Factors that sustain Indigenous youth mentoring programs: a qualitative systematic review protocol

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ABSTRACT

Objective: This qualitative systematic review aims to identify the barriers and enablers to delivering and sustaining Indigenous youth mentoring programs for improving mental health and reducing suicide rates.

Introduction: The United Nations has garnered a global action to address Indigenous youth suicide and suicidal behavior. Indigenous youth mentoring programs aimed at improving mental health and reducing suicide rates have been conducted at smaller scales worldwide. Mentoring is culturally appropriate as it empowers communities and aligns with the principles of community, teaching and learning, kinship, and holistic health. There is a gap in the understanding of what the barriers and enablers of mentoring are in addressing Indigenous youth mental health and, ultimately, Indigenous youth suicide.

Inclusion criteria: This review will consider studies that include mentoring programs specifically targeted at Indigenous youth mental health and well-being that are based within a community or organization setting.

Methods: Databases to be searched include CINAHL, PubMed, PsycINFO, Scopus and Embase, as well as gray literature within Trove, Open Gray, Indigenous Health InfoNet, and Infromit Indigenous Collection. The search will be limited to articles written in English and published from 2007 to the present. Titles and abstracts will be screened by two independent reviewers; full-text studies will be retrieved and assessed against the inclusion criteria. Results will be recorded in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram. Where possible, qualitative research findings will be pooled. Where textual pooling is not possible, the findings will be presented in narrative form.

Keywords Indigenous health services; Indigenous population; mental health; mentoring; resilience


Introduction

The suicide rate among Indigenous peoples is disproportionately higher than non-Indigenous populations. In Australia, Canada, Greenland, the USA, and New Zealand, the Indigenous youth suicide rates are 1.5 to 3 times higher than the general population of that respective country.¹ Reducing suicide rates and suicidal behavior among Indigenous peoples is therefore a public health priority. The United Nations has called for global action to address Indigenous youth suicide and suicidal behavior, and since 2002 it has made 21 recommendations on this topic.² The most recent 2019 United Nations forum called for the acknowledgment of the impacts of colonization, extinction of Indigenous Peoples’ languages and cultures, separation of families, intergenerational trauma, and lack of self-determination and empowerment in Indigenous communities as contributing causes to suicide and suicidal behavior.³

Internationally, many initiatives have been developed to combat the issue of Indigenous youth suicide. In Australia, this included a number of national reforms aimed at improving the mental health system. In the recent 2019–2020 Australian budget, A$503.1 million was allocated for a Youth Mental Health and Suicide Prevention Plan, with specific intentions to increase research and culturally appropriate and effective services addressing the prevention of Indigenous youth suicide. A further A$19.6 million was allocated to the Australian Indigenous
Advancement Strategy to increase preventative services. The recently renewed (July 2020) Closing the Gap strategy (aiming to reduce disadvantage among Aboriginal and Torres Strait Islander people) now includes a dedicated suicide reduction target. In Canada, the National Aboriginal Youth Suicide Prevention Strategy and National Inuit Suicide Prevention Strategy were developed, focused on a community-led approach to promoting preventative factors against suicide. The Inuit Circumpolar Council, representing the Inuit of Alaska, Canada, Greenland, and Chukotka, identified the rising rate of suicide as an “urgent challenge” in its 2018–2022 list of priorities and called for knowledge sharing of best practices on suicide prevention and meaningful cultural connection. In the USA, the American Indian/Alaska Native Task Force proposed an annual suicide prevention awareness day. In New Zealand, the Suicide Prevention Strategy 2019–2029 aimed to use trauma-informed approaches to suicide prevention, and the policy identified the importance of a whole-of-society approach.

Despite the strategies and initiatives that have been implemented on a local, national, and global level, the response to Indigenous youth suicide has not yet significantly altered the statistics. In Australia, aggregated data between 2009 and 2018 demonstrated that the standardized death rate of Aboriginal and Torres Strait Islander males by suicide increased from 25.8 (per 100,000) to 38.1, and for females increased from 7.8 to 10.3. These figures are double that of non-Indigenous Australians. This trend was affirmed by a systematic review of 22 empirical studies conducted between 1971 and 2014, which found higher suicide rates for Aboriginal and Torres Strait Islander youth and children, higher prevalence of suicidal ideation, and greater risk of suicidal ideation. Between 2012 and 2017, the Australian Government committed A$2.2 billion to improving the mental health of Aboriginal and Torres Strait Islanders.

The ways in which Indigenous youth suicide is addressed need to be different from non-Indigenous suicide due to the root cause of the issue itself. Although Indigenous youth suicide can be linked to the many risk factors and social determinants assigned to all suicide or self-harm (such as the diagnosis of a mental illness, life stressors, alcohol and other drug history, homelessness, or poverty), the heart of the issue with Indigenous youth suicide is attributable to the effects of colonization or other forms of cultural oppression and marginalization. Sense of “belonging” is a core part of one’s identity, the process of colonization involves loss of power, autonomy, memory, culture, tradition, and community. Such trauma can and does seep into subsequent generations resulting in inter-generational trauma and loss of social network and community functions. In some countries, such as Australia, which does not have a Treaty or reparation process in place, the legacy of colonization and dispossession of Indigenous peoples continues to leave its deep psychological scars by precipitating systematic racism and socio-marginalization of Indigenous peoples. The historical experiences influenced the level of trust and access by Indigenous peoples to mainstream services, resulting in poorer social and health outcomes relative to the non-Indigenous populations.

In the review of published and gray literature (2003–2008) on Indigenous youth suicide prevention strategies in Canada by Kirmayer, et al., the authors identified the most common suicide preventive interventions focused on restricting the available means of suicide, improved mental health literacy, screening of at-risk youth, gatekeeper training, crisis support, continued follow-up and support, community-based support, and working with media to ensure appropriate presentation of suicide. The authors advocated for a holistic and comprehensive approach to Indigenous youth suicide and suicidal behavior due to the complexity and multifactorial nature of the matter. In 2016, the landmark Australian Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report was published. This report was based on a comprehensive literature review, meta-evaluation of Indigenous suicide prevention programs, and roundtable consultations with stakeholders. The report identified over 30 protective factors, with common elements including continuation of culture and community partnership. Such protective factors were also affirmed by subsequent systematic reviews of youth suicide factors in other Indigenous groups.

For selective at-risk Indigenous youth, mentoring was specifically identified. Mentoring is identified as a culturally appropriate tool that empowers Indigenous communities and aligns with the principles of community, kinship, identity, and holistic health.
accepted process and intervention for educating and supporting youth to learn and develop important life skills, and has been demonstrated to improve outcomes across behavioral, social, emotional, and academic performances.\textsuperscript{27} Mentoring in this Indigenous cultural context, as defined in this systematic review protocol, is an active process taking place in a sociocultural interaction between the mentee (Indigenous youth) and the mentor, during which the mentor provides psychosocial developments, guidance, or encouragement.\textsuperscript{25,28} Mentoring can be undertaken through a range of strategies, such as an Elder or older person mentoring a young person, peer mentoring, or in a circular framework in which mentoring is undertaken as a role by both or all parties and each party has a significant contribution in providing mentorship in the relationship. In the systematic review of Aboriginal and Torres Strait Islanders’ mentoring in Australia (1999–2012), Indigenous mentoring improved student achievements (transition to higher study, study completions); reduced risks of criminal offending behaviors; increased self-belief, self-confidence and self-esteem; improved personal and cultural identity; and increased the development of life skills and relationships with peers.\textsuperscript{28} The follow-on effect of the mentoring program enhanced the community function and connectivity.

Indigenous youth mentoring programs aimed at improving mental health and reducing suicide rates have been conducted at smaller scales worldwide. For example, a suicide prevention project in the Western Australia’s Kimberley region incorporates one-on-one mentoring to support its young people.\textsuperscript{29} Across New Zealand, there are a range of Maori and Pasifika youth mentoring programs that support well-being and mental health; for instance, the programs run by the Te Ora Hou Network.\textsuperscript{30} Throughout Canada, the Uniting Our Nations Mentoring Program promotes mental and holistic well-being through regular school-based mentoring to develop cultural identity.\textsuperscript{31}

There is a general lack of reference to mentoring in the overarching strategies, and a gap in the understanding of embedding mentoring to improve Indigenous youth well-being, mental health and, ultimately, Indigenous youth suicide. We conducted preliminary searches of MEDLINE, CINAHL, JBI Evidence Synthesis, and Cochrane databases and found no published systematic or scoping reviews relating to Indigenous youth mentoring in suicide prevention. This qualitative review aims to assist in gaining understanding of the extent of current research on barriers and enablers to developing and sustaining mentoring in combatting Indigenous youth suicide rates, and to inform the development of Indigenous youth mentoring programs.

The objective of the review is to identify the barriers and enablers to delivering and sustaining Indigenous youth mentoring programs for improving mental health and reducing suicide rates.

**Review question**

i) What are the barriers and unique challenges to designing, delivering, and sustaining Indigenous youth mentoring programs for improved mental health and reduced suicide rates?

ii) What are the facilitators and enablers to Indigenous youth mentoring program design and delivery for improved mental health and reduced suicide rates?

**Inclusion criteria**

**Participants**

This review will consider studies that include programs that are specifically targeted at Indigenous youth (mentees). For this review, we have respectfully opted for the term “Indigenous People” as it most frequently used in the international context to include all ethnic groups who are the original inhabitants of a given region.\textsuperscript{32} Affirming this decision, the World Health Organization defines Indigenous Populations as: “...communities that live within, or are attached to, geographically distinct traditional habitats or ancestral territories, and who identify themselves as being part of a distinct cultural group, descended from groups present in the area before modern states were created and current borders defined. They generally maintain cultural and social identities, and social, economic, cultural and political institutions, separate from the mainstream or dominant society or culture.”\textsuperscript{33} Nonetheless, we acknowledge that in some countries and communities worldwide there may be a preference to use terms other than Indigenous; these terms will be included in the search strategy (see Appendix I). We have also chosen the statistical cut-off for “youth” as an individual who is younger than 25 years old to
align with the World Health Organization definition.\textsuperscript{34} If the exact ages of the participants are not explicitly mentioned in the study, the author/s of the study will be contacted and, in the absence of a reply, the age will be assumed in consideration of the context for the study; for example, if a program is based in a school and that program requires parental consent, it will be deemed to meet the inclusion criteria for “youth.” If the study includes both youths and adults, author/s of the study will first be contacted for data specific to the youths and, in the absence of a reply, attempts will be made to identify and distill data pertaining to the youth. Other than the mentees (Indigenous youth), the characteristics of mentors, program developers, funders, and other stakeholders who are identified in the included papers will also be recorded. We will explicitly mention the processes and outcomes in the final report.

**Phenomena of interest**

This review will consider all studies that include mentoring of Indigenous youth with the aim of improving mental health and well-being and, ultimately, lowering the rates of Indigenous youth suicide. As many Indigenous communities view health, mental health, and well-being as a holistic concept, encompassing one’s physical, emotional, and mental health as well as their connection to family, community, and support,\textsuperscript{35} mentoring programs that aim to empower youth in these areas will be included in the review. For the purpose of this review, “mentoring” is defined as an active process taking place in a sociocultural interaction between the mentee (Indigenous youth) and the mentor.\textsuperscript{36} Programs that include legitimate peripheral participation, whereby the mentor provides psychosocial development, and/or guidance and/or encouragement, will be included in the review.\textsuperscript{37} Peer mentoring, group mentoring, online mentoring, and on-on-one mentoring models will be included in the review. Culturally specific models of mentoring, such as a circular model of mentoring based on Indigenous Canadian world views where mentoring is viewed as reciprocal between age groups,\textsuperscript{38} will also be included provided that they meet all other eligibility criteria. Factors (barriers and enablers) related to the design, development, delivery, implementation, and sustainability of the Indigenous youth mentoring program will be extracted from the included studies.

**Context**

This review will consider all studies, with no geographic limit, that describe youth mentoring programs that are conducted specifically for Indigenous peoples. Such programs may be based within a community, organization, religious or education institution, and be run by either Indigenous or non-Indigenous peoples and organizations.

**Types of studies**

This review will consider qualitative studies, including but not limited to, designs such as phenomenological, grounded-theory, and ethnographic studies. Descriptive qualitative studies that describe the phenomenon of interest will also be considered. Unpublished gray literature will be considered for inclusion in this review, including reports and papers in use by professional bodies, and other appropriate sources.

**Methods**

The proposed review will be conducted in accordance with JBI methodology for qualitative systematic reviews.\textsuperscript{39}

**Search strategy**

The search strategy will aim to find both published and unpublished studies. An initial limited search of PubMed was undertaken and is detailed in Appendix I. This will inform the development of a search strategy that will be tailored for each information source. The reference list of all papers selected for inclusion will be screened for additional studies. Peer-reviewed studies published in English since 2007 will be considered for inclusion in this review. The index year was chosen as this is the year when the 2007 *Lancet* series on global mental health was released, which inspired the Movement for Global Mental Health and later informed the World Health Organization’s Report on Mental Health and Development.\textsuperscript{40}

**Information sources**

The databases to be searched include: CINAHL (EBSCOhost), PubMed (National Libray of Medicine), PsycINFO (EBSCOhost), Scopus (Elsevier), and Embase (Elsevier). The search for unpublished studies will include Trove, Open Gray, Indigenous Health InfoNet, and Informit Indigenous Collection. Initial keywords to be used are listed in Appendix I.
**Study selection**

On completion of the search, citations that have been identified will be collated and uploaded into EndNote v.X9 (Clarivate Analytics, PA, USA) and duplicates will be removed. Titles and abstracts will then be screened by two independent reviewers for assessment against the inclusion criteria for the review. The full text of potentially relevant studies will be retrieved and assessed in detail against the inclusion criteria. Full-text papers that do not meet the inclusion criteria will be excluded, and reasons for exclusion will be provided in an appendix in the final report. The results of the search will be reported in full in the final report and presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram. Any disagreements that arise between the reviewers will be resolved through discussion and consensus.

**Assessment of methodological quality**

Qualitative papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review, using the standardized critical appraisal instrument from JBI System for the Unified Management, Assessment and Review of Information (JBI SUMARI; JBI, Adelaide, Australia). Any disagreements that arise between the reviewers will be resolved through discussion or with a third reviewer. The results of critical appraisal will be reported in narrative form and in a table.

**Data extraction**

Data will be extracted from papers included in the review using the standardized data extraction tool from JBI SUMARI. The data extracted will include details about the phenomenon of interest, populations, study methods, and outcomes of significance to the review question and specific objectives.

**Data synthesis**

Qualitative research findings will, where possible, be pooled using JBI SUMARI following JBI’s preferred meta-aggregative approach. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings rated according to their quality, and categorizing these findings on the basis of similarity in meaning. These categories are then subjected to a synthesis in order to produce a single comprehensive set of synthesized findings that can be used to inform practice and policy. Where textual pooling is not possible, the findings will be presented in narrative form.

**Assessing confidence in the findings**

The final synthesized findings will be graded according to the ConQual approach for establishing confidence in the output of qualitative research synthesis and presented in a Summary of Findings. The Summary of Findings will include the major elements of the review and detail how the ConQual score is developed. Included in the table will be the title, population, phenomena of interest, and context for the specific review. Each synthesized finding from the review will be presented along with the type of research informing it, a score for dependability, credibility, and the overall ConQual score.

**Acknowledgments**

This review will contribute to a higher research degree for author DQ.

**References**


## Appendix I: Search strategy

PubMed search conducted August 2020, limited to publication since 2007, and written in English

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Filters: English, from 2007 - 2021
(Continued)

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