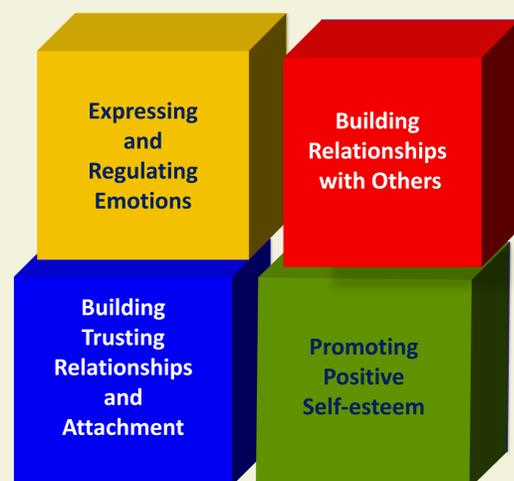


INTRODUCTION

- Existing Canadian literature review has demonstrated that Aboriginal Canadians face more mental health challenges than non-Aboriginal Canadians due to historical trauma and depleted social networks.
- Indigenous individuals who understand health and healing within a psycho-social-spiritual model are more likely to benefit from program interventions that are strength-based and trauma informed and consider external factors to health, such as, maintaining community ties and engaging in recreational activities related to nature. (Barrio., 2000)
- Therefore, we examined whether the strength based approach of the handle with care program that builds on participants' problem solving skills, self-esteem, and social skills will equally benefit Indigenous individuals as with immigrant and Caucasian participants in improving psychological self-care score.

The Handle with Care (HWC) Program. Handle with Care is an interactive, experiential program that helps parents and caregivers to promote the mental health of young children. The program targets parents with children younger than 6 years of age, who are experiencing a host of mental health constraints such as low income, precarious relationship statuses, and belonging to marginalized ethnic backgrounds. The program is based on the four building blocks of mental health: Building a trusting relationship, promoting healthy self-esteem, expressing emotions in a constructive way, and building healthy relationships with peers and other adults.



OBJECTIVE

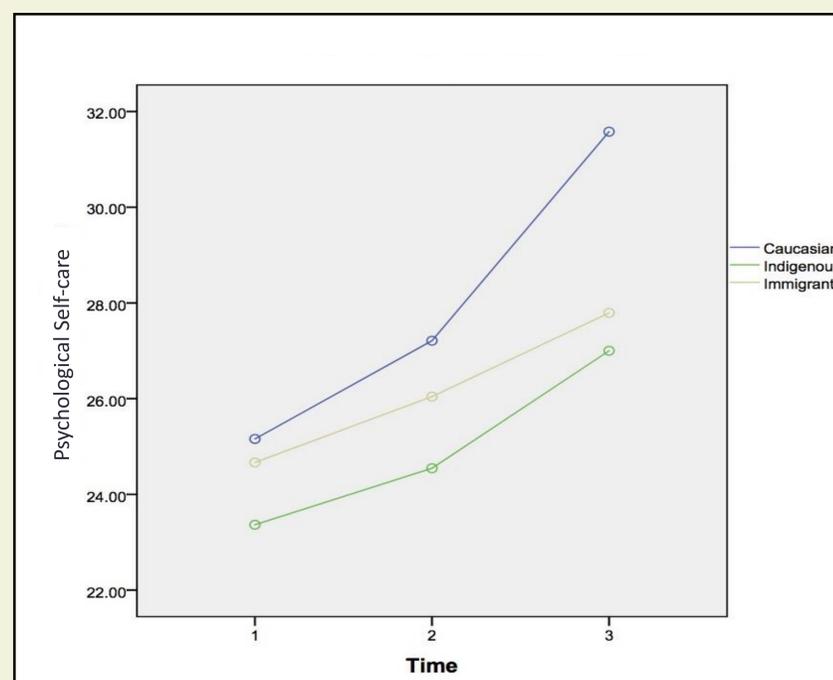
We intend to show the efficacy of the Handle with Care program in relation to improved psychological self care score across Indigenous communities, Caucasians, and immigrants.

METHOD

- Participants.** Data were collected from participants across Canada. There were a total of 287 participants in this project across all provinces and territories, and we obtained a sample size of $N=83$ with complete data on the variables of interest.
- Design.** A pre-test → Intervention → Post-test → Follow-up design was used to model change over time. Mixed method approaches to data collection and multiple measure (e.g., mental health, parenting sense of competence, self-care, parenting practices, parents' ratings of their children's social and emotional well-being) were used to examine the effect of the Handle with Care program on change in participants' knowledge, skills, and behaviours.
- Measures.** For the purpose of this study, we used the Family Background/demographic Questionnaire and the Psychological Self-care subscale of the Wellness and Self-Care Questionnaire. The change in psychological self care score was studied in relation to three ethnic categories (background/demographic questionnaire). Participants were asked to indicate their level of agreement with a given statement on an ordinal scale (strongly agree, ..., strongly disagree). Here are a few examples of the statements: "Do something to decrease stress in life" , "Let others know about your feelings, thoughts, beliefs, attitudes".
- Repeated measures test was conducted to identify the change in psychological self-care score from pre-intervention to post-intervention to 4-month follow-up across the three ethnic categories.

FINDINGS

Mean scores of psychological self-care after program delivery across ethnicity



RESULTS INTERPRETATION

- From Figure 1, it can be observed that there is a significant effect of the HWC program from pre-intervention to the 4-month follow-up across all ethnic groups studied in this analysis. With 3.401 degrees of freedom and an F value of 3.26, the reported $p = 0.021$, implying evidence of changes in psychological self-care score as a result of HWC. An eta-squared value of 0.113 indicates a small effect size.
- To determine between which phases there were significantly strong differences due to the program, we observed results from a pairwise comparisons' table as shown in Table 2. The findings of Table 2 indicate that there was a significant change in psychological self-care score from both Phase 1 to Phase 2 (p -value = 0.02) and from Phase 2 to Phase 3 (p -value = 0).
- To check whether any specific ethnic group was benefitting more than others from the program, we analyzed the statistical results of Table 3, and found that there were no significant differences between ethnic groups at a p -value of 0.143. This implies that the HWC program was being more or less equally beneficial to all 3 ethnic groups in the program – Caucasians, Indigenous groups and immigrants.

IMPLICATIONS

- The success of the HWC program in improving psychological self-care across culturally distinct ethnic groups reveal that social and emotional well-being are key factors to mental health, and should not be ignored on the basis of bio-medical interventions that perceive mental health illnesses solely as bodily dysfunction.
- The emphasis on strength based approach for mental health by Handle with Care moves away from the dominant deficit model that is used in psychiatric care, and reinforces the need for researchers and clinicians to go beyond looking at diseases to focus on factors that support human health and well-being.
- For example, the four building blocks of mental health in the HWC program acknowledge that every individual has a unique set of strengths and abilities that he or she can use to overcome mental health distress.

REFERENCES

- Barrio, C. (2000). The cultural relevance of community support programs. *Psychiatric Services*, 51(7), 879-884.

