly more favourable in rural or remote communities (Lowe & Luther, 2026, p. 6).

### *Mental health and socioeconomic conditions*

There are a variety of factors that can influence someone's mental health. For Indigenous people in Canada, including those who identify as First Nations, Métis, and Inuit, these factors can be multi-faceted and require a deeper analysis; simply because these communities deserve the best possible compassionate, supportive, and trauma-informed lens that researchers can afford.

Since it's been established that Indigenous people in Canada may experience lower incomes than non-Indigenous people (Loppie & Wien, 2022), research has shown that individuals who have lower socio-economic status (SES) often experience chronic anxiety due to their financial instability, unsafe or hazardous living conditions, or job insecurity (Salem & Robenson, 2025). These statistics have nothing to do with "laziness" or simply not caring or working enough – it's institutional; having everything to do with the way our system caters to white populations and deprioritizes the rest.

Additionally, people with lower SES are also more likely to live in neighborhoods with higher crime rates, more pollution, and limited access to greenspaces, such as parks or gardens. Living in unsafe environments causes chronic stress on the brain, which can lead to feelings of hopelessness and helplessness; when these feelings compound and go unaddressed, they can lead to mental health issues, such as anxiety and depression (Reiss et al., 2019).

### *Racism and discrimination*

Experiencing racism, prejudice, stigma, and/or discrimination is linked to depression, anxiety, chronic stress, and post-traumatic stress, to name a few (Paradies et al., 2015). The common schoolyard phrase, "Sticks and stones may break my bones, but words will never hurt me," isn't entirely true, as research shows – time and time again – that emotional harm can have devastating impacts on the soul that reign just as painful as physical wounds on the body.

### *Social and Cultural Connection, Support Networks, and Community Belonging*

Social connectedness refers to an individual's sense of having meaningful, positive, and supportive relationships with family, friends, peers, and the broader community (Holt-Lunstad, 2024). In contrast, social isolation is defined as an objective lack of social relationships or interactions, while loneliness is the subjective feeling that one's social needs are not adequately met (WHO, 2025; Hawkley & Cacioppo, 2010). Both these concepts have significant consequences on health. Considering its widespread impact, the World Health Organization declared loneliness as a global public health concern in 2021 (WHO, 2025).

A sense of community belonging – for anyone and everyone – has always been significantly connected to mental health (Michalski et al., 2020). Humans are inherently social animals, and we thrive best – collectively, as a species – when we have a community to lean on for support. The need for social connection is hardwired and built into every single strand of our DNA, as connecting with others also releases oxytocin, a hormone our bodies produce that promotes bonding, improves emotional well-being, and helps counteract the body's stress response (Grewen et al., 2005; Heinrichs et al., 2009). We quite literally need each other to survive.

For Indigenous people – including those who identify as First Nations, Inuit, and Métis – wholistic health, which encompasses "physical, mental, spiritual, and emotional well-being" (Coppola et al., 2020) has consistently been incredibly valued. One cannot exist without the other; there must be a careful, harmonious balance between every single facet of a person's health for them to achieve exactly what it means to live a healthy, happy life as a human being on this planet. Unlike western regimes, wholistic health is not individualistic. Wholistic health is collective; built on relationships with community members, nature, and the land herself.

These practices "go back to the time before the spread of western 'scientific' bio-medicine," and embrace a "wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling, and the accumulated wisdom of elders" (Arulthas, 2018).

Another important idea relating to social and cultural connection involves Place-Thought, a "non-distinctive space ... based upon the premise that land is alive and thinking and that humans and non-humans derive agency through the extensions of these thoughts" (Watts, 2013, p. 21).

Unsurprisingly, there's plenty of research citing the importance of community; for Indigenous youth and adults in Canada, some of the protective factors for mental health

and wellness involve cultural connection, community, and family (Bombay et al., 2010). Overall, people who have strong support networks – such as friends and family – experience lower levels of anxiety, depression, and stress, whilst social isolation and loneliness are strongly connected with depressive symptoms across all stages of life (Holt-Lunstad, 2024).

### *Access to, Use of, and Quality of Health Care Services*

As discussed in prior sections outlining both the social determinants of health and barriers facing Indigenous peoples in Canada, there are a variety of factors that can influence an individual's capacity in accessing Indigenous informed and holistic care. Currently available, free, community mental health care can involve high wait periods, which can further exacerbate mental health symptoms. Depending on where someone lives, access to preferred treatments, such as inpatient addictions facilities, may be out of reach for those who lack appropriate transportation. The cost of market rate therapy and other mental health services, such as inpatient treatment, can come at a high cost, leaving those who have a lower socioeconomic status waiting longer to receive care.

For example, some Indigenous patients have experienced being unable to access ceremonies as an outpatient, waiting up to 48 hours for a ceremony to be arranged, being discouraged from participating in ceremonies, or not having a safe place to practice them. Smudging is one example of a traditional practice that can be difficult to carry out in healthcare settings because of western-centric concerns about smoke detectors and fire alarms (Oelke, 2010).

### *Protective and Resiliency Factors for Wellbeing*

Protective factors can strengthen an individual's ability to cope with external stressors and adversity, thereby supporting resilience and positive mental health outcomes. Among Indigenous peoples, culture, connection to community, positive relationships, language, and education have been identified as important protective factors that contribute to resilience and mental well-being (Carrier et al., 2022).

Maslow's hierarchy of needs emphasizes that individuals require their basic needs, such as food, shelter, safety, and social connection, to be met before they can achieve higher levels of psychological well-being and self-esteem (First Nations Information Governance Centre [FNIGC], 2020). Interestingly, FNIGC (2020) notes that Maslow's model was influenced by Indigenous teachings he encountered while spending time with the Blackfoot First Nation in Alberta. FNIGC (2020) further discusses the Indigenous influences on Maslow's understanding of human needs, highlighting the importance of relationships, community, and holistic well-being in supporting individuals' ability to thrive. It is believed that

Maslow's theory was established from the teachings and observations he made during his stay with Indigenous individuals in Alberta (FNIGC. 2020)

### *Culture*

Culture is particularly important within Indigenous understandings of holistic wellness, as it can foster a sense of identity, belonging, and connection to community. Health promotion programs that incorporate Indigenous cultural perspectives and practices are effective in strengthening cultural identity and connection to community (Carrier et al., 2022). The teachings and mentorship provided by Elders can also contribute to the well-being of Indigenous children and youth. Intergenerational relationships can strengthen cultural identity, provide guidance and support, and contribute to resilient individuals and communities. Such relationships may also act as protective factors against life challenges such as substance use, depression, and intimate partner violence (FNIGC, 2020). In a systematic review, higher ACE scores among Indigenous Canadians were associated with higher rates of psychological distress and suicidality. Researchers highlighted protective factors for Indigenous People facing complex trauma, including access to cultural connection and identity (Radford et al., 2021).

### *Social Connectedness and Community*

Indigenous understandings of wellness emphasize the interconnectedness of physical, mental, emotional, and spiritual well-being (FNIGC, 2020). This holistic perspective highlights the importance of relationships and community in supporting Indigenous health and well-being. Social and relational support can serve as important protective factors by providing individuals with a sense of belonging, connection, and access to community resources (Carrier et al., 2022; FNIGC, 2020).

Positive family and community relationships can contribute to resilience in children and youth (FNIGC, 2020). Similarly, among homeless youth, support from family and friends has been associated with lower levels of depression compared with youth who lack these support systems (Carrier et al., 2022).

Research consistently demonstrates that strong social connections are associated with greater wellbeing, resilience, safety, and quality of life, while also supporting healthy aging and increased longevity. Individuals with strong social support networks experience lower levels of stress, anxiety, and depression, whereas social isolation and loneliness are strongly associated with depressive symptoms across all stages of life. Positive relationships also produce measurable physiological benefits by lowering stress hormone levels, reducing blood pressure, strengthening immune function, and improving cardiovascular health. Supportive interactions can stimulate the release of oxytocin, a hormone that promotes bonding, enhances emotional wellbeing, and helps counteract the

body's stress response. Furthermore, nurturing relationships during childhood and adulthood can reduce the harmful effects of Adverse Childhood Experiences (ACEs) and toxic stress by fostering feelings of safety, trust, and belonging. Collectively, these psychological and biological benefits contribute to a lower risk of chronic diseases, including heart disease and stroke, improved recovery from illness and injury, and better long-term health outcomes.

### *Language and Education:*

Access to education and opportunities to learn Indigenous traditions can contribute to resilience at both the individual and community levels. Education, including completing secondary and post-secondary studies, can provide opportunities for skill development and social participation, while learning Indigenous traditions through storytelling can support cultural continuity and connection. Language is also an important protective factor for Indigenous mental well-being. Traditional language use has been associated with lower suicide rates among First Nations communities, highlighting the potential importance of language revitalization and cultural continuity in promoting mental health (FNIGC, 2020).

## **AONest Software: An Evidence-based Solution for Mental Wellbeing**

The AONest software system for mental health management and outcomes offers a comprehensive self-directed solution that will enable people to break cycles such as addictions, homelessness, and intimate partner violence. This will be due to a proactive approach to addressing trauma, which is the root cause of many mental health challenges that contribute to these societal issues. AONest addresses the needs and concerns of equity-deserving populations, Indigenous individuals, and Canadian youth who identify inaccessible or unwanted counsellor-led talk therapy as a barrier to essential mental health support. The software is intended to be self-guided so individuals can navigate their mental health concerns independently, without needing to talk to a therapist. The software system helps people solve their own mental health challenges to achieve the outcomes they desire. AONest is an affordable solution that anyone can use anywhere at anytime, filling a gap in accessible mental health solutions across Canada.

AONest was developed through mental health expertise and designed with foundations in Indigenous thought leadership. It was built in alignment with societal needs and the values of Anishnabeg Outreach. Our solution is Indigenous-led and grounded in Indigenous teachings and ideologies (for example, with a focus on the whole family). We believe it is the only solution that delivers the social determinants of mental wellness for Indigenous people by including cultural teachings, language teachings, as well as complete mental health teachings and land-based healing to help Indigenous individuals heal from generational trauma.

The AONest System integrates more than 4,000 hours of online and in-person learning developed by mental health professionals, Indigenous Knowledge Keepers, and community practitioners. Programming is available 24/7 and includes trauma, grief, and intimate partner violence recovery and support, suicide prevention, emotional resilience, substance use support, conflict resolution, Indigenous teachings, financial literacy, employment readiness, housing life skills, and land-based healing practices. The model also incorporates Elder-in-Residence programming, traditional medicines, ceremony, language, and community connection — all recognized as essential Indigenous social determinants of health that are often absent within Western systems of care.

## Evidence-Based Therapeutic Modalities in AONest System of Support

### Efficacy of Digital Mental Health Interventions

Reviews of the literature have reported digital mental health interventions to be effective or partially effective (Clarke et al., 2015; Firth et al., 2017; Harith et al., 2022; Lattie et al., 2019). Evaluations of digital interventions have provided evidence for decreasing symptoms of depression and anxiety, and decreased perceived stress levels (Clarke et al., 2015; El Morr et al., 2020; Firth et al., 2017; Ritvo et al., 2021). These interventions have most frequently been piloted with students and young people, and often include resources focused on a specific form of therapy or skillset. Many of these online interventions are comprised of computerized Cognitive Behavioural Therapy (CBT), mindfulness training, or stress management strategies, and are often focused on a specific form of treatment (Harith et al., 2022).

There is also evidence for the effectiveness of emotion regulation training in improving mental health and well-being. In adults who experienced adverse childhood experiences, which have been linked to challenges with emotion regulation and poor mental health, an intervention promoting emotion regulation was found to be effective in improving resilience, self-efficacy, and mood, as well as decreasing perceived stress and depressive symptoms (Cameron et al., 2018). Another study found that an emotion regulation training program with workshops based on the process model of emotion regulation (Gross, 2002) was effective in decreasing levels of depression, anxiety, and stress (LeBlanc et al., 2020).

With the barriers individuals can face in receiving mental health care, digital mental health can help fill in gaps of traditional mental health care services. These services would normally be delivered onsite in settings such as community mental health organizations, case management organizations, family health teams, and therapy offices. Digital mental health interventions can be delivered through a variety of different digital tools such as mobile apps, websites, and other digital tools. Digital mental health tools can be self-

guided, with individuals using the platform independently, guided with the help of a support worker, or blended – using both digital platforms and direct clinical support to enhance treatment outcomes. More research continues to be done in this area, expanding upon the efficacy and how these interventions can be used to support a variety of concerns. Evidence is growing about the efficacy of these interventions beyond anxiety and depression as well as the case for blended interventions, supporting individuals navigating substance misuse, PTSD, suicidality, and more complex mental health needs (eMHPrac Project, 2026).

Anishnabeg Outreach recognizes that not everyone will want or need access to traditional therapy, and our evidence-based digital mental health platform helps fill that gap. AONest is a comprehensive digital mental health platform comprising curated resources – thousands of videos and worksheets – prepared or reviewed by psychologists and psychotherapists. When used together, the resources mimic thousands of hours of counsellor-led talk therapy and cover a significant range of mental health concerns (e.g., anything from navigating grief or trauma to supporting an aging parent or child with ADHD). Each course includes a lesson in video form and one or more accompanying worksheets. A lesson often lasts one hour, similar to an hour of traditional therapy. The user learns about a topic and follows it with a worksheet to apply what they have learned, an approach used in the talk therapy paradigm. Blended digital mental health interventions with support from a clinician can be as effective as in person psychotherapy for clients with mild-to-moderate anxiety or depression (eMHPrac Project, 2026).

## Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is one of the most researched psychotherapeutic interventions. This approach to therapy helps individuals learn about the relationship between their thoughts, feelings, and behaviours. It is highly manualized with incorporation of worksheets and processes to help them identify cognitive distortions that impact their life in negative ways. There is a strong evidence base for the effectiveness of CBT in both traditional therapeutic settings and digital interventions. CBT has a strong evidence base for its effectiveness in improving symptoms of depression, anxiety, suicidal ideation, smoking-cessation and obsessive-compulsive related disorders (Reddy et al., 2020; Chang et al., 2025; D’Anci et al., 2019). Within a systematic review of trauma-based interventions to improve wellbeing for children who have had an Adverse Childhood Experience, Cognitive Behavioural Therapy approaches were identified as a potential intervention non-clinicians, such as teachers, could integrate into the classroom to improve outcomes, demonstrating its effectiveness across the lifespan (Avery et al., 2024).

Cognitive Behavioural Therapy-informed content can be found across a variety of modules within the AONest software. Our content focused on improving sleep and navigating nighttime anxiety includes strategies such as sleep restriction, relaxation practices, and sleep hygiene improvement which are utilized in CBT-I: an adapted and evidence-based version of Cognitive Behavioural Therapy designed for those navigating insomnia (Newsom, 2026). Our module *Overcoming Intrusive Thoughts* contains many CBT based strategies individuals can use to effectively cope with rumination, overthinking, and intrusive thoughts.

## Evidence-Based Addictions Interventions

As the AONest Software continues to expand, in addition to the incorporation of evidence-based practices to address substance use such as CBT and DBT (Dialectical Behaviour Therapy), our modules also incorporate other evidence-based modalities to help individuals navigating substance misuse, reduce stigma, and help people make changes in their lives. Our addictions module incorporates harm reduction, motivational interviewing, and other strategies to support an individual's goals through either an abstinence-based or harm reduction approach to improve their relationship with substances (Substance Use and Mental Health Services Administration [SAMHSA] Advisory, 2010). Particularly, motivational interviewing has been found effective in reducing substance use behaviour and improving psychological wellbeing (Kayaoğlu & Tankrikulu, 2025). It has also been found to be more effective in promoting behaviour change when combined with cognitive behavioural therapy.

## Dialectical Behaviour Therapy

The AONest Software was developed alongside various mental health experts, who are extremely knowledgeable on various topics within our system such as trauma, intimate partner violence, anxiety, grief, addictions, and intrusive thoughts. All of these modules carry overlapping themes that connect to an evidence-based therapeutic modality called Dialectical Behaviour Therapy. Considered a third-wave Cognitive Behavioural Therapy, Dialectical Behaviour Therapy was initially developed to address chronic suicidality and for women diagnosed with borderline personality disorder. However, it has now become an evidence practice that has then expanded for use with those navigating anxiety, depression, trauma, and substance use disorders. This modality builds upon cognitive behavioral therapy's approach in helping individuals understand the relationship between their thoughts, feelings, and actions by helping them notice and challenge cognitive distortions. This is achieved by teaching practical skills in 4 main domains: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. This modality can also be easily adapted in culturally informed ways. DBT has begun to be introduced into

digital mental health interventions such as apps or online tools, and research has demonstrated that these can be effective ways to improve mental health outcomes when there are barriers to traditional mental health therapy (Linehan, 2015; Baxter-Mussar, 2025).

Dialectical behavioral therapy views individuals as doing the very best they can in their lives with the skills that they have, even when it can lead to negative outcomes. It takes a biosocial approach, recognizing one's biology and environments early on in life influence how a person gets their needs met. For a person living in an invalidating environment, such as living in a household with abuse or intimate partner violence, their behaviors in childhood may have helped them survive, but in adulthood this person's maladaptive coping strategies are no longer effective, leading toward distress. The aim of dialectical behavioral therapy is to help clients recognize these maladaptive coping behaviors while replacing them with more effective strategies. In the sections below, we will explore each of the four modules and how skills taught in each connect the research of how these skills promote longevity and resilience (Linehan, 2015; Baxter-Mussar, 2025).

Dialectical behavioral therapy helps individuals build their life worth living, allowing them to reflect on values, and focusing on behaviors that are getting in the way of them achieving this, such as suicidal ideation, substance use, and patterns of communication in relationships. Dialectical behavioral therapy (DBT) has been well researched in its efficacy in reducing suicidal ideation, risk of suicide, emotional dysregulation, and substance use. Research has also demonstrated that it is effective in improving mental health outcomes. Many clients are only accessing skills training and not the true DBT treatment, which involves individual therapy, skills training, and phone consultation. The AONest System of Support can be considered a DBT informed self-guided mental health platform, as many of the modules' content and worksheets align with skills within dialectical behavioral therapy.

### *Mindfulness*

Mindfulness, the practice of intentionally bringing awareness to the present moment with curiosity and without judgment, offers an evidence-based approach to interrupting unhelpful thoughts (Kabut-Zinn, 2003). By observing thoughts, emotions, and bodily sensations without becoming attached to them, individuals can gradually reduce the influence of negative thought patterns that perpetuate stress and suffering. Mindfulness can be practiced through formal exercises such as meditation or body scanning, as well as through everyday activities like walking, driving, or eating with intention. Across diverse populations, mindfulness-based interventions have been shown to significantly reduce symptoms of post-traumatic-stress-disorder (PTSD), improve emotional regulation, and enhance overall psychological wellbeing (Khoury et al., 2015; Gkintoni, 2025).

The benefits of mindfulness extend beyond mental wellbeing. Chronic stress activates biological pathways that increase inflammation, alter immune function, and elevate levels of the body's primary stress hormone – cortisol. Stress increases the likelihood of disrupted sleep, physical inactivity, and smoking, which put individuals at high risk for poor health outcomes (Albert et al., 2017). Over time, prolonged exposure to elevated cortisol contributes to the development and progression of mental illness, as well as chronic conditions such as cardiovascular disease and diabetes (Horowitz & Zunszain, 2015; Liu et al., 2019).

Mindfulness practices have been consistently shown to lower cortisol levels and improve the body's physiological response to stress (van der Velden et al., 2015). A recent meta-analysis on stress management identified mindfulness and relaxation as the most effective interventions for lowering high levels of cortisol (Rogerson et al., 2024). Mindfulness-based interventions have been shown to help treat a range of mental health disorders and support people in managing physical and medical conditions, including chronic pain, fatigue, stress, cancer, heart disease, type 2 diabetes, psoriasis, and insomnia, among others (Surawy et al., 2005; Astin, 1997; Smith et al., 2005; Tacon et al., 2003; Rosenzweig et al., 2007; Bernhard, 1998).

Mindfulness strategies have been integrated across almost all of the modules within the AONest Software, offering individuals a wide variety of strategies to explore, practice, and identify which one(s) work best for them. Some of the mindfulness strategies within our software include mindful breathing techniques, mindful walking exercises, mindful eating, progressive muscle relaxation, and loving kindness meditations. Given the strong evidence base of mindfulness in improving mental health outcomes for specific diagnoses such as depression and anxiety, as well as its role in addressing physiological processes involved in toxic stress, the repetition of these skills throughout various modules will help individuals improve their practice.

### *Distress Tolerance*

Distress tolerance skills help individuals move through a crisis without making things worse. When an individual is facing a crisis, their nervous system becomes overwhelmed, often leading to impulsive decisions driven by the amygdala instead of the prefrontal cortex. The prefrontal cortex helps make decisions, but goes offline when the amygdala, the brain's threat detection center is activated. It is during these threat responses when individuals are more likely to respond with impulsive and risky behaviors such as substance use, self-harm, and suicide. The skills taught in distress tolerance modules of dialectal behavioral therapy help individuals shift out of overwhelm using evidence-based, body-based strategies as well as other techniques. For example, applying cold sensations,

paced breathing, and progressive muscle relaxation have all been researched to help quickly shift our nervous system's state.

The AONest's content on Understanding and Navigating Overwhelm integrates some of these distress tolerance strategies, so individuals can move out of overwhelm during a crisis and adequately respond to a situation instead of reacting. Grounding techniques are an effective distress tolerance strategy and can be found throughout various modules. As our sensory neurons respond faster than the neurons involved in the amygdala's response, they are very effective in disrupting the threat response, so individuals can find more balanced responses in moments of crisis and overwhelm. Distress tolerance skills have been researched and effective in open clients, reducing urges to engage in self-harm as well as reducing the risk of suicide (Baxter-Mussar, 2025). Before one can regulate their emotions, it is important for them to be able to apply strategies to help bring their nervous system into a more regulated state.

### *Emotion Regulation*

The emotion regulation module within DBT does not just focus on helping individuals name and understand their emotions. It also helps individuals recognize the mind body connection and help them tend to both aspects of their well-being so they can reduce their vulnerability to becoming overwhelmed by emotions. Some of these skills involve tending to sleep, nutrition, and physical activity, while others focus on helping individuals build mastery and creating plans and cope ahead of stressful events.

The psychological benefits of self-care are equally well established. Research has consistently found that individuals who actively engage in self-care report lower psychological distress, greater self-compassion, and higher life satisfaction compared to those who engage less frequently in these behaviors. Furthermore, Myers et al. (2012) demonstrated that self-care practices – including sleep hygiene, social support, emotion regulation, and mindfulness-based acceptance – were significant predictors of lower perceived stress. Collectively, these findings highlight self-care as an essential component of preventive health, supporting not only immediate wellbeing, but sustained physical and psychological health throughout the lifespan.

In adults who experienced adverse childhood experiences, which have been linked to challenges with emotion regulation and poor mental health, an intervention promoting emotion regulation was found to be effective in improving resilience, self-efficacy, and mood, as well as decreasing perceived stress and depressive symptoms (Cameron et al., 2018). Another study found that an emotion regulation training program with workshops based on the process model of emotion regulation (Gross, 2002) was effective in decreasing levels of depression, anxiety, and stress (LeBlanc et al., 2020).

Our feelings are the thoughts we have about our emotions. It is important to note that emotions are not “good” or “bad”, although many people feel more comfortable with certain emotions like joy and happiness. Many people can typically tolerate these “positive” emotional states for longer periods of time because they tend to make us feel good. Other emotions like sadness, anger, fear, and guilt can be more uncomfortable for many of us to experience or tolerate. Understanding the primary emotions—such as joy, anger, sadness, fear, and disgust—is crucial for developing emotional intelligence. Dialectical behavioral therapy helps individuals name emotions, find the more effective coping strategies for navigating intense emotions, and helps individuals respond instead of react in situations to the different emotional state they experience.

By accurately recognizing and labeling emotions, we can start to gain insight into our inner experiences, laying the groundwork for self-awareness and personal growth. The AONest software incorporates emotion regulation strategies throughout the software. The *Emotional Intelligence* module provides a comprehensive overview of the primary and secondary emotions, the importance in building emotion regulation strategies, as well as the positive impact of cultivating positive emotions on wellbeing even while navigating difficult experiences. Our lessons on self-care speak to specific strategies to address emotional self-care and emotional wellbeing. Our emotions can influence our relationships both personal and professional, which our *Core Relationship Skills* module and *Emotional Intelligence Modules* both address and provide strategies on navigating emotions in relationships.

### *Interpersonal Effectiveness*

Dialectical behavioral therapy teaches individuals how to more effectively navigate relationships. Through a variety of skills, it helps individuals strengthen boundaries, improve relationships, and build a more assertive communication style when connecting with others while navigating conflict (Baxter-Mussar, 2025).

Healthy relationships, however, do not build automatically. They are built through core relationship skills, including effective communication, healthy boundaries, conflict resolution, trust building, emotional regulation, decision-making, and stress management. During times of conflict or stress, people may react in ways that negatively affect their relationships, especially if they have experienced trauma or ongoing stress. Learning these relationship skills can help individuals communicate more effectively, set healthy boundaries, resolve conflicts respectfully, and build stronger, more supportive relationships that promote long-term wellbeing. Trauma-informed approaches also recognize that healing often occurs within safe, trusting relationships. When individuals

experience relational safety and consistent social support, they are better able to regulate their emotions, cope with stress, and develop resilience.

The AONest *Core Relationship Skills* Module integrates a variety of core interpersonal effectiveness skills found within DBT, such as boundary reflections, assertive communication, conflict resolution, and more. Many of our modules also have content aimed at supporters of individuals who are living with a mental health condition such as anxiety, helping supporters recognize the impact they may face as caregivers in relationship, and strategies to improve communication as families navigate life concerns together. Consistent with its trauma-informed approaches, AONest emphasizes creating safe, trusting relationships where participants feel respected, supported, and connected.

Our *Community Connections* programs will also help AONest users in applying interpersonal effectiveness skills with others, helping them generalize their skills to a variety of environments. When clients can practice DBT skills learned either in 1:1 therapy or skill groups in other environments, it helps reinforce the skills, making it easier for individuals to practice these skills instead of falling into previous maladaptive relational patterns. Trauma recovery requires relational safety as well – our community of mentors, coaches, and knowledge keepers who have been vetted through our process will be humans. They can safely practice these skills and begin building more supportive relationships within and outside of the AONest System of Support.

## Evidence-Based Indigenous-Informed Interventions

The evidence suggests that improving Indigenous wellness requires approaches that address the social conditions in which people live. Housing, income, education, employment, healthcare access, cultural continuity, community connection, and self-determination are interconnected and can influence physical, mental, emotional, and social well-being.

The evidence also shows that interventions addressing social determinants can produce measurable improvements in health. For example, the Inuit rehousing study found improvements in psychological distress, perceived stress, sense of control, and asthma-related symptoms after participants moved into social housing (Riva et al., 2020). Other Canadian studies have shown associations between higher income, education, housing, employment, cultural continuity, and better self-reported health and mental well-being (Bethune et al., 2019; Hicks et al., 2023).

Together, this evidence supports a broader approach to Indigenous health promotion. Rather than focusing only on individual behaviors or clinical services, evidence-based practice should also address the social, economic, cultural, environmental, and structural

conditions that influence health. Programs should be developed in partnership with Indigenous communities and should reflect local priorities, knowledge, culture, and strengths.

Community-led approaches are particularly important because Indigenous communities have different histories, cultures, environments, and health priorities. Therefore, an intervention that is effective in one community may not produce the same results in another. An evidence-based approach should therefore recognize Indigenous Peoples as active partners in determining what health and wellness mean within their communities and in developing solutions that respond to their specific needs.

## Land-Based Healing

Access to land-based healing such as ceremony, bush craft, harvesting, etc. has been transferred generationally by Indigenous Peoples for generations, but has often been excluded from Western models of healing. These practices provide an invaluable resource for cultural connection and mental wellbeing (Redvers. 2020).

A green space is an umbrella term that refers to any outdoors area with plants or vegetation, whether naturally occurring or intentionally designed by humans. These spaces can include parks, trails, forests, community gardens, street trees, gardens, green roofs, golf courses, and even cemeteries (Barton et al., 2017). In contrast, a blue space refers to aquatic environments such as rivers, creeks, ponds, lakes, oceans, and coastlands. “Blue health,” or the concept of being in or near blue spaces, has been associated with both physical and emotional well-being. Research links it to lower stress levels and a reduced risk of diseases, particularly those related to environmental pollution, such as cancer and respiratory conditions (Wang et al., 2025). Together, green and blue spaces provide therapeutic, natural environments that support healthier lifestyles and improve one’s overall quality of life. They stand in direct contrast to the monotony of grey spaces (e.g., open space between buildings), which generally provide fewer opportunities for psychological restoration and health promotion (Van den Berg et al., 2015).

Several studies have confirmed the positive correlation between green spaces and human wellbeing/longevity, including lowering the risk for cardiovascular diseases, type 2 diabetes, and anxiety and depression (Pereira et al., 2012). These spaces also promote physical activity, reduce mortality rates, and improve social health by reducing isolation and/or loneliness (McMorris et al., 2015; Ji et al., 2019). In fact, a paper from 2022 illustrated that even looking at a body of water, such as a creek or even a pool, is enough to improve heart rates, lower blood pressure, and increase relaxation (Alini, 2018). Another study involving 20,000 people found that individuals who spent at least two hours a week in natural green spaces, whether in one visit or spread across several visits, were more likely

to report better physical health and psychological well-being than people who spent little or no time in nature (White et al., 2019).

Collectively, these examples have shown that time in nature, as long as people feel safe, is an antidote for stress. It has been linked to lower blood pressure, decreased levels of stress hormones, and a calmer nervous system. Research also suggests that being in natural environments can strengthen the immune system, improve self-esteem, reduce anxiety, and boost overall mood. In addition, nature has been associated with reduced symptoms of attention deficit disorder, lower levels of aggression, and faster healing rates (White et al., 2019). A recent study of psychiatric patients also found that spending time in nature helped decrease feelings of isolation and encouraged a sense of tranquility (Bettman, 2024).

AONest System of Support promotes health and longevity by providing direct access to natural and meaningful spaces. The 17-acre farm property includes cultivated garden beds, sacred medicine gardens – full of sweetgrass and sage – and a food forest, which creates opportunities for land-based learning and connection to nature. Green space is also integrated into the main site, allowing those involved to spend time outdoors in a safe and accessible environment. These are intentionally carved out spaces meant to encourage a sense of calmness, reflection, and restoration; all while supporting mental, physical, emotional, and spiritual well-being through access and connection to the land.

## Addressing Wellbeing from a Bioecological Perspective with the AONest System of Support

### Supporting the Supporters

The AONest System of Support is an evidence-based approach that recognizes it is not only the service user in need of support to build post-traumatic resilience, but that those they live with and are supported by need to develop resilience as well. It takes an ecological approach, helping promote resilience for individuals living with poor health outcomes, their families, and the frontline support workers who play a vital role in their road to wellbeing. The evidence-based AONest System of Support is designed to be self-guided, meeting people where they are at, but is also a vital tool to help bridge gaps and increase frontline support worker capacity as services become more fragmented and privatized.

Those working in frontline support worker roles supporting individuals with complex health needs learn about strategies to promote holistic wellbeing. When these frontline support workers continue to navigate chronic stress, brains undergo a cascade of changes that

make it difficult to access parts of the brain that helps us make complex decisions or recall important information. We believe that better outcomes can be obtained if the people who are helping others heal are first healed themselves. This is why we provide the entire tool to organizational staff first. Staff will then be able to introduce their clients to the courses and provide support where needed, ensuring both staff and clients have someone to turn to at any time. Individuals accessing AONest can complete courses on their own, or with the support and supervision of a trusted family member or agency staff. By using AONest for self-guided emotional intelligence, resilience, and mental health, staff will have a toolkit for improved self-awareness and understanding. They will also have increased capacity to navigate social situations and dynamics, all of which can contribute to a positive culture in an organization. AO will remain a resource for agencies who use AONest to ensure successful software integration.

To further support frontline support worker and organizational resilience, AONest includes an evidence-based and curated selection of lessons called *Awakening*. This module set has been designed as a solution to enhance frontline support workers' resilience and their capacity to continue doing this work while living as well as possible. Informed by the teachings of the medicine wheel, it contains 8 themes to address unique factors impacting organizations and their frontline support workers in promoting resilience at the client and family level in a holistic way.

Family caregivers for individuals with complex mental and physical health needs also face higher risk of burnout and empathic strain. Caregiver support can be incredibly fragmented, free services often offered by organizations facing the previously mentioned constraints, and the increasing privatization of essential health services often come at costs that families cannot afford due to their income level and increased cost-of-living in Canada. Caregiver burnout not only impacts the individual, but the entire family and network of their supporters. Our modules are designed to not only provide support to those living with mental health challenges, but the supporters in their lives. Our modules on anxiety and trauma include content for both supporters of adults living with these experiences, but how to adequately support children using evidence-based strategies. AO's perspective on reconciliation is circular in approach: bringing healing to individuals, their loved ones, the agencies that support them, and in turn the greater community.

## Food Security and Sovereignty in Improving Health Outcomes

For Indigenous populations, traditional food systems have long supported health and wellness. Traditional diets are based on a variety of fresh or minimally processed foods using preservation methods like drying, smoking, or freezing (Kuhnlein & Receveur, 1996). These traditional foods - including game meats, birds, fish, other marine animals, and

varieties of squash, beans, corn, and wild berries – are generally more nutrient-dense in comparison to today's commercially available food (Batal et al., 2018). Studies have shown that traditional foods are of higher nutritional quality and, on days when traditional foods are incorporated, the overall quality of the diet is higher.

Colonization profoundly disrupted these traditional food systems. The term nutrition transition describes the shift from traditional diets and food practices to more modern diets with commercial foods high in sodium, sugar, and saturated fats (Batel et al., 2023). This transition of Indigenous diets occurred as a result of historical assaults and loss of control over their lands, which have negatively impacted health outcomes for generations (Sebai et al., 2025). This has disrupted the access to traditional food products and cultural practices that support food sovereignty.

Indigenous communities in Canada experience disproportionately high rates of food insecurity, limiting access to sufficient, safe, and nutritious food that meets a person's dietary needs for a healthy and active life (Banerji et al., 2023). Food insecurity during childhood can negatively affect the physical, cognitive, and social development across a lifespan (Banerji et al., 2023). Indigenous populations in Canada also experience a "double burden" of malnutrition, where undernutrition (e.g. nutrient deficiencies) exist alongside overnutrition (e.g. obesity) in the same population or even within the same individual (Batel et al., 2023). This rarely impacts high-income countries, but the deeply rooted socioeconomic inequalities and marginalization of Canada's Indigenous population make them disproportionately vulnerable to this double burden (Wells et al., 2020). As of 2021, the rate of First Nations adults living with obesity (50%) and type 2 diabetes (19%) is twice that of the Non-Indigenous Canadian population (Batel et al., 2021).

Improving nutrition is one of the most effective ways to support lifelong health and resilience. Healthy eating patterns can dramatically reduce the risk of future health problems (Kandel et al., 2019), lower the risk of chronic disease (Lassale et al., n.d.), and reduces symptoms of depression (Firth et al., 2023). This mirrors the benefits of traditional food practices, which are associated with meeting nutritional needs and maintaining a healthy body weight (Kuhnlein et al., 2009). Experts have voiced that safeguarding these food traditions are key to constructing healthier food systems (Batel et al., 2021), resolidifying the importance of reconnecting to traditional Indigenous food practices.

AONest supports healthy nutrition by increasing access to nutritious foods and traditional food knowledge. Our community farm grows fresh food for families and provides opportunities for individuals to learn how to grow, harvest, and preserve food. The AONest platform offers gardening resources and traditional recipes that support culturally relevant food skills. In addition, our Spirit Bundle Program helps families access nutrient-dense

foods. These provide opportunities for nutrition in our community, strengthening physical and mental health, cultural identity, community connection, and food sovereignty.

## Addressing Social Health Needs and Belonging Through Community Connections

For Indigenous People, supportive relationships extend beyond family and friends to include connections with culture, Elders, community, spirituality, and the land (Okpalauwaekwe et al., 2022). Indigenous People in Canada face several barriers to strengthening relationships, many of which stem from the ongoing impacts of colonization and intergenerational trauma. Social and economic challenges – including poverty, inadequate housing, limited access to culturally safe support services, and systemic discrimination – can further hinder the development and maintenance of healthy relationships (Canadian Council for the Arts, 2022). We aim to address these barriers through culturally appropriate, trauma-informed approaches that promote healing, respect Indigenous traditions, and support community-led initiatives.

Social isolation can bring serious negative impacts to one's health. The AONest software has a variety of courses about building and enhancing social connections, but extending opportunities through our Community Connections Programming will directly and positively impact individual's social health.

Programming will focus on social connection, cultural connection, healthy living, recreation, mentorship and community belonging. These elements are all critical aspects of health and wellbeing, and support improved longevity. Our tutoring and coaching programs provide mentorship, encouragement, and positive role models that foster trust and personal growth for youth who are enrolled. Community activities, including cultural nights, group learning sessions, movie nights, and programs offered through the community farm and EarlyON Learning Centre, encourage participants to connect with peers, families, Elders, and mentors in meaningful ways. These shared experiences help reduce social isolation, strengthen cultural identity, and promote a sense of belonging.

Similarly, our Spirit Bundle Program provides pet food to community members to help them care for their animal companions. Supporting pet ownership recognizes the important role they play in promoting mental and physical wellbeing through human-animal bond (Martins et al., 2023). Pet ownership can also foster social connections by encouraging interactions within the community and reducing feelings of isolation.

## Reducing Barriers to Education and Employment: Pipeline to Prosperity

As discussed earlier in this paper, the social determinants of health note the influence of one's access to education and their socioeconomic status. The AONest system of support directly addresses these social determinants of health through the AONest software as

well as through practical support for Indigenous peoples. Access to technology and transportation can deeply impact one's ability to engage in education and within the labor market. Through community collaboration, we can provide refurbished laptops and bicycles via our Pipeline to Prosperity. As noted earlier in this paper, transportation can be a high barrier in receiving appropriate healthcare and attendance for school or employment. These physical resources will help improve Indigenous peoples participation in these areas.

The AONest software also contains content about employment such as resume writing and interview skills. The well-being skills also taught through the software further promote resilience while navigating workplace stress. The System of Support also provides opportunities for connection and mentorship, as well as formal employment counseling, helping individuals obtain stable employment and plan steps to achieve a role in their preferred career. Through stable employment, Indigenous individuals can begin to improve their socioeconomic well-being and access to other social determinants of health.

## Conclusion

AONest was developed to help address the mental health crisis in Canada along with some of the most complicated social challenges of the present day. Development of crisis responses is crucial; however, we hope to integrate AONest as an “upstream” solution that helps to proactively prevent downstream outcomes of trauma and poor mental health, such as incarceration, homelessness, and domestic violence in equity-deserving groups. Considering the evidence showing that individuals experiencing mental health challenges may be more likely to experience incarceration or homelessness, our solution aims to disrupt these cycles by providing an accessible mental health service. Providing access to AONest could help to improve the mental health, emotional intelligence, and employability of many individuals.

The AONest System of Support is designed in ways to meet people where they are at in their healing through a tiered, scaffolded series of wrap-around supports. Through the AONest System of Support, we help individuals heal from intergenerational trauma and reduce barriers in the present moment, all while helping them build their future. The AONest System of Support does not only address healing the root causes of intergenerational trauma through a holistic, culturally informed lens, it helps individuals build their resources to access better food, housing, education outcomes, and careers.

As individuals move through the AONest System of Support, we will be reducing barriers to Indigenous Peoples’ participation in employment and education. Through building their

skills for work and life, we expect to see the point differences between Indigenous and Non-Indigenous communities' Wellbeing Index scores continue to narrow. This will allow individuals to not only build tangible wealth for the next generation, but have a stronger repertoire of healthy coping practices and enhanced communication skills to help foster healing and wellness for the generations to come.

It is our hope that we will be able to see the positive impacts for First Nations, Inuit, and Métis peoples in future reports on the Community Wellbeing Index for Indigenous People and the Quality of Life metrics. As individuals move through the system, we anticipate individuals having improved self-perceived health and mental health, less reports of isolation, and more engagement with education and employment as they heal.

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